



ANNUAL REPORT 2022

Improving health and wellbeing for the communities of the Blue Mountains, Hawkesbury, Lithgow & Penrith



CONTENTS

1	OUR STRATEGIC OBJECTIVES
2	POPULATION HEALTH PROFILE
6	MESSAGE FROM THE CEO
7	MESSAGE FROM THE CHAIR
8	GOVERNANCE AND ACCOUNTABILITY
14	OUR BOARD
16	OUR PEOPLE
17	OUR EXECUTIVE TEAM
18	Priority Area: ABORIGINAL HEALTH
24	Priority Area: ADDICTION SUPPORT
28	Priority Area: DIGITAL HEALTH
32	Priority Area: DISASTER MANAGEMENT
42	Priority Area: HEALTHY AGEING
48	Priority Area: HEALTH WORKFORCE
54	Priority Area: MENTAL HEALTH
62	Priority Area: POPULATION HEALTH
68	Priority Area: UNDERSERVED AND DISADVANTAGED COMMUNITIES
74	FINANCIAL REPORT

We acknowledge the traditional custodians of the lands on which we work and pay our respect to Aboriginal Elders, past, present and emerging. The Darug, Gundungurra and Wiradjuri people are acknowledged as the traditional owners of the land in our region.

WHO WE ARE

Wentworth Healthcare is a local not-for-profit organisation striving to improve the health and wellbeing of people in the Blue Mountains, Hawkesbury, Lithgow and Penrith.

We are the provider of the Primary Health Network (PHN) for the Nepean Blue Mountains (NBM) region. The PHN program is an Australian Government initiative with the key objectives of increasing the efficiency and effectiveness of health services for patients, and improving the coordination of care to ensure patients receive the right care in the right place at the right time.

Our member organisations are Allied Health Professions Australia; Australian Primary Health Care Nurses Association; Blue Mountains GP Network; Lithgow City Council; Nepean GP Network and Western Sydney Regional Organisation of Councils.

Our work as a PHN is focused on three main areas:

- supporting general practice to provide high quality care to their patients
- funding (or commissioning) local health services that meet the needs of our community
- integrating the local health system, so people don't get 'lost' when they move from one health service to another

The voices of our community and stakeholders are at the centre of what we do. We are committed to consulting and engaging with healthcare professionals, stakeholders and the community to better understand what works well, where there are gaps and to design solutions together. In conjunction with analysis of relevant data, this guides our work and helps us prioritise services in line with available funding to support those with greatest need.

Close to **400,000 people** currently live in our region with our population predicted to increase to 429,700+ by 2036. Our area is culturally and linguistically diverse with a large Aboriginal population, representing 4.7% of total residents. The region is serviced by **136 general practices** consisting of **446 GPs** and **200 practice nurses**. The region has **83 community pharmacies** and approximately **1,608 allied health professionals**.

OUR VISION

Improved health and wellbeing for the people in our community

OUR MISSION

Empower general practice and other healthcare professionals to deliver high-quality, accessible and integrated primary healthcare that meets the needs of our community

OUR VALUES



Respect



Ethical Practice



Quality



Collaboration

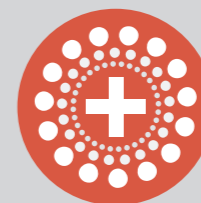


Continuous Improvement

OUR STRATEGIC OBJECTIVES

- 1** Increased capacity and influence of Primary Care
- 2** Culture of quality improvement and outcome focus
- 3** Coordinated services within and across sectors
- 4** Consumers engaged in all we do
- 5** Organisational excellence and impact

OUR PRIORITY AREAS



Aboriginal Health



Healthy Ageing



Addiction Support



Mental Health



Digital Health



Population Health



Health Workforce



Underserved & Disadvantaged Communities

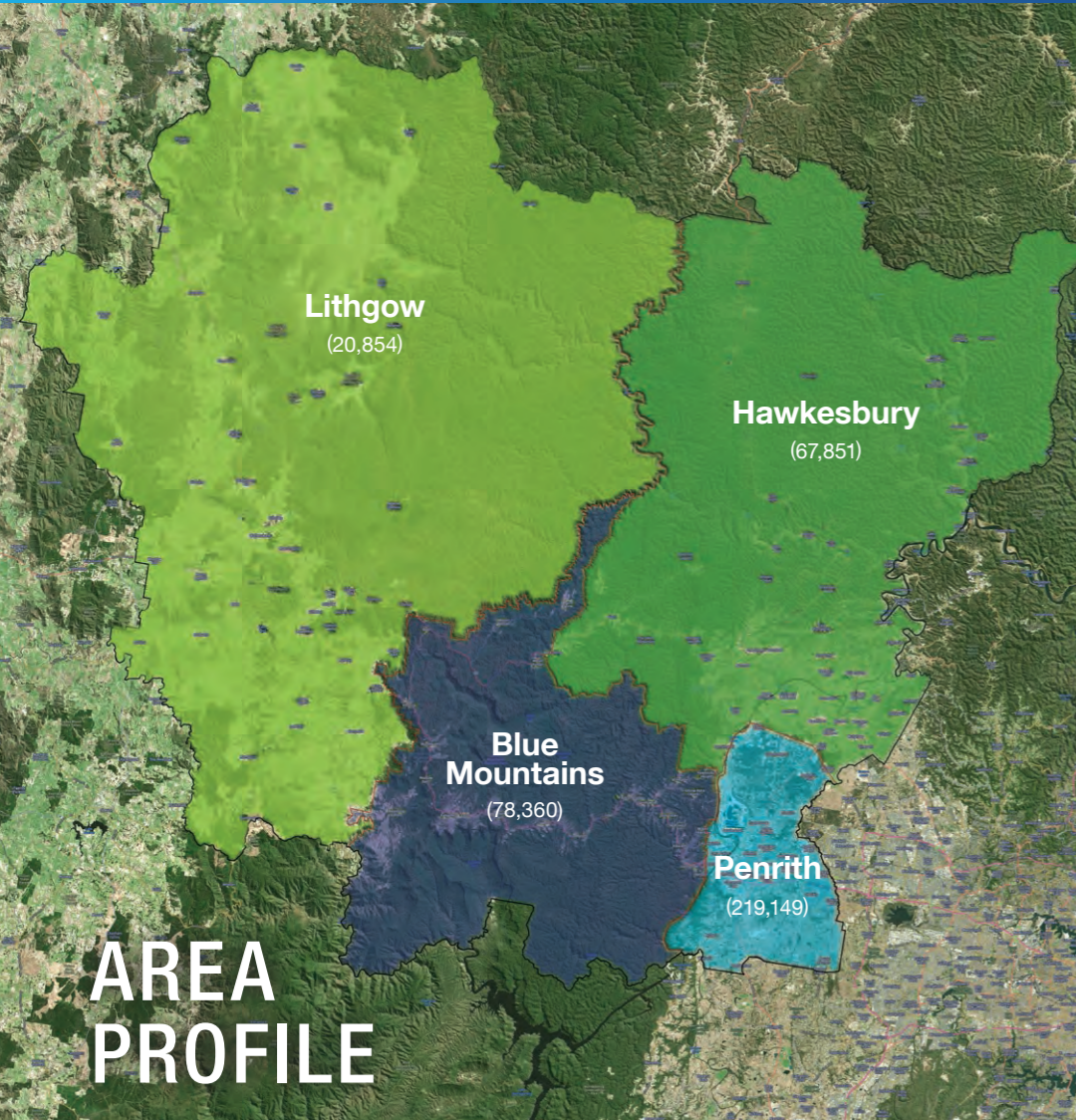


Disaster Management

POPULATION HEALTH PROFILE



Nepean Blue Mountains Primary Health Network (NBMPHN) works to support and strengthen primary healthcare, improving the wellbeing and health outcomes for our community.



AREA PROFILE

9,063km²



4 Local Government Areas



Wide geographical diversity – major cities, inner regional and outer regional Australia remoteness classifications



1 new airport under construction at Badgerys Creek, due to open in 2026


(2022)

HEALTH SERVICES

 136 general practices

 83 pharmacies

 4 hospitals

 29 Residential Age Care Facilities (RACFs) providing 2,517 beds

(2022)

 446 GPs


 200 practice nurses


 1,608 allied health professionals

(2022)

USE OF HEALTH SERVICES

 3 million + visits to a GP utilising a Medicare service item (2020-2021) 1 million more than 2017-2018

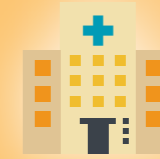
 5.5% adult residents 15 yrs+ saw a GP for urgent medical care (2019-2020)

 39.6% of adult residents 15 yrs+ visited a specialist outside of hospital (2019-2020)



130,392 total Emergency Department (ED) presentations (2020/2021)

60,738 ED presentations were semi-urgent and non-urgent (2020/2021)



85,858 total public and private hospital admissions (2020/2021)

IMMUNISATION



Childhood immunisation rates are similar or above the NSW average for the following groups:

Children Aged 1 Year
fully immunised: 94.43% (2022)

Children Aged 2 Years
fully immunised: 93.53% (2022)

Children Aged 5 Years
fully immunised: 95.08% (2022)

HEALTH SCREENING



2,860 Aboriginal and Torres Strait Islander patients had an Indigenous health check (715) (NBM PATCAT, 2022)



8,372 patients had a GP health assessment (NBM PATCAT, 2022)

CANCER SCREENING



48.8% Breast cancer screening participation rate for women aged 50 to 74 years lower than NSW average of 53.3% (AIHW 2021)

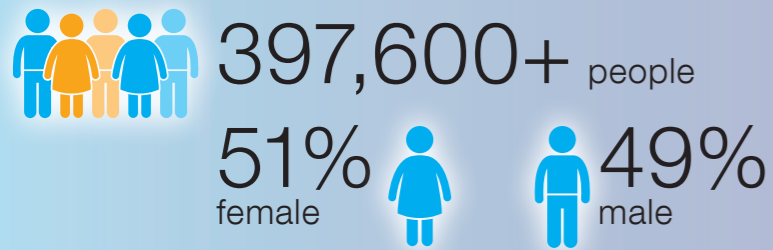


40.2% Cervical cancer screening participation rate for women aged 20 to 69 years slightly lower than the NSW average of 44.1% (AIHW 2021)



39.3% Bowel cancer screening participation rate for people aged 50 to 74 years slightly lower than NSW average of 40% (AIHW 2021)

DEMOGRAPHICS



The most rapid increase is projected for those aged 65+ years

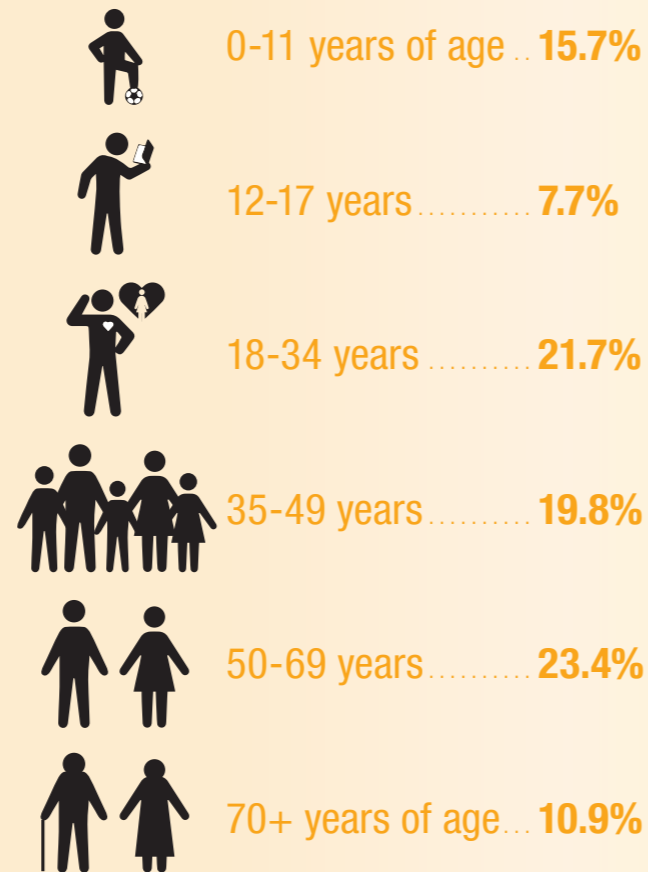
4.7% identify as Aboriginal and Torres Strait Islander compared to 3.4% in NSW

24% born overseas

12% speak a language other than English at home

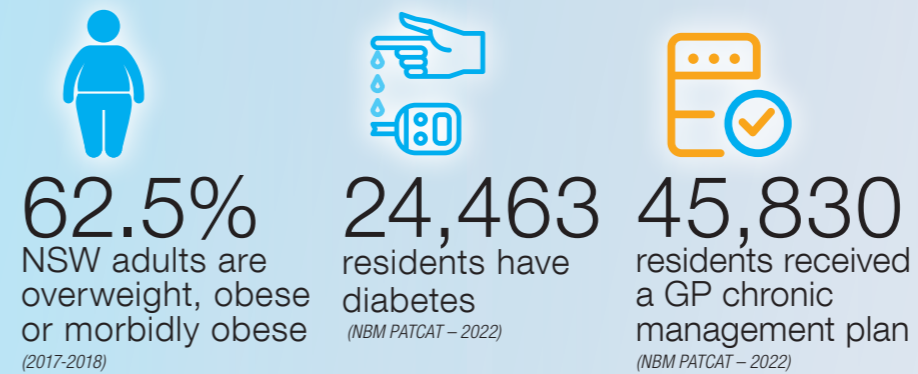
(2016)

AGE BREAKDOWN



HEALTH OF THE POPULATION

CHRONIC DISEASE



Cardiovascular disease: leading cause of death in females and second leading cause of death in males (2017-18)

Cancer: leading cause of death in males and second leading cause of death in females (2017-18)

MENTAL HEALTH

29,078 or 7.3% of patients had a **GP mental health treatment plan** (NBM PATCAT - 2022)

70,171 residents (17.65% 2021 population) accessed a total of **207,690 Commonwealth funded MBS mental health services** in 2020-21 (AIHW 2021, Centre for Epidemiology and Evidence n.d.t)

DRUGS AND ALCOHOL



Alcohol is the **most common drug** of concern for people seeking treatment for substance use in the region (2018)



Almost **twice as many recent illicit drug users** (26.0%) compared with non-users (15.2%) have been diagnosed with, or treated for a mental illness (AIHW 2021)

The construction and development of the new **Western Sydney Aerotropolis and International Airport** over the next 5 years is expected to place increased demand on the health and service needs of the greater Western Sydney region.

This major infrastructure development will have an impact on the environment, economy and the health and social needs of the local population. The population of the Penrith LGA is expected to grow by 167,650 from 201,600 in 2016 to 369,250 in 2041.

SOCIAL DETERMINANTS OF HEALTH



Limited availability of public transport impacting on access to health services is a top concern



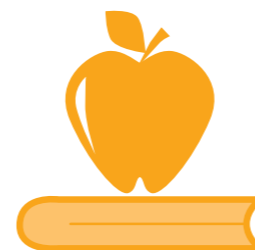
Wide variation in levels of **socio-economic advantage and disadvantage**. Suburbs with the highest SEIFA scores were Glenbrook, Mount Riverview and Windsor Downs. Suburbs with the lowest SEIFA scores were South Windsor, Bowenfels, Morts Estate, Oaky Park, Hermitage Flat and Vale of Clwydd.



Region-wide 8% of residents delayed or did not see a medical specialist, GP, get imaging or pathology tests due to cost compared to 6.5% in AUS (2016-17)



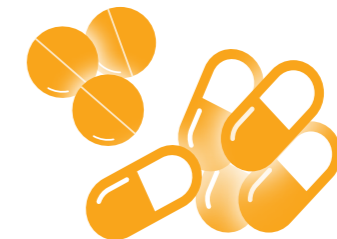
Social isolation and loneliness are increasing problems impacting upon physical and mental health and use of health services. **More than 17%** of Australians report **being lonely** (Relationships Australia 2018)



Low health literacy is a risk factor for poor health and an estimated **59% of adult Australians** have inadequate levels of health literacy to meet the complex demands of everyday life



Penrith has the **highest rates of reported domestic violence** assaults in the region 613.7 assaults per 100,000 and a NSW ranking of 31. (BOCSAR 2021)



1,364 drug related offences were recorded between July 2019 to June 2021 (with highest rates in Penrith and Lithgow) (BOCSAR 2021)



Since 2017, the Blue Mountains has seen **reduced access to bulk billed GP visits** as well as **longer waiting times** to get an appointment to see a GP due to GP shortages (NBMPHN & NBMLHD 2018)



MESSAGE FROM THE CEO MS LIZZ REAY

Pressures from the pandemic and compounding trauma from drought, bushfires and multiple flood events, have again taken their toll on many of our region's residents.

This year, both the Commonwealth and NSW Governments invested into areas that assisted those affected by floods. We received funding to expand existing mental health services to reach vulnerable communities and to deliver several grant opportunities, for both health professionals and the community, to help our region better prepare and recover from recent disasters.

We continue to advocate to local, state and federal governments for formalisation of the role of primary care and PHNs in disaster planning as recommended in the Royal Commission into National Natural Disaster Arrangements Report released in October 2020. The last few years have demonstrated the important role of primary care in responding to disasters and supporting the community. However, arrangements for our inclusion are ad hoc nationally and there is limited support for preparedness and coordination at a regional level.

In the last 12 months, we advanced our vision of better integrated mental health services for the region. In August, in response to the extended COVID-19 restrictions, the Commonwealth Government funded NSW PHNs to rapidly establish the Initial Assessment and Referral (IAR) support line (named Head to Health) across NSW, in addition to 10 new physical Head to Health Pop Up hubs in hard hit COVID-19 areas – all in just four weeks. Plans for a Penrith Head to Health Centre were already underway and our team had to rapidly adapt to deliver all three services within months of each other. I am proud of the agility of our team and the way in which we pulled together to realise these services for our community, all during the harsh lockdown period.

In December, Penrith Head to Health became the first centre nationally to open its doors. This service is a great example of codesign,

collaboration and community responsiveness, with the co-location of NSW Health funded services also operating from the centre. Our in-house operated IAR mental health support line receives 21% of the calls in NSW, despite our region being only 5% of the NSW population, which highlights the demand and need in our region. To help address this need, it was announced that we would receive funding to transition our Hawkesbury Head to Health Pop Up into a permanent satellite service. To further strengthen integration across our local mental health system, we have recently established a joint PHN and LHD funded mental health position demonstrating both organisation's commitment to this work.

Workforce shortages in our region, particularly among GPs and mental health professionals, remains an issue of concern. We continue to see increased demand for health services, and we need to ensure we have the workforce available to meet these needs. This Annual Report highlights some strategies we have undertaken to address some workforce challenges however, more needs to be done to address this critical issue. We encourage both state and federal governments to explore additional models of care, in line with the 10 Year Primary Health Care Plan, that address sustainable patient-centred primary healthcare supported by funding reform.

This year we mark 10 years since Wentworth Healthcare was established and seven years operating as a PHN. I am extremely proud of what the organisation has achieved over this time, never losing sight of its vision. This is due to the dedication and hard work of our wonderful Executive and staff, and the direction provided by our Board, Advisory Committees and stakeholders who share our passion to make a difference for our community.



MESSAGE FROM THE CHAIR MR GARY SMITH

The 2021-22 financial year began with yet another lockdown, which was to set the tone for the remainder of the year.

With the roll-out of COVID-19 vaccines underway, many of us hoped that the year would bring a return to 'normality'. For those of us working in healthcare, it was anything but.

Increasing COVID-19 case numbers, staff shortages, constantly changing vaccination guidance and lockdown parameters, continued to challenge our already COVID-fatigued primary care providers.

Our local healthcare professionals' appetite for clear, reliable and timely information and support, continued to increase the work required of our staff. Our Practice Support team delivered over 5,600 support activities (67% up on the previous year) to 136 general practices and coordinated the delivery of over 137,865 masks to eligible primary care services. Our Communications team sent, on average, in excess of four electronic direct mail campaigns a week, delivering over 113,500 emails to health professionals and other stakeholders. Our website visitors increased by 81% on the previous year and views of our webpages increasing by 41%.

This year, our region was once again not immune from natural disasters. In February/March and April 2022, the Hawkesbury-Nepean Valley experienced multiple major flooding events with 627 homes damaged, 164 homes deemed inhabitable, and 8 homes completely destroyed. Multiple general practices and other primary care services were either directly impacted by damage, or indirectly impacted through staff shortages, power outages and the like. During this time our organisation solidified our reputation as a key support in disaster coordination, management and recovery.

Last November, Board Chair Dr Tony Rombola, stepped down from the Board due to reaching his maximum tenure. Tony had served on the Board since 2013 and as Chair since mid-2019. We pay tribute to his contribution to the organisation during this time, particularly over the past two years through the pandemic.

We were pleased to welcome two new Directors this year. Dr Nicole Langford filled the position created by Tony's departure, while Mr Jeffery Jenkins, a podiatrist and co-founder of a large local multidisciplinary healthcare organisation, was appointed to fill the allied health skills vacancy position following the departure of Ms Belinda Hill.

At the end of the 2021-22 financial year, our company remained in a solid financial position. We have achieved an improved net cash position compared to the previous financial year, despite the minor deficit of \$39,125. This deficit arose out of timing, due to fewer prepayments in 2021-22, which naturally fluctuate from year to year. As a Board, we were pleased that the company increased its substantive business earnings (income from other business activities and not from government funding or grants) by \$115,773 since the end of the previous financial year.

Lastly, I want to thank my colleagues on the Board, CEO Lizz Reay and the broader PHN team. The last year was not an easy one in healthcare. Yet our organisation, once again, demonstrated that we could deliver improved health outcomes for our community, in the face of adversity.

Priority Area:

GOVERNANCE AND ACCOUNTABILITY

Wentworth Healthcare Limited is a not-for-profit company limited by guarantee. The Board of Directors is the principle governing body and is supported by the CEO and the Executive Team. There are four Board Committees which assist the Board to carry out its role:

1. FINANCE, AUDIT AND RISK MANAGEMENT COMMITTEE

- Bruce Turner AM (Chair)
- Andrew Bissett (non-Director Member)
- Belinda Hill (resigned Oct 2021)
- Dr Nicole Langsford (elected Nov 2021)
- Prof. Andy Marks

2. GOVERNANCE AND NOMINATIONS COMMITTEE

- John Yealland (Chair)
- Heather Nesbitt (moved from CGC Nov 2021)
- Dr Tony Rombola (retired Nov 2021)
- Gary Smith (moved from CGC Nov 2021)
- Dr Madhu Tamarasan (moved to CGC Nov 2021)

3. CLINICAL GOVERNANCE COMMITTEE


- Fleur Hannen (Chair)
- Heather Nesbitt (moved to GNC Nov 2021)
- Jeffery Jenkins (appointed March 2022)
- Gary Smith (moved to GNC Nov 2021)
- Dr Madhu Tamarasan (moved from GNC Nov 2021)

4. JOINT WENTWORTH HEALTHCARE AND NBMLHD BOARDS INTEGRATING CARE COMMITTEE

Together with the Nepean Blue Mountains Local Health District (NBMLHD) we continue to develop and deliver models of care that support integrated health services across acute, community and primary care. Joint governance of integrating care is strengthened through the Joint Boards Integrating Care Committee with Gary Smith and Dr Madhu Tamarasan.

STAKEHOLDER GOVERNANCE

Our governance framework includes four consultative bodies that advise the Board and help guide the work we do. Members come from our four Local Government Areas of Blue Mountains, Hawkesbury, Lithgow and Penrith, ensuring all areas have a voice to share their concerns and ideas. This framework plays a fundamental role in how we identify and commission new health services and cater for the health needs of our region.



10% of GPs formally engaged with us in an advisory or leadership capacity



23 advisory committee meetings held



50+ health professionals formally engaged with us in an advisory or leadership capacity

1. INTEGRATING CARE CLINICAL COUNCIL

The Integrating Care Clinical Council (ICCC) is a multi-disciplinary clinical council that provides advice and direction to the Board on issues relating to the integration of care across health sectors and across the region. This includes the identification and prioritisation of health and service needs and opportunities for improvement in integrating healthcare of the community.

- 3 meetings held (2021-2022)

Helping Inform and Shape Healthcare Priorities

The ICCC focuses on regional population health planning, needs assessment prioritisation, commissioning of services and the development of clinical pathways. Nepean Blue Mountains Local Health District (NBMLHD) representatives sit on this council with other primary healthcare professionals and consumers from across the region.

Key topics, discussions and contributions this year were:

- Input into **Head to Health**: including the development of Penrith Head to Health, and Head to Health Pop Up Hawkesbury
- Input and contribution to **Initial Assessment and Referral Tool (IAR) Intake Model**: being established alongside the new Head to Health service
- Input and contribution to new **HealthPathway 'COVID Care in the Community'**: improving support to general practices on the proposed model
- Updates and feedback on **Collaborative Commissioning**

The meetings provide a platform for members to share key issues, insights, areas of concern and suggestions for improvement.

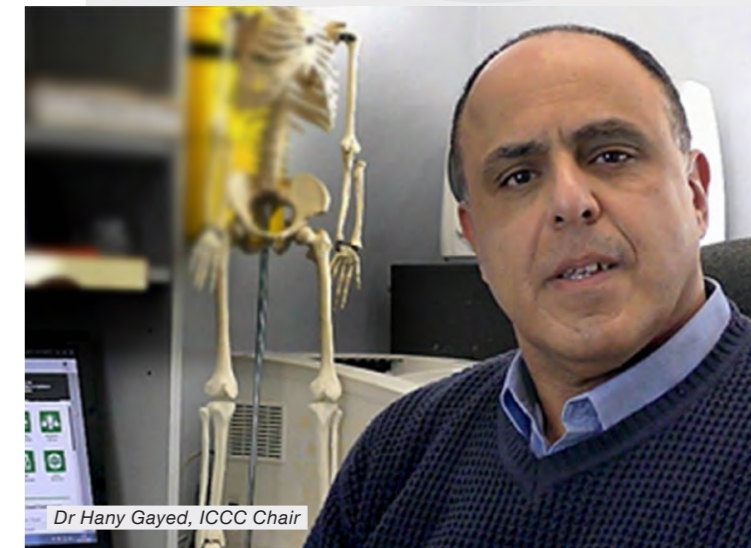
Examples include:

- COVID-19 Vaccinations
- Pressure on Primary and Tertiary Care staff due to COVID-19
- Mental Health Services
- Integration improvements between Hospital in the Home and general practice
- Challenges around patients applying for NDIS

“With the growing prevalence of chronic disease in the community, our ageing population and the rising healthcare costs, it has never been more important to focus on integration within our healthcare system. The members of the ICCC who represent different health sectors as well as consumers within our region, have contributed greatly in an advisory role focusing on enhancing patient experiences through effective communication and information sharing, in a more collaborative patient centred way.”

— Hany Gayed, ICCC Chair

MEMBERS:	
Dr Hany Gayed (Chair)	GP, Penrith
Dr Karen Arblaster	NBMLHD
Dr Miriam Brooks (from June 2022)	Western Sydney University
Dr Hilton Brown	GP, Lithgow
Dr Victor Carey	NBMLHD
Dr Karen Fisher	NBMLHD
Mr Peter Gooley	Consumer, Hawkesbury LGA
Ms Jillian Harrington	Clinical Psychologist, Penrith LGA, AHCC Chair
Ms Jeanette James	Pharmacist, Hawkesbury LGA
Ms Belinda Leonard	Consumer, Blue Mountains LGA
Dr Linda McQueen	GP, Blue Mountains LGA
Professor Jenny Reath (Resigned June 2022)	Western Sydney University
Dr Anita Sharma	NBMLHD
Mr David Simmonds	Hawkesbury District Health Service
Dr Madhu Tamarasan	GP, Lithgow LGA, Board Director
Ms Vicki Van Leeuwen (Resigned June 2022)	Practice Nurse, Penrith LGA
Ms Kay Hyman	CEO, NBMLHD
Lizz Reay	CEO, NBMPHN



Dr Hany Gayed, ICCC Chair

2. GP CLINICAL COUNCIL

The GP Clinical Council (GPCC) is led by our GP Clinical Lead-Integrating Care, represents the GP workforce and advises the organisation on strategies to address region-wide issues facing GPs, while also considering the unique needs and concerns of each local community.

- 10 meetings held

An Important Voice for GPs during COVID-19

Continuing the focus on COVID-19 and COVID-19 vaccination as key topics, the Council continued to advise the Board and Executive team about the needs of GPs, with continuing support of additional attendees of Dr Harry Pope, Dr Louise McDonnell (GP Clinical Lead HealthPathways) and Jillian Harrington (Chair of the Allied Health Clinical Council). Feedback from these meetings was incorporated into our organisation's COVID-19 Plan and identified issues were escalated through the appropriate federal, state and local health departments.

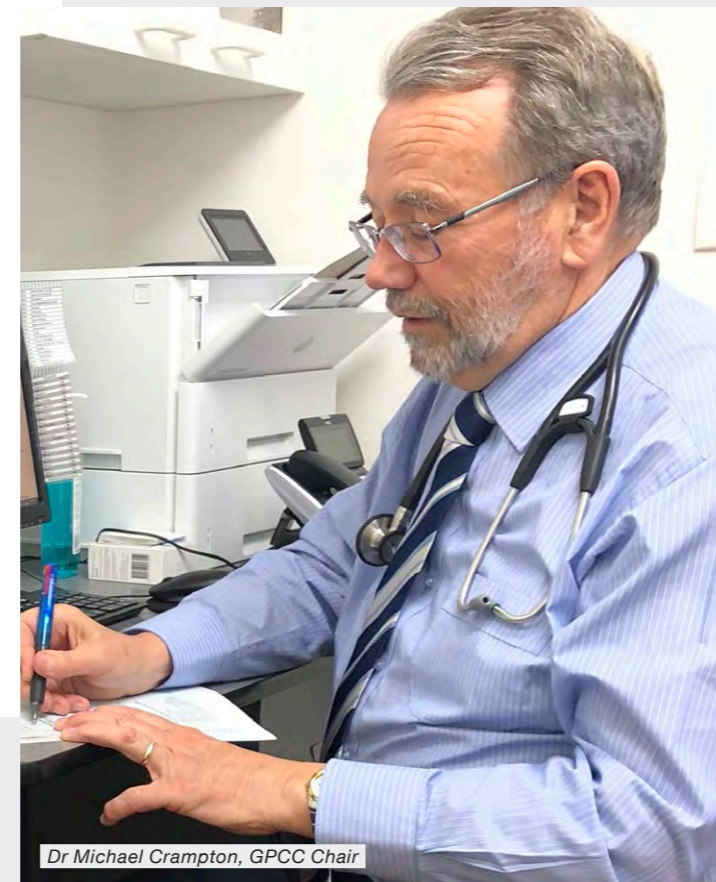
Key topics, discussions and contributions this year included:

- **COVID-19 vaccination roll-out:** including boosters anti-viral Pathways, including HealthDirect Pathways, Management in the Community and HealthPathways
- **Penrith Head to Health and Head to Health Pop Up Hawkesbury:** feedback provided from GP perspectives
- **Domestic and Family Violence:** feedback and advice provided on best methods to engage with GPs for implementations
- **Initial Assessment and Referral Tool (IAR):** insights provided
- **PTS General Stream:** insights provided into this new service
- **Australia's Primary Health Care 10 Year Plan 2022-2032:** feedback provided to assist forming the Boards submission to this process

“Our GPCC’s role is to provide strategic advice to the PHN about current and developing matters. As chair, I am proud to say that we fulfill this role by delivering relevant, important, considered and useful feedback. With representation from across our diverse region, GPCC ensures the perspectives from different practice communities contribute to local program delivery”

— Michael Crampton, GPCC Chair

MEMBERS:	
Dr Michael Crampton (Chair)	GP, Clinical Lead
Dr Babak Adeli (Joined March 2022)	GP, Lithgow LGA
Dr Anju Aggarwal	GP, Penrith LGA
Dr Hilton Brown	GP, Lithgow LGA
Dr Thu Dang	GP, Penrith LGA
Dr David Foley	GP, Hawkesbury LGA
Dr Katy Gardiner	GP, Blue Mountains LGA
Dr Hany Gayed	GP, Penrith LGA
Dr Linda McQueen	GP, Blue Mountains LGA
Dr Sue Owen	GP, Blue Mountains LGA
Lizz Reay	CEO, NBMPHN
Guests:	
Jillian Harrington	Clinical Psychologist, Chair AHCC
Dr Louise McDonnell	GP, Blue Mountains and GP Clinical Lead HealthPathways
Dr Harry Pope (concluded May 2022)	GP, Penrith
Dr Madhu Tamilarasan	GP, Lithgow and Board Director



Dr Michael Crampton, GPCC Chair

3. ALLIED HEALTH CLINICAL COUNCIL

The Allied Health Clinical Council (AHCC) represents allied health professionals from a range of disciplines and advises the Board on recommended strategies to address region-wide issues facing the allied health workforce.

- 4 meetings held

Strengthening Partnerships with Key Stakeholders

Many issues were addressed by Allied Health Clinical Council this year including:

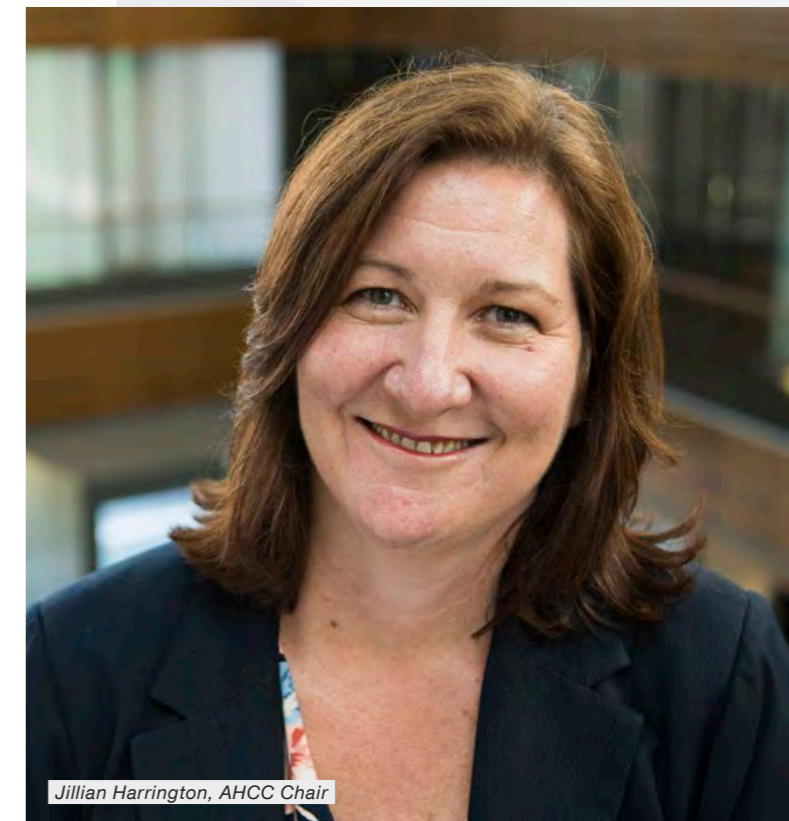
- Creating a dialogue with the Federal Chief Allied Health Officer (who attended the AHCC meeting on 22 November 2021) regarding the discussion paper on issues facing allied health, especially in our region
- Input into the organisation's COVID-19 response, notably regarding the use and promotion of HealthPathways as a resource for allied health professionals
- Ongoing discussion about integration across our health system: including public, private, primary, secondary, tertiary and NDIS
- Contribution to developing a National PHN Allied Health Strategy which will be released in late 2022

“The Allied Health Clinical Council is a wonderful forum for identifying and discussing the issues impacting our allied health practitioners and the communities we serve, and most importantly, for us to work together on solutions. Our Council brings together like-minded practitioners who are passionate about their different disciplines and regions, to make sure that the PHN’s work is informed by up-to-date and relevant feedback on matters that impact us all.”

“Through AHCC, we’ve had reach beyond the Nepean Blue Mountains region – with two-way feedback to our professional associations, and to other stakeholders engaged in primary care and health reform. We try to make sure engagement is a two-way street – our members get to hear about what’s happening in primary care nationally and in our regions; and we have a voice around issues impacting our work. It’s a great way to make a contribution beyond individual patient care.”

— Jillian Harrington, AHCC Chair

MEMBERS:	
Jillian Harrington	Clinical Psychologist, Penrith LGA, AHCC Chair
Rudi Crncec	Clinical Psychologist, Penrith LGA
Rebecca Hannon	Exercise Physiologist, Hawkesbury LGA
Anne Lyell	Chiropractor, Hawkesbury LGA
Cathy O'Brien (resigned November 2021)	Psychologist, Blue Mountains LGA
Lizz Reay	CEO, NBMPHN
Chris Scanlon	Podiatrist, Penrith LGA
Gobika Srikanthan	Pharmacist, Lithgow LGA
Emily Standen	Physiotherapist, Penrith LGA
Sally Webb	Physiotherapist, Lithgow LGA



Jillian Harrington, AHCC Chair

4. COMMUNITY ADVISORY COMMITTEE

The Community Advisory Committee (CAC) advises both our Board and the Nepean Blue Mountains Local Health District Board, helping to shape the future direction of health services through the consumers voice within our region. CAC provides consumer and community perspectives to ensure that decisions, investments and innovations are patient-centred, high-quality, cost-effective and responsive to local community needs and expectations.

- 6 meetings held



Belinda Leonard, CAC Chair

Supporting Patient Centred Primary Healthcare

Many contributions were made over the year by the joint PHN and LHD CAC. The Committee is leading the Health Literacy project, with a project team formed and key activities undertaken.

Topics considered by CAC included:

- COVID-19, especially insights on Telehealth from a consumer perspective
- Nepean Hospital Redevelopment: ongoing consumer involvement
- Head to Health: including Penrith Head to Health and Head to Health Pop Up Hawkesbury
- Increasing collaboration in health: developing the Disability Consumer Council at the NBMLHD

“It is great to work with a group of passionate health consumers to advocate for equitable access to high quality healthcare for people across our vast and diverse region.”

— Belinda Leonard, CAC Chair

MEMBERS:	
Belinda Leonard (Chair)	Consumer, Blue Mountains LGA
Caroline Allen	Consumer, Hawkesbury LGA
Heulwen Carroll (Resigned June 2022)	Consumer, Lithgow LGA
Peter Gooley	Consumer, Hawkesbury LGA
Priya Jensen (Joined November 2021)	Consumer, Blue Mountains LGA
Stacy Kempton (Resigned October 2021)	Consumer, Hawkesbury LGA
Lachlan Morris (Resigned February 2022)	Consumer, Blue Mountains LGA
Lizz Reay	CEO, NBMPHN
Natalie Rosten	Consumer, Penrith LGA
Joe Rzepecki	Consumer, Penrith LGA
Patti Shanks (Joined January 2022)	Consumer, Hawkesbury LGA
Andrew Wilson (Joined November 2021)	Consumer, Blue Mountains LGA
Colleen Winterburn (Joined October 2021)	Consumer, Lithgow LGA

GOVERNANCE FRAMEWORKS

STATEMENT OF BUSINESS ETHICS

Our **Statement of Business Ethics** sets out the expectations of our organisation and explains the mutual obligations between goods and service providers, contractors and ourselves. It is essential to ensure that all of our business dealings meet the high public expectations for ethical behaviour and for the protection of public funds through the mitigation of fraud and corruption.

This statement provides guidance about our organisation’s ethical values and what we expect of other organisations when we do business. The ethical standards are not an additional requirement, they are an integral part of sound commercial practice aimed at improving the health and wellbeing of people in our community.

Read our *Statement of Business Ethics*: www.nbmphn.com.au/BusinessEthics

CLINICAL GOVERNANCE FRAMEWORK

Our **Clinical Governance Framework** defines systems, structures and processes that enable organisational accountability for the delivery of high quality, safe healthcare. The Framework drives behaviour, both individual and organisational, that leads to better consumer care. This includes principles that underpin high standards of clinical performance, clinical risk management, clinical audit and ongoing professional development to ensure that well developed processes to take action and manage adverse events are in place.

Read our *Statement of Clinical Governance Framework*: www.nbmphn.com.au/ClinicalGovernance

COMMISSIONING FRAMEWORK

The Commissioning Support team is guided by the **Commissioning Framework** and provides ongoing support to staff directly involved in any aspect of commissioning. Focus areas include supporting staff with procurement processes, contract creation and ongoing contract management. The team also participates in and implements quality improvement initiatives to ensure commissioning processes are best practice.

During 2021-22 we managed **411** contracts which included:

- **77** small community grants for bushfire affected areas
- **65** small one-off general practice grants to support COVID-19 vaccination access for vulnerable populations
- **41** small one-off disaster recovery grants
- **120** larger contracts with commissioned providers

In addition, we have a Data Sharing Agreement with **108** general practices.

Read our *Commissioning Framework*: www.nbmphn.com.au/CommissioningFramework

PROJECT MANAGEMENT FRAMEWORK

This year we identified the need to further embed and formalise our project management practices to build staff capacity and capability in managing projects with consistent methodology. To support this we developed a **Project Management Framework** to provide an organisational wide consistent and systematic approach to the planning, execution, evaluation and governance of projects.

The Project Management Framework provides project management tools, templates, processes and procedures to support staff and ensure projects are effectively managed to achieve the intended project outcomes, with the appropriate governance structure in place. The methodology is scalable so it can be used for a variety of project sizes, types and circumstances.



Project Management Framework Feedback

- Implementation of a Project Management Framework (PMF) tailored to our organisation, to provide best practice guidance, governance and standardised working practices for the planning and execution of projects.

“The framework is a useful tool for experienced project managers and team members who have no project management experience. It provides the required structure, optimising the likelihood that project objectives are achieved.”

Wentworth Healthcare Staff Member

“Since implementing the project management plans, I have seen some remarkable benefits within my team and the organisation overall.”

Wentworth Healthcare Staff Member

OUR BOARD

Good governance is vital to ensure our organisation is effective and accountable in our work. Wentworth Healthcare is governed by a skills-based Board consisting of nine directors. These directors are appointed to the Board based on the **Board of Directors Skills Matrix** and with due consideration to the benefits and needs of diversity, as per our **Diversity Policy**.

Find out more:

www.nbmphn.com.au/About/Governance

Mr Gary Smith

**Director since November 2018
Appointed Chair November 2021**

Mr Smith has extensive experience in the management of healthcare facilities and the provision of health services, predominately in general practice. He has been involved in general practice management since 1985 and has taken a keen interest in the operation of general practices and the major organisations which influence and shape them. Mr Smith is currently a Director with the Australian General Practice Accreditation Ltd (AGPAL), Chair of Quality Innovation Performance (QIP), Quality in Practice Consulting and QIP-International, Deputy Chair, General Practice Workforce Tasmania, Chair, Client Focused Evaluation Program (CFEP) Australia and UK, Board Member, Consortium of Accredited Health Care Organisations (CAHO), India and Board Member, Nepean Blue Mountains Local Health District (NBMLHD). Mr Smith has extensive representation on Commonwealth and State Government Advisory Boards, Working Parties and task groups and relevant healthcare industry committees both here and internationally, which allows him to contribute to the shape and delivery of healthcare in Australia. In 2021, Mr Smith was awarded an Honorary Doctor of Letters honoris causa by the University of New England (UNE), in recognition of his distinguished service of UNE Partnerships and to the professionalisation of the field of medical practice management for the past 30 years.



Mr Jeffery Jenkins

Director since November 2022

Mr Jenkins is a podiatrist and co-founder/Director of a large multidisciplinary healthcare organisation in the Nepean Blue Mountains region. Mr Jenkins has a passion for teaching and is involved in the development, implementation, and analysis of clinical training programs of existing and new graduate practitioners, along with building evidence-based treatment and general practice protocols. He also has a keen interest in enhancing the efficiencies and access to high-level multidisciplinary health care within the primary healthcare setting. Mr Jenkins undertakes ongoing clinical research, as well as holding various university clinical supervision and lecturing positions. He also holds a number of council and committee positions within the healthcare industry, including a regional council position in the Australian Podiatry Association.



Dr Nicole Langsford

Director since November 2021

Dr Langsford is a GP living and practising in the Blue Mountains, with 20 years of clinical experience. She is passionate about primary healthcare that supports patients across allied health and community services, and commits much of her medical practice to creating this environment for her patients. Dr Langsford has a keen interest in preventative medicine and developing healthy communities, and is currently studying a Masters of Medicine (Paediatrics) at Sydney University. She has a Fellowship from the Royal Australian College of General Practitioners, as well as a graduate of the Australian Institute of Company Directors (AICD).



Mrs Fleur Hannen

Director since November 2020

Mrs Hannen (MBA) is a Registered Nurse of 30 years and operates an aged care consulting business that works across Australia with the aim of enabling excellent standards of care, sustainably. Her passion for the aged care and disability industry has been developed through roles such as Managing Director, CEO, General Manager, Nurse Advisor, External Assessor and of course – Registered Nurse. Mrs Hannen holds various board advisory positions, aiming to apply logic and empathy to her work having walked in many of her clients shoes herself. She has strong ties to the Nepean Blue Mountain Region, having been a resident of the area for over 30 years.



Professor Andy Marks

Director since November 2020

Professor Marks is a Pro Vice-Chancellor at Western Sydney University and CEO of the NUW Alliance and leads major strategic higher education initiatives with government, industry and the community. He has a PhD and first-class honours in political science and literature. Professor Marks writes regular columns for the Sydney Morning Herald and the Daily Telegraph and is also a panellist on ABC Sydney's 'political forum'. Professor Marks is the Director of the Centre for Western Sydney and Chair of the Western Sydney Community Forum, the founder of the CatalystWest interactive policy forum and co-founder of the Launch Pad start-up incubator. Prior to his current role, Professor Marks was a researcher in the social services sector, a Council member at the University of New England and an ARIA nominated professional musician and composer.



Ms Heather Nesbitt

Director since November 2019

Ms Nesbitt is an urban and regional planner with 30 years' experience in the government, non-government and private sectors. Ms Nesbitt is a Hawkesbury local and was most recently Social Commissioner with Greater Sydney Commission, where she led the agenda to deliver inclusive, connected and healthy communities through innovative urban planning and community/stakeholder engagement and collaborations across Greater Sydney. Ms Nesbitt has strong networks with local, state and Federal government as well as business, universities and community organisations. Ms Nesbitt is a Fellow Planning Institute of Australia, Graduate Australian Institute of Company Directors, Councillor NSW Parks and Leisure Australia and volunteer with Australian Red Cross Emergency Services.



Dr Madhu Tamilarasan

Director since November 2020

Dr Tamilarasan has been a rural general practitioner in Lithgow since 2005. She is passionate about access to quality healthcare for all residents within the Nepean Blue Mountains region and supporting our healthcare workforce. She is committed to improving support for rural and regional GPs so that others are tempted to work in smaller centres and find the same joy she experiences from living and working in a small community. Dr Tamilarasan has extensive experience in general practice training having previously managed the GP training programme for Western NSW for many years. She knows the importance of nurturing our future medical workforce by supervising medical students and GP registrars within her practice and remains involved in GP training external to her practice.



Mr Bruce Turner AM

Director since November 2017

Mr Turner's (MAICD, FFIN, FIPA, FFA, FIML, PFIA, CGAP, CRMA, CISA, CFE) diverse experience spans financial services, manufacturing, transport, energy, health, and public administration in executive and prior board roles. In addition to international and national experience, Mr Turner has worked throughout the Nepean Blue Mountains region and currently sits on the audit committees for Penrith and Blue Mountains city councils (Chair and Deputy Chair respectively). He chairs several other audit committees, and has authored several governance, risk and audit books over recent years, including *Powering Audit Committee Outcomes* and *Rising from the Mailroom to the Boardroom*. In 2015 he was appointed a Member of the Order of Australia (AM).



Mr John Yealland

Director since November 2018

Mr Yealland has had a diverse career across many different sectors with expertise in business process improvement, leadership and management. Mr Yealland currently is a business advisor who provides services to organisations supporting people with intellectual disability in the Western Sydney, Blue Mountains and Nepean region. Mr Yealland is of Wiradjuri heritage and understands the issues that confront Aboriginal people and has a keen interest in the enhancement of health outcomes and economic participation of Aboriginal and Torres Strait Islander community. He has a deep understanding of the challenges faced by people with disability and by Indigenous people in accessing services for their needs. Mr Yealland is passionate about equity and quality service delivery.

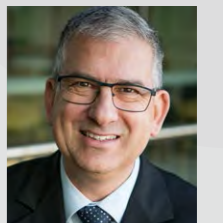


Dr Tony Rombola

**Director since November 2013
Appointed Chair 2019**

**Retired from Board
November 2021**

Dr Rombola has worked as a general practitioner in Windsor for 25 years. Dr Rombola provides services to a men's rehabilitation centre in Yarramundi, and to a number of Residential Aged Care Facilities in the Hawkesbury area. Dr Rombola is an Adjunct Clinical Senior Lecturer at the University of Notre Dame Sydney Medical School and a GP Supervisor with GP Synergy. Dr Rombola is a fellow of the Australian Institute of Company Directors and a founding committee member of the Hawkesbury Doctor's Network.

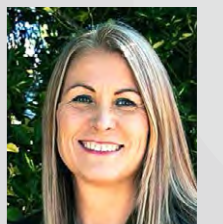


Ms Belinda Hill

Director since November 2019

**Resigned from Board
October 2021**

Ms Hill is a certified speech pathologist who has owned and operated a private practice in the Nepean Blue Mountains region for the last 26 years. Ms Hill has worked across numerous educational settings including TAFE, Justice, Department of Education and University and is currently a casual lecturer at Macquarie and Sydney Universities. Ms Hill has served as Vice President Communications and Vice President Operations at Speech Pathology Australia and has served on the Board of Directors since 2014. Ms Hill is committed to ethical evidence based practice and contributing to the growth of our future allied health workforce.

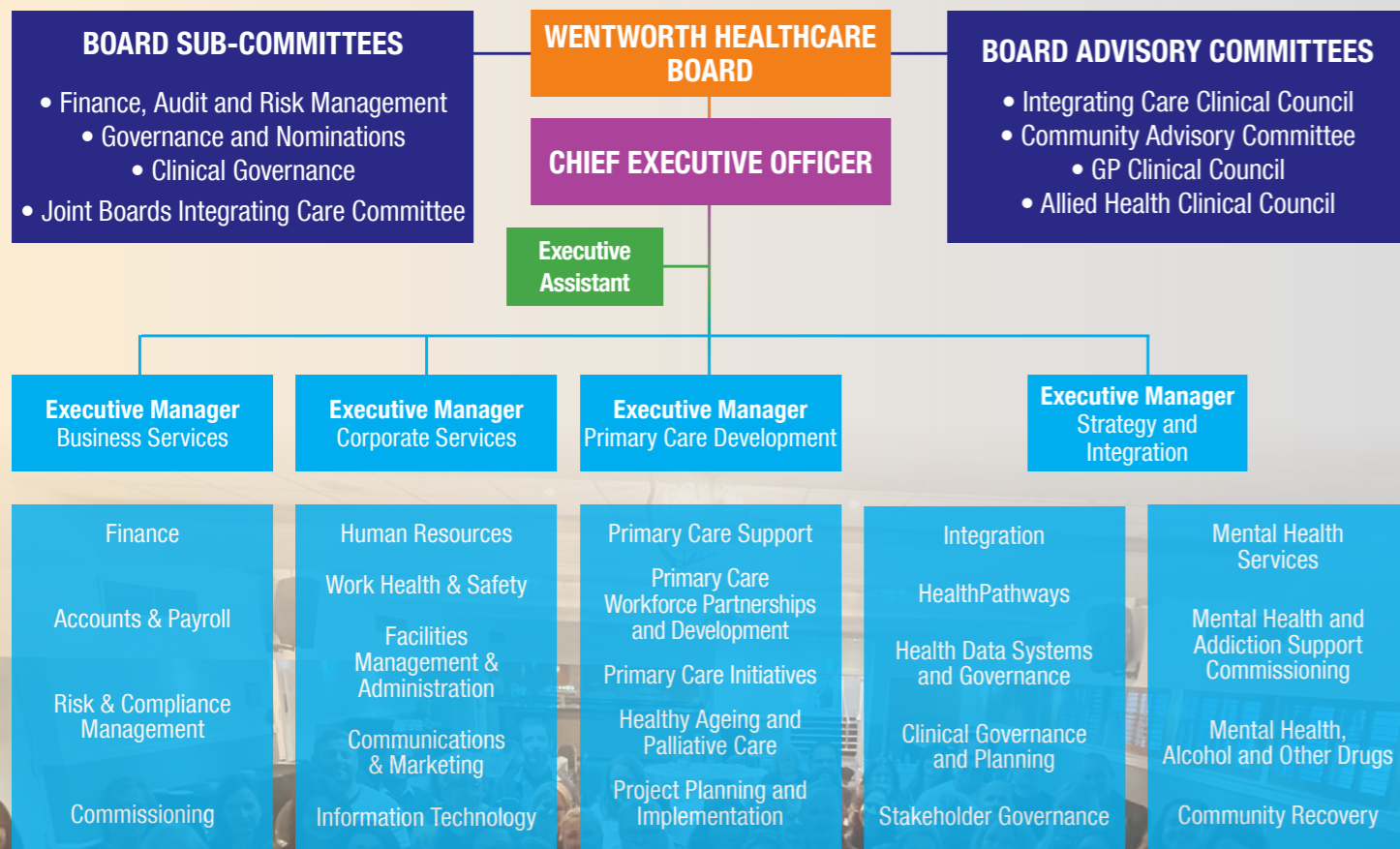


OUR PEOPLE

We value diversity and foster a culturally safe workplace that embraces flexible work practices. We employ 85 skilled and talented professionals – 55% full time, 36% part time and 8% casual. The majority of our employees (67%) live in the Nepean Blue Mountains region.



STAFF ORGANISATIONAL STRUCTURE

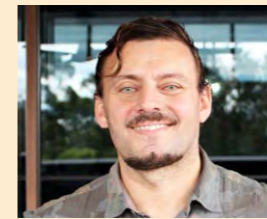


OUR EXECUTIVE TEAM



Lizz Reay BAppSc, MNutr&Diet, AdDipBusMgt, GAICD
Chief Executive Officer

Lizz has a proven track record of applying strategic and adaptive leadership to achieve outcomes. With a background in clinical and public health nutrition both in Australia and the UK, Lizz has over 20 years of experience in the healthcare sector.



Bobby Stefansen Acevski BBus(Acc and Fin), LLB, MTax&IntBus, CPA, CTA, NSW Solicitor
Executive Manager, Business Services

Bobby is a Certified Practising Accountant, Chartered Tax Advisor and NSW Solicitor with extensive experience in financial leadership and business strategy. With a background of over 15 years in leading accounting and legal private practices, commerce and government entities, Bobby has holistic and significant expertise in all aspects of business and law.



Elisa Manley B.Nursing, MPubHlth
Executive Manager Strategy & Integration

Elisa has worked for over 30 years in health, government & not-for-profit. Her background in nursing, occupational health & safety, public health and primary care supports the skills needed for the planning and integration of health services within the region.



Sam O'Hare B. Arts (Comms/Internet)
Executive Manager Corporate Services

Sam has an extensive background in corporate communications and operational management, working in sectors that include banking, manufacturing, pharmaceuticals and not-for-profit. She has worked for over 20 years in health-related roles, including 10 years at Wentworth Healthcare.



Kate Tye BHlthAgeingComServ, GCertCaseMgt
Executive Manager Primary Care Development

Kate has over 20 years of experience working in community and health services. She has worked for local government, large not-for-profits and in communities to lead collective impact, social and system change through strategic and operational planning.





Village Café

Priority Area:

ABORIGINAL HEALTH



15,342 or **3.9%**
of patients in our region identified as
Aboriginal and/or Torres Strait Islander



2,071 or **13.5%** of
Aboriginal and Torres Strait Islander
patients had a 715 Health Check

610
practice interactions by
our Aboriginal Liaison
Officer

211 Aboriginal patient
appointments at Paediatric
Outreach Clinic

2,000+
NAIDOC Cup participants

30,678
Integrated Team Care
(ITC) care coordination
services

1,896 occasions
of service by ITC
outreach workers

452 people assisted
through ITC services

OUR VISION FOR RECONCILIATION

That Aboriginal and Torres Strait Islander peoples' community needs, interests and priorities are embedded in our everyday business and cultures to improve the health of Aboriginal and Torres Strait Islander peoples in our community. We aim to work with other healthcare providers across the region, through our commissioning and partnership leader role, to build communities of healthcare practice that recognise, support and empower Aboriginal peoples and communities.

ABORIGINAL LIAISON OFFICER

Our Aboriginal Liaison Officer Mitchell Beggs-Mowczan, provides support, training and cultural guidance to our organisation and to practices across our region. Mitchell is a Wiradjuri man who was born and raised on Darug land. Mitchell has worked in Aboriginal Health for 12 years.

- 610 practice interactions including physical visits, video and phone calls

Find out more:

www.nbmphn.com.au/AboriginalHealth

RECONCILIATION WEEK 2022

This year our Aboriginal Liaison Officer, Mitchell Beggs-Mowczan, met with every team at Wentworth Healthcare to talk about Reconciliation. The objective of these meetings was to personalise the conversation regarding Reconciliation and to encourage each staff member to reflect on what they are doing to contribute to Reconciliation as an individual or a team. Each team was asked three key questions and all staff had the opportunity to contribute and to reflect on what they are currently doing and what they would like to achieve in the future.

RECONCILIATION ACTION PLAN

Our Innovate Reconciliation Action Plan (RAP) has continued to provide the framework for the activities and initiatives our organisation has undertaken to implement our reconciliation vision. Our RAP Working Group is comprised of staff from across the organisation, who lead and guide our RAP initiatives together with key stakeholders. Our second Innovate Reconciliation Plan is currently in progress.

- 16 RAP Working Group members
- 3 RAP meetings held

Find out more:

www.nbmphn.com.au/RAP



Mitch Beggs-Mowczan

ABORIGINAL CULTURAL AWARENESS TRAINING

Mitchell Beggs-Mowczan together with Eliza Pross (Ochre and Salt, consultant) delivered RACGP accredited Aboriginal Cultural Awareness training to health professionals in our region. Due to COVID-19, we transitioned our training model to an online platform.

- 3 separate modules are available
- Modules 1 and 3 are both 2-hour online, self-paced learning modules
- Module 2 is a 3-hour face-to-face zoom meeting, where healthcare providers participate in break-out room activities, hear about kinship systems, totems, connection to country, effective engagement in a healthcare setting and much more
- 44 attendees
- 4 training sessions

STAFF AND COMMUNITY ENGAGEMENT

Our staff regularly participate in community and cultural events across the region. This helps us to build relationships with local Aboriginal communities and to identify some of the barriers Aboriginal people face in accessing health services.

- Aboriginal Liaison Officer regularly attends Village Cafés to connect with Aboriginal and Torres Strait Islander community members
- 7 staff volunteered at NAIDOC Cup Hunters Field, helping to coordinate a day of sport and culture for approximately 2,000 school children
- Our staff regularly attend NAIDOC Jamison Park, which was unfortunately cancelled this year
- At our May Staff Development Day our staff participated in a Darug language session provided by Corina Wyaligili Norman

Find out more:

www.nbmphn.com.au/AboriginalHealth



Language session at our Staff Development Day

HIGHLIGHTS

Reconciliation Week 2022 – Staff Reflections

“We really enjoyed talking about Reconciliation with our team and reflecting as individuals about how we can contribute to Reconciliation outside of work.”

“Whenever we go to a new place, we always encourage our kids to find out the name of the country that we are on.”

“The kids love participating in Aboriginal cultural activities at school.”

Aboriginal Cultural Awareness Training

“Best cultural awareness training session I’ve ever done.”

“I liked the reflective style.”

“This training should be mandatory for every healthcare provider.”

“I often encourage people to be the change they want to see, and to lead by example at work, where they live and socialise.”

– Feedback from participants



11th Annual NAIDOC Cup

This year we celebrated the 11th Annual NAIDOC Cup. We have supported the NAIDOC Cup since it began and have seen it grow from three schools and approximately 120 children to close to 30 local schools and 2,000 children. NAIDOC Cup is run by Nepean Community & Neighbourhood Services with the support of many other local service providers. The day encourages celebration of NAIDOC in a fun and engaging way and allows younger children to come together to celebrate and learn about their culture, people and achievements. This year, children enjoyed the Oztag and Netball tournament as well as workshops based around culture. Activities included Aboriginal art, dance and storytelling. They also had the opportunity to participate in a cultural sand circle, which represented a Corroboree.



7 staff volunteered at NAIDOC Cup

ABORIGINAL HEALTH TOOLKIT

This year, we created an Aboriginal Health Quality Improvement Toolkit to help increase practice knowledge and understanding of several Aboriginal Health programs run by general practice. The toolkit has a particular focus on the Indigenous Health Incentive – Practice Incentive Program (IHI-PIP) and the Integrated Team Care program. The toolkit has been extremely well received by general practices in our region.

Find out more:

www.nbmphn.com.au/AboriginalHealthToolkit

DEADLY DREAMING

Deadly Dreaming is a 10-week early intervention drug and alcohol cultural program for Aboriginal and Torres Strait Islander young people that is delivered in high schools across the region and in Cobham Juvenile Justice Centre.

The service uses creative and traditional workshops to provide experiences of custom, lore and value systems to build connections and a sense of belonging for young people.

- 18 group programs
- 78 brief assessments
- 78 young people assisted
- 13 clients at Cobham Juvenile Justice Centre

Find out more:

www.nbmphn.com.au/DeadlyDreaming

GWAHS ABORIGINAL PSYCHIATRY CLINIC

We partnered with the Greater Western Aboriginal Health Service (GWAHS) in Penrith to co-design and commission a specialist psychiatry clinic for Aboriginal and Torres Strait Islander peoples.

- 35 full day clinics
- 349 patient consultations
- 87 new patients

Find out more:

www.gwahs.net.au

INTEGRATED TEAM CARE – CLOSING THE GAP

This program helps Aboriginal and Torres Strait Islander peoples with chronic health conditions to access better healthcare, cheaper medicines and culturally appropriate care coordination and support. We commission Nepean Community & Neighbourhood Services to provide this service.

- 452 people assisted
- 118 new patients
- 30,678 care coordination services
- 1,896 occasions of service by outreach workers

Find out more:

www.nbmphn.com.au/ClosingtheGap



MERANA ABORIGINAL HEALTH CHALLENGE

The Merana Aboriginal Health Challenge was funded through the Rural Doctors Network.

The project provided Aboriginal community members with group exercise, healthy lifestyle education and chronic disease management support. The group exercise classes ran five nights per week over a 10-week period and included exercises such as boxing and yoga. These sessions were facilitated by a senior exercise physiologist and a personal trainer. The group also cooked and ate a healthy meal together one night per week.

- 49 exercise sessions held
- 10 healthy cooking classes
- 14 participants

SOCIAL EMOTIONAL WELLBEING LINK WORKER PROGRAM

The Social Emotional Wellbeing Link Worker is based at Greater Western Aboriginal Health Service and provides culturally appropriate support and holistic care to people with complex mental health and addiction concerns. The Link Worker provides both direct support and linkage to other services including the Penrith Community Hub (WHOs) for drug and alcohol recovery day programs.

- 122 people assisted

Find out more:

www.nbmphn.com.au/LinkWorker

VILLAGE CAFÉ

Village Café is a place to grow community connections and support wellbeing. The Village Café is located in Kingswood, North St Marys, and Llandilo. It is a great opportunity to enjoy barista made coffee, connect with local community members and engage with local service providers. As an organisation, we have been involved with the Village Café since it first began in 2017 and have seen it grow in each community. This event is important for our community members to avoid social isolation and great for us as a service to keep connected with the community.

HIGHLIGHTS

Merana Aboriginal Health Challenge – Feedback from Participants

“I’ve really enjoyed the Health Challenge for a number of reasons. I made some wonderful, funny and encouraging new friends and spent time with work colleagues away from work. I really enjoyed the boxing classes. Great all-round workout with our trainer, Matt.”

“I have thoroughly enjoyed the health challenge. A huge variety in the exercise portion of the challenge and I felt supported in my journey of weight loss, a journey which is often a lonely one.”

“Meeting with fellow members of the challenge for dinner once a week helped immensely with getting to know everyone and enjoy a healthy meal together. Mel and the challenge has helped with a turning point in my journey and I find myself wanting to keep on track to achieve my goals. Thanks Mel for helping me this past 10 weeks.”

“I just wanted to send an email to say thank you so much for holding the Health Challenge and allowing me to participate. It has had a positive impact, not only physically, but mentally too.”

“I am sad that the Challenge has now finished but the motivation and change in my mindset around becoming more fit and healthy has changed so much that I have now signed up for Fitness Passport through my employer so I can continue the journey.”

“Thank you so much for holding the Challenge. I do hope it is run again to give others the opportunity I had to help change their lives.”



Integrated Team Care – Closing the Gap Case Studies

Sometimes the work we do with clients encourages us to think outside the box and work toward holistic solutions for clients that are not able to otherwise meet their health goals, due to a range of environmental factors. One issue that seems to have become more prevalent with our clients is housing and homelessness. This can also be complicated by the client's mental health and family/domestic violence situation.

One of our clients was unfortunately facing all these issues. To further complicate matters, they also have multiple diagnoses and comorbidities. All their conditions were poorly managed, resulting in regular presentations at the hospital. The team coordinated meetings and referrals with services such as NEAMI, NSW Housing, Centrelink and the client's regular GP. This allowed our team to then focus on getting their health back on track. They were also referred by the GP to appropriate specialists with a plan in place for outreach support to assist with attending appointments. As a result of these interventions, the client is now addressing their health needs and has dramatically reduced her hospitalisations.

We received a referral for a client with severe heart disease who was not eligible for surgery due to their high BMI. The client also had a disability but was not receiving support through NDIS. One of the first items the ITC team supported the client with was to see a dietician to reduce their BMI. We were also able to help the client successfully apply for NDIS support. Additionally, we advocated through housing to get the client into adequate housing. The client received appropriate house where they were supported to gain independence and life skills.

— Nepean Community & Neighbourhood Services

Deadly Dreaming Feedback

“The students have been very engaged and we have seen a high improvement of attendance this term, more so than last year. The Year 10 students did the program first and spoke with their peers, so now Year 7 to Year 10 want to participate in the program. This has been added to their Personal Learning Plans.” — Aboriginal Education Officer

Find out more:

www.nbmphn.com.au/DeadlyDreaming





Penrith Street Uni youth community space

Priority Area:

ADDICTION SUPPORT






In Australia, **drug overdose is a leading cause of death** for males and females aged 20-29 and remains the **3rd leading cause of death** behind suicide and land transport accidents *Pennington Institute 2021*

1,364 drug related offences were recorded in our region between July 2019 to June 2021 *(with highest rates in Penrith and Lithgow)*
BOCSAR 2021

2,000+ people assisted

813 young people assisted

Top 5 Principal Drugs of Concern for all clients

-  Alcohol
-  Cannabinoids
-  Methamphetamines
-  Nicotine
-  Amphetamines

466 group sessions

488 clients who had both diagnosed mental health concern and AOD misuse

AFTERCARE AND RELAPSE PREVENTION

A support program to prevent relapse which includes intake, assessment, treatment planning and weekly SMART recovery groups, over a period of six months. The program is delivered by ONE80TC in Kingswood with outreach to Hawkesbury and by Lives Lived Well at Dianella Cottage for Katoomba and Lithgow.

- 323 clients assisted

Find out more:

www.nbmphn.com.au/AddictionSupport

DIANELLA COTTAGE

A non-residential drug and alcohol day rehabilitation service in Katoomba and Lithgow delivered by Lives Lived Well.

- 403 people assisted
- 98 group sessions

Find out more:

www.nbmphn.com.au/DianellaCottage

PENRITH COMMUNITY HUB

Alcohol and drug day rehabilitation program for adults run by WHOS in collaboration with Marrin Weejali Aboriginal Health Corporation.

- 313 clients assisted
- 76 group sessions conducted
- 92 Aboriginal and/or Torres Strait Islander clients (29% of all clients)

Find out more:

www.nbmphn.com.au/WHOSHub



WHOS Penrith Community Hub

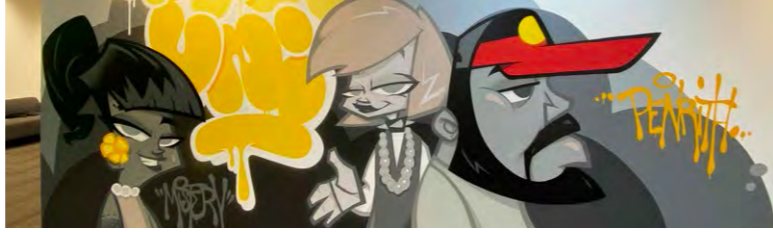


Penrith Street University

“The client’s mother spoke extremely highly of their experience and in particular her gratitude that her son was able to connect so easily and quickly with Jamie. The mother expressed how welcomed and safe they felt at the Street Uni, particularly under such difficult circumstances. She stated that she had never seen her son connect with someone instantly the way he had with Jamie. Her son is keen to participate in further contact and programs offered. The

interaction from a cultural, therapeutic and practical approach was so valued by the family. I am very thankful that Nathan and Jamie were able to have my client and his mother attend so soon after the referral was made, in a crucial transition period for the family. Both Jamie and his manager were very receptive to the young person and his family, and I look forward to continuing to work collaboratively to support this young person and his family further.”

— Youth Justice Caseworker



PENRITH STREET UNIVERSITY

The Street University program, run by Ted Noffs Foundation, is designed for young people aged 15 – 24 years and provides a free community space that embraces their art, music and culture while providing early intervention support services for addiction and mental health issues.

- 813 clients assisted
- 279 full assessments conducted
- 288 workshops delivered

EARLY INTERVENTION OUTREACH PROGRAM

Mobile outreach across all four Local Government Areas, run by Ted Noffs Foundation.

- 411 interventions delivered
- 4 group sessions
- 187 young people received individual counselling sessions

Find out more:

www.nbmphn.com.au/StreetUniversity

DEADLY DREAMING

Deadly Dreaming, run by Ted Noffs Foundation, is a early intervention drug and alcohol cultural program for Aboriginal and Torres Strait Islander young people delivered in high schools and at Cobham Juvenile Justice Centre.

 [Read more about this program in Aboriginal Health on page 22](#)

Find out more:

www.nbmphn.com.au/DeadlyDreaming



Artwork created by clients at WHOS Penrith Community Hub



HIGHLIGHTS



Dianella Cottage

“I feel very fortunate to have somewhere to go when I am in need. I am so grateful for the care and help I have received at Dianella.”

— Client, Dianella Cottage

An 18-year-old Aboriginal queer woman was motivated to engage with Dianella Cottage as she felt that her personal circumstances, family environment, family history with alcohol and drug use, previous trauma, cultural identity issues, systemic adversity and mental health diagnoses could escalate to problematic alcohol and drug use in the future.

The client relocated frequently throughout her upbringing and was often under the care of people other than her parents. She grew up in an invalidating environment, with a history of trauma (domestic violence, childhood sexual assault) and has a family history of mental illness. She has been diagnosed with Bipolar 1 and complex Post Traumatic Stress Disorder, and has a history of several inpatient admissions due to suicidality and symptoms of mania.

The client has a history of polydrug use (cocaine, alcohol, cannabis, nicotine, sedatives, inhalants, psychedelics). At present, the client now only uses alcohol, cannabis and nicotine in a social setting.

The client relocated to the Blue Mountains to live with her cousin after her home was destroyed in the 2022 floods. This was not a supportive or healthy environment for her, with heavy alcohol and drug use and domestic violence present in this household. The client has recently moved into temporary accommodation for her safety and wellbeing. The client would like to focus on establishing herself in the Blue Mountains with healthy social connections, finding permanent accommodation, gaining employment and undertaking vocational study.

Through the program, some of the client’s positive outcomes include:

- ceased the use of cocaine and inhalants within her first four weeks of engagement
- increased confidence in her ability to control her substance use and minimise harm when using
- disengaged from social connections that were unhealthy or inappropriate
- formed new age-appropriate friendships and has enrolled in TAFE
- attended interviews for employment.

Overall, the client reports improved communication, self-confidence, control of her substance use and understanding of sex education.



Penrith Community Hub – Client Case Study

A 34-year-old mother of three presented to the WHOS Penrith Community Hub for assistance with her substance use dependence. She was a daily user of ice and used GHB several times a week.

When she first presented to the Hub, she had lost all contact with her family, her children had been removed from her care, she was experiencing homelessness and she was at risk of a NSW Community Corrections breach.

WHOS Penrith Community Hub case workers assisted her to secure temporary accommodation, so that she had a safe place to sleep at night. From there they began to liaise with her Department of Communities and Justice Worker and Community Corrections Officer to gain more information on her situation and what she would need to do to start the process of regaining care of her children, as well as to prevent her bail being breached.

The client worked with case workers to set achievable goals for each area of her life. Each week, both the client and her case worker would work together in achieving her goals. The case worker advocated for her with NSW Housing and was able to secure permanent accommodation for her.

The client attended WHOS Penrith Hub Relapse Prevention and Acceptance and Commitment Therapy group programs for eight weeks, in addition to attending her case management sessions. She has ceased the use of ice and reduced her GHB use to an infrequent use pattern. She is now working on achieving complete abstinence.

The client attributed her treatment success to a combination of attending the WHOS Penrith Community Hub group program, case management sessions and the support and guidance of her case workers.

Community Corrections are pleased with the client’s progress and have suspended her reporting requirements, given she remains engaged with the WHOS Penrith Community Hub and her case workers. Communities and Justice are also pleased with her progress and are in support of her applying for a Section 90 Order to eventually have her children return to her care.



Dr Bassa, Penrith GP receiving Digital Health assistance from Michael Blancia

Priority Area:

DIGITAL HEALTH

87% of digital practices are registered to use My Health Record



My Health Record

91% of pharmacies registered to use My Health Record *(increased from 87% last year)*

76.7% of general practices upload prescriptions to My Health Record *(increased from 70% last year)*



90% of practices have Secure Messaging capabilities



87% of pharmacies are e-Script ready *(increased from 84% last year)*

93% of digital practices use PEN CS* to improve patient care

462 activities by Practice Support regarding digital health

*The PEN CS Clinical Audit Tool, or PEN CAT as it's commonly referred to, is a clinical audit tool that allows practices to analyse data, devise the necessary strategies to improve patient care and report on quality improvement activities undertaken by the practice.

SUPPORTING THE UPTAKE OF DIGITAL HEALTH

Our Practice Support team supports the uptake of digital health in general practice to improve access to healthcare, continuity of care, collaboration between providers and patient outcomes. Digital health technology assists healthcare providers with patient-centered care, ongoing management and reduces wait times by streamlining and improving access to healthcare data and information. It provides real-time support to practices and improves clinical decision making by utilising information systems such as My Health Record. Electronic health technology ensures patient safety by providing digitally enabled patient screening and medication alerts.

- 462 activities by Practice Support regarding digital health

Find out more:

www.nbmphn.com.au/DigitalHealth

DATA ANALYSIS SUPPORT

Data is a tool that can drive process change across many levels to improve patient health outcomes. As part of our Population Health, General Practice Engagement and Digital Health Strategies we provide the PENCS suite of clinical audit tools to practices in our region at no cost. Our Practice Support team supports practices to use these tools to improve patient care through data analysis and quality improvement initiatives.

- 93% of digital practices use PENCS

Find out more:

www.nbmphn.com.au/DataAnalysis

E-PRESCRIBING AND SAFESCRIPT NSW

Our General Practice Support team helps practices in our region to implement e-Prescribing and SafeScript NSW.

Electronic Prescribing (ePrescribing) provides an option for prescribers and their patients to receive an electronic prescription (eScript) as an alternative to a paper-based prescription. The Australian Government accelerated the delivery of electronic prescribing during the pandemic to help protect people most at-risk from exposure to COVID-19.

- 87% of pharmacies are e-Script ready (increased from 84% last year)

SafeScript NSW is a real-time prescription monitoring system which allows prescribers access to their patient's prescription history for certain high-risk monitored medicines. SafeScript NSW supports prescribers in making safer clinical decisions and reduces the prevalence of unsafe use of monitored medicines. SafeScript was introduced into our region in March 2022.

- 207 (47%) GPs registered for SafeScript NSW
- 152 (48%) pharmacists registered for SafeScript NSW

Find out more:

www.nbmphn.com.au/ePrescribing

LUMOS

LUMOS is a partnership initiative between NSW Health and PHNs that assists practices to gain a greater understanding of their patients' journey across the health system. LUMOS securely links encoded data from general practices to other health data in NSW including hospital, emergency department, mortality, ambulatory and others. Linking information about the healthcare people receive, helps GPs understand what patients need, where and when, and allows better decisions for managing population health and patient care.

- 26 practices participated

Find out more:

www.nbmphn.com.au/LUMOS

MY HEALTH RECORD

Our Practice Support team assists general practices to effectively use My Health Record (MHR). Using MHR provides opportunities to improve access to services, increase health provider collaboration, and facilitate the delivery of safe, high quality and effective patient care which can save lives.

- 87% of digital practices are registered to use MHR (increased by 2% from last year)
- 43,071 Shared Health Summaries uploaded (increased from 34,176 last year)
- 157,777 documents viewed on MHR (increased from 132,989 views last year)
- 91% of pharmacies registered to use MHR (increased from 87% last year)
- 76.7% of general practices upload prescriptions to MHR (increased from 70% last year)

Find out more:

www.nbmphn.com.au/MyHealthRecord

SECURE MESSAGING

Secure Messaging enables healthcare providers to send and receive sensitive and confidential clinical information like referrals, reports, pathology and radiology requests, results and discharge summaries in a secure and encrypted environment. Our General Practice Support team assists practices to implement and use secure messaging.

- 120 practices (90%) have Secure Messaging capabilities
- 86 specialists in our region have received eReferrals
- 45% increase in number of eReferrals compared to last year

Find out more:

www.nbmphn.com.au/SecureMessaging

HIGHLIGHTS

Supporting the Uptake of Digital Health

An important contract deliverable from the Australian Digital Health Agency was to ensure that general practices and pharmacies continue to use digital health tools like the MHR system, secure messaging and ePrescribing. A key component was to ensure that their National Authentication Service for Health (NASH) Public Key Infrastructure (PKI) certificates were renewed to the latest version before 13 March 2022.

We launched an awareness campaign to communicate with general practices and pharmacies about NASH PKI renewal, and our General Practice Support Officers organised face-to-face visits. The outcome resulted in **a renewal rate of 98% which was the second highest nationally.**

Specialist and Referrals via Healthlink – North Richmond Family Medical Practice

Dr Islam, North Richmond Family Medical Practice, has adopted and utilised eReferral Specialist and Referrals (SR) platform via Healthlink. He has also advocated for the use of SR to other GPs.

Dr Islam shared that he uses e-Referrals to submit NSW Fitness to Drive Medical Assessments for his patients as it saves time, paper and the environment.

“SR is very easy to use through Medical Director. You can choose the specialist list from the menu page & refer them online. It is highly recommended to streamline your work effectively and in an efficient manner.”

— Dr Islam, North Richmond Family Practice

Blue Mountains Women's Health and Resource Centre – Digital Health

The Blue Mountains Women's Health and Resource Centre made the decision to transform their paper-based practice into a digital health enabled practice. The practice manager sought our support, as this was a huge change for the practice and clinic staff. Our dedicated GPSO team including our Digital Health Program Officer, Michael Blancia, provided extensive support during the transition process. After multiple meetings and ongoing support, the clinic was able to use clinical software to manage patients and receive electronic results through secure messaging. They are now capable of sending paper-less prescriptions via e-Scripts and have been able to access and utilise the My Health Record system.



Digital Health Program Officer, Michael Blancia



Penrith general practice receiving Digital Health assistance



SafeScript NSW – Provincial Medical Centre

The team at Provincial Medical Centre enabled SafeScript NSW at their practice to assist their clinical team with real-time prescription monitoring. The practice manager expressed how useful the integration has been within their clinical software systems and stated that it had assisted GPs in keeping patients safe when prescribing high-risk medicines. The system provides alerts and patient prescribing history.





Myhealth Kable Street, Windsor.
Image from @HawkesburyFloodStatisticsUnit Facebook page

Priority Area:

DISASTER MANAGEMENT



February/March, April 2022 floods

627 homes damaged

164 homes deemed uninhabitable

8 homes destroyed



88% of residents aged 12+ have received two doses of the COVID-19 Vaccination

87.5% of Indigenous residents have received two doses of the COVID-19 Vaccination



137,865 masks distributed to healthcare professionals

67,813 COVID-19 and disaster emails sent to healthcare providers and other stakeholders

78 Bushfire Community Wellbeing Grants funded worth \$350,000

11,064 people assessed and tested for COVID-19 through 3 GP-led Respiratory Clinics

99 vaccination clinics established

COVID-19

SUPPORTING THE PRIMARY HEALTHCARE RESPONSE

Throughout the pandemic, our role in responding to COVID-19 has continued to evolve to address the changing needs of our region's healthcare professionals and communities. We continued to play a vital role in coordinating the communication between primary and acute care services, government, and front-line primary care professionals. During the challenges of COVID-19 vaccination roll-out and lockdown periods, we have supported general practice, allied health and the community, by providing the latest information and resources. Key achievements include:

- 11,064 people assessed and tested for COVID-19 through three GP-led Respiratory Clinics
- 1,367 practice support activities directly related to COVID-19
- 137,865 masks distributed to healthcare professionals
- 108 COVID-19 email blasts sent to general practice, allied health and other stakeholders
- 473 social media posts regarding COVID-19 and vaccination
- 183 COVID-19 related enquires fielded from local state and federal MPs
- 20+ briefing sessions held for local state and federal MPs together with our Local Health District
- 11 media releases or statements issued regarding COVID-19 and vaccination

CAPACITY TRACKER

Capacity Tracker is a free online tool to support continuity of care in general practice, Aboriginal medical services and Residential Aged Care Facilities. Capacity Tracker allows these health services to alert us to current or potential issues impacting services and assists us to address these issues promptly. Health professionals can use the tool to identify issues early and better manage workforce and service capacity issues, as well as assist in emergency response situations such as bushfires, floods and the COVID-19 pandemic. There was increased uptake of Capacity Tracker this year with practices particularly using the tool to assist with COVID-19 and vaccination roll-out issues.

- 38 practices participated

Find out more:

www.nbmphn.com.au/CapacityTracker

HEALTHPATHWAYS

Throughout the pandemic, HealthPathways has supported primary care with up-to-date and detailed clinical information. The HealthPathways team played a vital role in the development of state and national clinical pathway content, taking on a lead role in the development of the COVID-19 Vaccination pathway. Given the ongoing changes to the vaccination program, later in the year our GP clinical editors undertook a complete review and restructure of the COVID-19 Vaccination pathways, which was adopted across NSW, and most states and territories in Australia. The team also provided input into the coordinated and integrated activities occurring within the NSW Health COVID-19 response.

 Read more about HealthPathways in Population Health on pages 66-67

Find out more:

www.nbmphn.com.au/HealthPathways



Registered Nurses Needed

for local COVID-19 Vaccination effort

Local Nurses Respond to Call to Join Vaccination Effort

In July, we ran a recruitment campaign calling on registered nurses in our region to support the local vaccination roll-out. At the time of the campaign, we had 86 general practices and three GP Respiratory Clinics registered to be COVID-19 vaccinating practices and they needed extra nurses to help administer the two-dose vaccines as quickly as possible.

We received an overwhelming response from our local community of nurses with over 150 nurses responding to the call in just three days. Many of these nurses were placed in vaccinating practices and helped vaccinate thousands of people across our community. Some of these nurses have stayed on, well after the peak of vaccination, to work within their practices as permanent practice nurses.

On 12 August, Prime Minister Scott Morrison mentioned the nurse campaign and the overwhelming response in Federal Parliament, highlighting it as one of the success stories of the pandemic.

 Watch **Prime Minister Scott Morrison** mention the campaign in Federal Parliament: <https://youtu.be/F4V7kEC8A14>

Capacity Tracker Feedback

Our region experiences a range of natural disasters including floods, bushfires, droughts and pandemics. These emergencies can pose a risk to business continuity for general practices and pharmacies. Capacity Tracker is a free tool that allows providers to contribute current updates on the status of their appointments, vaccines, PPE, workforce, and COVID-19 impacts through the online portal. The portal can be accessed any time from any internet-connected device. The tool is fast, secure, and completely free. Capacity Tracker assisted We Care Medical Centre in redistributing COVID-19 vaccine supply quickly and efficiently to other general practices in need of additional supplies.

“The platform was easy to use and was a prompt way to gain support from the PHN Practice Support team. This gave me peace of mind that my excess vials were not going to go to waste.”

— Dr Sujatha, We Care Medical Centre

SUPPORTING COVID-19 VACCINATION

We worked closely with the Department of Health, NSW Health, our Local Health District and general practices to ensure our community had access to vaccinations as quickly and effectively as possible. Our HealthPathways, Practice Support and Communications teams were pivotal over this period, ensuring that general practices had the most up-to-date information possible to provide the most appropriate clinical care to patients.

- 99 general practices (74% of region total) delivered COVID-19 vaccinations
- 88% of residents aged 12+ have received two doses of the COVID-19 Vaccination
- 87.5% of Indigenous residents have received two doses of the COVID-19 Vaccination

BE YOUR OWN HEALTH HERO CAMPAIGN

In April, we launched our Be Your Own Health Hero community campaign to support the Department of Health's Winter Strategy to encourage COVID-19, influenza and pneumococcal vaccinations in vulnerable groups. The campaign called on at risk groups to 'be their own health hero' and talk to their GP about which vaccination options were right for them over the winter period. The campaign was promoted through video, paid retail, print and social media advertising over 3 months.

- 3 million+ foot traffic reached
- 80 retail panels across 5 shopping centers
- 120 toilet door panels across 25 venues
- 500,000+ people saw our paid social media advertisements

Find out more:

www.nbmphn.com.au/HealthHero

SUPPORTING ACCESS TO VACCINATION FOR VULNERABLE GROUPS GRANTS

We provided grants to allow general practices, allied health and pharmacies the opportunity to undertake vaccination activities specifically for vulnerable population groups. The grants assisted with improving the vaccination status of vulnerable populations and non-Medicare eligible patients using data quality activities. These grants continued into the 2022-2023 financial year.

- 65 grants awarded
- \$350,000 invested
- 442 vulnerable patients vaccinated

Find out more:

www.nbmphn.com.au/FundedProjects



COVID-19 PSYCHOLOGICAL THERAPY SERVICES

Throughout the COVID-19 pandemic, people across the region experienced unparalleled disruptions in their daily lives and routines. To support pandemic recovery in the region, we launched a new Psychological Therapy Services (PTS) stream, funded by NSW Government, to increase access to psychological services for people whose mental health has been negatively impacted by COVID-19.

- 1,000 + new clients
- 7,000+ occasions of service
- 45 providers

Find out more:

www.nbmphn.com.au/PsychologicalTherapy

SUPPORTING CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

Whilst vaccination rates were high in the general community, there was concern about the vaccination rates and mental health impacts in culturally and linguistically diverse communities (CALD). We collaborated with five other Primary Health Networks and NSW Multicultural Health Communication Service to develop two vaccination and mental health awareness campaigns for CALD and vulnerable communities:

- **Check in on your wellbeing** – mental health and vaccination messages filmed in 12 languages (70 videos) used in paid social media ads and printed posters for general practice
- **Reconnect** – SBS radio ads in 12 languages with a mental health message and a video in English and Mandarin on SBS television programming

Supporting Access to Vaccination Grants

The Supporting Access to Vaccination for Vulnerable Groups Grants allowed general practice, pharmacy, allied health and other non-government organisations working with the community to identify vaccine hesitant and vulnerable populations and facilitate vaccinations.

A pharmacist who received a grant was able to increase the time spent with patients when conducting home medicine reviews. He was able to identify and have a conversation with a couple to address their concerns around receiving a vaccine while pregnant and the impacts not being vaccinated may have on being admitted to the hospital for birth. The pharmacist was able to actively listen to and address these concerns with evidence-based information, resulting in the patients deciding to receive their vaccinations. He was also able to increase awareness of the importance of home medications reviews with general practices.

A GP who works with 19 patients with severe intellectual disabilities, residing in 24-hour supported care, was successful in his application for a grant. Each patient has now received two COVID-19 boosters. In addition, three 1.5 hour in-service sessions were provided to 30 support workers to ensure appropriate COVID-19 safety measures were in place for this group of very vulnerable patients when accessing community-based activities.

FLOODS

In February, March and April 2022, the Hawkesbury-Nepean Valley experienced multiple major flooding events. The Hawkesbury river peaked at 13.71 meters on 9 March 2022, which exceeded the last major flood in March 2021 when floodwaters reached 12.91 meters.

Due to the Hawkesbury-Nepean Valley's population density, the floods caused significant damage and access issues. All bridges in the Hawkesbury area were closed for the duration of each flood. In March, due to a significant landslide on Bells Line of Road, many suburbs across the Hawkesbury were completely isolated or cut off, with no road access to a hospital, other urgent or specialised medical care for several days. In addition, many people also lost telecommunication services. All four of our local government areas were again declared disaster affected.

Throughout the floods we worked closely with our Local Health District and general practices to ensure the community had access to continuity of care, particularly for those in the community who were unable to access their usual GP or pharmacy. Many general practices were either directly impacted due to damage or indirectly impacted due to staff shortages or power outages.

- 627 homes damaged
- 164 homes deemed inhabitable
- 8 homes destroyed
- 20+ of practices impacted by floods or storms

SUPPORTING THE PRIMARY HEALTHCARE RESPONSE

Throughout each flood event we utilised our Disaster Preparedness Plans and responded by providing support to general practices and pharmacies that could remain open. We:

- mobilised non-flood affected general practices to step forward and offer patient consultations via telehealth to residents who could not access their usual general practice.
- coordinated with the Local Health District to ensure that general practices and pharmacies that could remain open in North Richmond and Kurrajong had sufficient supplies and access to appropriate digital health services.
- assisted with the coordination of vaccination transfers where general practices were flood affected or where stable power supply was an issue to comply with cold change requirements.
- also communicated and shared information directly with general practices, allied health professionals and community stakeholders (such as MPs) on local arrangements in place for flood and storm affected areas.

RECOVERY PLANNING

Following the severe floods and storms experienced across NSW, we collaborated with other organisations in the recovery phase and conducted a review into the primary healthcare response. We actively participated in a range of local, regional, and state forums and committees to build networks and ensure that primary healthcare perspectives are represented in disaster management. This includes participating in the Local Emergency Management Committee for each local government area. We also contributed to the Western Sydney Heat Smart Resilience Framework. Our work was recognised with an invitation to present on Disaster Preparedness in Primary Care to general practices and allied health services in Mackay, North Queensland.

Find out more:

www.nbmphn.com.au/FloodResponse

FLOOD PSYCHOLOGICAL THERAPY SERVICES

Our Psychological Therapy Services were able to enhance their existing bushfire and flood stream with additional funding to further support those impacted by multiple disaster events. The ability to access this service without the need for a referral meant that people could directly access trauma trained mental health professionals without the need to see their GP first.

- 76 clients
- 374 occasions of service
- 35 providers

Find out more:

www.nbmphn.com.au/LocalHealthServices

DISASTER GRANTS FOR VACCINE PROVIDERS

We provided grant opportunities to general practices and community pharmacies that were authorised COVID-19 vaccination providers. Grants could be used for flood related expenses, or to help prepare for future natural disasters. These grants were made available as part of the Federal Government's response to the 2022 floods and significant rain events.

- 42 grants awarded
- \$195,000 distributed

Find out more:

www.nbmphn.com.au/FundedProjects

HIGHLIGHTS

Supporting Flood Affected General Practices

Our commitment to strengthening the role of primary healthcare in disasters led us to create a new full-time Disaster Planning Coordinator role in early 2021. This role led the development of our Disaster Management Framework which outlines our approach to disaster management. This includes building the capacity of primary healthcare during disasters, improving access to health services for the community, and ensuring primary healthcare perspectives are considered in disaster management. We received this feedback from a local GP regarding the assistance received during the floods from our Disaster Planning Coordinator, Mari Rosney:

"I have worked in the Hawkesbury for the past forty years as a GP and have witnessed a number of floods and fires firsthand. This present disaster regrettably I think has been the worst I have seen personally, and it is the first time since living in Australia where I have failed to attend the surgery when these events have been happening. This in itself, caused me distress but thankfully, as a result of technology, which normally causes me grief, I have been able to access and assist patients by phone, text, email etc. Thanks to the PHN and their ability to advise me, we have avoided a situation where remote and isolated elderly and sick people who had no access to phone, internet, power etc were reached and found to be managing. With the PHN's advice and support, we were able to offer help. Mari Rosney was a constant backup to myself and by default to the family mentioned who have also expressed their gratitude. I think that it is necessary for that appreciation to be recorded as most would be unaware of the role that people play in assisting people like me in such sticky situations.

More power to your elbow now and in the future. Thank you so much for being there and being prepared to go the extra mile!"

— Dr Susan Moseley,
Myhealth Kurrajong
Village



Mari Rosney, Wentworth Healthcare
Disaster Planning Coordinator



Flooding of the Nepean River



Wolgan Valley



The Log Cabin, Penrith



COMMUNITY RECOVERY

BUSHFIRE COMMUNITY WELLBEING GRANTS

As part of the Federal Government's Supporting the Mental Health of Australians Affected by the 2019/20 Black Summer Bushfires package, we were provided funding to support the mental health, wellbeing, resilience and recovery of communities through initiatives such as Community Grants. Community connection and cohesion is vital for community recovery during and after times of adversity. Our Bushfire Community Wellbeing Grants have focused on grass roots community-led initiatives that bring people together and allow them to choose their own way to respond to the loss, anxiety and distress they have experienced.

- 117 grant applications
- 78 grants funded
- \$350,000 invested

Find out more:

www.nbmphn.com.au/CommunityWellbeingGrants

WELLBEING OUTREACH PROGRAM

We provided funding to Gateway Family Services to enhance their Step by Step Recovery Support Service which offers wellbeing support to bushfire affected communities across Blue Mountains, Hawkesbury and Lithgow.

The funding allowed three wellbeing practitioners, working in conjunction with the Step by Step case management team, to provide mental health support to people impacted by bushfires who were unable, ambivalent or uncomfortable accessing formal mental health services.

Wellbeing practitioners developed collaborative relationships with other disaster recovery services and providers such as the Nepean Blue Mountains Local Health District and neighbourhood centres to deliver psycho-educational workshops and community information sessions. Several schools were provided with individual support and group programs for students. Older residents, forced to relocate from their homes into aged care as a result of the bushfires, needed assistance with navigating aged care services and support to deal with the grief and unexpected loss of independence.

This holistic model of disaster recovery provided those affected with access to the services they needed, from known and trusted practitioners embedded within the community.

- 1,956 occasions of service
- 1,800+ support hours provided to clients
- over 20,000km travelled across the region

Find out more:

www.nbmphn.com.au/LocalHealthServices

COMMUNITY MENTAL HEALTH TRAINING

Many community-based organisations and community members involved in disaster relief efforts found themselves on the frontline of providing support to traumatised individuals for the first time.

After extensive community and stakeholder consultation, mental health training was identified as a priority to increase the capacity to recognise distress and increase the capability across the region.

We funded the Springwood Neighbourhood Centre Collaborative (which includes Winmalee and Blackheath Neighbourhood Centres), Lifeline Central West and Master Trainer Jane Armstrong to deliver Accidental Counsellor and Mental Health First Aid courses. We also funded Lifeline Central West to deliver the Yamayamarra Aboriginal Accidental Counsellor course. This course, the first of its kind in Australia, is designed specifically to support Aboriginal and Torres Strait Islander peoples experiencing difficult situations or crisis, by understanding more about their culture and beliefs.

- 650+ participants (90 at Yamayamarra)
- 53 workshops (7 Yamayamarra workshops)

Find out more:

www.nbmphn.com.au/CommunityMentalHealthTraining

PORTLAND TRUSTED ADVOCATES

Trusted Advocates are members of the community that may have a lived experience of mental illness or demonstrated resilience in dealing with adversity, who are called upon to support others in their community in times of need. We were one of nine Primary Health Networks to trial the pilot Trusted Advocate Network Initiative in drought affected communities.

We commissioned Lifeline Central West to provide Trusted Advocates in Portland with training and information to be able to support those in need in their local community. This included providing information about online, face-to-face and self-help mental health and emotional supports, and referral pathways.

Bushfire mental health funding allowed the Trusted Advocate program (promoted as Everyday Leaders) to be extended into parts of the Blue Mountains, Hawkesbury and Lithgow.

- 10 Trusted Advocates trained

HIGHLIGHTS

Bushfire Community Wellbeing Grants

Wellbeing Outreach Program Feedback

“My client and I go bushwalking near his home, which was bushfire and flood affected. We are working through ways to help improve his self-care following a mental health episode, a suicide attempt, the stresses of the pandemic and impacts on his children. He finds it easier to talk while we walk and we discuss at length coping strategies, warning signs, associated safety planning, and growing his mental health support team.”

— Wellbeing Practitioner

“My client was stunned by how the fear from the bushfires and the COVID-19 pandemic has affected his confidence. He had never experienced anxiety before and sought my support to cope. We discussed his priorities and the new values that have emerged from his trauma. He attended my workshop on Post-Traumatic Growth and in subsequent sessions, we have been able to identify his own experiences of growth in the face of the disaster events. He expressed his desire to connect more with others who have also experienced Post-Traumatic Growth from disaster events and together we have developed some ideas on how he can share his learnings with his friends and others. It's over an hour's drive each way to meet with this client but as he demonstrates increased confidence and self-awareness, I feel privileged to play a small part in his journey to healing.”

— Wellbeing Practitioner

MYST Music Fest Grant

Almost 100 young people attended the MYST Music Fest event which was held as part of Mountain Youth Services Team's (MYST) 2022 Youth Week launch.

Activities included a range of local bands, food and snacks, street art workshop, jewellery making, face painting and a basketball shoot out. A range of youth services attended the event, including headspace, Planet Youth, Family Planning, Blue Mountains Women's Health and Resource Centre, Able2 and Platform Youth Services, providing a soft entry point for young people to connect to services.

“It was an amazing day which all attendees enjoyed! We thank Wentworth Healthcare for their generous support in funding the event which provided local young people an opportunity to come together and enjoy an afternoon of music, fun activities, and social interaction.”

— Gailene Keen, MYST Music Fest Event Organiser

“Young people were also able to connect with and access support services to help support and improve their mental health and overall wellbeing. The smiles on their faces said it all!”

— Gailene Keen, MYST Music Fest Event Organiser

“The excited buzz on the faces! The playful way I was able to interact with young people I'd never met before and the engagement I saw between young people and the various activities/agencies, particularly family planning, reminded me of why it can be so uplifting to do this work.”

— Kristian Judge, Case Worker

“The highlight of the day for me was the spray paint art workshop. At one stage it looked like every young person was creating art on the wall and there were lots of smiles!”

— Sara, Early Intervention Case Worker



Karen Bartle - Blue Mountains Community Development Worker, Esther Perry - Wentworth Healthcare Community Engagement Officer and Megan Watson - Blue Mountains Wellbeing Practitioner



HIGHLIGHTS

Community Wellbeing Projects



Bushfire Grant Participants from Bell with Esther Perry, Wentworth Healthcare Community Engagement Officer

Mountain Lagoon RFS Community Wellbeing Events Grant

The Mountain Lagoon Rural Fire Service (RFS) in Hawkesbury held 12 community wellbeing events for residents and surrounding communities. These events encouraged social connectedness, bushfire preparedness and enabled access to wellbeing services.

Some of the events included a Return to Response event, Bushfire Get Ready awareness and training, a Christmas party, Tree Identification workshop and more. These events increased community awareness of bushfire risks, information to reduce the impact of future bushfires, assistance to compile personal Bushfire Ready Plans, and access to free bushfire impact and mitigation advice.

“Meeting others and having the chance to talk and find out how they are after an extended period has helped my wellbeing.”

— Attendee, Mountain Lagoon RFS Community Wellbeing Events

“The true highlights were the smiles, the laughter, and the reignited comradery. The events were merely delivery platforms.”

— Malcolm Nason, Mountain Lagoon RFS Community Wellbeing Events Organiser



Community Mental Health Training Feedback

“This is the first time our whole team has come together to talk about mental health and mental health first aid. It was a real team-building experience. I got to hear my colleagues in a new light. Perfectly pitched. I will take this training everywhere in life.”

— Participant, Accidental Counsellor Course

“I had heard about Lifeline before, but I didn’t know what they did. I am carrying their number in my phone now for family, friends, colleagues and clients. This was very important training for me and I am so glad my manager supported our team doing it together. It has developed us as a team.”

— Participant, Accidental Counsellor Course

“The Aboriginal Accidental Counsellor and Diversity & Inclusion course is one of the best training courses I’ve ever done. The method/presentation was excellent. I am taking away a more culturally appropriate mindset in how I can assist/accidentally counsel the First Nations people who attend the service I work in. I have a bigger picture understanding of the importance of kinship in Aboriginal and Torres Strait Islander culture. Thank you very much!”

— Participant, Yamayamarra Aboriginal Accidental Counsellor course

“I enjoyed the course and have found with the role that I’m now doing this information will be something I would use regularly. This course will give me confidence in myself to acknowledge that when a situation occurs, I will be able to assist in the best possible way.”

— Participant, Mental Health First Aid

“I thought that I had sound knowledge of mental health difficulties prior to the course, but I did learn many new things and had some of the knowledge I had challenged and corrected. I found the course very beneficial.”

— Participant, Mental Health First Aid



Yamayamarra Aboriginal Accidental Counsellor course





Priority Area:

HEALTHY AGEING



29 Residential Aged Care Facilities (RACFs) in our region providing **2,517** beds



73 GPs provide clinical care to local RACFs



Older people (65+) living alone **22.3%**

1,473

mental health support sessions through WiseMind

547

people assisted through WiseMind

100

Community Connectors

600+

services listed on My Health Connector website

9,023

visits to My Health Connector website



Watch Health Connector video
<https://youtu.be/uv2yoLFPOz8>



HAWKESBURY SOCIAL CONNECTEDNESS PROJECT

This project continued to facilitate the reduction of isolation and loneliness in older people through the Compassionate Communities model. General practices were engaged to directly support older people to improve community and social connections by training practice nurses to become Health Connectors. As general practices are places of trusted advice for older people, they are an ideal place to support lonely and socially isolated older people.

Although project reach was impacted by COVID-19 and natural disasters, all Health Connectors identified positive outcomes (specifically skills and professional network development). Additionally, several Health Connectors felt that they had been successful in strengthening social connections for participants and saw the potential of the role in the longer-term.

- 46 people assisted in Hawkesbury as part of the pilot
- 74 Community Connectors available for support
- 16 older people completed a survey about their experience, and said that their loneliness and social isolation was improved through participation in the program
- 11 practice nurses operating as Health Connectors across 7 general practices
- In March 2022, we published an Evaluation of the Improving Social Connectedness of Older Australians project pilot, conducted by the Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong

Read more:
www.nbmphn.com.au/SocialConnectednessPilot

“Most stakeholders felt the pilot strengthened local service networks, helped identify community asset gaps and improved older people's social connection.”

— Australian Health Services Research Institute (AHSRI), University of Wollongong (Pilot Evaluation Report)

Find out more:
www.nbmphn.com.au/SocialConnectedness

SOCIAL CONNECTEDNESS IN THE BLUE MOUNTAINS AND PENRITH

As a part of the Australian Government's mental health response to the COVID-19 pandemic, our Social Connectedness for Older People initiative in the Hawkesbury was extended into the Blue Mountains and Penrith.

- 11 practice nurses trained to become Health Connectors with additional mental health training provided
- 78 interactions with patients by Health Connectors with older people to assist them in finding social connection and support in their community

Find out more:
www.nbmphn.com.au/SocialConnection

MY HEALTH CONNECTOR WEBSITE

The My Health Connector website is a free online directory to help older people improve their connections to social activities, health and lifestyle services including mental health, dementia care and COVID-19 support. Health Connectors, GPs and the general public can use this resource to help connect people into support networks within their local community.

- 600+ services listed on the directory covering the region
- 21,702 page views
- 7,227 users
- 135 enquiries sent to services and organisations listed
- The most popular pages visited include Senior Citizens Clubs, Walk and Talk groups, Community Hubs, Mental Health Support, Accommodation Support and Men's Sheds
- This year we added a COVID-19 Support section to list the practical support available in the community for those isolating at home due to COVID-19. We also developed a video on how to use this section

▶ Watch video
<https://youtu.be/ksleGVzPKJk>

Find out more:
www.myhealthconnector.com.au



HIGHLIGHTS

Improving Connections in the Hawkesbury

Research shows that people living without adequate social connections, particularly in later life, face increased risks of poor mental health and wellbeing, which can negatively impact their physical health.

In 2019, we were granted funding to pilot the Social Connectedness of Older People in the Hawkesbury project, using a Compassionate Community approach.

This year a range of different activities were recommended to strengthen social connections for older people across the Hawkesbury. The most common activities were art, craft, knitting, exercise and catching up with neighbours or friends for a cuppa. Other activities included social outings, cards and other games, 'Cuppa for Seniors', 'Be & Co' social outings, 'Probus Club' (social group) and a range of others.

The activities strengthened service networks and enhanced community capacity to appropriately respond to lonely and socially isolated older people. Importantly, relationships were also established between the PHN and several key stakeholders within the Hawkesbury community.

The Hawkesbury Social Connectedness Project has made an important contribution to increasing social connectedness and ultimately improving mental health outcomes of older Australians, particularly in our region.



Individuals from seven services and organisations across the Hawkesbury were trained as Community Connector Points to help people with social connection and provide access to the MyHealth Connector directory. They were supplied with resources and training to assist with orienting older community members to the directory and to fulfil a 'sign-posting' function for older people within the community.



Social Connectedness in the Blue Mountains and Penrith

In 2020 we commenced the Social Connectedness for Older People initiative in the Blue Mountains and Penrith as a part of the Australian Government mental health response to the COVID-19 pandemic. This was an extension to the pilot funding we received to implement a two-year project focused on reducing social isolation and loneliness in the Hawkesbury, using a Compassionate Community approach.

This year, the project used Health Connectors, and the My Health Connector online directory to help improve the social connections of older people in the Blue Mountains and Penrith.

Health Connectors are registered nurses based in practices and work one-to-one with patients and carers on practical and achievable, person-centred social network mapping, planning and goal setting. They act as a bridge between formal healthcare providers and informal care networks and help people develop their social support networks.

“Loneliness can have a huge impact on somebody's life. Life is a long journey and I think we all experience that isolation and that loneliness at some point in our lives and that makes us empathetic.”

“I really enjoy the relational side and getting to know them and their history. We follow-up with patients. It's an ongoing relationship in general practice. We follow-up just to find out where they're at and if they need any further help. Being connected to a group gives them a sense of motivation and purpose and just improves their overall mental health.”

— Joanne, Practice Nurse and Health Connector at Glenmore Park



Program success stories:

- **Super seniors group** – a gentleman who spoke to a Health Connector has advised he now enjoys his day and regularly goes most mornings to the group
- A **77 year old participant** of the program said that she now goes to an exercise class, and while she still gets lonely she has strategies to minimise this

RACF AFTER HOURS TELEHEALTH PILOT

This 2020-2021 pilot service continued to provide support to a number of Residential Aged Care Facilities (RACFs) this year. The service provides telehealth doctor support in the after-hours period when a resident's usual GP, or the Local Health District's Virtual Aged Care team, is not available and the resident requires medical assessment and management. This service helps manage residents within the facility, potentially avoiding unnecessary transfer to a hospital emergency department.

This year, a final Evaluation Report of the 2020-2021 pilot was published.

"It's quality of life around the residents because they're not going into the hospital. They don't have that disruption. Often when they go in an ambulance to hospital, they're not taking sometimes dentures with them or glasses with them, just things like that, because everything is just quite rushed."

So this way they stay in their home. Their quality of life while they're just recovering from whatever the incident is or the deterioration is, it's far healthier for them..."

— RACF Staff Member for After Hours Telehealth Service Final Report

Read Final Evaluation Report:

www.nbmphn.com.au/RACF_AfterHoursTelehealth

WISEMIND RACF MENTAL HEALTH SUPPORT

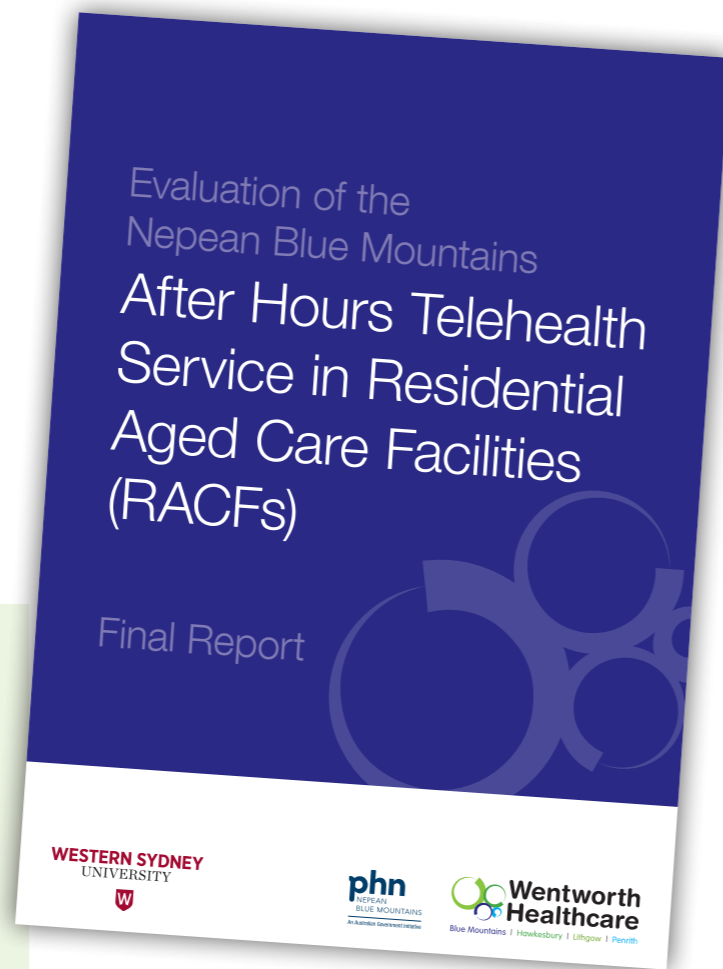
Our WiseMind program assists residents at RACFs with mild to moderate symptoms of mental illness, or who are experiencing early symptoms and are assessed as 'at risk' of developing a diagnosable mental illness. Services are delivered by mental health professionals including psychologists and mental health nurses. This year, the WiseMind program expanded from 17 to 22 RACFs.

- 547 people assisted
- 1,473 sessions provided

Find out more:

www.nbmphn.com.au/WiseMind

 Read more about our COVID-19 vaccination work with older people in Disaster Management on pages 34-35



DEMENTIA – NATIONAL CONSUMER SUPPORT PATHWAYS

In response to the Royal Commission into Aged Care Quality and Safety, Primary Health Networks have received funding from the Australian Government Department of Health and Ageing to establish dementia support pathways in our region. These pathways (including the revision of the current clinical HealthPathways) will support primary care, allowing better dementia diagnosis and post diagnosis support, and improve access to support services for dementia patients, their carers and families. These initiatives have the overarching goal of supporting people who have dementia live for as long as possible in the community, and reducing avoidable hospitalisations. 17 consultations with services, carers and people living with dementia were held in June to inform the program which will run until 2025.

HIGHLIGHTS

WiseMind – Case Studies

A male resident was referred to WiseMind due to a recent transition to RACF care from his home. He had multiple physical issues with reduced mobility and independence. He had a recent history of psychotic depression following the death of his long-term partner and carer, attempting suicide prior to his admission. The resident identified as a member of the LGBTIQ+ community and was struggling with adjusting, grief and loss, trusting staff and concern about being accepted within the care community. Over the months of therapy he was able to have a safe space to express himself freely and gradually gain confidence in trusting the facility staff and residents. Through liaison and advocacy with staff he was able to feel a sense of being accepted by others and formed good friendships with other residents. Staff assisted him to freely express himself through a variety of inclusive activities.

"One of my residents has rarely engaged in group and social activities in the last three months of her being at this facility. After three sessions of focusing on the benefits of activity and socialising more with the other residents, I came in today to see her participate in two activities. The Aged Care recreational officer advised that over the last week she has been more agreeable in leaving her room and participating in group activities by herself."

"A resident has expressed feeling like she has more to give and do in her day/ life. She has now begun engaging in a daily activity of writing every day which she says gives her purpose and makes her feel more capable of doing other things. She has also just re-commenced physiotherapy after 1.5 years of having low motivation and wanting to give up on getting out of bed and walking."



*"One of my residents has been having difficulty managing anger and overwhelming emotions. It's been a slow process, however over the course of 17 sessions, they have expressed that they are becoming more aware of their own thoughts and reactions towards things, understanding better the consequences and shared in a session what she has learned since participating in the WiseMind program:
– Good things come to those who wait
– Crying and getting mad doesn't help, but talking to people does."*

"I had a win with my group session last Friday, where a resident who doesn't normally feel comfortable talking about herself, took an opportunity to voice her concerns and requested a referral with the WiseMind Program. Residents have reported looking forward to the group psychoeducation sessions and hope that they continue."

— WiseMind Providers



WiseMind being delivered in The Royce in Penrith



Priority Area:

HEALTH WORKFORCE



446 GPs



200 practice nurses



136 general practices



1,608 allied health professionals

424 health professionals attended a CPD event

284 Workforce Support consultations

219 email blasts (4.2 per week) delivered to general practice, allied health and stakeholders

5,661 Practice Support activities

151,992 visitors to our website (+80% on last year)

COMMUNICATIONS TO HEALTH PROFESSIONALS

Our Communications team supports the dissemination of key healthcare information from government and other clinical sources to our local health professionals. They also promote the many services and resources we offer. The continued pandemic, vaccination roll-out and multiple flood events in our region continued the trend of increased demand for timely and reliable information. Our website and emails are viewed as trustworthy and up-to-date information sources.

- 219 email blasts (+7% on last year) averaging 4.2 emails a week to general practices, allied health and other stakeholders
- 113,595 emails delivered (+7% on last year)
- 360,648 website page views (+41% increase on last year)
- 151,992 visitors to our website (+80% on last year)
- 3,280 CEO Blog views

Find out more:

www.nbmphn.com.au/PracticeCommunications

PRACTICE SUPPORT

Our Practice Support team works collaboratively with general practice to implement models of care that reflect best practice in primary healthcare through the use of data driven quality improvement initiatives.

- 5,661 support activities across 136 practices
- 1,367 support activities relating to COVID-19
- 71% of total practices are Accredited (with a further 8% registered for Accreditation)
- 89% of Accredited practices share de-identified data with us

 [Read more about our COVID-19 related support in Disaster Management on page 34](#)

Find out more:

www.nbmphn.com.au/PracticeSupport



The Practice Support team

QUALITY IMPROVEMENT PRACTICE INCENTIVE PROGRAM

The Quality Improvement Practice Incentive Program (PIP QI) supports accredited practices that commit to improving the care they provide to their patients. To qualify for a PIP QI payment a practice works closely with us using de-identified data to identify priority areas for continuous quality improvement activities.

- 95% of eligible practices registered for PIP QI
- 8 QI initiatives offered such as the COPD Collaborative, Cancer Screening, LUMOS, Winter Strategy and Wound Management among others

Find out more:

www.nbmphn.com.au/QualityImprovement

PRACTICE NURSE ENGAGEMENT

Our primary care nurses are integral to the provision of safe, efficient and high-quality primary care. With the continuing challenges faced by general practices this year, particularly with COVID-19 vaccinations, we continued to see a growing number of nurses employed in practices in our region.

Our nurse orientation sessions provide new practice nurses with local guidance, resources and support to settle quickly into a busy practice.

- 200 practice nurses employed in the region
- 29 practice nurse orientations completed
- 13 practice nurse support sessions delivered

ONLINE PEER TO PEER NETWORKING

We administer and moderate a number of closed facebook groups for health professionals in our region including GP registrars, practice managers, allied health and practice nurses. The Practice Nurse Network in particular is highly engaged, with members regularly posting questions about nursing in general practice and sharing resources and information.

- 149 practice nurse members (+19% on last year)

Find out more:

www.nbmphn.com.au/PracticeNurseSupport

HIGHLIGHTS

GP Feedback on NBMPHN Website

“The website is rich and contains information very relevant to daily GP practice.”

“I find the content is complete with concise information and easy to follow.”

“The information on the website is current and is regularly updated. I find the section on GP Communications very interesting and usually finish my day by visiting the page to have a look at any new updates. It is also good that allied health is included.”

“Information on the NBMPHN website is of high quality and relevant. I find it very user friendly and easy to navigate, with links to different websites, which adds value to the information which comes with videos and photos to enhance understanding.”

Data Driven Quality Improvement – Improving Patient Care

Bone Bus

– Windsor Street Family Practice

Using data can help general practices to identify priority areas for continuous quality improvement (QI), leading to better health outcomes for patients.

The team at Windsor Street Family Practice conducted quality improvement data investigations to help increase early detection of osteoporosis in their patients. They arranged for the Bone Bus to attend their practice to provide free assessments to their patients that met the relevant criteria. This osteoporosis early detection measure will help the future health of their ageing patients.

Early Cancer Detection

– Francis Street Family Practice

Cheryl, the practice nurse at Francis Street Family Practice, has expressed how thankful she was for participating in the 2022 cancer screening quality improvement program. It resulted in the early cancer diagnosis of two of their patients. Cheryl continuously participates in PHN QI initiatives as her passion is improving patients' health through early detection and prevention.

General Practice Accreditation

St Clair Medical Centre went through their Accreditation process recently using RACGP Standards 5th Edition Suite for the first time and were nervous about the process. Their Practice Support Officer, Teena Kaur and broader Practice Support team worked together with the practice to ensure they successfully passed their Accreditation. It was rewarding to receive the following feedback from the practice:

“Throughout the entire Accreditation process St Clair Medical Practice have felt confident due to the ongoing support from Teena Kaur and the PHN. Teena ensured we had both the correct resources and training, namely Cold Chain Protocol and CPR, for all of our staff in preparation for the Accreditation. All questions and queries, no matter how insignificant, were handled both promptly and professionally.”

– Jade,
St Clair Medical Practice



Teena Kaur



General Practice Support Officer Emma Jackson and Program Development Officer – Primary Care Initiatives Kirrilee Barlow

Supporting Nurses in General Practice

We recognise that general practice nurses are integral to the delivery of primary care services, and they play a critical role in managing chronic and complex patients.

The services we provide to practice nurses recognise the unique and important role that nurses hold in general practice. These services range from recruitment and orientation to general practice, to chronic disease management, immunisation, quality improvement activities, pandemic support, leadership as well as professional development and networking. In May, we had the opportunity to attend the Nursing Employment Expo held at Western Sydney University.

PRIMARY CARE ADVISORY COMMITTEE

This cross functional primary care committee has representation from GPs, practice nurses, practice managers, allied health and consumers. The committee shares challenges, promotes innovation and helps identify and prioritise what is important. The committee has been instrumental in providing input into a number of new programs and initiatives, in addition to feedback during COVID-19.

MEMBERS:
Dr Catherine Harman – GP (CHAIR)
Dr Anju Aggarwal – GP
Dylan Brookes – Practice Nurse
Peter Gooley – Consumer Representative
Rebecca Hannon Exercise Physiologist
Leigh Morgan – Practice Manager
Daniel Nasri – Pharmacist
Dr Rory Webb – GP
Tara Welsh – Practice Manager

- 4 meetings held

WORKFORCE SUPPORT

We help develop a sustainable and skilled primary healthcare workforce through initiatives that attract, recruit and retain primary health professionals. We coordinate a job matching service by advertising local primary healthcare positions, receive proactive applications from healthcare job seekers, and put local practices in touch with potential, suitable candidates.

- 284 support consultations
- 144 job vacancies advertised across 48 practices
- 137 GP registrars per year maintained due to our advocacy
- 21 GP Registrar orientations conducted

Health professionals recruited:

- 3 GPs
- 7 practice nurses
- 3 practice staff

In July, to support COVID-19 vaccination roll-out in our community we ran a nurse recruitment campaign that resulted in over 150 nurses in just 3 days registering to help deliver COVID-19 Vaccination.

 **Read more about this campaign, including our mention in Federal Parliament in Disaster Management on page 34**

Find out more:
www.nbmphn.com.au/Workforce

CONTINUING PROFESSIONAL DEVELOPMENT

To support a skilled and sustainable local primary healthcare workforce, we partner with training organisations, professional bodies, our Local Health District, universities and local clinicians to provide free, regular, high quality Continuing Professional Development (CPD) events to health professionals in our region.

- 29 CPD events
- 424 health professional attendances
- 209 (49%) of attendances were GPs
- 99% of health professionals who attended an event reported it improved their knowledge and/or skills
- 3 new events accredited through RACGP

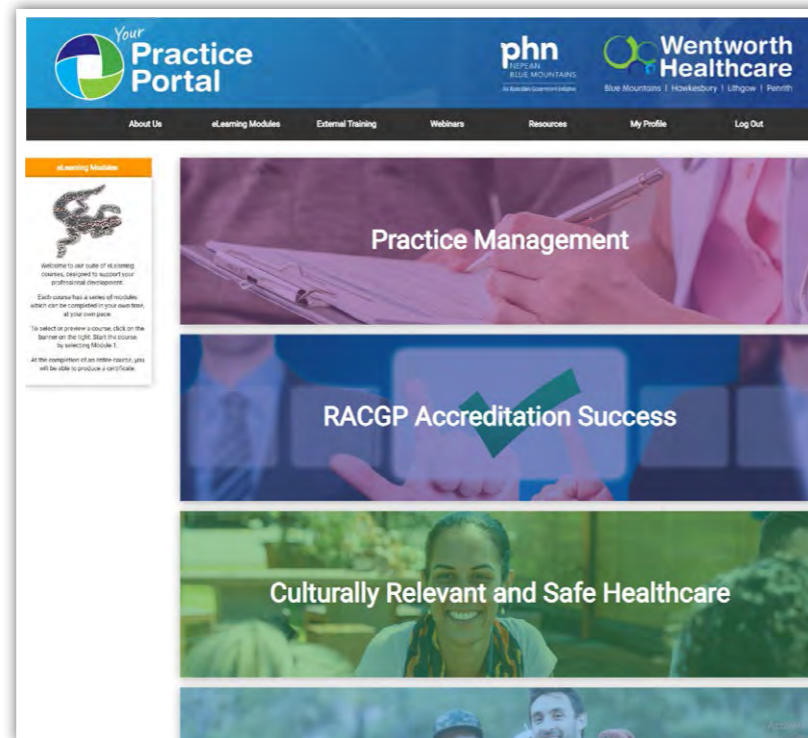
YOUR PRACTICE PORTAL

Your Practice Portal provides health professionals and practice admin staff in our region with free unlimited access to a wide range of eLearning modules, live and on-demand webinars, and resources to support their development.

- 256 active users

Find out more:

www.nbmphn.com.au/YourPracticePortal



HIGHLIGHTS

Primary Care Advisory Committee Highlight

Our Primary Care Advisory Committee continues to provide valuable input into services and programs. A focus for the Committee this year was the review of our GP Registrar Orientation Program. Together with the Workforce and Practice Support teams, the Committee helped redesign the GP Registrar Orientation program to incorporate two parts:

- **Part 1** – delivered by the Workforce team, covers our region and provides an overview of the key programs and services available.
- **Part 2** – delivered by the Practice Support team, links the Registrar with their General Practice Support Officer who assists new GPs to settle into the workings of general practice and provides key resources and support as needed.

This new program was delivered to 21 new GP Registrars, which was up from eight the previous year. We received positive feedback on the new program from Hawkesbury Family Practice. As a teaching practice, with a history of training GP Registrars, this practice was pleased with the new Orientation Program. The Principal GP commented on the resources given and how helpful they would be for the new Registrars.

Supporting Our Local Workforce

At a time when our healthcare workforce was under unprecedented demand and we were experiencing workforce shortages, a nurse working in our Hawkesbury region was stuck overseas due to border closures.

We provided extensive support and advice to her and the practice owner, assisting them to go through the difficult process of getting approval for her to return to Australia. This involved Australian Border Force, the Immigration Department, Local Members of Parliament and more.

On her return, Akanki, a practice nurse at Advance Medical Practice Pitt Town, sent us feedback about the workforce support she received from our Primary Care Program Officer, Rakesh Patel:

“I was really grateful to meet PHN staff Rakesh Patel and Nana Godley at our practice. I work as practice Nurse at Pitt Town Advance Medical Practice. During the pandemic, I had to travel overseas to see my family with my daughter. Unfortunately, overseas travel was then banned with lockdown in Australia, and I had to apply for an exemption to travel back. It was really hard time for us. I got rejected a couple of times, saying that they needed more documents to support my application. At that time, I communicated with the PHN about my situation to Primary Care Program Officer, Rakesh Patel. He communicated with my workplace owner and assisted me with my application and helped me provide all the documentation I needed. Fortunately, after my application got approved and I am back now working in the same place. I really want to thank you and appreciate all the support that was provided from the PHN personally to me. I really want to thank especially Rakesh Patel, PHN team and my practice owner for all of your support.”

– Akanki, Practice Nurse, Pitt Town Advance Medical Practice



Supporting Distribution Priority Area Reclassification

Workforce shortages in our region, particularly among GPs, continues to be an issue of concern. A Distribution Priority Area (DPA) classification status allows general practices, experiencing workforce shortages, to recruit overseas trained doctors ensuring that the community have equitable access to quality primary healthcare services.

The DPA classification system takes into account Medicare billings by gender and age demographics, and the socio-economic status of patients living in an area, along with the remoteness of the area through the Modified Monash Model (MMM) geographical classification system.

Most of our region did not have a DPA status, and we were approached by several general practices in the Blue Mountains and Hawkesbury areas, who had not been able to fill GP vacancies for a number of years, to support their submissions for an exceptional circumstance review of their DPA classification.

We worked with these practices to provide evidence of the regional need and Workforce shortages experienced. The exceptional circumstances applications were considered by an independent working group, which made recommendations to Regional Health Minister, David Gillespie. As a result, Katoomba-Springwood catchment was granted temporary DPA status in February, with Richmond-Windsor catchment granted in March. These changes were later made permanent.

“Balance Springwood Family Practice is delighted that we have received Distribution Priority Area status as this allows us and other practices to recruit much needed GPs for the lower Blue Mountains. Our ability to increase our workforce to manage demand will provide much-needed additional services to patients.”

– Kate Gunn, Director of Balance! Springwood Family Practice

Penrith HEAD TO HEALTH

Penrith
HEAD TO HEALTH



Launch of Penrith Head to Health centre with the Hon David Coleman, Assistant Minister to the Prime Minister for Mental Health and Suicide Prevention and Melissa McIntosh MP (centre) with members of Wentworth Healthcare and Neami National staff

Priority Area:

MENTAL HEALTH



7.36% of our patient population had a **mental health treatment plan**
PENCAT June 2022



20.8% of residents aged 16 and over report high or very high **psychological distress** *2019*



315 hospitalisations due to **intentional self-harm** *NBM 2020/2021*

50,677
occasions of service

5,297
people helped
across 16 services

1,783
young people helped

466 active members
through Live Life Get Active

15,646 visitors used
the NDIS Support Calculator

21,678 visitors used
the Mental Health Help website

HEAD TO HEATH SERVICES

HEAD TO HEALTH IAR INTAKE LINE

The Head to Health Initial Assessment and Referral (IAR) intake line is an integrated mental health telephone support line available nationally to people of all ages who need mental health support. When people call **1800 595 212** (between Monday to Friday, 8.30am-5:00pm) they are transferred to a trained mental health professional who will help them find the right local mental health support. This may include referring them to see a clinician through Head to Health centres or Pop Up services, or to other existing services that may meet their needs. Any referral made is a warm referral, and means the client does not have to repeat their story multiple times.

In our region, we run our own IAR intake line with intake clinicians working directly for our PHN. Working (and some living) in our region means that our clinicians understand the local challenges and nuances our residents face.

- 1,213 calls taken

Find out more:

www.nbmphn.com.au/CallHeadtoHealth

PENRITH HEAD TO HEALTH CENTRE

Head to Health centres provide walk-in support, without the need of a prior appointment, to people experiencing distress or crisis. Centres support those wanting to find other mental health support for themselves, or someone they care about. Services are free and provide mental health support delivered by trained teams of mental health professionals.

Penrith Head to Health is operated by Neami National and is located at 111 Henry Street, Penrith. This service is open 7 days per week, 365 days a year, including public holidays from 1:00pm - 9:30pm (Monday, Wednesday - Sunday) and from 1:00pm - 5:00pm on Tuesdays.

- 328 people assisted
- 3,835 sessions provided

Find out more:

www.nbmphn.com.au/HeadtoHealth

HAWKESBURY HEAD TO HEALTH POP UP

Like Head to Health centres, Pop Ups provide free mental health support delivered by trained teams of mental health professionals. No GP referral is needed. The Hawkesbury Head to Health service is operated by Neami National and is collocated with Francis St Medical Practice in Richmond. People can access the service by calling the Head to Health IAR intake line.

- 129 people assisted
- 1,125 sessions provided

HIGHLIGHTS

Penrith Head to Health Centre

The Penrith Head to Health centre opened the doors in December 2021 and was the first Head to Health Centre to open in the country. The Federal Government invested \$14 million over four years to establish and operate the centre as part of its 2019-20 Prioritising Mental Health budget measure. The centre is one of several being trialled nationally over the next five years, with one located in each state and territory.

This innovative new service provides walk-in support, without the need for a prior appointment, to people experiencing distress or crisis and a soft entry into mental health and wellbeing support. The centre is open seven days a week, 365 days a year. When designing the service model, it was important that the needs of the community were taken into consideration. Together with Neami National, we worked closely with local healthcare providers, people with lived experience, their carers and families to ensure that the centre was tailored to suit our local region.

At the heart of the centre's design is the intention to create a welcoming, safe and inclusive environment for individuals experiencing emotional or psychological distress and the loved ones and carers who support them. The centre is a great example of codesign, collaboration and being responsive to community need.

Positive feedback from people in the community provides evidence of the 'no wrong door' approach of the centre. Clients have reported leaving the centre feeling they have been heard and that they will receive the help and support they need.

"As soon as the sliding doors opened I felt relief, the atmosphere was calming. The worker I spoke with was real, she spoke real with me. When I left my anxiety was minimal. I can't express in words how grateful I was for my meeting with Head to Health. All staff were amazing."

— Penrith Head to Health Centre Client

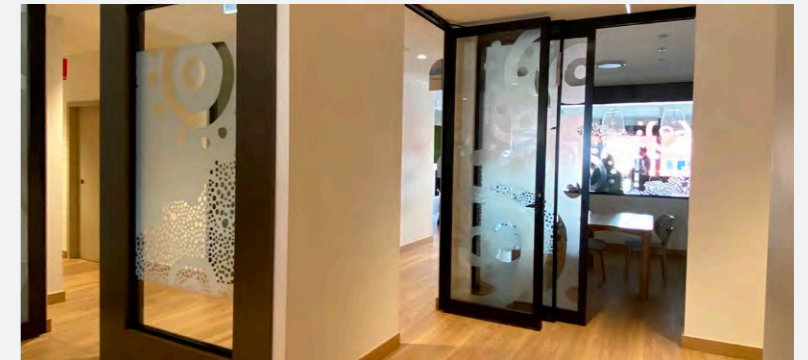
In May, we received a visit from the Hon Emma McBride MP, the new Assistant Minister for Mental Health and Suicide Prevention. Together with our local member and now Shadow Minister, Melissa McIntosh MP they toured the Penrith Head to Health centre. The A/Minister was keen to understand how this unique service was helping people with mental health concerns in our community. We also welcomed members of the Governance Committee and representatives from the Nepean Blue Mountains Health Local Health District to talk about how this service works with other existing services in our region, ensuring people are receiving holistic and integrated care throughout their recovery journey.



(Centre) The Hon Emma McBride MP, Assistant Minister for Mental Health and Suicide Prevention with Melissa McIntosh, member for Lindsay, visiting the Penrith Head to Health centre



Inside Penrith Head to Health centre



Hawkesbury Head to Health Pop Up

In August, in response to the extended COVID-19 restrictions, the Federal Government announced a \$10.6 million investment to rapidly establish an integrated Initial Assessment and Referral (IAR) mental health telephone support line (named Head to Health) across NSW. This service was supported by 10 physical Head to Health Pop Up services. Primary Health Networks in NSW were tasked with establishing these services in just four weeks.

The Head to Health IAR support line was set up to be integrated with existing mental health services in each local area, and extensive service mapping and stakeholder engagement occurred to open the service in the short timeframe.

Initially in our region, the physical Head to Health Pop Up service was located in Penrith, but with the opening of the planned Penrith Head to Health centre in December, the Pop Up service relocated to the Hawkesbury, co-locating with Francis St Medical Practice in Richmond. Following the multiple flood events impacting residents, the Hawkesbury Head to Health Pop up has collaborated with other local mental health service providers to ensure services are available for any residents needing support.

Feedback received has been positive and local outreach work among local schools has been gladly received by teachers, parents and students.

"My two daughters and I attend Head to Health and the girls we speak to there are very comforting and can really relate to us, especially my daughters."

— Hawkesbury Head to Health Pop Up Client and Mother

In December, Susan Templeman, member for Macquarie, visited the Hawkesbury Head to Health Pop Up service to learn more about the service and speak to clinicians about some of the concerns being raised by the local community, especially those who had been effected by recent multiple flooding events.



Susan Templeman, Member for Macquarie, visiting Hawkesbury Head to Health Pop Up



headspace SERVICES

headspace provides early intervention support to young people aged 12-25 years old across mental health, physical health, work and study, and alcohol and other drug needs. A full headspace service operates in Penrith with headspace satellite services in Katoomba and Lithgow.

In March, the Federal Government announced funding for a **full-service headspace in the Hawkesbury**. This means that each of our four local government areas will have their own headspace service.

Find out more:

www.nbmphn.com.au/headspace

headspace KATOOMBA

Operated by Uniting

- 307 young people assisted
- 1,357 occasions of service

headspace PENRITH

Operated by Uniting

- 791 young people assisted
- 2,633 occasions of service

headspace LITHGOW

Operated by Marathon Health

- 293 young people assisted
- 1,319 occasions of service

headspace LITHGOW YOUTH PLUS

A brief intervention service available in the Lithgow area, that offers young people aged 12-25, who are in crisis, a set of specific individual appointments.

- 36 young people assisted
- 126 service contacts

Find out more:

www.nbmphn.com.au/YouthPlus

headspace YOUTH EARLY PSYCHOSIS PROGRAM

This early intervention program provides young people aged 12-25 years, who are experiencing a first episode of psychosis or at high risk of experiencing psychosis, with a care team of multidisciplinary professionals.

The program offers a comprehensive recovery-oriented service to meet the needs of this group.

- 229 young people assisted
- 12,031 service contacts

Find out more:

www.nbmphn.com.au/hYEPP

YOUTH ENHANCED SUPPORT SERVICE

An outreach service offering wrap around clinical care for young people at risk of or living with severe mental illness. The program offers a comprehensive recovery-orientated service to meet the needs of this group.

- 127 young people assisted
- 1,877 occasions of service

Find out more:

www.nbmphn.com.au/YESS

HIGHLIGHTS

A headspace for Hawkesbury

In March, the Federal Government announced funding for a **full-service headspace in the Hawkesbury**. This commitment was also supported by the then Labor opposition. We had been advocating for additional youth mental health services in the Hawkesbury for many years and were pleased that our advocacy in this area was realised with this additional funding commitment.

Residents in the Hawkesbury have experienced on-going trauma, from drought to bushfires, the pandemic and multiple floods. These events have had a profound impact on our youth. We know that intervention programs such as headspace are critical as they not only support young people in the present but can influence the whole community as these young people mature into adulthood.

As the Hawkesbury service will take some time to be established, we received from the Federal Government an additional \$500,000 in funding for immediate outreach support. This meant that we could start to provide additional services to young people in the area while we work on establishing the service.



(L to R) Senator the Hon Marise Payne – Minister for Foreign Affairs and Minister for Women, Sarah Richards – Liberal Candidate for Macquarie the Hon Greg Hunt MP – Minister for Health and Aged Care and Lizz Reay – Wentworth Healthcare CEO

Youth Early Psychosis Program Case Study

A 22-year-old male of Nepalese descent was referred to the Youth Early Psychosis Program (hYEPP) program after a three month period of delusions and paranoid ideation following an assault at his workplace. The young person reported beliefs that his room-mates were trying to poison him, and subsequent social withdrawal.

The young person found it extremely difficult to engage with new clinicians (due to paranoid ideation), and subsequently stayed under the care of one clinician and psychiatrist for approximately one year. During that year significant efforts were made to maintain engagement in the program and create stability/consistency for the young person. Throughout this time the young person remained engaged with an external psychologist who worked collaboratively alongside the hYEPP clinician and psychiatrist to provide ongoing support.

Throughout his time in the program, the young person had

two admissions to hospital for mental health concerns. In March 2021 the young person agreed to meet the continuing care team clinician and still continues to work with them.

The young person was initially hesitant to commence medication and attempted to self-cease his medication several times. He is now regularly taking all prescribed medications. The young person was able to identify several goals including finding a job, repaying debts, and working on effective communication.

In addition to his ongoing continuing care team clinician support, the young person will be working with a functional recovery team. This includes a youth peer support coach and a vocational and education specialist, despite ongoing paranoid ideations and self-identified mistrust of others. The young person continues to identify trusting others as one of his goals and has most recently challenged himself to walk through a busy shopping centre on his own. The young person has gained insight through his time in the program and is now able to self-identify when he is experiencing paranoid ideation.

headspace Katoomba – Providing Holistic Support

A 17-year-old, gender diverse young person presented with suicidal ideation and self-harm arising from trauma associated with loss of an older sibling and family conflict related to their gender identity. The young person has engaged with a private practitioner supported by a Youth Access team clinician, then linked in with a consortium member at the Ted Noffs Foundation for support with drug and alcohol issues and Aboriginal Support to access a rehab centre.

We supported them with accessing transitional housing through Platform Youth, financial counselling with Salvos, headspace Work and Study for resume writing, and the senior clinician wrote to NSW Education Standards Authority for consideration of support for adjustment to examinations and curriculum. The young person was disengaged with school last year, they have now re-engaged with the support of a private practitioner and senior clinician who collaborated with the school and their GP. The Youth Access team clinician provided access to food and welfare packages, including free clothing. A Senior Youth Access team clinician also facilitated a single session family consultation with family members, with the young person supported by a private practitioner. The young person will engage with a private practitioner while awaiting access to Youth Enhanced Support Service.

The young person reported being in a better space with their mental health than they have in some time, resisting peer pressure to use illicit substances, and keen to look for part time work. They were linked in with Ability Options to support their Disability Support Pension application with Centrelink.

Breaking Down Barriers

“A mother called us and advised that after many false starts at getting her daughter help, her daughter has finally agreed to come to headspace. The mother attributed this to the very kind staff, warm atmosphere, and responsiveness of the liaison team in explaining support options for her daughter. From intake to first appointment was only two business days. The mother was crying stating our service has been so much easier to navigate than others she has tried.”

– headspace Katoomba Staff Member



Katoomba Uniting headspace staff (L-R) Ben French, Yi Ding, Shalav Mehta, Paul Tyrrell, Thalia Hancock and Angela Kent



AFTERCARE SUICIDE PREVENTION

Available to people being discharged from hospital following an inpatient admission for thoughts of suicide and self-harm, this peer-led program helps people transition back into the community. Referrals are only made through the Nepean Blue Mountains Local Health District.

- 216 people assisted
- 878 services contacts

Find out more:
www.nbmphn.com.au/PeerLedAfterCare

COMMONWEALTH PSYCHOSOCIAL SUPPORT

This year, the new Commonwealth Psychosocial Support Program replaced the:

- National Psychosocial Support (NPS) Transition program
- Continuity of Support (CoS) program
- National Psychosocial Support Measure (NPS)

The Commonwealth Psychosocial Support service, provided by Flourish Australia, assists people with a severe mental illness who have reduced psychosocial function and who are not supported by the National Disability Insurance Scheme (NDIS).

The program strengthens the capacity of people to live independently, safely and productively in their community, form meaningful connections in a supportive environment, and reduce the need for acute care. As the program transitioned towards the end of the year clients were still assisted under the previous programs:

- 229 people assisted through NPS
- 68 people assisted through CoS

Find out more:
www.nbmphn.com.au/CPS

LIVE LIFE GET ACTIVE

An outdoor physical exercise program for people with emerging to mild mental health issues with a focus on reducing social isolation and increasing mental health literacy and self-care behaviour.

- 8 locations – (2 in Blue Mountains, 2 in Hawkesbury, 1 in Lithgow and 3 in Penrith)
- 5,544 service contacts (combined face-to-face and online)
- 466 active clients

Find out more:
www.nbmphn.com.au/LiveLifeGetActive

MENTAL HEALTH HELP WEBSITE

A free online tool helping the local community find over 390 mental health services within five clicks.

- 21,678 website visitors
- 90.4% were new visitors with 9.6% returning visitors
- 39,764 page views

Find out more:
<https://www.MentalHealthHelp.com.au>

MENTAL HEALTH NURSE INCENTIVE PROGRAM

Community based mental health support for people living with severe and persistent mental illness. Mental Health Nurses provide clinical care and work in collaboration with the patient's carers, doctors and service providers.

- 76 people assisted
- 7 nurses working with patients in the program
- 4,608 occasions of service

Find out more:
www.nbmphn.com.au/MHNIP

NDIS SUPPORT CALCULATOR

The NDIS Support Calculator is an innovative free online tool that helps people with disabilities or their carers better understand what they could be eligible for under the NDIS. The Calculator provides pricing guides from all states and territories making the tool accessible across Australia.

- 15,646 visitors (26.2% NSW / 29.9% VIC / 26.4% QLD / 17.5% remaining states and territories)
- 15,141 new visitors
- 199,623 page views

Find out more:
www.SupportCalculator.com.au

PSYCHOLOGICAL THERAPY SERVICES

Subsidised, short-term psychological support for people with mild to moderate mental health concerns.

- 1,522 referrals
- 9,100 occasions of service (including SOS and Bushfire)
- 75 providers
- 690 suicide prevention referrals (SOS) with 4,463 sessions provided
- 87 bushfire affected people assisted with 568 sessions provided
- 40 providers for bushfire and flood streams

Find out more:
www.nbmphn.com.au/PsychologicalTherapy

HIGHLIGHTS

Live Life Get Active



Live Life Get Active Penrith

“I can't believe how good it feels to attend these sessions. The instructors are pleasant and thorough. The people attending are friendly and we love to exercise in the outdoors. The sessions being free are an added bonus, especially for anyone that would not be able to afford to attend. We all look forward to attending and it is definitely a happy camp for our community.”

– Judy, Penrith



Live Life Get Active South Windsor

“The camp has made me take a closer look at my health and fitness making me more active in my day to day activities like taking the stairs instead of the lift at work. I have made new friends and have more energy to do the things I like to do. Thankyou Live Life Get Active for the opportunity to make a healthy change to my life.”

– Dani, South Windsor



Live Life Get Active Richmond

“I was so excited when I discovered these camps because I couldn't afford personal training as a mother of three. The classes got me motivated for the day physically and mentally. The ladies that go to mine are very welcoming and encouraging which is great, as is the trainer. I want to say a HUGE thank you to those that support these camps, especially in these tough times. We need it now more than ever.”

– Karen, Richmond



Live Life Get Active Springwood

“Live Life Get Active camp at Lomatia park is fantastic. We had a very tough 2021 and let our mental and physical health decline. My wife and I have been participating in this camp for a few weeks now. Our overall well-being has improved. I have lost 3 kgs and 8 cm off my waist. Also, I am feeling more positive about having a go at things in other parts of my life.”

– Ian, Springwood



Live Life Get Active Lithgow

“I really enjoy the camp and have noticed both my health, including weight loss, has improved immensely – as well as my mental health. It gives me something to focus on and it's something I do for myself.”

– Kylie, Lithgow



Priority Area:

POPULATION HEALTH



68,416 predicted population increase from 2021-2024 (2.16% increase)

5 people a week see a GP who are experiencing **domestic and family violence (DFV)**



3 in 10 **assault hospitalisations** for people aged 15 and over are due to DFV (2017)

DFV is the **top risk factor contributing** to the disease burden in Australia for women aged 18-44 years – higher than alcohol, tobacco and obesity

30,995
After Hours consultations

694,638 people reached through Dr Closed Facebook advertising

2,439 active HealthPathways users

472 clinical HealthPathways

doctorclosed.com.au

Doctor Closed and have a look what's available to use

Doctor Closed community video campaign
<https://youtu.be/Mnx5-700u9g>

AFTER HOURS

We fund a variety of services across the region to facilitate access to primary healthcare services and resources outside of the times when regular GPs are open. This helps prevent people from unnecessarily presenting at hospital emergency rooms.

- 7 services funded, including: 3 After Hours practices, the National Home Doctor, My Emergency Doctor for RACFs and Penrith 24 Hour Pharmacy
- 30,995 consultations provided across after hours GP services
- 214 consultations by National Home Doctor
- 13,954 visits to Doctor Closed website
- 694,638 people reached through Doctor Closed Facebook advertising
- 1,590+ people per month use Penrith 24 Hour Pharmacy in the after-hours period
- 169 consultations by My Emergency Doctor to support residents in local RACFs

[Read more about RACF After Hours Telehealth Pilot in Healthy Ageing on page 46](#)

Find out more:
<https://www.DoctorClosed.com.au>



COLLABORATIVE COMMISSIONING

Collaborative Commissioning is a whole-of-system approach designed to enable and support delivery of value-based health care in the community, targeting local priority health needs through establishment of a partnership between the NSW Health, Nepean Blue Mountains Local Health District and Wentworth Healthcare. Collaborative commissioning develops better integration of care across the entire care continuum, and embeds local accountability for delivering value-driven, outcome-focused, patient-centred healthcare. The partnerships are in a joint development phase, working together to develop models of care that will support people with chronic disease related potentially preventable hospitalisations, to be looked after in the community by their GP. General Practices will be supported through quality improvement initiatives to further develop systems and processes to assist in the care of these patients.

RECOGNISE, RESPOND AND REFER DOMESTIC AND FAMILY VIOLENCE

The Recognise, Respond and Refer (RRR) pilot program continues to support the primary healthcare response to those experiencing, or at risk of, domestic and family violence (DFV). This is achieved through the integration and coordination of the DFV system and primary care sector which improves overall system responsiveness and outcomes for people experiencing DFV. This model is a two-phase approach which includes the delivery of DFV training, and access to three DFV linkers, who assist in the navigation of local DFV support systems and enhance referral pathways into DFV services.

- 20 RRR training sessions held
- 94 health professionals attended training from 37 practices
- 58 referrals to DFV Linkers

Find out more:
www.nbmphn.com.au/DFV

HIGHLIGHTS

DFV Training Feedback

“Fantastic webinar, all the hosts were very knowledgeable and had extensive experience.”

“I think the activity was significantly helpful because it illustrated and provided ways to solve difficult issues.”

“I learned ways to approach patients and how to set up the practice to encourage open conversation.”

“This knowledge helped me build rapport with the patient, as well as identify which patients may be experiencing abuse and violence.”

— DFV Training Participants

Recognise, Respond and Refer Making a Difference in the Community

A new patient attended a local practice for the first time. Most of the GPs and practice staff had attended DFV RRR core training. At the consult, the GP noticed DFV signs and asked how things were at home. The patient disclosed she had experienced significant abuse, as well as identifying coercive control. The GP validated the patient's disclosure and referred her to the DFV Linker who assisted her with available supports, safe accommodation options and safety planning. The patient took this information and emergency contact details but did not feel ready to take action. After a physical assault over the weekend, the patient travelled a distance to see the same GP as this was where she had felt heard and safe. The GP connected the patient and the DFV Linker and together they devised a plan. The patient was then able to access temporary accommodation and was referred to a DFV specialist organisation to assist with safety planning and case management. The patient was assisted by a DFV organisation for several weeks until she moved interstate. The DFV Linker maintained contact with the GP throughout this period.



Penny Wood, Wentworth Healthcare Program Development Officer – Domestic Violence Integration and Jane Miller, Manager Population Health and Chronic Disease at Central and Eastern Sydney PHN at the General Practice Conference and Exhibition (GPCE)

In May, Penny Wood, our Development Officer – Domestic Violence together with Jane Miller, Manager Population Health and Chronic Disease at Central and Eastern Sydney PHN, attended the General Practice Conference and Exhibition to talk to GPs about Domestic and Family Violence services, and the training available to help them support their patients.





Wentworth Healthcare staff receiving their annual flu vaccination

IMMUNISATION

We provide a range of immunisation support to general practices, including cold chain management, customised documentation, and training. We communicate regularly with the local Public Health Unit, NSW Health, the Department of Health and Aged Care, and the National Centre for Immunisation Research Surveillance to discuss immunisation strategies and bring the latest information to our practices. Our region is above the national target of 95% immunisation rate:

- 95.08% of all children immunised by age five
- 95.54% of Aboriginal and Torres Strait Islander children immunised by age five

Find out more:

www.nbmpnh.com.au/Immunisation



Read more about our COVID-19 immunisation work in Disaster Management on pages 34-35

HEALTHPATHWAYS

HealthPathways is a free online clinical and referral information tool for health professionals that is designed for use during patient consultations. HealthPathways content is developed collaboratively by GPs, hospital clinicians and other relevant health professionals.

HealthPathways continues to be a joint program between the our organisation and the NBMLHD over the last 6 years. It is one of our flagship integrating care activities under the priority theme of Conjoint Care – this reflects the collaboration that is facilitated as a result of developing the clinical guidelines and referral pages of the HealthPathways, based on consultation across health sectors. In this case, between general practice clinical staff, hospital, community specialists, nurses and allied health providers, to create locally relevant pathways of care. It continues to successfully respond to our local needs and those of the contemporary environment that supports clinicians with direct patient care in the community. It has successfully led the NSW State-wide pathway development for genetics/genomics, and co-led pathway development for COVID-19 vaccinations.

- 472 live pathways
- 24,294 sessions (+48% from the previous year)
- 77,369 page views (+33% from the previous year)
- 2,439 active users (+15% from the previous year)

Find out more:

www.nbmpnh.com.au/HealthPathways



Read more about our COVID-19 HealthPathways work in Disaster Management on pages 34-35

WESTERN SYDNEY HEALTH ALLIANCE

Western Sydney City Deal is a collaboration between the federal, state and local governments to contribute resources and delivery of 38 commitments under transport, technology, health, education, environment, government and urban planning over the next twenty years. Under Improve Community Health, the Western Sydney Health Alliance (WSHA) was established in 2019 to improve coordination and effectiveness of health services in the region, supporting the planning and design of healthier, liveable neighbourhoods throughout the Western Parkland City. The Health Alliance comprises 12 member organisations including eight councils from Blue Mountains, Camden, Campbelltown, Fairfield, Hawkesbury, Liverpool and Penrith, two LHDs (NBMLHD and SWSLHD) and two PHNs (NBMPHN and SWSPHN). There are three key areas of action:

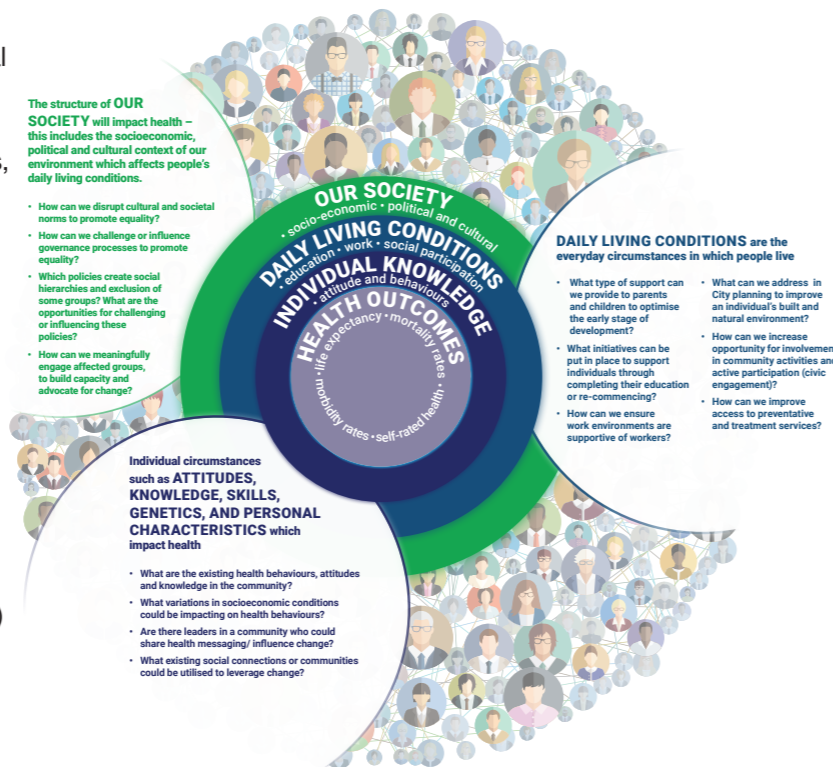
- Liveability and Connections
- Getting People Active and
- Access to Health and Wellbeing Services

The Access to Health and Wellbeing Services focus is co-led by our organisation and SWSPHN. Over the last 12 months key planning tools have been developed to support member organisations to improve the health of the community including a Social Determinants of Health Framework, a Social Connectedness Framework, and a Health Literacy Framework will be developed, and toolkits created to support the implementation of all of the frameworks.

Find out more:

www.wscd.sydney/liveability-environment

The Framework Model



Western Sydney Health Alliance
For healthy communities in the Western Parkland City
An initiative of the Western Sydney City Deal

HIGHLIGHTS

HealthPathways

“The HealthPathways program has been operating for almost five years and continues to deliver key pathway content of regional importance to the region’s healthcare providers. HealthPathways is becoming a significant player in the health sphere both locally and nationally. Strong engagement with local health systems have been reflected in key groups within the health system, specifically through invitations to attend clinical councils addressing a localised response to COVID-19, and round table discussions on Cardiology services and Sexual Health medicine. Additionally, our GP clinical editors have had the opportunity to attend and contribute to a national PHN summit, as well as other groups operating within NSW Health system.”

– Nick Rosser, HealthPathways Program Manager

Our region has experienced unprecedented challenges over the past 12 months due to natural disasters and the ongoing COVID-19 pandemic. Throughout this period HealthPathways has supported primary care with up-to-date and detailed information. The HealthPathways team has played a vital role in the development of state and national clinical pathway content, taking on a lead role in COVID-19 Vaccination clinical pathways while simultaneously providing input into coordinated and integrated activities occurring within the NSW Health COVID-19 response. The GP clinical editors undertook a complete review and restructure of the COVID-19 Vaccination HealthPathway which was adopted across NSW, and most states and territories in Australia.

The HealthPathways team has also undertaken significant liaison within our region to better integrate programs.

The team has worked with:

- the Primary Care Initiatives, DFV Integration program, to update and improve advice to primary care about the DFV Linkers and RRR program being rolled out across the region
- the Digital Health team to improve HealthPathways referral content and assist in the provision of training provided to NBMLHD outpatient and ambulatory clinic staff in the development of electronic referral options
- the General Practice Support team to inform them of new and updated pathways to assist with providing information to primary care about the many changes to clinical care
- the Communications team to inform primary care of changes to clinical care and resources, and to support coordinated messaging to the region’s healthcare providers



Nick Rosser, HealthPathways Program Manager



HealthPathways Zoom meeting



“I found a few minutes to read through this pathway and surprisingly, I came across a few item numbers that I didn’t know existed. It’s a very useful page and about 95% of the information is highly relevant to GPs and practice nurses.”

– Dr. Kate Brunton, Local GP

Portland Medical Practice – School Teacher Flu Immunisation

Given the low exposure to flu over the past couple of years, and the higher risk of transmission within the school setting, this winter Portland Medical Practice began an outreach program into schools to vaccinate teachers. By providing flu vaccinations to the teachers, not only did they help keep the wider community safe, but also provided the flexibility for teachers to receive their vaccinations at their workplace. Due to the positive uptake, they were able to vaccinate more than 40 teachers across three schools and are hoping to increase the number of schools they attend in the coming years. In addition, by working in partnership with their local schools they spread the word about the need to get children vaccinated via school newsletters and Facebook pages. As a result, Dr David and her team were able to vaccinate 60 children against flu this year.



Dr Sharmi David
Image from: [https://healthpages.wiki/wiki/Dr_Sharmi_David_\(GP\)](https://healthpages.wiki/wiki/Dr_Sharmi_David_(GP))



Priority Area:

UNDERSERVED AND DISADVANTAGED COMMUNITIES



24% of our residents were **born overseas**



12% of our residents speak a language **other than English** at home



1 in 5 people experience **chronic** or **consistent pain**

60 GP visits facilitated by a face-to-face Tibetan Interpreter

2,198 individual consultations by Specialist Outreach Clinics

136+ Specialist Outreach clinic days

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) SERVICES

COPD COLLABORATIVE

The COPD Collaborative supports earlier diagnosis and improved management of patients with COPD within general practice. The Collaborative uses evidence-based ‘collaborative methodology’ recommended by the Improvement Foundation to test and implement small manageable changes to improve practice system processes. The COPD Collaborative has been running in our region since 2017.

- 6 practices participated in 2021-22
- 47 practices have participated since 2017

Find out more:

www.nbmphn.com.au/COPDServices

CALM PROGRAM

The Chronic Airways Limitation Management (CALM) Program is designed for people with a lung disease who have difficulty breathing and find day-to-day activities difficult.

- 18 people completed the program in 2021-22
- 150 people have completed the program since 2018

LUNGS IN ACTION

Lungs in Action is Lung Foundation Australia’s community-based maintenance exercise program for people with stable chronic lung conditions who have completed a pulmonary rehabilitation program.

- 58 groups ran
- 165 participants

Lungs in Action adapted during the pandemic to include online delivery to support exercise whilst in isolation.

Find out more:

www.nbmphn.com.au/LungHealth



CHRONIC PAIN MANAGEMENT PROGRAM

Chronic Pain imposes a significant burden of disease on the community with one in five people reported to experience chronic or persistent pain. This six week small group program run across Blue Mountains, Hawkesbury, Lithgow and Penrith helping people live with low to moderate chronic pain improve functional capacity through self-management of their pain.

- 32 participants

Find out more:

www.nbmphn.com.au/ChronicPain

OUTREACH CLINICS

With funding from the Rural Doctors Network NSW we coordinate Specialist Outreach Clinics at Katoomba, Lithgow and Windsor. Aboriginal and Torres Strait Islander peoples, and those who may experience difficulty in accessing health services due to long distance or other barriers, are given priority access to these bulk-billed services covering speech pathology, psychiatry, paediatrics and endocrinology (diabetes).

- 2,198 individual consultations over 136 clinic days
- 415 new patients
- 681 consultations with Aboriginal patients
- 529 telehealth consultations

Find out more:

www.nbmphn.com.au/OutreachServices

TIBETAN CLINIC

A face-to-face interpreter service provided once a month to a Katoomba general practice seeing non-English speaking Tibetan migrants who are mostly refugees. The same interpreter attends all sessions. The clinic staff report that having an in-person interpreter has been invaluable to the provision of appropriate healthcare to the Tibetan community.

- 60 GP visits
- 10 clinics funded
- 7 people attended a COVID-19 vaccination clinic
- 4 allied health sessions

HIGHLIGHTS

Lithgow Chronic Pain Program

The first two groups of the Community Chronic Pain Management Program ran successfully in Lithgow despite having to transition to online delivery due to the COVID-19 lockdown part-way through the first group. The program facilitator worked at maintaining the momentum and group cohesion despite moving online.

“Helpful program! Increased my awareness and I like having the weekly accountability factor to keep me on track.”

“COVID-19 restrictions was a challenge in term of meeting face to face for all sessions, but Zoom worked well.”

“Program very valuable, facilitator was great, helpful, has a joke and I felt very comfortable in class. Terrific, look(ed) forward to weekly sessions.”

— Lithgow Participants

COPD Collaborative

Wave Five of the collaborative ran during 2021-22. At the first learning workshop, participants heard from John Ruttle, a patient with lived experience of COPD. He and his wife shared their journey from pre-diagnosis through to now and all the steps in between. They advocate for having a supportive medical team working together, including a GP, community nurse from the respiratory clinic and a specialist. They said that having a supportive team who knows John and his condition, and who are proactive in following up with him, is invaluable.

“With COPD you’ve got no cure but it can be controlled with medication and exercise.”

— John Ruttle, Lived Experience of COPD



John Ruttle
COPD patient and President of
Nepean Puffers & Wheezers (support group)



Healthy Ears: Better Hearing, Better Listening

In 2015, together with NBMLHD we established Lithgow Speech Pathology Outreach Clinic or **Healthy Ears: Better Hearing, Better Listening** with funding from NSW Rural Doctors Network.

A needs assessment found that families in Lithgow were unable to get to the hospital for appointments or do regular speech and language practice at home. Children identified with developmental speech and language issues at an older age could not be accepted at the hospital due to long wait lists and age restrictions. In 2015, we commenced with weekly Speech Pathology sessions at Portland Central School which has now expanded to include a total of six schools and six pre-schools in the area.

The Outreach Clinic funds a Speech Pathologist from Lithgow Allied Health Service who provides in-school assessment of children, plus some intensive therapy. Children are screened and assessed for receptive and expressive language, Speech Sound Disorder and Phonological Awareness (predictor of reading ability). They also consider developmental delay, social skills, vision and hearing. They provide group therapy for children with hearing, speech and language difficulties and help training teachers and student Learning Support Officers in the schools. Priority access is given to Aboriginal children with 32% of occasions of service being with Aboriginal clients. The remainder are from low socio-economic background. The waitlist at Lithgow Health Service is 10 + months for pre-schoolers and 14 + months for school age up to 8 years old. The average waitlist for the Outreach Clinic once referred, is 1-2 months maximum (during school term).



CALD MENTAL HEALTH NAVIGATOR PROJECT

In our region, 24% of our residents were born overseas and 14% speak a language other than English at home. These people may have difficulty accessing mental health services, particularly those at greatest risk of mental health issues and social isolation due to COVID-19.

We funded two local Culturally and Linguistically Diverse Communities (CALD) services to deliver mental health navigator projects using different strategies. In Penrith, they utilised art to connect with community members, while in the Blue Mountains, Hawkesbury and Lithgow areas strategies focused on linking in with existing community organisations.

- 388 people connected with providers
- 148 referrals to local mental health and social supports services

HEAL PILOT PROGRAM

Launching in June this year, Healthy Eating Activity and Lifestyle (HEAL) is a program that provides strategies around healthy eating, exercise and behaviour change targeted at supporting people who are obese, or who have or are at risk of, developing a chronic disease. Two flooding events and a COVID-19 lockdown presented challenges for the commencement of the first group. However, through the promotion work of the facilitator, the first group was able to run successfully.

- 14 participants



WINTER STRATEGY QUALITY IMPROVEMENT PROGRAM

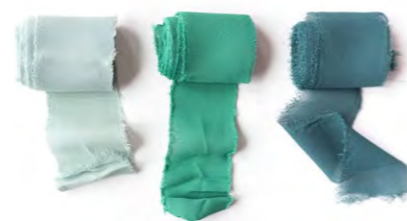
The Winter Strategy Quality Improvement program supports practices in delivering heightened quality of care for chronic disease patients who are at high risk of being unstable, very unwell, and/or admitted to hospital during the winter (and influenza) season. Practices improved care for vulnerable patients and implemented quality improvement strategies.

- 5 practices participated
- 87 patients enrolled
- patients with an Action Plan completed improved from 30% to 37.02%
- patients with up-to-date Influenza Immunisation improved from 80% to 97.70%
- patients with up-to-date GP Management Plan improved from 50% to 54.02%
- patients with up-to-date Team Care Arrangements improved from 30% to 37.93%
- patients with up-to-date Pneumococcal vaccination (eligible patients only) improved from 13.33% to 25.29%
- patients with a My Health Record Shared Health Summary uploaded in the past 6 months improved from 30% to 41.38%

Find out more: www.nbmphn.com.au/Qloportunities

WOUND MANAGEMENT COLLABORATIVE

This year, we continued with the implementation of the Wound Management Collaborative as part of the Wound Management Pilot Program. The program collaborated with the Nepean Blue Mountains Local Health District's Primary Care and Community Health team and Wounds Australia to deliver evidence-based chronic wound care education to GPs and practice nurses.



Practices improved their data quality, undertook comprehensive wound assessments, and supported patients in the self-management of their hard-to-heal wounds.

- 6 practices participated

Find out more: www.nbmphn.com.au/Qloportunities

HIGHLIGHTS

Wound Management Collaborative

Lawson Medical Practice is one practice that participated in our Wound Management Collaborative. This Quality Improvement program experienced challenges with both practice and patient recruitment and was impacted by COVID-19 and the recurring natural disasters in our region. Gretchen Aman, a practice nurse at Lawson Medical Practice, opportunistically approached a patient in the waiting room and after enquiring about his general health, discovered that he had two small ulcers on his lower leg that he had been self-managing at home. Gretchen enrolled him into the program. Gretchen stated that the patient felt empowered by the information given to him and he followed advice by wearing his compression stockings daily elevating his legs when resting.



“Even though we enrolled only a few patients, the participation has assisted us in gaining valuable clinical knowledge for ourselves and for our patients. The increased knowledge has extended to improved care for all our patients, not just for the patients enrolled in the program. The workshops have been of great value as well.”

— Gretchen Aman, Practice Nurse, Lawson Medical Practice

CALD Mental Health Navigator Project

“It is very good to be informed about the community events and resources available in the mountains. Now my children are going to school, so I can finally have some time to think about myself and what I want to do in my life.”

— Client with two small children residing in the Blue Mountains



One elderly couple from Sri Lanka at Lithgow was seeking support to apply for the pension.

“I connected them with the Centrelink Multicultural Service Officer of the region. Meanwhile, I have also provided the client different My Aged Care packages information for him to consider for the future to support them with physical and mental health challenges. They are very grateful to have the support, as they are experiencing sudden financial hardship due to the political chaos in Sri Lanka.”

— CALD Health Navigator Provider



WENTWORTH HEALTHCARE LIMITED

ABN 88 155 904 975

FINANCIAL REPORT

FOR THE YEAR ENDED
30 JUNE 2022

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2022

Your directors submit their report for the year ended 30 June 2022.

1. DIRECTORS IN OFFICE AT THE DATE OF THIS REPORT

Prof Andy Marks
Dr Madhu Tamilarasan
Fleur Hannen
Bruce Turner AM
Gary Smith

John Yealland
Heather Nesbitt
Dr Nicole Langsford
Jeffery Jenkins

2. PRINCIPAL ACTIVITIES

The principal activities of the company during the year were to provide support to primary healthcare providers and to perform an integral role in identifying healthcare needs, facilitating and implementing healthcare initiatives and improving patient service in the Nepean-Blue Mountains region.

3. TRADING RESULTS

The net deficit after tax of the company for the year ended 30 June 2022 was \$39,125 (2021: \$476,785 surplus). The current result reflects the timing of the recognition of grant income, some of which relates to items released to the profit and loss whilst some relates to items which are recorded on the statement of financial position. The items recorded on the statement of financial position are expected to be released to the profit and loss in future periods.

4. DIVIDENDS

No dividend was declared or paid during the year. The company's Constitution prohibits the payment of dividends.

5. SHORT AND LONG TERM OBJECTIVES

The overall objective of the company is to improve the health and wellbeing for people in our community. The company mission is to empower general practice and other healthcare professionals to deliver high-quality, accessible and integrated primary healthcare that meets the needs of our community.

The guiding principles for the operation of the company are to provide:

- A continuing effective relationship between a patient and their preferred primary care provider;
- A care model that ensures people receive the right care in the right place at the right time and that they are part of their own care outcomes; and
- Effective and efficient health services for consumers, particularly those at risk of poor health outcomes.

6. STRATEGIES FOR ACHIEVING OBJECTIVES

The company undertakes a number of strategies enabling it to achieve the above objectives:

- Increasing capacity and influence of Primary Care;
- Establishing a culture of quality improvement and outcome focus;
- Coordinating services within and across sectors;
- Engaging consumers in all we do;

DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2022

6. STRATEGIES FOR ACHIEVING OBJECTIVES (continued)

- Striving for organisational excellence and impact.

7. MEASUREMENT OF PERFORMANCE

Financial and operational performance is measured using the following key indicators:

- Monitoring outcomes against strategic plans and funding requirements
- Monitoring program outcomes against contractual requirements
- Monitoring progress against annual needs assessment plans
- Trading performance against budget
- Cash flows

8. CHANGES IN THE STATE OF AFFAIRS

No matters or circumstances have arisen since the end of the financial year which significantly affected, or may significantly affect, the operations of the company, the results of those operations or the state of affairs of the company in financial years subsequent to 30 June 2022.

9. DIRECTORS' REMUNERATION

No director of the company has received or become entitled to receive a benefit by reason of a contract made by the company with the director or with a firm of which he is a member or with a company in which he has a substantial financial interest other than benefits disclosed in Note 13 to the financial statements.

DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2022

10. INFORMATION ON DIRECTORS

INFORMATION ON DIRECTORS, MEETINGS AND ATTENDANCES

There were 8 full board meetings held during the financial year 1 July 2021 to 30 June 2022. Attendance by the directors at board meetings and at the Finance, Audit & Risk Management (FARM) and Governance (Governance and Nominations Committee and Clinical Governance Committee) Board Committee meetings was as follows:

	Full Board meetings held while on Board	Full Board meetings attended	FARM Committee meetings held while on committee	FARM Committee meetings attended	Governance Committee meetings held while on committee	Governance Committee meetings attended
Bruce Turner AM Director since 2017 (Company Director)	8	8	5	5	-	-
Gary Smith Director since 2018 (Business Manager)	8	8	-	-	4	4
John Yealland Director since 2018 (Business Manager)	8	8	-	-	4	4
Heather Nesbitt Director since 2019 (Company Director)	8	8	-	-	4	4
Dr Madhu Tamilarasan Director since 2020 (General Practitioner)	8	7	-	-	4	4
Prof Andy Marks Director since 2020 (Company Director)	8	8	5	5	-	-
Fleur Hannen Director since 2020 (Company Director)	8	7	-	-	4	4

DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2022

INFORMATION ON DIRECTORS, MEETINGS AND ATTENDANCES

	Full Board meetings held while on Board	Full Board meetings attended	FARM Committee meetings held while on committee	FARM Committee meetings attended	Governance Committee meetings held while on committee	Governance Committee meetings attended
Dr Nicole Langsford (Appointed 24 November 2021) (General Practitioner)	4	4	2	2	-	-
Jeffery Jenkins (Appointed 7 March 2022) (Podiatrist)	2	2	-	-	1	1
Dr Tony Rombola Director since 2013 (Retired 24 November 2021) (General Practitioner)	4	4	-	-	2	2
Belinda Hill Director since 2019 (Resigned 6 October 2021) (Allied Health Professional) (*Non-attendance due to leave of absence)	2*	-	2*	-	-	-

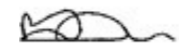
11. AUDITOR'S INDEPENDENCE DECLARATION

The lead auditor's independence declaration for the year ended 30 June 2022 has been received and can be found following this report.

On behalf of the board



Director



Director

Penrith
21 September 2022

AUDITOR'S INDEPENDENCE DECLARATION TO THE DIRECTORS OF WENTWORTH HEALTHCARE LIMITED

I declare that, to the best of my knowledge and belief, in relation to the audit of Wentworth Healthcare Limited for the year ended 30 June 2022 there have been:

- (i) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; or
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

KellyPartners+BergerPiepers



P A Berger FCA
Senior Client Director

9 September 2022
Penrith, NSW

Kelly Partners (Western Sydney) Pty Ltd ABN 66 059 148 319
Level 1, 286 High, Penrith NSW 2750
PO Box 999, Penrith NSW 2751
+61 2 4726 9666 westernsydney@kellypartners.com.au

kellypartners.com.au
Liability limited by a scheme approved under Professional Standards Legislation



INDEPENDENT AUDIT REPORT TO THE MEMBERS OF
WENTWORTH HEALTHCARE LIMITED

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Wentworth Healthcare Limited, which comprises the statement of financial position as at 30 June 2022, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information and the directors' declaration.

In our opinion, the accompanying financial report of Wentworth Healthcare Limited is in accordance with the *Corporations Act 2001*, including:

- (i) giving a true and fair view of the company's financial position as at 30 June 2022 and of the financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards and the *Corporations Regulations 2001*.

Basis of Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the company in accordance with the auditor independence requirements of the *Corporations Act 2001* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110: *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration required by the *Corporations Act 2001*, which has been given to the directors of Wentworth Healthcare Limited, would be in the same terms if given to the directors as at the time of this auditor's report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Kelly Partners (Western Sydney) Pty Ltd ABN 66 059 148 319
Level 1, 286 High, Penrith NSW 2750
PO Box 999, Penrith NSW 2751
+61 2 4726 9666 westernsydney@kellypartners.com.au
kellypartners.com.au
Liability limited by a scheme approved under Professional Standards Legislation



Responsibilities of the Directors for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Corporations Act 2001* and for such internal control as the directors determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the ability of the consolidated company to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control;
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors;
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the company to cease to continue as a going concern;

Auditor's Responsibilities for the Audit of the Financial Report (continued)

- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation; and
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the company to express an opinion on the financial report. We are responsible for the direction, supervision and performance of the company audit. We remain solely responsible for our audit opinion.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

KellyPartners+BergerPiepers



P A Berger FCA

Senior Client Director

9 September 2022
Penrith, NSW

Kelly Partners (Western Sydney) Pty Ltd ABN 66 059 148 319

Level 1, 286 High, Penrith NSW 2750
PO Box 999, Penrith NSW 2751

+61 2 4726 9666 westernsydney@kellypartners.com.au

kellypartners.com.au

Liability limited by a scheme approved under Professional Standards Legislation



WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

STATEMENT OF FINANCIAL POSITION

AT 30 JUNE 2022

	NOTE	2022 \$	2021 \$
CURRENT ASSETS			
Cash and cash equivalents	4	14,178,189	10,956,727
Trade and other receivables	5	-	3,520
Other	6	1,091,474	1,188,542
TOTAL CURRENT ASSETS		15,269,663	12,148,789
NON-CURRENT ASSETS			
Property, plant and equipment	7	177,981	163,717
Right of use assets	8	66,216	297,936
TOTAL NON-CURRENT ASSETS		244,197	461,653
TOTAL ASSETS		15,513,860	12,610,442
CURRENT LIABILITIES			
Trade and other payables	9	3,195,685	1,795,459
Provisions	10	891,884	998,393
Other	11	9,759,991	7,976,970
Borrowings	12	65,213	241,614
TOTAL CURRENT LIABILITIES		13,912,773	11,012,436
NON-CURRENT LIABILITIES			
Provisions	10	183,191	75,399
Borrowings	12	6,361	71,947
TOTAL NON-CURRENT LIABILITIES		189,552	147,346
TOTAL LIABILITIES		14,102,325	11,159,782
NET ASSETS		1,411,535	1,450,660
EQUITY			
Accumulated surplus		1,411,535	1,450,660
TOTAL EQUITY		1,411,535	1,450,660

The accompanying notes form an integral part of these financial statements.

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

Schedule 2

STATEMENT OF COMPREHENSIVE INCOME

FOR THE YEAR ENDED 30 JUNE 2022

	NOTE	2022 \$	2021 \$
Revenue			
Operating income	3(a)	31,476,496	24,299,901
Sale and hire of equipment		-	1,350
Finance income	3(b)	53,907	85,500
TOTAL REVENUE		<u>31,530,403</u>	<u>24,386,751</u>
Expenses			
Depreciation and amortisation	3(c)	(327,825)	(310,766)
Employee benefits	3(d)	(6,788,982)	(6,369,674)
Commissioned services		(22,456,173)	(16,183,054)
Other expenses		(1,996,548)	(1,046,472)
TOTAL EXPENSES		<u>(31,569,528)</u>	<u>(23,909,966)</u>
SURPLUS/(DEFICIT) BEFORE INCOME TAX		<u>(39,125)</u>	<u>476,785</u>
Income tax expense	2(k)	-	-
SURPLUS/(DEFICIT) AFTER INCOME TAX		<u>(39,125)</u>	<u>476,785</u>
OTHER COMPREHENSIVE INCOME		<u>-</u>	<u>-</u>
TOTAL COMPREHENSIVE INCOME/(LOSS)		<u>(39,125)</u>	<u>476,785</u>

The accompanying notes form an integral part of these financial statements.

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

Schedule 3

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 30 JUNE 2022

	2022 \$	2021 \$
CASH FLOWS FROM OPERATING ACTIVITIES		
Funding and other operating revenue received	36,589,340	29,039,689
Payments to suppliers and employees	(33,079,696)	(26,056,972)
Interest received	53,907	85,500
NET CASH FLOWS FROM OPERATING ACTIVITIES	<u>3,563,551</u>	<u>3,068,217</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Right of use assets amortisation	(232,432)	(230,931)
Purchase of property, plant and equipment	(109,657)	(89,897)
NET CASH FLOWS USED IN INVESTING ACTIVITIES	<u>(342,089)</u>	<u>(320,828)</u>
NET INCREASE IN CASH HELD	<u>3,221,462</u>	<u>2,747,389</u>
CASH AT BEGINNING OF THE YEAR	<u>10,956,727</u>	<u>8,209,338</u>
CASH AT END OF THE YEAR	<u>14,178,189</u>	<u>10,956,727</u>
(a) Reconciliation of cash		
For the purposes of the statement cash flows, cash comprises the following:		
Cash and cash equivalents (Note 4)	<u>14,178,189</u>	<u>10,956,727</u>
(b) Reconciliation from the net surplus/(deficit) to the net cash flows from operating activities:		
Net surplus/(deficit)	(39,125)	476,785
<i>Adjustments for:</i>		
Depreciation of non-current assets	317,558	310,766
<i>Changes in assets and liabilities:</i>		
Trade and other receivables	3,520	63,620
Other current assets	97,068	(616,572)
Trade and other payables	1,400,226	773,641
Provisions for employee entitlements	1,283	20,160
Other liabilities	1,783,021	2,039,817
Net cash from operating activities	<u>3,563,551</u>	<u>3,068,217</u>

The accompanying notes form an integral part of these financial statements.

Schedule 4

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDED 30 JUNE 2022

	Accumulated Surplus \$	Reserves/ Capital \$	Total Equity \$
As at 1 July 2020	985,881	-	985,881
Surplus for the year	476,785	-	476,785
Opening adjustments to right of use assets	(12,006)	-	(12,006)
Other comprehensive income	-	-	-
As at 30 June 2021	1,450,660	-	1,450,660
Deficit for the year	(39,125)	-	(39,125)
Other comprehensive income	-	-	-
As at 30 June 2022	<u>1,411,535</u>	<u>-</u>	<u>1,411,535</u>

The accompanying notes form an integral part of these financial statements.

Schedule 5

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2022

1. CORPORATE INFORMATION

The financial report of Wentworth Healthcare Limited was authorised for issue in accordance with a resolution of the directors on 21 September 2022.

Wentworth Healthcare Limited is a company limited by guarantee with each member of the company liable to contribute an amount not exceeding \$20 in the event of the company being wound up.

The principal activities of the company during the year were to provide support to primary healthcare providers and to perform an integral role in identifying healthcare needs, facilitating and implementing healthcare initiatives and improving patient service in the Nepean-Blue Mountains region.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of preparation

The financial report is a general purpose financial report, which has been prepared in accordance with the requirements of Australian Accounting Standards. The financial report has also been prepared on a historical cost basis and, except where stated, does not take into account current valuations of non-current assets.

The financial statements have been prepared on the going concern basis. The ability of the entity to continue operating as a going concern is dependent upon continuing government funding for its programs, in particular Commonwealth Government Funding from the Department of Health.

(b) Statement of compliance

The financial report has been prepared in accordance with the Mandatory Accounting Standards applicable to entities reporting under the Corporations Act 2001.

(c) Significant accounting judgements, estimates and assumptions

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements and estimates on historical experience and other various factors it believes to be reasonable under the circumstances, the results of which form the basis of the carrying values of assets and liabilities that are not readily apparent from other sources.

Details of the nature of these assumptions and conditions may be found in the relevant notes to the financial statements.

(d) Property, plant and equipment

Property, plant and equipment is stated at cost less accumulated depreciation and any impairment in value. Depreciation is calculated on a straight-line basis over the estimated useful life of the asset as follows:

- Furniture and equipment 3-5 years
- Motor vehicles 7 years
- Leasehold improvements Term of lease

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2022

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(d) Property, plant and equipment (continued)

An item of property, plant and equipment is derecognised upon disposal or when no future economic benefits are expected to arise from the continued use of the asset. Any gain or loss arising on derecognition of the asset (calculated as the difference between the net disposal proceeds and the carrying amount of the item) is included in the statement of comprehensive income in the year the item is derecognised.

Impairment

The carrying values of property, plant and equipment are reviewed for impairment when events or changes in circumstances indicate that the carrying value may not be recoverable. If any such indication exists and where the carrying value exceeds the estimated recoverable amount, the assets are written down to their recoverable amount. The recoverable amount of property, plant and equipment is the greater of fair value less costs to sell and value in use.

Impairment losses are recognised in the statement of comprehensive income.

(e) Recoverable amount of assets

At each reporting date, the company assesses whether there is an indication that an asset may be impaired. Where an indicator of impairment exists, the company makes a formal estimate of recoverable amount. Where the carrying value of an asset exceeds its recoverable amount the asset is considered impaired and written down to its recoverable amount.

The recoverable amount is the greater of fair value less costs to sell and value in use. It is determined for an individual asset, unless the asset's value in use cannot be estimated to be close to its fair value less costs to sell and it does not generate cash inflows that are largely independent of those from other assets or groups of assets, in which case, the recoverable amount is determined for the group of assets.

(f) Cash and cash equivalents

Cash and cash equivalents in the statement of financial position comprise cash at bank and on hand and short-term deposits readily convertible to cash.

For the purposes of the statement of cash flows, cash consists of cash and cash equivalents as defined above, net of outstanding bank overdrafts.

(g) Provisions

Provisions are recognised when the company has a present obligation (legal or constructive) as a result of a past event, it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation.

If the effect of the time value of money is material, provisions are determined by discounting the expected future cash flows at a pre-tax rate that reflects current market assessments of the time value of money and, where appropriate, the risks specific to the liability.

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2022

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(h) Employee entitlements

Wages, salaries, time in lieu and annual leave

Liabilities for wages and salaries, time in lieu and annual leave are recognised and are measured as the amount unpaid at the reporting date at current pay rates in respect of employees' services to that date.

Long service leave

A liability for long service is recognised and is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date.

Superannuation

Contributions to defined superannuation plans are expensed as incurred.

Entitlements which are expected to be settled within twelve months are measured at their nominal values using current remuneration rates. Liabilities which are expected to be settled after twelve months are measured at the present value of estimated future cash outflows in respect of services provided up to reporting date.

(i) Revenue

Revenue is recognised to the extent that it is probable that the economic benefits will flow to the company and the revenue can be reliably measured. The following specific recognition criteria must also be met before revenue is recognised:

Grant income

Grants are recognised at their fair value where there is reasonable assurance that the grant will be received and all attaching conditions will be complied with.

When the grant relates to an expense or an item recorded on the statement of financial position, it is recognised as income over the periods necessary to match the grant on a systematic basis to the costs and capital items that it is intended to compensate.

Any excess of grant income over expenditure is set aside as a provision for future use in accordance with the company's purposes and the purposes of the funding body.

Rendering of services

Control of the right to receive payment for the services performed has passed to the company.

Interest

Control of the right to receive the interest payment has passed to the company as the interest accrues.

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2022

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(j) Taxes

Income tax

The company is exempt from income tax under section 50-45 of the Income Tax Assessment Act 1997.

Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST except where:

- the GST incurred on a purchase of goods and services is not recoverable from the taxation authority, in which case the GST is recognised as part of the cost of acquisition of the asset or as part of the expense item as applicable; and
- receivables and payables are stated with the amount of GST included.

Operating cash flows are included in the statement of cash flows on a gross basis and the GST component of cash flows arising from investing and financing activities, which is recoverable from, or payable to, the taxation authority is classified as part of operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the taxation authority.

(k) Leases

Finance leases, which transfer to the company substantially all of the risks and benefits incidental to ownership of the leased items, are capitalised at the inception of the lease at the fair value of the leased property or, if lower, at the present value of the minimum lease payments.

Lease payments are apportioned between the finance charges and reduction of the lease liability so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are charged directly to the statement of comprehensive income.

Capitalised leased assets are amortised over the shorter of the estimated useful life of the asset or the lease term.

Leases where the lessor retains substantially all of the risks and benefits of ownership of the asset are now classified as right of use assets.

(l) Right of use assets

A right-of-use asset is recognised at the commencement date of a lease. The right-of-use asset is measured at cost, which comprises the initial amount of the lease liability, adjusted for, as applicable, any lease payments made at or before the commencement date net of any lease incentives received, any initial direct costs incurred, and, except where included in the cost of inventories, an estimate of costs expected to be incurred for dismantling and removing the underlying asset, and restoring the site or asset.

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2022

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(l) Right of use assets (continued)

Right-of-use assets are depreciated on a straight-line basis over the unexpired period of the lease or the estimated useful life of the asset, whichever is the shorter. Where the Company expects to obtain ownership of the leased asset at the end of the lease term, the depreciation is over its estimated useful life. Right-of use assets are subject to impairment or adjusted for any remeasurement of lease liabilities.

The Company has elected not to recognise a right-of-use asset and corresponding lease liability for short-term leases with terms of 12 months or less and leases of low-value assets. Lease payments on these assets are expensed to profit or loss as incurred

(m) Comparative amounts

Where necessary, prior year comparatives have been reclassified in order to facilitate comparison with current year disclosures.

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

Schedule 5/6

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2022

	2022 \$	2021 \$
3. REVENUES AND EXPENSES		
(a) Sale of goods and services		
Program funding	31,110,790	23,996,174
Event fees	277	-
Other income	<u>365,429</u>	<u>303,727</u>
	<u>31,476,496</u>	<u>24,299,901</u>
(b) Finance income		
Interest received	<u>53,907</u>	<u>85,500</u>
(c) Depreciation and amortisation		
Depreciation of non-current assets	<u>327,825</u>	<u>310,766</u>
(d) Employee benefits		
Salaries and wages - staff	5,702,811	5,671,613
Salaries and wages - directors	184,336	189,573
Employee entitlements	302,014	(760)
Superannuation	<u>599,821</u>	<u>509,248</u>
	<u>6,788,982</u>	<u>6,369,674</u>
4. CASH AND CASH EQUIVALENTS		
Cash at banks	3,170,200	2,956,727
Term deposits	<u>11,007,989</u>	<u>8,000,000</u>
	<u>14,178,189</u>	<u>10,956,727</u>

Terms and conditions

Term deposits are taken out for periods of up to eight months and earn interest at rates fixed for the term of the deposit.

Cash at banks earns interest at variable rates. At 30 June 2022 the weighted average interest rate on cash at banks and term deposits was 0.4% (2021: 0.3%).

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

Schedule 5/7

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2022

	2022 \$	2021 \$
5. TRADE AND OTHER RECEIVABLES		
Trade and other receivables	-	3,520
Provision for doubtful debts	<u>-</u>	<u>-</u>
	<u>-</u>	<u>3,520</u>
6. OTHER CURRENT ASSETS		
Prepayments	621,241	798,381
GST receivable	411,984	331,912
Security deposits	<u>58,249</u>	<u>58,249</u>
	<u>1,091,474</u>	<u>1,188,542</u>
7. PROPERTY, PLANT AND EQUIPMENT		
Office furniture and equipment-at cost	1,039,734	931,584
Less accumulated depreciation	<u>(863,143)</u>	<u>(769,852)</u>
	<u>176,591</u>	<u>161,732</u>
Motor vehicles-at cost	15,000	15,000
Less accumulated depreciation	<u>(14,335)</u>	<u>(14,201)</u>
	<u>665</u>	<u>799</u>
Leasehold improvements-at cost	616,908	616,908
Less accumulated depreciation	<u>(616,183)</u>	<u>(615,722)</u>
	<u>725</u>	<u>1,186</u>
	<u>177,981</u>	<u>163,717</u>

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

Schedule 5/8

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2022

	2022	2021
	\$	\$
7. PROPERTY, PLANT AND EQUIPMENT (continued)		
Reconciliations		
<i>Office furniture and equipment</i>		
Carrying amount at beginning of year	161,732	148,976
Additions	108,015	89,900
Depreciation	<u>(93,291)</u>	<u>(77,144)</u>
	<u>176,456</u>	<u>161,732</u>
<i>Motor vehicles</i>		
Carrying amount at beginning of year	799	1,118
Depreciation	<u>(134)</u>	<u>(319)</u>
	<u>665</u>	<u>799</u>
<i>Leasehold improvements</i>		
Carrying amount at beginning of year	1,186	3,561
Depreciation	<u>(461)</u>	<u>(2,375)</u>
	<u>725</u>	<u>1,186</u>
8. RIGHT OF USE ASSETS		
Property, plant and equipment - right of use – at cost	682,7959	682,083
Amortisation	<u>(616,579)</u>	<u>(384,147)</u>
	<u>66,216</u>	<u>297,936</u>
Reconciliation		
<i>Property, plant and equipment - right of use</i>		
Opening	297,936	536,155
Adjustments	712	(7,288)
Amortisation	<u>(232,432)</u>	<u>(230,931)</u>
	<u>66,216</u>	<u>297,936</u>
9. TRADE AND OTHER PAYABLES		
Trade creditors	1,450,096	1,293,449
Other creditors and accrued expenses	<u>1,745,589</u>	<u>502,010</u>
	<u>3,195,685</u>	<u>1,795,459</u>

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

Schedule 5/9

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2022

	2022	2021
	\$	\$
10. PROVISIONS		
Current		
Access to Allied Psychological Services liabilities	221,639	401,151
Annual leave	382,935	349,391
Time in lieu	4,063	9,768
Long service leave	<u>283,247</u>	<u>238,083</u>
	<u>891,884</u>	<u>998,393</u>
Non Current		
Long service leave	<u>183,191</u>	<u>75,399</u>
11. OTHER CURRENT LIABILITIES		
Other Creditor – NBMLHD*	6,174	1,493,800
Deferred income in advance	<u>9,753,817</u>	<u>6,483,170</u>
	<u>9,759,991</u>	<u>7,976,970</u>
*The reduction in "Other Creditor – NBMLHD" is due to the company not holding any funds on behalf of the NBMLHD as at 30 June 2022		
12. BORROWINGS		
Current		
Right of use liability	<u>65,213</u>	<u>241,614</u>
Non Current		
Right of use liability	<u>6,361</u>	<u>71,947</u>
13. RELATED PARTY TRANSACTIONS		
Directors		
The following persons held office as a director of the company for the duration of the financial year unless otherwise indicated:		
Gary Smith		
John Yealland		
Heather Nesbitt		
Madhu Tamilarasan		
Prof Andy Marks		
Fleur Hannen		
Bruce Turner		
Dr Nicole Langsford (Appointed 24 November 2021)		
Jeffery Jenkins (Appointed 7 March 2022)		
Dr Tony Rombola (Retired 24 November 2021)		
Belinda Hill (Resigned 6 October 2021)		

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2022

	2022	2021
	\$	\$
13. RELATED PARTY TRANSACTIONS (continued)		

Remuneration of directors

Income paid or payable including superannuation contributions, or otherwise made available, in respect of the financial year to all directors of the company:

<u>201,650</u>	<u>214,942</u>
----------------	----------------

The number of directors of the company whose remuneration, including superannuation contributions, falls within the following bands:

	2022	2021
	Number	Number
\$0 - \$9,999	2	2
\$10,000 - \$19,999	2	5
\$20,000 - \$29,999	6	4
\$30,000 - \$39,999	<u>1</u>	<u>1</u>

Transactions with Director Related Entities

During the year the company received services from A & T Rombola Pty Ltd trading as Rombola Medical Trust, an organisation in which Dr Tony Rombola has a financial interest, amounting to \$572 (2021: \$1,656). These services were provided under normal commercial terms and conditions.

During the year the company received services from Bowenfels Medical Practice, an organisation in which Dr Madhu Tamilarsan has a financial interest; amounting to \$13,420 (2021: \$6,820). These services were provided under normal commercial terms and conditions.

During the year the company received services from OnePointHealth, an organisation in which Jeffrey Jenkins has a financial interest, amounting to \$50,908 (2021: \$50,908). These services were provided under normal commercial terms and conditions.

14. ECONOMIC DEPENDENCY

The company is dependent upon the continued provision of funding by various government departments, primarily the Department of Health.

15. SUBSEQUENT EVENTS

No matters or circumstances have arisen since the end of the financial year which significantly affected, or may significantly affect, the operations of the company, the results of those operations or the state of affairs of the company in financial years subsequent to 30 June 2022.

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

DIRECTORS' DECLARATION

In accordance with a resolution of the directors of Wentworth Healthcare Limited, we state that:

In the opinion of the directors:

- (a) the financial statements and notes of the company are in accordance with the Corporations Act 2001, including:
 - (i) giving a true and fair view of the company's financial position as at 30 June 2022 and of its performance for the period ended on that date; and
 - (ii) complying with Accounting Standards and Corporations Regulations 2001; and
- (b) there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

On behalf of the board



Director



Director

Penrith
21 September 2022

Wentworth Healthcare

Level 1, Suite 1, Werrington Park Corporate Centre,
14 Great Western Highway
Kingswood NSW 2747

T 4708 8100

POSTAL ADDRESS

Wentworth Healthcare,
Blg BR, Level 1, Suite 1,
Locked Bag 1797,
Penrith NSW 2751

For more information about Wentworth Healthcare
or Nepean Blue Mountains PHN visit
www.nbmphn.com.au

603_0822

While the Australian Government contributed funding for this material, it has not reviewed the content and is not responsible for any injury, loss or damage however arising from the use of or reliance on the information provided herein.

Some imagery in this document from www.flaticon.com and www.freepik.com



2021/2022 again saw continued hardship in our area, with further devastating flooding and related community health and wellbeing issues. COVID-19, flu and social isolation were some of our main concerns. Our team at Wentworth Healthcare responded with professionalism and empathy – most of our employees live in the area they work in and their care for the local community is both professional and personal.