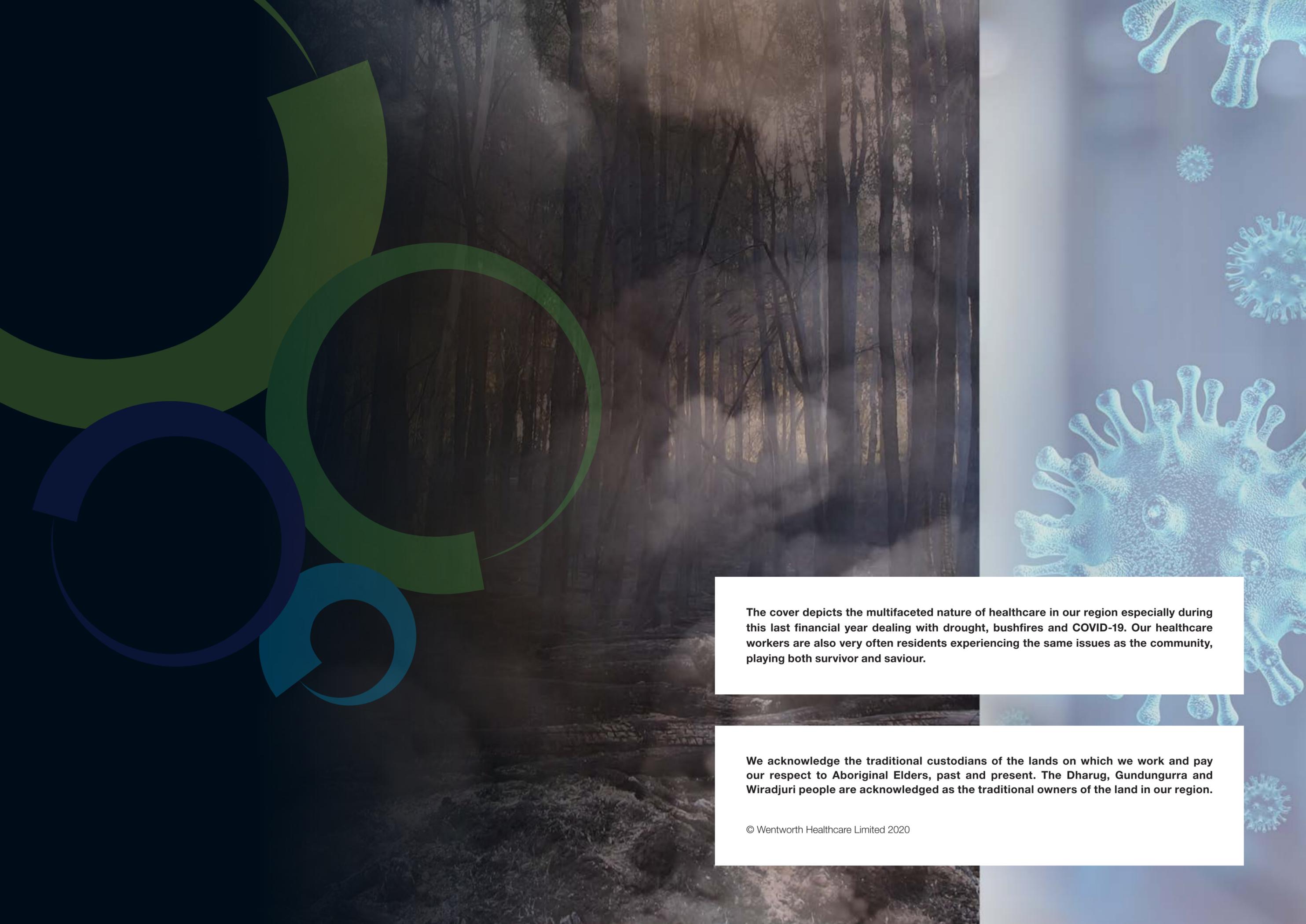




# ANNUAL REPORT 2020

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



**The cover depicts the multifaceted nature of healthcare in our region especially during this last financial year dealing with drought, bushfires and COVID-19. Our healthcare workers are also very often residents experiencing the same issues as the community, playing both survivor and saviour.**

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

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# 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

# 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 include Allied Health Professions Australia; Australian Primary Health Care Nurses Association; Blue Mountains GP Network; Lithgow City Council; Nepean GP Network; Western Sydney Regional Organisation of Councils.

Our work as a PHN is focussed on three main objectives:

- 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 voice 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.

Over **380,000 people** currently live in our region with our population predicted to increase to 466,000 by 2036. Our area is culturally and linguistically diverse with a large Aboriginal population, representing 3.7% of total residents. The region is serviced by **138 general practices** consisting of **494 GPs** who conduct **2.7 million GP consultations** per year at a cost of \$273 million. The region has **98 community pharmacies** and approximately **1,300 allied health professionals**.

# OUR REGION

## POPULATION PROFILE

 380,000 people  
9,063 km<sup>2</sup>

 51% female  
 49% male

 3.7% identify as Aboriginal & Torres Strait Islander *compared to 2.9% in NSW*



 18% born overseas  
 12% speak a language other than English at home

 17.6% projected population increase by 2036 to over 466,000  
Most rapid increase is projected for those aged 65+ years

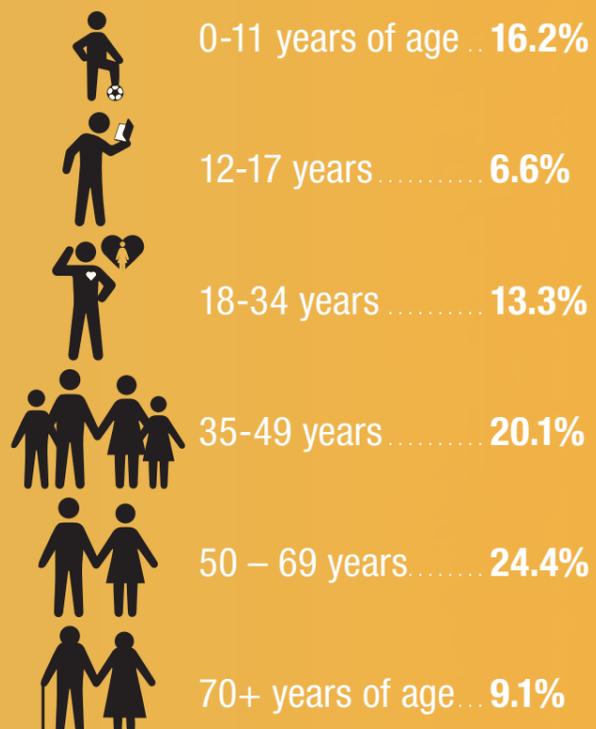
 61% overweight and obese significantly higher than NSW average 2018

 12% have diabetes higher than NSW average 2018

 **Cardiovascular disease:** leading cause of death in females and second leading cause of death in males

 **Cancer:** leading cause of death in males and second leading cause of death in females

## AGE BREAKDOWN



## HEALTH SERVICES PROFILE

 494 GPs conducting 2.7 million consultations

 194 practice nurses

 1,300 allied health professionals

 138 general practices

 98 pharmacies

 4 hospitals

 4 Local Government Areas

## USE OF HEALTH SERVICES

 93% visited a GP and utilised a Medicare service item 2017-18

 11% saw a GP for urgent medical care 2017-18

 17% received a chronic management plan from a GP 2017-18

 16% of adults visited a hospital emergency department (ED) 2017-18

 49,326 ED presentations were lower urgency, semi-urgent and non-urgent 2017-18

 77,277 total public hospital admissions 2019



# MESSAGE FROM THE CEO MS LIZZ REAY

It's been said that 'life is what happens to you while you are busy making other plans', and I can't think of a period of time when that has been truer than during the past year.

We entered the 2019/20 period with little premonition that our focus on supporting drought-affected communities would swiftly transition to fire, then flood, then through a pandemic that turned our world upside down seemingly overnight.

COVID-19 impacted our organisation significantly, not only in altering the nature and intensity of the support and communications we offered to our local general practices, but also in terms of how we operate, as within an extremely short period of time we had established new processes that enabled staff to work from home, and adjusted our face-to-face operations to be managed online.

The late 2019 bushfires ravaged parts of our region, and resulted in staff and local GPs fore-going what is normally a time of rest to protect their homes or support friends and loved ones under threat of fire, and we were able to draw upon the protocols we established during the 2013 bushfires to coordinate volunteer GP services and maintain regular communications with general practices in support of this difficult time.

Empowering Our Communities Well-Being Grants saw over \$1.2 million invested in grass-roots initiatives in support of improving the health and wellbeing of our drought-affected communities.

In addition to disaster response and community recovery, we celebrated the launch of new mental health and addiction support services, such as the Street University and Penrith Community Hub, and kick-started the

establishment of a new headspace service in Katoomba.

Our Healthy Ageing program launched a new online services directory, **MyHealthConnector.com.au**, as well as community connector training and health connectors in general practices, to reduce social isolation for the older members of our Hawkesbury community.

We were thrilled to hold our largest scale educational event to date, the Rethinking Mental Health Conference, which had excellent attendance and feedback, and shone a light on some contemporary approaches to the management of mental health.

We launched a new campaign co-designed by and intended for our Aboriginal & Torres Strait Islander community, which uniquely sought to use positive wellbeing and connection to country as the motivation to reduce smoking.

To top off the year, in November we were proud to win the Western Sydney Business Awards 'Excellence in Innovation' award for our innovative NDIS calculator website, which is a free tool that can be used nationally to significantly reduce the time it takes to calculate the supports for NDIS participants.

Once again, I wish to thank the Board for their incredible support during this challenging year. I must also thank and acknowledge our staff for their adaptability, and maintaining their passion and enthusiasm for the work they have continued to do while the world around us changed so dramatically.



# MESSAGE FROM THE CHAIR DR TONY ROMBOLA

The events of this year have compelled us to expand ourselves in so many ways. We have had to increase our learning, review and adapt our processes, change our thinking and redefine the way we connect with each other. Healthcare has been changed forever.

The COVID-19 Global Pandemic has brought into focus opportunities for better integration between primary care and other stakeholders in the healthcare system. It's been a privilege to see our work in this space fast-tracked and so heavily supported by our General Practice Clinical Council and Allied Health Clinical Council, which have worked tirelessly, sometimes meeting weekly, in order to understand and respond to the constantly changing environment and information that has resulted from the pandemic.

In response, we established three GP Respiratory Clinics in our region, that at the time of writing have screened, assessed and tested nearly 15,000 people. Our Practice Support team coordinated delivery of over 103,000 essential PPE items to general practices, pharmacies and allied health. Our Communications team delivered nearly 52,000 emails and attracted over 301,000 views on our website, which has been updated daily with new COVID-related information. Together with the Local Health District we worked to establish Outbreak Plans for Residential Aged Care Facilities. And our HealthPathways team produced updated COVID-19 related pathways for general practice and allied health, in a continually changing environment.

We sought greater involvement and insight from our community, supported by our Community Advisory Committee. We held regional mental health and suicide prevention forums, which were both face to face and online. These forums provided an opportunity for patients and carers to have a say about the services we commission in our region.

The community was at the heart of our Empowering our Communities and Bushfire Recovery work as well. Our staff have spent countless hours working

collaboratively to support the important, grass roots work being undertaken by successful grant recipients. This work is fundamental to the healing and rebuilding of these communities, and we are truly privileged to be a part of this recovery process.

It's evident that we love our region and the work we do, so we developed a campaign to share the many benefits of living and working here in order to attract more healthcare professionals to the region. This initiative was picked up through social media very quickly and has had over 71,000 views.

This has also been a year of consolidation, as we worked to establish robust frameworks in relation to governance, commissioning and risk. The behind-the-scenes work of our three Board Committees has been instrumental in supporting the development and implementation of even stronger systems.

This year, we welcomed onto our Board two new Directors, Ms Belinda Hill and Ms Heather Nesbitt who brought fresh insights to our already experienced team. I also wish to acknowledge and thank, Ms Gabrielle Armstrong, Mr Paul Brennan AM and Dr Shiva Prakash OAM who step down off our Board at this year's AGM. All three have been Directors since the foundation of Wentworth Healthcare eight years ago and have provided valuable contributions to our Board over that time. Finally, I would like to thank Lizz Reay and our passionate team, for the work they do and the difference they make to our community. No one could have foreseen the immense challenges that have unfolded in 2020. However, I am pleased to report that our team have met these challenges and I am confident that we are well placed to continue to do so.

# 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 Skills Matrix with due consideration to the benefits and needs of diversity, as per our Diversity Policy.

## Dr Tony Rombola – Chair

**Director since 2013  
Appointed Chair 2019**

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 Gabrielle Armstrong

**Director since 2012**

Ms Armstrong (GAICD) holds a Master of Business Administration (MBA) and postgraduate qualifications in business management and nursing administration. Ms Armstrong has many years of experience in both private and public hospitals, primary healthcare, community health and aged care. She has held broad based senior management positions in all sectors, including chief executive officer and board member positions. Ms Armstrong is a passionate advocate for healthy ageing strategies.



## Mr Paul Brennan AM

**Director since 2012**

Mr Brennan (GAICD) has many years' experience running local and international organisations. He has been Managing Director of ASP Group for 20 years, was previously CEO of Westbus and held General Management positions at both TNT and Toll Logistics. Mr Brennan was Regional President of the NSW Business Chamber for four years and served on their state council for eight years, holding various committee Chair positions. As Chairman of the Penrith Business Alliance, he led the development of the Penrith Health and Education Precinct Strategy at the direct request of the Premier. Mr Brennan



is a Fellow of the Australian Institute of Management, the Chairman of the Regional Advisory Council of TAFE (Sydney West), a director of several start-up businesses, and is a casual university lecturer. He has also held the position of Chairman of our Governance & Nominations Committee since 2012. Mr Brennan was appointed Member of the Order of Australia (AM) in 2014.

## Ms Jillian Harrington

**Director since 2012  
Retired from Board November 2019**

Ms Harrington (GAICD) is a clinical psychologist, who has worked in government and private practice across the Nepean Blue Mountains region. Ms Harrington takes a keen interest in the current national health reform agenda, with appointment to the Medicare Review Taskforce Mental Health Reference Group, as well as the Professional Practice Advisory Group of the Australian Psychological Society. As an active member of the NBMPPH Allied Health Clinical Council, Mental Health Advisory, and Clinical Governance Council, Ms Harrington is an advocate for both the needs of patients and practitioners, especially in the areas of chronic disease, disease prevention and mental health.



## Ms Belinda Hill

**Director since November 2019**

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.



## Dr Andrew Knight

**Director since 2012  
Chair 2014-2019  
Retired from Board November 2019**

Dr Knight (MBBS, MMedSci, FRACGP, FAICD) is a staff specialist and Conjoint Senior Lecturer in general practice at the Fairfield Academic GP Unit. Dr Knight was Director of Training at WentWest and is a national leader in quality improvement through his role in the Australian Primary Care Collaboratives Program. Dr Knight is a director of NPS MedicineWise and holds academic appointments at the University of NSW, the University of Sydney and Western Sydney University. Dr Knight practised in Katoomba for 17 years.



## 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 Shiva Prakash OAM

**Director since 2012  
Chair 2012-2014**

Dr Prakash completed his medical studies in 1963 and after immigrating to Australia in 1971, held the positions of Resident Medical Officer, Deputy Medical Superintendent and Acting Medical Superintendent, before going into solo practice for 23 years. Dr Prakash worked for the RAAF for 18 years and in 1999 gained RACGP Fellowship. He served the Nepean Division of General Practice for 10 years, holding the position of Chair on two occasions. Dr Prakash is one of our founding Directors and has served as Chair of the Board. He was a founding member of Nepean Valley Rotary Club, and was President and District Chairman of Rotary Health Research Health Fund. In 2015 he was awarded the Medal of the Order of Australia (OAM).



## Mr Gary Smith

**Director since 2018**

Mr Smith has extensive experience in the management of healthcare facilities and the provision of health services. He has been involved in the management of general practice since 1985 and has a keen interest in the major organisations which influence and shape general practice in Australia. Mr Smith is currently a Director with the Australian General Practice Accreditation Ltd, Chair of Quality Innovation Performance, Quality in Practice Consulting and QIP-International and Deputy Chair, General Practice Workforce Tasmania. Mr Smith has extensive representation on relevant 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.



## Mr Bruce Turner AM

**Director since 2017**

Mr Turner's (MAICD, FFIN, FIPA, FFA, FIML, PFIIA, CGAP, CRMA, CISA, CFE) diverse experience spans commercial, merchant and central banking, manufacturing, transport, energy, health and public administration. Mr Turner has worked throughout the Nepean Blue Mountains region, Australia and internationally. He retired as ATO Chief Internal Auditor in 2012 where he was Penrith's Senior Executive. Mr Turner is a Board Member of Western Sydney Local Health District and Institute of Internal Auditors Australia, and sits on six audit and risk committees. In 2015 he was appointed a Member of the Order of Australia (AM).



## Mr John Yealland

**Director since 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.



# 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, Executive and Senior Management Teams. There are three Board Committees which assist the Board to carry out its role:

## 1. FINANCE, AUDIT AND RISK MANAGEMENT COMMITTEE

- Mr Bruce Turner AM (Chair)
- Ms Gabrielle Armstrong
- Ms Belinda Hill
- Mr Andrew Bissett (non-Director Member)

## 2. GOVERNANCE AND NOMINATIONS COMMITTEE

- Mr Paul Brennan AM (Chair)
- Dr Tony Rombola
- Mr John Yealland

## 3. CLINICAL GOVERNANCE COMMITTEE

- Ms Gabrielle Armstrong (Chair)
- Ms Heather Nesbitt
- Mr Gary Smith
- Ms Fleur Hannen (non-Director Member)

## JOINT WHL 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. Over the last 12 months, joint governance of integrating care has been strengthened through the development of a Joint Boards Integrating Care Committee.

# 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.



**11%** of GPs formally engaged with us in an advisory or leadership capacity



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



**29** advisory committee meetings held

## 1. INTEGRATING CARE CLINICAL COUNCIL

This multi-disciplinary clinical council 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 health care for the community.

- 2 meetings held (1 deferred due to COVID-19)

### Helping Inform and Shape Healthcare Priorities

The Integrating Care Clinical Council 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:

- **Overweight and obesity in our region:** A summary paper was developed for both NBMLHD and Wentworth Healthcare which will be used in 2020-21 service planning.
- **New NBMLHD Community Health Redevelopment Plan:** Detailed feedback provided on this plan which intends to shape the provision of community-based services in our region over the next 10 years.
- **Collaborative Commissioning Initiative** from NSW Health, to be led by NBMLHD: Detailed feedback provided to assist in the development of a model of care that integrates primary care practitioners into the service delivery.
- **Health Intelligence in our region:** Three different perspectives on the subject of health intelligence were presented to support understanding of the importance of data and how broadly it can be applied.
- **Poverty in the region:** Noted as a high concern as it impacts on the ability of consumers to pay for specialists, especially for mental health.

### MEMBERS:

Dr Linda McQueen (Chair)	GP, Blue Mountains
Dr Karen Fisher	Clinical Director, Drug & Alcohol, NBMLHD
Dr Bradley Forssman (until May 2020)	Director, Public Health, LHD
Dr Hany Gayed	GP, Penrith
Mr Peter Gooley	NBMPHN & NBMLHD Community Advisory Committee Member
Ms Jillian Harrington	Psychologist & Allied Health Clinical Council Chair
Ms Belinda Hill (until Nov 2019)	Speech Pathologist & NBMPHN Board Director
Ms Kay Hyman (ex-officio)	NBMLHD Chief Executive
Ms Jeanette James	Pharmacist, Hawkesbury
Ms Rasha Kisswani (from May 2020)	Director Planning, NBMLHD
Dr Andrew Knight (until November 2019)	Chair of Board 2014-2019
Ms Belinda Leonard	NBMPHN & NBMLHD Community Advisory Committee Chair
Ms Lizz Reay (ex-officio)	NBMPHN Chief Executive Officer
Professor Jenny Reath	Peter Brennan Chair of General Practice, Western Sydney University
Mr Rolf Reed	Psychologist, Blue Mountains
Dr Anita Sharma	Head of Geriatric Medicine, A/Head of Med. Div, NBMLHD
Mr David Simmonds	Director of Nursing Midwifery & Community Health, SJOG Hawkesbury
Dr Madhu Tamarasan	GP, Lithgow
Ms Vicki Van Leeuwen	Practice Nurse, Penrith

## 2. GP CLINICAL COUNCIL

This council, 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.

- 16 meetings held

### An Important Voice for GPs During COVID-19

In a sign of the extraordinary circumstances of 2020, GP Clinical Council (GPCC) met an additional 10 times than originally scheduled. Key topics, discussions and contributions this year included access to After Hours Medical Care in RACFs, pre and post implementation of the Quality Improvement Practice Incentive Program, impact of the changes to Districts of Workforce Shortage, feedback on the NBMLHD Community Health Redevelopment Plan, the impacts of the Black Summer bushfires and the COVID-19 pandemic.

In March, with the emergence of COVID-19, the Council began to meet weekly to advise the Board and Senior Management team about the needs of GPs. During these COVID-19 meetings, GPCC was supported by the additional representation of Dr Harry Pope, Dr Richard Stiles, 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 organisations COVID-19 Plan and issues identified were escalated through the appropriate federal, state and local health departments.

*“The COVID-19 crisis has reinforced the importance of GPCC as a voice for the GPs in our diverse NBMPHN area. Representatives from Lithgow, Blue Mountains, Hawkesbury and Penrith meeting regularly have been, and continue to be, integral in identifying issues and advocating for general practice support in this context.”*

— Dr Sue Owen, Blue Mountains GP

### MEMBERS:

Dr Michael Crampton (Chair)
Dr Anju Aggarwal
Dr Hilton Brown
Dr Thu Dung Dang
Dr David Foley
Dr Hany Gayed
Dr Sarah Kemp
Dr Linda McQueen
Dr Sue Owen
Dr Madhu Tamarasan

### 3. ALLIED HEALTH CLINICAL COUNCIL

This council 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.

- 5 meetings held



#### Strengthening Partnerships with Key Stakeholders

Many issues were addressed by Allied Health Clinical Council this year including feedback on our Needs Assessment, Health Care Homes Shared Care Planning progression, Living Better with Diabetes Service commissioning co-design and the joint Collaborative Commissioning with NBMLHD. Key issues of concern were NDIS Registration requirements for allied health professionals which resulted in a direct submission to the NDIS. The issue of recruitment of allied health professionals to the region was another key issue which resulted in a promotional video being developed to encourage health professionals to the region. **Read more in Health Workforce on page 34.** Valuable insights were also provided on the impacts on the bushfires, floods and COVID-19 on allied health professionals and the wider community.

*“For the past 2 years I have been a member of the NBMPHN Allied Health Clinical Council. This has been a wonderful opportunity to gain insight into the governance of allied and other healthcare settings and collaborate with leading allied health professionals from various backgrounds. To have the capacity to bring to light issues that arise and have input into management strategies associated with our area and rural allied health is valuable and a benefit to our local community.”*

*— Sally Webb, Lithgow Physiotherapist*

#### MEMBERS:

Ms Belinda Hill (Chair until Nov 2019)
Ms Jillian Harrington (Chair from Dec 2019)
Mr Rudi Crncec
Dr Anne Lyell
Ms Cathy O'Brien
Mr Jason Pilgrim
Ms Chris Scanlon
Ms Emily Standen
Ms Sally Webb

### 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



#### Supporting Patient Centred Primary Healthcare

Many contributions were made over the year by the joint PHN and LHD Community Advisory Committee. Key highlights were providing feedback on the first phase of our Health Literacy Project, including input into the key themes, tools and resources of Health Literacy. Providing feedback on the approach to the proposed Consumer Engagement Model for the Joint Regional Mental Health and Suicide Prevention Plan and input into NBMLHD's Community Based Services Plan. The Committee also provided important feedback on telehealth and the impact of COVID-19 on consumers.

*“The Consumer Advisory Committee plays an important role in advocating on behalf of all health consumers in our local communities. We are rightly proud of our track record of collaborating with our healthcare colleagues to identify and advance priorities leading to better health outcomes across all four LGAs we represent”*

*— Belinda Leonard, CAC Chair*

#### MEMBERS:

Ms Belinda Leonard (Chair)
Ms Caroline Allen
Mr Peter Gooley
Ms Stacy Jenkinson
Mr Lachlan Morris
Ms Natalie Rosten
Mr Joe Rzepecki
Ms Patti Shanks

# OUR PEOPLE

We value diversity and foster a culturally safe workplace that embraces flexible work practices. We employ 68 (or 50 full-time equivalent) skilled and talented professionals. The majority of our employees (72%) live in the Nepean Blue Mountains region.



### STAFF ORGANISATIONAL STRUCTURE



Priority Area:

# ABORIGINAL HEALTH



**3.7%** of people in our region identify as Aboriginal & Torres Strait Islander compared to 2.9% in NSW



**17.5%** of Aboriginal & Torres Strait Islander residents had an Indigenous health check 2017-18.  
**Significantly lower** than NSW average of 25.1%

**523** people assisted through our Aboriginal health programs and services

**115%** increase in people from the our region in touch with Koori Quitline

**21,339** care coordination services through Integrated Team Care

**1,524,303** Facebook impressions from Breath of Fresh Air campaign

**94%** practices visited by our Aboriginal Liaison Officer

## OUR VISION FOR RECONCILIATION

That Aboriginal & Torres Strait Islander peoples' community needs, interests and priorities are embedded in our everyday business and cultures to improve the health of Aboriginal & 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 people and communities.

## RECONCILIATION ACTION PLAN

Reconciliation requires tangible plans and for the last two years our Innovate Reconciliation Action Plan (RAP) 2018-2020 has provided the framework for the activities and initiatives our organisation has undertaken to implement our vision. Our RAP Working Group is comprised of staff from across the organisation, who lead and guide our RAP initiatives together with key stakeholders.

- 13 RAP Working Group members
- 12 meetings

Find out more:

[www.nbmphn.com.au/RAP](http://www.nbmphn.com.au/RAP)

## ABORIGINAL CULTURAL AWARENESS TRAINING

This RACGP-accredited training series for GPs and practice nurses provides practical skills and knowledge for working with Aboriginal & Torres Strait Islander people. This training was specifically developed for our region and the interactive sessions allow participants to learn, ask questions and explore themes and issues relevant to healthcare.

- 2 sessions
- 24 health professionals attended

Due to COVID-19, two sessions had to be postponed. The course was then redeveloped to suit an online delivery model and will be delivered online during 2020-2021.

*"It was informative and a wonderful session."  
"Excellent education. Excellent presenters."*

## 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 Dharug land. Mitchell has worked in Aboriginal Health for eight years and is currently completing a Bachelor of Community Services.

- 130 practices visited (94% of total practices)
- 15 community events attended

Find out more:

[www.nbmphn.com.au/AboriginalHealth](http://www.nbmphn.com.au/AboriginalHealth)

## BREATH OF FRESH AIR CAMPAIGN

Innovative, digital, arts-based anti-smoking campaign. This initiative was evaluated by Western Sydney University.

- 8 videos produced (including a digital animation)
- 90% of participants who were surveyed agreed the campaign as a whole connected with them and their culture, and that the animation and ambassador videos were "culturally respectful" and connected "specifically to Aboriginal & Torres Strait communities"
- 115% increase in Aboriginal & Torres Strait Islander peoples from the our region in touch with Koori Quitline

## SOCIAL MEDIA RESULTS

- 1,524,303 Facebook impressions
- 603,316 Facebook reach
- 12,348 Facebook clicks
- 175,602 video views

Find out more:

[www.IChooseFreshAir.com.au](http://www.IChooseFreshAir.com.au)

## IN THIS TOGETHER

"As an organisation we recognise that **"Reconciliation"** is not just a word – it is a process that requires change and positive action. It is a journey for all Australians – as individuals, families, communities, organisations and importantly as a nation. At the heart of this journey are relationships between the broader Australian community and Aboriginal & Torres Strait Islander peoples.

Our organisation has a strong history of collaborating with Aboriginal & Torres Strait Islander communities within our region. Over the past two years our RAP has reinforced this, and has formalised our ongoing commitment to continue to work together to build communities of healthcare practice that support and empower Aboriginal & Torres Strait Islander peoples."

– Lizz Reay, CEO

## ABORIGINAL MENTAL HEALTH & ALCOHOL AND OTHER DRUGS (AOD) ADVISORY COMMITTEE

This advisory committee is a joint initiative with the NBMLHD. The committee is made up of two Aboriginal and/or Torres Strait Islander community representatives from each of our four Local Government Areas. Other members include Aboriginal clinical and support staff representing mental health and drug and alcohol services in the region.

The committee helps us to shape a holistic approach to addressing both mental health and drug and alcohol needs in our region by ensuring that our services meet the needs of our local Aboriginal communities.

## HIGHLIGHTS



Tai Tuivasa and Mitch Beggs-Mowczan

## I Choose Fresh Air

Aboriginal & Torres Strait Islander peoples are still over-represented when it comes to tobacco use which indicates that traditional smoking cessation initiatives are not effectively engaging Aboriginal people.

In 2018, we secured a grant from Cancer Institute NSW to develop an 18 month digital campaign that would create opportunities for change in Aboriginal communities around tobacco use.

The campaign was co-designed with Aboriginal people in our region. Workshops were held with local Aboriginal knowledge holders, who shared their personal stories relating to smoking and who strongly reinforced that the initiative needed to find a positive approach – as opposed to negative or fear-based campaigns – and draw upon the links between mind, body, spirit and culture.

We partnered with Aboriginal companies 33 Creative and Blacklock Media to develop the campaign using storytelling and art-based visual messaging. Adopting the tag line **I Choose Fresh Air** the campaign used holistic wellbeing, culture and connection to country as the motivation to reduce smoking.

Key components of the campaign included the creation of the "I walk my own path..." digital animation, videos of four local Aboriginal Ambassadors, two 'connection to country' videos, a website, a youth photo competition and branded merchandise to use at community events. This innovative campaign is a finalist in the **Western Sydney Awards for Business Excellence – Arts & Culture Category**.

*"I think it was a great way to connect with people. Interesting colours and pictures that grabbed the eye and made me want to watch more."*

*"It connected to my culture, the colours, storytelling – it's how we communicate."*

*"It spoke to me as a Koori woman."*

*"...made me feel like I want to keep my culture alive."*

## COMMUNITY ENGAGEMENT – NAIDOC

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.

- 7 staff volunteered at NAIDOC Jamison Park which was attended by 5,500 people
- 2 staff volunteered at NAIDOC Richmond which was attended by 400 people

Find out more:

[www.nbmphn.com.au/AboriginalHealth](http://www.nbmphn.com.au/AboriginalHealth)

## DEADLY DREAMING

This 10-week early intervention cultural program for young Aboriginal & Torres Strait Islander peoples is delivered in high schools, and at Cobham Juvenile Justice Centre, and offers support for mental health and addiction concerns.

- 20 schools
- 233 brief assessments
- 172 young people assisted
- 2 school holiday programs
- 12 clients at Cobham Juvenile Justice Centre

Find out more:

[www.nbmphn.com.au/DeadlyDreaming](http://www.nbmphn.com.au/DeadlyDreaming)

## INTEGRATED TEAM CARE – CLOSING THE GAP

This program helps Aboriginal & 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.

- 309 people assisted
- 85 new patients
- 21,339 care coordination services
- 2,743 occasions of service by outreach worker

## INDIGENOUS HEALTH PROJECT OFFICER

The Integrated Team Care (ITC) Indigenous Health Project Officer provides GP education and helps practices register for ITC and the Indigenous Health Incentive (IHI) Practice Incentives Program (PIP). The IHIPIP supports practices to provide better healthcare for Aboriginal & Torres Strait Islander patients, including best practice management of chronic disease.

- 92 practices registered for IHIPIP (67% of total practices)
- 100% IHIPIP registered practices visited

Find out more:

[www.nbmphn.com.au/ClosingtheGap](http://www.nbmphn.com.au/ClosingtheGap)

## 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.

- 30 people assisted

Find out more:

[www.nbmphn.com.au/LinkWorker](http://www.nbmphn.com.au/LinkWorker)

 See more about WHOS and Marrin Weejali Collaboration in **Addiction Support on pages 24 and 25**

## HIGHLIGHTS



Minister for Health – The Hon. Greg Hunt MP talking with Street University and Deadly Dreaming staff and clients.

## Deadly Dreaming

Each school term, the Deadly Dreaming program is conducted one day per week, at high schools in each of our Local Government Areas. This program is also conducted at Cobham Juvenile Justice Centre.

The workshops aim to address Aboriginal & Torres Strait Islander youth disengagement by strengthening their connection to culture. Through the use of the art and cultural-based activities the program supports participants to maintain their connection with culture, appreciate heritage and reconnect with Elders in the community. The workshops also include Deadly Thinking suicide prevention sessions.

This program is run by the Ted Noffs Foundation and provides culturally appropriate, strengths-based case management support to participants and where needed, ensures seamless access and integration of clients to Penrith's Street University. **Read more in Addiction Support on page 25.**

During COVID-19, Deadly Dreaming has continued with custom designed online activities adjusted to suit the individual school.

## Working to Close the Gap

“A patient with COPD and a back injury was very anxious about leaving the house, as his oxygen set up was cumbersome, difficult to move around and he was always worried about it running out. He was becoming very depressed, compounded by the fact that he has a 2 ½ year old grandson in Queensland that he’s never met, as he is too worried about travelling with his oxygen.

His specialist recommended a portable oxygen system, but unfortunately this was very expensive and outside our financial capability. Our Care Coordinator, Wendy, investigated all the options before contacting the supplier, with whom she has developed an excellent relationship. After much negotiation, Wendy was able to secure a fully refurbished ex-rental product for less than half-price. **With approval from the NBMPHN for the funding**, the client was able to receive this new lightweight portable oxygen system.

The client was so very excited, and grateful! His mood lifted and he began planning his trip to Queensland. The best thing about our team is their passion to ‘Close the Gap’ – it influences all their decisions and actions, and makes them go that extra mile.”

— Nepean Community & Neighbourhood Services

Priority Area:

# ADDICTION SUPPORT



**Alcohol** is the most common drug of concern for people seeking treatment for substance use



**Pharmaceuticals** were the second most frequently misused drugs with 28% using daily or weekly 2016



**Methamphetamine** related hospitalisations are increasing *142.8 per 100,000 people* 2016-17 vs. *99.4 per 100,000 people* 2014-15

**1,000+**  
people assisted

**498**  
interventions for young people delivered

**227** young people received individual counselling sessions

**798** groups sessions delivered pre-COVID-19 restrictions

The impact of COVID-19 on service delivery of alcohol and other drug services (AOD) has been greatest for those programs providing group therapy interventions. All services have continued to support clients during the restrictions with telephone and online consultations.

### 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, WHOS at Penrith, and by Lives Lived Well at Dianella Cottage for Katoomba and Lithgow.

- 297 clients assisted
- 683 weekly SMART Recovery group sessions

Find out more:  
[www.nbmphn.com.au/AddictionSupport](http://www.nbmphn.com.au/AddictionSupport)

### DIANELLA COTTAGE

Dual diagnosis mental health and drug and alcohol day rehabilitation service in Katoomba and Lithgow delivered by Lives Lived Well.

- 387 people assisted
- 984 counselling sessions
- 17 group therapy sessions (COVID-19 impacted group work)
- Produced a video aimed at clients and GPs

Find out more:  
[www.nbmphn.com.au/DianellaCottage](http://www.nbmphn.com.au/DianellaCottage)

▶ Watch Video of Dianella Cottage at  
[www.nbmphn.com.au/DianellaCottage](http://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.

- 51 clients assisted with 35% identifying as Aboriginal
- 942 occasions of service
- 344 additional occasions of service with staff deployed to other locations during COVID-19 shut down
- 98 groups (January – March) average 16 participants per group
- 29% reduction in severity of dependence scores
- 25% reduction in depression and anxiety scores

Find out more:  
[www.nbmphn.com.au/WHOSHUB](http://www.nbmphn.com.au/WHOSHUB)

### PENRITH STREET UNIVERSITY

The Street University program 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.

During first two months of operation, prior to COVID-19 restrictions:

- 70 young people attended the centre
- 45 brief assessments were conducted
- 57 full assessments and treatments occurred

### EARLY INTERVENTION OUTREACH PROGRAM

Mobile outreach across all 4 Local Government Areas:

- 498 interventions delivered
- 213 young people with care plans (Blue Mountains 23%, Hawkesbury 6%, Lithgow 17% and Penrith 44%)
- 227 young people received individual counselling sessions
- 7 group sessions (prior to COVID-19)
- 55 young people were referred to school counsellors

Find out more:  
[www.nbmphn.com.au/StreetUniversity](http://www.nbmphn.com.au/StreetUniversity)

## HIGHLIGHTS



Maria, Dianella Cottage

### Dianella Cottage Case Study

“A lot of the people I work with are working or they have families, they want to know that they can manage their recovery in their life. We are aware of the effect trauma has psychologically and physiologically on people, and that’s really important because often people don’t understand what their bodies doing or why they are having reactions to things. One of the important things for people to know is that when they come here we will ‘see’ them, genuinely see them, and hear them.”

– Maria, Dianella Cottage Counsellor

“I had some ongoing issues with substance abuse, but it’s sort of lead up to me finding myself in some trouble with the law. At the cottage it was just very friendly very warm, very understanding as well. You never feel any sort of judgement or anything like that. Once I got into that rhythm of things it was easy for me to fit it around my lifestyle. That flexibility definitely benefited me a lot.”

– Dianella Cottage Client



### WHOS Marrin Weejali Collaboration

The Penrith Community Hub opened in January and is a unique collaboration between WHOS and Marrin Weejali Aboriginal Health Corporation. The Hub provides day programs for drug and alcohol rehabilitation including Indigenous specific programs, group programs, counselling, aftercare and relapse prevention, and access to psychosocial services such as housing and welfare.

Marrin Weejali provide two specialist Aboriginal drug and alcohol counsellors who work alongside non-Aboriginal staff in all aspects of service delivery including facilitation of groups, intake, assessment, counselling and case management. This innovative operating model provides a culturally safe environment which is demonstrated by the high level of participation (35%) of Aboriginal clients. The service operated for only two months before COVID-19 restrictions were introduced, yet in this time demonstrated high levels of acceptance from clients and positive outcomes. The service continued to operate through COVID-19 implementing telehealth and COVID-safe client interactions into their service model.

“Before coming to the WHOS Penrith Hub I was a wreck, my life was unmanageable, I was stuck in addiction and I had no idea how to change my life, my mental health was all over the place. I attended Marrin Weejali [in Blackett] but wanted something closer to home at Penrith and was referred to the WHOS Penrith Hub.

Acceptance and Commitment Therapy group helped me to acknowledge my thoughts, to think before acting, it also helped me continue along my values. Relapse Prevention group helped me to understand my triggers and helped me become aware of them and to manage them when they arise.

During my time at the Penrith Hub I’ve got 6 months clean time, I’ve obtained a job with consistent working hours, I’ve gained access to my son and now my life has become manageable and I continue to work on it day by day.”

– Penrith Community Hub Client



Minister for Health – The Hon. Greg Hunt MP and the Federal Member for Lindsay, Melissa McIntosh MP

### Taking University to the Streets

In late August, we hosted the Minister for Health, **The Hon Greg Hunt MP** and the **Federal Member for Lindsay, Melissa McIntosh MP** to announce the commissioning of the region’s first Street University.

The Street University program uses art, dance, music, theatre, design, writing and technology to engage young people while providing more traditional services such as addiction and mental health counselling, along with educational and vocational training. Research shows the combination of engagement and treatment leads to a wide range of positive outcomes for young people.

The Street University concept was developed by the Ted Noffs Foundation, who operate seven other Street Universities in Australia. Across these services, their non-residential drug treatment model has seen a 50% drop in drug use, with many young people ceasing use

altogether, a 60% drop in crime participation and significant reductions in suicidal ideation post-treatment.

When COVID-19 restrictions hit, the service quickly adapted their model to online delivery dubbed “Street University Live”.

The Penrith Street University is also home to specific programs for Aboriginal & Torres Strait Islander young people, based on connection to country and cultural identity. These programs are also delivered in an outreach model through schools and community venues and include culturally safe case management for those young people who need addiction or mental health support.

See more in  
**Aboriginal Health on page 21**

Priority Area:

# DIGITAL HEALTH

 **89%** of practices use digital technology

 **85%** of practices have secure messaging capability

 **94%** of practices using digital technology are registered to use My Health Record

**364** appointments by Practice Support regarding digital health

**91%** of residents have a My Health Record

**77%** of pharmacies registered to use My Health Record

**76%** of practices using digital technology use PENCs to improve patient care

## SUPPORTING THE UPTAKE OF DIGITAL HEALTH

Our Practice Support team supports the uptake of digital health in general practice to improve healthcare access, continuity of care, collaboration between providers and patient outcomes. Our Digital Health Strategy 2018-2021 acknowledges the variation across our region in digital health literacy, maturity of digital adoption, appetite for change and other challenges presented by location, service provision and patient need.

- 364 appointments by Practice Support regarding digital health

Find out more:

[www.nbmphn.com.au/DigitalHealthStrategy](http://www.nbmphn.com.au/DigitalHealthStrategy)

## CAREMONITOR

We provide practices with free access to CareMonitor, a comprehensive and secure end-to-end shared care and population health management system with real time remote monitoring and telehealth capability linking healthcare providers with patients.

- 9 practices adopted CareMonitor
- 38 health professionals trained

Find out more:

[www.nbmphn.com.au/CareMonitor](http://www.nbmphn.com.au/CareMonitor)

## 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.

- 91 practices use PENCS (76% of practices using digital technology)

Find out more:

[www.nbmphn.com.au/DataAnalysis](http://www.nbmphn.com.au/DataAnalysis)

## 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 us understand what patients need, where and when, and allows better decisions for managing population health and patient care.

- 11 practices participated

Find out more:

[www.nbmphn.com.au/LUMOS](http://www.nbmphn.com.au/LUMOS)

## MY HEALTH RECORD

Our Practice Support team assists general practice 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.

We were contracted by the Australian Digital Health Agency to identify and map specialist practices in our region and to support them to use MHR.

- 91% of residents have a MHR
- 94% of digital practices are registered to use MHR (84% of total practices)
- 63% of registered practices are regularly uploading clinical documents
- 77% of pharmacies registered to use MHR
- 21,087 Shared Health Summaries uploaded (increased from 18,014 last year)
- 9,206 Event Summaries uploaded (increased from 4,814 last year)
- 87,957 documents viewed (increased from 57,561 views last year)

Find out more:

[www.nbmphn.com.au/DigitalHealthStrategy](http://www.nbmphn.com.au/DigitalHealthStrategy)



## HIGHLIGHTS

### Digital Health Support by the PHN – Myhealth North Richmond

“To ensure all of Myhealth North Richmond’s clinical and non-clinical staff are equipped with all the resources they need for better patient care, we enlist the help of our wonderful Practice Support Officer, Maha. Our Practice Support Officer conducts biannual training on digital health systems such as TopBar and My Health Record. Maha not only takes the time to explain the functionality, importance and benefits of each system but also their limitations. By explaining their limitations clinical staff are able to correctly choose which system to use.

Maha tailors the training to non-clinical and clinical staff to ensure the practice works cohesively. Non-clinical staff are taught to effectively use TopBar to clean up patient demographics, whilst clinical staff utilise TopBar to find missing clinical data and missed billing opportunities. Clinical staff have been taught to use My Health Record to see past prescriptions and past billings, which has been incredibly helpful for a new practice.

Recently our practice has been involved in a Cancer Screening audit and the training in Digital Health Systems has been invaluable. Clinical staff were able to use My Health Record in order to collect past screening information, which enabled us to set up accurate recalls for patients who have been screened, are overdue to be screened or have never been screened. Digital Health systems are an important part of ensuring patient data is current and accurate and the training received by our Practice Support Officer has ensured that Myhealth North Richmond can continue to provide the best patient care possible.”

— Myhealth North Richmond Practice Manager



CEO Lizz Reay and Practice Support Officer Maha Sedhom.



## CareMonitor



### CareMonitor Case Study

CareMonitor is a shared care management and real time remote patient monitoring platform with telehealth capability that links healthcare providers with patients. The tool was introduced in early 2020 but its usefulness became apparent during the COVID-19 pandemic as practices utilised the tool to manage their patients with chronic diseases remotely, through patient reported measures.

In their first weeks of using CareMonitor a patient from one practice reported losing 4kgs of weight using the CareMonitor patient app.

“She has told us it makes her accountable and motivates her to improve her health... she says it makes her think about what she is eating and motivates her to attend regular exercise.”

— CareMonitor Practice

Priority Area:

# HEALTH WORKFORCE



494 GPs



194 practice nurses



138 general practices



1,300 allied health professionals

4,310 practice support activities across 138 practices

70% of total practices accredited

273 workforce support consultations

1,047 health professionals attended CPD events

174 email blasts to health professionals

## COMMUNICATIONS TO HEALTH PROFESSIONALS

Our Communications team supports the dissemination of key healthcare information to our local health professionals and promotes the many services and resources we offer. Our Communications Strategy has proven its flexibility this year, as we manoeuvred from business as usual first to the Bushfire Emergency and then into the COVID-19 pandemic, which saw a huge increase in demand for reliable information.

- 174 email blasts (+30% on last year) with over 69,000 emails delivered (+45%) to general practices, allied health and other stakeholders
- 201,000 pages viewed on our website (+23% on last year)
- 66,000 visitors to our website (+55% on last year)
- 6,430 CEO blog views (+49% on last year)

Find out more:

[www.nbmphn.com.au/PracticeCommunications](http://www.nbmphn.com.au/PracticeCommunications)

## 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.

- 46 CPD events
- 1,047 health professional attendances
- 29% of attendances were GPs. This equates to 400 attendances.
- 93% of health professionals who attended an event reported it improved their knowledge and/or skills
- 120 health professionals attended Rethinking Mental Health Conference
- 12 new events accredited through RACGP

Due to COVID-19 many events were cancelled in the first stages of the pandemic, while others were quickly converted to an online format.

Find out more:

[www.nbmphn.com.au/Events](http://www.nbmphn.com.au/Events)

## 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.

- 4,310 activities (meetings, drop-ins, emails and phone calls) across 138 practices
- 1,134 face-to-face visits
- 78% of practices using digital technology are accredited
- 76% of practices using digital technology have (de-identified) data sharing agreements in place
- 71% of total practices involved in quality improvement initiatives

Find out more:

[www.nbmphn.com.au/PracticeSupport](http://www.nbmphn.com.au/PracticeSupport)

## HEALTH CARE HOMES

Health Care Homes are general practices that provide better coordinated and more flexible care for patients with chronic and complex health conditions. The Health Care Home practice develops a shared care plan with the patient, which is implemented by a team of healthcare providers. Care is integrated across primary and acute care as required. We are one of 10 PHNs nationally and one of three in NSW, to establish Health Care Homes.

- 10 participating practices
- 484 patients with chronic conditions now receive team-based care

Find out more:

[www.nbmphn.com.au/HealthCareHomes](http://www.nbmphn.com.au/HealthCareHomes)



Health Care Homes forum

## HIGHLIGHTS

### Rethinking Mental Health Conference

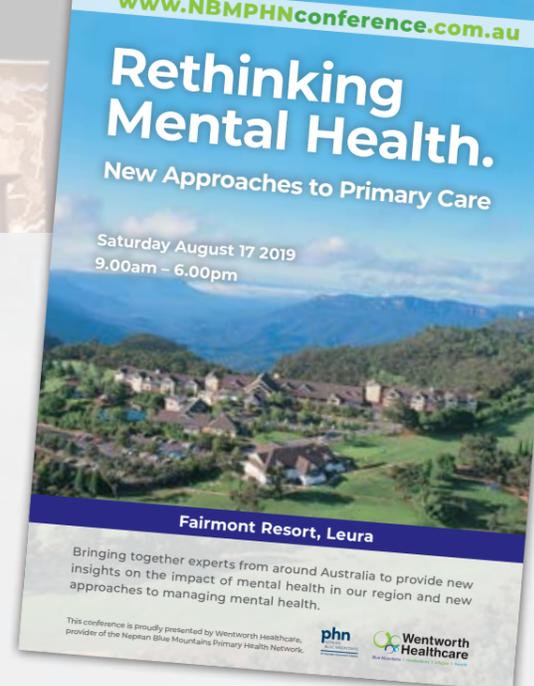
In August, our first Conference – **Rethinking Mental Health: New Approaches in Primary Care** – was held in the Blue Mountains, and brought together experts from around Australia to provide new insights on the impact of mental illness in our region and to talk about new ways to manage mental health in primary care.

Primary healthcare is often the first port of call for people experiencing mental illness and supporting our regional healthcare workforce is an integral part of what we do. We were fortunate to be able to fund this event through the Federal Government's **Empowering our Communities Program**.

Over **120 clinicians** from a range of disciplines attended including GPs, psychologists, practice nurses, mental health nurses, social workers, pharmacists, dietitians, physiotherapists, chiropractors and community services workers. This multi-disciplinary setting made the conference an integrated experience and enabled genuine networking, creating opportunities for future collaboration.

As well as giving new clinical insights, part of the conference was dedicated to encouraging health professionals to take care of their own wellbeing. We often talk about stigma as a barrier for the community in seeking support, but several speakers touched on the issue of stigma as a barrier for clinicians in seeking help for their own mental health.

Feedback received has shown how important this particular topic was.



“This was a very worthwhile experience, each session was excellent and thought provoking and allows me to find extra things to focus on with my work and ways to help patients. I am grateful for the opportunity to attend.”

“Thank you for a great conference! [My favourite part was] getting to talk with a variety of practitioners and the clear and interesting information from presenters...”

“Plenary speakers were of high quality with relevant topics. Hard to have a favourite – all excellent!”

### Healthcare Homes Forum

In November, nine of our participating Healthcare Homes practices attended the two day Healthcare Homes Forum which was a huge success. Our region was well represented by principal GPs, owners, managers, nurses and medical practice assistants. The Forum allowed healthcare professionals the opportunity to network, share issues and workshop challenges. Participants from our region said that their enthusiasm for Healthcare Homes had been re-ignited as a result of the event.

COVID-19 has allowed practices participating in the Healthcare Homes program to shine, as telehealth fitted in well with the bundle payment model. Many of the participating practices reported that telehealth consultations were already occurring for their Healthcare Homes patients and that the COVID-19 changes had enabled them to extend this service to their wider practice population.

### Supporting Primary Healthcare Providers

In May 2019, we introduced the General Practice Satisfaction Tool to measure practices' satisfaction with our services. We use a Net Promoter Score (NPS) which is a proven international methodology for measuring customer loyalty through firsthand feedback. To date, our NPS score is **100**, which means 100% of respondents have given us either **9 or 10 out of 10** in terms of satisfaction.

“I must say the PHN support from all departments has been phenomenal. Someone from the team is always available when you need help. The support during COVID-19 has been outstanding. Maha, Georgina, Michael, Mel and everyone else have been amazingly patient, understanding and making sure that we feel supported in every aspect of our work, from basic information to telehealth (the biggest challenge) no job has ever been too big or too hard.”

The PHN's ability to get us involved in as much as possible has been great and a huge help during these difficult times. I would just like to say how grateful I am to have such a phenomenal team supporting us in all aspects and going above and beyond to make sure we are supported and safe. You guys are all amazing, even the receptionist who takes our calls, you all deserve a huge pat on the back for everything you do.”

— Werrington County Medical Centre



Dr. Shawki (GP) and Belinda Tracy (practice nurse) from Portland Medical Practice discussing local issues with Lizz Reay (L).

## FUNDAMENTALS OF PRACTICE MANAGEMENT

We provided a scholarship opportunity for general practice employees working in a practice management or a leadership role to complete the Fundamentals of Practice Management UNE Partnerships Course.

- 9 practice managers or staff completed the course

Find out more:

[www.nbmphn.com.au/PracticeManagement](http://www.nbmphn.com.au/PracticeManagement)

## 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. This group has:

- 112 members (+27% on last year)
- 442 posts by members (+115% on last year)
- 682 responses or comments on posts (+50% on last year)

Find out more:

[www.nbmphn.com.au/PracticeNurseSupport](http://www.nbmphn.com.au/PracticeNurseSupport)

## PRIMARY CARE ADVISORY COMMITTEE

Established in November, this cross functional primary care committee has representation from GPs, practice nurses, practice managers, allied health and consumers. The committee provides the opportunity to share challenges, promote innovation and help identify and prioritise what is important to our communities. The committee has been instrumental in providing input into a number of new programs and initiatives such as CareMonitor and our Quarterly Data Quality Reports, in addition to feedback during the COVID-19 pandemic.

- 4 meetings held

### MEMBERS:

Dr Anju Aggarwal – GP
Ms Isabel Conway – Practice Manager
Ms Lauren Featherby – Practice Nurse
Mr Peter Gooley – Consumer Representative
Ms Rebecca Hannon – Exercise Physiologist
Dr Catherine Harman – GP
Ms Leigh Morgan – Practice Manager
Dr Rory Webb – GP
Ms Julie Welsh – Practice Nurse

## 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 Incentive payment a practice works closely with the PHN using de-identified data to identify priority areas for continuous quality improvement activities.

- 91% of eligible practices registered for PIP QI
- 11 QI initiatives were offered such as the COPD Collaborative, QUEL (cardiovascular), Cancer Screening and the Winter Strategy among others.

Find out more:

[www.nbmphn.com.au/QualityImprovement](http://www.nbmphn.com.au/QualityImprovement)



## 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.

- 273 support consultations
- 118 job vacancies advertised across 45 practices
- 153 GP registrars per year maintained due our advocacy
- 23 face-to-face orientations conducted with new GPs and registrars
- 240,798 impressions and over 21,000 ThruPlays of our workforce attraction video

### Health professionals recruited:

- 4 GPs
- 10 practice nurses
- 7 practice staff
- 1 psychiatrist
- 1 endocrinologist
- 1 registrar

Find out more:

[www.nbmphn.com.au/Workforce](http://www.nbmphn.com.au/Workforce)

## HIGHLIGHTS

### Developing a Skilled Primary Healthcare Workforce

Practice managers are central to the efficient running of a practice and can be integral to driving change and implementing quality improvement within general practice. The Fundamentals of Practice Management Course gives foundation level knowledge to practice managers or practice staff in a leadership role.

“When the fundamentals of Practice Management came up, I submitted my EOI straight away. I started at my current work place in September 2019 and by the middle of January 2020, had been promoted to Practice Manager.

The course was so helpful to me after being new to my role as Practice Manager and it provided me the tools which I did not even know that I would use or that I needed. There was always support and help available, and as I was part of a group that did this course, we were able to help each other and share ideas and thoughts between us.

This has been a valuable course for me and my workplace, and has encouraged me to go on and complete a double Diploma in Practice Management and Business Administration which I had never thought of until I was engaged in the Fundamentals of Practice Management – so a big THANK YOU to the PHN – and highly recommend this to others.”

— Kath Willis, Practice Manager at Myhealth Kable Street Windsor



“As far as nursing goes the PHN will often organise things where nurses can come together, so the support is great...”

— Fiona Mason Practice Nurse, Blue Mountains

### Online Practice Nurse Network

“I find the Practice Nurse facebook group exceptionally helpful. It is the only reason I would ever open up facebook at work. The main reasons that I find it so useful is that:

1. It gives practice nurses in the local area a chance to connect with each other
2. Up-to-date, relevant information, such as COVID guidelines as they emerge
3. A place where practice nurses can ask questions and get sound advice

I've been working in general practice for 5 years now and up until now I have felt like I have been just fumbling around, hoping I'm doing the best job possible. This group has opened up a fresh, new way of communicating with other nurses in the same position, usually working alone or with one other nurse. It allows us to stay up-to-date with our practice, know what's going on in the broader community, stay in touch with other nurses, ask questions and get rapid responses. It is brilliant and makes me feel more confident that my practice is in line with what others are doing.”

— Mel Shields, Registered Nurse, Blackheath Family Medical Centre

### Come work, live and play... in the Nepean Blue Mountains Campaign

In recent years, most areas in our region have lost the Distribution Priority Area status (formerly Districts of Workforce Shortage) and as a result, there is no longer the same incentives for GPs to practice in our region.

Both GPs and allied health professionals have told us we need more doctors and more allied health professionals to service the needs of our growing population. In an effort to attract more GPs, nurses and allied health professionals to our region, we developed the Come work, live and play... in the Nepean Blue Mountains video campaign. The video features local health professional highlighting the benefits of living and working in our region.

So far the video has reached an audience of over 240,000 people, and watched over 21,000 times. We have received overwhelmingly positive feedback from health professionals within the region and the broader health community who believe the video not only showcases our region as a great relocation opportunity, but that it has created positive sentiment for our existing health workforce, making them proud to work in our region.

Watch our video: [Come work, live and play... www.nbmphn.com.au/jobs](http://www.nbmphn.com.au/jobs)



Priority Area:

# HEALTHY AGEING



**29** Residential Aged Care Facilities (RACFs) in our region providing **2,530** beds



**113** GPs provide clinical care to RACFs in our region



People who are lonely are **60%** more likely to use emergency services

**90+** Community Connectors trained

**252** occasions of service through WiseMind

**400+** services listed on My Health Connector website

**103** health professionals trained in Advance Care Planning

## ADVANCE PROJECT

This project supports general practice to initiate Advance Care Planning conversations and assess patients and carers palliative and supportive care needs. We worked with HammondCare to deliver evidence-based training and a suite of resources.

- 6 workshops, 5 in-practice sessions and 2 webinars
- 103 participants trained including 51 GPs, 31 practice nurses, 5 practice managers and 16 other health professionals

Find out more:

[www.nbmphn.com.au/AdvanceCarePlanning](http://www.nbmphn.com.au/AdvanceCarePlanning)

## COMPASSIONATE COMMUNITIES

A Compassionate Community is a care network that reconnects people to their community and helps support them in the last phase of their life. Compassionate Communities promote and integrate social approaches to dying, death and bereavement into the everyday life of individuals and communities.

Together with the GroundSwell Project and Western Sydney University, we identified an ambitious multi-pronged strategy to shift from the 'business as usual' approach to end of life care, and in 2018 became the first Primary Health Network to establish a Compassionate Communities model.

## BLUE MOUNTAINS WILLING VILLAGERS

Community volunteers trained as Community Connectors who know what is available in the community and can help signpost people to local health and community end of life supports.

- 50+ community volunteers trained as Community Connectors
- 100% feel equipped and confident to signpost in their community
- 100% have had conversations with people about Compassionate Communities, end of life and the Willing Villagers program
- 45% do monthly signposting, 15% weekly and 15% fortnightly

## BLUE MOUNTAINS HEALTH CONNECTOR PILOT

In partnership with Blackheath General Practice, we trialled a non-medical Health Connector role to work with people in the last year or two of their life to plan and access community-based support.

- 7 people assisted
- 7 Advance Care Plans made
- 16 occasions of service
- 26 social supports across cohort

Whilst the number of referrals was small, we were able to assess the barriers and opportunities of the role so that a similar role could be established with practice nurses in the Hawkesbury to reduce social isolation and loneliness.

*"This has been such a wonderful service, giving people practical advice to follow and putting into place plans for unexpected outcomes."*

*"It is good to have someone to direct patients to when they are in this stage of life as it can be upsetting and stressful."*

*— Blackheath General Practice feedback*

## HAWKESBURY SOCIAL CONNECTEDNESS PROJECT

We identified that social isolation and loneliness of older people in the Hawkesbury is a significant issue. Working in partnership with the Australian College of Mental Health Nurses, this pilot project is designed to reduce isolation and loneliness through the implementation of a Compassionate Communities model.

- 1 of only 2 PHNs to receive funding to pilot a program to combat social isolation
- 100+ community and health professionals attended 3 Community Conversations to identify strengths and gaps in the community
- 41 volunteers trained as Community Connectors
- 12 practice nurses trained as Health Connectors in 7 Hawkesbury practices

Find out more

[www.nbmphn.com.au/SocialConnectedness](http://www.nbmphn.com.au/SocialConnectedness)

## MY HEALTH CONNECTOR WEBSITE

A free online directory to help older people improve their social connections. The website supports Health and Community Connectors to sign-post people to available support but can also be used directly by the community.

- 400+ services listed
- 14,527 page views
- 3,916 sessions by 2,773 users
- Video of how to use website produced

The website started by listing services in the Hawkesbury but over time, services from the Blue Mountains, Lithgow and Penrith are being added.

My Health Connector website

[www.nbmphn.com.au/MyHealthConnectorVideo](http://www.nbmphn.com.au/MyHealthConnectorVideo)

▶ Watch My Health Connector website video:  
<https://youtu.be/Eg5sysRZQSO>



*"It is very easy to use and understand and the services that want to help you are all in the one place ... it's a one stop shop of groups in the community!"*

*— My Health Connector directory feedback*

## HIGHLIGHTS



### It takes a village to grow old and stay healthy!

Most of us know the old saying 'It takes a village to raise a child' but the reality is that it takes a village grow old and stay healthy too. 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. People who are lonely are **60% more likely to use emergency services and twice as likely to be admitted to a RACF.**

Through the Australian Government Department of Health's **Improving Social Connectedness of Older Australians Project Pilot** we received funding to implement a two-year project focused on reducing social isolation and loneliness in the Hawkesbury, using a Compassionate Community approach. This pilot is being evaluated by the Centre for Health Service Development and Australian Health Services Research Institute at the University of Wollongong.

The **Hawkesbury Social Connectedness Project** uses **Health Connectors, Community Connectors** and the **My Health Connector online directory** to improve social connectedness of older people in the Hawkesbury.

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.

Community Connectors are community volunteers who have the knowledge and skills to signpost older people they meet in their daily lives to services, activities or information. Community Connectors can be neighbours, volunteers, hairdressers, taxi drivers, baristas, retail workers, pharmacy assistants or health professionals – anyone who has contact with older people.

Both Health and Community Connectors are supported by the My Health Connector directory website. Organisations can upload and update their own information on the website. Feedback from local organisations and the community has been overwhelmingly positive.

*"Thank you so much for the fabulous training and resources. There has been a tremendous amount of work put into this project and it shows. Congratulations on all your hard work. The industry has been crying out for a website like this for years."*

*— Community Connector Training participant*



## RACF AFTER HOURS TELEHEALTH PILOT

Telehealth support to participating Residential Aged Care Facilities (RACFs) during the after-hours period when a resident's usual GP is not available. This service helps manage residents within the facility potentially avoiding unnecessary transfer to a hospital emergency department. Commencing in February with two RACFs, four other facilities came on board between March and May.

- 6 RACFs participated
- 82% of residents were provided with referrals from their GP to participate
- 87 calls made (53 calls between March and April)
- 11 calls resulting in the resident being transferred to an Emergency Department

As a result of COVID-19, call numbers declined in May and June. This was due to less cases of infectious conditions and due to the Virtual Aged Care Service extending their hours of support during the pandemic.

Find out more:

[www.nbmphn.com.au/AfterHours](http://www.nbmphn.com.au/AfterHours)

## WISEMIND RACF MENTAL HEALTH SUPPORT PILOT

Mental health support for residents living in RACFs who are affected by mild to moderate mental illness. While the roll out of the WiseMind program was paused due to the COVID-19 pandemic, it recommenced in July and will be expanded in 2020-2021 to 10 RACFs.

- 2 RACFs participated
- 32 people assisted
- 252 occasions of service

Find out more:

[www.nbmphn.com.au/WiseMind](http://www.nbmphn.com.au/WiseMind)

## WINTER STRATEGY RACF IMMUNISATION PROGRAM

This program provides Australian College of Nursing (ACN) Scholarships to registered nurses (RN) in our region to become accredited at providing vaccinations to residents and staff within RACFs. This program increases the capacity of our nurses to support GPs in being able to provide vaccinations to our ageing population and reduce the risk of influenza outbreaks within RACFs.

- 6 RACFs participated with a total of 459 residents
- 6 RNs successfully completed the ACN Immunisation Course (one from each RACF)
- 303 residents (66% of total residents) were vaccinated by RNs for influenza

Find out more:

[www.nbmphn.com.au/Immunisation](http://www.nbmphn.com.au/Immunisation)

## HIGHLIGHTS

### Supporting Residents of RACFs After Hours

We identified a need for medical care for residents of RACFs during the after-hours period when their normal GP was not available. When residents at RACFs are unable to access medical care at their facility, the only option is for staff to call an ambulance and have the resident transferred to a local hospital emergency department for assessment and treatment. Local emergency departments report that a significant number of RACF patients are transferred to hospital for conditions that could be managed within the facility, if medical advice was available.

The **RACF After Hours Telehealth Pilot** provides participating RACFs with telehealth support from My Emergency Doctor, a group of specialist emergency medicine physicians who have experience providing telehealth services to RACFs. This support helps manage residents within the facility where appropriate, potentially avoiding unnecessary transfer to a hospital emergency department.

GPs remain the first point of contact for their patient's care and contact with My Emergency Doctor only occurs if the resident's GP is not available, and they have provided a referral for their patient to use the service. This referral (prior to COVID-19) enabled the use of Medicare items for the after-hours consultation.

COVID-19 has impacted the pilot. Restrictions resulted in less infectious conditions in residents and therefore less need for support during the after-hours period. The Local Health District Virtual Aged Care Service extended their hours of support into some of the after-hours period and the implementation of the Government's telehealth measures enabled broader use of telehealth services by GPs.



### WiseMind Pilot Case Study

"A 95 year old resident was referred to the program who recently lost her husband and was transferred to the Residential Aged Care Facility. She was experiencing grief and adjustment disorder and had no previous mental health contact. She was initially wary of mental health input help however soon engaged in the therapeutic relationship and worked well with psycho education, grief counselling and Acceptance and Commitment Therapy strategies. As a result, she became more engaged with group activities and accepting of the facility as being her new home. On discharge from the program she noted her appreciation of mental health help and stated she now felt more comfortable with seeking further support if she ever needs it in the future."

— WiseMind Mental Health Nurse

### RACF Immunisation Program

Virginia Mitchell received a scholarship to complete the Australian College of Nursing Immunisation Course 2019/2020.

"The immunisation program offered by the Primary Health Network is a great initiative for registered nurses and extremely beneficial in the current global pandemic. There was outstanding support from the staff involved from the Public Health Unit, the Australian College of Nursing and PHN."

— Virginia Mitchell, Care Manager at Buckland Aged Care Services



Priority Area:

# MENTAL HEALTH



10% of residents had a mental health treatment plan 2017-18



17% of residents aged 16 and over report high or very high psychological distress 2017



Higher rates of hospitalisations due to **intentional self-harm** than NSW average  
174.1 per 100,000 people NBM vs 149.0 per 100,000 people NSW



**Higher rates of suicide** than NSW average  
13.1 per 100,000 people NBM vs 10.8 per 100,000 people NSW 2017

27,000+  
occasions of service

4,169  
people helped  
across 11 services

1,404  
young people helped

3,470 service  
contacts through Live  
Life Get Active

20,373  
users of the  
NDIS Support Calculator

11,853  
visitors to My Mental  
Health Help website

139 NDIS  
applications submitted

## AFTERCARE SUICIDE PREVENTION

Available to people being discharged from hospital following a stay related to suicide attempt, this peer-led program helps people transition back into the community. Referrals are made through the Local Health District.

- 63 people assisted
- 330 services contacts

Find out more:

[www.nbmphn.com.au/PeerLedAfterCare](http://www.nbmphn.com.au/PeerLedAfterCare)

## 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. headspace services are currently located in Penrith and Lithgow, with an additional headspace opening in Katoomba in August 2020.

### HEADSPACE PENRITH

Operated by Parramatta Mission.

- 717 young people assisted
- 2,920 occasions of service

### HEADSPACE LITHGOW

Operated by Marathon Health.

- 162 young people assisted
- 810 occasions of service
- 33 young people assisted through Youth Plus

Find out more:

[www.nbmphn.com.au/headspace](http://www.nbmphn.com.au/headspace)

## 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 who provide recovery oriented services.

- 167 young people assisted
- 10,144 occasions of service

Find out more:

[www.nbmphn.com.au/hYEPP](http://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.

- 141 young people assisted

Find out more:

[www.nbmphn.com.au/YESS](http://www.nbmphn.com.au/YESS)

## LIVE LIFE GET ACTIVE

Outdoor physical exercise program for people with emerging or low to moderate mental health issues with a focus on reducing social isolation and increasing mental health literacy and self-care behaviour.

- 9 locations – (2 in Blue Mountains, 2 in Hawkesbury, 2 in Lithgow and 3 in Penrith)
- 3,470 individual service contacts (combined face-to-face and online)

Find out more:

[www.nbmphn.com.au/OptimalHealth](http://www.nbmphn.com.au/OptimalHealth)

## HIGHLIGHTS



### headspace Katoomba – from Advocacy to Delivery

Together with the community, we had been advocating for additional youth mental health services in the Blue Mountains for some time and were thrilled to receive funding to open a new headspace in Katoomba.

During 2019-20 we undertook extensive consultation with young people, schools, other service providers and Blue Mountains City Council to ensure that local community needs were being incorporated into our plans for this new headspace.

In December, we co-hosted a Youth Roundtable with **Senator The Hon. Marise Payne**, which was attended by 40 community members including 16 local young people and the **Federal Member for Macquarie, Susan Templeman**. During these consultations, young people clearly articulated their wants and needs, which were incorporated into the service design.

In February, Parramatta Mission was announced as the service provider and despite the challenges of COVID-19, the service is due to open in August 2020.

“Our experience working with PHN to ensure that the new headspace in Katoomba was inclusive and consultative was really positive. We appreciated that the PHN spoke with existing local services and young people in the area to find out the needs and to consult on the location, opening hours and issues affecting young people in the area. We are excited that the new headspace building is on the same street as our organisation and look forward to working collaboratively and effectively together to create holistic support for young people and their families.”

– Kim Scanlon, Manager Mountains Youth Services Team

“The importance of having young people involved in the input on headspace Katoomba is immense as the project is aimed at young people, so having that extra feedback and input means that we’re actually addressing what we think is important.”

– headspace Katoomba Youth Advisory Council member



### Live Life Get Active – adapting to COVID-19

Live Life Get Active provides free outdoor activity camps, wellbeing and nutritional programs to help address obesity, diabetes and mental health. There is growing evidence that exercise-based lifestyle interventions reduce the risk of developing depression and have significant benefits for people with mild to moderate forms of depression and anxiety.

Live Life Get Active quickly adapted to the COVID-19 pandemic by transitioning to an online delivery model, ensuring that people in our region retained the opportunity to participate in the program. Training sessions in boxing, cross-training and yoga were streamed online and were complemented by nutritional support content, where participants had access to professionally created recipes and healthy eating tips.

Moving to a digital program model, allowed participants to maintain their physical and mental wellbeing and social connections, which was especially important during COVID-19 “lock-down”. It also gave the program the opportunity to enhance their wellbeing content by including on-demand videos, guided meditation live streams and an education wellness blog.

The program recorded significantly positive pre and post program outcomes with participants demonstrating a significant reduction of weight per group, a reduction in diabetic risk factors, reductions in high blood pressure and marked reductions in symptoms of depression and anxiety.

“I have been doing this camp since November 2019 and have loved every minute. The teachers are fantastic. I have had many medical problems over the last three years and had gotten into a mild depression because of this. Doing these camps has been such a boost to my health, not only mentally but also physically. It has gotten me out socially which has made a huge difference to my life. I am so much happier. My life has changed because I’m interacting with people more instead of sitting at home alone. I’m grateful for these classes, thank you.”

– Terina Dikeman, Live Life Get Active participant

### Youth Enhanced Support Case Study

Looking back on your recovery journey, what are the key things that you have learnt?

“One of the key things I’ve learnt is that life is how it is, you just have to learn to look at it differently. What I mean by that is, it’s all about your perception. I feel like the way I experience and express my emotions is completely different – it’s less destructive. That’s because I’m able to see things as they are – I see the small things as small things, and the big things as big things. You can be sad, angry, happy, or whatever – it’s all about how you perceive that emotion.”

“My family recognise the changes. I’m not a very nice person when I’m sad. Now I’m much more talkative at family events, I’m more confident and open.”

– Youth Enhanced Support Service Client



“Thank you for this wonderful service that you are providing. The staff are all welcoming and friendly. The strategies given have been helpful and have had a positive effect.”

– Client, Lithgow headspace



## MENTAL HEALTH HELP WEBSITE

Free online tool helping the local community find over 360 mental health services within five clicks.

- 11,853 website visitors
- 88% were new visitors, 12% returning visitors
- 29,126 page views

Find out more:

[www.MentalHealthHelp.com.au](http://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 other services providers.

- 216 people assisted
- 8 nurses and 2 allied health professionals (St John of God Raphael service)
- 5,454 occasions of service

Find out more:

[www.nbmpn.com.au/MHNIP](http://www.nbmpn.com.au/MHNIP)

## NATIONAL PSYCHOSOCIAL SUPPORT MEASURES PROGRAM

As of 1 July this year, our Partners in Recovery program was replaced by the National Psychosocial Support Measures program, which consists of three sub-programs: National Psychosocial Support Measures Extended Program (NPS2), Continuity of Support (CoS) and National Psychosocial Support Measures 1 (NPS1).

### PSYCHOSOCIAL SUPPORT EXTENDED (NPS2) – TRANSITION TO NDIS

Existing clients who was registered for our Partners In Recovery program as at 30 June 2019, transferred to NPS2 to receive ongoing support to transition to the NDIS. Those clients found ineligible for the NDIS, continue to receive care coordination support through Continuity of Support (CoS) program.

- 213 people assisted through NPS2
- 139 NDIS applications submitted
- 84 participants transitioned to NDIS
- 55 participants transitioned to CoS (found ineligible for NDIS)
- 122 people assisted through CoS

## NATIONAL PSYCHOSOCIAL SUPPORT (NPS1)

The NPS1 measure assists new clients with a severe mental illness, who have reduced psychosocial function, and who are not eligible for the NDIS. Aftercare provides NPS1 in our region.

- 110 people assisted

Find out more:

[www.nbmpn.com.au/NPS](http://www.nbmpn.com.au/NPS)

## 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. This year the Calculator was updated with NDIS pricing guides from all states and territories making the tool accessible across Australia.

- 20,373 users (28% NSW, 27% VIC, 25% QLD and 20% other states)
- 181,574 page views
- 82% new visitors

Find out more:

[www.SupportCalculator.com.au](http://www.SupportCalculator.com.au)

## OPTIMAL HEALTH PROGRAM

An 8-week group program for people with emerging mental health issues or who are at risk of developing mild to moderate mental illness.

- 54 people assisted
- 2 groups held in Penrith, 2 groups held in the Hawkesbury

Groups were cancelled during March-June due to COVID-19.

Find out more:

[www.nbmpn.com.au/OptimalHealth](http://www.nbmpn.com.au/OptimalHealth)

## PSYCHOLOGICAL THERAPY SERVICES

Subsidised, short-term psychological support for people with mild to moderate mental health concerns. Individuals can access up to 10 sessions per calendar year.

- 1,231 people assisted
- 9,748 occasions of service (including SOS and Bushfire)
- 82 of providers
- 866 suicide prevention referrals (SOS) with 5,270 sessions provided
- 56 bushfire affected people assisted with 230 sessions provided

Find out more:

[www.nbmpn.com.au/PsychologicalTherapy](http://www.nbmpn.com.au/PsychologicalTherapy)

# HIGHLIGHTS

## NDIS Support Calculator wins WSABE Award for Innovation

In September, we were proud to win the Award for 'Innovation' in the **Western Sydney Awards for Business Excellence (WSABE)** for the development of our NDIS Support Calculator.

In helping clients transition from our Partners in Recovery Program onto the NDIS, we saw an opportunity to help make the process of calculating a potential NDIS package easier and more accurate. There are literally hundreds of different options and combinations of support that a person may be eligible for under the NDIS and until we developed our calculator, the process was a manual, using a 45+ page price guide.

We believed there needed to be a better way and developed our free online NDIS Support Calculator. This tool reduces the time it takes



to accurately calculate the costs of a potential NDIS package to just minutes, automating the previously manual process. It calculates the cost of a variety of support services across 15 different categories and generates a printable report that can be used in discussions with an NDIS planner. It can be used Australia-wide by current or potential NDIS participants, their carers, healthcare and community service professionals.



## Mental Health Nurse Incentive Program Case Study

"I was asked to see 59 year old single male with multiple physical health issues, unstable diabetes, COPD, depression, anxiety, ADHD and bipolar disorder who was reluctant to engage with supports. He had frequent admissions to hospital for emergency medical assistance due to a mixture of chronic physical illness and poor self-management of diabetes, poor medication compliance and self-medication.

I slowly engaged in building therapeutic relationship over several months and building of corroborative relationship with GP and practice nurse. For first year of input client continued to have multiple lengthy admissions to hospital.

Visited on a weekly basis, client gradually became more accepting of community supports. Responded well to client centred supportive counselling approach with intermittent CBT approaches when receptive.

After approximately a year of accepting limited support, client accepted an introduction to Flourish mental health supports and has since become more engaged in the community, accepting of social contacts, less socially isolated and mood has markedly improved. Due to better self-management of physical health and improved self-care in general the client has not required admission to hospital for 18 months.

Following lengthy NDIS application process he has just been accepted for a package of support."

– Chris Dow, Mental Health Nurse



## Continuity of Support Case Study

"A participant of the Continuity of Support (CoS) program was living with Post Traumatic Stress Disorder and very low self-esteem. Since participating in CoS she has achieved numerous goals on her recovery journey. Many of these have been collaboratively supported by her Support Worker alongside other support organisations. She has always been creative and artistic but did not have the confidence to follow this path as a career. She has now gained confidence and become an artist who has had solo exhibitions, is a motivational speaker and represents artists with disabilities."

Priority Area:

# POPULATION HEALTH



466,650 predicted population by 2036 (17.6% increase)



61.6% of our population is overweight or obese <sup>2018</sup>



97.78% of **Aboriginal children** immunised by age 5

95.44% of **non-Aboriginal children** immunised by age 5

6 After Hours medical services funded

34,615 After Hours consultations

2,231 active HealthPathways users

345 clinical HealthPathways

## 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.

- 6 services funded, including: 3 After Hours practices, the National Home Doctor, My Emergency Doctor for RACFs and Penrith 24 Hour Pharmacy
- 34,615 consultations provided across 4 after hours doctors
- 155 consultations by National Home Doctor
- 13,642 visits to Doctor Closed website
- 841,374 people reached through Facebook advertising
- 1,000+ people per month use Penrith 24 Hour Pharmacy in the after-hours period
- My Emergency Doctor pilot to support residents in local RACFs.

 See more in **Healthy Ageing on page 36**

Impact of COVID has resulted in a downturn in the number of patients presenting to After Hours services between April-June and a reduction in the total number of consultations across the GP services.

Find out more:  
[www.DoctorClosed.com.au](http://www.DoctorClosed.com.au)

## COLLABORATIVE COMMISSIONING

Collaborative Commissioning is a NSW Health initiative designed to enable and support the delivery of value-based healthcare. The initiative helps to address gaps in patient care, prioritise local health needs and develop care pathways to improve patient and community outcomes. This is a new area of development which will result in commissioned services over the next three years.

We work together with the Local Health District to identify the areas of opportunity for Collaborative Commissioning. Together we have prioritised the need to address the growing prevalence of overweight and obesity in our region, and to improve access for people to health services that are better integrated with primary care.

## 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.

- 345 live pathways
- 2,231 active users
- 12,611 sessions (+40% from last year)
- 45,328 page views (+14% from last year)
- 50 GPs engaged in pathway development or review
- 4 joint quality improvement and redesign projects with NBMLHD

Find out more:  
[www.nbmphn.com.au/HealthPathways](http://www.nbmphn.com.au/HealthPathways)

*"As a locum working in different regions of NSW, HealthPathways is a fast and accessible way to help me manage my patients, particularly in the context of the public referral system".*

— Stephanie Lai, Locum Optician.

## IMMUNISATION

We provide general practice with ongoing information about immunisations, guidance and education on best practice and cold chain storage. We also coordinate Immunisation Workshops in partnership with the local Public Health Unit and provide one-on-one training and support when needed. Immunisation rates in our region are 0.67% above the national average.

- 97.78% of Aboriginal children immunised by age 5
- 95.44% of non-Aboriginal children immunised by age 5

 See more in **Healthy Ageing on page 36**

Find out more:  
[www.nbmphn.com.au/Immunisation](http://www.nbmphn.com.au/Immunisation)



## HIGHLIGHTS

### Penrith 24 Hour Pharmacy

The pharmacy is funded to remain open during the after-hours period of midnight to 8am resulting in it being continuously open 24 hours per day, 7 days per week, including public holidays. It is the only pharmacy in the region open 24 hours.

A survey conducted by the pharmacy of consumers using the service during the after-hours period, found that if the pharmacy was not open:

- **49% of consumers said they would have visited a hospital**
- **9% of consumers said they would have called an ambulance**



### WESTERN SYDNEY HEALTH ALLIANCE

The Western Sydney Health Alliance sits under the Western Sydney City Deal as one of the priorities. Led by Wollondilly Shire Council, the Alliance includes council representatives from the Blue Mountains, Camden, Campbelltown, Fairfield, Hawkesbury, Liverpool and Penrith, and representatives from the Local Health Districts and Primary Health Networks of South Western Sydney and the Nepean Blue Mountains. It is comprised of 12 member organisations from the Western City Parklands region including councils, 2 LHDs and 2 PHNs.

Significant benefits have been gained through this collaborative approach to the coordination of health initiatives that will support the planning and design of healthier more liveable neighbourhoods throughout the Western Parkland City. There are four key action areas under the Health Alliance including:

- Liveability and Connections
- Getting People Active
- Promoting Healthy Food and choice
- Access to Health and Wellbeing Services

Over the next two years our PHN, together with South Western Sydney PHN, will lead the development of five initiatives within the Access to Health and Wellbeing Services key action area. This will include a Health Workforce Statement, a Health Impact Statement, a Social Determinants of Health Framework, a Social Connectedness Framework and a Health Literacy Framework. These strategic documents will support the future direction and planning of health and wellbeing services in Western Sydney.

Find out more:  
[www.wscd.sydney/liveability-environment](http://www.wscd.sydney/liveability-environment)

### HealthPathways – Working with Acute Care to Improve the Healthcare Journey

The Nepean Blue Mountains HealthPathways program has strong engagement with local GPs and Local Health District clinicians who jointly develop a range of pathways across multiple areas, ensuring a very high standard of content and clinical guidance is provided.

This year we took the national lead in developing the Disaster Response pathways with Dr Penny Burns, RACGP Disaster Response Coordinator, with these pathways being adopted across NSW, QLD, VIC and TAS.

The onset of the COVID-19 pandemic created unique challenges for the medical profession, and the HealthPathways program across NSW responded in a highly coordinated and responsive way, with numerous new pathways being developed in the space of weeks. These pathways were published by all NSW HealthPathways, however access data (expressed as percentage of all pathways accessed) shows that our region accessed these pathways at a greater rate (50%) than the rest of NSW (43%). This indicates that HealthPathways is regarded as a go to source of information for health professionals in our region.

### HealthPathways Case Study – Helping build National Care Strategies for Eating Disorders

There was a significant collaboration undertaken with the National Eating Disorders Collaboration where we took the national lead in developing the Eating Disorders Treatment and Management Plan pathways.

*"The responsive, practical and collaborative partnership with NBM HealthPathways, at every instance, has enabled the evidence-based Eating Disorder clinical pathways developed by the program to have a national reach. This partnership has facilitated delivery of consistent, accurate information to equip the primary care workforce across the NBM region, key stakeholders in the eating disorders sector and other PHNs across Australia.*

*Additionally, the ongoing contribution of Nick Rosser and the PHN's Mental Health team to the National Eating Disorder Collaboration's PHN Eating Disorder Expert Advisory Group has been invaluable. NBMPHN's active involvement is supporting the implementation of national primary care strategies in building an effective system of care for those experiencing eating disorders."*

— Bronwyn Scott, Primary Health Project Manager, National Eating Disorders Collaboration

# BLACK SUMMER BUSHFIRES

100 homes destroyed  
and another 40 damaged

300 other structures  
destroyed or damaged

23 community disaster/  
bushfire recovery events  
attended

17 volunteer GPs on our  
Disaster Response Register

76 people assisted  
through Bushfire PTS

**Submission to the Royal  
Commission** into National  
Natural Disaster Arrangements

Our region was one of many to be affected by this year's Black Summer bushfires. During this crisis, we were very prepared as we drew upon our learnings from the 2013 Blue Mountains bushfires which we documented in our *Planning for Disaster Management Guide*, an emergency preparedness guide for PHNs and others supporting the local GP response during emergencies.

## BASED ON OUR 2013 LEARNINGS WE HAD:

- been established members of the local NBMLHD Emergency Management Executive Committee and had formalised the coordination role of our PHN locally
- established a register of volunteer GPs to ensure a prepared support team is ready to respond in a disaster
- provided annual Major Incident Medical Management and Support training to local GPs
- defined the role of volunteer GPs and established tools and resources such as medical kits, uniforms etc for use in evacuation centres
- developed a HealthPathways Disaster suite in conjunction with Dr Penny Burns – RACGP Disaster Response Coordinator

*Find out more:*

[www.nbmphn.com.au/DisasterPlanningGuide](http://www.nbmphn.com.au/DisasterPlanningGuide)

## DURING THE PEAK OF THE 2019/2020 FIRE CRISIS:

- Emergency Operations Centre teleconferences were attended twice daily
- our internal cross functional Bushfire Disaster Response and Recovery Committee met daily
- 17 volunteer GPs on our Disaster Response Register were on standby to provide support in evacuation centres
- 6 disaster update email blasts sent (over 7 weeks including Christmas and New Year) to general practice and allied health keeping them up-to-date with the situation and what they could do
- we had regular contact with general practices in affected areas to check on opening hours, ability to see new patients or extend hours, to provide information on RACF evacuations and to determine and support practice needs
- our website was continually updated providing links to resources and situational updates
- HealthPathways Disaster suite continually updated to reflect facility closures and evacuations
- we acted as a point of contact for other PHNs nationally – supporting them in their bushfire response approach
- kept in regular contact with the Royal Australian College of General Practitioners, Australian Medical Association, NSW Rural Doctors Network, state and federal MPs and organisations involved in bushfire recovery response e.g. Red Cross and local councils



## BY MID-JANUARY WE HAD:

- launched a community bushfire support webpage to help locals identify mental health services available
- re-designed our mental health promotional materials, flyers and banners to suit bushfire recovery language
- contacted and visited all practices directly impacted by the fires
- contacted local psychologists impacted by the fires to assess their capacity
- provided information to all general practices about what mental health supports were available for patients
- attended 5 community disaster meetings to promote local mental health services and engage with community about what services were needed
- met with our Mental Health Advisory Committee and GP Clinical Council to discuss the services needed
- contacted our commissioned services to plan how to provide additional mental health services to affected areas
- created new contracts and guidance to distribute to existing psychology providers to enable our Bushfire Psychological Therapies Service (PTS) to be established quickly
- met with the NBMLHD Mental Health Director to establish a coordinated approach to mental health supports for the community
- participated in the Natural Disaster and Emergency Response Stakeholder Group Meeting coordinated by the Rural Doctors Network

Find out more:

[www.nbmphn.com.au/BushfireResponse](http://www.nbmphn.com.au/BushfireResponse)



## POST JANUARY WE HAD:

- Established Bushfire Psychological Therapy Service
- 38 providers with authority to provide Bushfire Psychological Therapy Services
- 56 bushfire referrals to Psychological Therapy Services
- established Bushfire Recovery team to work with agencies to coordinate our response
- attended 23 community disaster/bushfire recovery events (before COVID-19)
- Emergency Frontline Response Register (of mental health providers) established to support community and provide psychological first aid at recovery events
- 2 GP training events hosted
- Bushfire Community Wellbeing Grants under development to be rolled out in 2020/21
- headspace Bushfire Recovery Service outreach in development for Blue Mountains, Hawkesbury and Lithgow regions
- submission to the Royal Commission into National Natural Disaster Arrangements advocating for role of primary healthcare to be formally recognised in the disaster response

## HIGHLIGHTS

### Our Submission to the Royal Commission into National Natural Disaster Arrangements

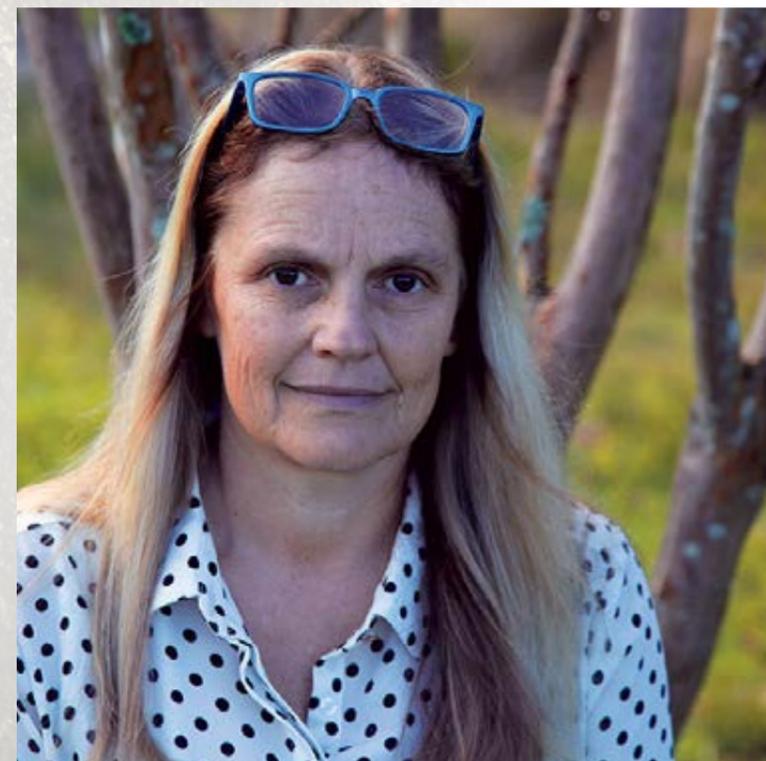
As a result of the 2013 Blue bushfires, we developed the Planning for Disaster Management Guide, which is an emergency preparedness guide for PHNs and others supporting the local GP response during emergencies. Based on these learnings, our organisation has taken the lead in supporting the role of GPs in a disaster and has been advocating for an integrated approach to disaster planning that recognises the important role of primary care providers.

Our experience in this area has shown that there are significant issues that could be resolved by recognising and incorporating PHNs into the national health coordination arrangements. PHNs are skilled at coordinating primary healthcare with other levels of the health system, and we can bring our infrastructure and capacity to the disaster response. However, our role in disaster preparedness, response and recovery needs to be recognised and embedded in formal operational relationships.

We made a submission to the Royal Commission into National Natural Disaster Arrangements advocating for the role of PHNs in preparing and coordinating the primary care response in natural disasters to be formally recognised.

Read our full submission:

<https://www.nbmphn.com.au/NaturalDisasters>



"In the NBMPHN region the role of GPs and their response is integrated with local health disaster plans at the LHD level. There is a clear of chain of command of who provides support to GPs and how this is activated. This keeps GPs safe and ensures they contribute usefully to the overall response."

— Dr Penny Burns – RACGP Disaster Response Coordinator



# Emergency Response: **COVID-19**

**204** local cases  
and 18 deaths June 2020

**53,000+**  
masks delivered to  
healthcare professionals

**32,700+** emails  
sent to health professionals

**36,000**  
website page views

**230** social media posts

**5,925** people  
tested through 3 GP-led  
Respiratory Clinics

Since the early days of the COVID-19 pandemic we have continued to adapt and respond to the evolving COVID-19 environment, both in terms of supporting the primary healthcare response and business continuity, and ensuring the work health and safety of staff.

## **SUPPORTING THE PRIMARY HEALTHCARE RESPONSE**

We found ourselves playing a pivotal role in coordinating communications and integration between the primary and acute care, enabling us to help manage the medical response in our region. We supported general practice and allied health providers to manage their response and the impact of COVID-19 on their practices and services. Key initiatives included:

- 3 GP-led COVID-19 Respiratory Clinics established in Hazelbrook, Penrith and Windsor increasing options for community testing
- 5,925 people screened and tested for COVID-19 through these 3 Respiratory Clinics
- 45 COVID-19 specific email blasts sent to general practice (over 28,000+ emails) and 11 email blasts sent to allied health (over 4,700+ emails) providing up-to-date and relevant clinical and business information
- 1,173 website updates related to COVID-19
- 36,000+ website page views of COVID-19 related information
- 230 social media posts relating to COVID-19
- 1,280 Practice Support activities (emails, phone calls and appointments) across 128 general practices assisting with telehealth implementation, Quality Improvement Practice Incentive Payment changes, flu clinics, HealthPathways, mask deliveries and gathering feedback on practice closures, challenges and support needs
- 53,000+ masks delivered to health professionals (general practices, allied health pharmacy and Aboriginal health services)
- development of COVID-19 clinical HealthPathways for general practice and allied health
- promoting self-care resources and supports for general practice staff and providing two events on managing stress and burn-out

- Peer Networking and Training for allied health – enabling providers to share ideas, discuss issues and upskill in topics such as infection control
- 293,536 people reached through ‘Don’t put your health on hold’ social media campaign to encourage the community to continue to see their GP during the pandemic



## **SUPPORTING RESIDENTIAL AGED CARE FACILITIES**

Our work with Residential Aged Care Facilities (RACFs) has been particularly important as we navigate ensuring continuity of care for our most vulnerable. We are aware of the impact COVID-19 outbreaks have on the delivery of care provided by a resident’s usual GP. In most cases, GPs who provide care across multiple RACFs also provide to patients at their own practice. Key initiatives included:

- developed COVID-19 RACF Outbreak: Preparedness and Response Plan for Primary Care to assist RACFs in their planning and response to a potential outbreak

## COVID-19 RACF Outbreak:

Preparedness and Response Plan for Primary Care



## RACF COVID-19 Outbreak:

'Statement of Wishes' Process for the Nepean Blue Mountains Region



- developed *COVID-19 RACF Outbreak: Statement of Wishes* to support GP and RACF conversations with residents and families about their wishes during the pandemic
- we engaged a surge workforce of doctors to provide medical care, assessment and treatment at Newmarch House Aged Care Facility, during its COVID-19 outbreak working closely with the Hospital in the Home and Virtual Aged Care Services
- assisted the Department of Health by conducting an audit of the flu vaccination status and needs of local aged care facilities to identify where support was required and to ensure facilities had both the supplies and vaccinators to enable timely staff and resident flu vaccinations
- participation in the COVID-19 Aged Care Provider Meetings led by the NBMLHD on a weekly/fortnightly basis (from April)

### CONSULTATION AND ENGAGEMENT WITH KEY STAKEHOLDERS

- 70+ NBMLHD Emergency Operations Centre COVID-19 teleconferences attended, enabling the sharing of information and issues across primary and acute care
- 12 COVID-19 specific meetings held across our GP Clinical Council, Allied Health Clinical Council and Community Advisory Committee which helped guide our response
- 11 COVID-19 specific email blasts sent to federal and state MPs and local councils giving updates about our response
- 12 teleconferences (co-hosted with NBMLHD) with federal and state MPs and local councils giving updates about the situation and our combined responses
- acted as a point of contact for both state and federal MPs seeking specific information to respond to the concerns of the community and health professionals
- regular teleconferences with the Department of Health and key stakeholders to improve the integration of care for COVID-19 patients and advocated for ongoing telehealth usage in primary care

## HIGHLIGHTS



Practice Support Officer  
Georgina McHugh

### Supporting General Practice

"Thank you and all the PHN support staff who have persevered to support our surgery through the challenges we are all facing with COVID-19. The PHN staff have done a great job with providing PPE to our practice and also for all the information you have given us about how to manage Telehealth, Zoom meetings, new billing advice re changes to item numbers and infection control requirements. Our PHN support person Georgina has been on top of all the latest updates from NSW Health and has guided our staff through the challenges of COVID-19. Our practice wants to thank you for all your hard work."

— From all the staff at  
Lakes Drive Family Practice



### GP-led Respiratory Clinics

We supported the establishment of three GP-led Respiratory Clinics in **Hazelbrook, Penrith** and **Windsor** to increase the region's options for community testing. These clinics were part of 100+ clinics rolled out across the country as part of the Federal Government's response to help combat and control the COVID-19 pandemic.

Unlike the hospital-based COVID-19 clinics, these services provide care for people experiencing mild to moderate respiratory symptoms, not just COVID-19 testing. The clinics have been particularly helpful for patients with a respiratory illness who require a physical examination and can't be managed by telehealth alone. In addition, diverting patients with respiratory symptoms to a designated Respiratory Clinic makes other general practices safer, allowing patients without respiratory symptoms to attend their own general practice.

We worked closely with Our Medical Home in Penrith, Hazelbrook General Practice and Myhealth Kable Street Medical Centre in Windsor, to establish the clinics. By the end of June, they had screened and tested 5,925 people for COVID-19.

"I would like to acknowledge the wonderful team that looked after me when I had to have a COVID test. The clinic I attended was in Penrith at the Harvey Norman Centre behind the Medical Clinic.

They were all so lovely and caring, helpful and kind, from the admin, nurse and doctor, as I watched them interact with the community. I would like to commend them on an amazing job they all did, in the hope they can be recognised for their duty of care in such difficult and stressful times."

— Chris, patient

Find out more:

[www.nbmphn.com.au/GPCOVIDClinics](http://www.nbmphn.com.au/GPCOVIDClinics)

### COVID-19 RACF Outbreak: Preparedness and Response Plan for Primary Care

As an organisation, we have a good relationship with many of the Residential Aged Care Facilities (RACFs) in our region and have worked closely with them, and other key stakeholders such as the NBMLHD Virtual Aged Care Service team, for several years.

COVID-19 outbreaks in RACFs impact on the delivery of care provided by a resident's usual GP. In most cases GPs who provide care to residents in a RACFs also provide care to residents in other RACFs and to patients at their own practice. As a PHN we have a key role in supporting RACFs and GPs in the preparedness and response to a COVID-19 outbreak and as a result, we developed two COVID-19 RACF Outbreak resources: the **Preparedness and Response Plan for Primary Care** and the **Statement of Wishes Process**.

The **Preparedness and Response Plan for Primary Care** plan outlines scenarios that could be applied to ensure continuity of care for residents in an RACF should an outbreak occur and the role and support that we will provide to an RACF in the development of an outbreak management plan for their facility.

The **Statement of Wishes Process** provides a set of template documents to support GPs and RACFs to have conversations with residents and their families about their wishes during the COVID-19 pandemic. The primary purpose of the package is to support conversations about care and to address any concerns residents or families may should an outbreak occur. In addition, the material can be used to confirm that the wishes outlined in a resident's existing Advance Care Directive/Plan are consistent with the care and treatment they would want to receive if they were to become very ill as a result of COVID-19.

We worked closely with Three Tree Lodge Residential Aged Care Facility, the Supportive & Palliative Care Team at the NBMLHD and with local GPs in the development of these resources which have made available to RACFs across the region.

Find out more:

[www.nbmphn.com.au/RACFOutbreakPlan](http://www.nbmphn.com.au/RACFOutbreakPlan)

Find out more:

[www.nbmphn.com.au/StatementofWishes](http://www.nbmphn.com.au/StatementofWishes)



Priority Area:

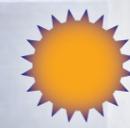
# UNDERSERVED AND DISADVANTAGED COMMUNITIES



**COPD** is **4th leading cause of death** and 4.9% of preventable hospitalisations in our region



**12%** of our residents speak a language **other than English** at home 2016



**90.8%** of NSW still drought affected in May 2020

NSW DPI Combined Drought Indicator

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

**215** people assisted through COPD services

**\$800,000+** invested across 25 Well-Being Grants 2019/2020

**1,540** consultations by Specialist Outreach Clinics

**63** GP visits facilitated by a face-to-face Tibetan interpreter

## COPD SERVICES

We commission or fund the following services to meet local needs.

### COPD COLLABORATIVE

Now in its third year, 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.

- 16 practices participated

Find out more:

[www.nbmphn.com.au/COPDcollaborative](http://www.nbmphn.com.au/COPDcollaborative)

### CALM PROGRAM

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

- 160 people assisted

### LUNGS IN ACTION

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

- 55 people assisted

Lungs in Action has adapted to the COVID-19 pandemic and now includes online delivery to support continued exercise whilst in isolation.

Find out more:

[www.nbmphn.com.au/LungHealth](http://www.nbmphn.com.au/LungHealth)

### CHRONIC PAIN MANAGEMENT PROGRAM

This 6-week small group program, run in conjunction with the NSW Agency for Clinical Innovation, helps people living with low to moderate chronic pain improve functional capacity through improved self-management of their pain.

- 12 people assisted
- 60% of patients with at least moderate pain interference at referral made a clinically significant improvement
- 33% of patients with at least moderate stress at referral made a clinically significant improvement
- 25% of patients with at least moderate depression at referral made a clinically significant improvement

Find out more:

[www.nbmphn.com.au/ChronicPain](http://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 & Torres Strait Islander people, 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).

- 1,540 individual consultations over 139 clinic days
- 304 new patients
- 17% of consultations were with Aboriginal patients
- 150 telehealth consultations (telehealth was available prior to COVID-19)

Find out more:

[www.nbmphn.com.au/OutreachServices](http://www.nbmphn.com.au/OutreachServices)

### QUEL STUDY

Quality improvement in primary care to prevent hospitalisations and improve effectiveness and efficiency of care for people living with heart disease (QUEL) is a cluster randomised 24 month controlled study to evaluate whether data-driven quality improvement programs in primary care can reduce cardiovascular disease hospitalisations, improve cardiovascular disease risk factors and medication adherence in patients with coronary heart disease.

- 11 practices participating

Find out more:

[www.nbmphn.com.au/QualityImprovement](http://www.nbmphn.com.au/QualityImprovement)

"Getting the doctors on board is key, then recalling patients and making appointments. After explaining the purpose of the project to patients and getting them motivated, ensured their willingness to participate. Some were part of the previous project so understood the process, and that the advice we were offering was to improve their health and wellbeing. With QUEL, we are hoping to demonstrate the potential of quality improvement."

— Marjorie Gunasekara,  
Faulconbridge Health Centre

### 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.

- 23 people assisted
- 63 occasions of service

### WINTER STRATEGY

A program supporting practices to better manage patients, with two or more chronic conditions who had a hospital presentation within the last 12 months, to reduce avoidable emergency department presentations during winter.

- 5 practices participated
- 100 patients enrolled

Find out more:

[www.nbmphn.com.au/WinterStrategy](http://www.nbmphn.com.au/WinterStrategy)

## HIGHLIGHTS



### Addressing COPD Collaboratively

**In our region, chronic obstructive pulmonary disease (COPD) accounts for 4.9% of the preventable hospitalisations and is the fourth leading cause of death. We share a joint board directive with the NBMLHD to reduce the growth in COPD-related emergency department presentations and subsequent hospital admissions.**

While there is no cure for COPD, it is a treatable condition that can be managed in the primary care setting, through both pharmacological and non-pharmacological approaches. Our COPD Collaborative supports general practices to implement quality improvement activities which will improve outcomes for patients with COPD.

Exercising can improve the health of people with chronic lung conditions helping them to feel better and stay well. Through our Needs Assessments we identified a gap in services for patients with COPD living in the Hawkesbury and in particular, a gap in community-based maintenance exercise programs.

We commissioned both the Lungs in Action and CALM community-based exercise programs to improve the quality of life and wellbeing of people living with COPD. These programs not only provide exercises to assist with everyday management of COPD symptoms but importantly also offer social connection with other individuals also living with COPD.

From the bushfire smoke over summer, to the current COVID-19 pandemic, there's never been a better time to focus on the importance of lung health, particularly for those already living with a chronic lung condition such as COPD.

"The St John of God Health Care Hawkesbury District Health Service Chronic Airways Limitation Management (CALM) program has been running successfully for the last two years. The provision of this vital service to the Hawkesbury Community has been made possible through the generous financial support and governance of Wentworth Healthcare – Nepean Blue Mountains PHN."

"Over the last two years the program has assisted over 100 COPD sufferers in the Hawkesbury Community through Chronic Disease Management. This has resulted in a reduction in the number of CALM patient hospital presentations and a reduced length of stay for those CALM patients requiring hospital admission. We look forward to continuing this partnership with Wentworth Healthcare to improve the quality of life of COPD sufferers in the Hawkesbury."

— Tina Thew, Deputy Director of Community and Allied Health,  
Hawkesbury District Health Service, St John of God Health Care



Dr Sarah Kemp

### Tibetan Clinic

This service was established in 2019 after a request from a local GP who was servicing members of the Blue Mountains Tibetan Community.

The national Translating and Interpreting Service that was being used was not adequate as there was a shortage of Tibetan interpreters and the majority spoke a different dialect to the Tibetan Mountains Community, who are mainly from the Kham province.

During the 12 months of the Clinic, several chronic diseases and one potentially life-threatening disease was diagnosed. Three patients were referred to a dietician and three to a refugee specific counselling centre.

"In total 23 patients attended the clinic. Most of these people were new to Katoomba, and new to Australia. The majority were completely non-English speaking. We were seeing patients within the first few weeks of their arrival to Australia. Often we would receive a call from the NSW Health Refugee Health Service prior to their arrival to the clinic, or their relocation agency would organise the appointment."

"For patients born in Tibet as opposed to Nepal or India they were likely not immunised as children, or if they were, the validity of the vaccines would be in question. We have been identifying who would be eligible for full immunisation according to the Australian schedule, and 8 patients are up-to-date now with recommended vaccinations, and 15 are on our active recall list to complete this process."

— Dr Sarah Kemp,  
Katoomba Medical Practice Tibetan Clinic



## EMPOWERING OUR COMMUNITIES

A program supporting the mental health and wellbeing of farmers, families and communities affected by drought conditions. A large part of this program focused on community-led initiatives, through our Well-Being Grants to Support Farming Communities. This year:

- 70 grant applications received
- 25 successful grants
- \$800,000 invested

Find out more:  
[www.nbmphn.com.au/Grants](http://www.nbmphn.com.au/Grants)

## HELPING EMPOWER OUR COMMUNITIES

Our **Well-Being Grants to Support Farming Communities** began in January 2019 as part of the Empowering Our Communities program. Our team took a grassroots approach, which involved extensive consultation and community development. Communities know their people and are best placed to know what they need in terms of support.

This community development approach meant working closely with local community organisations to build their capacity and to help them develop their ideas. Over the 18 month life of this program we received a total of **80 grant applications**, resulting in more than **\$1 million dollars** in funding across **37 successful grants**. These projects ranged from community gardens, to pop up social events, theatre productions, musters and mental health workshops. Using this engagement and coaching approach has provided benefits to these communities far beyond the life of the project.

While this initiative ended on 30 June, we acknowledge that drought affected communities are still in need of our support. We will continue to ensure they are supported through our funded projects, many of which have been extended to June 2021 as a result of the pandemic.



Empowering our Communities team: Krystal Goulding, Jen Quealy and Esther Perry.

## HIGHLIGHTS



### Empowering Our Communities – Trustees of the St Albans Common Grant

Sherri McMahon is a local St Albans farmer rallying the community to connect with each other and build resilience. Living with mental illness and having a personal experience of life on the land motivated Sherri to help local farmers through the drought. Sherri is a member of the Trustees of the St Albans Common, who received one of our Well-Being Grants to Support Farming Communities.

The grant was used to deliver a variety of services to the community including mental and physical health services, access to vets, solicitors and rural financial counsellors. These services have been available through local social events which have been vital in keeping the community connected through recent tough times.

“Having the providers come to us has been invaluable, a real window for opening up conversations within the local community and getting people to reach out to outside providers...”

— Sherri McMahon, Trustees of the St Albans Common



Be & Co. launch with CEO Lizz Reay (R), Be & Co Founder Michelle Hookham (middle) and Transition to Work participant Harrison Moore (L).

### Empowering Our Communities – Be & Co. fostering community connection

Hawkesbury Be & Co. is a fortnightly pop-up social event that fosters community connections and improve access to support for isolated people. Be & Co. was our first Grant to be awarded and the project quickly proved to meet a need within the community, with regular attendances at each event.

When COVID-19 resulted in restrictions around community gatherings, Be & Co. was one of the few projects that was able to quickly adapt their model to online delivery. The virtual version is a weekly catch up via zoom, designed to keep people connected throughout this challenging time. These online sessions have been well received by the community, with some saying it was all they had to look forward to each week during the height of the pandemic.

“I’ve been inspired all week from the presentation last week!”

“Be & Co. online is one hour in the week that is so enjoyable.”

“This is benefiting me heaps!”



Be & Co. launch with Esther Perry (L), CEO Lizz Reay (middle) with event attendee.

2019/2020:

# FINANCIAL REPORT



WENTWORTH HEALTHCARE LIMITED

ABN 88 155 904 975

# FINANCIAL REPORT

FOR THE YEAR ENDED  
30 JUNE 2020

## DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2020

Your directors submit their report for the year ended 30 June 2020.

### 1. DIRECTORS IN OFFICE AT THE DATE OF THIS REPORT

Dr Tony Rombola	Gary Smith
Dr Shivananjaiiah (Shiva) Prakash OAM	John Yealland
Gabrielle Armstrong	Belinda Hill
Paul Brennan AM	Heather Nesbitt
Bruce Turner AM	

### 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 surplus after tax of the company for the year ended 30 June 2020 was \$14,189 (2019: \$519,233 deficit). 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; and
- 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;
- 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 2020

### 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 2020.

### 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 2020

10. INFORMATION ON DIRECTORS

**INFORMATION ON DIRECTORS, MEETINGS AND ATTENDANCES**

There were 8 full board meetings held during the financial year 1 July 2019 to 30 June 2020. Attendance by the directors at board meetings and at the Finance, Audit & Risk Management (FARM) and Governance & Nominations (G&N) Board sub-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	G&N Committee meetings held while on committee	G&N Committee meetings attended
Dr Tony Rombola Chairman Director since 2013 (General Practitioner)	8	8	-	-	4	4
Dr Shiva PRAKASH OAM Director since 2012 (General Practitioner)	8	8	-	-	2	1
Gabrielle Armstrong Director since 2012 (Company Director)	8	8	4	4	-	-
Paul Brennan AM Director since 2012 (Company Director)	8	8	-	-	4	4
Bruce Turner AM Director since 2017 (Company Director)	8	8	4	4	-	-
Gary Smith Director since 2018 (Business Manager)	8	8	-	-	-	-
John Yealland Director since 2018 (Business Manager)	8	7	2	2	2	2
Belinda Hill (Appointed 27/11/2019) (Allied Health Professional)	4	4	2	2	-	-

DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2020

10. INFORMATION ON DIRECTORS (CONTINUED)

**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	G&N Committee meetings held while on committee	G&N Committee meetings attended
Heather Nesbitt (Appointed 27/11/2019) (Company Director)	4	4	-	-	-	-
Dr Andrew KNIGHT (Resigned 27/11/2019) (General Practitioner)	4	4	-	-	2	2
Jillian Harrington (Resigned 27/11/2019) (Psychologist)	4	4	-	-	-	-

11. AUDITOR'S INDEPENDENCE DECLARATION

The lead auditor's independence declaration for the year ended 30 June 2020 has been received and can be found following this report.

On behalf of the board



Dr Tony Rombola  
Director



Bruce Turner AM  
Director

Penrith  
16 September 2020

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 2020 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.

**berger piepers**  
Chartered Accountants



PA Berger FCA  
Partner  
Reg'n No: 4354

16 September 2020  
Penrith



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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 2020, 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 2020 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.



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#### 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 skepticism 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.

**berger piepers**  
Chartered Accountants



16 September 2020  
Penrith

PA Berger FCA  
Partner  
Reg'n No: 4354

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

Schedule 1

STATEMENT OF FINANCIAL POSITION

AT 30 JUNE 2020

	NOTE	2020 \$	2019 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	4	8,209,338	8,264,594
Trade and other receivables	5	67,140	48,295
Other	6	571,970	808,394
<b>TOTAL CURRENT ASSETS</b>		<b>8,848,448</b>	<b>9,121,283</b>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	7	153,655	150,899
Right of use assets	8	536,155	-
<b>TOTAL NON-CURRENT ASSETS</b>		<b>689,810</b>	<b>150,899</b>
<b>TOTAL ASSETS</b>		<b>9,538,258</b>	<b>9,272,182</b>
<b>CURRENT LIABILITIES</b>			
Trade and other payables	9	1,021,816	999,658
Provisions	10	992,321	854,557
Other	11	5,940,774	6,405,284
Borrowings	12	238,291	-
<b>TOTAL CURRENT LIABILITIES</b>		<b>8,193,202</b>	<b>8,259,499</b>
<b>NON-CURRENT LIABILITIES</b>			
Provisions	10	61,311	40,991
Borrowings	12	297,864	-
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>359,175</b>	<b>40,991</b>
<b>TOTAL LIABILITIES</b>		<b>8,552,377</b>	<b>8,300,490</b>
<b>NET ASSETS</b>		<b>985,881</b>	<b>971,692</b>
<b>EQUITY</b>			
Accumulated surplus		985,881	971,692
<b>TOTAL EQUITY</b>		<b>985,881</b>	<b>971,692</b>

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 2020

	NOTE	2020 \$	2019 \$
<b>Revenue</b>			
Operating income	3(a)	21,632,872	24,528,866
Finance income	3(b)	222,532	351,026
<b>TOTAL REVENUE</b>		<b>21,855,404</b>	<b>24,879,892</b>
<b>Expenses</b>			
Depreciation and amortisation	3(c)	(60,558)	(117,362)
Employee benefits	3(d)	(5,802,933)	(5,610,410)
Consultants and contractors		(14,212,472)	(13,038,218)
Advertising expense		(85,987)	(4,860,370)
Other expenses	3(e)	(1,679,265)	(1,772,765)
<b>TOTAL EXPENSES</b>		<b>(21,841,215)</b>	<b>(25,399,125)</b>
<b>SURPLUS/(DEFICIT) BEFORE INCOME TAX</b>		<b>14,189</b>	<b>(519,233)</b>
Income tax expense	2(k)	-	-
<b>SURPLUS/(DEFICIT) AFTER INCOME TAX</b>		<b>14,189</b>	<b>(519,233)</b>
<b>OTHER COMPREHENSIVE INCOME</b>		<b>-</b>	<b>-</b>
<b>TOTAL COMPREHENSIVE INCOME/(LOSS)</b>		<b>14,189</b>	<b>(519,233)</b>

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 2020

	2020 \$	2019 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Funding and other operating revenue received	23,264,469	25,928,165
Payments to suppliers and employees	(23,478,944)	(27,016,038)
Interest received	<u>222,532</u>	<u>351,026</u>
<b>NET CASH FLOWS FROM/(USED IN) OPERATING ACTIVITIES</b>	<u>8,057</u>	<u>(736,847)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Proceeds on disposal of property, plant and equipment	-	2,364
Purchase of property, plant and equipment	<u>(63,313)</u>	<u>(30,193)</u>
<b>NET CASH FLOWS USED IN INVESTING ACTIVITIES</b>	<u>(63,313)</u>	<u>(27,829)</u>
<b>NET INCREASE/(DECREASE) IN CASH HELD</b>	(55,256)	(764,676)
<b>CASH AT BEGINNING OF THE YEAR</b>	<u>8,264,594</u>	<u>9,029,270</u>
<b>CASH AT END OF THE YEAR</b>	<u><u>8,209,338</u></u>	<u><u>8,264,594</u></u>

**(a) Reconciliation of cash**

For the purposes of the statement cash flows, cash comprises the following:

Cash and cash equivalents (Note 4)	<u>8,209,338</u>	<u>8,264,594</u>
------------------------------------	------------------	------------------

**(b) Reconciliation from the net surplus/(deficit) to the net cash flows from operating activities:**

Net surplus/(deficit)	14,189	(519,233)
<i>Adjustments for:</i>		
(Profit)/loss on disposal of assets	-	63
Depreciation of non-current assets	60,558	117,362
<i>Changes in assets and liabilities:</i>		
Trade and other receivables	(18,845)	505,062
Other current assets	236,424	305,817
Trade and other payables	51,888	376,882
Provisions for employee entitlements	128,353	(59,931)
Other current liabilities	<u>(464,510)</u>	<u>(1,462,869)</u>
<b>Net cash from/(used in) operating activities</b>	<u>8,057</u>	<u>(736,847)</u>

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

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

Schedule 4

STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDED 30 JUNE 2020

	Accumulated Surplus \$	Reserves/ Capital \$	Total Equity \$
<b>As at 1 July 2018</b>	1,490,925	-	1,490,925
Deficit for the period	(519,233)	-	(519,233)
Other comprehensive income	<u>-</u>	<u>-</u>	<u>-</u>
<b>As at 30 June 2019</b>	971,692	-	971,692
Surplus for the year	14,189	-	14,189
Other comprehensive income	<u>-</u>	<u>-</u>	<u>-</u>
<b>As at 30 June 2020</b>	<u><u>985,881</u></u>	<u><u>-</u></u>	<u><u>985,881</u></u>

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

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

## NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2020

### 1. CORPORATE INFORMATION

The financial report of Wentworth Healthcare Limited was authorised for issue in accordance with a resolution of the directors on 16 September 2020.

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 judgments, estimates and assumptions

The preparation of the financial statements requires management to make judgments, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgments and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgments 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 2020

### 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 2020

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 2020

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 2020

## 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

The Company has adopted the partial retrospective option in AASB 16, as per the requirements of this option, the comparatives for 2019 have not been restated.

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

## NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2020

	2020 \$	2019 \$
<b>3. REVENUES AND EXPENSES</b>		
<b>(a) Sale of goods and services</b>		
Program funding	21,384,898	24,437,555
Fees for services	3,327	2,377
Sponsorship	8,689	5,200
Other income	<u>235,958</u>	<u>83,734</u>
	<u>21,632,872</u>	<u>24,528,866</u>
<b>(b) Finance income</b>		
Interest received	<u>222,532</u>	<u>351,026</u>
<b>(c) Depreciation and amortisation</b>		
Depreciation of non-current assets	<u>60,558</u>	<u>117,362</u>
<b>(d) Employee benefits</b>		
Salaries and wages - staff	5,007,816	5,023,997
Salaries and wages - directors	186,338	169,856
Employee entitlements	128,355	(59,931)
Superannuation	<u>480,424</u>	<u>476,488</u>
	<u>5,802,933</u>	<u>5,610,410</u>
<b>(e) Expenses included in other expenses</b>		
Operating lease rental - premises	237,295	233,125
Net loss on disposal of plant and equipment	<u>-</u>	<u>2,033</u>
<b>4. CASH AND CASH EQUIVALENTS</b>		
Cash on hand	400	400
Cash at banks	1,808,938	464,194
Term deposits	<u>6,400,000</u>	<u>7,800,000</u>
	<u>8,209,338</u>	<u>8,264,594</u>

**Terms and conditions**

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

Cash at banks earns interest at variable rates. At 30 June 2020 the weighted average interest rate on cash at banks and term deposits was 1.9% (2019: 2.4%).

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2020

	2020 \$	2019 \$
<b>5. TRADE AND OTHER RECEIVABLES</b>		
Trade and other receivables	44,000	33,864
Provision for doubtful debts	-	-
	<u>44,000</u>	<u>33,864</u>
Other debtors	23,140	14,431
	<u>67,140</u>	<u>48,295</u>
<b>6. OTHER CURRENT ASSETS</b>		
Prepayments	373,861	441,921
GST receivable	137,412	296,767
Security deposits	60,697	69,706
	<u>571,970</u>	<u>808,394</u>
<b>7. PROPERTY, PLANT AND EQUIPMENT</b>		
Office furniture and equipment-at cost	883,581	821,612
Less accumulated depreciation	(734,605)	(682,983)
	<u>148,976</u>	<u>138,629</u>
Medical equipment-at cost	6,077	6,077
Less accumulated depreciation	(6,077)	(6,077)
	<u>-</u>	<u>-</u>
Motor vehicles-at cost	15,000	15,000
Less accumulated depreciation	(13,882)	(13,435)
	<u>1,118</u>	<u>1,565</u>
Leasehold improvements-at cost	616,908	616,908
Less accumulated depreciation	(613,347)	(606,203)
	<u>3,561</u>	<u>10,705</u>
	<u>153,655</u>	<u>150,899</u>

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2020

	2020 \$	2019 \$
<b>7. PROPERTY, PLANT AND EQUIPMENT (continued)</b>		
<b>Reconciliations</b>		
<i>Office furniture and equipment</i>		
Carrying amount at beginning of year	138,629	198,605
Additions	63,313	30,193
Disposals	-	(2,390)
Depreciation	(52,966)	(87,779)
	<u>148,976</u>	<u>138,629</u>
<i>Medical equipment</i>		
Carrying amount at beginning of year	-	1,364
Disposals	-	(35)
Depreciation	-	(1,329)
	<u>-</u>	<u>-</u>
<i>Motor vehicles</i>		
Carrying amount at beginning of year	1,565	2,192
Depreciation	(447)	(627)
	<u>1,118</u>	<u>1,565</u>
<i>Leasehold improvements</i>		
Carrying amount at beginning of year	10,705	38,334
Depreciation	(7,144)	(27,629)
	<u>3,561</u>	<u>10,705</u>
<b>8. RIGHT OF USE ASSETS</b>		
Property, plant and equipment - right of use – at cost	773,451	-
Amortisation	(237,296)	-
	<u>536,155</u>	<u>-</u>
<b>Reconciliation</b>		
<i>Property, plant and equipment - right of use</i>		
Opening	773,451	-
Amortisation	(237,296)	-
	<u>536,155</u>	<u>-</u>

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2020

	2020 \$	2019 \$
<b>9. TRADE AND OTHER PAYABLES</b>		
Trade creditors	557,381	407,365
Other creditors and accrued expenses	<u>464,435</u>	<u>592,293</u>
	<u>1,021,816</u>	<u>999,658</u>
<b>10. PROVISIONS</b>		
<b>Current</b>		
Access to Allied Psychological Services liabilities	380,231	350,501
Annual leave	374,111	303,506
Time in lieu	14,075	12,735
Long service leave	<u>223,904</u>	<u>187,815</u>
	<u>992,321</u>	<u>854,557</u>
<b>Non Current</b>		
Long service leave	<u>61,311</u>	<u>40,991</u>
<b>11. OTHER CURRENT LIABILITIES</b>		
Deferred income in advance	<u>5,940,774</u>	<u>6,405,284</u>
<b>12. BORROWINGS</b>		
<b>Current</b>		
Right of use liability	<u>238,291</u>	<u>-</u>
<b>Non Current</b>		
Right of use liability	<u>297,864</u>	<u>-</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:

Dr Shiva Prakash OAM  
Gabrielle Armstrong  
Paul Brennan AM  
Dr Tony Rombola  
Bruce Turner AM  
Gary Smith  
John Yealland  
Belinda Hill (appointed 27/11/2019)  
Heather Nesbitt (appointed 27/11/2019)  
Dr Andrew Knight (resigned 27/11/2019)  
Jillian Harrington (resigned 27/11/2019)

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2020

	2020 \$	2019 \$
<b>13. RELATED PARTY TRANSACTIONS (continued)</b>		
<b>Remuneration of directors</b>		
Income paid or payable, or otherwise made available, in respect of the financial year to all directors of the company:		
	<u>202,366</u>	<u>184,177</u>

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

	2020 Number	2019 Number
\$0 - \$9,999	2	2
\$10,000 - \$19,999	4	5
\$20,000 - \$29,999	4	3
\$30,000 - \$39,999	<u>1</u>	<u>1</u>

**Transactions with Director Related Entities**

During the year the company received services from Southern Cross Psychology, an organisation in which Jillian Harrington has a financial interest, amounting to \$67,520 (2019: \$63,320). These services were provided under normal commercial terms and conditions.

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 \$1,684 (2019: \$3,516). 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 2020.

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 2020 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

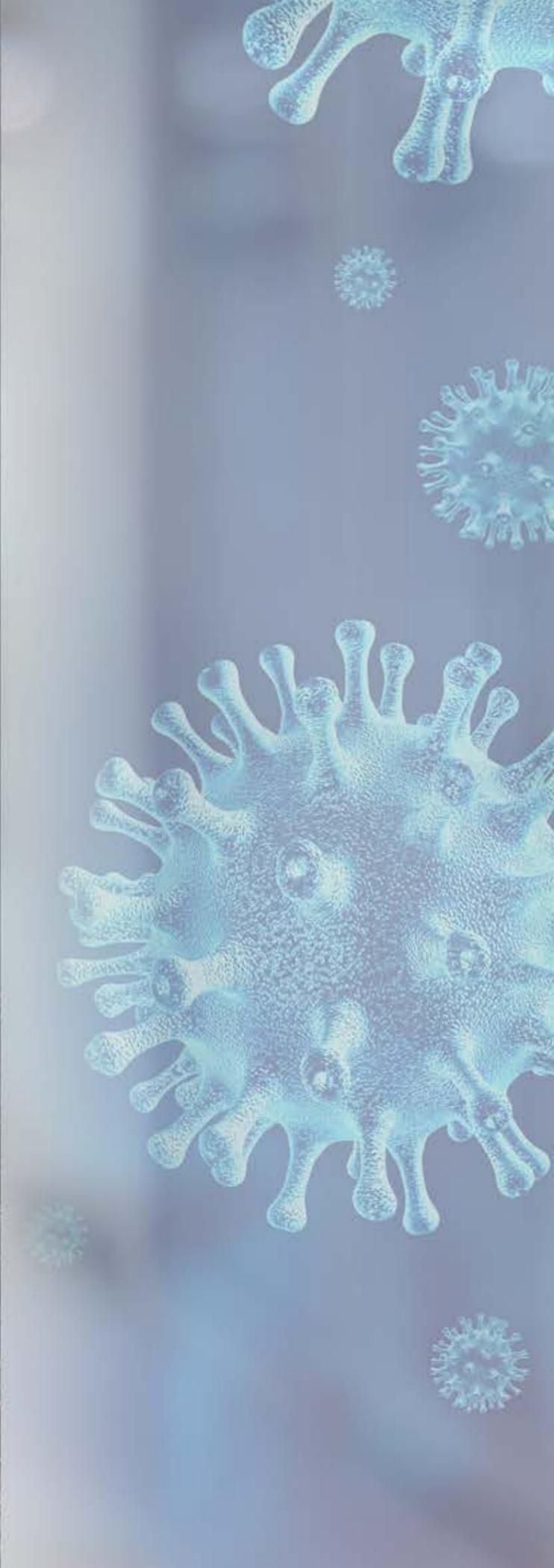


Dr Tony Rombola  
Director



Bruce Turner AM  
Director

Penrith  
16 September 2020



## Wentworth Healthcare

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Kingswood NSW 2747

T 4708 8100

### POSTAL ADDRESS

Wentworth Healthcare,  
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Penrith NSW 2751

For more information about Wentworth Healthcare  
or Nepean Blue Mountains PHN visit  
[www.nbmphn.com.au](http://www.nbmphn.com.au)

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