



ANNUAL REPORT 2023

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



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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 work as a PHN is focused on three main areas:

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

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

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

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

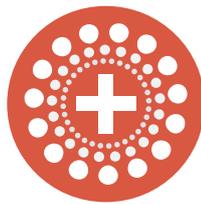
Consumers engaged in all we do



5

Organisational excellence and impact

OUR PRIORITY AREAS



Aboriginal Health



Healthy Ageing



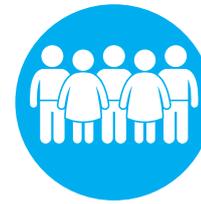
Alcohol and Other Drugs Support



Mental Health



Digital Health



Population Health



Health Workforce



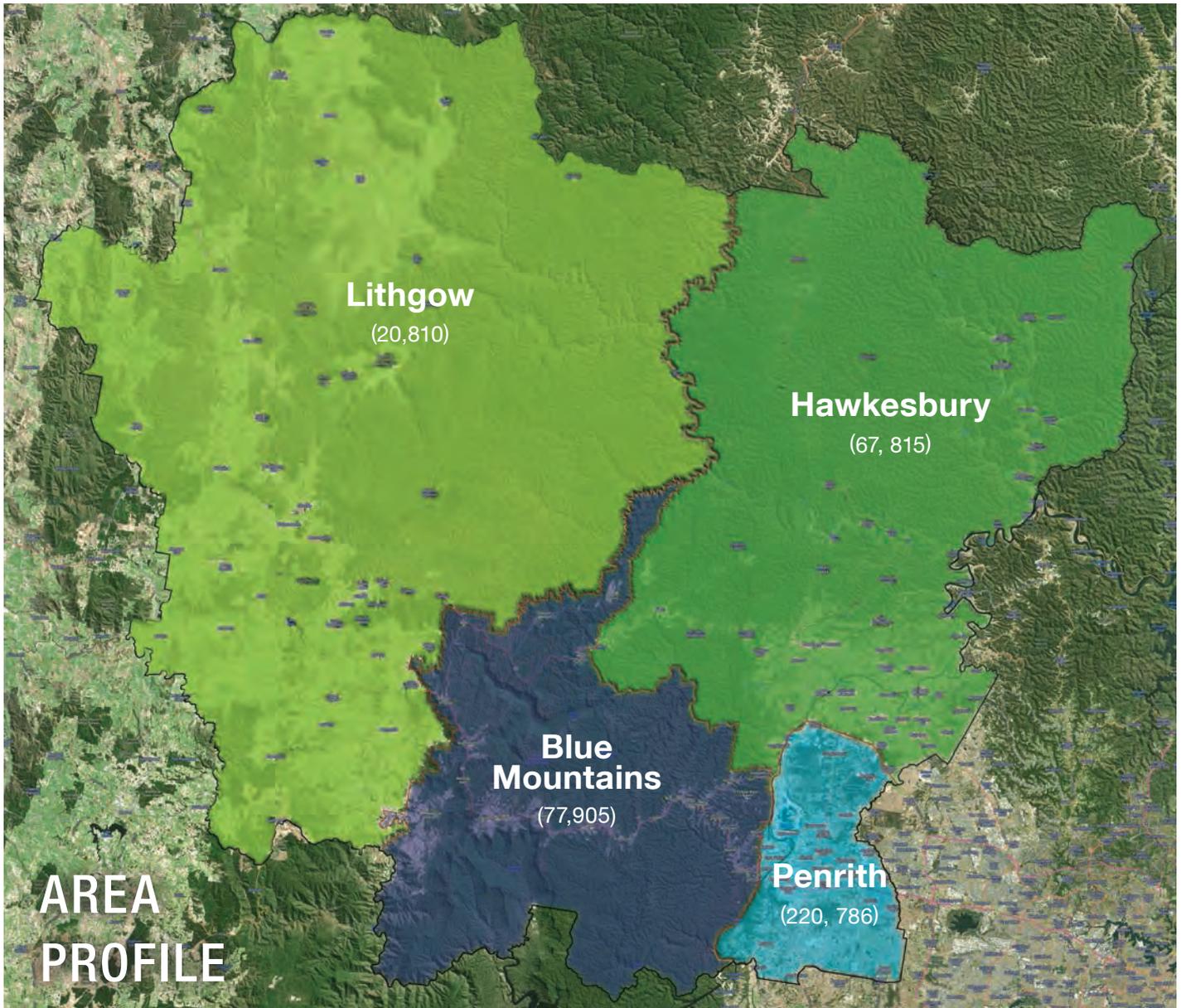
Underserved & Disadvantaged Communities



Disaster Management

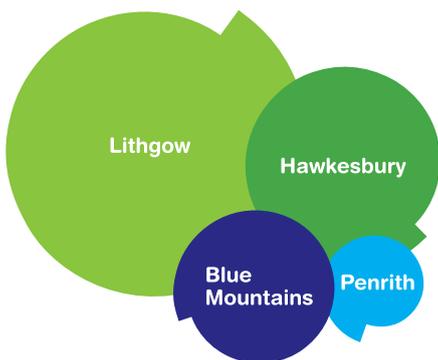
REGIONAL PROFILE

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



9,063km²

4 Local Government Areas



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

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

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



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

DEMOGRAPHICS



387,300+ people

51%
female



49%
male



429,700+ people by 2036



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



4.7% identify as Aboriginal and Torres Strait Islander



19.7% born overseas

14% speak a language other than English at home



Wide variation in levels of **socio-economic advantage and disadvantage** across the four local government areas. **SEIFA Scores: Blue Mountains 1,048, Hawkesbury 1,026, Lithgow 935 and Penrith 991.**

AGE BREAKDOWN



0-11 years of age
15.8%



12-17 years of age
7.8%



18-34 years of age
21.8%



35-49 years of age
20%



50-69 years of age
23.6%



70+ years of age
11%

HEALTH SERVICES



133
general practices



4 major hospitals

29 Residential Age Care Homes (RACHs) providing
2,517 beds



409
GPs (plus 87 GP registrars)



137
practice nurses



1,491
allied health professionals

(2023)

(2023)



3 million+ visits to a GP utilising a Medicare service item (2021-2022)
1 million more than 2017-2018



62,704 ED presentations were semi-urgent and non-urgent (2021/2022)



37% of adult residents 15 yrs+ visited a specialist outside of hospital (2021-2022)



130,345 total Emergency Department (ED) presentations (2021/2022)

86,580 total public and private hospital admissions (2021/2022)



MESSAGE FROM THE CEO

MS LIZZ REAY

This year saw us return to a “new normal” both as an organisation and for primary care. The impacts of the pandemic and years of relentless natural disasters in our region have put pressure on not only the health sector, but all sectors and the residents of the Nepean Blue Mountains region.

The increased recognition of primary care by governments and challenges that need to be addressed have been reflected in various reforms and funding announced over the last 12 months. In particular the release of the Strengthening Medicare Taskforce Report which will shape some of our future work as a PHN.

We were proud to see our years of advocacy for new services starting to come to fruition. We commenced planning and establishment of a permanent Head to Health adult mental health service as well as a youth headspace centre for the Hawkesbury. We expanded some of our current mental health and alcohol and other drug services to extend their reach beyond Penrith. The innovative Street University opened in Katoomba and provides outreach to Lithgow and Portland, and the Hawkesbury WHOS Hub will open next financial year providing community-based alcohol and drug treatment services.

We have continued to run the Head to Health phoneline for our region, staffed by local clinicians that know our region and services. This important navigation service is supported by a comprehensive local directory **MentalHealthHelp.com.au** and provides an initial assessment for people seeking help and referral to mental health and other support services that best matches the required level of care. It also supports health professionals and carers to find what supports are available in the region. Although our region makes up only 6% of the NSW population, we are receiving approximately 20% of the calls in NSW through this line so we know there is need.

We have worked hard with our commissioned providers to ensure any new service does not work in isolation. Rather that they contribute to a more integrated local mental health system. The co-location of the NSW Health funded Safe Haven within our Penrith Head to Health Centre demonstrated this and is one example of our PHN and the LHDs’ ongoing work and commitment to a strong and better integrated mental health system, as documented in our joint regional mental health and suicide prevention plan.

Healthy Ageing has been a focus for us over the past few years, and so we were pleased to receive dedicated Aged Care funding from the Department of Health and Aged Care which has allowed us to commission some innovative initiatives which we will see implemented in the second half of 2023. In addition, we have supported Residential Aged Care Homes with plans for after-hours care and telehealth implementation as well as clinical training opportunities for their staff. We have continued our Social Connectedness work and supported our 100+ community connectors through the refinement of our My Health Connector website **MyHealthConnector.com.au** which lists over 800 local services and supports to assist people to connect and reduce social isolation.

Amongst all this we have implemented internal business improvements across all our business and corporate services areas to support the efficient functioning of the organisation including a focus on cybersecurity. We launched and continue to implement our Health Literacy Framework steered by our Community Advisory Committee, Consumer Health Literacy Review Group and Health Literacy Working Group.

All of our staff work incredibly hard and are so committed to making a difference. I would like to sincerely thank them as well as my passionate and dedicated Executive team. I want to express my gratitude to our wonderful Clinical Councils and to the Board who guide, inspire and support me and the organisation to grow and achieve.

MESSAGE FROM THE CHAIR

MR GARY SMITH AM

It is with great pleasure that I present to you the 2022-23 Annual Report for Wentworth Healthcare, provider of the Nepean Blue Mountains PHN. This Annual Report highlights the great efforts of our team and the positive impact our organisation is having on the health and wellbeing of our community.

A focus for the Board as we look to the future of primary care and reflect on achievement of our vision and mission, has been consideration of the implications of the 2022-2032 10 Year Primary Care Plan. Workforce shortages, particularly GPs but also in allied health, burnout and the viability of general practice are all very real issues in our region. It's clear that to solve these issues we need to do things differently with an understanding that quality care cannot be delivered without an appropriately trained and skilled workforce that is appropriately valued, rewarded and supported.

This year we started the commissioning process for a Medicare Urgent Care Clinic in Penrith. We hope this service will support people to access timely, urgent but non-life-threatening care when their regular GP is not available, providing an alternative to the emergency department. While this may fill a current gap, we continue to advocate for additional solutions that address primary care workforce shortages, and for further investment into new and innovative funding models that will make general practice more sustainable and preserve the relationship between a patient and their regular GP.

As part of our annual strategic planning, the Board and representatives from our Clinical Councils and Community Advisory Committee met to commence development of our new Strategic Plan which will come into effect in 2024. Essential to this were the insights and feedback from the staff strategic planning session in May.

The Board also continued to champion the organisation's work towards reconciliation and implementation of our Reconciliation Action Plan. As an organisation, we continued our advocacy for a formalised role for primary care and PHNs in disaster management at a national, state and regional level.

The PHN network continues to work collaboratively on common issues at both a state and national level and I have had the privilege of taking on the role of Chair of the NSW/ACT PHN Council for 2023 and 2024. We continue to forge our strong relationship with NSW Health and have had the opportunity to meet with the new NSW Health Minister to identify areas we can work together to achieve better health outcomes.

Throughout the year, and the previous four years, as we battled nature and the pandemic, consultation, collaboration and stakeholder engagement have been key to us delivering successful services and programs. I would like to acknowledge our many stakeholders, commissioned service providers and partners across our region who have worked with us to co-design initiatives to meet the health needs of our community during these challenging times. On behalf of the Board, I want to particularly thank our Advisory Committees for their engagement, commitment and contributions. These clinical and consumer committees represent the voices of our health and community stakeholders and play a central role in identifying and guiding our priorities as an organisation.

Lastly, I would like to thank my colleagues on the Board for their support and leadership. Your diverse skills and expertise bring considerable value to our organisation. I would also like to thank our CEO Lizz Reay, for her steadfast leadership, and the broader PHN team for their achievements.



GOVERNANCE AND ACCOUNTABILITY

Wentworth Healthcare Limited is a not-for-profit company limited by guarantee. Our member organisations are Allied Health Professions Australia; Australian Primary Health Care Nurses Association; Blue Mountains GP Network; Lithgow City Council; Nepean GP Network and Western Sydney Regional Organisation of Councils.

The Board of Directors is the principle governing body and is supported by the CEO and the Executive Team. There are four Board Committees which assist the Board to carry out its role:

1. FINANCE, AUDIT AND RISK MANAGEMENT COMMITTEE

- Bruce Turner AM (Chair)
- Dr Nicole Langsford
- Prof Andy Marks
- Andrew Bissett (non-Director Member)

2. GOVERNANCE AND NOMINATIONS COMMITTEE

- John Yealland (Chair)
- Heather Nesbitt
- Gary Smith AM

3. CLINICAL GOVERNANCE COMMITTEE

- Fleur Hannen (Chair)
- Jeffery Jenkins
- Dr Madhu Tamarasan

4. WENTWORTH HEALTHCARE AND NBMLHD JOINT BOARDS INTEGRATED CARE SUB-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 in the region across acute, community and primary care. Joint governance of integrating care is strengthened through the Joint Boards Integrated Care Sub-Committee with Gary Smith AM as Co-Chair and Dr Madhu Tamarasan as a member.

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.



13.4% of GPs formally engaged with us in an advisory or leadership capacity



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

1. INTEGRATING CARE CLINICAL COUNCIL

The Integrating Care Clinical Council (ICCC) is a multi-disciplinary council that provides advice and direction to the Board on issues relating to the integration of care across health sectors and across the region.

This includes the identification and prioritisation of health and service needs and opportunities for improvement in integrating healthcare for the community.

- 4 meetings held (2022-2023)

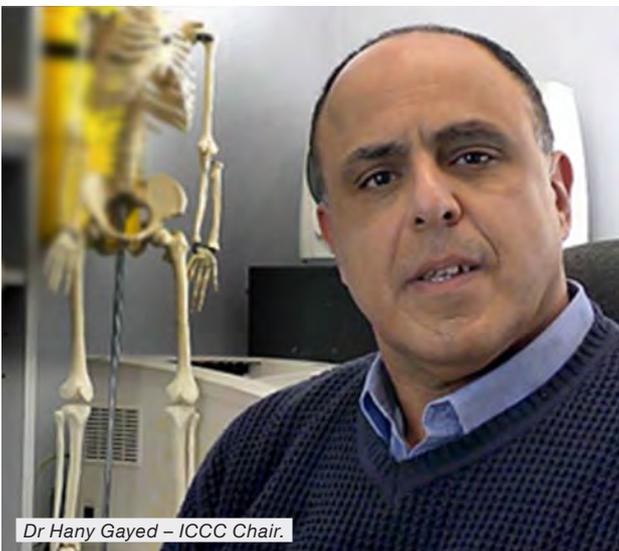
KEY MATTERS CONSIDERED 2023

Items of discussion and consultation with the ICCC in the 2023 financial year included:

- Workforce shortages
- Diabetes and obesity
- Strengthening Medicare Taskforce and outcomes
- Living with COVID-19
- Urgent Care Clinics
- Mental health and suicide prevention
- Chronic Disease Management Model of Care (Collaborative Commissioning)

MEMBERS 2022-2023:	
Dr Hany Gayed (<i>Chair</i>)	GP, Penrith
Dr Karen Arblaster	Director, Allied Health & Community Programs, NBMLHD
Dr Miriam Brooks	WSU, School of Medicine
Dr Hilton Brown	GP, Lithgow
Dr Michael Crampton	GP, GPCC Chair
Nerida Fawcett	Practice Nurse
Dr Karen Fisher	Clinical Director, Drug & Alcohol, NBMLHD
Peter Gooley	Consumer
Jillian Harrington	Clinical Psychologist, AHCC Chair
Jeanette James	Pharmacist
Stephan Kovacic	Pharmacist
Belinda Leonard	Consumer, CAC Chair
Dr Linda McQueen	GP, Blue Mountains
Dr Anita Sharma	Head of Department – Geriatric Medicine, NBMLHD
David Simmonds	Director of Nursing Midwifery & Community Health, SJOG Hawkesbury

CEO WHL and CE NBMLHD are ex-officio members of ICCC.



Dr Hany Gayed – ICCC Chair.

Message from the ICCC Chair

“The year has been very productive with the involvement of our committee members providing valuable feedback and a frank discussion for the Strengthening Medicare Taskforce. More recently the committee provided insight and advice in relation to gaps in collaborative commissioning.

I look forward to continuing to work with this committee who provide exceptional knowledge in their area of expertise. The Integrating Care Clinical Council is invaluable and will continue to advise the Wentworth Healthcare Board on relevant issues. I thank all the committee members for their valued input during the year.”

Hany Gayed – ICCC Chair

2. GP CLINICAL COUNCIL

The GP Clinical Council (GPCC) 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.

- 9 meetings held

KEY MATTERS CONSIDERED 2023

Key items of discussion and consultation with the GPCC were:

- Living with COVID-19
- Strengthening Medicare Taskforce and outcomes
- Urgent Care Clinics
- NBMLHD Drug and Alcohol GP Advice Line
- Initial Assessment and Referral (IAR) Decision Support Tool
- Active Clinical Handover (Collaborative Commissioning)
- Chronic Disease Management Model of Care (Collaborative Commissioning)
- Head to Health Hawkesbury satellite
- HealthPathways
- Access to psychiatry services
- Telepsychiatry service
- Suicide prevention and aftercare services
- Australia's Primary Health Care 10-Year Plan 2022-2032
- Enhancing drug and alcohol services

MEMBERS 2022-2023:	
Dr Michael Crampton (<i>Chair</i>)	GP Clinical Lead
Dr Babak Adeli	GP Lithgow LGA
Dr Anju Aggarwal	GP Penrith LGA
Dr Hilton Brown	GP Lithgow LGA
Dr Thu Dang	GP Penrith LGA
Dr David Foley	GP Hawkesbury LGA
Dr Katy Gardiner	GP Blue Mountains LGA
Dr Hany Gayed	GP Penrith LGA
Dr Linda McQueen	GP Blue Mountains LGA
Dr Sue Owen	GP Blue Mountains LGA



GPCC October 2022.

Message from the GPCC Chair

“The purpose of GPCC is to provide the Board and the Executive with feedback and opinions from local practicing GPs. The breadth of content that is covered, and the value added to the Primary Health Network’s programs, is due to the dedication of the GPs involved in this Council.

Our discussions benefit from the inclusion of Jillian Harrington (Chair AHCC), who explains the allied health point of view. Good attendance and participation continue by utilising online meetings.

Grateful for the support of Wentworth Healthcare staff. Nothing happens without our amazing staff – a huge **THANK YOU.**”

Dr Michael Crampton – GPCC Chair



Dr Michael Crampton – GPCC Chair.

3. ALLIED HEALTH CLINICAL COUNCIL

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

- 9 meetings held

KEY MATTERS CONSIDERED 2023

Many issues were addressed by the AHCC this year, including:

- Workforce Issues
 - Strengthening Medicare Taskforce (SMT)
 - Implications for providers, community and GPs in our region
 - Enablers and barriers to successful roll-out of SMT recommendations
- Strengthening Medicare outcomes from the National Budget
- National PHN Allied Health Engagement Strategy (local prioritisation)
- New Hawkesbury Head to Health service
- Health system integration (private/public; primary/secondary/tertiary; MBS/NDIS/other funding systems)

MEMBERS 2022-2023:	
Jillian Harrington (<i>Chair</i>)	Clinical Psychologist, Penrith
Rudi Crncec	Clinical Psychologist, Penrith
Jacqueline Faehringer	Physiotherapy Manager, Hawkesbury District Health Service
Rebecca Hannon	Exercise Physiologist, Hawkesbury
Anne Lyell	Chiropractor, Hawkesbury
Chris Scanlon	Podiatrist, Penrith
Gobika Srikanthan	Pharmacist, Lithgow
Emily Standen	Physiotherapist, Penrith
Tina Thew	Deputy Director of Community and Allied Health Hawkesbury District Health Service
Sally Webb	Physiotherapist, Blue Mountains

Message from the AHCC Chair

“Our AHCC has continued to be an energetic, passionate and informative group, supporting the PHN’s work across a range of areas. The Council serves as a useful two-way conduit for allied health in our region – with members providing useful insights to the Wentworth Healthcare Board and informing local allied health professional networks and member organisations about developments in primary care. Our close work with GPCC and with the PHN team have been the highlights – ensuring new initiatives involving allied health in our region will have maximum impact.”

Jillian Harrington – AHCC Chair



Jillian Harrington – AHCC Chair.

4. COMMUNITY ADVISORY COMMITTEE

The Community Advisory Committee (CAC) is a joint committee with the Nepean Blue Mountains Local Health District (NBMLHD) and Wentworth Healthcare. The purpose of the committee is to provide a community perspective to ensure that decisions, investments and innovations are patient-centred, locally relevant and aligned to local care experiences and expectations.

- 6 meetings held

KEY MATTERS CONSIDERED 2023

Items of discussion and consultation with the CAC in the 2023 financial year included:

- Urgent Care Clinics
- Mental health services including headspace and Head to Health
- Aged care activities
- LHD Palliative Care Service Review
- Frailty Intervention program
- Nepean Hospital redevelopment
- Establishment of LHD multicultural health reference group
- Greater Western Sydney shared activities and interests
- Issues with discharge summaries reaching GPs
- Health Needs Assessment
- Active Clinical Care Handover model
- Health literacy
- Feedback on LHD Strategic Service Planning focus group
- Consumers in Research conference
- Medicare Taskforce Report – summary and feedback on consumer perspective of proposed changes
- Workforce shortages outside of the Penrith area
- Medical students' decreasing interest in general practice
- Committee Evaluation and Improvement Plan

MEMBERS 2022-2023:	
Belinda Leonard (<i>Chair</i>)	Blue Mountains LGA
Caroline Allen	Hawkesbury LGA
Peter Gooley	Hawkesbury LGA
Simon Griffin	Hawkesbury LGA
Priya Jensen	Blue Mountains LGA
Natalie Rosten	Penrith LGA
Joe Rzepecki	Penrith LGA
Andrew Wilson	Blue Mountains LGA
Colleen Winterburn	Lithgow LGA



Belinda Leonard – CAC Chair.

Message from the CAC Chair

“The highlight of the year has been the continued alignment with the Joint Board priorities and the elevation of the consumer voice, as an outcome. There has been a continued focus on health literacy, with the Health Literacy Working Group making solid progress. CAC members have contributed to a range of initiatives including HealthPathways, palliative care, Nepean Hospital redevelopment and the Greater Western Sydney Health Partnerships initiative. I was particularly pleased to contribute to the NSW PHN and NSW Health Joint Statement – Establishing Joint Regional Planning Processes and Governance.

Despite the challenges with running meetings online to ensure a balance of contribution from all attendees, 2023 has again resulted in high attendance numbers.”

Belinda Leonard – CAC Chair

Health Literacy

Research shows that between 40-80% of medical information received by patients is forgotten immediately. Health literacy is how people understand health information and how they use it to make choices about their health. Health literacy is important as it shapes people's health, and influences the safety and quality of healthcare. Almost 60% of Australians have low health literacy. People with low health literacy are:

- up to three times more likely to have poor health outcomes
- more likely to need to go to the hospital
- less likely to take part in preventative health (such as cancer screening and vaccines)
- at higher risk of premature death

Applying health literacy principles to all our activities is an organisational priority and is an objective within our Strategic Plan.

OUR HEALTH LITERACY FRAMEWORK

This year, on 24 October 'Drop the Jargon Day', we launched our Health Literacy Framework.

To improve health literacy in our region, this Framework sets a path to learn more about health literacy and embed health literacy principles into our work, both internally and externally, to help improve the health outcomes of our community.

Our focus on health literacy and the development of our Framework has been championed and supported by our Community Advisory Committee and our Consumer Health Literacy Review Group. We greatly value their perspectives and involvement in this important work.

Read more:

nbmphn.com.au/health-literacy

CONSUMER HEALTH LITERACY REVIEW GROUP

The Health Literacy Review Group is comprised of consumer representatives from across the region. The group review public facing materials and provide feedback on aspects including readability, accessibility, and the application of health literacy principles. During the year the group have provided health literacy input on dementia resources, the Mental Health Help website and our Doctor Closed website.

THE HEALTH LITERACY WORKING GROUP

The Health Literacy Working Group is comprised of staff from across the organisation who are responsible for carrying out staff education and awareness, embedding health literacy in commissioned services, and enabling health literacy within program resources and services. Achievements include the roll-out of health literacy training for all staff members and the inclusion of health literacy considerations in relevant Continuing Professional Development events for practitioners.



OUR BOARD

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

Find out more:

nbmphn.com.au/About/Governance



Mr Gary Smith AM

Director since November 2018
Appointed Chair November 2021

Mr Smith has extensive experience in the management of healthcare facilities and the provision of health services, predominately in general practice. He has been involved in general practice management since 1985 and has taken a keen interest in the operation of general practices and the major organisations which influence and shape them. Mr Smith is currently a Director with the Australian General Practice Accreditation Ltd (AGPAL), Chair of Quality Innovation Performance (QIP), Quality in Practice Consulting and QIP-International, Deputy Chair, General Practice Workforce Tasmania, Chair, Client Focused Evaluation Program (CFEP) Australia and UK, Board Member, Consortium of Accredited Health Care Organisations (CAHO), India and Board Member, Nepean Blue Mountains Local Health District (NBMLHD). Mr Smith has extensive representation on Commonwealth and State Government Advisory Boards, Working Parties and task groups and relevant healthcare industry committees both here and internationally, which allows him to contribute to the shape and delivery of healthcare in Australia. In 2021, Mr Smith was awarded an Honorary Doctor of Letters honoris causa by the University of New England (UNE), in recognition of his distinguished service of UNE Partnerships and to the professionalisation of the field of medical practice management for the past 30 years. In 2023, he was appointed a Member of the Order of Australia (AM).



Mrs Fleur Hannen

Director since November 2020

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



Mr Jeffery Jenkins

Director since November 2022

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



Dr Nicole Langsford

Director since November 2021

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



Dr Madhu Tamilarasan

Director since November 2020

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



Professor Andy Marks

Director since November 2020

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



Mr Bruce Turner AM

Director since November 2017

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



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.



Mr John Yealland

Director since November 2018

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



OUR PEOPLE

Our Executive Team



Lizz Reay BAppSc, MNutr&Diet, AdDipBusMgt, GAICD

Chief Executive Officer

Lizz has a proven track record of applying strategic and adaptive leadership to achieve outcomes. With a background in clinical and public health nutrition both in Australia and the UK, Lizz has over 25 years of experience in the healthcare sector.



Bobby Stefansen Acevski

BBus (Acc and Fin), LLB (Hons), MTax&IntBus, CPA, CTA, Solicitor

Executive Manager Business Services

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



Elisa Manley BNursing, MPubHlth

Executive Manager Strategy & Integration

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



Wayne Dalton BA (Hons)

Executive Manager Corporate Services

Wayne has an interest in social impact and working with people who share the same values to create meaningful change. Having worked across several sectors that include commercial, government, not-for-profit and community-controlled organisations, he brings experience in people, operational management and leadership roles.



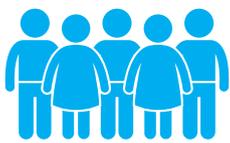
Kate Tye BHlthAgeingComServ, GCertCaseMgt, MHLM

Executive Manager Primary Care Development

Kate has over 25 years of experience in leadership working in community and health services. She has worked for local government, large not-for-profits and in communities to lead collective impact, social and system change through strategic and operational planning.

Our Structure

We value diversity and foster a culturally safe workplace that embraces flexible work practices. We employ 83 skilled and talented professionals – 53% full time, 37% part time and 10% casual. Many of our employees (65%) live in the Nepean Blue Mountains region.

 **83** employees
(65.4 FTE)

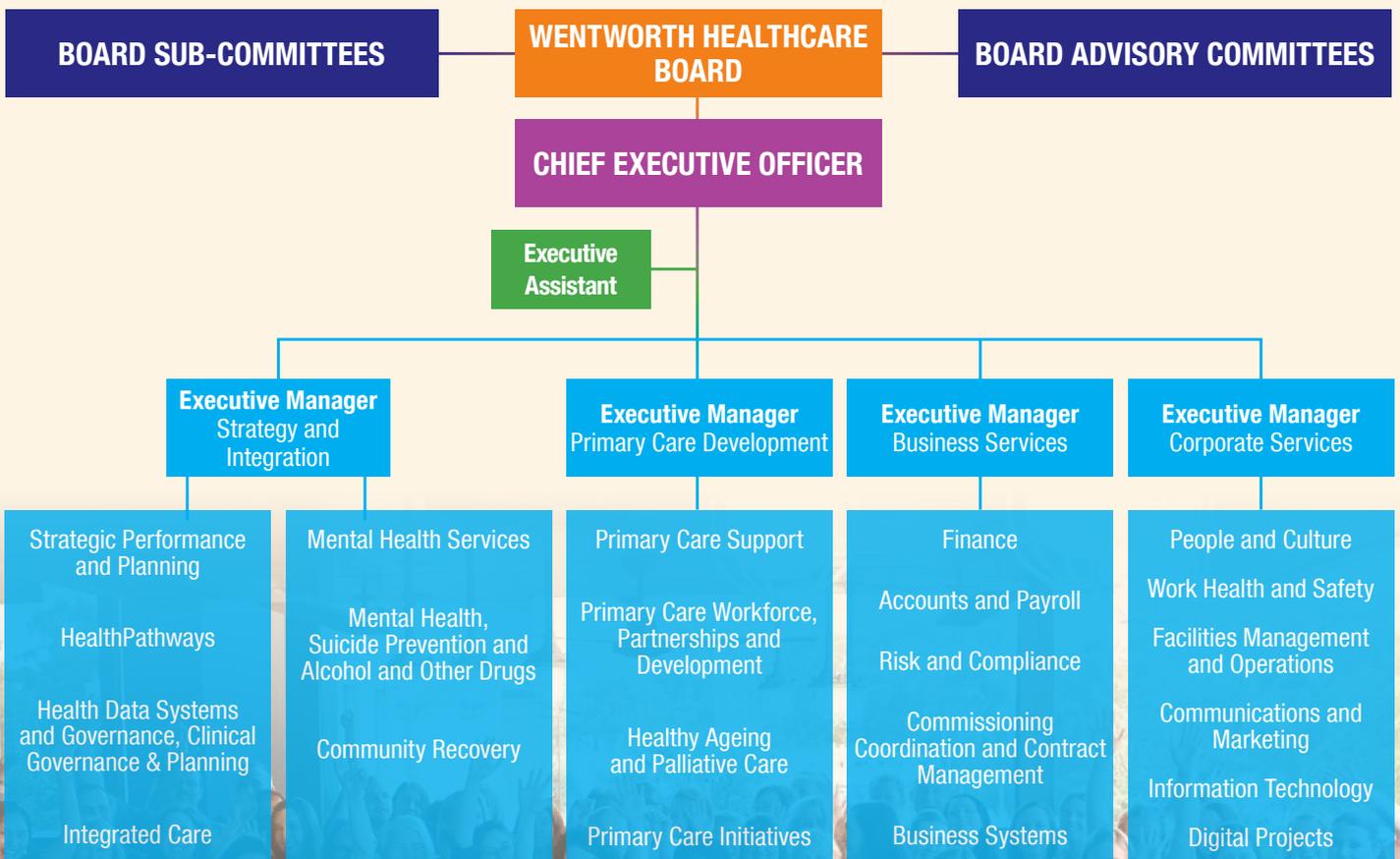
 **80%**
Female

 **20%**
Male

 **65%** live in
the NBM region

 **2%** identify as Aboriginal
and/or Torres Strait Islander

STAFF ORGANISATIONAL STRUCTURE



Staff Working Groups

We value the contribution and expertise of our employees and have a number of staff working groups where they can contribute to fostering our diverse and inclusive corporate culture, improving our system and operations, and help maintain quality service delivery.

ENVIRONMENTAL SUSTAINABILITY WORKING GROUP

Our Environmental Sustainability Working Group (ESWG) is responsible for overseeing and promoting sustainability initiatives and practices within the organisation. The ESGW plays an important role in promoting responsible business practices, reducing environmental impact and helping the organisation to integrate sustainability into our core operations and strategy. We believe this will result in benefits for the environment, local community and the organisation itself.



Claudia Grab, Lauren Crisell, Tina Calarco, Jackie Janosi, Wayne Dalton. Absent Alex Tsoukas.

MEMBERS 2022-2023:
Tina Calarco
Lauren Crisell
Wayne Dalton
Claudia Grab
Jackie Janosi
Alex Tsoukas

SOCIAL CLUB COMMITTEE

The Social Club aligns with our values and promotes a supportive and enjoyable work environment. The Club facilitates team-building activities and opportunities for employees to get to know each other inside and outside of the workplace. By encouraging our staff to maintain a healthy work-life balance through physical and mental wellbeing initiatives, we believe this provides a happier and more engaged workforce, improving company culture and contributing to the overall success of the organisation.



Social Club event 2022.

MEMBERS 2022-2023:
Mitchell Beggs Mowczan
Michael Blancia
Tina Calarco
Julie Rigelsford
Kerrie Roche
Katie Taylor

WORKPLACE HEALTH AND SAFETY COMMITTEE

Our Workplace Health and Safety (WHS) Committee plays a vital role in fostering a culture of safety and ensuring legal compliance within the organisation. With oversight from the Board and Executive team, the committee enhances employee safety by identifying and mitigating risks, reducing accidents and injuries, and ensures compliance with WHS regulations. It also provides a forum for open communication and employee involvement in safety matters.



Spring into Spring Challenge 2022.

MEMBERS 2022-2023:
Mitchell Beggs Mowczan
Bridget Challis
Saskia Creed
Wayne Dalton
Kirsty McLeod
Vicky Ogden
Kerrie Roche
Antoinette Webb

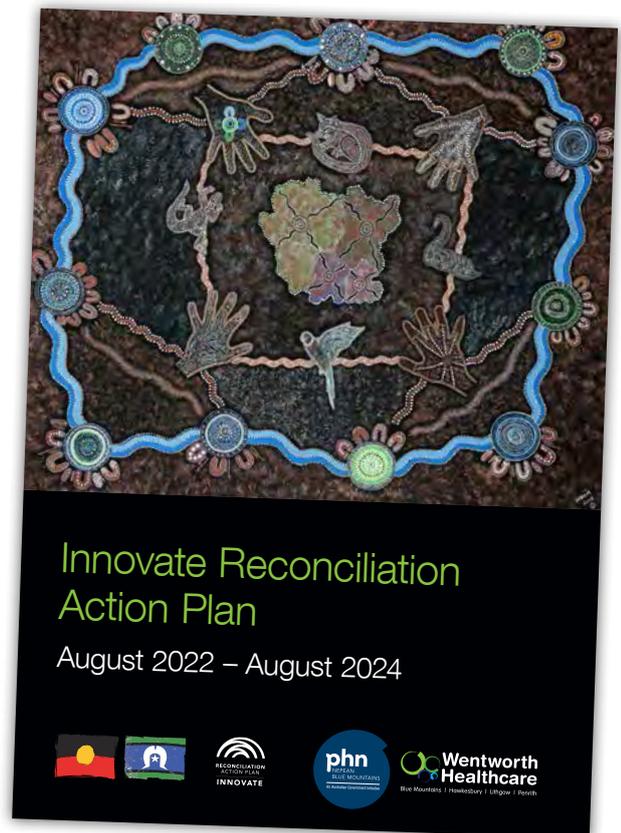


RAP Working Group: Alex Tsoukas, Gabe Treble, Daya Nanda, Tracy Kane-White, Mitch Beggs Mowczan, Kirrilee Barlow, Jodie Abbey, Saskia Creed, Nick Rosser, Lizz Reay, Kate Tye. Absent from photo: Mark Bruhn, Emma Jackson, Monique Pryce, Mari Rosney, Katie Taylor, Nicole Williams, Nikolina Zonjic.

RECONCILIATION ACTION PLAN (RAP) WORKING GROUP

Our RAP Working Group consists of a membership representing all streams of our organisation, providing a diverse and whole of organisation approach to reconciliation and operates with a specific Terms of Reference.

MEMBERS 2022-2023:	
Lizz Reay	CEO
Kate Tye	Executive Manager – Primary Care Development
Tracy Kane-White	Manager Primary Care Initiatives
Mitchell Beggs Mowczan	Aboriginal Liaison Officer
Jodie Abbey	Health Program Development Officer
Kirrilee Barlow	Program Development Officer – Primary Care Initiatives
Mark Bruhn	Stakeholder Governance Manager
Saskia Creed	Human Resources and Quality Officer
Emma Jackson	General Practice Support Officer
Daya Nanda	Finance Manager
Rebecca Padgett	Program Development Officer – Primary Care Initiatives
Monique Pryce	Program Development Officer – Community Development
Mari Rosney	Disaster Planning Coordinator
Nick Rosser	Health Pathways Manager
Katie Taylor	Health Data Officer
Alex Tsoukas	Contract and Development Officer AOD
Nicole Williams	Design and Publications Coordinator
Nikolina Zonjic	Program Development Officer



You can also read about our Health Literacy Working Group, in the **Governance and Accountability** section on page 11 and our Reconciliation Action Plan (RAP) Committee in the **Aboriginal Health** section on page 21

BUSINESS SERVICES



COMMISSIONING

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

During 2022-23 we managed **162 active commissioned services contracts**. This number does not include community grants provided to bushfire and flood affected communities, general practice grants to support COVID-19 vaccination, general practice quality improvement activities and general practice data sharing agreements.

FINANCE

This year, the newly restructured Finance team has increased efficiency by introducing new systems and process automation to manage many of our finance systems including program budgets and supplier performance. These new systems help optimise payments, invoicing, purchase orders and accruals. They have also transformed reporting to our funding bodies, the Board, Board Committees, executives and program managers.

RISK AND COMPLIANCE

We work to ensure best practice in the areas of risk and compliance management and alignment with ISO Standards. We have implemented pioneering platforms and systems to ensure that the organisation manages all of its material business risks, and regulatory and non-regulatory compliance obligations, with maximum effectiveness in accordance with bespoke frameworks and policies and hence to instil confidence in all our stakeholders.

CORPORATE SERVICES



COMMUNICATIONS AND MARKETING

The Communications team supports the dissemination of key healthcare information from government and other clinical sources to our local health professionals. Our website, email newsletters and social media channels are viewed as trustworthy and up-to-date information sources. The team also promote the many services and resources we offer to health professionals, stakeholders and the community through media and advertising activities.

- 174 email blasts, delivering 79,709 emails (average of 3.6 emails a week) to general practices, allied health and other stakeholders
- 241,056 website page views by 74,657 web users
- 1,526 social media posts across 4 channels generating over 9.6+ million impressions
- 20 media releases, resulting in 47 articles with a reach of 4.2+ million

INFORMATION TECHNOLOGY

The Information Technology team helps to ensure that technology is effectively utilised to support the organisation secure its data, streamline operations, and adapt to the ever-changing technological landscape. Over the past year, like many other organisations in Australia, there has been a particular focus on Cybersecurity and ensuring we have robust, reliable, and best practice systems to protect the organisations digital assets from cyber threats.

PEOPLE AND CULTURE

Over the last 12 months, the People and Culture team have played a crucial role in a range of employee focused initiatives. Specifically, they have played a key role in talent acquisition, employee development and engagement, and promoting the organisations culture and values. Strategic outcomes include negotiating the new Employee Enterprise Agreement, progressing a Career Development and Leadership Framework, and laying the foundations of a new People Management System to automate our people processes. Working in partnership with the management team, they continue to drive organisational excellence.



Staff Development Day 2023.



Priority Area:

ABORIGINAL HEALTH



17,906 or 4.7%

of patients in our region identified as Aboriginal and/or Torres Strait Islander



2,765 or 19.24% of Aboriginal and Torres Strait Islander patients had a 715 Health Check

567 practice interactions by our Aboriginal Liaison Officer

31,485 Integrated Team Care (ITC) care coordination services

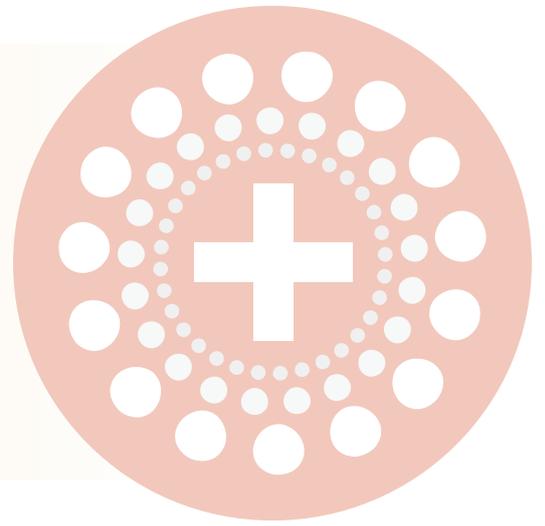
405 people assisted through ITC services

158 patient consultations through the psychiatry clinic delivered at Greater Western Aboriginal Health Service

2,000+ NAIDOC Cup participants

OUR VISION FOR RECONCILIATION

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



RECONCILIATION ACTION PLAN

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

- 13 RAP Working Group members
- 3 RAP meetings held

Find out more:

nbmphn.com.au/RAP



Mitch Beggs Mowczan.

ABORIGINAL LIAISON OFFICER

Our Aboriginal Liaison Officer Mitch Beggs Mowczan, provides support, training and cultural guidance to our organisation and practices across our region. Mitch is a Wiradjuri man who was born and raised on Darug land. Mitch has worked in Aboriginal Health for 13 years.

- 567 practice interactions across the region. Mitch works with practices to improve cultural safety in primary care and provides information regarding 715 Health Checks and services available in the region for Aboriginal people

Find out more:

nbmphn.com.au/AboriginalHealth

STAFF AND COMMUNITY ENGAGEMENT

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

- Aboriginal Liaison Officer attended 39 Village Cafés to connect with Aboriginal and Torres Strait Islander community members
- 7 staff volunteered at NAIDOC Cup Hunters Field, helping to coordinate a day of sport and culture for approximately 2,000 school children
- Our staff regularly attend NAIDOC Jamison Park, which was unfortunately cancelled in 2022 due to flooding, however a smaller event was held at Penrith City Council
- All staff receive a Cultural Awareness Training day provided by Mitch Beggs Mowczan and Eliza Pross from Ochre and Salt

Find out more:

nbmphn.com.au/AboriginalHealth or [see Highlights](#)



Cultural Awareness Training day.



ABORIGINAL CULTURAL AWARENESS TRAINING

Mitch Beggs Mowczan together with Eliza Pross (Ochre and Salt) delivered accredited Aboriginal Cultural Awareness training to general practice and mental health professionals in our region, as well as internal staff.

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

- 60 attendees (including 36 staff)
- 5 training sessions

DEADLY DREAMING

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

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

- 9 schools participated in the Deadly Dreaming Program
- 149 young people were assisted through school and holiday programs
 - 123 group sessions conducted through schools
 - 18 group sessions through holiday programs
- 8 group sessions conducted at Cobham Juvenile Justice Centre
- 13 young people assisted at Cobham Juvenile Justice Centre

Find out more:

nbmphn.com.au/DeadlyDreaming

CASE-MANAGEMENT: ABORIGINAL AND TORRES STRAIT ISLANDER YOUTH

A service delivered by Ted Noffs Foundation for Aboriginal and Torres Strait Islander peoples aged 12-25 years of age identified as at risk for alcohol and other drug or mental health issues. Services include therapeutic crisis intervention, clinical assessment, treatment planning, counselling and psychological therapy, assistance accessing other services and mentoring.

- 125 clients assisted

Find out more:

nbmphn.com.au/AODYouthCaseManagement

“Very engaging and enlightening, especially regarding culture, totems, connectivity to the land and kinship.”

“Very well done and helpful, objective and practical. By far the best education activity for Aboriginal and Torres Strait Islander peoples I have done so far!”

“Delivered beautifully. Makes it so much more relevant due to the speaker being of Aboriginal and/or Torres Strait Islander heritage. What you are being told is from the heart and experience. Just wonderful.”

“I enjoyed the whole package, its structure and educational value. Recommend it to all other agencies.”

Feedback from Cultural Awareness Training participants

GWAHS ABORIGINAL PSYCHIATRY CLINIC

We partner with the Greater Western Aboriginal Health Service (GWAHS) in Penrith to deliver a specialist psychiatry clinic for Aboriginal and Torres Strait Islander peoples. This year, we started a monthly outreach psychiatry clinic at the GWAHS Katoomba location.

- 21 full day clinics
- 158 patient consultations
- 58 new patients

Find out more:

www.gwahs.net.au

INTEGRATED TEAM CARE – CLOSING THE GAP

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

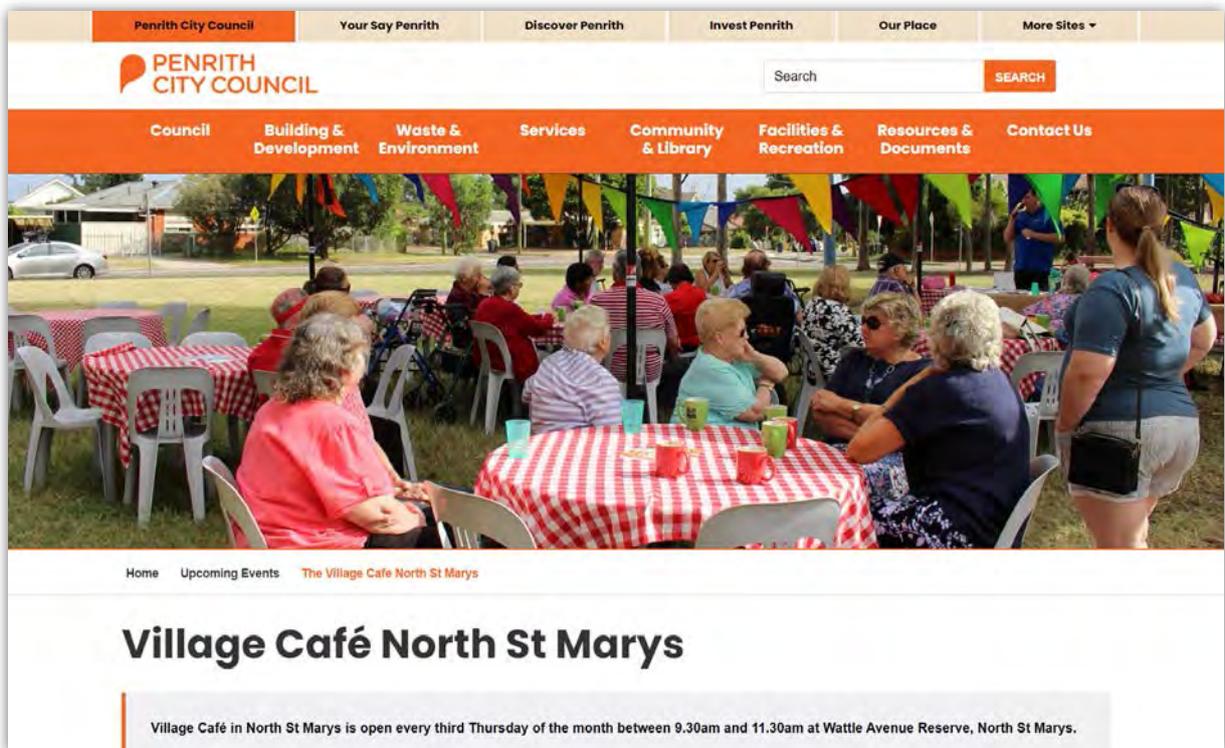
- 5 care coordinators
- 405 patients assisted
- 31,485 occasions of service

Find out more:

nbmphn.com.au/ClosingtheGap or [see Highlights](#)

“Glowing praise of the staff and the cultural support they were able to offer which felt like an extension of the support provided by the Aboriginal outreach workers.”

Client – Integrated Team Care



<https://www.penrithcity.nsw.gov.au/upcoming-events/the-village-cafe-north-st-marys>

THE NEPEAN LINKER PROJECT

This initiative is based at GWAHS 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.

- 35 clients assisted

Find out more:

nbmphn.com.au/LinkWorker or [see Highlights](#)

VILLAGE CAFÉ

Village Café is a place to grow community connections and support wellbeing. The Village Café is located in Kingswood, North St Marys, Llandilo and Wallacia and has a number of local supporting partners, including Penrith City Council, Nepean Blue Mountains Local Health District and Community Junction. It is a great opportunity to enjoy barista-made coffee, connect with local community members and engage with local service providers. As an organisation, we have been involved with the Village Café since it first began in 2017 and have seen it grow in each community. This event is important for our community members to avoid social isolation and great for us as a service to keep connected with the community.

- 39 Village Cafés attended by our Aboriginal Liaison Officer



NAIDOC Week at Penrith City Council.

HIGHLIGHTS



Wentworth Healthcare staff at the NAIDOC event at Penrith City Council.



Dianne Brooks at Penrith City Council, with Mitch Beggs Mowczan.



Photos from Penrith City Council.

NAIDOC Cup and NAIDOC Week Penrith City Council

Our staff were excited to once again volunteer at our region's 12th annual NAIDOC Cup event, held at Hunters Field in Emu Plains. This wonderful free, combined school event for Aboriginal and Torres Strait Islander primary school students is held to give younger children an opportunity to celebrate and learn more about their culture.

It was fantastic to see flourishing numbers return after COVID-19 delayed the event in 2020 and restricted numbers in 2021. Approximately 1,300 children attended to participate in sports such as Oztag and Netball, and various other activities such as Indigenous games, fire-starting workshops, storytelling, song, dance and art activities.

Unfortunately, due to weather and floods in the region, the annual NAIDOC Week Jamison Park event was cancelled for 2022. However, our Aboriginal Liaison Officer Mitch Beggs Mowczan, along with other Wentworth Healthcare staff, were excited to join Penrith City Council, who hosted a fabulous intimate indoor gathering at the Civic Centre, Penrith. Mitch spoke to attendees about the importance of NAIDOC, the year's theme, and recognised those who continue to keep 'getting up, standing up, and showing up' in our local community.



Wentworth Healthcare staff at the NAIDOC Cup.



Mitch Beggs Mowczan speaking at the NAIDOC Cup. Photo by Richard Bully Photography.

NAIDOC Cup at Emu Plains. Photo by Richard Bully Photography.



NAIDOC Cup photos on this page by Richard Bully Photography.

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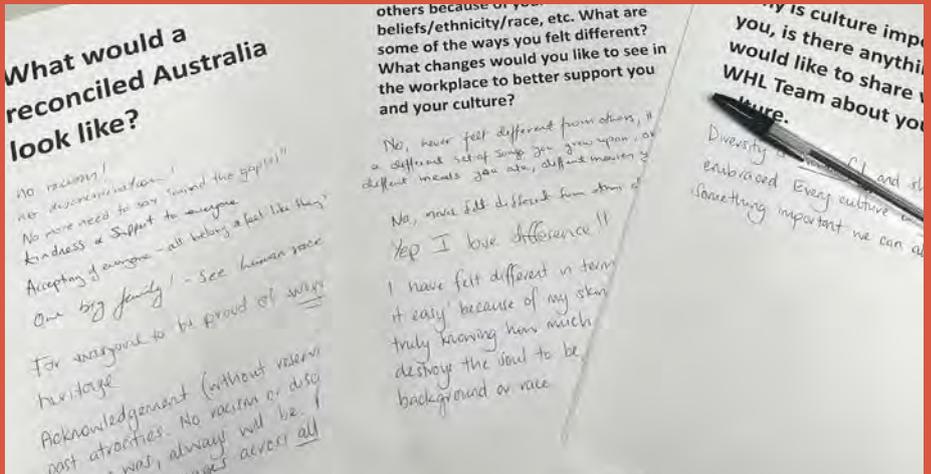
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Reconciliation Week 2023

This year, we commemorated National Reconciliation Week by asking staff to reflect on their own experiences of what Reconciliation means to them. Mitch developed some questions for our staff to prompt and encourage self-reflection. A morning tea was then provided, and all staff were invited to share their responses and learnings with the wider organisation.



Case-Management: Aboriginal and Torres Strait Islander youth

Tina is a 16yo descendant of the Darug Aboriginal peoples. She has a complex history of family dysfunction – including parental alcohol and other drug use, instability in adult role models growing up and domestic violence. Additionally, Tina lost her brother to suicide seven years ago.

Tina was referred to the Ted Noffs Foundation by her auntie and was linked to culturally-appropriate support for her drug and alcohol use, escalated behaviours at school, and mental health issues including symptoms of depression and anxiety.

During her comprehensive assessment, Tina reported unresolved feelings of grief, and self-blame relating to her brother's suicide. Tina also reported almost daily use of alcohol and cannabis, as well as daily use of vapes. She shared with the case worker that the use of these substances was primarily assisting her with feeling emotionally overwhelmed, social confidence, and managing her moods, particularly after interacting with her mother whom she had a strained relationship with.

As part of her initial assessment and goal-setting, it was identified that Tina would like assistance with managing her moods at school, staying safe, and reducing her need for alcohol and cannabis. The caseworker engaged with both Tina and her auntie who is her primary caregiver and built the foundations of a therapeutic relationship. She was linked in with the Ted Noffs AOD Counsellor, and both the case worker and counsellor developed a collaborative case management plan. She was also linked in with additional services for ongoing support, such as headspace.

Through the caseworker and counsellor's consistent support over a period of 12 months, Tina reported increased trust of supportive adults, and her emotional regulation had improved. Overall, she receives less detentions at school, demonstrates improved ability to relate to others, improved school attendance, improved thinking, and healthier ways of managing her relationship with her mother.

Integrated Team Care

In August 2022, a 53-year-old man diagnosed with asthma, severe sleep apnoea and gastrointestinal disease and was referred to the Integrated Team Care (ITC) Closing the Gap (CTG) program. Upon visiting the client, it was apparent that he had a multitude of complex needs not indicated in the initial referral. His elderly mother had only passed in the home the week prior due to a fall. Unfortunately, he also suffered complications from recent surgeries on his stomach. The client was also facing possible foreclosure on his home that he had a mortgage on, as he could no longer work in his workplace of 30 years.

It was important for us to listen to his story at this difficult time and provide reassurance. We supported the client to attend the hospital to have his medical needs attended to and helped him access food hampers and outreach support.

Through advocacy, the team were able to secure a donation of high-cost CPAP (continuous positive airway pressure) machines to long term rental clients experiencing financial hardship at no additional cost to the clients or the organisation.

Additionally, the client was encouraged to talk to his GP about counselling, and to seek financial counselling. Six months later and he now has social support through community groups, and is in the process of accessing his super to help pay for his mortgage. He recently contacted his care coordinator quite emotional and stated he didn't know where he would be if we didn't give him the support he needed through that difficult time. He had just wanted to thank the team, care coordinator, outreach and manager for the support he received through the program.

Both the care coordinators and the finance team have worked extremely hard to learn new processes and implement an initiative that has assisted with enhancing specialist referral processes and reducing specialist costs to enable more clients to access the services they need. In response to the high demand for transport services for clients, the team has also created a partnership with Nanima Care, a new Aboriginal transport service with an all-Aboriginal team.

Nepean Community & Neighbourhood Services (NCNS)

Nepean Linker Project

A 23-year-old Aboriginal man was receiving support through the Nepean Linker Project. A care plan was developed and the individual's goals of reducing his regular cannabis use, socialising more often through social interaction group opportunities, and attending regular GP and counselling appointments were identified. The client was referred to Flourish Australia for Psychiatry Services at the Greater Western Aboriginal Health Services (GWAHS) once a week, where he attended case conferences with a GP, psychiatrist and Flourish support worker. He was also linked in with a drug and alcohol counsellor from Odyssey House who visits GWAHS once a week. The client is regularly attending sessions, where he is learning coping techniques and receives ongoing support.

Linkers maintain regular contact with clients for reminders regarding patient appointments and wellbeing checks, which allow for verbal follow up and an opportunity for the linker to receive feedback.



Priority Area:

ALCOHOL AND OTHER DRUGS SUPPORT

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

3,419 closed AOD treatment episodes were provided in our region in 2019-20

(AIHW 2019-20)

This was the highest rate of closed treatment episodes for AOD treatment services among metropolitan PHN regions in NSW in 2019-20. *This indicates relatively high demand for AOD treatment services in our region compared to similar metropolitan NSW regions. (Nepean Blue Mountains Needs Assessment 2022)*

1,287 people assisted

714 of those were young people

466

group sessions

691 workshops delivered to young people

AFTERCARE AND RELAPSE PREVENTION

A support program to prevent relapse which includes intake, assessment, treatment planning and weekly Self-Management and Recovery Training (SMART) groups, over a period of six months. Delivered by ONE80TC in Kingswood with outreach to Hawkesbury and by Lives Lived Well (LLW) at Dianella Cottage for Katoomba and Lithgow.

- 130 clients assisted
- 994 individual occasions of service

Find out more:

nbmphn.com.au/AODinformation

DIANELLA COTTAGE

A non-residential alcohol and other drug day rehabilitation service in Katoomba and Lithgow delivered by LLW. We enhanced funding for Dianella Cottage in late 2022, allowing increased hours for counselling enabling both locations to provide services five days per week. The enhanced funds allowed the service to employ an additional part-time peer worker and a full-time Aboriginal worker to provide culturally appropriate care to Aboriginal and Torres Strait Islander clients.

- 158 clients assisted
- 877 individual occasions of service
- 181 group sessions
- 721 group occasions of service

Find out more:

nbmphn.com.au/DianellaCottage



Dianella Cottage.

“Dianella Cottage and its staff literally saved my life, as it has many others I’m sure. Only problem is they are way understaffed. Thank you so much for what you have done for me.”

“Five years ago, I had no hope no future. Dianella saved me. They literally saved my life and held hope for me when I thought all hope was lost. And we made it. I won my life back, my kids back, it’s amazing. There needs to be more services like Dianella available.”

“Staff at Dianella have gone above and beyond their job description. I feel that they really understand trauma-related addiction and have been able to educate me in a mature and interesting way. I have been able to absorb their knowledge and develop healthier coping strategies and care plans for myself.”

“I found LLW by chance whilst enquiring about patient detox. I was called back the day I made initial contact and was able to see a clinician within a week. I find/found my clinician to be professional with great interpersonal skills. I have found the service is positive for me.”

“If it wasn’t for LLW I would be lost. I’ve been working with Alex for several months now. Alex’s support, knowledge, and non-judgemental approach to my issue has saved me so many times. I can’t speak highly enough of LLW and Alex in particular. I’d be lost without her.”

Feedback from Dianella Cottage clients



Dianella Cottage.





The Street University Katoomba.

PENRITH COMMUNITY HUB

A non-residential alcohol and other drug day rehabilitation service for adults run by WHOS in collaboration with Marrin Weejali Aboriginal Health Corporation.

- 285 clients assisted
- 3,600 individual occasions of service
- 77 clients identified as Aboriginal and/or Torres Strait Islander (27% of all clients)
- 285 group sessions
- 1,260 group occasions of service

Find out more:

nbmphn.com.au/WHOSHUB

HAWKESBURY COMMUNITY HUB

In late 2022, we commissioned WHOS to establish a new centre in the Hawkesbury. Whilst awaiting council approval to commence renovations and operations at the chosen site, telehealth services from Penrith are being offered. It is anticipated that the new centre will be open late in 2023.

THE STREET UNIVERSITY PENRITH

The Street University (TSU) program, run by Ted Noffs Foundation, is designed for young people aged 12-25 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.

- 525 workshops delivered
- 435 new clients accessed TSU
- 171 full assessments conducted
- 100+ clients assisted via clinical supports
- 4,630 individual occasions of service

Find out more:

nbmphn.com.au/TSUPenrith or [see Highlights](#)

BRIEF INTERVENTION OUTREACH PROGRAM

The Ted Noffs Foundation delivers a mobile outreach service across all four local government areas, from The Street University Penrith.

- 125 clients assisted
- 404 individual occasions of service
- 94 workshops delivered

Find out more:

nbmphn.com.au/TSUPenrith

DEADLY DREAMING

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



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

Find out more:

nbmphn.com.au/DeadlyDreaming

THE STREET UNIVERSITY KATOOMBA

In April, we commissioned Ted Noffs Foundation to establish a new Street University in Katoomba, and they opened their doors in mid-June. The centre has already assisted numerous young people. Outreach services are being provided to Lithgow and Portland from the new location with specific programs for young Aboriginal and Torres Strait Islander peoples.

- 72 workshops conducted
- 154 clients assisted
- 339 individual occasions of service
- 144 AOD Group Programs conducted
- 216 group occasions of service

Find out more:

nbmphn.com.au/TSUKatoomba

CASE STUDIES

TSU – Brief Intervention Outreach Program

A 23-year-old male living in the Blue Mountains was referred by the outreach counsellor who co-locates at headspace, to drug and alcohol counselling due to problematic daily cannabis use. The client observed that his current level of pot use was contributing to arguments with his partner and family, creating work-attendance issues and impacting his functioning.

He had struggled with reducing his cannabis use independently as he was experiencing significant withdrawal symptoms including irritability, difficulty sleeping, difficulty concentrating and strong cravings. His goals included reducing his cannabis use to a level he could still function, to less withdrawals and to create space for doing more things in the evenings instead of smoking. He also presented with low mood and a lack of coping skills.

Treatment commenced by using Motivational Interviewing techniques to investigate his motivations for change. He initially noted extrinsic reasons to reduce use – i.e. family, partner and employer requesting the change. Through motivational interviewing, he was able to establish his own intrinsic motivators for change – including feeling healthier, more alert and building confidence and quality of life.

Through comprehensive treatment and assessment planning, which included strengthening his support networks, he went from smoking cannabis daily for six sessions per day, down to five and then three sessions per day. Although he was initially hesitant and felt it would be close to impossible to reduce his usage in a sustained way, he found this was possible across consecutive weeks.

He showed improvement in both the Severity of Dependence, K10 and Quality of Life scales. He has transitioned to working with a psychologist on mental health-specific work and plans to return to drug and alcohol counselling when ready to reduce his usage further, with the ultimate goal of abstinence.

WHOS Penrith Hub

A client was admitted to the day program after completing detox at Nepean Hospital. The client was consuming over 20 standard drinks daily and smoking cannabis several times a week. They disclosed that they had been diagnosed with Post Traumatic Stress Disorder and anxiety.

The client identified goals included reducing or abstaining from alcohol and other drugs, improving their relationships, physical and mental health, obtaining qualifications to assist with employment and seeking legal assistance to assist with dental work resulting from a criminal act.

The client attended groups daily for 3 months. They continued to abstain from using alcohol and other drugs and provided support for other individuals attending WHOS Penrith Hub. They also begun studying a Cert IV in Aged Care. They continue to engage in telehealth appointments with their case worker, attend regular group sessions and report positive improvements in their relationships.

WHOS Penrith Hub has made a referral to a dental scheme where they are receiving appropriate dental work and they continue to engage with their psychologist for addiction and mental health support. Their positive progress is reflected via their psychological distress scale scores which have reduced over time.





Priority Area:

DIGITAL HEALTH



My Health Record

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

408,206 documents viewed on My Health Record

(increased from 157,777 views last year)



94% of practices have Secure Messaging capabilities

(increased from 90% last year)



95% of pharmacies are e-Script ready *(increased from 87% last year)*

69% of GPs are registered for SafeScript NSW

210 activities by Practice Support regarding digital health

82 practices implemented Primary Sense, a new clinical audit tool

SUPPORTING THE UPTAKE OF DIGITAL HEALTH

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

- 210 activities by Practice Support regarding digital health

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 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.

In the second half of this year, we implemented a new clinical audit tool called Primary Sense. This data tool uses evidence-based algorithms to provide GPs with real-time medication alerts, reports and patient care prompts. It provides general practices and PHNs with on-demand reporting to help with population health management.

- 82 practices use Primary Sense

MY HEALTH RECORD

Our Practice Support team assists general practices in using My Health Record (MHR) effectively. 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.

Further support was provided to general practices and pharmacies to ensure continued use of digital health systems such as MHR, eScripts and secure messaging when the Australian Digital Health Agency (ADHA) moved to a more secure form of National Authentication Service for Health (NASH) certificate to version SHA-2.

- 87% of digital practices are registered to use MHR
- 28,809 Shared Health Summaries uploaded
- 408,206 documents viewed on MHR (increased from 157,777 views last year)
- 93% of pharmacies are registered to use MHR
- 92,1827 uploaded prescriptions to MHR by general practices



E-PRESCRIBING AND SAFESCRIPT

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

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

- 95% of pharmacies are e-Script ready (increased from 87% last year)

SafeScript NSW is a real-time prescription monitoring system that allows prescribers access to their patients' prescription history for certain high-risk monitored medicines. SafeScript NSW supports prescribers in making safer clinical decisions and reduces the prevalence of unsafe use of monitored medicines.

- 295 (69%) GPs registered for SafeScript NSW
- 223 (70%) Pharmacists registered for SafeScript NSW
- 365 (32%) Other Health Practitioners (eg. nurse practitioners, specialists etc)

Find out more:

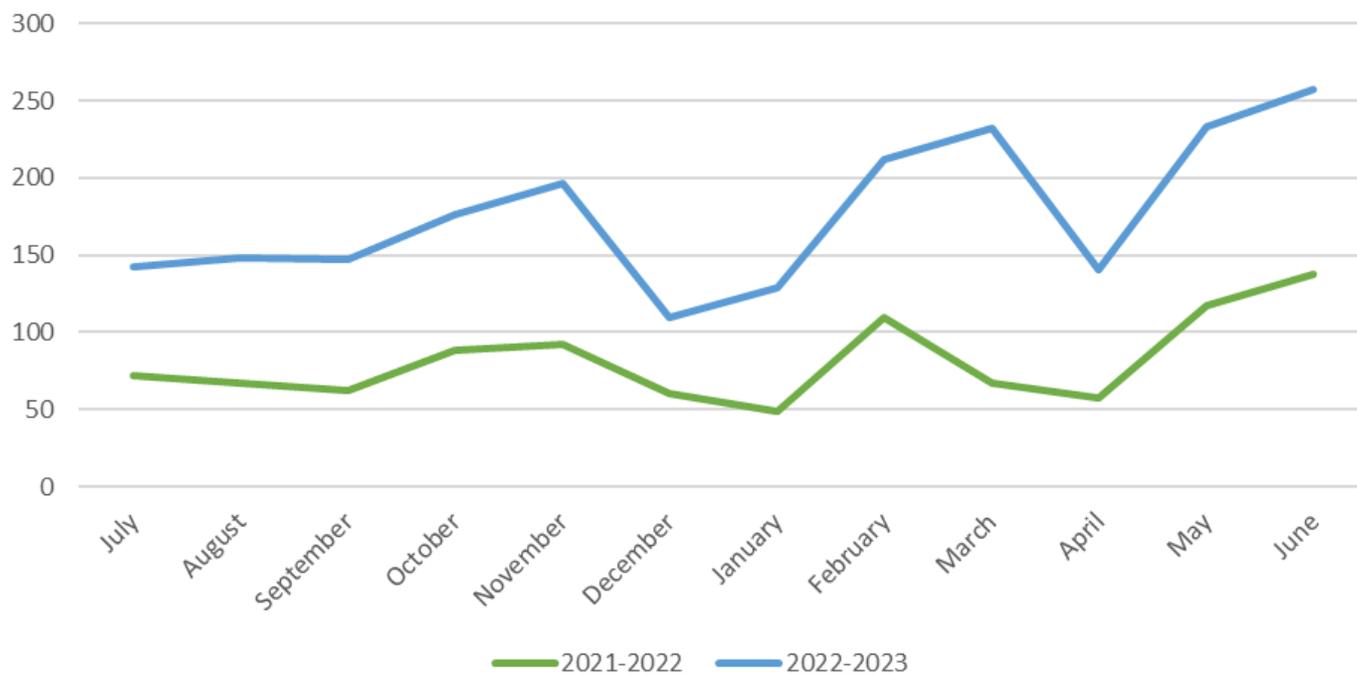
[see Highlights](#)

LUMOS

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

- 32 practices participated

SECURE MESSAGING eREFERRALS BY GPs IN OUR REGION



SECURE MESSAGING

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

- 126 practices (94%) have Secure Messaging capabilities (increased from 90% last year)
- 119 specialists in our region have received eReferrals
- 173% increase in eReferrals to private specialists compared to last year
- 117% increase in eReferrals by Nepean GPs in the region compared to last year

CAREMONITOR

CareMonitor is a health management platform provided to general practices with telehealth capability used for electronic shared care planning, real-time remote monitoring, and population health management. By integrating with a range of clinical management systems, the tool links healthcare teams electronically, allowing collaboration and proactive management of patients with chronic disease. This helps prevent avoidable hospitalisations by helping general practices manage complex clinical pathways, care planning, medication and patient engagement.

- 18 general practices use CareMonitor

“Patients are happy that we are invested in their care by making sure reviews are up to date and introducing them to the CareMonitor program to help keep a record of the observations at home and upcoming appointments.”

AQ Family Practice

HIGHLIGHTS

Homedale Health Hub

In February 2023, Dr Arshad Merchant sought our services to help establish his new general practice in Springwood – Homedale Health Hub. Dr. Merchant's goal was for his practice to be completely digital. Our Digital Health Officer, Michael Blancia, provided support with many digital health enablers like the registration and use of the My Health Record system, secure messaging, electronic prescribing and more.



“Very informative, clear and appropriate advice. Very personal and contact with Michael was a blessing – 5 x STARS.”

Dr Arshad Merchant



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

SafeScript NSW

Dr Yusuf Bassa, a general practitioner in the Penrith area, was interested in using real-time prescription monitoring to support his pain patients. Our Digital Health Officer assisted Dr Bassa in registering with SafeScript NSW and helped set this up in his clinical software, allowing him to receive pop-up notifications on his desktop when a potentially high-risk scenario is detected.



Julia Totman, General Practice Support Officer at Wentworth Healthcare.

“The support I have received from Julia has been outstanding, she was always willing to help in any way and was very patient. I was never afraid or hesitant to ask for assistance as she was always so obliging.”

Practice administration staff



Priority Area:

DISASTER MANAGEMENT

Across the February, March, April and July 2022 flooding events:



627 homes damaged

164 homes deemed uninhabitable

8 homes destroyed

20+ practices impacted by floods or storms

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

68% have received more than two doses



87% of Indigenous residents have received two doses of the COVID-19 Vaccination

55% have received more than two doses

101 COVID-19 Supporting Access to Vaccination for Vulnerable Groups Grants awarded totalling **\$506,000** enabling **8,558** vulnerable patients to be vaccinated

86 Disaster Grants for Vaccine Providers awarded totalling **\$352,000** (across 2021-22 and 2022-23)

45 Community Wellbeing and Resilience Grants awarded totalling **\$250,000**



DISASTER PLANNING AND RESPONSE

We continue to advocate for PHNs to be recognised and included as key agencies in national, state and regional health emergency preparedness and response plans with clear, formalised roles and responsibilities.

This includes funding to coordinate regional primary healthcare responses before, during and after natural disasters and emergencies, as part of the overall health emergency response.

We actively participate in a range of local, regional and state forums and committees to build networks and ensure that primary healthcare perspectives are represented in disaster management and recovery. This includes participating as invited in the Local Emergency Management Committee for each local government area, as well as various community led initiatives.

We continue to contribute to the Western Sydney Heat Smart Resilience Framework. As part of our Disaster Management preparedness and response collaborations, we are proud to be involved in the development of the Heat Stress Scale App - a project lead by University of Sydney's Charles Perkins Centre Professor Ollie Jay, in partnership with Resilience NSW. The Heat Stress Scale App will be trialled in Western Sydney this summer.

In November, we were guest presenters at a Hunter New England and Central Coast PHN webinar Primary Healthcare Response and Role in Disaster Management in the Nepean Blue Mountains Region. We also developed and recorded a presentation on disaster planning and preparedness to be shown at their in-person events. We facilitated and supported the NSW/ACT PHN Disaster Management Network by bringing PHNs together to hear presentations from experts and share knowledge and resources.

In our own region, we continue to provide training opportunities to primary healthcare professionals on our Planning for Disaster Management Emergency Preparedness Guide to ensure practices can learn from our experiences in multiple past disasters, and be better prepared.

Read more:

nbmphn.com.au/NBMPHN-Library/Disaster-Planning

COVID-19

SUPPORTING THE PRIMARY HEALTHCARE RESPONSE

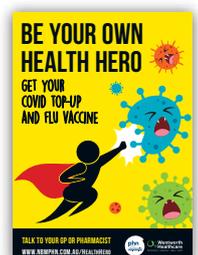
Throughout the pandemic, our role in responding to COVID-19 has continued to evolve to address the changing needs of our region's healthcare professionals and communities. We continued to play a vital role in coordinating the communication between primary and acute care services, government, and frontline primary care professionals.

This year our Practice Support, HealthPathways and Communications teams continued to work closely with general practices to ensure they had the resources and latest vaccination information possible to provide the most appropriate clinical care to patients. Through various initiatives we helped ensure that our community could access COVID-19 booster vaccinations and were encouraged to get vaccinated.

BE YOUR OWN HEALTH HERO CAMPAIGN

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

- 2 million+ foot traffic reached across retail and washroom advertising
- 1.6 million+ Google ad impressions
- 359,000+ facebook ad reach
- 234,000+ video plays
- 61,000+ cinema audience reach



SUPPORTING ACCESS TO VACCINATION FOR VULNERABLE GROUPS GRANTS

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

- 101 grants awarded
- \$506,000 invested
- 8,558 vulnerable patients vaccinated
- 7,760 conversations with vaccine hesitant patients

HEALTHPATHWAYS

Our HealthPathways team continued to play a vital role in the development of state and national clinical pathway content, taking on a lead role in developing the COVID-19 Vaccination clinical pathways content that supported primary care to deliver COVID-19 vaccinations to our communities.

This year, the team continued to support the region's local response to the pandemic by addressing issues related to Long-COVID through the convening of a working group. This involved representatives from our organisation, general practice, allied health and the Nepean Blue Mountains Local Health District (NBMLHD).

In addition, most of the Disaster Pathways suite, which has been adopted across most of NSW for use by other region's HealthPathways teams, was updated. Specifically, the updates now contain advice from Infectious Disease specialists to reflect issues of immunisation relating to evacuation centres and the formation of large groups in enclosed places.

Find out more:

nbmphn.com.au/HealthPathways

CAPACITY TRACKER

Capacity Tracker is a free online tool to support continuity of care in general practice, Aboriginal medical services and residential aged care homes. Capacity Tracker allows these health services to alert us to current or potential issues impacting services and assists us to address these issues promptly. Health professionals can use the tool to identify issues early and better manage workforce and service capacity issues, as well as assist in emergency response situations such as bushfires, floods and the COVID-19 pandemic.

- 10 RACH participated in Capacity Tracker
- 43 practices participated in Capacity Tracker

Find out more:

nbmphn.com.au/CapacityTracker



Victoria Bridge over the Nepean River at Penrith.

FLOODS

On Saturday 2 July 2022, the SES bulletin warned that a surface trough and developing East Coast Low was producing heavy rainfall over the Hawkesbury-Nepean Valley and would continue into the coming week. This followed flooding earlier in the year in February, March and April, and raised concern for those who were still grappling with the aftermath of previous floods. Over the next 24 hours, flood waters rose rapidly. On Sunday 3 July, the Windsor, North Richmond and Yarramundi bridges were inundated and subsequently closed. Evacuation orders were issued for South Windsor, McGraths Hill and Freemans Reach, followed by low lying areas of Wilberforce, including the Caravan Park on Monday 4 July, Central, Lower and Upper Macdonald and St Albans on Tuesday 5 July.

Flood waters peaked at 13.9m in Windsor on Tuesday 5 July, in the highest flood recorded since 1978. North Richmond peaked at 14.19m on Tuesday 5 July, 0.19m lower than the March 2021 floods. Residents of Yarramundi, Colo and Windsor were advised to return with caution on Friday 8 July, followed by Agnes Banks and Wilberforce on Saturday 9 July and Macdonald Valley on Sunday 10 July.

We continued to work closely with the NBMLHD and general practices during this time, to ensure the community had access to continuity of care, particularly for those in the community who were unable to access their usual GP or pharmacy.

Across the February, March, April and July 2022 flooding events:

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

SUPPORTING PRIMARY CARE DURING CRISIS

Throughout the February, March, April and July flood events we utilised our Disaster Preparedness Plans and responded by providing support to general practices and pharmacies that could remain open. We:

- mobilised non-flood affected general practices to step forward and offer patient consultations via telehealth

to residents who could not access their usual general practice

- coordinated with the NBMLHD to ensure that general practices and pharmacies that could remain open had sufficient supplies and access to appropriate digital health services
- assisted with the coordination of vaccination transfers where general practices were flood affected or where stable power supply was an issue to comply with cold change requirements
- communicated and shared information directly with general practices, allied health professionals and community stakeholders (such as MPs) on local arrangements in place for flood and storm affected areas

FLOOD NEEDS ASSESSMENT

To help communities through their recovery process, the Department of Health and Aged Care and NSW Health have delivered funding packages to PHNs to support community resilience and to commission local mental health services. The Flood Recovery Needs Assessment provides a systematic analysis of the health and service needs of our local flood affected population resulting in identified gaps and relative themes.



Read our Flood Needs Assessment at nbmphn.com.au/FloodRecoveryNeedsAssessment

DISASTER GRANTS FOR VACCINE PROVIDERS

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

Round Two:

- 40 applicants
- \$157,000 distributed

Total distributed across both Round One and Two:

- 86 applications
- \$352,000 distributed

Find out more:

nbmphn.com.au/FundedProjects



COMMUNITY RECOVERY

BUSHFIRE AND FLOOD PSYCHOLOGICAL THERAPY SERVICES

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

- 76 clients
- 374 occasions of service
- 35 providers

Find out more:

nbmphn.com.au/PsychologicalTherapy



Read more about our other PTS services in **Mental Health** on page 61

Do you find yourself avoiding things or activities that remind you of the bushfires or floods?

Do you feel restless, irritable or tense and you're not sure why?

Are you having trouble falling or staying asleep?

Does the sound of sirens or helicopters overhead make your heart race?

Have you experienced a loss of hope or interest in the future?

If you were affected by the bushfires or floods, you might benefit from talking to someone who can help.

Free telehealth, face-to-face or phone support is available.

Talk to your GP or call Head to Health on **1800 595 212**

nbmphn.com.au/TalkToYourDoctor

phn | Wentworth Healthcare

Blue Mountains | Hawkesbury | Lithgow | Penrith

Please visit nbmphn.com.au/Consumer for more information. Contact 1800 595 212 or info@nbmphn.com.au



Glen Alice Association recipients of the Community Wellbeing Grant.

COMMUNITY DEVELOPMENT WORKERS

Many community-based organisations involved in disaster relief efforts continue to provide support in their local communities. Extensive community and stakeholder consultation conducted through our Bushfire Needs Assessment revealed that while there had been a significant amount of funding provided to communities, there were few people available to assist with making the most of these opportunities. We funded community development workers to assist community organisations with opportunities to build sustainable networks that enhance resilience and capacity. The role helped to identify available funding opportunities, requirements of the application process and provided skills training and guidance on what to do if they were successful in receiving funding.

- 14 projects supported in 21 communities
- 124 new or existing organisations supported
- 2,000+ attendees at 15 events
- 550+ attendees at 25 training sessions held

“The role is obviously helpful after crises but is also incredibly important as a way to link, support and celebrate the energy and activities underway in broad cross sections of the community, by volunteers and often with no specific knowledge on how to access and apply for funding within the new ways resources are distributed (ie. highly competitive grants). The role has been a major boon in linking resources and knowledge in this regard and offsetting the fatigue and dependency surrounding financial sustainability.”

Participant from group assisted by Lithgow Community Development Worker



Bushfire Recovery Community Wellbeing Grant recipient – Trybal Productions ‘Salvage’ auspiced by Arts OutWest.



Association of Bell Clarence Dargan benefitting from the Community Development Worker program.

COMMUNITY WELLBEING AND RESILIENCE GRANTS

The Community Wellbeing and Resilience Grants are funded through the Commonwealth Department of Health and Aged Care and NSW Health to support the mental health of those affected by the 2022 floods. Up until June 30, 2023, two rounds of funding have been allocated to a range of activities and initiatives that encourage social cohesion, connectedness, community wellbeing, resilience and mental health healing of affected communities. Huge benefits have been seen from these grants, including new friendships, stronger links with community, and residents getting the opportunity to connect with local services that they may not have known about or felt comfortable reaching out to.

- 45 Grants
- \$250,000+ awarded

Full list of funded Grants is available on our website: nbmphn.com.au/CommunityWellbeingResilienceGrants



COMMUNITY MENTAL HEALTH TRAINING

Many ordinary community members involved in disaster relief efforts continue to provide support in their local community to individuals who have experienced trauma as a result of disasters. Our Bushfire Needs Assessment revealed a great need for mental health training opportunities to help community members respond appropriately when they find themselves supporting people in distress or crisis. Accidental Counsellor, Aboriginal Accidental Counsellor (Yamayamarra) and Mental Health First Aid Courses were delivered by Lifeline Central West and the Springwood Neighbourhood Centre Collective across disaster impacted communities. Participants to date have been from a range of professions and backgrounds, including diverse jobs like first responders, corrections officers, real estate agents, a plumber, a kennel attendant and a tour guide to name a few.

- 29 workshops (6 Yamayamarra workshops)
- 500+ participants (97 at Yamayamarra)

“The workshops have been embraced by community members who are the everyday support on the ground in communities that have been impacted by the events of recent years. Assisting communities to become connected, more resilient and able to continue to be able to recover in a community that has Accidental Counsellors dispersed amongst them multiplies the opportunities for support in people’s moment of need.”

Lifeline Central West CEO – Stephanie Robinson

EVERYDAY LEADERS PROGRAM (TRUSTED ADVOCATES)

Everyday Leaders were selected by disaster community development workers in the affected areas of Blue Mountains, Hawkesbury and Lithgow from volunteers, informal community leaders and connectors within their local areas. Lifeline Central West provided the Everyday Leaders with targeted mental health training and guidance. These resilient individuals were recruited for their genuine desire to assist and help people to interact with their local community, providing them resources, support and a friendly ear. This capacity building of voluntary human resource skills within the localities assists long term capability of disaster impacted areas.

- 45 Everyday Leaders recruited
- 31 Active Everyday Leaders
- 15 Group Sessions held
- 60 Goals achieved

WELLBEING OUTREACH PROGRAM

The Wellbeing Outreach program was built on the successful model used to support bushfire affected communities following the Black Summer bushfires, where we commissioned Gateway Family Services to provide qualified mental health workers to enhance the Step-by-Step bushfire support service.

In February 2023, the Wellbeing Outreach Program transitioned from bushfire support, to flood support, and became part of the designated lead disaster recovery service through Peppercorn Services. This service provides individualised assistance to flood affected communities primarily in Hawkesbury and Penrith local government areas. Flexible wellbeing support is provided in cafes, parks and homes, and can include individual or group support, to assist those impacted on their recovery journey. This holistic model of disaster recovery provides those affected with access to the services they need, from known and trusted practitioners embedded within the community.

Gateway Family Services:

- 125 clients
- 759 service contacts

Peppercorn Services:

- 44 clients
- 814 occasions of service
- 37 community engagement activities

“Working with the Step-by-Step counsellors when the floods impacted the area, over and over the need for someone to talk to was so important. We are looking forward to maintaining this level of support and flexibility to meet people where they are most comfortable and to be able to assist them on their recovery journey.”

Trish Glover – Peppercorn Resilience and Support Services Manager

HIGHLIGHTS

Londonderry Pony Club Camp – Community Wellbeing and Resilience Grant

“Many members of Londonderry Pony Club reside in the Hawkesbury and Penrith regions and were personally impacted by the flooding events of 2022. As well as damage suffered to the properties of members, Londonderry Pony Club was also impacted by the flood events, with a great number of events and gatherings cancelled due to weather and the subsequent unsuitability of our grounds. This resulted in reduced opportunities for members to get together and be physically active. It has also seen a decline in morale amongst members.

Londonderry Pony Club received a Wellbeing and Resilience Grant to hold a two-day pony club camp. Members came together for equestrian-related group exercise, tuition and friendly competition. Activities included tuition in small groups, catering for participants of all ages and abilities, and a variety of different equestrian disciplines and skills, including mounted games, dressage, show jumping and equine sporting events with a focus on fun, movement and skill acquisition. A group dinner was held on a Saturday night, which allowed everyone to come together and celebrate their achievements across the course of the day, connect, discuss their experiences and talk through plans and goals for the future. Day Two involved a day of friendly competition and games, allowing members to put into practice the skills learnt the previous day.

This camp was only possible because of the funding we received through your Grant Program, and we are extremely grateful for the opportunities it provided our members. We were able to bring in specialist coaches which allowed both new skills and knowledge to be acquired and saw all involved eagerly engaged across the weekend.

From a mental health and wellbeing perspective, we had several members provide feedback that the camp served as a wonderful opportunity for their children to overcome some challenges that developed as a result of a difficult few years battling both poor weather conditions and COVID-19.

It is with the permission of the family that I can share with you a story of a young member who had developed a fear of camping and sleeping away from home as a result of school camps that had been negatively impacted by COVID-19 cases and floods. The relaxed and supportive environment we were able to create at our event, allowed this child to overcome their fears and spend the night camping with their friends and family.”

Grant Recipient – Londonderry Pony Club





Oakey Park Residents Association OPRA Community BBQ.



Mingaan Wiradjuri Aboriginal Corporation.



(L) Jennifer Quealy with Cllr Maree Statham, Mayor of Lithgow.

Community Development Workers

“Community groups can really benefit from support with applying for and managing funding, setting up clear governance structures and creating effective communication pathways. It can be very overwhelming for volunteers and grass roots organisations to navigate the complex funding and recovery environment. Having access to community development support means that communities can realise their own vision for strengthening, recovery and preparedness. It provides scaffolding and support to establish healthy and sustainable committees, fundraising pathways and project management experience. By supporting and empowering local communities, their initiatives can truly reflect what unique communities need.”

Karen Bartle – Blue Mountains Community Development Worker

“I help draw together ideas from a community, bring together like-minded people and agencies, and guide people through the next steps, whether that is a grant application process, committee development, or leadership training, to create a sustainable outcome for the community. When you are connected to your community and have a social network around you, you are much more resilient when ‘life happens’, not just the next disaster. Having access to this resource, which develops opportunities for community-led activities and groups, means that people can connect, belong and be involved in an exciting idea in their community and develop stronger connections where they live.”

Tracey Greenaway – Hawkesbury Community Development Worker

“Getting access to great ideas and ways of working is key to how communities can re-purpose in the face of the way climate change is impacting our communities. Volunteer networks are vital to a resilient Lithgow. For some groups already, in just 3 months, it has meant new grant applications, development of partnerships with funding charities and supporters resulting in delivering more activities that engage new members, and a renewed sense of purpose. I’m both encouraged and impressed by the compassion, ideas, willingness and personal commitment from the range of community associations and groups that I have had the privilege to work with already.”

Jennifer Quealy – Lithgow Community Development Worker

COVID-19 Vulnerable Vaccination Grant

Nepean Community Neighbourhood Services held a community barbeque at the Aboriginal Family Centre to provide a safe space for local Aboriginal and Torres Strait Islander peoples to discuss their vaccination concerns. One conversation with a vaccine-hesitant community member found they had been isolated from their family as a result of not being vaccinated against COVID-19. Family was identified as something very important to that community member and they had not reached out to anyone to discuss their concerns before. It was suggested that the community member visit a GP nearby to discuss their concerns and as a result the community member visited the GP to get more advice.

Lithgow Trauma Informed Conference

Through bushfire mental health funding, we commissioned non-profit organisation Lithgow Community Projects Inc, in conjunction with the Lithgow Cares Collaborative (10 organisations) to deliver a Trauma Informed Conference in Lithgow in August 2022.

The conference brought together academics and experts in their field including Jess Hill, award-winning journalist who specialises in reporting on coercive control and gendered violence, Petrea King talking on hope within a wellness mindset and Maggie Dent on coping with life’s challenges.

A dynamic and detailed program providing targeted information to over

154 community, education and health workers and community group leaders in the region in person, and another 31 virtually. Additional activities included trauma informed yoga, a GP and Allied Health Breakfast and an Educators Dinner. Attendees received direct access to nationally renowned experts in a rural environment. Recordings of the sessions were available to participants allowing longevity of the training opportunity and ability to take learnings back into their traumatised community.

- 154 conference attendees in person
- 31 virtual conference attendees
- 75 educators dinner attendees
- 20 GP + allied health attendees
- 15 speakers



Priority Area:

HEALTHY AGEING



29 Residential Aged Care Homes (RACHs) in our region providing **2,599** beds



83 GPs provide clinical care to local RACHs



22.31% of older people (65+) in our region live alone

22.7% of older people (65+) in our region require assistance with core activities

432 people received **3,418** psychological therapy support sessions through the WiseMind program

210 people obtained social connection support through Health Connectors

800+ local services and supports listed on My Health Connector website

146 people assisted through care finder program

AGED CARE TELEHEALTH SUPPORT

We worked closely with RACHs in our region to assess their digital health equipment requirements to enhance telehealth services for improved access to clinical consultations with residents' GPs. A telehealth consumer brochure was developed for residents and their carers to help inform them of how to prepare for a telehealth consultation.

- 29 RACHs assisted
- One RACH has commenced a trial with us to assess the implementation of secure messaging software within their home



AFTER-HOURS SUPPORT FOR RESIDENTIAL AGED CARE HOMES

We provide guidance to RACHs who need support during the after-hours period. This includes providing capacity building opportunities to avoid the incidence of potentially preventable hospital admissions.

- 24 RACHs assisted to develop an after-hours action plan using a PHN developed planning template as a guide
- 10 staff from 6 RACHs received cannulation scholarships to improve medication management in home and reduce avoidable hospital admissions
- 79 staff across 12 RACHs participated in Identify Situation Background Assessment and Recommendation (ISBAR) training for improved handover of clinical information

RACH after-hours planning template:

"...this is a great tool for afterhours. We would love to implement this. Thank you..."

Blue Mountains RACH

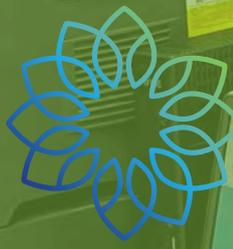
"...This looks great. I might also keep in our continuous improvement plan. We shall definitely use this moving ahead..."

Penrith RACH

"...We have sent out the form to our GPs and have had a good response. We would certainly implement it here..."

Penrith RACH

*Find out more:
see Highlights*



MY HEALTH CONNECTOR WEBSITE

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

- 800+ services listed
- 23,109 page views
- 10,440 visits/sessions
- 8,633 users

The most popular pages visited include Local Health and Lifestyle Services, Walk and Talk groups, Senior Citizens Clubs, Exercise Classes, Shower and Laundry Services and Respite Services.

Visit the Health Connector website:
MyHealthConnector.com.au

CARE FINDER PROGRAM

Care finders provide specialist and intensive assistance to help vulnerable older people access aged care services and connect with other relevant supports in the community.

This year we commissioned three organisations to

provide our care finder service. Together they provide seven individual care finders, who have been operational since early 2023. Since the establishment of the program:

- 146 new clients assisted
- 63 clients were supported to access the services that have successfully addressed their needs
- 100% of the care finder clients surveyed reported an improved understanding of aged care services and felt more open to engage with those supports as a result of the program
- 100% of care finder clients surveyed reported they would recommend the care finder program to others and were satisfied with the outcome of the support they received

Find out more:

nbmphn.com.au/CareFinders

SOCIAL PRESCRIBING IN THE BLUE MOUNTAINS AND PENRITH

Older people without adequate social connections have an increased risk of poorer mental health and wellbeing, which negatively impacts their physical health and use of health services. We previously piloted an 'Improving Social Connections for Older People' project in the Hawkesbury using an asset-based community development approach to help improve the social connections of older people.

As a part of the Australian Government's mental health response to the COVID-19 pandemic, our program was extended into the Blue Mountains and Penrith. As part of this initiative, practice nurses are specially trained to be **Health Connectors** who work one-on-one with socially isolated or lonely patients, and their carers. Health Connectors conduct social network mapping and person centered goal setting to provide practical support to improve people's social connections. This social prescribing aims to improve people's mental and physical health outcomes.

- 210 patients assisted

Find out more:

nbmphn.com.au/SocialConnectedness



The Care Finder team: Lee Kroehnert, Mehak Gill, Bronwyn Elliott, Liz Collis, Saiyda Aiyub, Angela Seymour, Judith Schuler, Antoinette Hogan, Toni Williams.



Boronia House team.

WISEMIND RACH MENTAL HEALTH SUPPORT

Our WiseMind program assists residents at RACHs with mild to moderate symptoms of mental illness, or who are experiencing early symptoms and are assessed as 'at risk' of developing a diagnosable mental illness. Services are delivered by mental health professionals including psychologists and mental health nurses. This year, the WiseMind program expanded from 22 to 26 RACHs.

- 432 people assisted
- 3,418 sessions provided

Find out more:

nbmphn.com.au/WiseMind or [see Highlights](#)



"...Our residents have benefited much from WiseMind. It has helped a lot to boost their mental health. The psychologist has been a great support..."

Sonu B – Director of Nursing, Boronia House



Boronia House residents with Maha R.

NURSE IMMUNISATION SCHOLARSHIPS

We provided practice nurses and registered nurses in aged care the opportunity to become accredited as authorised nurse immunisers enabling them to provide vaccinations for patients in aged care settings. Nurses were awarded scholarships to undertake the Australian College of Nursing's Immunisation Course for Health Practitioners. This course, accredited by Health Education Services Australia, develops a deeper understanding of immunisation, and improves national immunisation rates through advocacy, knowledge and empowerment.

- 15 nurses awarded scholarships

DEMENTIA – NATIONAL CONSUMER SUPPORT PATHWAYS

In response to the *Royal Commission into Aged Care Quality and Safety*, we received funding from the Australian Government Department of Health and Aged Care to establish clinical and consumer dementia support pathways in our region. These pathways, including the revision of the current HealthPathways, support primary care, providing referral pathways for dementia diagnosis and post diagnosis support, and improve access to support services for dementia patients, their carers and families. These initiatives have the overarching goal of supporting people who have dementia to live well for as long as possible in the community, and reducing avoidable hospitalisation.

During the year we developed local support information sheets for each local government area. The consumer information resources provide contact details on national, state and local services and supports that could assist people with dementia and their families. These were distributed in the community.

The image shows several overlapping 'Live Well with Dementia' information sheets. The most prominent one is for Hawkesbury, which includes a table of services and support pathways.

Service	What support is available	Contact	Website
Carer Gateway	Emotional and practical services and support for carers.	1800 422 737	www.CarerGateway.gov.au
Carers NSW	Provides carers with support, information, education and training, resources and referrals.	(02) 9280 4741	www.CarersNSW.org.au
Dementia Australia Helpline	A free telephone service that provides information and advice for people living with dementia, family and carers of those living with dementia, and those who work in health or aged care.	1800 100 500	www.Dementia.org.au
Dementia Support Australia	Support for carers who experience behaviour changes in their loved one.	1800 699 799	www.Dementia.org.au
My Aged Care	For carers and people living with dementia who may need support around the house or accessing appropriate aged care services. Note: This service may incur a fee.	1800 200 422	www.MyAgedCare.gov.au

HIGHLIGHTS

RACH Telehealth support

“...We have noticed especially in the past couple of years with the impact of COVID-19 and restrictions to homes the need for residents to keep in touch with families and have access to telehealth for ongoing care and assessment. The provision of additional IT equipment has been greatly appreciated by residents, families and staff.”

Michael Goodall – Summitcare Penrith



Summitcare Penrith telehealth assistance.



Michael Goodall and the Summitcare Penrith team.

WiseMind Case Study from Psychologists:

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

WiseMind Psychologist

“One of my residents has rarely engaged in group and social activities in the last 3 months of her being at this facility. After 3 sessions of focusing on the benefits of activity and socialising more with the other residents, I came to the site today and I’ve seen her at 2 of the activities. The recreational officer advised that over the last week, she has been more agreeable in leaving her room and participating in group activities by herself.

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

WiseMind Psychologist

“One of my residents has been having difficulty managing anger and overwhelming emotions. It’s been a slow process, however over the course they have expressed that they are becoming more aware of their own thoughts and reactions towards things, understanding the consequences, and shared in a session what she has learned since participating in the WiseMind program which included:

- Good things come to those who wait
- Crying and getting mad doesn’t help, but talking to people does.”

WiseMind Psychologist

“A resident was referred into WiseMind due to concerns that they were not happy with their support services and refused to leave their room and engage within the community at the RACH. During the first session, the clinician had a joint session with the client’s son and explored her feelings towards leaving the room including reframing her thoughts to recognise the positive benefits of a change of scenery and the environment. The resident responded well to this support and the clinician successfully supported the resident to spend time outdoors and leave her room. Since this initial visit outside, the resident has been more open to leaving her room and sitting outside for sessions with the clinician. Feedback received from RACH staff reported that the resident has expressed an increase in her motivation to leave her room and engage in more activities outside including improving mobility and walking with support with other allied health staff on her multidisciplinary team.”

“A female resident who presents with vascular dementia and Parkinson’s disease was referred to WiseMind after her recent transition to the RACH. It was reported by staff that the resident presented with elevated verbal behaviours and was not responding well to care staff. Furthermore, the client’s children were finding it challenging to adjust to their mother’s needs and understand her presentation, often dismissing her feelings and opinions. The intervention included validation therapy, strength identification, and involved an occupational therapist to introduce bathroom aids to support her independence and confidence to complete hygiene tasks. Since engaging with the psychologist, the resident feels more confident and comfortable toileting and showering independently with minimal support, has developed more successful relationships with the care staff, and the staff feel more confident in supporting her. The psychologist has completed an initial report with recommendations of care and will be completing training with the staff and the resident’s children to improve communication skills and validation of her needs.”

*Michelle Ryan – State Manager Generation Care
(a commissioned provider of WiseMind)*

“...This new service has been so beneficial to our residents. With many residents engaged already it allows us to refer those residents who are in need and struggling. Residents already engaged have found this program to be so helpful with dealing with their personal issues. We look forward to continuing this service for now and in the future...”

Michael Goodall – Summitcare Penrith



Priority Area:

HEALTH WORKFORCE



3,056,549 visits to a GP
utilising a MBS item in our region



133 general practices



409 permanent GPs
(plus 87 GP registrars)



137 practice nurses

6,715 practice
support activities

614 health professionals
attended a CPD event

392 Workforce Support
consultations



Practice Support team.

PRACTICE SUPPORT

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

- 6,715 support activities across 133 practices
- 72% of total practices are Accredited (with a further 5% registered for Accreditation)
- 98% of Accredited practices share de-identified data with us

 [Read more about our COVID-19 and disaster related support in **Disaster Management** on page 37](#)

Find out more:
nbmphn.com.au/PracticeSupport

QUALITY IMPROVEMENT PRACTICE INCENTIVE PROGRAM

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

- 101 practices registered for PIP QI
- 6 QI initiatives offered including the COPD Collaborative, Cancer Screening, LUMOS, Winter Strategy and Wound Management among others

Find out more:
nbmphn.com.au/QualityImprovement

PRACTICE NURSE ENGAGEMENT

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

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

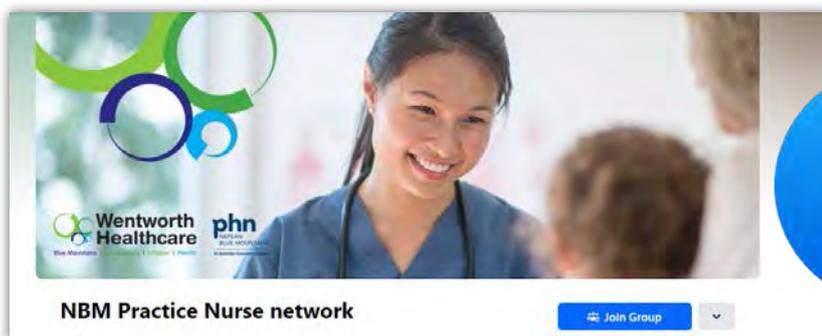
- 137 practice nurses employed in the region
- 41 practice nurse orientations completed
- 22 practice nurse support sessions delivered

Read more:
nbmphn.com.au/PracticeNurseSupport

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, health professionals 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.

- 203 Health Professionals Group members
- 176 Practice Nurse Network members
- 91 Practice Managers Group members
- 36 GP Registrars group members



PRIMARY CARE ADVISORY COMMITTEE

This Committee includes representation from GPs, practice nurses, practice managers, allied health and consumers who share challenges, promote innovation and help identify priorities for improvement in primary care. The Committee has been running for almost four years and the group continues to grow and expand its areas of focus. The Committee provides their insights and feedback on a number of areas with a key focus on our quality improvement initiatives, continued professional development and workforce challenges. In particular, the Committee has provided valuable input into our Workforce Planning and Prioritisation work which ensures we maintain GP registrars in the region and will help inform how the RACGP will place registrars in the future. The Committee continues to be instrumental in providing innovative ideas for the orientation of new registrars within our region.

- 4 meetings held

PRIMARY CARE ADVISORY COMMITTEE MEMBERS:

Dr Catherine Harman. . . . GP (Chair)
Dr Anju Aggarwal GP
Leanne Dale. Practice Manager
Peter Gooley Consumer Representative
Rebecca Hannon. Exercise Physiologist
Daniel Nasri. Pharmacist
David Sidgreaves Pharmacist
Dr Rory Webb. GP

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.

- 392 support consultations
- 101 job vacancies advertised across 52 practices
- 118 GP registrars per year maintained due to our advocacy
- 31 orientation sessions provided to GP registrars and new GPs in the region

Health professionals recruited:

- 5 GPs
- 7 practice nurses
- 11 practice staff

Read more:

nbmphn.com.au/PracticeNurseSupport

WORKFORCE PLANNING AND PRIORITISATION PROGRAM

GP Workforce Planning and Prioritisation (WPP) consortiums have been established by the Commonwealth Government to combat workforce issues and provide advice on workforce needs and training capacity across Australia. Capital Health Network (ACT PHN) is leading the NSW and ACT GP WPP consortium of which we are a member. The key role of GP WPP consortiums is to analyse and provide evidence-based recommendations to the Department of Health and Aged Care that will guide the Royal Australian College of General Practitioners (RACGP) and Australian College of Rural and Remote Medicine (ACRRM) in their decision-making regarding the future allocation and placement of GP registrars to meet the community's GP workforce needs.

As part of the program, our Workforce team conducted range of engagement activities with general practitioners, supervisors, GP registrars and the community to collect qualitative and quantitative feedback regarding workforce needs, training capacity and placement priorities across the region. This included a community survey that received 342 completed responses in a two-week period. This program will continue to be funded until the end of 2025.

STRENGTHENING MEDICARE – GP GRANTS PROGRAM

The Strengthening Medicare – GP Grants Program provided a one-off grant to general practices, of between \$25,000 to \$50,000 based on practice size and accreditation status, for investments in innovation, training, equipment and minor capital works. All general practices that met the RACGP Standards (5th edition) were eligible to receive a grant.

We administered grants to 114 of our 133 general practices. Grant payments were made to 85 practices during 2022-23 and another 29 practices will receive grant payments in 2023-24. The Strengthening Medicare – GP Grants Program is a significant investment in the future of general practice in Australia. The program will help to ensure that general practices are well-equipped to provide high-quality care to patients.



Liszt Serrano, Erin Underhill, Catherine Scardilli, Kate Wennerbom, Rakesh Patel.



Practice Managers Network Meeting.



In June, we relaunched our Practice Manager Network meetings. Our Board Chair, Gary Smith facilitated the evening which provided an opportunity for practice managers from across the region to hear about the future of primary care (such as initiatives like My Medicare) and allowed for networking opportunities with their peers.

CONTINUING PROFESSIONAL DEVELOPMENT

We are committed to providing continuing professional development (CPD) to GPs, practice nurses, practice managers, allied health professionals and their teams across our region, which is predominantly free to access.

From the start of this year, the new triennium of education began, and all GPs are now required to complete CPD on an annual basis rather than within a triennium. One of the many ways we ensure we provide quality education is by being a CPD Education Provider under the RACGP CPD Program. We also partner with training organisations, professional bodies, our Local Health District, universities, local clinicians and our own online learning management system 'Your Practice Portal' to provide regular, high-quality CPD events. This year, we returned to offering a significant number of face-to-face events, which was well received by health professionals after mostly online events during the pandemic.

- 57 CPD events
- 614 health professional attendances
- 100% of health professionals who attended an event reported it improved their knowledge and/or skills

Read more:

nbmphn.com.au/Workforce



HIGHLIGHTS

The General Practice Support team continues to support practices at the highest level, and this has been highlighted by the feedback and comments we receive from practice staff. Our general practice support officers (GPSO) continue to build positive working relationships with general practices across our region, regardless of area or distance.

Supporting our Practices – Hazelbrook General Practice Case Study

We received this feedback from a Blue Mountains practice about the support they received from GPSO Teena Kaur, specifically regarding the training received in the new Primary Sense Data Tool.

“Teena has been very proactive and responsive to my needs as a Practice Manager, especially with regards to the information and assistance that the PHN can provide. More specifically, Teena visited our Practice recently to go through Primary Sense training.

Firstly, I must commend her professionalism throughout the process. Teena was able to provide comprehensive training to a number of colleagues including my ZIC, Nurses and Doctors. Moreover, she was able to tailor information to the specific needs of our Practice, which has greatly enhanced its effectiveness.

Since that time, feedback from our staff has been very positive with an increase in their confidence and competence across the program, which will ultimately have a positive impact on patient care.

Thank you Teena your assistance, it has been amazing!”

Denise Eriksson – Practice Manger Hazelbrook General Practice



Read more about Primary Sense in **Digital Health** on page 33



Supporting our Practices – Lithgow Medical Clinic Case Study

Our GPSO Kate Wennerbom, has been supporting practices in the Lithgow area and has established a great rapport with Nathan and Jan at Lithgow Medical Clinic. Nathan is very pleased with the new Primary Sense data tool and implementation support received. Both Nathan and Jan appreciate the support Kate offers and are happy to openly discuss what works and what doesn't in their day-to-day working environment.

“Many thanks [Kate] for your most welcomed visit with Catherine. Your continued support for our clinic is exceptional, nothing is ever a problem for you. You and your colleagues help us to navigate the complexities of services and necessary changes for our clinic – without even asking. Many, many thanks.”

Jan, Practice Manager – Lithgow Medical Clinic



CPR training at Wentworth Healthcare office.

In partnership with Benchmarque, we held two CPD training events for Chronic Conditions of the Foot in the Blue Mountains and Penrith. The training equipped health professionals with practical skills and knowledge for foot health management, dealing with chronic conditions, and basic foot care.



Blue Mountains Chronic Disease workshop.



Penrith Chronic Disease workshop.

Accreditation Support – Dr Y Bassa Surgery Case Study

Practices can voluntarily be Accredited or Re-accredited against the RACGP (5th edition) standards. The Accreditation cycle lasts for three years and provides practices with many benefits including the ability to participate in PIP QI.

Dr Bassa, a solo GP, has been practising in the Penrith area for over 30 years. With a newly appointed receptionist, he sought the support of their general practice support officer (GPSO) to navigate the requirements of the RACGP (5th edition) standards.

The GPSO worked comprehensively alongside the new receptionist, assisting with new policies, amending old ones, designing patient information brochures, resources and developing a business plan in consultation with Dr Bassa.

Challenges were faced by both the practice and practice support staff, as both had a change of employees during the Accreditation process. This was overcome by having knowledgeable GPSO team members continually supporting the practice and ensuring that good working relationships were top of mind.

“The support I have received from Julia has been outstanding, she was always willing to help in any way and was very patient. I was never afraid or hesitant to ask for assistance as she was always so obliging.”

Receptionist – Dr Y Bassa Surgery





Priority Area:

MENTAL HEALTH

GENERAL PRACTICE CONSULTATIONS FOR PEOPLE WITH MENTAL HEALTH CONDITIONS IN OUR REGION INDICATES THE FOLLOWING NEEDS*



17,320 people in the region with a GP mental health treatment plan*



57,460 people in the region with a coded mental health diagnosis*



43,460 people in the region with uncoded but likely mental health diagnosis *PENCAT June 2023*



Our region is **6%** of the NSW population yet our Head to Health intake phonenumber takes 20% of the calls in NSW
(NBM IAR Intake data 2023)

7,000+ people helped across 16 commissioned services

3,277+ young people helped

640+ people participating through Live Life Get Active

16,000+ visitors used the Mental Health Help website

*Source: Primary Care Clinical Data from 70% of general practices PENCAT May 2023



Daniel Angus during filming of the IAR video in February 2023.

INITIAL ASSESSMENT AND REFERRAL (IAR) DECISION SUPPORT TOOL (DST)

The Initial Assessment and Referral (IAR) Decision Support Tool (DST) is a national initiative developed by the Australian Government Department of Health and Aged Care. This clinically informed online tool supports health professionals' decision-making at the first point of contact with a patient seeking mental health support. Based on the stepped care model, the tool recommends the most appropriate level of care based on the patient's current needs. It provides a standardised, evidence-based and objective approach to making mental healthcare recommendations in the primary care setting.

PHNs have been tasked with rolling out the IAR-DST nationally. This year we employed IAR Training and Support Officers to provide training to GPs and other clinicians to learn about, meaningfully use and embed the IAR-DST into clinical practice. We also embedded the IAR five levels of care in to our Mental Health Help website to assist GPs find local services. Our Training program commenced in June and was supported by the development of several videos to encourage health professionals to learn more about the IAR initiative and to participate in training.

Watch our IAR video:
youtu.be/orc1pT7iy1I

Or find out more:
nbmphn.com.au/IAR

HEAD TO HEALTH SERVICES

HEAD TO HEALTH IAR INTAKE LINE

The Head to Health mental health intake line is available nationally to people of all ages who need mental health support. When people call the phoneline on **1800 595 212** they are transferred to a trained mental health professional who will conduct an IAR using the IAR-DST support tool. Based on this assessment the clinician will help them find the right local mental health support that meets their needs. This may include referring them to see a clinician through Head to Health centres or satellite services, or to other services in their local area that may meet their needs. We apply a no wrong door approach to all referrals to ensure any referral made receives a warm transfer of care, so that individuals are supported throughout the referral process and don't have to repeat their story multiple times.

In our region, we run our own Head to Health IAR clinical intake phone line with intake clinicians working directly for our organisation. Having clinicians answering these calls who work (and in some cases live) in our region means that they understand the local challenges and nuances people in the region face.

- 2,610 calls taken
- 882 IAR assessments conducted

Find out more:

nbmphn.com.au/CallHeadtoHealth or [see Highlights](#)

“[The IAR-DST] is a person centred-approach. It's matching the unique needs of the individual with the right amount of service intensity. It's not a tool to be used alone. It is not a diagnostic tool. You're going to be using it to supplement your other clinical judgment and clinical assessments. But what we are looking for, is to ensure that the person sitting in front of us, gets the support they need at the right time, at the right place and at the right level of intensity.”

Daniel Angus – Clinical Advisor Primary Care Mental Health, Wentworth Healthcare

“Finding a service that is local to them is really important to most people. It's not generic, they don't think they're being treated like a number. It's very specific to them. They're speaking to someone in the area who knows local services which I think is a really important thing to be able to do.”

Lisa Schack-Evans
 – IAR Clinical Lead



PENRITH HEAD TO HEALTH CENTRE

Penrith Head to Health Adult Mental Health Centre provides walk-in mental health support, without the need of a prior appointment, to people experiencing distress or crisis. The Centre is operated by Neami National and is open 7 days per week, 365 days a year, including public holidays. The service supports those needing short-term mental health support, or those wanting to find other mental health support for themselves, or someone they care about. Services are free and support is provided by trained mental health professionals.

- 755 people assisted
- 6,809 sessions provided

Find out more:

nbmphn.com.au/HeadtoHealth

“I walked through Penrith Head to Health and met with the lovely Bec. We spoke, no judgement, she was warm and caring. Later I met with Joseph who taught me how to breathe and helped me write a recovery help plan. I left feeling like I had hope. I was assigned to Francis who I spoke with on the phone, he was also kind and caring. Thank you so much Head to Health.”

Penrith Head to Health client

HAWKESBURY HEAD TO HEALTH SATELLITE

In June 2023, the Hawkesbury Head to Health Pop Up transitioned to a permanent satellite service. A stand-alone site is under construction and is due to open in November 2023. Until the new site opens, services continue from Francis St Medical Practice in Richmond.

- 301 people assisted
- 2,356 sessions provided

Find out more:

nbmphn.com.au/HawkesburyHeadtoHealth

headspace

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

headspace PENRITH

Operated by Uniting NSW.ACT

- 1,025 young people assisted
- 3,138 sessions provided

headspace KATOOMBA

Operated by Uniting NSW.ACT

- 291 young people assisted
- 1,027 sessions provided

headspace LITHGOW

Operated by Marathon Health

- 326 young people assisted
- 1,643 sessions provided

headspace HAWKESBURY

In March 2022, the Federal Government announced funding for a full-service headspace in the Hawkesbury. After an open tender process, in April 2023 Uniting NSW.ACT was announced as the chosen provider to deliver the centre. A suitable site in Richmond was secured in June 2023. Plans are underway and the service will open in December 2023. With the opening of the Hawkesbury centre we will have four headspace services in our region, one to service each of our local government areas.

Find out more:

nbmphn.com.au/headspace or [see Highlights](#)

headspace LITHGOW YOUTH PLUS

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

- 31 young people assisted
- 91 service contacts

Find out more:

nbmphn.com.au/YouthPlus

headspace YOUTH EARLY PSYCHOSIS PROGRAM

This early intervention program provides young people aged 12-25 years, who are experiencing a first episode of psychosis or at high risk of experiencing psychosis, with a care team of multidisciplinary professionals. The program offers a comprehensive recovery-oriented service to meet the needs of this group.

- 365 young people assisted
- 10,527 service contacts

Find out more:

nbmphn.com.au/hYEPP

YOUTH ENHANCED SUPPORT SERVICE (YESS)

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

- 183 young people assisted
- 1,375 occasions of service

Find out more:

nbmphn.com.au/YESS

3,277 young people have been helped through 26,766 sessions/
service contacts by our youth mental health services



headspace Katoomba.



YESS team.



headspace Katoomba staff Beccy, Kelley and James.



YESS team.



Site announcement headspace Hawkesbury L-R: Lizz Reay, CEO Wentworth Healthcare, Uniting NSW.ACT headspace staff Emma Grima and Ngan Pham, Federal Member for Macquarie Susan Templeman.



COMMONWEALTH PSYCHOSOCIAL SUPPORT

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

The program strengthens the capacity of people to live independently, safely and productively in their community, form meaningful connections in a supportive environment, and reduce the need for acute care. Support also includes assisting those eligible in NDIS Access Requests.

- 247 people assisted
- 4,572 service contacts

Find out more:

nbmphn.com.au/CPS

NDIS SUPPORT CALCULATOR

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

- 13,940 visitors (30.5% NSW / 26.8% VIC / 24.5% QLD / 18.2% remaining states and territories)
- 13,397 new visitors
- 213,813 page views

Find out more:

SupportCalculator.com.au

DOKOTELA TELEPSYCHIATRY SERVICE

In April, we commissioned Dokotela to provide free telepsychiatry services across our region. The service provides access to over 40 experienced psychiatrists, with a range of different specialities, who work collaboratively within a multidisciplinary team of mental health professionals. Many of these psychiatrists can speak another language, or if they can't speak the patients' desired language, interpreters are available through the Translating and Interpreting Service (TIS National). Appointments are delivered via telehealth via the patient's home, office of a support service, or their nominated GP practice.

- 45 people assisted

Find out more:

nbmphn.com.au/Telepsychiatry or [see Highlights](#)

“I felt heard and understood, pretty relieving actually to finally start treatment.”

Dokotela Telepsychiatry client



LIVE LIFE GET ACTIVE

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

- 7 locations – (2 in Blue Mountains, 2 in Hawkesbury, 1 in Lithgow and 2 in Penrith)
- 648 active clients
- 10,175 service contacts

Find out more:

nbmphn.com.au/LiveLifeGetActive or [see Highlights](#)

“I have PTSD, depression, anxiety, panic attacks and I am obese. My local camp gets me out of bed each day and I am so grateful that this camp is free with online support including nutrition, wellness, online training and more.”

Hawkesbury participant

“I would like to think I'm a real success story. I'm a mother of three kids, was overweight and have diagnosed anxiety/depression compulsive disorder. I started attending Live Life Get Active camps and have lost a whopping 17 kilos.”

Blue Mountains participant

“I have found that since attending these camps my physical and mental health have improved. I just love that you can exercise and share a friendship with other people. Throw in some laughs and you start the day off right. I also like that the camp is free as financially I can't afford to attend a gym.”

Lithgow participant

“It has made me more active and along with being more active I find I am making more healthy choices in food. As I'm 69 and have only just retired I am in that adjustment period of finding my way with this change. So there are good mental health benefits also from group exercise classes. It is so wonderful that I'm participating in what I see is an illness prevention strategy. By participating in Live Life Get Active myself and others have the opportunity to improve their physical and mental health. This is likely to improve our quality of life and also reduce costs to the health system in the future. I'm hoping I'll make a few friends as well – it's good going back each week.”

Penrith participant

MENTAL HEALTH NURSE INCENTIVE PROGRAM

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

- 73 people assisted
- 6 nurses working with patients in the program

Find out more:

nbmphn.com.au/MHNIP

PSYCHOLOGICAL THERAPY SERVICES

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

- 1,870 referrals
- 12,264 occasions of service (including SOS and Bushfire)
- 73 providers
- 690 suicide prevention referrals (SOS) with 4,463 sessions provided
- 87 bushfire affected people assisted with 568 sessions provided
- 40 providers for bushfire and flood streams

BUSHFIRE AND FLOOD PSYCHOLOGICAL THERAPY SERVICES

Our Psychological Therapy Services were able to enhance their existing bushfire and flood stream with additional funding to further support those impacted by multiple disaster events. The ability to access this service without

the need for a referral meant that people could directly access trauma trained mental health professionals without the need to see their GP first.

- 76 clients
- 374 occasions of service
- 35 providers

Find out more:

nbmphn.com.au/PsychologicalTherapy

SUICIDE PREVENTION TRAINING

We are taking a community-wide approach to suicide prevention in our region, which includes supporting various free training opportunities in suicide prevention for health professionals and the community. The first of this training started in May and was delivered by LivingWorks Australia and funded by NSW Health.

There are four types of training available including SafeTALK, SafeTALK LGBTQIA+, ASIST (Assisted Suicide Intervention Skills Training) and I-ASIST (Indigenous ASIST). The training was available to anyone aged 15 years (SafeTALK) or 16 years (ASIST and I-ASIST) or older living or working in our region.

- 6 events
- 182 attendees

“Training was useful, well-paced, and practical.”

“Great information delivered well and easy to understand.”

SafeTALK Training participants

MENTAL HEALTH HELP WEBSITE

This free online directory helps the community and health professionals find over 300 local mental health services. Local providers in our region can add their services to the website for free and manage their own listings.

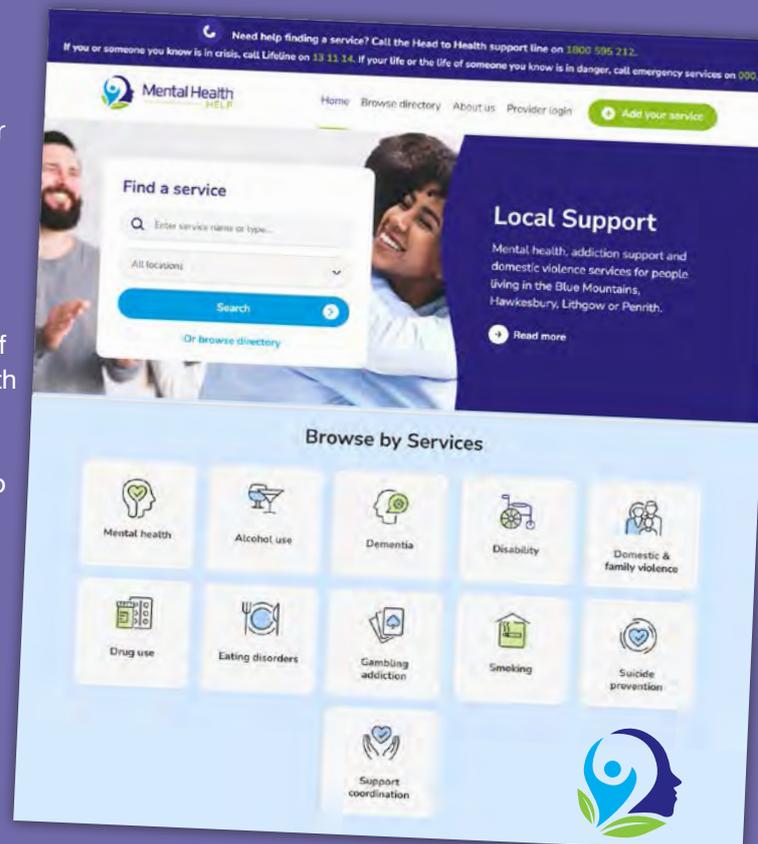
This year the website went through an extensive redesign and rebranding process and both the Mental Health Advisory Committee and Mental Health Consumer and Carer Committee were involved in the process. The website's functionality was improved, so that services can now be found by location, area of support and type of service. The website was also integrated with our My Health Connector website so that appropriate services will appear on both websites while being managed through one. In addition, we added an IAR Level of Care filter to the website to assist with the implementation of IAR across the region, so that after conducting an IAR with their patient, health professionals can easily find local services that match their needs.

- 16,056 website visitors
- 94.5% were new visitors with 5.5% returning visitors
- 31,711 page views

Find out more:

MentalHealthHelp.com.au

 Read more about the My Health Connector directory in our **Healthy Ageing** section on page 46





HIGHLIGHTS

Dokotela Telepsychiatry

“We are privileged to offer a service that not only greatly benefits our communities but is also undeniably essential. Community feedback underscores the pressing need for mental health support and services, particularly in the context of post-acute and emergency care. We are proud to bridge this critical gap, extending our care to those who need it most; clients who are often disproportionately affected by mental health challenges and yet face significant barriers to access.

The response from consumers in the region during our in-person outreach efforts has been resoundingly positive, and this sentiment is particularly noteworthy due to our service’s inclusivity. Our commitment to serving all age groups and providing diagnosis and treatment for neurodevelopmental disorders has been met with enthusiastic approval. Moreover, the enthusiasm from clinics within the region to actively participate and host appointments for our service is a testament to the value it brings to our community.”

Dokotela Telepsychiatry clinician

“This service has been amazing. I otherwise would not have been able to afford a psychiatrist to get a diagnosis and begin a treatment plan. This service broke down barriers for me to access support. I didn’t know about it until my caseworker at Flourish told me.”

“I think it was a very helpful service and I feel more relaxed knowing that I have a diagnosis. It will help me come to terms with this illness and I will be better able to deal with this.”

Dokotela Telepsychiatry clients

Safe Haven Opens in Penrith Head to Health

This year we collaborated with NBMLHD and Neami National to launch Safe Haven, co-located within the existing Penrith Head to Health centre. The integration of Safe Haven within a Head to Health centre is unique and helps ensure a coordinated and integrated approach to the delivery of mental healthcare for the region.

Safe Haven is a NSW Health Towards Zero Suicides initiative and is a safe and inclusive place people can go, with no appointment or referral needed, as an alternative to emergency departments if they’re experiencing suicidal thoughts or distress. Safe Havens have been co-designed by people with a lived experience of suicidal distress and provide quieter, calmer environments than emergency departments.

Safe Haven is staffed by peer-support workers who have lived experience with suicide and recovery. Together, the staff and space from both services allow people seeking urgent mental health support to receive compassionate and responsive advice in a community driven space where people can sit down, talk and reflect. The collaboration of all agencies involved is an important aspect in integrating and streamlining mental healthcare in our region.



Not feeling like yourself? Free mental health support is available.

Monday to Friday, 8:30am - 5:00pm

 **1800 595 212**



Penrith Head to Health

A male client first presented to the centre looking for support managing his mental health and gaining coping strategies in regard to his social anxiety as he was experiencing intense emotions. He had been sober for 100 days and was going to Alcoholics Anonymous meetings weekly.

In the initial session, he presented with anxiety (pressured speech, minimum eye contact, fidgety). He felt a lot of shame with what he described as being his age and not having his life together. He felt frustrated with his thought patterns and not being able to do right by his romantic partners.

The clinician had eight sessions with the client and now he is able to recognise his thought patterns, to calm himself when feeling anxious with grounding exercises (breathing, vagal nerves, toning the nervous system down and mindfulness) and is more aware of his symptoms.

During these sessions, the client has built a positive relationship with his anxiety and feels less shame about it than he did before. The client has stated that he is able to take a step back when feeling anxious and recognise what is going on for him. The client is being more self-aware and kind to himself while working on things he wants to fix for himself.

“Thank you very much for your help today. I was an absolute mess when I walked through your door, but you made me feel most welcome and treated me with utmost respect and courtesy. I came in a complete mess and left feeling cared for.”

“I could not ask for a better person than Maria at Penrith. Maria made me feel better after every session that I had with her. She understood and gave me great advice that I have used. The team also made me feel very welcome. I would recommend anyone with mental health concerns to Head to Health Services.”

Penrith Head to Health clients



Opening of Safe Haven, located in Penrith Head to Health.



Opening of Safe Haven, located in Penrith Head to Health.



NSW Health Principal Policy Offer Mental Health – Nikki Maloney, NSW Member for Penrith – Stuart Ayres MP, Neami National Executive Director Research, Engagement and Advocacy – Elisabeth Tuckey, Nepean Blue Mountains Local Health District Chief Executive – Kay Hyman, Deputy Commissioner Mental Health Commission of NSW, and Wentworth Healthcare Clinical Advisor Primary Care Mental Health – Daniel Angus.

NSW and ACT PHN Collective Head to Health Marketing Campaigns

This year, all NSW and ACT PHNs came together and combined our Head to Health pheline marketing budgets to run collective Head to Health state marketing campaigns. Our PHN led the activities and with our Communications Manager – Marketing/Media, Bess Bosman, leading the combined NSW and ACT Communications Working Group (Working Group), which had Communications leads from each of the 11 PHNs represented.



AiMCO Awards Night.

Over the year the Working Group ran five major marketing campaigns across the two states to build brand awareness of Head to Health and drive calls to the national phone line. Activities included a Social Media Influencer campaign, a Washroom and Toilet Door campaign, an Audio campaign (music streaming and podcast), a Video on Demand and YouTube campaign, and a TikTok campaign.

Each marketing campaign was developed and approved by the Working Group who met a total of 20 times – 14 times as a whole group and an additional six times with subgroups (to meet with suppliers and develop campaign content).

In February 2023, our Social Media Influencer campaign was nominated as a finalist in the Australian Influencer Marketing Council (AiMCO) Awards in the category of Best Health, Fitness or Sport Campaign. The campaign featured four social media influencers who created 12 videos released across Instagram and Facebook over October (Mental Health month) and November 2022. The campaign was viewed by an audience of 230,400, achieved 120,006 video through plays and received 3,948 likes/positive reactions and 91 comments (with only one negative comment). It also generated the most calls through to the 1800 number since its launch. Whilst we did not win the award, the Working Group was proud to be nominated amongst brands such as Paramount, Netflix, CBA, BUPA, ALDI, PayPal, Maybelline, Colgate and more.

Other campaign results included 44 million total patron visits across our Washroom and Toilet Door campaign, 6 million impressions across our Audio (music streaming and podcast) campaigns, 360,000+ impressions across our Video on Demand and YouTube campaigns and 2.6 million impressions across our TikTok campaign.

The Working Group has formed a great working relationship, with members reaching out to each other outside of sessions regarding other projects and collaborating on other PHN marketing initiatives.

“Head to Health is a great service, glad to see you guys involved!”

“Thank you for your words, need more positivity on socials like this!”

“I love this so much. Thanks for sharing and putting this out there, as it’s so important to know that life is not a race. There is no finish line and is constantly evolving.”

Social media feedback from Head to Health social media campaign



At the AiMCO Awards Social Media Influencer Ellie Coleman, Courtenay McDermott and Simone Landes from The Lifestyle Suite, Nicole Williams and Krystle Goulding from Wentworth Healthcare, Carolyn Massingham from WentWest.

AiMCO Awards Night.

headspace Hawkesbury

In April 2023, after an open tender process, we were pleased to announce that Uniting NSW.ACT was successful in their tender to establish and operate the new headspace in the Hawkesbury. The full-service centre, due to open in December 2023, will provide young people aged 12-25 and their family and friends, support for their mental, physical and sexual health, alcohol and/or other drug concerns, as well as assistance with vocational and educational services.

Uniting has more than 40 years' experience in developing and implementing mental health and community service programs, and currently operate three other headspace services in Katoomba, Mount Druitt and Penrith.

In June 2023, a suitable site was officially secured in Richmond. Securing the site was an exciting milestone, as finding an appropriate and accessible building in the Hawkesbury, that met all the criteria needed to open a full-service centre and that would allow us to open the doors within planned timeframes, was a challenge.

The site is close to public transport, local schools, shops and cafes, ensuring accessibility for young people so that they can receive timely, available support when they need it. Uniting NSW.ACT continue to consult with young people, their families and friends, the community and other key stakeholders to ensure a safe, youth friendly and welcoming service is established.



Site announcement L-R: Uniting NSW.ACT headspace staff Emma Grima and Ngan Pham, Federal Member for Macquarie Susan Templeman and Lizz Reay, CEO Wentworth Healthcare.

headspace Hawkesbury Tender Evaluation Panel L-R: *Elisa Manley – Executive Manager Strategy & Integration, Wentworth Healthcare, Josh Stojanovic – Commissioning & Contracts Officer, Wentworth Healthcare, Marita Schwendler – NBMLHD Clinical Service Manager, Child, Youth & Family Mental Health Service, James Kastrounis – Commissioning and Contracts Coordinator, South Western Sydney PHN, Fiona Tansley – National Centre Services Advisor, headspace National, Daniel Angus – Clinical Advisor Primary Care Mental Health, Wentworth Healthcare, Melanie Hartmann – Program Development & Contracts Officer Mental Health, Wentworth Healthcare, Alyssa Blamey – Senior Centre Services Advisor, headspace National and Caitlin Daley, Youth Consumer Representative from the Hawkesbury.*

Lithgow headspace Case Study

“A 16 year old female young person, first presented with her father as needing support but not ready to engage with the mental health team. She was new to the area, having been removed from one parent and not having any friends, not wanting to do school, and had no documents (birth certificate, etc.) She was interested in finding a fast-food job, however has anxiety working with people. The household she lives in has seven children, and at that point no working adults.

She then had vocational support, which encouraged her to join TAFE as an alternative to high school, referring her to a Pathways course. Vocational support helped her write a resume and with online applications for fast-food jobs. We engaged her with Birrang, a driving school support – who were able to pay for and process her birth certificate application.



Lithgow headspace team.

We continued to support her in school engagement. She did a resume drop and she got her first job in a café with a small team. She then engaged with the Youth Care Coordinator for counselling.”

Lithgow headspace staff member



Priority Area:

POPULATION HEALTH



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



3 in 10 assault hospitalisations for people aged 15 and over are due to DFV and it is estimated that 5 people a week will see a GP who are experiencing domestic and family violence (DFV)



70% of Australians would prefer to die in their place of residence, but only about **44%** die at home

36,955 after hours GP services consultations

64 health professionals attended training Domestic and Family Violence training

518 HealthPathways reached in 5 years



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.

- Five services funded, including two After Hours practices, the National Home Doctor, My Emergency Doctor for RACHs and Penrith 24 Hour Pharmacy
- 20% average increase in the after-hours service utilisation from 2021/2022
- 36,955 consultations provided by after hours GP services
- 253 consultations by National Home Doctor
- 13,954 visits to Doctor Closed website

- 694,638 people reached through Doctor Closed Facebook advertising
- 21,028 people used Penrith 24 Hour Pharmacy in the after-hours period
- 1,241 consultations by My Emergency Doctor to support residents in local RACHs

Find out more at:
DoctorClosed.com.au

COLLABORATIVE COMMISSIONING

Collaborative Commissioning is a whole-of-system approach designed to enable and support the delivery of value-based health care in the community, targeting local priority health and service needs. This is delivered through a partnership between NSW Ministry of Health, Nepean Blue Mountains Local Health District (NBMLHD) and Wentworth Healthcare.

Collaborative commissioning aims to improve integration across the health system to better support a seamless patient journey. Currently the partnership is in the joint development phase, working together to develop models of care that will support people with chronic disease related potentially preventable hospitalisations, to be managed within the primary care setting. Over the past 12 months this partnership has undertaken a needs analysis and scoping process to improve the patient journey for people with chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF). The next phase will be implementation across the region through co-commissioning of services to support COPD and CHF care in the community.





Penny Wood – Coordinator, Domestic Family Violence Programs Wentworth Healthcare training in the park.

DOMESTIC AND FAMILY VIOLENCE RECOGNISE, RESPOND AND REFER PROGRAM (RRR)

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

- 22 RRR-DFV training sessions held
- 64 health professionals from 20 practices attended training
- 42 allied health professionals and 53 medical students also received the training
- 56 referrals to DFV Linkers and over 180 other core engagements occurred (case consults, support in completing forms and/or information on DFV)

Find out more:

nbmphn.com.au/DFV or [see Highlights](#)

“From the training session I learnt how we should communicate with patients and what the referral pathways can be for those affected by domestic violence.”

Local GP

Recognise, Respond and Refer Program

An integrated health response to domestic and family violence.

- **Recognise** the signs of domestic and family violence
- **Appropriately Respond**
- **Make effective Referral** pathways



Domestic and Family Violence Training

Training to Domestic and Family Violence:

Domestic and family violence, including seeking support.

to recognise the signs of and the health impacts.

to appropriately respond to disclosures and referral pathways.

Information on how DFV Linkers practice/centre.

Short webinars were held in General Practice (AGPAL) in consultation with experts. These webinars provided health professionals a more detailed overview of the prevalence of DFV within

the Strait Islander peoples

people

culturally diverse

by

sexual, transgender,

Contact the DFV Program on **02 4708 8100** or go to nbmphn.com.au/DFV

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HEALTHPATHWAYS

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

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

- 518 live pathways
- 22,067 sessions
- 73,455 page views
- 2,149 active users

In 2023, the NBM HealthPathways program designed and piloted an innovative model of consumer engagement to provide guidance and advice during the development and review of clinical pathway content. The Consumer Expert Advisory Group (CEAG) utilises the insights and experience of consumers within the group to advise on the role of the person with lived-experience in the medical process, suitability of resources included in the pathways, the language used and things for the GP to consider when working with some patient cohorts. The outcomes of the group will be reviewed in 2024. Recommendations will be presented to the NBM HealthPathways Steering Committee for consideration, and more broadly to the other HealthPathways teams across NSW, to assist them in their consumer engagement activities.

Find out more:

nbmphn.com.au/HealthPathways or [see Highlights](#)



Read more about HealthPathways COVID-19 work in our **Disaster Management** section on page 38

“Excellent resource for our GP surgery. I have forwarded this on to all of our doctors to keep us up to date with burn injuries and management. The pathway has practice point reminders like “burns continue to deepen over days” – tools such as the total body surface area estimator – “rules of nine” and helpful links including the NSW Institute of Trauma and Injury Management Trauma app amongst other management support.”

Burns Injury HealthPathways Julie Welsh – Practice Nurse

IMMUNISATION

We provide a range of immunisation support to general practices, including cold chain management, customised documentation, and training. We communicate regularly with the Penrith Public Health Unit, NSW Health, and the Department of Health and Aged Care to discuss immunisation strategies and provide up-to-date information to practices in our region. We are further supported by the PHN Immunisation Support Program, an initiative of the National Centre for Immunisation Research and Surveillance.

The national aspirational target for childhood immunisation is 95%. The last immunisation on the National Immunisation Program (aside from annual seasonal influenza immunisation) is at 4 years of age. This year, our Practice Support team targeted immunisation rates for 5-year-olds, developing a childhood immunisation toolkit for practices. Once provided with the immunisation rates for 5-year-olds attending their practices, they then worked through data cleansing and patient recalls to improve overall immunisation rates.

The following percentages are the annualised data to 30 June 2023 for 5-year-olds for our region:

- 95.38% of all children fully immunised
- 97.05% of Aboriginal and Torres Strait Islander children fully immunised

“Winmalee Medical Centre worked through our Childhood Immunisation Kit, cleansing the practice’s immunisation data, and recalling any overdue 5-year-olds for immunisation. The practice nurses went another step further and reported that a key highlight from the work undertaken was the opportunity to revisit immunisation conversations with vaccine-hesitant parents and caregivers.”

Lauren Crisell – Wentworth Healthcare Program Development Officer



Wentworth Healthcare staff receiving their annual flu vaccination.

PALLIATIVE CARE

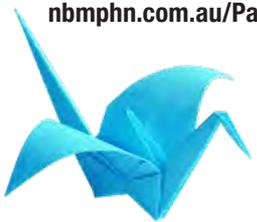
All PHNs across Australia are participating in the Greater Choice for At Home Palliative Care Program, to improve access to palliative care at home and to support end-of-life care systems so that people receive the right care at the right time and in the right place. Our program has two focus areas, community awareness and health professionals.

As part of this work, we engaged Synergia, an Australasian analytics and evaluation group, to help us undertake a palliative care needs analysis of our region. The aim of the report was to better understand the size and nature of palliative and supportive care service gaps within our region and why they exist. Through consultation, data analysis and modelling, the key issues were explored via system maps to identify how gaps in service provision could be addressed, according to local need.

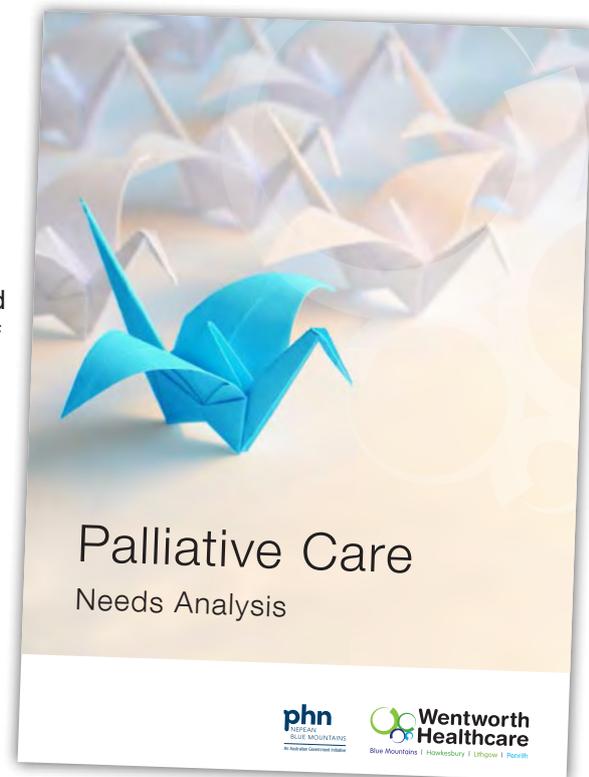
Consultations were conducted with 23 stakeholders including GPs, allied health providers, health professionals from NBMLHD and NSW Ambulance, and representatives from non-profit organisations and the community. We are now developing programs to support the priority actions from the final report to improve the integration of and access to palliative and supportive care services in the region.

Read more:

nbmphn.com.au/PalliativeCareNeedsAnalysis



Cranes are a sacred bird in Japan that are a symbol of living a long life (a 'thousand years'). Legend says that in making a thousand origami cranes your wish will be granted. Sadako Sasaki, a young Japanese girl who contracted leukaemia from the atomic bomb dropped on Hiroshima in 1945, made over a thousand paper cranes in her journey with the illness. Through Sadako's story, the paper crane has become a symbol of hope, determination, and peace.



WESTERN SYDNEY HEALTH ALLIANCE

The Western Sydney City Deal is a collaboration between the federal, state and local governments to contribute resources and delivery of 38 commitments under transport, technology, health, education, environment, government and urban planning over the next twenty years.

Under Improve Community Health, the Western Sydney Health Alliance (WSHA) was established in 2019 to improve coordination and effectiveness of health services in the region, supporting the planning and design of healthier, liveable neighbourhoods throughout the Western Parkland City. We are proud to be a member of the WSHA through a recently refreshed memorandum of understanding (MOU) which comprises 12 member organisations including eight councils of Blue Mountains, Camden, Campbelltown, Fairfield, Hawkesbury, Liverpool and Penrith, and the two Local Health Districts and two Primary Health Networks from Nepean Blue Mountains and South Western Sydney. The WSHA has three key areas of action:

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

This year the Access to Health and Wellbeing Services focus has been co-led by our PHN and South Western Sydney PHN, the Memorandum Of Understanding 2022-2025 amongst all partners was refreshed.

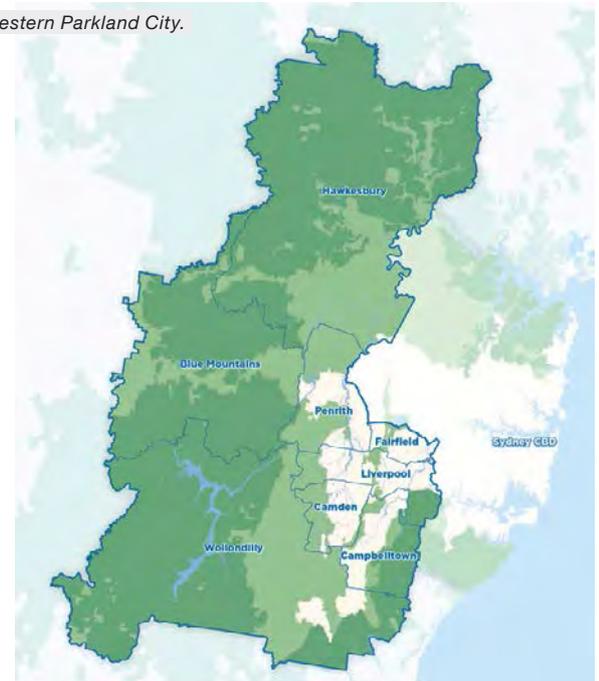
The Social Determinants of Health framework, Social Connectedness framework and Health Impact Statement were launched, a submission towards the Federal Government's National Health and Climate Strategy consultation was made and the WSHA Strategic Plan was launched.

Find out more:

wshealthalliance.nsw.gov.au



Western Parkland City.



HIGHLIGHTS

Case Study – Colocation of DFV Linker at My Health Medical Centre, North Richmond

The DFV Linker attends the practice each fortnight to support staff and speak to patients about DFV. During one of the colocation days a patient presented with ongoing medical issues. The GP advised the patient that she would need to see a specialist, but the patient said her partner would not allow her the funds. The GP recognised this, and other signs during the consult (partner constantly texting and calling patient) which alerted her to ask the patient DFV specific questions. It was disclosed that her partner monitored her with a phone and cameras in the house.

The GP then referred her to the onsite DFV Linker, where a DV-Safety Assessment Tool and safety plan were done. The patient and was deemed 'At Serious Threat' and was referred to the Women's Domestic Violence Court Assistance Service (WDVCAS) Local Coordination Point. WDVCAS support sessions were provided to the patient at the GP clinic, which was the only safe space for the patient to access any support. The patient is now being supported by WDVCAS where the patient and two children are in the process of being safely relocated to other accommodation. This process is ongoing to maintain safety for the patient and to ensure she has appropriate accommodation to escape to.



Palliative Care

Part of our community awareness approach is encouraging advance care planning conversations. A local not-for-profit organisation, Belong Blue Mountains, runs a Palliative Support Service, where community volunteers are linked to palliative care clients from the NBMLHD. Our PHN staff participated in a meeting with Belong Blue Mountains to promote the importance of having advance care planning conversations with their clients. The volunteers were also encouraged to have Advance Care Planning conversations with their own families. Several volunteers provided feedback that they had since spoken with their clients and family about advance care planning.

HIGHLIGHTS



HealthPathways Nepean Blue Mountains



Nick Rosser, Dr Kate Brunton, Elisa Manley and Dr Karen Arblaster.

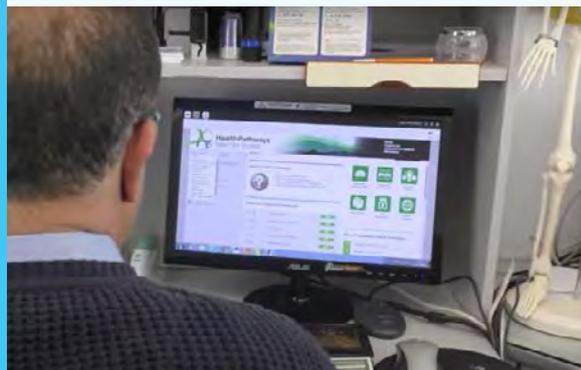
Five Years and 500 HealthPathways

This year our HealthPathways program, jointly delivered with the Nepean Blue Mountains Local Health District (NBMLHD), reached the significant milestone of 500 pathways in five years.

Delivering HealthPathways in our diverse region, and ensuring pathway content reflects the specific needs of each area, has been a unique challenge. Significant consultations with clinical staff, hospital, community specialists, GPs, nurses and allied health professionals have been crucial in developing and maintaining accurate and current information. HealthPathways has become a significant driver of service integration between the primary, tertiary and public health sectors, and is now a valuable and essential inclusion in the design of new and existing services.

The partnerships developed through HealthPathways have allowed us to quickly respond to emerging needs, particularly over the past few years when several natural disasters and COVID-19 impacted our region. We were able to quickly form working groups with key stakeholders to develop pathway content addressing these challenges, ensuring our health professionals could respond efficiently and appropriately.

These relationships have since extended into more collaborative work on shared priorities, including how to foster system redesign and education for all health providers, particularly in the areas of dementia care, palliative care and the long-COVID response.



General Practice Conference and Exhibition

In May, we secured a stall and offered scholarship places at the conference for GPs in our region. The General Practice Conference and Exhibition (GPCE) – in partnership with Hunter New England Central Coast (HNECC), and Central and Eastern Sydney (CES) PHNs – promoted awareness around Domestic Family and Sexual Violence (DFS). Many GPs attended the stall asking for information staff were able to connect with local GPs from their regions. Together, all three PHNs advocated for 60 free session passes which were distributed to GPs within the three regions. This was a great way for local GPs to attend the conference, with some attending for the first time.

“I got a great opportunity to attend the 2023 GPCE held at ICC in Sydney by my local Nepean Blue Mountains PHN. The conference was well organised with up to date general practice content and well known presenters and a wonderful opportunity to network with the exhibitors and other doctors. Thanks to my local PHN again for this great chance.”

Dr Jahan – local GP



(L to R) Shannon Richardson and Penny Wood at the Australian Domestic, Family and Sexual Violence Recovery and Healing Conference.



(L to R) Shannon Richardson Hunter New England and Central Coast PHN, Penny Wood from Nepean Blue Mountains PHN, with Dr Marie Tan Paredes.

Primary Health Networks supporting Primary Care to Recognise, Respond, Refer and Record domestic and family violence

Lauren Gecuk Central and Eastern Sydney
Penny Wood Nepean Blue Mountains
Shannon Richardson Hunter New England and Central Coast

This is a joint initiative between Central and Eastern Sydney, Hunter New England and Central Coast and Nepean Blue Mountains Primary Health Networks.

phn CENTRAL AND EASTERN SYDNEY
 phn NEPEAN BLUE MOUNTAINS
 Wentworth Healthcare
 PRIMARY HEALTH NETWORK
 phn

Wentworth Healthcare Limited (ABN 60 155 004 970) is Nepean Blue Mountains PHN, 577, 2022

Domestic Family and Sexual Violence Primary Healthcare Response

Background

Domestic family and sexual violence (DFS) is well-recognised as a social issue. What is less recognised is its significant public health impacts.

Primary Health Networks are trialing an innovative Model of Care to increase awareness and capacity in GPs, nurses, and allied health professionals to recognise, respond and refer patients experiencing DFS. This Model will build bridges between the primary care and the DFS service sector, so patients receive the right support, at the right time.

The Model of Care includes training specifically designed for clinicians working in general practice and the development of the DFS local Linker program. These Linkers are primary care's one-stop referral and advice point for patients impacted by DFS.

The Linkers provide patient safety planning, service navigation and referrals, court support, feedback and advice to the referring clinician, to enhance care coordination and promote holistic and trauma informed healthcare.

Case Study

A GP had recently attended DFSV training and shortly afterwards contacted their local DFSV Linker regarding a patient. The patient wasn't ready to accept a referral but continued talking to the GP over several visits. During that time, the GP and the Linker had regular contact, with the Linker providing support services, as well as safety planning information, which was communicated to the patient. After many more GP visits, the patient felt comfortable and ready to consent to a referral to the Linker for specialised support.

Due to the extent of the perpetrator's coercive control, it was difficult for the Linker to engage with

the patient, but the Linker remained in contact until the patient was able to seek support. The Linker informed the patient about a Women's Legal Service (as the patient was concerned about her assets) Crisis, crisis and benefit payments, counselling services and group programs to increase social connections, to start addressing the impacts of living in an abusive relationship.

The patient still resides in the home with her partner but has stated that she feels more confident in naming the abuse for what it is and more aware of her situation. She has identified that if the situation was to escalate, she is now aware of the support services available.

She continues to see her GP who monitors her risk.

Health Impacts



Cost



Barriers

Primary Care Sector

- Inadequate training
- DFSV traditionally not perceived as a medical issue
- Believing the issue as too complex

- Lack of knowledge of referral options
- Time constraints

Patients

- Not always realising they are in an abusive relationship
- Feelings of judgement
- GP also treating person using violence
- Fear of breach of confidentiality
- Not linking adverse health outcomes to violence experienced at home
- Fear of child removal

Six Influencing Pilot Factors



Primary Healthcare Response

- Create a climate for disclosure
- Ensure the space is private
- Make meaningful referrals
- Stay involved! More eyes, more safety!
- Discuss with your local Linker

Outcomes

- Increased awareness of the health impacts of DFSV within primary care
- Increased confidence to ask patients about their relationships and DFSV
- Increased referrals from general practice to the DFSV service sector
- Increased primary care and DFSV system integration, trust and relationships
- Increased patient care coordination
- Earlier intervention for children

Domestic, Family and Sexual Violence Conference Poster Submission

In partnership with HNECC and CES PHNs, we developed a poster which was accepted and showcased at Australian Domestic, Family and Sexual Violence Recovery and Healing conference. The two-day event brought together victim survivors, professionals, academics and decision makers from across Australia for the first time.

This is a joint initiative between Hunter New England and Central Coast and Nepean Blue Mountains Primary Health Networks.





Priority Area:

UNDERSERVED AND DISADVANTAGED COMMUNITIES



24% of our residents were born overseas



14% of our residents speak a language **other than English** at home



7,014 patients in our region with a COPD diagnosis. A further 2,510 patients with an indicated but not coded diagnosis of COPD.
General practice data PENCs June 2023

356 participants for Lungs in Action program

2,020 individual consultations by Specialist Outreach Clinics over **173** clinic days

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



CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) SERVICES

COPD COLLABORATIVE

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

- 6 practices participated in 2022-23
- 53 practices have participated since 2017

Find out more:

nbmphn.com.au/COPDServices

CALM PROGRAM

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

- 33 people completed the program in 2022-23
- 168 people have completed the program since 2018

LUNGS IN ACTION

This program, developed by Lung Foundation Australia, is a community-based maintenance exercise program for people with stable chronic lung conditions who have completed a pulmonary rehabilitation program.

- 97 groups
- 356 participants

Patient surveys from the program have shown that all patients agree or strongly agree that the Lungs in Action classes have a positive effect on their mood, ability to remain independent with activities of daily living and feel confident in managing their COPD.

Find out more:

nbmphn.com.au/LungHealth

“My general wellbeing has improved since joining the Lungs in Action class and all the exercises can be tailored to my level but are still enough to be challenging.”

Lungs in Action participant

CHRONIC PAIN MANAGEMENT PROGRAM

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

- 44 participants
- 87% of patients with moderate pain interference made a clinically significant improvement
- 75% of patients reduced opioid medication intake by 50%

Find out more:

nbmphn.com.au/ChronicPain





HEAL Pilot program.

OUTREACH CLINICS

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

- 2,020 individual consultations over 173 clinic days
- 428 new patients
- 486 consultations with Aboriginal patients
- 221 telehealth consultations

Find out more:

nbmphn.com.au/OutreachServices or [see Highlights](#)

TIBETAN CLINIC

An interpreter service provided once a month to a Katoomba general practice seeing non-English speaking Tibetan migrants who are mostly refugees. This year the interpreter service transitioned online and was provided by the 'Speak your Language' translation service. This transition proved highly successful with both GP and patients satisfied with the new arrangements.

- 42 GP visits facilitated

HEAL PILOT PROGRAM

Healthy Eating Activity and Lifestyle (HEAL) is a pilot program that provides strategies around healthy eating, exercise and behaviour change targeted at supporting people who are obese, or who have or are at risk of, developing a chronic disease.

- 30 participants

CALD MENTAL HEALTH NAVIGATOR PROJECT

In our region, 24% of our residents were born overseas and 14% speak a language other than English at home. These culturally and linguistically diverse (CALD) communities may have difficulty accessing mental health services due to language and cultural barriers. The CALD Mental Health Navigator Project supported access to services for these communities who were at greater risk of mental health issues and social isolation due to the impacts of COVID-19.

The two providers engaged were Nepean Multicultural Access (NMA) and SydWest. These providers utilised a community navigator to link people from CALD backgrounds to appropriate mental health and social supports.

- 40 events participated or facilitated
- 32 different population groups engaged
- 785 individual clients supported
- 206 people referred to relevant mental health services

Find out more:

[see Highlights](#)



Back row (standing) L to R: Angelina Dayal – The Benchmarque Group, Alice Sayde, Eun Young Kim, Dr Musabbeha Khan, Karen Andison, Nerida Fawcett, Irene Abogado, Nikole Quinteros. Front row (seated) L to R: Sharee Rayner – The Benchmarque Group, Abbey Taylor, Lerinda Gale.

WOUND MANAGEMENT TRAINING AND DEVELOPMENT PROGRAM

This year we redesigned our approach for the Wound Management Pilot, creating the Wound Management Training and Development Program. The new program focused on building the capacity of practice nurses and GPs in managing wounds, especially hard to heal wounds, in the general practice setting.

Participants completed The Benchmarque Group's Wound Management Pathway course and APNA's Nurse-Led Clinics Workshops. Participants were also sponsored to attend the Wounds Australia

2022 Conference in Sydney and supported in a monthly Community of Practice group. All four local government areas were represented by the program participants.

- 28 health professionals trained (26 practice nurses and 2 GPs)

Of the 75% of participants who completed the Program's evaluation survey, 90% said the program was relevant to their practice, 90% reported an increase in their confidence in managing wounds and 100% said that participation improved their knowledge and/or skills.

Find out more:
[see Highlights](#)

WINTER STRATEGY QUALITY IMPROVEMENT PROGRAM

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

- 9 practices participated
- 180 patients enrolled
- patients with up-to-date Influenza Immunisation improved from 17% to 94%
- patients with up-to-date GP Management Plan improved from 68% to 90%
- patients with up-to-date Team Care Arrangements improved from 67% to 88%

- patients with up-to-date pneumococcal vaccination (eligible patients only) improved from 51% to 74%
- patients with a My Health Record Shared Health Summary uploaded in the past 6 months improved from 27% to 92%
- patients with a Medication Review improved from 12% to 42%

Find out more:
nbmphn.com.au/Qlopportunities

“I am more comfortable with the Medication Review process and have streamlined my processes to include shared health summary uploads when completing management plans. I enjoyed the workshops and gained more knowledge in managing chronic disease patients. Thank you for always supporting the practice and providing helpful workshops.”

GP – Winter Strategy 2023

HIGHLIGHTS

Breaking Down Barriers – CALD Mental Health Navigation Program

“A local family from Ethiopia has experienced severe trauma caused by the war and their experience of being unsuccessful in bringing their family to Australia through the Humanitarian Program. This family also had negative experiences when seeing health providers in the past. Due to the Community Navigator’s advocacy and referral, they began to engage with an appropriate local GP and counselling service.”

CALD Health Navigator Provider



Hearing the success of *Healthy Ears: Better Hearing, Better Listening*

In 2015, together with Nepean Blue Mountains Local Health District we established the Lithgow Speech Pathology Outreach Clinic or Healthy Ears: Better Hearing, Better Listening with funding from NSW Rural Doctors Network. The Outreach Clinic funds a Speech Pathologist from Lithgow Allied Health Service who provides in-school assessment of children, plus some intensive therapy to six schools and six pre-schools in the area. Priority access is given to Aboriginal children with 32% of occasions of service being with Aboriginal clients. The remainder are from low socio-economic background.

In August 2022, Yolande Boys our Workforce Manager together with Lurene Pollard, Speech Pathology Manager, Lithgow Hospital, presented a session on the program entitled: An Innovative Approach for Rural Children with Hearing, Speech and Language Difficulties at the annual outreach forum of NSW Rural Doctors Network. It outlined the rationale, service design and establishment, service development, lessons learned, community collaboration, success stories and results gained over the last seven years of partnership between a Local Health District, a Primary Health Network and the NSW Rural Doctors Network.



Wound Management Feedback

In the evaluation of the Wound Management Training and Development Program participants were asked how they would implement their learnings in general practice:

“...I have updated staff on current wound swabbing guidelines per Wounds International...the nurses are planning to write some protocols based on the program and be the vehicles of change with the GPs and management...”

“Considered different products and questioned chronic wounds more. Updated wound management pathways including implementing the use of digital photography.”

“Trying out new dressings, using photos in wound management, have made up measuring tapes for wounds, improved documentation.”

“I have changed the way we deal with skin tear wounds...”

“Implementing new dressings in the clinic – doctors very happy about it, wound assessment in note changed.”

Participants in the Wound Management Training and Development Program were given sponsored positions to attend the Wounds Australia 2022 Conference in Sydney (14-17 September).

“I am really grateful that I got a chance to attend the conference yesterday and it was fabulous. I got to know many new things, which will help me to provide quality care to my patients and the exhibition was excellent too. Thank you so much for giving me this opportunity where I can improve my knowledge and skills to apply in my daily practice. This training will not only provide us the knowledge in wound management but in other areas of nursing practice as well.”

Akanki Patel – Practice Nurse, Advance Medical Practice Pitt Town

Healthy Eating Activity and Lifestyle (HEAL) Pilot

“The HEAL program helped me to get motivated with both exercise and important lifestyle changes. I dropped 15cm from my waist during the 8-weeks and my GP was thrilled. The program has given me the motivation to stay consistent with my exercise.”

Noelene – HEAL participant

“My dietitian referred me to the HEAL program and I am very grateful she did. I have learnt a lot about the importance of exercise and engaging in the right exercise to manage my health conditions.”

Anne – HEAL participant

“The HEAL program gave me confidence to exercise in a group setting and I now feel comfortable performing exercises in front of others.”

Jacob – HEAL participant

Dr Arman Babajanyan Reflects on 11 years of the Paediatric Outreach

“Reflecting on the paediatric outreach service over the last 11 years, despite the really hard times, I think we have achieved a lot, not only as far as servicing children from disadvantaged families but also creating a new model of care.

We have tried to find ways to not only continue the outreach paediatric service but also to find innovative ways of improving access to children from disadvantaged families by maximising the efficiency of the service.

For example, having a developmental paediatrician complement the clinic by performing focused comprehensive assessments within 3-4 months

of referral (usual waiting period for such assessments in the region is 2 years). Modifying the model of care so that other paediatricians can complement the service and reducing the reliance on one practitioner. I am very proud that we've achieved this. Having a specially trained GP join the service and that we achieved approval for him to prescribe psychostimulants is truly a rare event across the country. Also having the RACP trainee. I have a few more ideas!

I thank you [Rakesh Patel] and PHN team for being so supportive and progressive.”





WENTWORTH HEALTHCARE LIMITED

ABN 88 155 904 975

FINANCIAL REPORT

**FOR THE YEAR ENDED
30 JUNE 2023**

WENTWORTH HEALTHCARE LIMITED
(a company limited by guarantee and registered with the ACNC)
A.B.N. 88 155 904 975

DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2023

Your directors submit their report for the year ended 30 June 2023.

1. DIRECTORS IN OFFICE AT THE DATE OF THIS REPORT

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

John Yealland
Heather Nesbitt
Dr Nicole Langsford
Jeffery Jenkins

2. PRINCIPAL ACTIVITIES

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

3. TRADING RESULTS

The net deficit after tax of the company for the year ended 30 June 2023 was \$376,796 (2022: \$39,125 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;
- A care model that ensures people receive the right care in the right place at the right time and that they are part of their own care outcomes; and
- Effective and efficient health services for consumers, particularly those at risk of poor health outcomes.

6. STRATEGIES FOR ACHIEVING OBJECTIVES

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

- Increasing capacity and influence of Primary Care;
- Establishing a culture of quality improvement and outcome focus;
- Coordinating services within and across sectors;

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DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2023

6. STRATEGIES FOR ACHIEVING OBJECTIVES (continued)

- Engaging consumers in all we do; and
- 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 2023.

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.

WENTWORTH HEALTHCARE LIMITED
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DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2023

10. INFORMATION ON DIRECTORS

INFORMATION ON DIRECTORS, MEETINGS AND ATTENDANCES

There were 8 full board meetings held during the financial year 1 July 2022 to 30 June 2023. Attendance by the directors at board meetings and at the Finance, Audit & Risk Management (FARM) and Governance Committee (Governance and Nominations Committee and Clinical Governance Committee) 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	Governance Committee meetings held while on committee	Governance Committee meetings attended
Bruce Turner AM Director since 2017 (Company Director)	8	8	4	4	-	-
Gary Smith AM Director since 2018 (Business Manager)	8	8	-	-	4	4
John Yealland Director since 2018 (Business Manager)	8	8	-	-	4	4
Heather Nesbitt Director since 2019 (Company Director)	8	8	-	-	4	4
Dr Madhu Tamilarasan Director since 2020 (General Practitioner)	8	7	-	-	4	4
Prof Andy Marks Director since 2020 (Company Director)	8	8	4	4	-	-
Fleur Hannen Director since 2020 (Company Director)	8	8	-	-	4	4

WENTWORTH HEALTHCARE LIMITED
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DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2023

INFORMATION ON DIRECTORS, MEETINGS AND ATTENDANCES

	Full Board meetings held while on Board	Full Board meetings attended	FARM Committee meetings held while on committee	FARM Committee meetings attended	Governance Committee meetings held while on committee	Governance Committee meetings attended
Dr Nicole Langsford (Director since 2021 General Practitioner)	8	8	4	4	-	-
Jeffery Jenkins Director since 2022 (Podiatrist)	8	8	-	-	4	3

11. AUDITOR'S INDEPENDENCE DECLARATION

The lead auditor's independence declaration for the year ended 30 June 2023 has been received and can be found following this report.

On behalf of the board



Director



Director

Penrith
20 September 2023

Auditor's Independence Declaration under Section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012* to the Directors of:

WENTWORTH HEALTHCARE LIMITED
(a company limited by guarantee and registered with the ACNC)

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2023, there have been no contraventions of any applicable code of professional conduct in relation to the audit.

KellyPartners+BergerPiepers



P A Berger FCA
Senior Client Director

11 September 2023
Penrith, NSW

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



INDEPENDENT AUDIT REPORT TO THE MEMBERS OF
WENTWORTH HEALTHCARE LIMITED
(a company limited by guarantee and registered with the ACNC)

Report on the Audit of the Financial Report

Opinion

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 2023, statement of profit and loss and other comprehensive income, statement of changes in funds 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 Division 60 of the Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act), including:

- giving a true and fair view of the company's financial position as at 30 June 2023 and of its financial performance and cash flows for the year ended on that date.
- complying with Australian Accounting Standards – Simplified Disclosures and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2022.

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 ethical requirements of the Accounting Professional and Ethical Standard Board's APES 110 Code of Ethics for Professional Accountants (including Independence Standards) (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 believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

We have audited the financial report of Wentworth Healthcare Limited, which comprises the statement of financial position as at 30 June 2023, 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.

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Information Other than the Financial Report and Auditor's Report Thereon

The Directors are responsible for other information. The other information comprises the information included in the Company's annual report for the year ended 30 June 2023, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information, and accordingly, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report, or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Directors Responsibility for the Financial Report

The Directors of the Company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards – Simplified Disclosure Requirements and the ACNC Act and for such internal control as the Directors determine is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Directors are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related 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. The Directors are responsible for overseeing the Company's financial reporting process.

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;

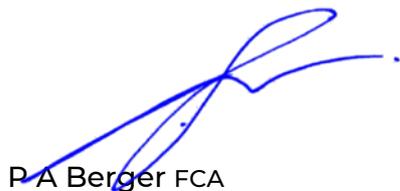
The accompanying notes form an integral part of these financial statements.

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

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

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

KellyPartners+BergerPiepers



P A Berger FCA
Senior Client Director

11 September 2023
Penrith, NSW

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

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

STATEMENT OF FINANCIAL POSITION

AT 30 JUNE 2023

	NOTE	2023 \$	2022 \$
CURRENT ASSETS			
Cash and cash equivalents	4	18,241,649	14,178,189
Trade and other receivables	5	482,484	0
Other	6	<u>1,512,332</u>	<u>1,091,474</u>
TOTAL CURRENT ASSETS		<u>20,236,465</u>	<u>15,269,663</u>
NON-CURRENT ASSETS			
Property, plant and equipment	7	221,373	177,981
Right of use assets	8	<u>5,970</u>	<u>66,216</u>
TOTAL NON-CURRENT ASSETS		<u>227,343</u>	<u>244,197</u>
TOTAL ASSETS		<u>20,463,808</u>	<u>15,513,860</u>
CURRENT LIABILITIES			
Trade and other payables	9	2,517,813	3,195,685
Provisions	10	1,002,320	891,884
Other	11	15,705,770	9,759,991
Borrowings	12	<u>6,361</u>	<u>65,213</u>
TOTAL CURRENT LIABILITIES		<u>19,232,264</u>	<u>13,912,773</u>
NON-CURRENT LIABILITIES			
Provisions	10	196,805	183,191
Borrowings	12	<u>-</u>	<u>6,361</u>
TOTAL NON-CURRENT LIABILITIES		<u>196,805</u>	<u>189,552</u>
TOTAL LIABILITIES		<u>19,429,069</u>	<u>14,102,325</u>
NET ASSETS		<u>1,034,739</u>	<u>1,411,535</u>
EQUITY			
Accumulated surplus		<u>1,034,739</u>	<u>1,411,535</u>
TOTAL EQUITY		<u>1,034,739</u>	<u>1,411,535</u>

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

WENTWORTH HEALTHCARE LIMITED
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STATEMENT OF COMPREHENSIVE INCOME

FOR THE YEAR ENDED 30 JUNE 2023

	NOTE	2023 \$	2022 \$
Revenue			
Operating income	3(a)	33,789,338	31,476,496
Sale and hire of equipment		9,335	-
Finance income	3(b)	<u>759,822</u>	<u>53,907</u>
TOTAL REVENUE		<u>34,558,495</u>	<u>31,530,403</u>
Expenses			
Depreciation and amortisation	3(c)	(177,922)	(327,825)
Employee benefits	3(d)	(8,080,055)	(6,788,982)
Commissioned services		(24,601,905)	(22,456,173)
Other expenses		<u>(2,075,409)</u>	<u>(1,996,548)</u>
TOTAL EXPENSES		<u>(34,935,291)</u>	<u>(31,569,528)</u>
SURPLUS/(DEFICIT) BEFORE INCOME TAX		(376,796)	(39,125)
Income tax expense	2(j)	<u>-</u>	<u>-</u>
SURPLUS/(DEFICIT) AFTER INCOME TAX		(376,796)	(39,125)
OTHER COMPREHENSIVE INCOME		<u>-</u>	<u>-</u>
TOTAL COMPREHENSIVE INCOME/(LOSS)		<u>(376,796)</u>	<u>(39,125)</u>

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WENTWORTH HEALTHCARE LIMITED
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STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 30 JUNE 2023

	2023 \$	2022 \$
CASH FLOWS FROM OPERATING ACTIVITIES		
Funding and other operating revenue received	43,177,896	36,589,340
Payments to suppliers and employees	(39,556,746)	(33,079,696)
Interest received	653,828	53,907
	<u>4,274,978</u>	<u>3,563,551</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Right of use assets amortisation	(60,246)	(232,432)
Proceeds from sale of property, plant and equipment	10,000	-
Purchase of property, plant and equipment	(161,272)	(109,657)
	<u>(211,518)</u>	<u>(342,089)</u>
NET CASH FLOWS USED IN INVESTING ACTIVITIES		
	<u>(211,518)</u>	<u>(342,089)</u>
NET INCREASE IN CASH HELD	4,063,460	3,221,462
CASH AT BEGINNING OF THE YEAR	<u>14,178,189</u>	<u>10,956,727</u>
CASH AT END OF THE YEAR	<u><u>18,241,649</u></u>	<u><u>14,178,189</u></u>

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

WENTWORTH HEALTHCARE LIMITED
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STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDED 30 JUNE 2023

	Accumulated Surplus \$	Reserves/ Capital \$	Total Equity \$
As at 1 July 2021	1,450,660	-	1,450,660
Deficit for the year	(39,125)	-	(39,125)
Other comprehensive income	-	-	-
As at 30 June 2022	1,411,535	-	1,411,535
Deficit for the year	(376,796)	-	(376,796)
Other comprehensive income	-	-	-
As at 30 June 2023	<u>1,034,739</u>	<u>-</u>	<u>1,034,739</u>

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

WENTWORTH HEALTHCARE LIMITED
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NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2023

1. CORPORATE INFORMATION

The financial report of Wentworth Healthcare Limited was authorised for issue in accordance with a resolution of the directors on 20 September 2023.

Wentworth Healthcare Limited is a not-for-profit 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 general-purpose financial report has been prepared in accordance with the requirements of the Australian Charities and Not-for-profits Commission (ACNC) Act 2012, Australian Accounting Standards – Simplified Disclosures, Accounting Interpretations and other authoritative pronouncements of the Australian Accounting Standards Board.. The financial report has also been prepared on an historical cost basis (based on the fair value of the consideration given in exchange for assets) except for land and buildings which are measured at fair value less accumulated depreciation on buildings and any impairment losses.

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 and Aged Care.

The financial report is presented in Australian dollars, which is the company's functional and presentation currency. All values are rounded to the nearest dollar unless otherwise stated.

(b) Significant accounting judgements, estimates and assumptions

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

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

WENTWORTH HEALTHCARE LIMITED
 (a company limited by guarantee and registered with the ACNC)
 A.B.N. 88 155 904 975

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(c) Significant accounting judgements, estimates and assumptions

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

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

(d) Property, plant and equipment

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

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

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.

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NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(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.

(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.

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NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(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.

(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.

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NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(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.

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.

(j) Comparative amounts

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

WENTWORTH HEALTHCARE LIMITED
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NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2023

	2023 \$	2022 \$
3. REVENUES AND EXPENSES		
(a) Sale of goods and services		
Program funding	33,482,429	31,110,790
Event fees	-	277
Other income	<u>306,909</u>	<u>365,429</u>
	<u><u>33,789,338</u></u>	<u><u>31,476,496</u></u>
(b) Finance income		
Interest received	<u>759,822</u>	<u>53,907</u>
(c) Depreciation and amortisation		
Depreciation of non-current assets	<u>177,922</u>	<u>327,825</u>
(d) Employee benefits		
Salaries and wages - staff	6,409,895	5,702,811
Salaries and wages - directors	199,291	184,336
Employee entitlements	732,646	302,014
Superannuation	<u>738,223</u>	<u>599,821</u>
	<u><u>8,080,055</u></u>	<u><u>6,788,982</u></u>
4. CASH AND CASH EQUIVALENTS		
Cash at banks	5,193,279	3,170,200
Term deposits	<u>13,048,370</u>	<u>11,007,989</u>
	<u><u>18,241,649</u></u>	<u><u>14,178,189</u></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 2023 the weighted average interest rate on cash at banks and term deposits was 4.7% (2022: 0.4%).

WENTWORTH HEALTHCARE LIMITED
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NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2023

	2023 \$	2022 \$
5. TRADE AND OTHER RECEIVABLES		
Trade and other receivables	193,408	-
Provision for doubtful debts	-	-
	<u>193,408</u>	<u>-</u>
Other debtors	289,076	-
	<u>482,484</u>	<u>-</u>
6. OTHER CURRENT ASSETS		
Prepayments	1,006,504	621,241
GST receivable	339,503	411,984
Interest receivable	105,994	-
Security deposits	58,249	58,249
Recoverable charges	2,082	-
	<u>1,512,332</u>	<u>1,091,474</u>
7. PROPERTY, PLANT AND EQUIPMENT		
Office furniture and equipment-at cost	1,188,874	1,039,734
Less accumulated depreciation	(968,226)	(863,143)
	<u>220,648</u>	<u>176,591</u>
Motor vehicles-at cost	-	15,000
Less accumulated depreciation	-	(14,335)
	<u>-</u>	<u>665</u>
Leasehold improvements-at cost	616,908	616,908
Less accumulated depreciation	(616,183)	(616,183)
	<u>725</u>	<u>725</u>
	<u>221,373</u>	<u>177,981</u>

WENTWORTH HEALTHCARE LIMITED
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NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2023

	2023 \$	2022 \$
7. PROPERTY, PLANT AND EQUIPMENT (continued)		
Reconciliations		
<i>Office furniture and equipment</i>		
Carrying amount at beginning of year	176,591	161,867
Additions	161,272	108,015
Depreciation	<u>(117,215)</u>	<u>(93,291)</u>
	<u>220,648</u>	<u>176,591</u>
<i>Motor vehicles</i>		
Carrying amount at beginning of year	665	799
Disposals	(665)	-
Depreciation	<u>-</u>	<u>(134)</u>
	<u>-</u>	<u>665</u>
<i>Leasehold improvements</i>		
Carrying amount at beginning of year	725	1,186
Depreciation	<u>-</u>	<u>(461)</u>
	<u>725</u>	<u>725</u>
8. RIGHT OF USE ASSETS		
Property, plant and equipment - right of use – at cost	17,909	682,795
Amortisation	<u>(11,939)</u>	<u>(616,579)</u>
	<u>5,970</u>	<u>66,216</u>
Reconciliation		
<i>Property, plant and equipment - right of use</i>		
Opening	66,216	297,936
Adjustments	-	712
Amortisation	<u>(60,246)</u>	<u>(232,432)</u>
	<u>5,970</u>	<u>66,216</u>
9. TRADE AND OTHER PAYABLES		
Trade creditors	1,184,135	1,450,096
Other creditors and accrued expenses	<u>1,333,678</u>	<u>1,745,589</u>
	<u>2,517,813</u>	<u>3,195,685</u>

WENTWORTH HEALTHCARE LIMITED
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NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2023

	2023 \$	2022 \$
10. PROVISIONS		
Current		
Provision for deferred revenue	272,500	221,639
Annual leave	404,813	382,935
Time in lieu	5,184	4,063
Long service leave	<u>319,823</u>	<u>283,247</u>
	<u>1,002,320</u>	<u>891,884</u>
Non-Current		
Long service leave	<u>196,805</u>	<u>183,191</u>
11. OTHER CURRENT LIABILITIES		
Other Creditor - NBMLHD	95,100	6,174
Deferred income in advance	<u>15,610,670</u>	<u>9,753,817</u>
	<u>15,705,770</u>	<u>9,759,991</u>
12. BORROWINGS		
Current		
Right of use liability	<u>6,361</u>	<u>65,213</u>
Non-Current		
Right of use liability	<u>-</u>	<u>6,361</u>
13. RELATED PARTY TRANSACTIONS		

Directors

The following persons held office as a director of the company for the duration of the financial year unless otherwise indicated:

Gary Smith AM
John Yealland
Heather Nesbitt
Dr Madhu Tamararasan
Prof Andy Marks
Fleur Hannen
Bruce Turner AM
Dr Nicole Langsford
Jeffery Jenkins

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NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2023	2023	2022
	\$	\$

13. RELATED PARTY TRANSACTIONS (continued)

Remuneration of directors

Income paid or payable including superannuation contributions, or otherwise made available, in respect of the financial year to all directors of the company all related to short term employee benefits only for the years ended 2023 and 2022:

Short term employee benefits	<u>219,309</u>	<u>201,650</u>
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The number of directors of the company whose remuneration, including superannuation contributions, falls within the following bands:

	2023	2022
	Number	Number
\$0 - \$9,999	-	2
\$10,000 - \$19,999	-	2
\$20,000 - \$29,999	8	6
\$30,000 - \$39,999	-	1
\$40,000 - \$49,999	<u>1</u>	<u>-</u>

Transactions with Director Related Entities

During the year the company received services from Elevate Medical Hub, an organisation in which Dr Madhu Tamilarasan has a financial interest, amounting to \$33000. (In 2022 the company received services from Bowenfels Medical Practice, an organisation in which Dr Madhu Tamilarasan has a financial interest, amounting to \$13,420). These services were provided under normal commercial terms and conditions.

During the year the company received services from OnePointHealth, an organisation in which Jeffrey Jenkins has a financial interest, amounting to \$Nil (2022: \$50,908). These services were provided under normal commercial terms and conditions

Key Management Remuneration Excluding Directors

Aggregate Remuneration	<u>1,081,032</u>	<u>955,345</u>
------------------------	------------------	----------------

14. ECONOMIC DEPENDENCY

The company is dependent upon the continued provision of funding by various government departments.

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 2023.

16. AUDITORS REMUNERATION

Amounts paid to the auditor for:		
Audit of the financial report	<u>19,000</u>	<u>18,000</u>

WENTWORTH HEALTHCARE LIMITED
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DIRECTORS' DECLARATION

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

In the opinion of the directors:

There are reasonable grounds to believe that the charity is able to pay all of its debts, as and when they become due and payable; and

The financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

On behalf of the board



Director



Director

Penrith
20 September 2023





Wentworth Healthcare

Level 1, Suite 1, Werrington Park Corporate Centre,
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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
nbmphn.com.au

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Our region is in a beautiful part of the world, and we strive to ensure the local community receives the right care in the right place at the right time.

This Annual Report highlights the great efforts of our team and the positive impact our organisation is having on the health and wellbeing of our community.



Wentworth Healthcare Limited (ABN 88 155 904 975) provider of the Nepean Blue Mountains PHN.