COORDINARE

phn
SOUTH EASTERN NSW
An Australian Government Initiative

Report Card
2018/2019

"We recognise that our vision for a 'coordinated regional health system which provides exceptional care, promotes healthy choices and supports resilient communities' can only be achieved by further consolidating our relationships across the region and building on collaborative efforts with our partners.

We are proud of what we have achieved in 2018/19 and believe we are in a strong position to continue advancing the way health care is delivered in South Eastern NSW."

– Dianne Kitcher, CEO

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MESSAGE FROM OUR CHAIR AND CEO

2018/19 has been a standout year for COORDINARE – South Eastern NSW PHN. We have won awards, had staff selected to be part of state-wide commissions and expert panels, and presented at state and national conferences. Most importantly, we have continued to work with health professionals and consumers to design effective services that address identified needs of the people in our region.

So, as Chair and CEO, it is with great pride that we present this annual report card detailing our key achievements.

In line with our strategic plan, we have concentrated our efforts on ensuring that our commissioned services deliver improved health outcomes, better consumer experiences, enhanced provider satisfaction and increased value for money across our health priority areas of Aboriginal health, chronic conditions, prevention initiatives, mental health and suicide prevention, drug and alcohol, and end of life care.

With much of South Eastern NSW experiencing widespread drought conditions, we were pleased to receive funding under the Commonwealth's 'Empowering our Communities' initiative to facilitate community-led projects which aim to improve mental health, wellbeing and resilience of the drought affected areas in our region. Read more about this on page 29.

We continue to be guided by our many governance and advisory arrangements such as our Clinical Councils, Community Advisory Committee, strategic alliances with our two Local Health Districts, and our Aboriginal Medical Services (AMS) CEO forum, and we are grateful for the enthusiasm, leadership and input that these members provide to our organisation and the Board.

Importantly, we continued to hold annual joint Board meetings with the Illawarra Shoalhaven Local Health District Board and hosted our first joint meeting with the Southern NSW Local Health District Board in December. We look forward to fostering these relationships for years to come.

We value insight and advice from consumers and have successfully improved consumer representation across all aspects of our work, creating opportunities for participation both at a system and a service level, and provided mechanisms for people to tell their stories and be listened to.

We also recognise that every GP and general practice in the region is a critical stakeholder for our organisation. This year, we provided a number of unique opportunities for general practices to apply for funding to improve their capacity and offer heightened quality care by promoting a team-based care approach.

We hope that you enjoy reading the highlights of our achievements presented in this report. These achievements would not be possible without the commitment of our team working closely with a diverse range of stakeholders across the region. Thank you for your ongoing commitment to working towards our vision of building a coordinated regional health system.

Richard Spencer
Chair of Board

Dianne Kitcher
CEO

WHAT WE DO

We commenced operations as the South Eastern NSW Primary Health Network (PHN) in July 2015.

We work directly with GPs, other primary health care providers, secondary health care providers and hospitals to improve and better coordinate care across the local health system, for consumers requiring care from multiple providers or at risk of poor health outcomes. We find innovative ways of building 'one coordinated and sustainable health system' which ensures improved health outcomes, better consumer experiences, enhanced provider satisfaction and increased value for money.

OUR VISION, PURPOSE AND GUIDING PRINCIPLES

Our strategic plan provides us with clear strategic and health priorities through to 2020.

OUR STRATEGIC PLAN 2017 - 2020

Vision

A coordinated regional health system which provides exceptional care, promotes healthy choices and supports resilient communities.

Purpose

Supporting primary care in our region to be person centred; accessible; safe and high quality; comprehensive; population orientated; coordinated across all parts of the health system.

Guiding principles

- Evidence based
- Community collaboration and participation
- Clinical engagement and leadership
- Innovation
- Efficiency and value for money
- Accountability and transparency

Strategic priorities

- Putting consumers front and centre in all that we do
- Supporting general practice as the cornerstone of primary care
- Influencing the market through provider engagement and commissioning
- Partnering to integrate services and systems
- Building local networks and place based leadership
- Developing our organisation capability

Health priorities

Addressing inequities and service gaps for those most at risk of poor health outcomes in the following areas:

- Chronic conditions
- Prevention initiatives
- Mental health and suicide prevention
- Drug and alcohol
- Aboriginal health
- End of life care

Outcomes / key results

Improved health outcomes	Better consumer experience
Enhanced provider satisfaction	Increased value for money

OUR REGION

We are one of 31 PHNs established across Australia and one of 10 networks in NSW.

Our PHN aligns with the two Local Health Districts – Illawarra Shoalhaven and Southern NSW, and supports and strengthens general practice and health care services for more than 616,800 people, across 11 Local Government Areas and one Commonwealth Territory (Jervis Bay).

Population

Total population
616,800+

More than
25,800 (4.2%) people
identify as Aboriginal and Torres Strait Islander

19.7% aged over 65 years

13 million tourists
spend a total of
18 million nights

55,200+ (9.3%)
culturally and linguistically diverse people

51.9% people live in major cities

38.5% in inner regional areas

9.6% in outer regional areas

Projected population growth:
9.5% between 2016-2026

High socio-economic disadvantage:
43% Illawarra Shoalhaven
40% Southern NSW

Health and older persons' services

More than
740 GPs

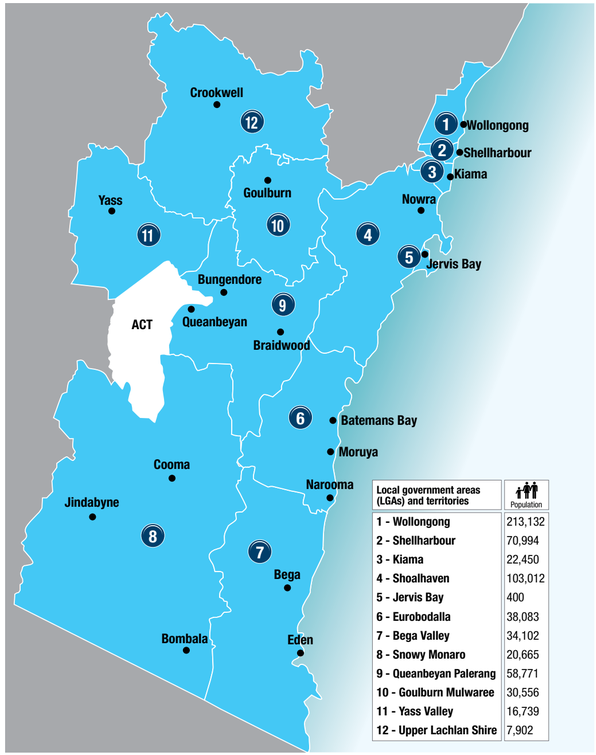
203 general practices

160 residential aged care and home care services

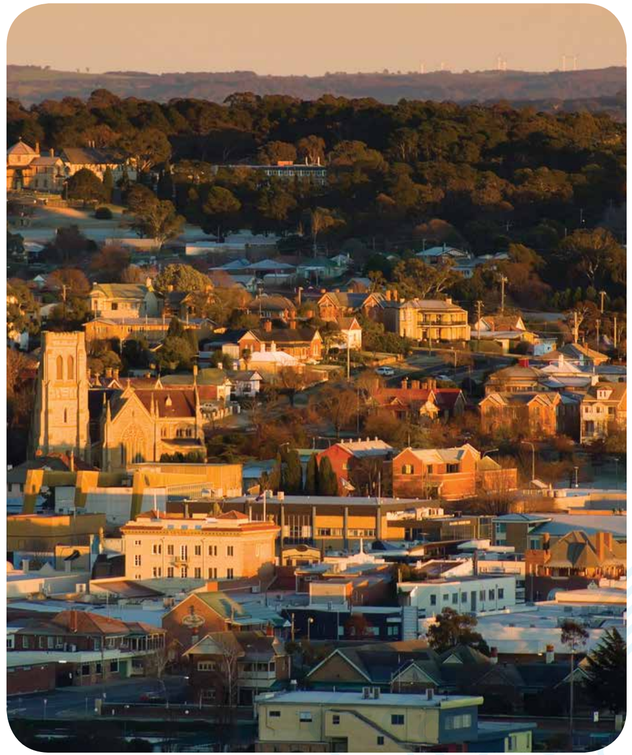
22 public hospitals

16 emergency departments

34 community health centres



Local government areas (LGAs) and territories	Population
1 - Wollongong	213,132
2 - Shellharbour	70,994
3 - Kiama	22,450
4 - Shoalhaven	103,012
5 - Jervis Bay	400
6 - Eurobodalla	38,083
7 - Bega Valley	34,102
8 - Snowy Monaro	20,665
9 - Queanbeyan Palerang	58,771
10 - Goulburn Mulwaree	30,556
11 - Yass Valley	16,739
12 - Upper Lachlan Shire	7,902

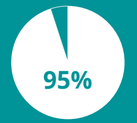


DELIVERING ON OUR STRATEGIC PLAN 2017 – 2020

We said we would improve health outcomes in our region...

We are working within local communities to commission more than **$19.5 million** in services for people who are at risk of poor health outcomes, and partnering with other agencies to reach people who are at risk but not accessing the health care they need.

100% of our activities address needs which have been identified in our local needs assessment and/or national priorities.



95% of children in South Eastern NSW are fully immunised at 5 years (compared to Australian average of 93.55%).

42% of eligible residents participate in the national screening program for bowel cancel (above the state average of 38.2%).

57.9% of women in our catchment participate in the national breast screening program (up from 52.7%, and above the state average of 53.7%).

We said we would support better consumer experiences...

We are committed to working with consumers, involving them in the decision-making at both an individual level – around their own understanding of health, treatments and illness management, and at an organisational level – asking consumers to inform strategic planning, service design, delivery and evaluation.

The Geriatrician in the Practice (GIP) clinics were perceived by consumers as supportive and informative services. Delivered in comfortable and familiar settings, the clinics helped people feel more at ease and improved their **access to specialist care.**

"Whilst less travel and time off work is a significant benefit for parents, children also benefit from our specialist telehealth service especially younger child or for those with learning and behavioural concerns."
– Dr Vicki Mattiazzo, Jindabyne Medical Practice

86.2% of consumers rated the care they received by general practitioners (GPs) in our region to be excellent or very good and **92.2%** felt they were involved in decisions about their care when receiving care from their GP – above national averages of 84.1% and 89.1% respectively.

100% of patients involved in the bone health group clinic at Marima Medical Practice reported program satisfaction and willingness to recommend the clinic to others.

We said we would enhance provider satisfaction...

We are supporting general practice and GPs to better understand their own patient populations through data, and to improve the quality of care.

Most of the practices involved in the Patient Centred Medical Home (PCMH) innovation project were **highly engaged** with the activities. The projects also provided practices with an opportunity to enhance roles and responsibilities of staff and nurses in practices and engage patients in shared decision making around their care.

100% of GPs and facilitators rated shared medical appointments as **4.3 or higher**, out of 5.

99% of learning needs were **entirely or partially met** at education events for GPs, nurses, practice staff, pharmacists and pharmacy assistants.

We said we would increase value for money...

We are making the system more efficient by bringing together general practice, hospitals and other providers to develop better ways to coordinate the care for consumers in a more holistic way.

Our GP Liaison Officers have helped to improve communication with emergency departments (ED) in Southern NSW. This has led to **improved patient care and efficiencies for ED staff**, and in Goulburn there has been a reduction in inappropriate mental health ED referrals from five per week to zero.

Practices involved in the trial of shared medical appointments reported **improved practice efficiency** with a saving of **50%** of the cost of the conventional approach, and a reduction in time by **75%.**

Our Sentinel Practices Data Sourcing (SPDS) project has seen significant improvements in the **quality and accuracy of data** used in all health and clinical measures used for data-driven quality improvement in general practice.

OUR YEAR IN REVIEW

July

We co-commissioned, with five other PHNs, a psychiatry support line for GPs

August

We introduced a new mental health screening and support package for general practices in partnership with the Black Dog Institute

September

The Illawarra Shoalhaven Suicide Prevention Collaborative launched its 'Care2QPR' campaign with the Illawarra Mercury

We held nine information sessions for community members to learn about the benefits of My Health Record

October

We launched a resource sheet for GPs and health professionals to support farmers and their families experiencing drought-related stress

November

We announced palliative and end of life funding to improve capacity, coordination and partnerships between providers in South Eastern NSW

December

We announced Dr Amanda Barnard as new Chair of Southern NSW Clinical Council, and Director on our Board

We officially opened headspace Bega to provide support for people aged 12-25 years

2019

January

Staff member, Tim Heffernan appointed as one of the Deputy Commissioners with the NSW Mental Health Commission

We launched a new digital mental health app, Clevertar, to assist people who are feeling overwhelmed, stressed or worried

February

We announced funding for a new training program titled 'Accidental Counsellor' to assist Bega Valley residents create safe and supportive interactions with family and friends, as they recover from the bushfires of 2018

Announced $1.5 million in funding for new psychosocial support service for people with severe and complex mental health needs

March

We extended funding for GP Liaison Officers in partnership with Southern NSW Local Health District until 2021

Funding announced to support drought affected communities by promoting health and wellbeing

April

We launched a campaign to increase support for mental health, or drug and alcohol concerns

We announced new funding for drug and alcohol support service for young Aboriginal and Torres Strait Islander people in Yass

May

June

We held our inaugural Pitch Night in Wollongong with Coomaditchie United Aboriginal Corporation, Scarf Incorporated and Beyond Empathy receiving a share of almost $175,000

Illawarra Shoalhaven HealthPathways, and ACT and Southern NSW teams celebrated their websites going mobile and the achievement of publishing of 400 and 500 pathways respectively

DELIVERING ON OUR STRATEGIC PRIORITIES

Our strategic priorities guide us not only in our day-to-day decisions but help to ensure a successful and sustainable health system for future supporting our resilient communities.

Putting consumers front and centre in all that we do

Our aspiration is for meaningful, systematic and equitable consumer engagement across the whole of health sector, with consumers and providers as equal partners.

This year, we:

- listened to and involved people by providing many opportunities to **contribute experience and views** – such as drug and alcohol community forums, an end of life focus group, and drought consultations
- ensured consumer participation in our commissioning processes, with **55 consumers** involved in consultation and assessment panels informing our decision making
- continued our **Consumer Health Panel** to provide local residents with an opportunity to share their views on a range of health care issues that impact on them, their family or friends
- introduced the **Patient Activation Measure (PAM) tool** across a number of health care initiatives. The PAM tool assesses a patient's knowledge, skills and confidence for self-management so care can be tailored accordingly
- supported consumer leadership by running **consumer representative training** with Health Consumers NSW

increased awareness of My Health Record during the opt out period (July 2018 to January 2019) through:

- 179 engagement activities, including 93 face-to-face activities, reaching more than 1,900 consumers
- radio and social media promotion, as well as sharing of information and collateral via local networks, reaching more than 445,670 consumers

"My Health Record can help people who may have a chronic illness, complex medical case or impaired cognition, as it provides them with a digital summary of their key health information. It would be helpful for carers too."

– Corey de Bruin, Koonawarra resident

What our Panel said about the year ahead... January 2019

We continue to invite consumers from across the region to volunteer to be a part of our Consumer Health Panel. Each month we send a short survey and ask our Panel members what they think about a range of health care issues that may impact on them, their family or friends.

We use the responses to get a snapshot of how people feel about particular issues, and their thoughts on what's working and what isn't. This feedback can help assist with decision making and to better align services with community needs. It's also a great opportunity for people to get involved and be the voice of their local community.

In January, in keeping with the holiday season, we asked our Panel to have some fun answering questions about the year ahead.

We asked:

- what would you do if you suddenly had 4 extra hours in a week?
- what would you do if you suddenly had $500 extra to spend every month?
- do you have a New Year's resolution for 2019?

The survey responses are summarised in the infographic on the next page:

TOP 10 RESPONSES

If I had 4 extra hours per week, I would...	See family and friends	Do some arts and craft	Take up a new hobby	Sleep	Do some gardening	Bushwalk or walk the dog	Relax, read, watch TV	Volunteer	Exercise, swim, kayak	Work or do chores
If I had $500 extra per month, I would...	Save up for a holiday	Save it	Share it with family	Donate to a charity	Pay debts or bills	Renovate the house	Eat out more often	Pay medical expenses	Bank it	Invest it
My New Year's resolution is...	No New Year's resolution	Self-care and mindfulness	Spend time with family	Get fit, exercise, lose weight	Kindness to myself and others	Be more organised	Be grateful for what I have	Look after my physical health	Learn something new	Quit smoking

Supporting general practice as the cornerstone of primary care

Our aspiration is that general practice will be person-centred, comprehensive, population orientated, coordinated, accessible, safe and high quality.

This year, we:

provided $170,000 in funding to 11 general practices to implement a **winter strategy initiative**, with the aim of leading a heightened quality of care for consumers' who are at high risk of being very unwell or admitted to hospital during the flu season

provided $340,000 in funding for general practices to **integrate a pharmacist into their care team** to better support their consumers and reduce potentially preventable hospitalisations

finalised the **Patient Centre Medical Home** (PCMH) innovation project which saw more than $500,000 invested in 13 projects across 17 general practice sites, reaching more than 650 consumers

- 3 projects involved a partnership approach with their Local Health District
- 7 projects focused on vulnerable groups or people who are at risk of poor health outcomes
- 5 projects incorporated allied health
- $50,000 was invested to support more than 90 general practice staff to be upskilled

continued **quality improvement activities**, with 60 practices engaged in at least one quality improvement activity offered this year

continued the **Sentinel Practices Data Sourcing (SPDS) project**, a population health and planning initiative, with **116 practices** (57%) signed up at 30 June 2019. All partaking practices were supported with the implementation of continuous quality improvement through data-driven benchmarking sessions with practices to support enhanced patient and service outcomes

supported general practices:

- with population health updates in the areas of diabetes and immunisation
- with workforce development, offering 18 staff the opportunity to complete Medical Practice Assistant training to improve practice capacity and efficiency, and enhance customer service
- to achieve and maintain accreditation, with 83% of practices in the region accredited or registered for accreditation, an increase of 7% on last year.

Integrating pharmacists in general practice to improve patient outcomes

Pharmacists in general practice was one of 13 initiatives we supported. This was part of a project to build the capacity and capability of our region's general practices to move towards a Patient Centred Medical Home (PCMH) model of care. The PCMH is a team-based approach to healthcare that is rapidly evolving to become the future of primary health care in Australia and internationally.

"Having pharmacist involvement improved patient outcomes at every level, and from the practice's perspective, it led to improved patient satisfaction. Consumers feel like they are having personalised medicine, and really being cared for."

– Dr Charlotte Middleton, Market Street Medical Practice in Wollongong

Equipping general practice to identify and support people in distress

We have been working with the Black Dog Institute to implement StepCare, a tablet-based questionnaire that screens people for depression, anxiety, substance use and suicidality, in general practices across the Illawarra Shoalhaven.

"When a patient did a follow-up screening, we were alerted they had severe symptoms. The patient was immediately flagged with the doctor and followed up straight away." – General practice nurse

Influencing the market through provider engagement and commissioning

Our aspiration is to create an effective market that is able to deliver transformative and innovative solutions to meet current and future population health needs.

Over the past year we:

developed and delivered a short **guide to using TenderLink** to all providers

increased consumer participation in commissioning processes with 55 consumers participating in the consultation and co-design process and the subsequent procurement of services across a range of programs

undertook 6 **approaches to market**, with 16 associated contracts executed.

Partnering to integrate services and systems

Our aspiration is that consumers experience care which is seamless, timely and appropriate for our region.

To achieve this we have:

- leveraged our strong strategic alliances with **both Illawarra Shoalhaven Local Health District and Southern NSW Local Health District** to develop an **Integrated Care Strategy** for each region
- **continued HealthPathways** initiatives in Illawarra Shoalhaven and Southern NSW, this is an online resource for healthcare professionals detailing localised clinical and referral pathways for the improvement of health system delivery across the region
- **expanded the successful Geriatrician in the Practice project** developed in the Shoalhaven to encompass the Illawarra. This program involves a hospital geriatrician and clinical nurse consultant attending a general practice and providing a joint, integrated GP/specialist appointment for older, frail consumers
- implemented **models of care that support a shared care approach to palliative and end of life care** in the Illawarra Shoalhaven and Southern NSW
- co-funded four **General Practitioner Liaison Officer** roles with Southern NSW Local Health District to improve communication and system functionality, and support health professionals in the coordination of care across the health care continuum
- co-funded one **General Practice Liaison Officer** position in partnership with Illawarra Shoalhaven Local Health District to provide strategic primary care input to the District, with the aim of enhancing communication and partnerships between the public health system and GPs
- co-developed a seamless mechanism for **electronic communication** between primary care providers and the Illawarra Shoalhaven Local Health District. The project provides general practice with intelligent referral forms to improve the quality of referrals, and ensure outpatient services have timely access to the information required to efficiently manage consumers
- supported local healthcare providers to register and use **My Health Record**. In addition to practice-based training and support, 12 face-to-face events and three webinars were conducted, four of which focused on privacy and security. Currently 88% of general practices and 81% of pharmacies are registered to access the system, with 98% and 100% awareness respectively.

Regional mental health and suicide prevention plan recognised

Our organisation, along with our strategic partners Illawarra Shoalhaven Local Health District (ISLHD) and Southern NSW Local Health District (SNSWLHD), was awarded the Excellence in the Provision of Mental Health Services at the Southern NSW LHD Quality Awards.

The award recognises the three-way collaboration between the organisations in developing the South Eastern NSW Regional Mental Health and Suicide Prevention Plan – the first of its kind in NSW.

"The plan is innovative and groundbreaking, providing a blueprint for collaborative action for mental health service delivery in the region over the next five years."
– Dianne Kitcher, CEO

Building local networks and place-based leadership

Our aspiration is that local clinical leaders are empowered to develop a coordinated response to shared challenges.

This year, we:

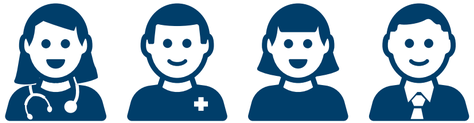
supported **12 local GP Clusters** across the region with **44 meetings convened**

established **3 peer-led Communities of Practice (CoP)** for practice nurses, practice managers and data quality:

4 practice manager CoP events were held, with **111** managers from **76** general practices in attendance

5 practice nurse CoP events held, with **91** nurses from **61** general practices in attendance

undertook **101 professional development opportunities**, with more than **1,580 health professionals in attendance** including:



577 GP attendances, **458** practice nurse attendances, **47** other nurse attendances, **188** practice staff attendances, **164** allied health attendances, **45** medical student attendances and **105** 'other' attendances.

Communities of practice highlight the importance of connecting with peers

Two Communities of Practice (CoP) were introduced in late 2018 for local practice managers and nurses, with a third starting up in February 2019 for our Sentinel Data Sourcing Practices (SPDS) project.

Facilitated by experienced local practice managers and nurses, the groups have come together for a common purpose and provide an opportunity to collaborate, solve problems, share knowledge, cultivate best practice and foster innovation.

"The Practice Manager CoP sessions have been great. They are interactive and help me better understand the day-to-day running of a busy medical practice with a range of relevant topics presented. Webinars also suit me better than face-to-face meetings as I work a distance from our major town/city."

– Gina Evans, Practice Manager at Kiama Medical Practice

Developing our organisational capability

As we continue to grow, we remain committed to supporting our Board, Clinical Councils, Community Advisory Committee and staff to achieve great outcomes.

Board of Directors

We are led by a skills-based Board which sets the strategic direction, oversees the implementation of strategic objectives and remains accountable for the organisation's performance.

The three member-nominated directors bring governance and industry expertise in aged care, education, research and evaluation, and private health insurance. The six independent directors bring specific and complementary skills to the Board.

Mr Richard Spencer
INDEPENDENT CHAIR
Governance and Remuneration Committee Chair

Richard Spencer is a part-time Commissioner (Social Policy) with the Australian Government's Productivity Commission. He has had over 25 years' experience in social service delivery, serving in various Chief Executive Officer (CEO) roles in the not-for-profit sector across community services, disability services and cross-cultural education.

Dr Max Alexander
DEPUTY CHAIR
Governance and Remuneration Committee member

Dr Max Alexander was the inaugural Chief Executive of the Southern NSW Local Health District. He has been noted for his development of SNSWLHD which was formed in 2011, into one of the leading Local Health Districts in NSW.

Dr Alexander provides strategic advice and clinical governance expertise to our Board and organisation.

Dr Amanda Barnard
BOARD DIRECTOR
Clinical Council - Southern NSW Chair

Dr Amanda Barnard is the former Head of the Rural Clinical School and Associate Dean, Rural and Indigenous Health at the Australian National University. She continues her work as a GP in Braidwood as well as a number of other activities, including work for the Australian Medical Council and membership of the National Rural Generalist Taskforce.

Dr Barnard is currently the Chair of the Clinical Council for Southern NSW.

Dr Vicki McCartney
BOARD MEMBER
Clinical Council - Illawarra Shoalhaven Chair

Dr Vicki McCartney has been the principal medical practitioner of a general practice in Nowra since 1998 where she focuses on antenatal care, mental health care, paediatric care and aged care, and preventive care for the diverse needs of her patients.

She also has extensive governance experience and is currently the Chair of the Clinical Council for the Illawarra Shoalhaven.

Ms Leanne Wells
BOARD MEMBER
Community Advisory Committee Chair

Ms Leanne Wells is the Chief Executive Officer of the Consumers Health Forum of Australia. She is a health service executive with over 25 years' experience.

Ms Wells has held executive positions within government and in national and state non-government organisations, most recently as CEO of a state-based primary care organisation. Ms Wells is currently the Chair of the COORDINARE Community Advisory Committee.

Mr John Petty
BOARD MEMBER
Finance, Audit and Risk Committee Chair

Mr John Petty is a lecturer in management accounting and small business at the University of Technology, Sydney. Prior to joining the University, Mr Petty held senior positions in accounting and finance at CSR Ltd and also ran his own small business. Mr Petty has extensive governance experience and is currently the Chair of the Finance, Audit and Risk Committee.

Mr Michael Bassingthwaighte AM
BOARD MEMBER
Finance, Audit and Risk Management Committee member

Mr Michael Bassingthwaighte is an experienced health insurance executive and company director. He was the Chief Executive Officer at Lysaght Peoplecare from 1982, until his retirement in July 2018.

He currently holds executive and director positions within a number of national and non-government organisations, and is a Member of the Order of Australia.

Professor Alison Jones
BOARD MEMBER
Governance and Remuneration Committee member

Professor Alison Jones is the Pro Vice-Chancellor (Health Strategy) at the University of Wollongong. Prior to this, she was the Executive Dean of the Faculty of Science, Medicine and Health at the University of Wollongong.

Professor Jones has extensive governance experience and more than 25 years of clinical practice, currently working at Blacktown Hospital in Toxicology, and Wollongong Hospital in General Medicine.

Mr Patrick Reid
BOARD MEMBER
Finance, Audit and Risk Management Committee member

Mr Patrick Reid held the position of Interim IRT Group CEO from October 2017 and was appointed as IRT Group CEO on 1 February 2018. Prior to this, he had been a Non-Executive Director of IRT Group since February 2017.

He is a seasoned industry executive, leader and strategist and is the immediate past CEO of Leading Age Services Australia (LASA). He also has extensive governance experience, sitting on a number of Committees, Advisory Councils and boards.

This year, our Board:

- met six times
- took part in two strategic review and planning sessions with our Executive team
- participated in joint Board meetings with Illawarra Shoalhaven and Southern NSW Local Health Districts.

Special thanks to Craig Hamer for his contribution to the Board over the last 12 months. Craig has been replaced by Patrick Reid, CEO of the IRT Group.

Clinical Councils

We have two Clinical Councils – Illawarra Shoalhaven, and Southern NSW – which provide forums for multidisciplinary groups of clinicians to share their collaborative knowledge and expertise.

The two Councils met on a quarterly basis and provided advice on a number of topics related to improving the health system in South Eastern NSW including:

- the Strategic Alliance, including the adoption of the Integrated Care Strategy, GP Liaison Officers and cross border issues between Southern NSW and ACT Health
- team-based models of care across the region
- the development of a winter strategy for 2019
- health priority areas such as chronic conditions, preventative initiatives including immunisation and cancer screening
- HealthPathways
- updates from GP Clusters
- GP leadership.

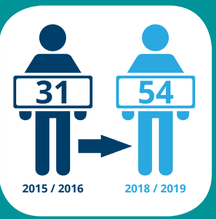
Community Advisory Committee

Our Community Advisory Council provides advice and recommendations to our Board to ensure that strategies and initiatives are patient-centred, cost effective, locally relevant and aligned to improving local health care experiences and expectations.

The Committee met on a quarterly basis and provided advice on a number of topics related to improving the health system in South Eastern NSW including:

- the consumer perspective to the Mental Health and Suicide Prevention Plan
- engaging primary care and consumers in new models of team-based care
- the scope and determinants of health literacy
- improving community awareness of My Health Record
- health advocacy and building consumer capacity within the region.

Our people



We are fortunate to have a skilled, capable and productive team which is continuing to achieve great outcomes and has increased in numbers since our commencement and as the work of the PHN continues to grow.

We are especially proud of the work we have been doing to acknowledge cultural diversity, respect and honour Aboriginal and Torres Strait Islander people within our region.

We have developed a 'Reflect' Reconciliation Action Plan (RAP) which has been approved by Reconciliation Australia with the aim of developing tangible goals that we can implement over time. Our internal RAP Working Group has proudly led this work in consultation with our Board, Cultural Advisor and key stakeholders.

Moving forward, the RAP will provide our staff with a set of priorities and guidelines to help us engage more meaningfully with Aboriginal and Torres Strait Islander communities, histories and cultures.

Our staff have also been provided with 'A guide to Aboriginal cultural protocols' and 'Acknowledgement of Country' flashcards, which were developed by our Cultural Advisor, and taken part in cultural awareness through two formal training seminars with Dr Julie Moore and Dr Lynette Riley.

ADDRESSING OUR HEALTH PRIORITIES

We aim to maintain and improve the health outcomes of the region's population by addressing inequalities and service gaps for those most at risk of poor health outcomes.

A number of priority areas have been identified including:

Aboriginal health

More than 25,800 people in our region identify as Aboriginal and Torres Strait Islander, or 4.2% of our region's population (higher than NSW and Australian average proportions). Aboriginal people experience significantly poorer health outcomes than non-Aboriginal people.

In order to improve health outcomes for Aboriginal people across the region, we:

- commissioned the provision of **early intervention/resilience-building and psychological support** as part of a suicide prevention program
- commissioned the development and operation of a phone support line for Aboriginal people in the Shoalhaven who were **experiencing suicidality in the afterhours period**
- commissioned the local Aboriginal Medical Services (AMSs) to lead a **community brokerage service** for Aboriginal women who are experiencing alcohol and other drug issues in the Shoalhaven
- continued to commission culturally appropriate organisations to provide **care coordination services for Aboriginal people with chronic disease**
- commissioned the provision of **care coordination for young Aboriginal and Torres Strait Islander people in Yass** who seek assistance in negotiating care from a range of health and community providers
- continued to commission to the provision of **mental health services** including early intervention/resilience-building, psychological therapies and/or mental health nursing services
- continued to commission the provision of **peer support through informal group activities** to build leadership, a sense of identity and empowerment for Aboriginal men of all ages in Bega Valley.

Improving the health of our Aboriginal community through integrated team care: A patient's perspective

Loretta* is a 41 year old Aboriginal woman who has a family history of cancer, with her father passing away at age 39.

She was experiencing painful symptoms and was referred to a gastroenterologist multiple times. Yet she failed to attend for a number of reasons – she feared diagnosis, found it difficult to get to the appointment with no license or public transport options close by, and could not afford the appointment fees.

Since commencing the Integrated Care Program (ITC) through Waminda, Loretta was supported by a Care Coordinator who worked hard to develop a culturally appropriate and trusting professional relationship with her.

This hasn't been easy though as Loretta continued to cancel her specialist appointments at the last minute, due to fear.

Leading up to the next appointment, the Care Coordinator explained briefly what the plan was, and encouraged Loretta to take ownership of her health with the support of Waminda. She gave Loretta a diary, booked her transport, and organised for the appointment to be pre-paid. She also planned to attend the appointment with Loretta, as requested.

On the day of the appointment, the Care Coordinator turned up to Loretta's house, and she was ready to go. She attended the appointment where a lot of investigations where ordered, however she felt a lot better after attending.

Loretta said that having the Care Coordinator attend the appointment with her helped to break down her fear barriers.

She then went on to have a colonoscopy two weeks later and continues her care journey.

** Name and photograph changed to protect privacy.*

Chronic conditions

Chronic conditions are the leading cause of illness, premature mortality and health system utilisation our region. They can occur across the life cycle, becoming more prevalent with age.

Chronic conditions are a key health priority for our organisation, and this year we:

- joined with Illawarra Shoalhaven Local Health District to co-commission a care coordination service for people with chronic and complex health issues across the Illawarra Shoalhaven
- commissioned a **neurological nursing service** in the Shoalhaven to support people with Parkinson's
- commissioned allied health professionals in Southern NSW to run group programs for people with **chronic pain**
  - > 212 referrals to the St Vincent's Hospital telehealth service which allows local residents to access pain specialists from their local general practice
  - 72 health professionals attended pain clinic workshops
  - 5 chronic pain clinics were offered with 100 new people attending.

Chronic pain workshops: A patient's perspective

Graham* had spent most of his life searching treatment for his pain, after a football injury resulted in a broken disc in his spine when he was just a child.

He tried multiple procedures and therapies but had given up hope that anything could be done. However, his wife saw flyers about the local chronic pain management program and so phoned the facilitator.

Feeling the program could help, his wife encouraged Graham to register. She kept persevering and finally Graham requested a referral from his GP.

Reluctantly, he attended to the introductory session and was surprised to leave with a glimmer of hope. The facilitator spoke about the multifidus muscles that stabilise the vertebrae in the spine, and for Graham this was an area which he could focus on to help ease the pain.

He practiced the exercises taught by the facilitator, and embraced the concepts and practices.

Graham realised that the mindfulness activities would allow him to manage his pain more holistically and with less medication. Graham says that this program was "the best thing to ever happened to him". He now manages with much less medication each day, and enjoys the clarity of mind and positivity.

** Name and photograph changed to protect privacy.*

Prevention initiatives

Our approach to prevention focuses on promoting health and preventing illness, and detecting and treating the early signs of diseases. This can make a real difference to the long term health outcomes for local residents.

This year we:

- had 102 practices (52%) participate in **immunisation updates** which were presented in collaboration with the Local Health Districts' Public Health Units across the region
- continued to commission **programmed shared medical appointments** (SMA) across the region, developing two new areas of smoking cessation and chronic pain management
  - 4 practices have been involved in smoking cessation, with plans to continue to expand across the region over the next two years
  - 4 practices have been involved in chronic pain management
- commissioned the provision of **peer health coaching** and a **group program** that promotes healthy and sustainable lifestyles for people with mental illness
- commissioned a program aimed at **preventing falls in older adults** while also integrating **malnutrition screening and intervention**. Key to this commissioned activity was the **building of capability of the primary care workforce** in the Southern NSW Local Health District catchment to continue this support
- coordinated our inaugural Pitch Night in Wollongong, encouraging small local community-based organisations to trial **health promotion activities**, with three local organisations Coomaditchie United Aboriginal Corporation, Scarf Incorporated and Beyond Empathy receiving funding.

Pitch Night a huge success: Three organisations receive funding to improve long term health outcomes for local people

Our inaugural Pitch Night was a great evening of passionate story telling about innovative projects designed to improve the health and wellbeing of refugees, Aboriginal people and youth at risk in the Shellharbour and Wollongong local government areas.

Coomaditchie United Aboriginal Corporation received funding for their Deadly Women and Deadly Girls program which will offer a unique and much needed approach to meeting the needs of communities which traditionally don't access facilities, or mainstream health services.

"We hope we are able to use these skills, strategies and knowledge to successfully apply for other funding opportunities to continue supporting the community." – Kristy, Coomaditchie

Scarf Incorporated received funding for their Lunchbox for health and learning initiative which aims to improve the health and wellbeing of refugee families by providing access to nutritional information, and increasing capacity for healthy, budget friending cooking and food preparation.

"I'm delighted with the outcome. This funding gives us the chance to do something that we knew there was a need for in our community, and we couldn't have done it otherwise." – Pippa, SCARF

Beyond Empathy received funding for their Foot on the Ladder (FoTL), art-meets-sport community project, which focuses on creating accessible health / nutrition information for people living in disadvantaged areas in the southern suburbs of Wollongong and Shellharbour.

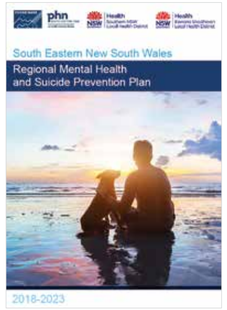
"We are very satisfied with the outcome – it's money we didn't have before and the process of getting that funding was useful and beneficial." – Phil, Beyond Empathy

Mental health and suicide prevention

Mental health is a key priority area for our organisation and we have been working in partnership with the mental health services sector to develop and deliver services that meet areas of identified need in South Eastern NSW.

This year we:

- developed in partnership with Illawarra Shoalhaven Local Health District and Southern NSW Local Health District, a **Regional Mental Health and Suicide Prevention Plan** which is set to bring about positive change for local consumers, their families and carers by reducing fragmentation, address shared priorities and establish joined up systems and pathways
- continued to commission **psychological therapies**, and the provision of **complex mental health support** across the region
- commissioned the provision of **psychosocial support** services across the region in South Eastern NSW for people with severe and complex mental health needs, who are not eligible for assistance through the National Disability Insurance Scheme (NDIS)
- officially opened **headspace Bega,** giving young people aged 12 to 25 years access to youth friendly, free and confidential mental health and wellbeing services, increasing the reach of the service across our region
- continued to commission **headspace services** in Wollongong, Nowra, Goulburn, and Queanbeyan
- commissioned a **traineeship program** for two Aboriginal and Torres Strait Islander identified trainees, with one being awarded Trainee of the Year at the Queanbeyan-Palerang Regional NAIDOC Awards
- commissioned a number of providers to provide **mental health and counselling support** for residents of Tathra and Districts affected by the bushfires
- commissioned Clevertar to provide access to its smartphone app for **low intensity psychological therapy** available free to all residents in the region
- co-commissioned with five other NSW PHNs a **free service for GPs who require psychiatry advice** on the phone with written reports provided via secure messaging
- commissioned the implementation of new and innovative **peer worker services and supports** in our region
- continued to support the **Illawarra Shoalhaven Suicide Prevention Collaborative**
- developed collaborative partnerships in Southern NSW to strengthen approaches to suicide prevention.



Mental health support for drought-affected communities

Currently, much of rural and regional NSW is experiencing widespread drought conditions, meaning farmers, their families and rural communities may be experiencing significant levels of stress impacting on their mental health.

In October 2018, the Federal Government announced additional funding for mental health services in drought-affected communities throughout Australia, including South Eastern NSW PHN.

We have used this funding to aid community-led initiatives and improve mental health, wellbeing and community resilience.

Some highlights include:

- $114,000 in small grants to 14 community and not-for-profit organisations for activities in drought affected communities which promote **resilience and enhance wellbeing** through group-based activities
- a new campaign aimed at **increasing awareness of support for mental health, or drug and alcohol concerns** in the region
- a **resource sheet for GPs and health professionals** to support farmers and their families experiencing drought-related stress
- free **accidental counsellor workshops** aimed at helping community members support friends and neighbours who are experiencing difficult and emotional distress.

New psychiatry support line available for GPs

We joined five other PHNs to co-commission ProCare Mental Health Services, a not-for-profit service provider, to operate a new psychiatry support line for GPs.

GPs can ring a free 1800 number for advice on how to manage the care of mental health consumers. It is not about triaging or referring consumers to a psychiatrist, but rather keeping consumers whose conditions are able to be treated within primary care under the care of their GP.

Ultimately, the service aims to upskill GPs and improve the mental health services provided in general practice.

"Great service to support GPs with clinical queries, especially when we have consumers who refuse to seek mental health assessment. Thankful for the availability of such a service." – Local GP

Our peer workforce

We are taking an innovative approach to building our region's mental health peer workforce in transforming services and support systems towards a recovery orientation. We have commissioned a number of providers to implement new peer worker services, and have employed a dedicated role to support the workforce.

"Peer workers have a unique ability to rapidly develop authentic rapport and trust with mental health consumers that inspires hope for recovery. I've had a lot of great feedback from clinicians saying how helpful and worthwhile it is working with peer workers, particularly because of their shared experience, strong empathy and insights that they provide. There's a real richness in working collaboratively - the clinicians and peer worker roles are mutually complementary." – Nikki Jordan, Mental Health Recovery Services, Grand Pacific Health

Learning to re-engage with her community: A personal perspective

Valerie* was referred to Grand Pacific Health's Complex Care (Integrated Recovery Services) program as she had become very socially isolated.

Valerie was encouraged to join a local art group as a way of pursuing her passion for art while meeting new people. She was later connected with a peer worker, who she immediately connected with over their shared experiences. Her peer worker had become a source of hope and inspiration for Valerie, as she could see how far she had recovered.

"While I still experience episodes of anxiety, I'm getting out more and feeling more comfortable with it. I now catch-up with people for coffee, go for walks and regularly attend art group." – Valerie

** Name and photograph changed to protect privacy.*

Improving physical health through peer coaching and group nutrition education: A personal perspective

"I enjoyed being able to spend time with other people – both peers and fellow participants who all were kind and supportive. This made me more accountable and keen to participate to the best of my ability." – Frank*

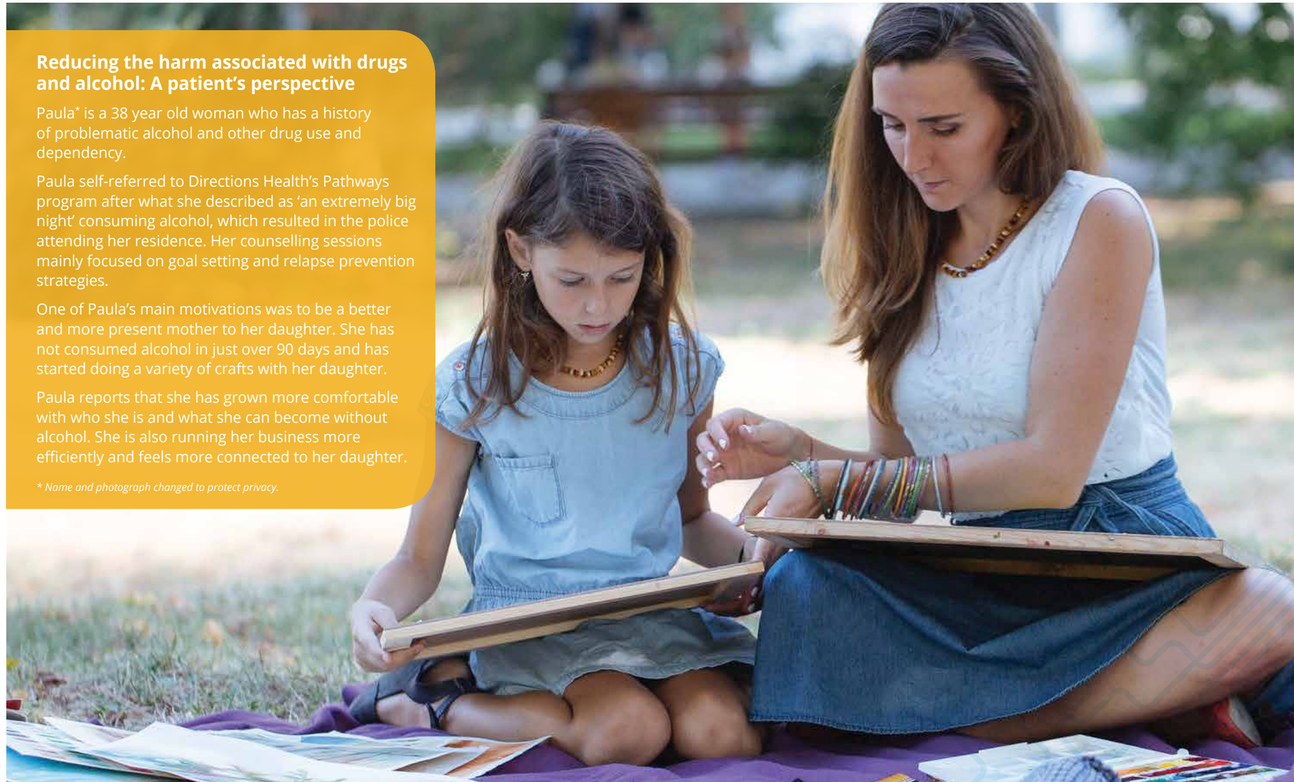
** Name changed to protect privacy.*

Drug and alcohol

Drug and alcohol rehabilitation is a key priority area for our organisation. Our aim is to reduce the harm associated with drugs and alcohol, with a focus on limiting methamphetamine use in the community.

This year we:

- continued to commission the provision of early intervention **drug and alcohol treatment** services in the Eurobodalla, Monaro, Far South Coast and Goulburn regions for individuals at risk, through to more intensive case management for people with a higher level of substance use and more complex needs. Family sensitive services to support family members and carers is also available
- continued to commission the provision of **non-residential drug and alcohol treatment** for individuals and their families. Services involve individual case management, or group support programs and education
- announced funding to provide a **new drug and alcohol support service for young Aboriginal and Torres Strait Islander people in Yass** and surrounding areas
- developed a campaign designed to **raise awareness of the different support options available** to assist people with drug and alcohol concerns
- increased workforce capability in our region by coordinating:
  - two **interagency forums** attended by service providers, Aboriginal Medical Services, Local Health Districts, health professionals and community groups to promote collaboration and share information
  - four **GP education sessions** which were also attended by Local Health Districts, non-government organisations and Justice Health representatives
  - six **alcohol awareness sessions** for pharmacists and three harm minimisation training courses facilitated by the Red Cross
  - six **alcohol and other drug first aid training workshops** which were delivered by Lives Lived Well.



Reducing the harm associated with drugs and alcohol: A patient's perspective

Paula* is a 38 year old woman who has a history of problematic alcohol and other drug use and dependency.

Paula self-referred to Directions Health's Pathways program after what she described as 'an extremely big night' consuming alcohol, which resulted in the police attending her residence. Her counselling sessions mainly focused on goal setting and relapse prevention strategies.

One of Paula's main motivations was to be a better and more present mother to her daughter. She has not consumed alcohol in just over 90 days and has started doing a variety of crafts with her daughter.

Paula reports that she has grown more comfortable with who she is and what she can become without alcohol. She is also running her business more efficiently and feels more connected to her daughter.

** Name and photograph changed to protect privacy.*

End of life care

There is a growing demand for palliative care services as the population ages and the incidence of diseases such as cancer and dementia increase. End of life care is therefore identified as a key priority for our organisation, and this year we:

- commissioned a campaign to increase awareness, and uptake of, **advanced care planning**
- commissioned activity to improve the **availability and capacity of volunteers and paid workforce** within the region
- commissioned a number of general practices to **strengthen capacity and coordination of palliative and end of life care** in their local communities
- co-funded with Illawarra Shoalhaven Local Health District an **Aboriginal Health Worker** to link Local Health District palliative care services and primary care, and support and improve access to culturally appropriate palliative care options at end of life.

Improving pathways for palliative and end of life care

We funded The Health Care Centre (THCC) in Crookwell to improve current pathways for palliative and end of life care by implementing an integrated model of care in the Crookwell region.

THCC employed a GP Liaison Nurse/Care Coordinator to liaise with the patient and their families and carers, along with their general practitioner, the hospital, aged care facility, pharmacist and Ambulance, to ensure the patient's preferences, beliefs and values about end of life care are known and respected.

"There are a lot of government resources available to assist consumers and their families, and our GP Liaison Nurse can assist in ensuring they receive the information they need. It's about giving people choice" – Megan Williams, Practice Manager

OUR COMMISSIONED SERVICE PROVIDERS

In pursuit of our vision for 'a coordinated health system which provides exceptional care, promotes healthy choices and supports resilient communities', we value the ongoing partnerships we have developed with our commissioned service providers. We are grateful for their support and commitment to our region.

- ACON Health
- Alpine Monaro Health Centre
- Australasian Society for Lifestyle Medicine
- Australian National University
- Batehaven Pharmacy
- Bega Valley Medical Practice
- Black Dog Institute
- Braveheart Healthcare (Lighthouse Surgery)
- Brigham and Gentle Registered Psychologists
- Brindabella Family Practice
- Bulli Medical Practice
- Bungendore Medical Centre
- Clevertar
- Country Womens Association Jamberoo
- Curalo Medical Clinic
- Dancing in the Hoop
- Directions Health Services (Assisting Drug Dependants Inc)
- Dr Chandran's Surgery
- Equilibrium Healthcare
- Eurobodalla Exerise Physiology
- Eurobodalla Shire Council
- Far South Coast Dairy Development Group
- Far South Coast Women in Dairy (Far South Coast Dairy Development Group)
- Fling Physical Theatre
- Flourish Australia Services (Richmond PRA Ltd)
- Gerringong Family Medical Practice
- Grand Pacific Health
- Gunning District Community and Health Service
- Hills Family Care
- Illawarra Aboriginal Medical Service
- Junction Street Family Practice
- Katungul Aboriginal Medical Service
- Kiama Medical Practice
- Kristel Dragisic Psychologist
- Lifeline South Coast
- Lives Lived Well
- Main Street Medical Centre Merimbula
- Marathon Health
- Meroo Street Family Practice
- Monaro Community Access Service Inc
- Multicultural Communities Council of Illawarra
- Narooma Public School
- National Heart Foundation (ACT)
- Neami
- Network of Alcohol and Other Drug Agencies (NADA)
- NSW Rural Fire Service - Southern Tablelands
- Optimum Health Solutions
- Oz Help Foundation
- Palliative Care NSW
- Parkinsons NSW
- ProCare Mental Health Services
- Queanbeyan GP Super Clinic
- Queen Street Medical Centre Moruya
- Regional Development Australia Southern Inland
- Royal Far West
- Russell Vale Family Medical and Acupuncture Practice (Sajid Azam Pty Ltd)
- Sapphire Coast Medical Practice
- Sapphire Medical Clinic
- Sharp Street Medical Practice
- Shoalhaven Family Medical Centres
- South Coast Medical Service Aboriginal Corporation
- The Health Care Centre
- The Salvation Army
- Ulladulla Endoscopy and Medical Centre
- Upper Lachlan Landcare
- Waminda South Coast Women's Health and Welfare Aboriginal Corporation
- Windang Beach Family Medical Practice
- Women's Resource Centre - Bega
- Woonona Medical Practice

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