



Annual Report 2022-23

Connecting the Dots
Embracing the next
phase in health care



phn
EASTERN MELBOURNE

An Australian Government Initiative

Acknowledgments

The Australian Government is the principal funding body for Primary Health Networks (PHN).

Eastern Melbourne PHN acknowledges the Wurundjeri People and other peoples of the Kulin Nation on whose unceded lands our work in the community takes place. We pay our respect to Aboriginal and Torres Strait Islander cultures; and to Elders past and present.

EMPHN is committed to the healing of country, working towards equity in health outcomes, and the ongoing journey of reconciliation.

We recognise and value the knowledge and wisdom of people with lived experience, their supporters and the practitioners who work with them; and celebrate their strength and resilience in facing the challenges associated with recovery.

We acknowledge the important contribution they make to the development and delivery of health and community services in eastern and north-eastern Melbourne.



Central to how we work with the community - and together within EMPHN - equity and inclusion are valued, protected and promoted.



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A message from our Board Chair

2022-23 has been a year of significant change for primary care in Australia, including for Eastern Melbourne Primary Health Network (EMPHN).

A new government and a new Minister placed primary care front and centre of their work. The previous government's fee freeze was ended, and there was a significant uplift in the bulk billing incentive for rural and remote Australia, and a modest increase for the area covered by EMPHN.

At least as significant, were the first moves to revitalise primary care. The Strengthening Medicare Task Force, chaired by Health Minister Mark Butler, and of which I was a member, produced a framework for a new architecture for primary care. Most notable of the changes foreshadowed was 'MyMedicare', which will provide the basis for both improving multidisciplinary care and strengthening links between patients and their general practice. This initiative involves patients registering with a practice, with the program initially focusing on patients who have had a pattern of multiple visits to hospital emergency departments. Unfortunately, beyond that, at the time of writing – mid September – we know little of how the program will work, whether the initial stages will involve EMPHN or not, how GPs and hospitals will work together, or what the business model will be. I join with others in lamenting the lack of engagement and detail.

Mental health in Victoria is in a mess, and the rollout of the recommendations of the Royal Commission into Victoria's Mental Health Services seem to have stalled, creating uncertainty for everyone. Our hope is that the adult mental health locals will be rolled out swiftly, providing much needed additional services for residents in our area. Another national change was to the Better Access program, where the temporary Covid-related funding for extra visits to psychologists was not funded permanently.

An evaluation showed the program was inequitable and the extra sessions prevented other people from getting psychological services. The Better Access decision created further uncertainty. A new approach to meeting mental health needs, preferably one involving the state, is sorely needed.

In happier news, EMPHN has had a successful rollout of a new program to help people with limited resources to link up with the right aged care services. 771 people have been assisted in the first six months of this program.

I would like to thank Janine Wilson for her sterling efforts this year, all the staff of EMPHN for embracing the changes happening in primary care and managing the new programs we have to stand up efficiently and effectively, my colleagues on the board, members of the clinical and community advisory councils, and funded and partner agencies for all helping to improve care in the EMPHN area in 2022-23.



Stephen Duckett
Board Chair, Eastern Melbourne
PHN

Note, the views expressed here are my own.

A message from our CEO

The past financial year has given all PHNs an opportunity to reemerge into our core business of coordinating, commissioning and capability building across primary health care, whilst the broader community and service providers continue to show resilience and innovation in the face of the ongoing challenges from the pandemic.

At EMPHN, we emerged with new and further evolved insights into the needs and priorities of our service partners, general practice partners, local health networks, sector stakeholders and the communities we support. We commenced work in a new and critical priority area – Older Persons and Palliative Care with the launch of the Care Finders program – helping older people to navigate care for their needs. We also refreshed the workplans for our Community Advisory Committee and Clinical Council, with a view to developing a wider and more diverse panel of people to help us with design of programs that deliver outcomes for the community.

Mid way through delivery of our [2020 - 2025 Strategic Plan](#), we embarked on a refresh to ensure our strategic objectives, measures and associated targets remained relevant, effective, and aligned to the evolving needs of the local community. We expanded our strategic agenda to include the new work we are now undertaking in the Aged Care sector and have incorporated new measures and targets to achieve our goals.

Our mental health Stepped Care program entered a new phase, building on evaluations, data and other evidence. By utilising the strengths of local service providers to meet the mental health needs of people in the catchment, across their continuum of need, the strengthened model has demonstrated that it is improving patient outcomes and is available to a greater number of people in need. With an emphasis on recovery, this person-centred and integrated approach, with multi-disciplinary teams, provides clear pathways between care options and improves collaboration and integration between services. We showcase this model on [page 15](#).

The after-hours primary care sector is shifting and changing to better support patient need while easing the pressure on hospital emergency departments. State government funding for 27 Priority Primary Care Centres for Victoria was part of an initiative to offer care for people with conditions that require urgent attention but not an emergency response. EMPHN has supported delivery of six of these services and we look forward to their formal evaluation led by the Victorian Department of Health.

EMPHN provided support to general practices and other health care providers to improve quality of care for patients. In particular, support was provided across digital health, provision of benchmarking reports, population management, quality improvement, workforce capacity, accreditation, chronic disease screening, monitoring and management, population health and providing the HealthPathways service.

We now have greater state investment in primary care through PHNs than ever before. Our partnerships, underpinned by bilateral agreements for primary health care, mental health and the National Health Reform Agreement, will continue to strengthen commitments to investment and service delivery decisions in alignment with agreed national policy directions.

As we headed towards the tail end of the 2022-23 year, we were bolstered and excited by the 2023-24 Federal Budget which provides for an historic level of investment in Medicare to lay the foundations for significant reforms. It delivers funding to meet the urgent healthcare needs of today, while starting critical reform to build a stronger Medicare. Responding to the recommendations of the Strengthening Medicare Taskforce, (of which our Board Chair, Stephen Duckett was a member), the Budget announcements outlined key steps needed to address the many pressing challenges in our healthcare system. Whilst we are still waiting for all the details on what this means for PHNs, we stand ready to deliver.

So, with a refocused Federal Budget and substantial state funding, our role as a primary health care commissioner has never been more important or transformative. The alignment and readiness to invest into the vision for primary care is unprecedented. We have always been change agents – that's our job. We are integrators, we are connectors of dots, and with investment into the federal 10-year Primary Care Plan released by the previous government we are clear on the vision for that plan to continue.

Of course, direction for our strategy is also informed by our stakeholders. In May this year we held the first face to face stakeholder forum for some time, where we, and our stakeholders, heard directly from the Hon. Mark Butler, Minister for Health and Aged Care. We've also heard the voices of general practice through our Needs and Engagement Survey, the first in almost four years. The survey data and insights contribute to measuring the success of our Strategic Plan and future directions. We look forward to working with our partners in recognising feedback and implementing some change and reform as a result.

Our accomplishments this year reflect the dedication of our team, the strength of our partnerships, and the effectiveness of our strategic initiatives. Our team have worked tirelessly over the course of the year to deliver all that can be read in this Annual Report. With the executive team, I want to acknowledge their great support of each other in the work they do every day as well as their steadfast commitment to primary care and to the communities of the catchment.



Janine Wilson
CEO

Eastern Melbourne PHN's executive team



Janine Wilson
Chief Executive Officer

Janine is an accomplished executive with 25 years' experience in the health sector, where she has held strategic, operational, marketing and general management roles. Prior to joining EMPHN in 2020, Janine oversaw the establishment and ongoing operation of Telstra Health's National Cancer Screening Register (NCSR), operated on behalf of the Commonwealth Department of Health and supporting screening for cervical and bowel cancer. Janine has also held a number of executive roles with the Australian Red Cross Blood Service (now 'Lifeblood') and experienced the American healthcare system as the Director of Strategy for the New York Blood Centre. Janine holds an MBA from Melbourne Business School, where she was the recipient of the Helen McPherson-Smith Scholarship.



Narelle Quinn
Executive Director, Primary Care Innovation and Development

With an extensive operational background in the primary care sector, Narelle is a strategic thinker and leader, gifted in developing capacity within internal teams and the wider health care sector. With more than 15 years' experience in the Primary Health Care sector, Narelle understands the intricacies of the end-to-end commissioning cycle and skilfully leverages its capacity to affect real and positive change to realise optimum patient-centred services delivering better outcomes for health consumers in eastern and north-eastern Melbourne.



Dinah Rowe-Roberts,
Chief Operating Officer

Dinah has more than 20 years' experience in senior commercial and strategic roles in the health sector across the UK, the Middle East and Australia. As an executive in the Department of Health (UK), Australian Unity, SANE Australia, and a director in PwC's Health consulting practice, Dinah has been a leader across a wide range of systems and partnership models; focusing on improving health outcomes and maximising efficiency. A lifelong learner, Dinah has undertaken training in innovation, lean start-up and design thinking; deepening her expertise in service and process design. Having started her career in chartered accounting, Dinah has a particular interest in developing new payment models to improve outcomes for health consumers.



Jane London
Executive Director, Strategy and Service Design

Jane is a behavioural scientist who has focused on developing and delivering complex multi-faceted behaviour change programs in healthcare for more than 20 years; with expertise using applied behavioural models, and design and implementation of data driven interventions. Jane is on the Board of the Audit and Feedback MetaLab, an international group of researchers building the science around data use to change clinical behaviour, and is a published author in the area. Having previously held senior management positions at the Royal Australian College of GPs, Royal Australian and New Zealand College of Psychiatrists and NPS MedicineWise, Jane understands the real-world barriers faced by different players in the health system in working to create sustained change.



Natasha Levy
Executive Director,
Communications and Engagement

Natasha brings 25 years of experience to EMPHN, having worked across the full spectrum of marketing, communications and engagement - with a focus on behaviour change in the health sector. Natasha's experience working as Group Account Director, Health for Fenton Communications, gave her considerable grounding in the health sector, where she guided and promoted clients in Federal and State government, hospitals, diabetes, cancer screening and many not-for-profits. She has also led marketing and communication at BreastScreen Victoria, VicHealth and Red Cross Blood Service before joining Specsavers, where she held global and general business management roles, and led the strategy, launch and implementation of audiology into the Australian market. Natasha started her working life as a writer and is passionate about work that makes a difference to the health and wellbeing of our community.

Also serving as an Executive Director during 2022 – 2023:

David Brough
Executive Director,
Strategy and Service Design

Nadia Marsh
Executive Director, Governance,
Risk and Compliance

James Scott
Executive Director,
Corporate Services

Eastern Melbourne PHN's Board

Eastern Melbourne PHN is governed by a Board in accordance with its Constitution.



Dr Stephen Duckett AM

Board Chair; Chair, Nomination, Remuneration and People Committee; Member, Strategy and Risk Committee; Member, Clinical Council; Member, Community Advisory Committee

Stephen Duckett has a reputation for creativity, evidence-based innovation and reform – from the introduction of activity-based funding for hospitals, to new systems of accountability for safety in hospital care. An economist, Stephen is a Fellow of the Academy of the Social Sciences in Australia, the Australian Academy of Health and Medical Sciences, and the Australian Institute of Company Directors. He is also an Honorary Enterprise Professor in the Department of General Practice at the University of Melbourne.



Robyn Batten AM

Board Member and Deputy Board Chair; Member, Nomination, Remuneration and People Committee

Robyn has held CEO and executive director positions in health, local government, community and aged care in Victoria, South Australia, Queensland and the Northern Territory. She is the Chair of Western Health, a non-executive director of Uniting Victoria and Tasmania, the Executive Chair of Leap In! and the Vice Chair of MIM China. Robyn has a Bachelor and Masters of Social Work, a Masters of Business Administration and is a Fellow of the Australian Institute of Company Directors.



Chris Altis

Board Member; Member, Strategy & Risk Committee; Member, Community Advisory Committee

Chris holds a Bachelor of Commerce, and Master of Arts (Public Policy) degrees from the University of Melbourne and is a Graduate of the Australian Institute of Company Directors. With thirty years' experience in the health sector, Chris has worked in a policy and advisory capacity at the state and national level. As Chair of the North Richmond Community Health Service, he oversaw the establishment of Melbourne's first medically supervised injecting facility and was previously a board member of the Northern Melbourne Medicare Local. Chris was also the founding Executive Manager of The New Daily national online news service, Chris currently consults in health and aged care, and is a non-executive director of Austin Health – an 800-bed tertiary teaching hospital – and the Victorian Emergency Services Telecommunications Authority (ESTA-000)..



Tim Flowers

Board Member; Chair, Finance, Audit and Value Committee; Chair, Community Advisory Committee

Tim has extensive expertise in financial reporting, enterprise management and governance, and a passion for supporting organisations to successfully work within the NDIS. He has extensive experience working with the disability and community health sector as well as with peak bodies, funders and government departments.



Dr Kelly Huang

Board Member; Member, Strategy and Risk Committee; Member, Clinical Council

Kelly is a practising General Practitioner, with extensive experience working in various health care services across different communities. She is also a medical educator providing vocational training for GP registrars. Kelly is passionate about the future of primary care, as well as health advocacy and influencing positive change for our wider community.



Associate Professor Dr Caroline Johnson

Board Member; Member, Strategy and Risk Committee; Chair, Clinical Council

Caroline is a General Practitioner who has worked in EMPHN's catchment for over 25 years. She is an Associate Professor in the Department of General Practice and Primary Care at the University of Melbourne, with current roles as Director of Teaching and Learning, membership of the Primary Care Mental Health research team and Associate Investigator with the Alive National Centre for Mental Health Research Translation. Caroline is also co-director of Clinician-Educator Pathways for the Melbourne Medical School and is actively involved in mental health advocacy via the RACGP.



Elizabeth Kennedy

Board Member; Member, Finance, Audit and Value Committee

Elizabeth was formerly the General Counsel and Corporate Secretary of Peter MacCallum Cancer Centre, after holding Corporate Counsel roles at a number of health organisations including Epworth HealthCare, The Royal Women's Hospital, The Royal Children's Hospital and Southern Health. Currently, Elizabeth is a Director of Western Health and the Australian Psychological Society, and the lawyer member of the Victorian Pharmacy Authority, and Council member of Janet Clarke Hall.

**Jason Mifsud**

Board Member; Member, Finance, Audit and Value Committee; Member, Community Advisory Committee

Jason is a proud and active member of the Kirrae Wurrung, Peek Wurrung and Tjab Wurrung People of the Gunditjmara Nation in south-west Victoria. He is an experienced non-executive director and has led significant cultural and organisational change through a number of high-profile positions over the past 20 years. Jason is currently the Head of First Nations Affairs & Enterprise at Wesfarmers and is a tireless advocate for social justice, Indigenous rights and reconciliation.

**Terry Symonds**

Board Member; Chair, Strategy and Risk Committee

Terry has held senior leadership positions in government and worked closely for over a decade with public health services boards across Victoria. He was the Deputy Secretary, Health and Wellbeing at the Victorian Government's Department of Health and Human Services for several years before his appointment as CEO of Yooralla in March, 2021. Terry is a Graduate of the Australian Institute of Company Directors (GAICD) and a Director at Eastern Health.

Also serving as a director during 2022-23:**Prof. Jane Gunn**

Board Member; Chair, Strategy and Risk Committee; Member, Clinical Council

(retired November 2022)

Independent Committee Members:**Gabrielle Bell**

Member, Nomination, Remuneration and People Committee

Gabrielle is a corporate lawyer with broad experience in Australia and South East Asia. During her career, she has specialised in corporate advisory, including corporate governance, mergers and acquisitions, and capital markets. She is an experienced non-executive director and company secretary, and is currently serving on the Board of South East Water Corporation. Gabrielle holds a Bachelor of Law and Bachelor of Engineering (Chemical) from the University of Melbourne and is a Graduate of the Australian Institute of Company Directors.

Taryn Rulton

Member, Finance, Audit and Value Committee

Taryn leads commercially-focused reform projects at La Trobe University, building on a successful career as CFO and COO in the public health, justice and education sectors. She has an extensive background in financial management, being a former State Chair of Chartered Accountants, on ANZ's Regional Council, and on the Australian Accounting Standards Board. Taryn has held governance positions within the alcohol and other drugs and community health sector, and is currently a Board Member of Possability Group, a large multi-state disability services provider, and the International Federation of Accountants.

Anne Heyes

Member, Nomination, Remuneration and People Committee

Anne has over 35 years of experience in human resources, having worked in both private and public enterprise and more recently in the NFP sector heading up the People and Culture function for the Australian Red Cross Blood Service. She has led HR functions and been part of executive teams for the last 20 years, guiding organisations through transformational and cultural change in response to ever-changing market conditions. Anne holds a BA Hons, University of Sydney, and a Masters of Commerce, UNSW.

Andrew Saunders

Member, Strategy and Risk Committee; Member, Finance, Audit and Value Committee

Andrew has led major business transformations leveraging digital technology during a career spanning health, government and the financial services sectors; gaining in depth understanding of strategic planning, corporate governance, digital enablement, change management, risk management and benefits realisation. Previously the Health Chief Information Officer and Director of Digital Health for the Victorian Department of Health & Human Services, Andrew is currently a Board Director for Eastern Health and Chair of its Community Advisory Committee; a Board Director for Victorian Legal Aid and Chair of its Audit & Risk Committee; a Board Director for Care Connect and Chair of its ICT Committee; and an independent Committee Member for Health Share Victoria.

**Clinical Council Members:**

Dr Emrana Alavi, Dr Malcolm Clark, Dr Penny Gaskell, Dr Shelly McIlree, Dr Dean Membrey, Andrew Robinson.

Michelle Cornelius resigned from the Council in 2022.

Community Advisory Committee Members:

Sophy Athan, Wina Kung, Heather McMinn, Marie Piu, Hamish Russell, Amelia Walters.

Kevin Feeney resigned from the Committee in 2022.

1.62 million people reside within the EMPHN catchment, which is 24% of the Victorian population. This population is estimated to reach **1.85 million** people by 2031.



Eastern Melbourne PHN's community

EMPHN's catchment ranges across the east and north-east of Melbourne and includes 12 local government areas – with three of those shared between EMPHN and other PHNs.

The people who live in EMPHN's catchment are from a diverse mix of ethnicities and socio-economic backgrounds with a wide range of health needs that require a targeted primary health response.

Summary statistics about EMPHN's catchment:

- Includes 1.62 million people, which is 24% of the Victorian population; estimates indicate the catchment population in 2036 will be approximately 1.95 million people.
- Nearly a third of people (26%) in the catchment speak a language other than English at home; the most common being Chinese, Indo, Aryan and Greek. 33% of people in the catchment were born overseas.
- More than 10,000 Aboriginal and/or Torres Strait Islander Peoples live in the region, mostly in Mitchell, Whittlesea and Yarra Ranges.
- LGAs with the highest proportion of people over 65 years are Murrindindi (26%) and Manningham (22%).
- Mental health is the number one chronic health condition in the region.
- Relatively greater disadvantage is found in Whittlesea, Murrindindi and Mitchell.
- Murrindindi and Boroondara have the highest proportions of people who live alone (12% and 10% respectively), with 8% of the catchment overall living alone.

Source: ABS - data by region. 2021 census <https://dbr.abs.gov.au/>



26%

speak a language other than English at home



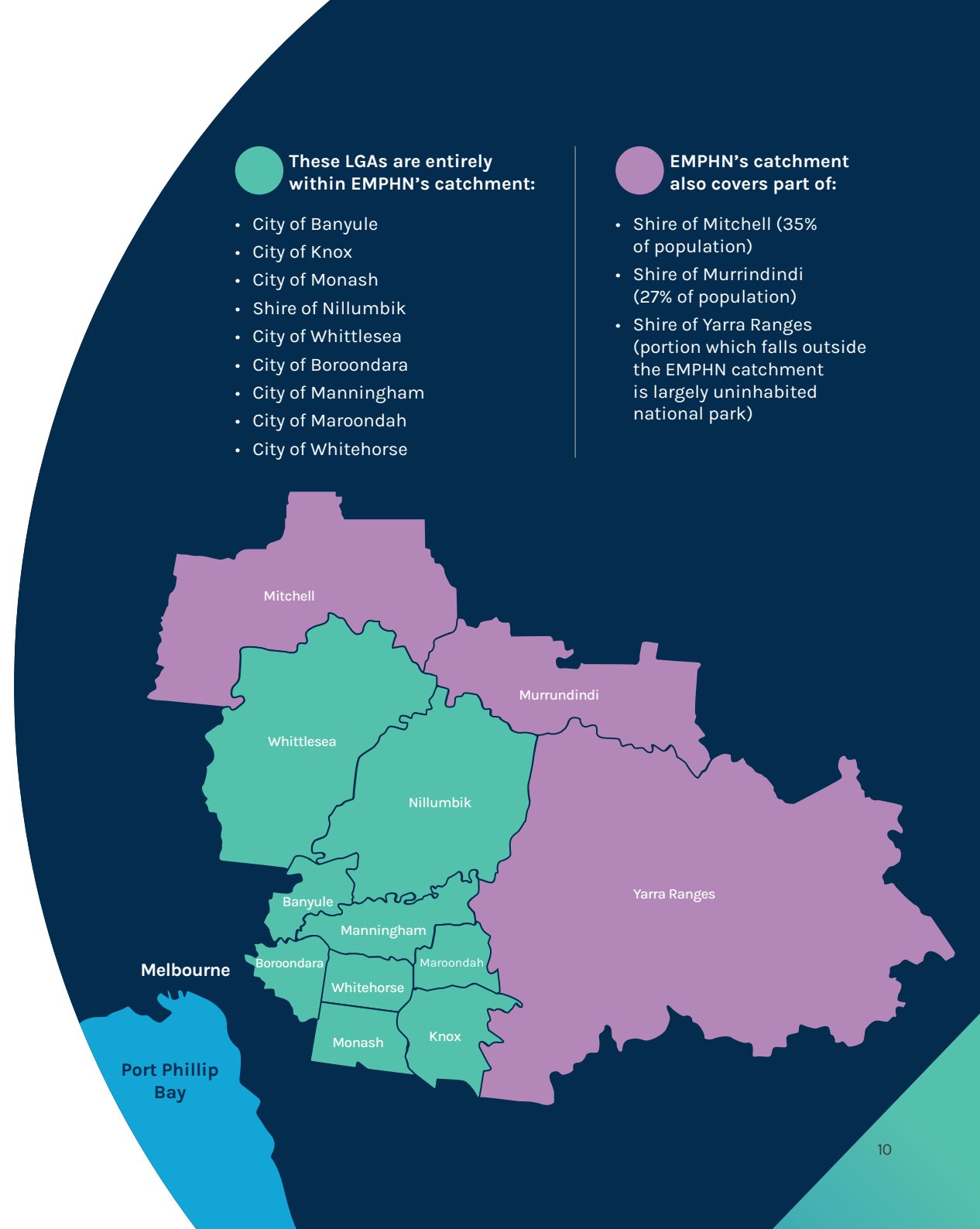
10,000+

Aboriginal and/or Torres Strait Islander Peoples live in the region



8%

of the EMPHN catchment overall are living alone



Our role as coordinator, commissioner and capacity builder

As a PHN, there are three core areas of activity and priority:

1. Coordination
2. Commission
3. Capacity-build

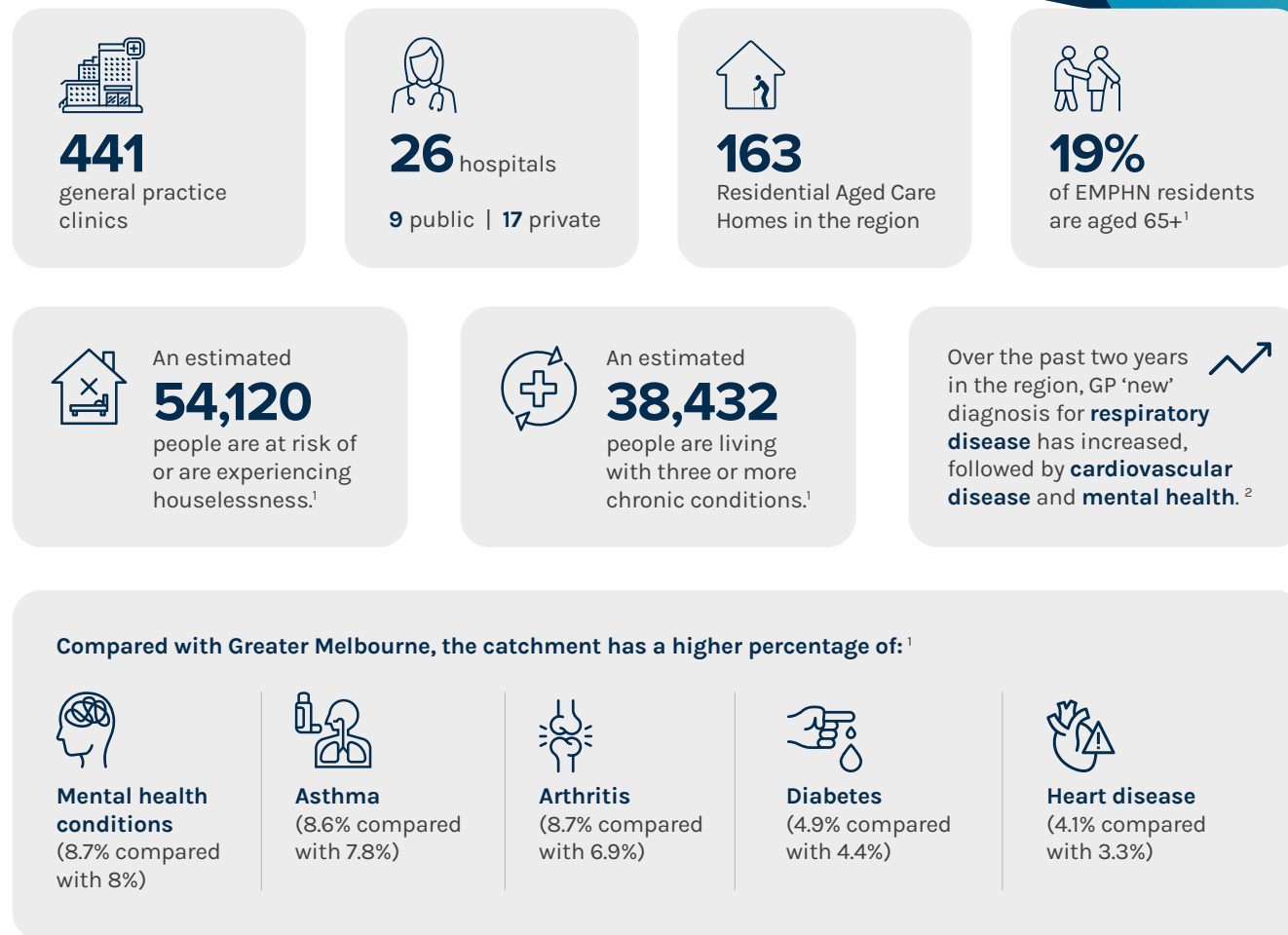
Over the years of the pandemic, EMPHN's emphasis was on the Coordination and Capacity building areas as we played a key role in the distribution of vaccine, PPE and supporting our local health professional community through a rapidly changing time. During the 2022-23 year, the organisation's focus has, by necessity, had to continue some aspects of pandemic support as we gradually rolled up to a return to our Strategic Plan and the core business of commissioning services.

The year was one that enabled us to start to reconnect with locally-based health consumers and service delivery providers as they emerged from the pressures of the last few years and as we all started to again focus on the primary health needs, many of which have been worsened or ignored as the pandemic raged.

In this year, a new portfolio of work was introduced - Older Persons and Palliative Care, with the initiation of the care finder network - the commissioning of funded organisations who can provide tools and support for those in the community with limited resources and families to assist.

As we move into the final year of EMPHN's 5-year Strategic Plan, the core focus at EMPHN will be on the commissioning of effective and efficient health services to meet the goals identified.

Health snapshot



¹ABS - data by region. 2021 census <https://dbr.abs.gov.au/>

²Source - POLAR October 2023

Fostering a **culturally-aware workforce** through Aboriginal Cultural Awareness Training has been a key focus for EMPHN.

Aboriginal and Torres Strait Islander health

We recognise the criticality of working with Aboriginal communities to close the still significant gap in health outcomes.

EMPHN has been on a journey to work with community in a way that meets our commitment to Aboriginal self-determination, cultural safety, and working in partnership with Aboriginal and/or Torres Strait Islander models of health and wellbeing including evaluation.

Through consistent and sustained funding, we have supported the development and expansion of Aboriginal Community Controlled services across the region. We have started to build deeper relationships with the key communities within our catchment and recognise that this requires a long-term commitment.

In 2022, EMPHN held its first First Nations Forum, enabling honest and robust conversations about where effort needed to be focused from a community point of view and where the strength in partnership has started to develop. EMPHN plans to deepen this engagement in coming years.

Our current work with communities supports:

- Wrap-around, whole-of-life, support services for children and families at Bubup Wilam Child and Family Centre, which builds on strengths and supports children to have the best start to life during their most formative years.
- Care coordination, outreach and supplementary services for Aboriginal and/or Torres Strait Islander Peoples living with chronic conditions, which provides a comprehensive, culturally-sensitive, case management approach to supporting people with complex issues, including services provided by the Victorian Aboriginal Health Service, EACH, healthAbility, Eastern Health and Banyule Community Health Service.
- Cultural training for primary care, in particular, general practice focused on the cultural perspective of Aboriginal and/or Torres Strait Islander Peoples and how to improve services to provide better access, utilisation and outcomes.
- Aboriginal and/or Torres Strait Islander communities' access to a range of culturally-safe services, through community engagement, cultural connection, youth programs, outreach, social and emotional wellbeing support and outreach support for self-medication and substance use issues at Oonah Health and Community Services Aboriginal Corporation.
- Community access to after-hours primary care, cancer screening and childhood immunisation.
- Working with mainstream services to develop culturally-safe services that meet Aboriginal and/or Torres Strait Islander communities' expectations.



Reconciliation Action Plan (RAP)

Implementation of the **Innovate Reconciliation Action Plan 2020-2022**, (which saw some delays during the COVID pandemic) has continued, as well as preparations to launch our next Innovate RAP.

A key focus this year has been fostering a culturally-aware workforce. EMPHN employees attended Aboriginal Cultural Awareness Training and had the opportunity to engage in 13 cultural immersion activities, including a deep listening 'dadirri' workshop by Larakia artist and educator, Ash Dargan, who is renowned as an artist, storyteller, educator and leader in emotional and social wellbeing.

Chronic and complex health conditions

Chronic and complex health conditions are an increasing focus for the healthcare system across Victoria, and at EMPHN, we prioritise consumers with high-complexity health needs within the region and work with community members and service providers to design and commission effective and responsive health services. Models of care are based on a person-centred approach that brings consumers together with their healthcare team to improve their quality of care and empowers them to be effective partners in their own care. Through early intervention, care coordination and multidisciplinary approaches, and by promoting equity of access outcomes, this area of our work supports effective condition management and can prevent hospital admissions.

Chronic conditions can affect people throughout their whole life, requiring long-term management by the individual and their carers, as well as ongoing and proactive support from a team of health professionals. If not managed well, chronic conditions can lead to serious consequences or disability; and typically cause a deterioration in wellbeing as people get older.

In collaboration with our service partners, our programs included:

Musculoskeletal wellness

Delivered by Northern Health, this program optimises non-operative management of patients through a multi-disciplinary approach and improves care for patients in the community – reducing waitlist times and improving patient outcomes and quality of life.

Migraine program

This evidence-based shared-care model for migraine management, managed between Austin Health and local primary health care providers – including GPs and practice nurses – diverts suitable patients from the Emergency waiting rooms for conservative migraine treatment with their GP.

Integrated Diabetes Education and Assessment Service (IDEAS)

Delivered by healthAbility, IDEAS is an integrated diabetes treatment model between the primary and acute sectors that helps consumers prevent and manage the health complications often associated with Type 2 Diabetes. The service is supported by a range of health professionals, and provides practical education to empower participants to improve their wellbeing for the long term.

Right Care = Better Health

Delivered by nurse care coordinators from EACH in selected general practices in eastern Melbourne, this program is aimed at people with complex long-term health conditions, providing care navigation and coaching to improve health outcomes and lower the risk of hospitalisation.



77%

of people who commenced the Right Care Better Health program, while struggling with the management of their chronic conditions, experienced enhanced confidence upon completing a 4-month episode of care within the program.

Mental health, alcohol and other drugs and suicide prevention

Mental health programs have been a primary focus of EMPHN's work since its initiation. We understand that the mental health needs of people in east and north-eastern Melbourne are diverse, and that these needs change and evolve. We continue to work with our partners to facilitate access to high-quality mental health services for consumers and caregivers, while addressing service gaps in the existing mental health care system.

Mental health and alcohol and other drugs (AOD) services don't operate in isolation – particularly for individuals with both mental health and AOD concerns. We promote connections between these services to enable a greater capacity to address the needs of individual consumers. There is also an important relationship between the primary mental health system and suicide prevention services, making these services an integral component of EMPHN's overall approach.

Our programs included:

Head to Health Phone Service

This national, public telephone service supports consumers and carers to navigate the healthcare system and access the right supports and services, according to their needs and preferences. This service is delivered by our internal team at EMPHN.



6,159
sessions of
support delivered

Head to Health Hubs

Through Access Health & Community, Inspiro and Banyule provide a range of support options (including individual and group-based support) via multidisciplinary teams that work closely with other community-based providers, such as GPs, allied health professionals and hospitals.

881
individuals
received care

14,009
sessions of
support delivered

Stepped Care Program

Stepped Care aims to ensure people experiencing mental health concerns and/or psychological distress who cannot afford and/or access other appropriate services still get equitable, high-quality support.

Stepped Care encompasses a range of services and care levels – delivered locally by multidisciplinary teams from Access Community Health and Banyule Community Health; such as peer support workers, psychologists, mental health nurses, counsellors, social workers, welfare workers and occupational therapists.



1,434
consumers received care



22,205
hours of support delivered





61%
individuals who completed
their treatment reported
improved outcomes



Youth mental health services

headspace

headspace centres offer early identification, intervention strategies and holistic care for young people aged 12 to 25, and their families or carers, at risk of developing, or showing early signs of, mental or physical health issues, and/or drug and alcohol problems. We partner with Access Health and Community (Hawthorn centre), Alfred Health (Syndal centre), EACH (Knox Centre and Lilydale satellite) and Mind Australia Ltd. (Greensborough Centre and Plenty Valley satellite).

 13,839 occasions of service provided by headspace	 86% satisfaction rating from users
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Youth Enhanced Services (YES)

Delivered in the community by Neami National and Eastern Health, YES provides mental health support and treatment to young people, aged 12 to 25, and their families or carers who, at the time of referral, do not meet the criteria for tertiary mental health care – but whose level of complexity and/or risk are greater than can be adequately cared for within the primary health care system.

Psychosocial programs

Psychosocial support service

Delivered by Neami National and Wellways Australia in partnership with healthAbility, this program supports people with severe mental illness who are not eligible for the NDIS. The service includes help building social skills, family relationships and friendships, managing money, finding for and looking after a home, building skills and qualifications, and developing work goals.

AOD programs

Dual diagnosis and recovery

These programs offer short or long-term one-to-one therapy, peer support or structured recovery groups to individuals struggling with drug or alcohol addiction – who are also experiencing a mental health condition.

In partnership with Anglicare Victoria (Eastern Region), the **Dual Diagnosis Program** supports individuals and their families address substance use and their mental health in the community or at in-patient units at Eastern Health.

The Hope Program, delivered by EACH, provides integrated AOD treatment and co-occurring mental health care via peer-led recovery with a person-centred approach.

The Thrive Program, also delivered by EACH, offers specialised therapeutic counselling as a clinical intervention for individuals, and their loved ones, to support their co-occurring problematic substance use and mental health concerns.

The recovery-oriented **Northeast Recovery and Support Program (NeRASP)**, delivered by Banyule Community Health, provides an eight week group program with individual and peer support to enhance AOD treatment outcomes.



950

sessions were delivered to participants by NeRASP

Family support

The Family Alcohol and Drug Service (FADS), delivered by EACH and Anglicare Victoria (Eastern Region), supports families with children under 25 who are struggling with problematic substance use. The program also supports individuals negatively impacted by a family member's alcohol or drug use. With a focus on harm minimisation and relapse prevention, the program is underpinned by integrated family therapy which includes individual counselling and family therapy.

The Family Focus Program, also delivered by Anglicare Victoria (Eastern Region) also delivers individual and family counselling; providing wrap-around support for individuals, couples and families with, or connected to, a person with an alcohol and/or drug dependency.

AOD primary health

Delivered by Access Health & Community, the **Medication Support and Recovery Service (MSRS)** is an addiction support service addressing prescription or over-the-counter medication abuse. The service provides individual or family counselling, nursing and withdrawal support, peer support groups, brief interventions and harm reduction services.

AOD Relate, delivered by Banyule Community Health, develops and utilises relationships within the primary health care setting to identify and support people with complex AOD issues and refer them into flexible services. Offering a range of peer support, dual diagnosis care coordination and psychological intervention, the program enables direct client care and secondary consultation to primary health care providers.



3,682

hours of service delivered by AOD Relate

Youth AOD

Through Youth Projects, the **Youth Northern Outreach Team (YNOT 2.0)** provides personalised, confidential outreach counselling, support, education and referrals for young people with alcohol and/or other drug abuse or dependence issues living in the City of Whittlesea.

Yarra Ranges Youth Outreach (YRYO), delivered by EACH, is an outreach drug and alcohol counselling service for young people and their families who

live in isolated, under-served communities in the Yarra Ranges.

The **SHERPA Program**, delivered by Youth Support & Advocacy Service (YSAS), offers therapeutic recreation and adventure-based group activities in conjunction with one-on-one case management and care coordination to young people (aged 12-21) experiencing problematic substance use.

The Youth Primary Health Support and Coordination Service (YPHSCS), delivered by Youth Support & Advocacy Service (YSAS), provides high-quality, tailored and timely community-based psychosocial support in conjunction with safe, supervised, clinically appropriate, home-based AOD withdrawal support.



2,453

hours of support delivered by SHERPA

Suicide prevention and wellbeing program

LifeConnect

Delivered in the community by Neami National, LifeConnect supports businesses and community groups to enhance staff confidence to engage in conversations about mental health and suicide. The training also builds awareness of where to find help and how to link people to support.



Case study: Stepped Care model

Mary*, who is 51, was recently diagnosed with Post Traumatic Stress Disorder (PTSD) and Dissociative Identity Disorder. With a long-running inability to hold down a job, Mary has been reliant on Jobseeker payments; supplemented with a few hours of part-time work. The constant financial stress, especially considering rental costs, was further exacerbated by the shame and overwhelm of her diagnosis.

Given the complexity of Mary's mental health, her GP referred her to the Stepped Care LIFT program. Delivered by Banyule Community Health, the program aims to ensure that every person seeking help with a mental health concern receives the right care at the right time from the right clinician.

When Mary first entered the program, her mental health clinician found her struggling with a range of complex mental health and wellbeing concerns, including low mood, anxiety, social withdrawal, lethargy and poor appetite. Her overall mental and physical condition left her unable to maintain her house or cook for herself.

With help from the multi-disciplinary team, Mary accessed timely and individualised support. Her care coordinator progressed her application for a Disability Support Pension – which was successful – and supported her during visits to Centrelink and to allied health professionals.

To assist with Mary's self-care, health and dietary needs, her LIFT care coordinator and psychologist helped Mary prepare an NDIS application, including by liaising with her regular psychiatrist and support services. While waiting for the outcome of that application, her care coordinator contacted local council services to help Mary clean her house before a landlord's inspection, and

organised affordable and nutritious meals while Mary recovered her capacity to self-care.

Mary's care coordinator also contacted the two universities where she was studying to discuss her challenges. The care coordinator gathered evidence of Mary's current health status and applied to change her failed grades to a 'withdrawn' grade, while also applying for a refund of her HELP loan for failed electives.

Mary was also helped to apply for a leave of absence while she recovered and was linked into student welfare to enable academic adjustments on her return.

The LIFT psychologist worked with Mary on plans and skills to help her cope in times of distress, and connected her with activities that would bring value and meaning to her life.

Mary now receives ongoing clinical support from her psychologist and a mental health nurse. She has appropriate financial entitlements based on her disability, reducing the necessity for her to work while unwell, and her self-care at home is supported while she works toward recovery. Getting refunds from the universities, maintaining her place and right to return, and putting supports in place for when she does, has also been a massive boost to Mary's sense of stability and wellbeing.

With the right supports and services in place, Mary reports an improvement in her symptoms and that she is better able to cope with her diagnoses.

** Name changed to protect identity.*

We aim to build a **sustainable** and **consumer-driven** system for older persons and palliative care – delivering more choice, easier access and better care.



Older persons and palliative care

Improving the health and wellbeing of the region's aging population has become a more recent priority area for EMPHN. The final report from the Royal Commission into Aged Care Quality and Safety in February 2021 prompted the Commonwealth Government to commit to a \$17.7 billion reform package. The reforms tie in with EMPHN's commissioning focus as we seek to support, improve access to, and coordinate high-quality primary health care for older people living in the community and those living in Residential Aged Care Homes (RACHs).

Through assessment of the health, social and functional needs of our older community members, we aim to build a sustainable and consumer-driven system – delivering more choice, easier access and better care.

In our first year of program delivery within the aged care system, we have partnered with service providers to develop a suite of initiatives to improve services in both aged care and palliative care.

We have delivered:

Care Finder

The care finder network is a dedicated workforce supporting people who require intensive support to navigate and access aged care services. By establishing and maintaining a network of care finders who provide specialist and intensive service navigation we ensure that the needs of vulnerable older people who may otherwise remain disconnected from relevant services can understand and access aged care, and connect with other relevant supports in the community.

Care finder is delivered by a range of service partners; including, Care Connect, DPV Health, healthAbility, Migrant Information Centre, Merri Outreach Support Services, the Salvation Army, Villa Maria Catholic Homes, Wintringham, and Housing for the Aged Action Group (HAAG) – intake only.



771

people have accessed the care finder service

Healthy Ageing Service Response (HASR)

Delivered in the community by Eastern Health (EH) and St Vincent's Hospital Melbourne (SVHM), Healthy Ageing Service Response (HASR) aims to improve the mental health and quality of life for older adults by providing a mild to moderate response for clients residing in RACHs and older people in the community. An innovative component of this program builds the capacity and capability of RACH staff and GPs to immediately respond to patients experiencing mental health issues, and access to a secondary consultation by the program's psychiatrist for expert advice.

Greater Choices: for at-home palliative care

EMPHN works in partnership with the Eastern Metropolitan Region Palliative Care Consortium, which includes Eastern Palliative Care (EPC), and Eastern Health, St Vincent's Health and Bolton Clarke, to provide inpatient palliative care services.

We also partner with the Banksia Palliative Care service, which is part of the North Western Melbourne Palliative Care Consortium, to provide education and facilitate connections between key stakeholders involved in supporting people who need palliative or end-of-life care – in particular, primary care providers, aged care providers and community care providers.

The program aims to improve awareness of underrepresented consumer groups about available palliative and end-of-life care services, and remove the barriers limiting

their access to support – specifically for Aboriginal and Torres Strait Islander people, those who identify as LGBTQIA+, are from a CALD background, have a disability, or have a non-malignant disease or chronic condition such as dementia.

Improving access to virtual health services

To support RACH residents in the region with access to appropriate telehealth care, a round of grants was made available to improve facility's devices, video capabilities, infrastructure and minor capital works projects. Grants of up to \$20,000 were made available, resulting 61 facilities being funded to improve telehealth offerings to residents and their health services.

Case study: Greater Choices for in-home palliative care

In Victoria, the provision of effective in-home palliative care relies on collaboration between GPs and specialist community palliative care providers. This enables multidisciplinary and locally-based healthcare providers to deliver person-centred, holistic care to people during their end-of-life treatment, and support their families and networks. In most cases a person's GP is at the centre of their palliative care.

Working with community provider, Eastern Palliative Care (EPC), EMPHN developed and coordinated a training program to educate and facilitate connections between key stakeholders involved in supporting people needing palliative or end-of-life care - in particular, primary care providers, aged care providers and community care providers.

Dr Chien-Che Lin, Palliative Medicine Specialist from Eastern Palliative Care, provided his clinical and personal expertise throughout the design and implementation of the GP Palliative Care Refresher workshops, which were delivered between May 2022 and June 2023. Accredited through the Royal Australian College of General Practitioners (RACGP), the training focused on four key themes.

'We developed the training to address the ways in which GPs can support people to die well at home, effective collaborations between care providers, challenges providing in home care and the emotional/spiritual needs of people during end-of-life care,' said Dr Lin.

'Some of the components delivered were practical including medication prescribing, advanced care planning, personal care support, verification and certification of death; balanced with more holistic issues such as avenues for support and counselling for both the client and their family members.'

'Working with EMPHN to deliver the training enabled us to connect with a wide range of GPs within the region. Having it accredited by RACGP also meant that the training delivered Continuing Professional Development (CPD) points for attendees, formally adding to their training hours.'

'The EMPHN team provided professional advice and support. The feedback from attendees has been very positive and we hope that we can deliver more in the future,' says Dr Lin.

To date, 60 GPs have attended the workshops, with 100% of attendees saying they will recommend this training to their colleagues.



Primary care innovation and development

Central to our vision of better health outcomes for everyone in the region is the enhancement of primary care, with a particular focus on general practice; and strengthening primary care systems and capabilities.

EMPHN supports improved accessibility and quality of primary health care delivered by general practices; via educational initiatives, training programs, and the implementation of digital health systems. Our work with primary health care providers boosts their capacity to effectively address the needs of the community and improve their health outcomes.

Our approach involves:

- Collaborating closely with primary care providers to understand and identify their needs and the appropriate supports.
- Delivering training to build capability.
- Equipping primary care providers with innovative tools and resources designed to facilitate the delivery of optimal care practices.

We have delivered:

General Practice Development

Our work in General Practice Development promotes and supports all EMPHN programs to general practices by:

- Providing tailored support to develop and implement local solutions, to improve care quality and build capacity.
- Promoting and improving the uptake of practice accreditation and assisting practices with reaccreditation.
- Encouraging the engagement, participation and understanding of compliance obligations of general practices in Practice Incentives Programs.
- Supporting practices with the implementation of new government programs and facilitating training events for GPs, nurses, practice managers and administration staff.

Over the year, we facilitated the **Strengthening Medicare General Practice Grant Program**, a single one-off grant for general practices to invest in innovation, training, equipment and minor capital works in any/all of the three investment streams:

- Enhancing digital health capability
- Upgrading infection prevention and control arrangements
- Maintaining or achieving accreditation



421

general practices participated in the grants and were paid **\$11.4 million**.



85%

of practices were accredited

Digital enablement

POLAR & Walrus

These data analytic tools use extracted data to improve quality and patient care, as well as for business development. General practices can employ the tools to analyse their own data and be proactive with at-risk patients who have chronic disease and/or require hospitalisation. The tools can also promote health prevention activities such as immunisation, health screening and health assessments. Specific projects maximising these digital tools have enabled planned and effective primary prevention care responses to conditions such as viral hepatitis and liver cancer, reducing patient risk.



83%

of general practices in the region have POLAR installed.

Practice Incentive Program Quality Improvement (PIPQI) initiative

The PIPQI initiative, launched by the Department of Health and Aging (DoHAC) in 2019, supports general practices to improve patient care and outcomes, and plan more effectively. We have created quality improvement activities to help practices meet their PIP QI compliance obligations. Using our data tools, practices can identify opportunities that will improve the health of their community. We mentor and support general practice staff to use their own data to identify their patients with chronic health needs and implement activities that will improve outcomes.

Delivering the Australian Digital Health Agency (ADHA) workplan

By promoting digital health platforms and technology we facilitate an integrated and connected healthcare system by:

- Supporting transition of 99% general practices in the area we support to enhance security when accessing digital health services by upgrading to the National Authentication Service for Health (NASH) SHA-2 certification.
- Connecting 31 healthcare providers to **Provider Connect Australia**.
- Working closely with medical specialists to register and access the My Health Record system; resulting in over 134 new My Health Record registrations.
- Leading collaboration between the Victorian and Tasmanian Digital Health Collaborative to co-deliver a series of educational webinars and events to raise awareness and promote digital health platforms such as the new My Health app.

Emergency management

GP Respiratory Clinics

The GP Respiratory Clinics (GPRCs) support people with respiratory symptoms to access comprehensive assessment, testing and treatment close to where they live. These clinics reduce demand in hospital emergency departments for respiratory-type symptoms, and are delivered in the community by Interconnect Healthcare, EACH, Access Health & Community and DPV Health.



50,022

patients were seen at GPRCs

COVID-19 – Living with covid at home and RACH visiting program

Delivered by National Home Doctors, this program aims to support COVID-positive patients living in their own homes or within Residential Aged Care who required a face-to-face clinical assessment and are unable to leave their home to seek that care.

Priority Primary Care Centres (PPCCs)

Priority Primary Care Centres, funded by the Victorian Government, are designed for people who require urgent – but not critical – care for conditions such as mild infections, fractures and burns. These centres offer an alternative to attending an Emergency Department when consumers are unable to access their own general practice. Services are operated by Interconnect Healthcare (Glen Waverley, Heidelberg, Monash Children's), ForHealth (Epping & Forest Hill) and M3 (Maroondah).



32,725

patients were seen across these PPCC sites

Vaccination Vulnerable Populations (homebound)

Delivered in the community by EACH and Box Hill Superclinic, this program supports and coordinates the delivery of COVID-19 vaccinations to vulnerable populations, such as those who are homebound; frail, aged or with a disability, and those who cannot access (or have difficulty accessing) vaccinations.

Fracture Diversion

Management for patients who have simple fractures that can be appropriately and safely managed in a community setting by a GP, without review in the orthopaedic clinic. Delivered by Northern Health.

GP Improvement

Maximising cancer screening in primary care (MCSP)

Focused on cancer screening, this program aims to improve general practice engagement with national bowel, breast and cervical screening programs and registers and promotes knowledge of liver cancer screening. Practices adopted a Plan, Do, Study, Act (PDSA) cycle to achieve outcomes.

Embedding eye health preventative care into primary care

By working with general practices and developing their role in patient eye health management, this program helps develop a systematic, cost-effective and sustainable approach to the delivery of preventative eye health care, leading to an increase in eye screening, referral and detection of eye conditions/disease for at risk groups.

HealthPathways Melbourne

HealthPathways Melbourne is a collaborative platform, between North Western Melbourne Primary Health Network (NWMPHN) and EMPHN, that provides health practitioners with access to localised assessment, management and referral information for a large number of health conditions. It helps GPs make informed decisions with their patients about the care that is right for them.



900

clinical and referral pathways covering almost 40 specialties



29,485

HealthPathways users

The Initial Assessment and Referral Decision Support Tool (IAR-DST) for mental health

The IAR-DST assists general practitioners and clinicians recommend a level of care for a person seeking mental health support. The tool brings together existing assessment results rather than replacing or requiring additional clinical assessment scales and processes. The IAR-DST provides a framework for GPs and clinicians to consider a consumer's presentation and acts as a prompt about what information to gather. EMPHN supports its use in general practice with education and training.

Doctors in Secondary Schools (DISS)

The DISS initiative makes sure young people are getting the health support, advice, and treatment they need to reach their full potential. The objectives of the program are to make primary health care more accessible to students and to provide support to young people through early identification of health problems in their school setting.



751

consultations have occurred across EMPHN's 10 active schools





Case Study: Priority Primary Care Centres

Throughout the 2022-23 financial year, the Victorian Government funded the establishment of 27 Priority Primary Care Centres (PPCCs), including six in eastern and north-eastern Melbourne – Epping, Forest Hill, Glen Waverley, Heidelberg, Maroondah (Bayswater) and at the Monash Children’s Hospital.

PPCCs provide GP-led care to people who need urgent care, rather than an emergency response and each one is partnered with a busy emergency department.

Examples of the low acuity conditions that are addressed by PPCCs include fractures, burns and mild infections. The centres are open after hours (up to 16 hours a day, seven days a week), when regular GPs are unavailable, and have diagnostics on site or nearby.

By diverting patients with less acute health needs away from emergency departments, PPCCs reduce demand and wait times in the ER, while delivering the urgent care these patients need – closer to home.

The response from people using the centres has been very positive; with data proving PPCCs have a positive impact on wait times. Our service partners also continue to share patient stories like Joseph’s:

As a typically, active 11-year-old, Joseph loves to play sport. On a recent Saturday while on the soccer field, Joseph collided with another player and hit the ground. Parents and onlookers treated him at the scene, with him conscious and not vomiting. The first aid response team suggested that he be taken to the Forest Hill PPCC.

On arrival, Joseph was assessed by a doctor, and had a neurological and head assessment. His cuts were cleaned, and he was sent home with advice on the warning symptoms to look for following a head trauma, as well as analgesic advice and rest suggestions. Sixty minutes after his accident, Joseph was home with a discharge letter for his GP. His recovery was monitored via a follow up phone call by the treating doctor the next day.

All PPCCs work in collaboration with their local health services and Ambulance Victoria. Bi-directional referral pathways have been developed with emergency departments along with referral pathways into specialist clinics as required.

Financial statements


Statement of profit or loss and other comprehensive income for the financial year ended 30 June 2023

	2023 (\$)	2022(\$)
Revenue		
Rendering of services	80,056,850	51,993,027
Other income	3,082,581	2,163,705
Total	83,139,431	54,156,732
Expenses		
Service delivery expenses	67,748,356	41,309,847
Occupancy expenses	118,946	134,554
Employee benefit expenses	11,372,525	9,820,356
Depreciation expenses	1,002,607	608,210
Computer licences and support	1,467,667	1,110,103
Finance costs	53,706	57,814
Other expenses	1,006,068	1,129,916
Total	82,769,876	54,170,800
Surplus / (Deficit) before income tax	369,555	(14,068)
Income tax expense	-	-
Net Surplus / (Deficit) for the year	369,555	(14,068)
Other comprehensive income	-	-
Total comprehensive income / (loss) for the year	369,555	(14,068)

Statement of financial position at 30 June 2023

	2023 (\$)	2022(\$)
ASSETS		
Current Assets		
Cash and cash equivalents	6,752,739	6,980,523
Investments	36,000,000	40,000,000
Trade and other receivables	3,996,687	1,401,475
Other assets	647,696	551,457
Total Current Assets	47,397,122	48,933,455
Non-Current Asset		
Property, plant and equipment	604,554	738,225
Intangibles	62,800	523,336
Right of use assets	903,616	1,210,758
Non- Current Assets	1,570,970	2,472,319
TOTAL ASSETS	48,968,092	51,405,774

	2023 (\$)	2022(\$)
LIABILITIES		
Current Liabilities		
Trade and other payables	6,417,747	8,395,539
Lease liabilities	440,785	412,753
Contract liabilities	36,797,907	37,223,757
Provisions	871,726	861,585
Total Current Liabilities	44,528,165	46,893,634
Non-Current Liabilities		
Lease liabilities	952,783	1,393,569
Provisions	54,104	55,086
Total Non-Current Liability	1,006,887	1,448,655
TOTAL LIABILITIES	45,533,052	48,342,289
NET ASSETS	3,433,040	3,063,485
Members Funds		
Accumulated Surplus	3,433,040	3,063,485
TOTAL MEMBERS FUNDS	3,433,040	3,063,485




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phn
EASTERN MELBOURNE

An Australian Government Initiative



Eastern Melbourne PHN is primarily funded by the Australian Government to improve the care and support people receive from health services. We aim to support the health of our community by ensuring people receive the right care, in the right place, at the right time.

We work closely with health professionals, consumers and carers to identify health care gaps and emerging community needs, and commission or fund services that address these needs.

We invest in a range of initiatives to have an impact within our priority areas of Aboriginal and/or Torres Strait Islander health, chronic and complex disease, mental health, alcohol and other drug addictions, older people and palliative care and primary care improvement and development.