Charting the course to a healthier community

Annual Report 2015/16

phn
EASTERN MELBOURNE

An Australian Government Initiative


1.5kg
1.5kg
2KG

Contents

Acknowledgements

Eastern Melbourne PHN acknowledges the valuable contributions of staff, partners, service users and the community in shaping our work. The principles of co-design and community engagement underpin everything we do.

Australian Government

We acknowledge funding from the Commonwealth Government as the principal funding body for PHNs.

We acknowledge and pay our respects to the traditional owners of the country where we work, the Wurundjeri People of the Kulin Nation. We pay our respects to their Elders, emerging leaders and community members, past and present.

We acknowledge and celebrate diversity in all its forms and recognise the contribution people from diverse background and life experiences make to a strong, healthy and resilient community. We welcome everyone in the community as part of our organisation.

This publication is available in a range of languages. To request a translation, please contact us at communications@emphn.org.au or on (03) 9046 0300.

Chair/CEO welcome

Welcome to Eastern Melbourne PHN's first annual report – *Charting the course to a healthier community.*

This report captures our work over 2015/16 financial year.

We worked with our partners and communities to understand local needs and design more integrated services that will deliver ***the right care, in the right place, at the right time*** for the 1.4 million people who live in eastern and northeast Melbourne.

Our purpose is to achieve:

- Better health outcomes for individuals and the community;
- Better experiences of healthcare for both service users and practitioners; and
- A better health system with more integration and fairer access especially for those at risk of poor health outcomes.

The first year for Eastern Melbourne PHN has been one of building on the foundations of the three former Medicare Locals (Eastern, Inner Eastern, and Northern Melbourne) to create a new PHN organisation with robust governance structures, sound commissioning capabilities, and strong local relationships.

During our establishment year we have appointed and convened a Clinical Council and a Community Advisory Committee, put in place a corporate governance charter, completed an initial Needs Assessment for our community, developed a Commissioning Framework, and rolled out our Partnership Framework for co-design and collaboration.

From our new Collaborative Partnerships to our Commissioning Framework, we know that one of the ingredients in our success will be the level of stakeholder buy-in and support we achieve in our formative years.

An important focus of our work is strengthening the primary care system by supporting general practice and other primary care providers. During the transition to the PHN, we have worked hard to ensure our strong ties with general practice have been retained.

We have put in place strong foundations for our work. This includes, creating our Commissioning Framework and 'Commissioning and Re-design Toolbox' and embedding ourselves in the many community and provider networks that make up the health system in eastern and north eastern Melbourne.

We bring together every part of the primary health care system to facilitate meaningful collaboration that leads to system improvement and better health outcomes. We have convened two primary health care collaboratives, Better Health North East Melbourne and Eastern Melbourne Primary Health Care Collaborative. They are region-wide platforms of service providers and organisations working towards shared goals.

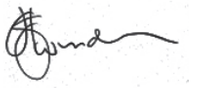
Primary care is changing at a rapid pace and Eastern Melbourne PHN is committed to supporting practices, providers and the community to adapt and be active participants fostering best practice.

Throughout the very challenging period of establishment for PHNs, our staff have made every effort to ensure continuity of services for consumers and a smooth transition for our clinicians who deliver them. Our staff are to be congratulated for their dedication and resilience, transitioned to the PHN and put into place new service structures.

Special thanks are also due to our partners and stakeholders who have contributed to our work particularly members of our Clinical Council, Community Advisory Committee and participants in local collaborative structures and forums.

We rely on those who know and experience the local health system, as we deliver locally tailored solutions to meet local need.

We also acknowledge and thank the inaugural Board of Eastern Melbourne PHN for their hard work and dedication.



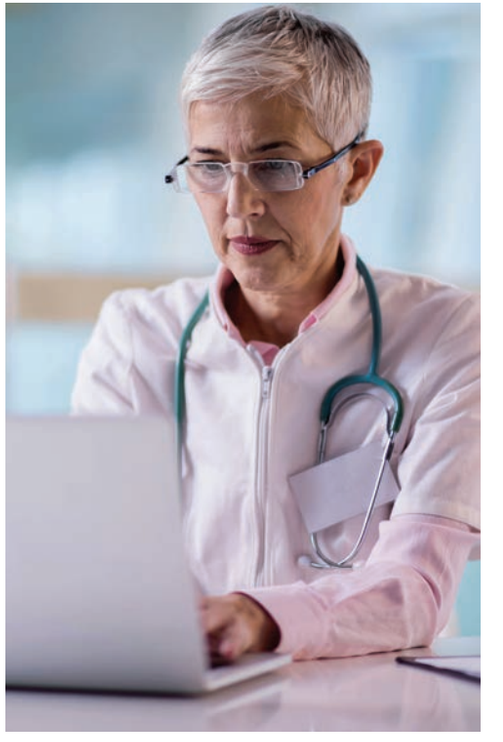
Jim Swinden
Chairperson

Robin Whyte
Chief Executive Officer

2015/16 Highlights

- Established the Eastern Melbourne PHN organisation, including staff recruitment and developing the policies, systems and infrastructure needed to deliver on our strategic objectives.
- Developed the framework and methodology for service improvement and re-design, including our Commissioning Framework, Collaborative Approach, Contract Management System and flexible project-based working methods.
- Recruited our first Clinical Council and Community Advisory Committee and integrated their roles into our commissioning and service improvement methodologies.
- Established two new primary health care collaboratives in the Austin Health and Eastern health catchments – known respectively as Better Health North East Melbourne and the Eastern Melbourne Primary Health Care Collaborative.
- Connected our collaborative work with existing reform structures in the Northern Health and Monash Health catchments.

- Supported a range of innovative health partnerships, including two pharmacotherapy networks, the After Hours Health Care Melbourne ED Diversion Campaign, and the Outer North and Eastern Refugee Health Networks.
- Worked in partnership with Eastern Health, Northern Health and Austin Health to provide training to aged care staff, GPs and locum services, resulting in reduced emergency admissions from aged care.
- Participated in a range of service pilots and research projects, including the Benetas Frailty Assessment Tool Pilot, (The University of Melbourne).
- Expanded the HealthPathways Melbourne partnership to encompass more clinical partners, and increased pathways.
- Commissioned 17 innovative After Hours Grants Programs in general practice and pharmacy that have delivered improvements in quality and accessibility of care.
- Commissioned visiting GP services to provide at-home care to 3,500 aged care residents, improving health outcomes and avoiding thousands of potential emergency admissions.
- Provided in-practice support around pharmaceutical drug use and misuse through our specialist Quality Use of Medicine program.
- Continued to fill one of our largest service gaps by transitioning the Eastern Ranges After Hours Medical Service after hours GP clinic from Eastern Melbourne Medicare Local and then successfully transitioned it into an existing local general practice.
- Achieved a significant increase in eHealth Practice Incentive Program compliance, take-up of My Health Record and Shared Health Summaries through dedicated support for general practice around digital health.
- Started a roll out of an enhanced and fully-funded clinical audit tool to support better practice-level and catchment-based planning through better use of data.



Our Board

Eastern Melbourne PHN has a talented and experienced group of professionals who oversee the strategic direction and governance of the organisation.

Jim Swinden

BEc, MAdmin, FCHSM, FCPA, FAICD

Chairperson (appointed 1/7/2016)
Associate Aspex Consulting

Dr Kathy Alexander

B.A. Hons (Psych), Grad Dip Public Health, PhD, MAICD

Chairperson (resigned 30/6/2016)
Management Consultant, Non-executive Director, Porter Davis Homes, MAICD

Professor Jane Gunn

MBBS, DRANZCOG, FRACGP, PhD, FAHMS

Chairperson, Clinical Council, Commissioning & Clinical Governance Committee
Professor of Primary Care Research; Head of Department of General Practice, University of Melbourne and GP

Dr Lindsay McMillan OAM

DHS Doctorate of Health Sciences, MEd, BHA, Strategic Perspectives in Non Profit Management (Harvard), FAICD, AFCHSM

Chairperson, Finance Audit & Risk Management Committee
Managing Director of Reventure Ltd

Associate Professor Leanne Raven (resigned 30/11/2015); Dr Linden Smibert (resigned 13/8/2015) and Gabrielle Bell (resigned 30/11/2015) also served on the Board during 2015. We would like to thank our current and past Board Directors for their direction and support in our first year of operation.

Alex Johnstone

BSc (Econ), CPFA (UK), FCPA (Australia), MAICD

CEO, IPC Health
Non-executive Director, Dental Health Services Victoria

Elizabeth Kennedy

B.A LL.B (Hons) LL.M (Melb), Grad Dip Health & Medical Law, Solicitor, LIV, ACLA

General Counsel and Corporate Secretary, Peter MacCallum Cancer Centre

Professor Sandy Leggat

BHS (Physical Therapy), MBA, MHS (Health Administration), PhD, Grad Cert Higher Ed, FCHSM, GAICD

Chairperson Community Advisory Committee
Health Services Management, La Trobe University

Tony McBride

BSc, M.Soc Sci, GAICD

Consultant, Community Owned Primary Health Enterprises

Dr Peter Trye

MB ChB, Dipobs, MPH, MBA, FAFPHM FRACMA, GAICD

Director Medical Services Angliss Hospital, Eastern Health and GP

Committees:

Finance Audit and Risk Management Committee: Dr Lindsay McMillan (Chair), Jim Swinden, Elizabeth Kennedy and Alex Johnstone (to 1/9/16)
Commissioning and Clinical Governance Committee: Professor Jane Gunn (Chair), Alex Johnstone, Tony McBride and Dr Peter Trye
Community Advisory Committee: Professor Sandy Leggat (Chair), Dr Lindsay McMillan
Clinical Council: Professor Jane Gunn (Chair) and Dr Peter Trye
Nomination and Remuneration Committee: Jim Swinden (Chair), Elizabeth Kennedy, Tony McBride and Jennifer Williams (independent member).

Eastern Melbourne PHN
Strategy on a page

phn EASTERN MELBOURNE
An Australian Government Initiative

Vision

Achieving a better primary health care system for eastern and northern eastern Melbourne

Role

Our role is to facilitate primary health care system improvement and redesign

Purpose

We are here to deliver:
Better health outcomes,
Better health experiences,
A better health system

Strategic Objectives

Committed leaders	Investment decisions	Care processes	Delivery
1. Leaders are committed to system improvement > Joint forecasting and planning occurs > Outcomes and evidence are translated into action > Innovation and change capacity is enhanced	**2. Investment decisions are targeted for highest impact** > Consumers and providers (including GPs) are engaged > Service needs are prioritised and identified gaps are filled > Improvement proposals are based on best evidence	**3. Care processes are codesigned for efficiency and results** > Analyse and codesign with partners > Procure and performance manage services > Services are integrated and well coordinated	**4. An organisation that delivers on its promise** > Capable, responsive people > Stewardship of commissioned funds > Collaborative governance mechanisms > Engaged communities > Change and improvement methodologies > Robust, shared data Innovative research partnerships

Business Plan

Actions and evidence → **Better System** → **Better... Outcomes, Experience, Access** → **Evaluations**

Values

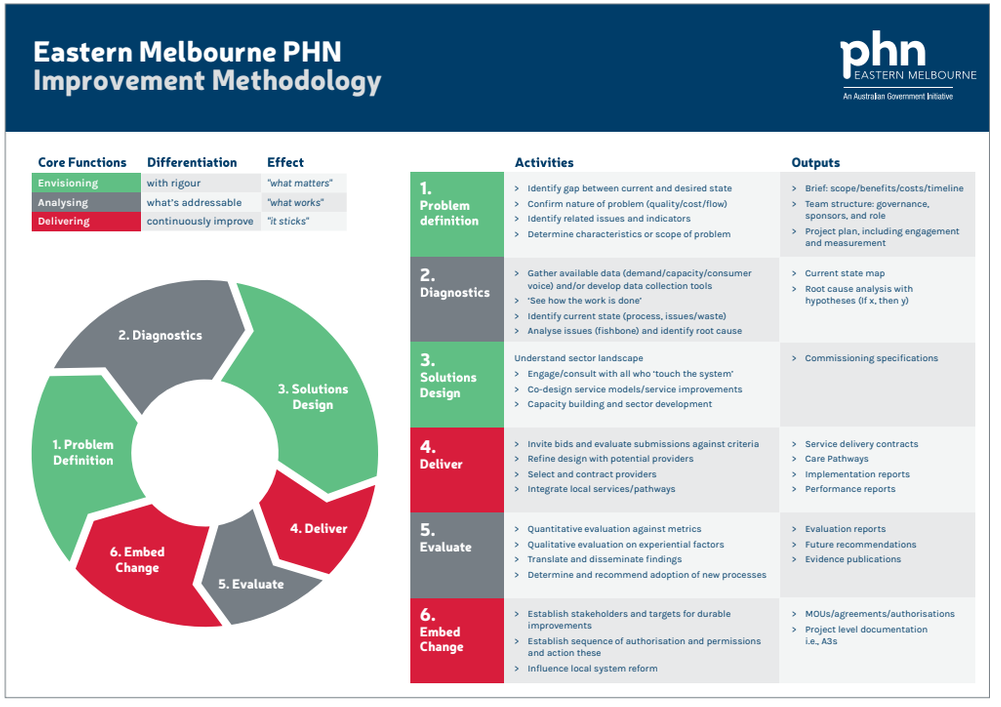
Leadership | **Understanding** | **Outcomes** | **Collaboration**

Re-designing healthcare to meet local needs

We have put in place strong foundations for our work. This includes creating our Commissioning Framework and 'Commissioning and Re-design Toolbox' and embedding ourselves in the many community and provider networks that make up the health system in eastern and north eastern Melbourne.

Our approach is a holistic one. It involves a deep dive into community need and sentiment, expert capacity to design improvements; and a genuinely collaborative approach with the sector and consumer champions to implement change so that it sticks.

Our Commissioning Framework provides staff and stakeholders with a shared and transparent approach to decision making in an environment of collaboration and co-design.



PHN commissioning principles

1. **Understand the needs of the community** by engaging and consulting with consumer, carer and provider representatives, peak bodies, community organisations and other funders.
2. **Engage potential service providers** well in advance of commissioning new services.
3. **Focus on outcomes** rather than service models or types of interventions.
4. **Adopt a whole of system approach** to meeting health needs and delivering improved health outcomes.
5. **Understand the fullest practical range of providers** including the contribution they could make to delivering outcomes and addressing market failures and gaps.
6. **Co-design solutions;** engage with stakeholders, including consumer representatives, peak bodies, community organisations, potential providers and other funders to develop outcome focused solutions.
7. **Consider investing in the capacity of providers and consumers**, particularly for hard to reach groups.
8. **Ensure procurement and contracting processes are transparent and fair**, facilitating the involvement of the broadest range of suppliers, including alternative arrangements such as consortia-building where appropriate.
9. **Manage through relationships; work in partnership**, building connections at multiple levels of partner organisations and facilitate links between stakeholders.
10. **Ensure efficiency and value for money.**
11. **Monitor and evaluate** through regular performance reporting, consumer, community and provider feedback and independent evaluation.

Our stepped care model

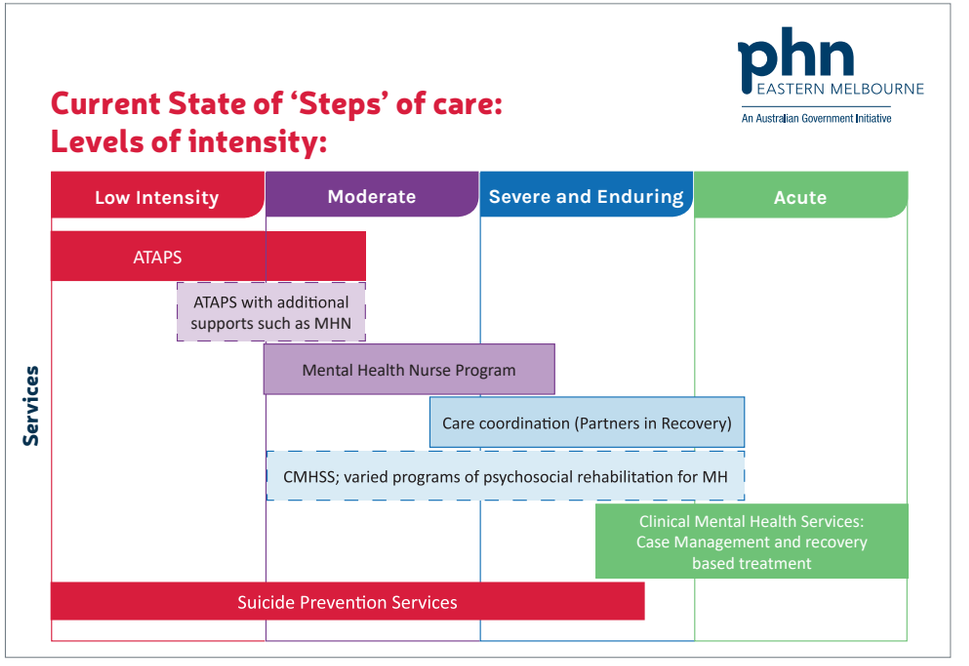
We are implementing a Stepped Care Model, and our Clinical Intake and Community Engagement Team (CICET) and current services are well placed to articulate the model.

In short, this means that there are different support options for people with different levels and types of need and there are clear pathways between these options as an individual's needs change.

Our Stepped Care Model also connects with other community and clinical mental health services.

Each support option is based on best evidence mental health prevention and recovery and the connections between support options are integrated.

Our existing services can be mapped against this model:

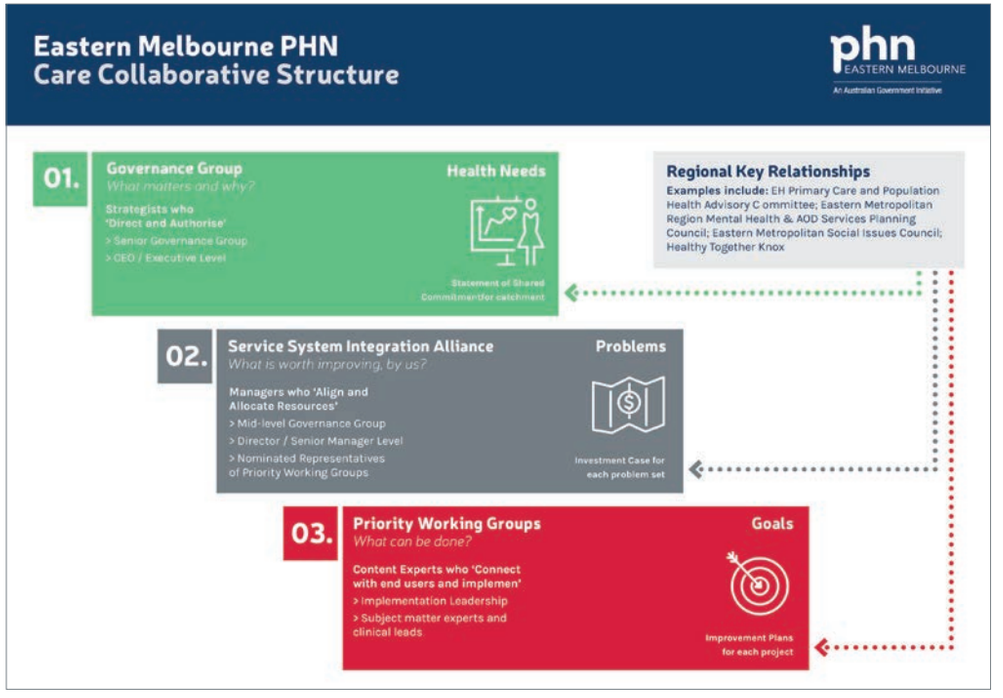


A truly collaborative approach

Eastern Melbourne PHN brings together every part of the primary health care system to facilitate meaningful collaboration that leads to system improvement and better health outcomes. We have brought together two primary health care collaboratives, Better Health North East Melbourne and Eastern Melbourne Primary Health Care Collaborative. They are region-wide platforms of service providers and organisations working towards shared goals.

Their focus is on enhancing primary health care services in community based settings to support the management of chronic disease and complex conditions for people at risk of poor health outcomes across the catchment.

This will necessitate improved alignment of primary and secondary service providers in the shared objective of slowing the progression of chronic and complex disease to prevent deterioration and reduce avoidable hospital admissions through improved community based models of care.



Better Health
North East Melbourne

"Better Health North East Melbourne is an exciting collaboration. My community health colleagues and I are pleased to be working strongly and productively with Austin Health, PHNs and the Victorian Government. By working together better, we will improve health services and the health of the people and communities we serve"

– Brendan Walsh, Chairperson, Better Health North East Melbourne

"EMPHCC is an important lever for health system reform because it brings together primary, secondary and tertiary health service providers with a shared vision and objectives to deliver improved patient outcomes. It will enhance alignment across different layers of the system to improve the health outcomes of communities in the east. There is genuine goodwill and commitment within the group and with the solid foundations we've created, I am very confident we can deliver real results over the next 12 months and beyond for our community."

– Matt Sharp, Eastern Health

Eastern Melbourne
Primary Health Care Collaborative

Our community's unique demographics

The map below shows the Local Government Area (LGA) demographic indicators per annum in our catchment

Whittlesea-Wallan***

Population (186,238)
Forecast growth (3.9%)
Developmentally vulnerable children (10.8%)
Indigenous population (1,243)
Under 15 years (32,209)
Humanitarian arrivals (111)
Non-English speakers (2,105)

Maroondah**

Humanitarian arrivals (246)

Boroondara***

Population (172,812)
Indigenous population (225)
Humanitarian arrivals (0)
Developmentally vulnerable children (4.5%)

Monash*

Population (181,661)
Non-English speakers (2,245)
Over 65 years (29,167)

The top 3 deciles (IRSAD* score of approximately 1100+)

The middle 4 deciles (IRSAD* score of approx. 1000 – 1100)

The bottom 3 deciles (IRSAD* scores of approx. <1000)

*Index of Relative Socioeconomic Advantage and Disadvantage

Nillumbik-Kinglake***

Population (62,535)
Forecast growth (0.3%)
Humanitarian arrivals (0)
Non-English speakers (84)
Under 15 years (12,580)
Over 65 years (5,744)
Indigenous population (231)

Yarra Ranges***

Under 15 years (28,862)
Indigenous population (950)
Humanitarian arrivals (102)

Whitehorse*

Over 65 years (26,199)
Non-English speakers (1,777)

***ABS 2011 SA3 and Department of Immigration 2013–14 LGA
**Department of Immigration 2013–14 LGA
*ABS 2011 SA3

Suzi’s story

Partners In Recovery

"I now live in Melbourne's eastern suburbs, but I grew up in Dromana and it was pretty bad. I couldn’t finish school even though I wanted to and had to cook and clean and keep the house going.

I was part of the royal commission about kids who got abused in state care. I’ve got grown kids of my own. They’ve had problems. It was all too much without any support.

At the time, before I knew about Partners in Recovery, I was feeling suicidal and my medication wasn’t working out for me. I didn’t even know why I was sad. Some services give you band aid solutions and then everything falls apart again. Dalan (Victorian Aboriginal Health Service) and Rachel (Eastern Melbourne PHN) were the first ones to really listen to me.

They make sure I get what I actually need, not what someone else thinks I need. They don’t judge. A lot of people judge and you can hear their brain clicking over. In some services I didn’t feel comfortable, worse even sometimes.

Partners in Recovery has helped me with heaps. I don’t even know where to begin. There was a stage when I was very sick and had just moved into my flat. It didn’t feel like home at all. Now, I have a little garden, better privacy, some furniture, a healthy lifestyle and plans for the future. My favourite flowers are freesias and boronias, they’re just coming out at the moment.

I started my course recently. You wouldn’t believe it, I actually had my first class on my birthday. It was the best present I could get. I wanted to go back to school but couldn’t find a way. When someone said something about education my ears just pricked up! Rachel gave me the confidence I could try. Things happened really quickly after that.’

Without the program I probably wouldn’t be here. I didn’t value living at all. I haven’t had those thoughts in such a long time.

I want to help people, people like me, but who have never had the chance. I will be so proud to wear the Aboriginal colours when I graduate, to do it for my sisters to show them they can do it too. Coming from no education, not even high school, I’m going to give something back to my people because I understand what they’ve been through.

Sometimes I pinch myself, I feel like I have a future now, even though I’m getting older. I’m 48 and I can really see a future for myself for the first time."

Our community – health hotspots

Immunisation rates at 5 years[1]

Mitchell[#] (97.4%)
Maroondah (95.2%)
Whittlesea (95.4%)
} Above target° (>98%)

Boroondara (90.6%),
Manningham (90.8%)
Nillumbik (90.7%)
} Below target° (<98%)

Cancer screening participation (%)[2]

Women scanned between ages 20–69

1. Breast cancer

Nillumbik-Kinglake (59.9%)-*highest in catchment*
Whittlesea-Wallan (51%)- *lowest in catchment*

Women scanned between ages 20–69

2. Cervical cancer

Nillumbik-Kinglake (71.9%)-
highest in catchment
Whittlesea-Wallan (56.9%)-
lowest in catchment

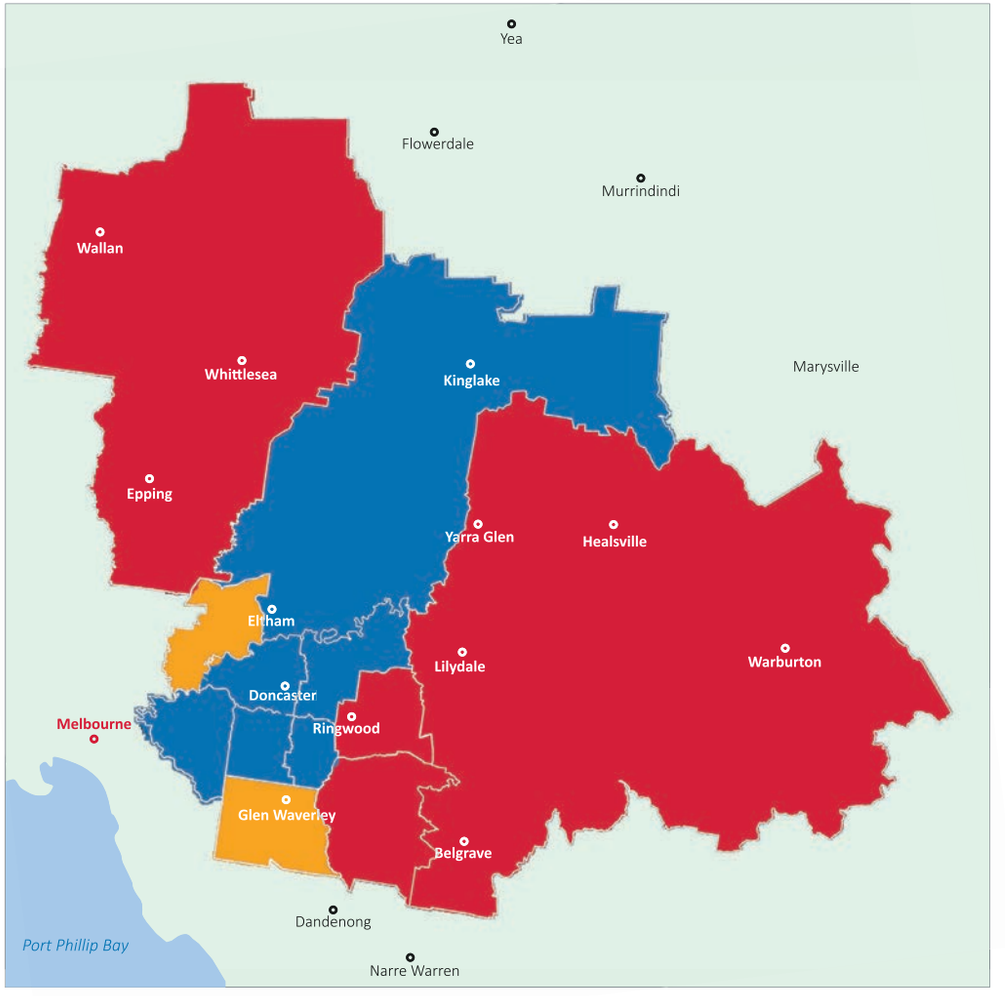
People scanned between ages 50–75

3. Bowel cancer

Boroondara (35.2%)- *highest in catchment*
Nillumbik-Kinglake (27.8%)- *lowest in catchment*

°State target is 95%. Represented percentages are measured against state target.

#**Disclaimer:** Data is sourced by LGA. LGAs only partially within the EMPHN catchment (Mitchell 34.7%) and Murrindindi (27.4%) are included but their data as whole-of-LGA will be overrepresented.



Chronic disease prevalence (age standardised rate)

Arthritis

Whittlesea-Wallan (14.9)- *highest in catchment*
Boroondara (12.1)- *lowest in catchment*

Asthma

Nillumbik-Kinglake (12.2)- *highest in catchment*
Monash (9.8)- *lowest in catchment*

Cardiovascular disease

Whittlesea-Wallan (17.2)- *highest in catchment*
Boroondara (14.3)- *lowest in catchment*

COPD

Banyule all, Maroondah, Nillumbik-Kinglake, Whittlesea-Wallan, Yarra Ranges, (1.9)- *highest in catchment*

Boroondara, Manningham and Monash all (1.6) - *lowest in catchment*

Musculoskeletal conditions

Whittlesea-Wallan (27.4)- *highest in catchment*
Manningham (24.2)- *lowest in catchment*

T2 Diabetes

Whittlesea-Wallan (5.8)- *highest in catchment*
Maroondah and Yarra Ranges both (3.5)- *lowest in catchment*

Hepatitis B rates per 100,000 population[3]

Monash (51.7)- *highest in catchment*
Yarra Ranges (1.3)- *lowest in catchment*

Our community – health hotspots continued

Avoidable hospitalisations, top causes[7]

Total 611,099

1. Diabetes complications (123,261 bed days)
2. Hypertension (109,518 bed days)
3. Pyelonephritis (81,299)
4. Dehydration & Gastroenteritis (46,445)
5. Congestive Heart Failure (60,943)
6. Chronic Obstruct Pulmonary Disease (41,858)
7. Iron Deficiency Anaemia (20,174)
8. Cellulitis (32,508)
9. Convulsion & Epilepsy (16,670)
10. Dental (13,711)

Incidence of Suicide[5]

Murrindindi (12.3)
Maroondah (12.6)
Mitchell (15.6)
- highest in catchment

Manningham (6.8)
Boroondara (7.7)
Whittlesea (7.8)
- lowest in catchment

Mental health – high/very high psychological distress rates (age standardised) 18 years and over[6]

Whittlesea-Wallan (12.1),
Knox (11.0)
Maroondah (10.6)
- highest in catchment

Nillumbik-Kinglake (8.5)
Boroondara (8.6)
Manningham (8.8)
- lowest in catchment

Alcohol and Other Drugs ED presentation rates per 10,000 population[4]

1. Alcohol

Whitehorse (15.0)- *highest in catchment*

Mitchell (6.1) - *lowest in catchment*

2. Illicit drugs

Maroondah (2.9) - *highest in catchment*

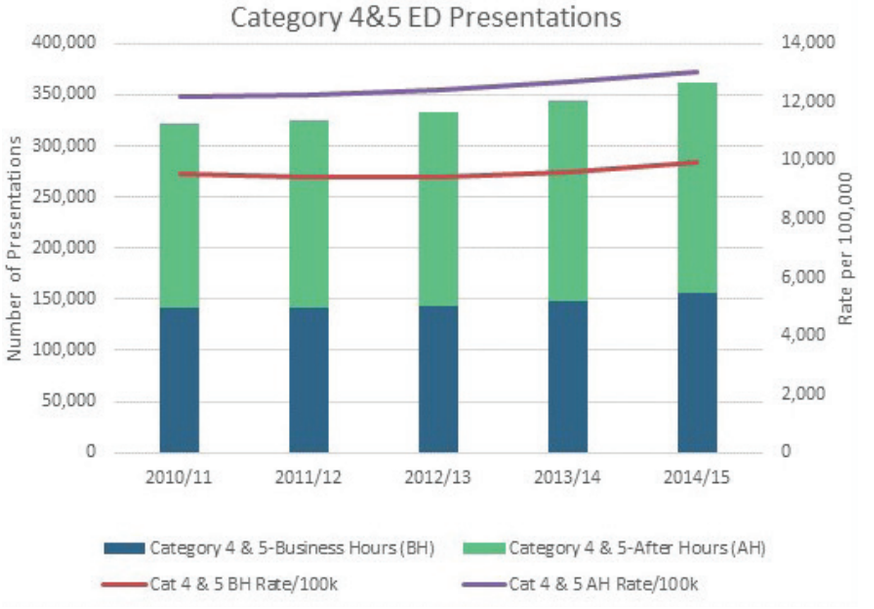
Monash (1.2)- *lowest in catchment*

3. Prescription medication misuse

Maroondah (11.3)- *highest in catchment*

Murrindindi (5.2) - *lowest in catchment*

Emergency Department (ED) presentations



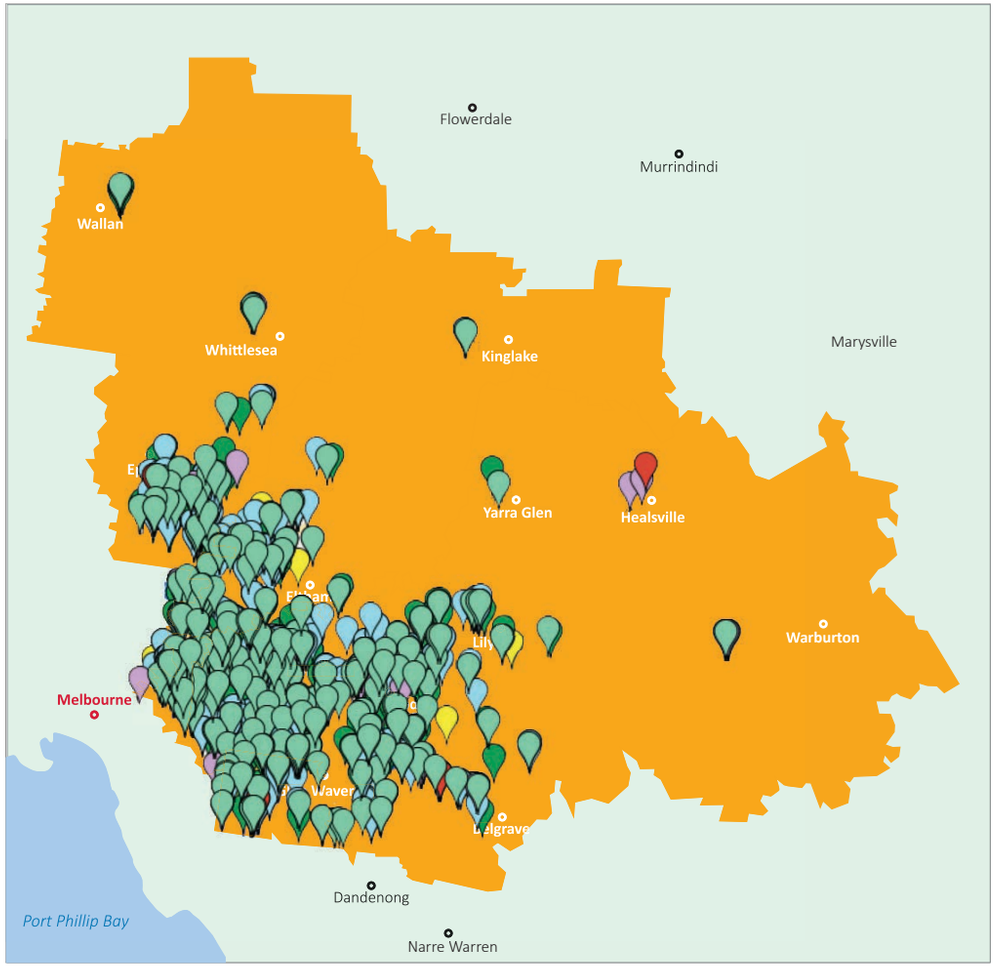
References

[1]Australian Childhood Immunisation Register (2015) LGA
[2]Public Health Information Development Unit (2011–13) SA3
[3]Victorian Department of Health and Human Services Infectious Disease Surveillance Unit 2015 LGA
[4]Turning Point (2012–13)
[5]Victorian Department of Health and Human Services 2014
[6]Public Health Information Development Unit (2011–13) SA3
[7]Victorian Admitted Episodes Dataset (2014–15) LGA

Our community – health services

Below shows the distribution of health providers in our catchment

Our catchment has a comparatively high number of health service providers. Mapping them illustrates that services are generally located in a pattern similar to our population density. However, it also illustrates the access issues for communities in our outer regions.



Eastern Melbourne PHN catchment

Eastern Melbourne PHN

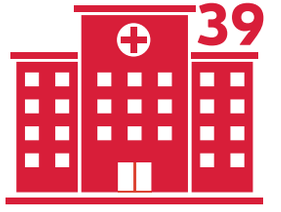
GP clinics

Alcohol and Other Drugs services

Pharmacies

10 Centres at

Community health centres



Hospitals

Mental health services

General practice bulk billing rates

Whittlesea-Wallan (98%), Knox and Whitehorse (90%), Manningham and Monash (89%)- *highest in catchment*

Boroondara (71%) Banyule (82%) Nillumbik-Kinglake (83%)- *lowest in catchment*

Key services snapshot

Partners in Recovery (PIR)

Service coordination for those with severe mental health issues

1,090 clients

Top 2 LGAs – Whitehorse (153) and Whittlesea (115)

Top areas of improvement – Mental health, housing, physical health, employment, drug use, education and alcohol use

58.7% female

54.3% aged 35–54

Care Coordination and Supplementary Support program

For Aboriginal and Torres Strait Islander people

95 total adult and children clients with chronic conditions

1,994 sessions of support provided and brokered, including provision of necessary equipment

75 participating GPs

37 other participating health services

Access to allied psychological services (ATAPS)

People accessing ATAPS
3,228 clients

Top LGAs – Whittlesea (551), Yarra Ranges (461)

19,966 sessions

63.2% female

29.5% aged under 18

74% experienced an overall improvement in their mental health (of clients with measurable data)

Mental Health Nursing Incentive Program (MHNIP)

People accessing MHNIP
2,344 clients

Top 2 LGAs – Yarra Ranges (487), Knox (376)

64.4% female

37.9% aged 35–54

> **This is the first time I have spoken to anyone for my mental health problem, and it has given me a good understanding of the services which are available in my area.**
>
> *– MHNIP client*

ATAPS support streams

Supporting

Adults (26 and over) – 1,479

Children and adolescents (0-25 years) – 1,393

Suicide prevention – 221

Perinatal depression – 89

Bushfire – 76

Aboriginal and Torres Strait Islander group – 29

> **I believe my client would have required public mental health services if not for the care provided by the mental health nursing service.**
>
> *– Local GP*

Eastern Ranges After Hours Medical Service

Serving people after hours

Patients presenting to Healesville – 1,260

Patients presenting to Upper Ferntree Gully – 600

Closing the gap in the east and north east

Eastern Melbourne PHN is actively working to close the gap in health outcomes for Aboriginal and Torres Strait Islander people living in Melbourne's east and north east.

There are still unacceptably high rates of preventable health conditions and significant access barriers to the services people need to maintain their health.

Our work in this area brings the local Aboriginal community and community controlled organisations together with GPs, hospitals, specialists, allied health and other providers to improve people's ability to navigate the system while also working to make the system more responsive and accessible.

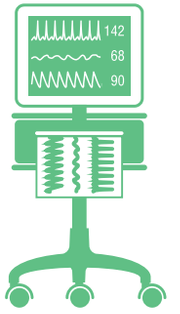
A few highlights include:

- Delivering our Coordinated Care and Supplementary Services program, now commissioned through four community providers to coordinate care for people living with chronic health conditions;
- Building our own cultural competence through the leadership of Karen Milward, a local Elder who sits on our Community Advisory Committee;
- Elder, Doseena Fergie, nursing academic, joined our Clinical Council;
- Training our staff to work in a culturally safe and appropriate way;
- Delivering culturally safe and appropriate mental health care through our Access To Allied Psychological Services;
- Identifying barriers to equitable health access for Aboriginal people;
- Working with GPs to provide culturally safe and appropriate care and to make effective use of Pharmaceutical Benefits Scheme co-payments and the Practice Incentive Program Indigenous Health Incentive;
- Increasing the number of health assessments carried out each year;
- Increasing access by the Aboriginal community to mainstream health services including community health, aged care and Home and Community Care; and
- Increasing the proportion of Aboriginal children immunised at key milestones.

37

Other participating health services

1,994



Sessions of support provided and brokered, including provision of necessary equipment

75

Participating GPs

95

Total adult and children clients with chronic conditions

> **"I am highly supported by the PHN but I also have enough room to work, they trust me. Communication lines are wide open between us and the PHN. They trust the Victorian Aboriginal Health Service (VAHS) to understand our community as well and show respect."**
>
> *– Dalan, VAHS*

Practice 2030

Eastern Melbourne PHN is committed to supporting practices to adapt to change, and involving general practice in design and implementation so that we see the right kind of change.

A significant aspect of health care reform is the patient-centred health care home: the principles of which we are already supporting. Eastern Melbourne PHN is committed to ensuring our practices are ready and able to implement this important reform.

The pace of change in health care is rapidly escalating. Practice 2030 is a program that integrates and directs the work of different teams in their work supporting GP practices in relation to both their clinical care and business sustainability.

Other key trends already emerging are cloud-based patient portals; the concept of 'accountable care organisations'; chronic disease management; flexible models of care; voluntary patient enrolment; greater data sharing; risk stratification; alternative payment methods/incentives; and enhanced monitoring of clinical outcomes and patient satisfaction.

Practice 2030 is being developed through the following process:

1. Benchmarking the current state of general practice in our catchment;
2. Articulating a vision for general practice based on the ten building blocks of high performing primary care;
3. Working with general practice, consumers, universities, and technologists to understand what the future changes are likely to be; and
4. Co-designing with general practice an action plan, broken down into five-year phases, that will support our practices to transition sustainably from where they are now to the place they need to be as of 2020, 2025 and 2030.

Practice 2030 will be the driver of our practice engagement, education/training and digital health priorities in the future. There will be a clearly articulated vision and plan for where we are going that has been created by and for our local practices and consumers.

Ten building blocks of high performing primary care

1. **Engaged leadership**
   Creating a practice-wide vision with concrete goals and objectives
2. **Data driven improvement using computer-based technology**
   Data systems that track clinical outcomes and patient experiences
3. **Empanelment**
   Linking each patient to a patient care team and GP
4. **Team-based care**
   Team care will be an essential factor in the future of general practice
5. **Patient engagement**
   Sharing decisions and information with patients in an equal partnership
6. **Population management**
   Proactively managing patient needs, health coaching and complex care management
7. **Continuity of care**
   Improved preventative and chronic care management and improved patient experiences
8. **Prompt access to care**
   Patient satisfaction and access for disadvantaged groups
9. **Comprehensive care coordination**
   The capacity of a single practice to provide most of what a patient needs
10. **Template of the future**
    The new model of primary care, using technology and a variety of consultation methods to provide patient-centred care in the context of changing patient expectations

Digital health

Health care is changing every year and the overwhelming trends driving this change are digital health and new technologies.

Eastern Melbourne PHN is committed to supporting practices, providers and the community to adapt and be active participants fostering best practice.

Digital health plays an important role in improving referral pathways and more closely integrating health services in order to improve the health system.

A few of the digital health projects we are working on include:

- Strong support for HealthPathways Melbourne (a web-based clinical care pathway), including its expansion into the outer east and north and developing a smart new brand identity for launch in 2017;
- Collaborating with health services in the participation of the Department of Health and Human Services funded eReferral Project;
- Pushing to improve online referral pathways between GPs, specialists and other health providers;
- Engaging practices and supporting them to upload Shared Health Summaries via the My Health Record system and the other requirements of meeting the Practice Incentives Program (PIP) Digital Health Incentive;
- Rolling out a new Clinical Audit Tool, POLAR GP, and fully funding it for practices in our catchment;
- Supporting and promoting a single source of services information, in the National Health Services Directory with the aim of improving its accuracy and uptake; and
- Supporting practice uptake of secure messaging and telehealth technologies to improve patient access and the security of their personal information.

175

local practices are Practice Incentives Program eHealth compliant

Around 600

general practice support engagements around digital health and Practice Incentives Program eHealth

109

practices in first phase of POLAR GP* clinical audit tool rollout

**POpulation Level Analysis and Reporting tool*

General practice support

General practice is the backbone of Australia's health system. Eastern Melbourne PHN employs highly professional and qualified general practice engagement, education and workforce development teams.

They provide: phone support, practice visits, in-practice training, group training, webinars and support around recruitment, preparing international medical graduates, student placements and fund the POpulation Level Analysis and Reporting tool (POLAR GP) – a clinical assessment and reporting tool. Every one of the 1,000 plus GPs in our catchment has an engagement officer ready to help as needed.

Our staff provide information and support in areas of:

- Clinical support, including immunisation, cancer screening, chronic disease management and disease prevention;
- Business support, including practice accreditation, recruitment and training of non-clinical staff; and
- Integration and improvement support, including: quality improvement; clinical assessment tools; patient centred health care home reforms; professional development; and group and in-practice training via face-to-face and webinars. Education events cover topics including vaccine and cold chain management, infection prevention and control, sterilisation, triage, customer service and dealing with difficult and challenging behaviour.

The majority of the work of our Digital Health Team is also focused at listening to and supporting practices to equip themselves for the future demands of patients and a fast-changing heath system.

89
aged care staff participated

141
Student placements

25
Mental health student placements

3,127
engagements with general practice

1,501
appointments with GPs, practice managers and other staff

600
engagements around ePIP and digital health support

100
in-practice training sessions

97
group training events

13
webinars

2,651
people participated

792
nurses participated

545
GPs participated

Sophy Athan

Health Issues Centre

"I like to be involved in my local community and that's why I got involved with the Medicare Local and now the PHN. I also have the privilege and the honour of being Chair of the Health Issues Centre, which is an important organisation advocating with consumer and carer voices.

I got involved in health as a carer when I started to care for my ageing parent. People said 'Why don't you get involved? You have the capacity to make a difference,' and I did. I was getting better outcomes for Mum because I was able to advocate and suggest alternatives and so on.

It is one thing to talk about a clinical outcome, it is quite another to talk about the patient experience.

A patient can travel from the GP to the specialist, then into hospital, out of hospital, back to the GP, outpatient care and sometimes back around again. On these journeys there are so many complexities and possibilities of things going wrong for people.

You might have a clinical outcome where you tick the box and say everything went well, but the patient had a terrible time going through that experience. The long-term impacts of that terrible time they had can go on and lead to more issues.

The system was designed for the system, not for the patient – and definitely not for real people with messy lives and loved ones and jobs and the rest of it.

Now, there is far more opportunity for consumers to have a voice and raise their concerns in a systematic way, but we still have a long way to go.

It needs to be a partnership, it has to be seen as there being real value being brought into the system by having the dialogue in a respectful, an inclusive way.

It should be about quality and safety outcomes improving and this is a way to do those things. When people are unhappy that is a chance to listen and make sure that doesn't happen to someone else.

I'm someone who's always interested in the big picture and that's what I see from the Eastern Melbourne PHN, identifying the data, defining the needs, gathering data, advocating to government, bringing about change in the primary health sector and creating partnerships between primary and acute."

“Now, there is far more opportunity for consumers to have a voice and raise their concerns in a systematic way, but we still have a long way to go.”

Mental health, suicide prevention, and alcohol and other drugs support

Mental health, suicide prevention and Alcohol and Other Drugs (AOD) support are important services commissioned by Eastern Melbourne PHN.

Our direct clinical services were initially inherited from the Medicare Locals and included: psychological treatment and service coordination programs for people with complex needs and enduring psychological disability; people on low incomes; children and adolescents; Aboriginal and Torres Strait Islander people; women experiencing perinatal depression; and those at risk of suicide.

During our first year, we transitioned direct clinical services to community providers and as of 1 July 2016 took over responsibility for suicide prevention, headspace centres and AOD service delivery.

In the next phase, as we make the transition to a Stepped Care Model (see p.10), we will evaluate these services and identify the gaps and how best to respond to them, as we continue to consult with mental health consumers, providers and the community.

We also have a dedicated mental health focus to our work with Aboriginal and Torres Strait Islander people, seeking to better understand their needs and how to commission culturally safe and appropriate services.

ATAPS*

allied health practitioners

specialist intervention provider organisations

MHNIP*

credentialed mental health nurses

PIR*

complex care coordination provider organisations

headspace

headspace centres providing youth support

SP*

suicide prevention and support provider organisations

**Access To Allied Psychological Services / Mental Health Nurse Incentive Program / Partners In Recovery / Suicide Prevention*

> **PIR is helping to save lives. The vast majority of consumers we spoke to had experienced a major turnaround in their life because of PIR, and multiple people said they wouldn't be alive without the program.**
>
> *– Evaluation (Red Panda)*

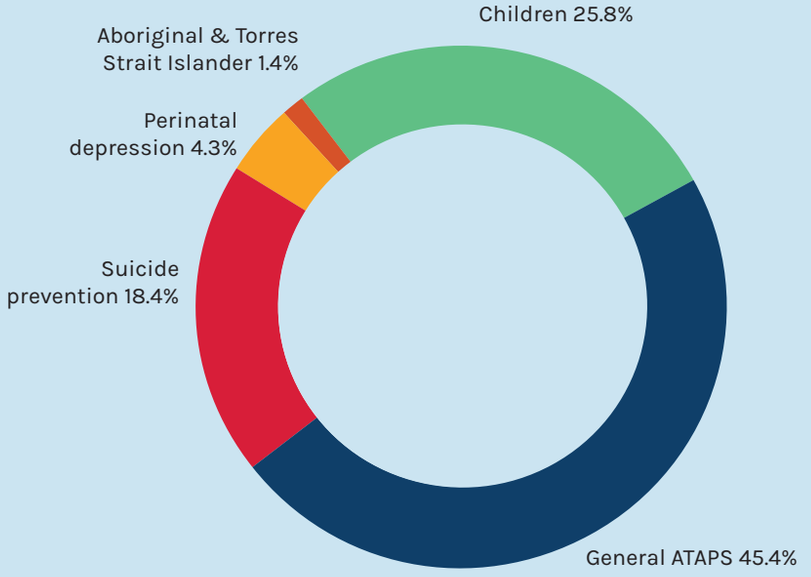
> **I don't know how long he could have gone on like that. He had terrible thoughts all day that he couldn't bear and was drinking to stop those. I don't know where we'd both be without [PIR]. I'd hate to think about it actually.**
>
> *– Carer comment*

> **Yes, my housing needs, health support needs, DHS, corrections all worked well together to support my needs. The PIR worker does a fantastic job emailing everything through and making things simple.**
>
> *– Consumer comment*

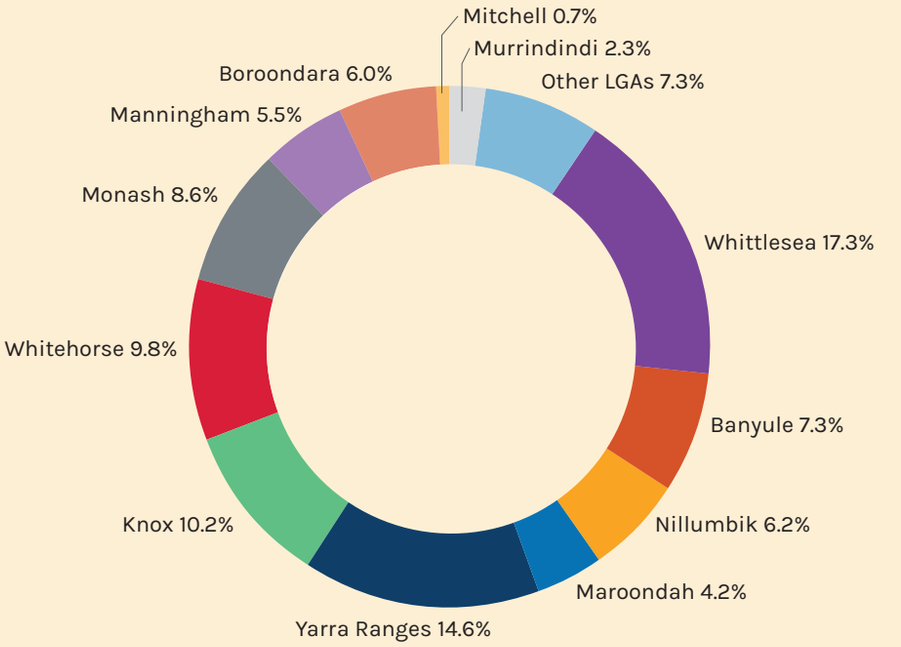
> **I have gone from having relationship problems and being homeless, to having two jobs, renting a unit and living independently.**
>
> *– Consumer comment*

Mental health, suicide prevention, and alcohol and other drugs support

Access To Allied Psychological Services (ATAPS) sessions by stream



EMPHN ATAPS sessions per Local Government Area for 2015–2016



Total number of ATAPS clients

Children 5,148

Aboriginal and Torres Strait Islander people – 273

Regional and remote residents – 49

Culturally And Linguistically Diverse communities 2,417

Women with perinatal depression – 852

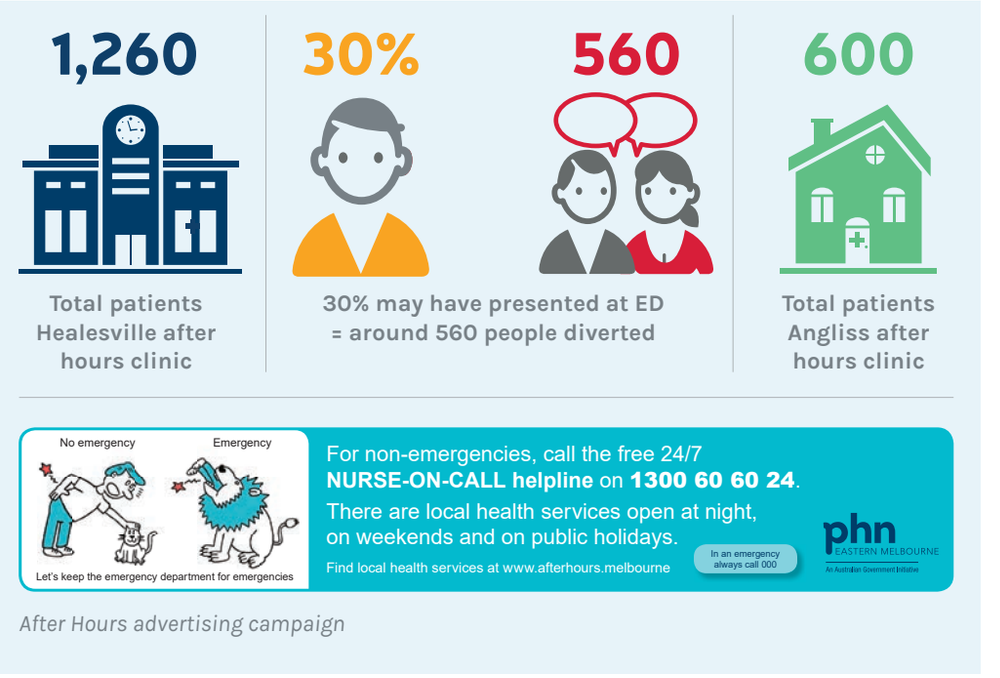
Other people with low income – 11,472

After hours primary care

Eastern Melbourne PHN's After Hours Primary Care Program aims to both support improvements in after hours care and influence consumer behaviour to use local services, rather than the overburdened emergency system.

The following projects and initiatives were a few of the highlights of our work in the last year:

- Funding after hours GP clinics in Upper Ferntree Gully and Healesville as the Eastern Ranges After Hours Health Service (ERAHHS);
- Funding 17 diverse after hours projects to expand quality after hours care, including:
  - o A focus on vulnerable groups in the community;
  - o Supporting the purchase of necessary security and other equipment to allow after hours services to be provided safely and to patients with disabilities;
  - o Supporting the purchase of medical equipment to allow a greater range of clinical, chronic disease management and some emergency services to be provided in-practice;
  - o Subsidise employment of practice nurses in targeted areas;
  - o Subsidise employment of GP consulting hours in targeted areas;
  - o Support Culturally And Linguistically Diverse (CALD) specialist practices to offer after hours care;
  - o Extending pharmacotherapy prescribing and dispensing;
  - o Assisting with weekend discharges from hospital;
  - o Mental health nurses trial in after hours; and
  - o Trialling use of a mobile app and priority appointments for mental health support.
- Informing migrants, refugees and other culturally and linguistically diverse community members through nearly 70 education sessions;
- Producing and distributing fridge magnets in English and 10 other community languages, including Arabic Farsi, Hakka Chin, Hindi, Karen, Simplified Chinese, Sinhalese, Tamil, Traditional Chinese and Vietnamese; and
- Increasing community services awareness of after hours service with the development of a Melbourne-wide advertising campaign in partnership with North Western Melbourne PHN and South Eastern Melbourne PHN, including brochures, website, print, radio, and other media.



After Hours advertising campaign

> **Being able to do vaccinations is good for us, patients and the health system.**

Andrew Robinson
Pharmacist

"My family has had the pharmacy here for 45 years. We moved back into this site six years ago and have been very focused on developing our professional services. We want to give customers a real health destination, somewhere to seek advice or get screening done. Pharmacists are very accessible and people trust us because they see us so often.

Pharmacy has a critical role in primary care. People have always had high expectations of us, but the delivery has changed. Everyone is under more pressure. The consumer is more time poor and they want a resolution straight away.

We are the medicine people.
We make sure people get to a doctor as soon as possible for clinical care.
It's a complementary relationship.
I think of us as a referral stream for people who might need that extra push to see a doctor.

Yesterday we had someone, a smoker, who wanted to see how his lungs were going. We do Chronic Obstructive Pulmonary Disease (COPD) screening here. Thanks to Eastern Melbourne PHN we have a private consulting room and it was an easy process for everyone.

Sundays are an interesting time of the week. A lot of people come in for minor ailments. It's like they've got everything on during the week and then on the weekend they finally have time to come in and ask about things that've been on their minds. It can be pretty busy on Sundays, which I think highlights the benefit of having the After Hours Grant from the PHN. We're now open seven days and extended hours.

I also saw a woman recently who was 33 weeks pregnant and hadn't had her whooping cough vaccination. The timing is pretty critical given babies can't have it straight away. Influenza rates are another target for us, rates are so low and we can do our bit to help get rates up. Being able to do vaccinations is good for us, patients and the health system.

If a patient comes in at any point they should be able to navigate the system, but it's not easy. Most people are health-system-illiterate. PHNs provide a real chance to bring all those resources and stakeholders together to break down the silos in sharing information.

Privacy is important, but at the same time we need to see patients as a whole travelling through a system. They aren't just a single point-in-time consultation. Every appointment and interaction is just one more stop along their way. It's up to us, the professionals, to make that trip easier for people."

Spotlight: Quality Use of Medicines (QUM)

Eastern Melbourne PHN's primary care engagement work includes the Quality Use of Medicines program, which works with general practice to support high quality care and improved community health.

This included 94 sessions with GPs as part of the Area 4 Pharmacotherapy Network.

In the first six months of 2016, the Eastern Metropolitan Region had a

20%

increase in Opioid Replacement Therapy (ORT) accredited prescribers

7%

increase in Opioid Replacement Therapy (ORT) dispensing pharmacies. This is largely attributed to the work of the Area 4 Pharmacotherapy Network.

(Source: Unpublished Area 4 Pharmacotherapy Network data)

> "The Area 4 Pharmacotherapy Network, supported by Eastern Melbourne PHN, has provided educational sessions which have been a good way to learn and extend our knowledge around Opioid Replacement Therapy (ORT). Sharing insight and experiences from other pharmacists has also been invaluable in improving the service we provide."
>
> *– Mark Pullybank, Pharmacist*

Dorothy Yiu

Advanced Care Planning – 'My Farewell Wishes'

"The support group coordinator at the Cancer Council of Victoria asked me to start a group for Chinese speaking cancer sufferers. I started this group 20 years ago, in 1996. I have a social work background. They said that they didn't have anyone else who understood the language and Chinese culture. They said it would only take a couple of hours a month – that was 20 years ago and we've supported more than 2,000 people since then!

We have in this centre here programs such as art classes, counselling, peer support and groups. We also outreach to Box Hill Hospital and the Victorian Comprehensive Cancer Centre, plus the Austin as well.

The support groups are strong because everyone understands each other. They can share and encourage each other. It gives people hope. If you see other people who have been through things like radiotherapy and are okay, it shows you that you can be okay as well.

To me, it's just that Chinese speakers have a different way of understanding things and there is still a lot of stigma around cancer. People think that cancer is a punishment or a curse. Some people are too ashamed to show their face. So they call us and talk on the phone. There are many others who do understand that cancer is just an illness like other diseases.

The reason we published our Advance Care Planning (ACP) guide, called 'My Farewell Wishes', is that in my experience over 20 years I have seen many Chinese people who don't want to prepare, or think about the end of life.

Preparing an ACP means that at least they've had a conversation, hopefully written it down as well. But even if they don't write it down, a conversation is the first step. It's important to get support and talk to your loved ones about your health and wishes for end of life.

I am very grateful to Eastern Melbourne PHN for publishing two versions of 'My Farewell Wishes', our guide to Advance Care Planning for the Chinese community.

I hope to continue working with Eastern Melbourne PHN on how we can better involve the Chinese speaking community in preventative health care and help GPs understand and talk to patients more about cancer screening, ACP, suicide prevention and other topics that are still challenging.

If I could do one thing in my life it would be to cure cancer – or reduce the number of people with cancer. Prevention is the only way, screening, education and lifestyle."

Hand in hand with our community

Eastern Melbourne PHN has operated hand in hand with local communities throughout the eastern and north eastern suburbs and adjoining regional areas.

This includes the thousands of health professionals who deliver services to the 1.5 million Victorians who live within our catchment.

The Community Advisory Committee and Clinical Council were established and consist of reputable, qualified people. These advisory groups have their roles integrated into our Community Framework and Service Improvement Methodologies.

The Community Advisory Committee produced the Consumer Engagement Plan early, which has been strengthened by the development of an overarching Stakeholder Engagement Framework.

Similarly, the Clinical Council prioritised the creation of our first Clinician Engagement Plan, which supports the already strong work done by the General Practice Engagement and Education Team. Both of these key advisory groups have also met and shared their work and perspectives.

All our teams have considered and integrated community, clinician and provider consultation into their work.

Face-to-face contact is our preferred method to meet, listen and understand partner and stakeholder perspectives. This contact is tracked via our Customer Relationship Management software, which enables us to know how we are connected to stakeholders.

We also produced and shared relevant information across the organisation and externally through a range of newsletters and online platforms, including a new website, Facebook, Twitter, LinkedIn and newsletters aimed at stakeholders such as: GPs, pharmacists and Residential Aged Care Facility staff.

Sharing planning data has been a key element in working with local planners such as Councils, Catchment Planners and Community Advisory Committee. In return, we have benefited by being able to design solutions that best meet community need. We will continue building upon these partnerships into the future.

Our Community Advisory Committee members have been integral in guiding this approach, ensuring we use information from their existing networks and our ongoing engagement approaches are culturally sensitive and equitable.

Principles of our community and stakeholder engagement approach

Inform and share data and information freely

Involve participants in projects and processes

Consult early on and provide feedback

Collaborate at every stage of the process

Empower participants to become influential advocates

Dr Carolyn Royse
Clinical Council

"I’ve been a general practitioner since the mid-90s and from 1999 have been working in this practice (Nillumbik Medical Centre). I became a partnership director in 2004. I’ve always enjoyed being a GP and I’ve also been involved in other things like medical teaching and boards.

I’ve got an honorary appointment at Melbourne University in their Department of General Practice. I also mentor registrars and am involved in projects supporting aged care residents to get care at home, which reduces emergency admissions. I like increasing my skills and having to look at things from different perspectives.

I think it’s really important that PHNs have a strong clinical perspective. Often people designing programs are not clinicians and policy and programs are funded without enough evidence and clinical guidance. I’ve seen it many times.

Some people see medical need as a business opportunity and I am also concerned that health reform isn’t used as a way for operators to set up shop and make a quick profit without a real commitment to patients and communities.

It is important that PHNs recognise that the majority of GPs own or work in small businesses. Work and policy decisions directed to us have to be financially viable. I think they understand both the clinical and business factors we deal with.

Eastern Melbourne PHNs Clinical Council is well placed to provide the guidance needed because of its membership drawing on different health providers. The joint work with the Community Advisory Committee has also been beneficial, melding the two perspectives and really making a difference in how things are done.

It is a really challenging time for medical practice. The compliance and business demands required to deliver safe and quality medical care have grown so much. The spectrum of general practice and people’s expectations have also grown enormously. We have to find the smartest ways to deliver on this."

Our organisation and employees

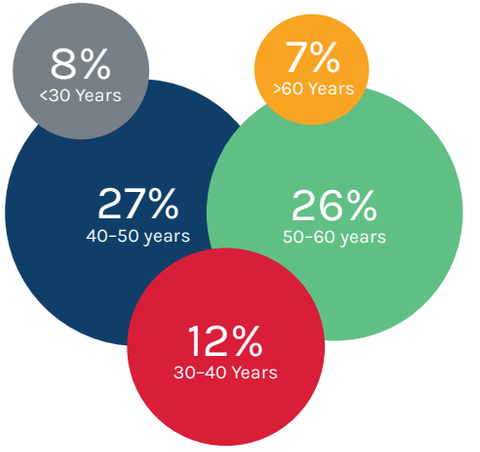
Eastern Melbourne PHN has focused its first year on building strong foundations.

We are delivering on our vision of a better primary health care system in eastern and north eastern Melbourne. Much has been achieved, with other work continuing including several critical projects due for completion prior to the end of 2016.

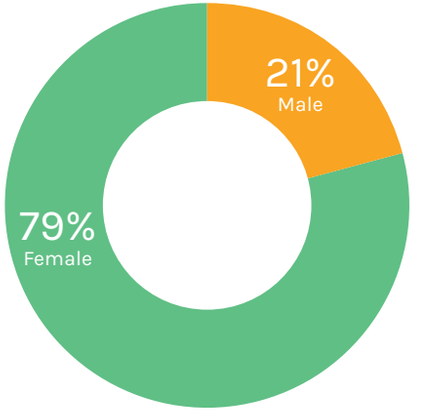
Highlights include:

- Transitioning from an interim Board to our current governance structure;
- Re-structuring the workforce from our three predecessor organisations and commissioning out direct clinical services;
- Relocating staff from previous Medicare Local offices and consolidating in three locations in Box Hill, Croydon and Bundoora;
- Re-branding to better communicate our future focus and innovative approach to system improvement and reform;
- Re-developing the website and external communications channels;
- Creating a strategic plan that commits Eastern Melbourne PHN to 'delivering on its promise' as a PHN;
- Implementing robust recruitment, induction and performance management programs;
- Developing staff-defined values and behaviours and commencing work to embed them in the business, including our performance, learning and developmental programs;
- Developing capabilities for employees and the organisation to fulfil the strategic plan;
- Carrying out a comprehensive Information Communications Technology review and creating a Future Road Map including Infrastructure, Knowledge Management, Internal Communications, a Customer Relationship Management system, Data, Business Intelligence and Information Communications Technology governance;
- Implementing rigorous and transparent systems for financial control, contract management, tendering, conflict of interest, and project management; and
- Meeting all Commonwealth deadlines and requirements.

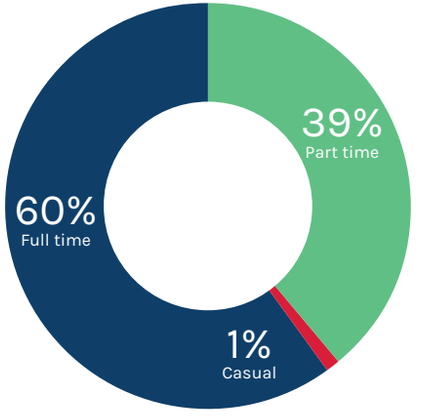
Age profile



Gender mix



Employment status



Staff stories

David Johnstone
Planning and performance

"I started life as an apprentice and worked for 10 years in instrumentation. I did a stint in retail, which I think is good for everyone and then went to uni for the first time; ending up doing a masters in clinical epidemiology.

My role here is as our resident Epidemiologist, working primarily in population health planning.

This involves identifying vulnerable populations within our community and planning around issues they face.

We have to break it down to a small number of priorities each year.

Because we cover such a large area, there are distinct communities and groups that have either lower socioeconomic status or face particular challenges like lack of services or other factors leading to poorer health outcomes. They each have their own issues and concerns. I try to find out what they are.

I look at the broader picture, examining data from a state and local level and comparing it to our catchment. Whittlesea includes Lalor and Thomastown, which are two of the most socially disadvantaged areas not just in Melbourne but in the country.

Access to health services is often an issue in growth corridors like Whittlesea. It is important that we find ways to improve access to services in order to avoid longer term poor health outcomes in the community.

The most interesting thing for me is trying to really understand what is behind the numbers. You need to look at the health and social issues at play, what is the environment someone was born into and what are their behaviours within that environment.

It's not as simple as telling someone they have diabetes because they drink too many sugary drinks, it's just not that easy."

Deb Neill
Planning and performance

"I play dual roles at Eastern Melbourne PHN at the moment, overseeing our population health and planning work as well as our internal project management office.

My role really focuses in on the problem definition and diagnostics part of our commissioning cycle.

It's around looking at the data, both qualitative and quantitative, doing service mapping, analysing service utilisation and then trying to put all the puzzle pieces on the table and make sense of them.

This is important because when we need to commission a service or plan a project, we've got the key facts we need to understand the story.

There might be a need where existing services need to adapt or there might be an actual gap in services for a particular area or group.

The needs assessment work helps form the priorities and then I'm involved in developing our activity plans that underpin the various ways we will invest our time and resources.

Finally, I help keep our schedule of deliverables on track and make sure we meet our deadlines.

In the past, I've worked across tenders, health promotion, mental health, after hours services and supporting vulnerable communities. This gives me a grounding in what we are here to do.

I think that's the benefit of working in this environment, we have to do a lot of diverse things in a diverse community. We have to be adaptable and flexible, but that means you get to follow your passions and interests along the way as well."

Staff stories

Disha Patel
Clinical Intake and Community Engagement

"I joined the Division of General Practice in 2011 and since then I've been working in mental health programs, including, Access To Allied Psychological Services (ATAPS) through the transition to Eastern Melbourne Medicare Local and then to Eastern Melbourne PHN.

Here, I started out in the System Integration and Improvement Team, establishing our Clinical Council and Community Advisory Committee and supporting our primary health care collaboratives.

Then, I had the opportunity to return to mental health as a senior member of the Clinical Intake and Community Engagement Team. We conduct referrals for Partners in Recovery, ATAPS, Mental Health Nurse Incentive Program and the Suicide Prevention service.

We have a team of four officers and three clinicians. We triage the enquiries and referrals as they come in. If they are appropriate, we pass them on to the right service.

We also conduct assessments and go out into the community to raise the profile and educate GPs and other important contacts, like Centrelink, about the services we commission.

Where we see the referral is not appropriate, we assist them to find the right service that can provide assistance.

The most exciting thing we have planned is our new stepped care model, which will guide reform and re-design in our mental health services in the future.

I really enjoy working here and have had the chance to develop myself professionally in a supportive and positive environment."

Our values

Leadership

We champion innovation and embrace change which improves our work. We celebrate and build upon our achievements in improving health care.

Outcomes

We are accountable for ensuring value for money for our communities, stakeholders and funding bodies. We focus on high impact, equitable health care solutions that increase efficiency and reduce waste.

Collaboration

We enable those who touch the system to design the system through sharing knowledge, evidence, experience and expertise. We work together across teams for shared outcomes.

Understanding

We listen and respect all perspectives and seek evidence for a deep understanding of each other and our community.

"Regardless of your job, when you identify what is in the best interest of the organisation and then do whatever you can to make it happen and bring others along – you're a leader."
Narelle, Box Hill

Summarised statement of profit or loss and other comprehensive income

	2015/2016 $000's	2014/2015* $000's
Revenue		
Rendering of services	29,937	4
Other income	700	19
Total revenue	**30,637**	**23**
Expenditure		
Service delivery expenses	17,741	5
Employee benefit expenses	8,446	
Office and occupancy expenses	2,976	17
Other expenses	616	
Depreciation and amortisation expense	41	-
Total operating expenditure	**29,820**	**22**
Operating surplus	**817**	**1**
Other comprehensive income	-	-
Total comprehensive income	**817**	**1**

*Note: Commissioned operations 14/15.
The comparative yearly figures (2014/15) to 2015/16 are included as a guide only.

Summarised statement of financial position

	2015/2016 $000's	2014/2015 $000's
Assets		
Cash and cash equivalents	8,809	3,568
Trade and other receivables	670	-
Other assets	125	1
Total Current Assets	**9,604**	**3,569**
Equipment and furniture	143	-
Total Non Current Assets	**143**	**-**
Liabilities		
Trade and other payables	3,383	324
Other liabilities	4,571	3,244
Provisions	828	-
Total Current Liabilities	**8,782**	**3,568**
Provisions	147	-
Total Non Current Liabilities	**147**	**-**
Net Assets	**818**	**1**
Equity		
Retained earnings	818	1
Total Equity	**818**	**1**

Contact us

Find out more or stay in touch

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Mental Health Clinical Intake
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In an emergency always call 000 or visit your nearest emergency department.

phn
EASTERN MELBOURNE

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