

phn
EASTERN MELBOURNE

An Australian Government Initiative

Annual Report 2021-22

**Supporting reform and
developing innovation
in healthcare**



We acknowledge and pay our respects to the Wurundjeri people and other peoples of the Kulin Nation on whose unceded lands our work in the community takes place. We respectfully acknowledge their Ancestors and Elders past, present and emerging.

We recognise and value the knowledge and wisdom of people with lived experience, their supporters and the practitioners who work with them. We celebrate their strengths and resilience in facing the challenges associated with their recovery, and acknowledge the important contribution they make to the development and delivery of health and community services.

Eastern Melbourne PHN values inclusion and diversity and is committed to providing safe, culturally-appropriate and inclusive services for all people, regardless of ethnicity, faith, ability, sexuality, gender identity or health status.



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Chair and CEO combined message

The 2021-22 year was once again a year in which the pandemic demanded our attention and required action at work as well as at home. Despite this, our amazing healthcare community worked with the EMPHN team to progress a number of important initiatives to improve the well-being of our community. Many of the initiatives progressed during the year leveraged the learnings and relationships that evolved and strengthened through the pandemic.

EMPHN continued to distribute PPE to general practices, pharmacies and allied health through the year, and we celebrated the 1.5 million masks distributed milestone at the end of the financial year. However the main area of focus and impact in the COVID Response was the facilitation of the Commonwealth vaccination effort. Primary Care was at the forefront of this important work and in EMPHN's catchment we saw 80% of general practices participating in the program. General Practices everywhere needed to keep abreast of the frequent changes to vaccine policy and eligibility implemented with inadequate communication and they met this challenge to great effect - with more than 90% of the local population receiving at least two vaccinations by June 30. Of the 160 Residential Aged Care Facilities in the EMPHN catchment - caring for around 12,500 residents - 90% achieved a vaccination rate of 90-100%. We applaud the efforts of everyone involved in achieving these outcomes for these vulnerable community members.

The year also saw a strengthening of ties with the state's health initiatives, as we saw the Victorian Government invest directly into primary care with the establishment of General Practice Respiratory Clinics (GPRCs). 6 of the

28 state-funded clinics were commissioned by EMPHN, enabling timely access to primary care for anyone with a mild respiratory symptoms, which took the pressure off the broader primary care system as well as hospital Emergency Departments.

In 2021, the Royal Commission into Victoria's Mental Health System tabled its final report. Our response to the findings in this report shaped our work over the course of 2021-22, particularly as we sought to redesign our Mental Health Stepped Care Model. We worked with our healthcare partners, local stakeholders, clinical council and community advisory committee to find ways of better integrating our model of care into the primary care setting, ensuring that that we considered the intention of the planned State response. The re-design supports our collaboration with mental health reforms occurring throughout Victoria, and responds to changes in demand and service delivery precipitated by the impacts of the pandemic. Our revised model will commence in 2023.

EMPHN's Vision to deliver Better health outcomes, Better health experiences, An integrated health care system has been our ongoing inspiration as we have continued to improve how we commission health care services. Increasingly, we are working with our providers and communities to find ways to increase the focus on outcomes for consumers, improve the clinician experience (for example, by reducing administration effort) and ensure we are focused on value in the work that we undertake ourselves and that we commission.

The Stepped Care Model is the first 'cab off the rank' in terms of what is becoming the 'EMPHN approach' to commissioning: a clear link between our needs analysis and what we commission, a focus on unit costs and efficiency, and attention to a parsimonious set of performance indicators, which include measures of outcome.

EMPHN was proud to have achieved re-certification against the ISO 9001 Quality Management System Standards, in late 2021. This outcome is a testament to the contribution of all staff into the quality management system and demonstrates EMPHN's ongoing commitment to ensuring that our work translates as quality services to our community.

EMPHN continues to invest in working with and understanding our local First Nations communities. This year saw the investment in key foundational pieces for our organisation in the Aboriginal and Torres Strait Islander Cultural Framework as well as the Aboriginal and Torres Strait Islander Monitoring and Evaluation Framework. Both were developed in partnership with the community and now serve to guide the work that we do to delivery culturally appropriate services that make a difference.

The team at EMPHN have worked tirelessly over the course of a difficult year to deliver all that can be read in this Annual Report. We wish to acknowledge their great support of each other in the work they do every day as well as their abiding commitment to primary care and to the communities of eastern and north-eastern Melbourne.



Janine Wilson
CEO



Dr Stephen Duckett
Chair

Eastern Melbourne PHN's CEO and 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 executive roles with the Australian Red Cross Blood Service (now 'Lifeblood') and in the American healthcare system as Director of Strategy for the New York Blood Center. Janine holds an MBA from Melbourne Business School, where she was the recipient of the Helen McPherson-Smith Scholarship.



James Scott

*Executive Director
Corporate Services*

James is a Chartered Accountant and has worked for commercial organisations in the airline and financial consulting sectors, and in local government. Prior to joining EMPHN in 2018, James was the Director Corporate Services at Moreland City Council where he drove significant improvements in financial outcomes and long-term financial planning, implemented major technology upgrades and led large, diverse teams.



Nadia Marsh

*Executive Director Governance,
Risk And Compliance*

With 20 years' of experience gleaned from the health, forestry and university sectors, Nadia is focused on performance, risk management and culture. Nadia's leadership through change management and as a culture shifter has benefitted both start-ups and more established organisations, where her agility and capacity for research and process integration has enabled and fast-tracked improvements to organisational design, strategic planning, staff recruitment, and infrastructure and info tech establishment. Nadia began her tenure at EMPHN as the Company Secretary, and after four years, joined the executive leadership team in 2020. Nadia holds a Masters of Public Health and is a graduate of Australian Institute of Company Directors.



Narelle Quinn

*Executive Director Program Delivery And
Service Enhancement*

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. Ten years in the Medicare Local/ PHN sector, means Narelle understands the intricacies of the end-to-end commissioning cycle like few others, and skilfully leverages its capacity to affect real and positive change to realise optimum patient-centred services delivering better outcomes for health consumers in the EMPHN catchment.

Also serving as executives for more than 3 months during 2021-22

Christopher Wheatley

*Executive Director System Improvement and
Development (September 2020 - October 2021)*

Eastern Melbourne PHN's Board

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



Dr Stephen Duckett

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 in areas ranging from the introduction of activity-based funding for hospitals, to new systems of accountability for the safety of hospital care. An economist, he 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 an Honorary Enterprise Professor in the Department of General Practice at The University of Melbourne.



Robyn Batten

Board Member; Member, 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 Housing Australia, the Executive Chair of Leap in! and the Vice Chairman of MIM China Pty Ltd. Robyn holds a Bachelor of Social Work, Masters of Social Work, Masters of Business Administration and is a Fellow of the Australian Institute of Company Directors.



Prof. Jane Gunn

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

Jane is a distinguished clinician scientist with extensive experience in primary care research as well as hospital and not-for-profit governance. She holds the position of Dean in the Faculty of Medicine, Dentistry and Health Sciences (MDHS) at the University of Melbourne. Jane is a past Board member of the Peter MacCallum Cancer Centre and a current Board Director of Melbourne Health, The Florey Institute of Neuroscience and Mental Health, The Murdoch Children's Research Institute, The Melbourne Academic Centre for Health, The Walter and Eliza Hall Institute (WEHI) and Dental Health Services Victoria.



Elizabeth Kennedy

Board Member; Member, Finance, Audit and Value Committee

Elizabeth was formerly the General Counsel and Corporate Secretary of Peter MacCallum Cancer Centre, having previously held 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. 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.



Terry Symonds

Board Member; Member, Strategy and Risk Committee

Terry has held senior leadership positions in government and worked closely for over a decade with Boards of public health services 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. He is a Graduate of the Australian Institute of Company Directors (GAICD) and a Director at Eastern Health.



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 peak bodies, funders and government departments.



Dr Caroline Johnson

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

Caroline is a practicing General Practitioner, Senior Lecturer at the University of Melbourne's Department of General Practice and provides vocational training for GP registrars. She is actively involved in mental health advocacy work through the Royal Australian College of General Practitioners.



Jason Mifsud

Board Member; Member, Finance, Audit and Value 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. He is currently the Head of First Nations Affairs & Enterprise at Wesfarmers and is a tireless advocate for social justice, Indigenous rights and reconciliation.



Chris Altis

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

Chris holds 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. Chris has thirty years' experience in the health sector, working in a policy and advisory capacity at a Victorian 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. He was also the founding Executive Manager of The New Daily national online news service. He is currently also a non-executive director of Austin Health, an 800-bed tertiary teaching hospital, and the Victorian Emergency Services Telecommunications Authority (ESTA-000). Chris consults in health and aged care.

Also serving as a director during 2021–22

Tony McBride

(retired 17 November 2021)

Independent Committee Members:

Gabrielle Bell

Member, Nomination, Remuneration and People Committee

Gabrielle is a corporate lawyer with broad experience working 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.

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 the Executive team for the last 20 years, guiding organisations through transformational and cultural change in response to ever-changing market conditions.

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 ANZ's Regional Council and board member of the AASB. Taryn has held governance positions within the alcohol and other drugs and Community Health Sector and is a Board Member at Possability Group, a large multi-state disability services provider, and the International Federation of Accountants.

Andrew Saunders

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

Andrew has a background in leading major business transformations leveraging digital technology in Health, Government and the Financial Services sector, and has a professional background in strategic planning, corporate governance, digital enablement, change management, risk management and benefits realisation. He was 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, Michelle Cornelius, Dr Penny Gaskell, Dr Shelly McIlree, Dr Dean Membrey, Andrew Robinson.

Carolyn Bates resigned from the Council in late 2021.

Community Advisory Committee Members:

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



EMPHN's catchment includes 1.62 million people, which is 24% of the Victorian population; estimates indicate the catchment population in 2031 will be 1.85 million people.

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 are 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 focused 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 2031 will be 1.85 million people
- LGAs with the highest proportion of people over 65 years are Murrundindi (23.4%) and Manningham (20.5%)
- The greatest disadvantage is found in Thomastown and Lalor in Whittlesea LGA, and Wesburn in Yarra Ranges LGA
- A third of the people (33%) speak a language other than English at home; the most common being Chinese, Indo Aryan and Greek
- More than 7,300 First Nations people live here, mostly within Mitchell, Murrundindi and Yarra Ranges
- Mental health care is the number one chronic health condition

Eastern Melbourne PHN's catchment



These LGAs are entirely within EMPHN's catchment:

- City of Banyule
- City of Knox
- City of Maroondah
- Shire of Nillumbik
- City of Whittlesea
- City of Borroondara
- City of Manningham
- City of Monash
- City of Whitehorse

EMPHN's catchment also covers part of:

- Shire of Mitchell (35% of population)
- Shire of Murrundindi (27% of population)
- Shire of Yarra Ranges (portion which falls outside the EMPHN catchment is largely uninhabited national park)



426

GP clinics



4

major public hospitals



173

residential aged care facilities



36%

were born overseas

What EMPHN does

Commissioning

By working closely with health professionals, consumers and carers, and using health-related data, EMPHN identifies emerging community health needs and gaps in the health care system. EMPHN develops our commissioning plans informed by stakeholder engagement and the best evidence available, EMPHN contributes to the evidence-base about what works to improve health experiences and outcomes.

Supporting General Practice

EMPHN works to support general practice with quality improvement, whether that be through professional development, providing practices with summary data reports, or helping practices become future-ready.

Since the pandemic, EMPHN's role has pivoted to working with general practice to distribute PPE and facilitate the roll out of the Commonwealth vaccine program.

Digital health

EMPHN uses technology to make the broader health system work more efficiently. This includes implementing electronic referral systems, supporting electronic prescribing and telehealth, and providing resources, such as HealthPathways Melbourne for practitioners to use.

This work is supported by many partnerships with a range of health professionals and organisations including:

- General practice staff - general practitioners, nurses and practice managers
- Local hospitals
- Aboriginal health organisations
- Allied health professionals
- Residential Aged Care Facilities (RACFs)
- Community health organisations
- Mental health and alcohol and other drug (AoD) organisations
- Pharmacists
- Peak professional and consumer bodies
- Federal, state and local governments
- Social service agencies



ISO 9001 Accredited

As part of our commitment to quality and continuous improvement, EMPHN was re-certified to the ISO 9001 Standard in November, 2021.



Re-designing care

In 2021, the Royal Commission into Victoria's Mental Health System and the Royal Commission into Aged Care Quality and Safety both concluded. EMPHN's response to their findings has already begun to shape the work.

EMPHN's Mental Health Stepped Care Model is being re-designed to establish better models of care that integrate into the primary health care setting and avoid duplication of service - including by taking the planned State response to the Royal Commission into account.

As well as an opportunity to improve on the previous model, the re-design supports collaboration with mental health reforms occurring throughout Victoria, and responds to changes in demand and service delivery precipitated by the impacts of the pandemic.

To achieve these aims, EMPHN has been:

- Engaging with people with Lived Experience to understand how we can change our funding for mental health services to make sure that people can easily access the right care for them.
- Engaging with general practitioners and other general practice staff to understand how they can be better supported and are able to support the patients with mental health concerns.
- Engaging with EMPHN's advisory groups to get their perspective on what the mental health sector needs.

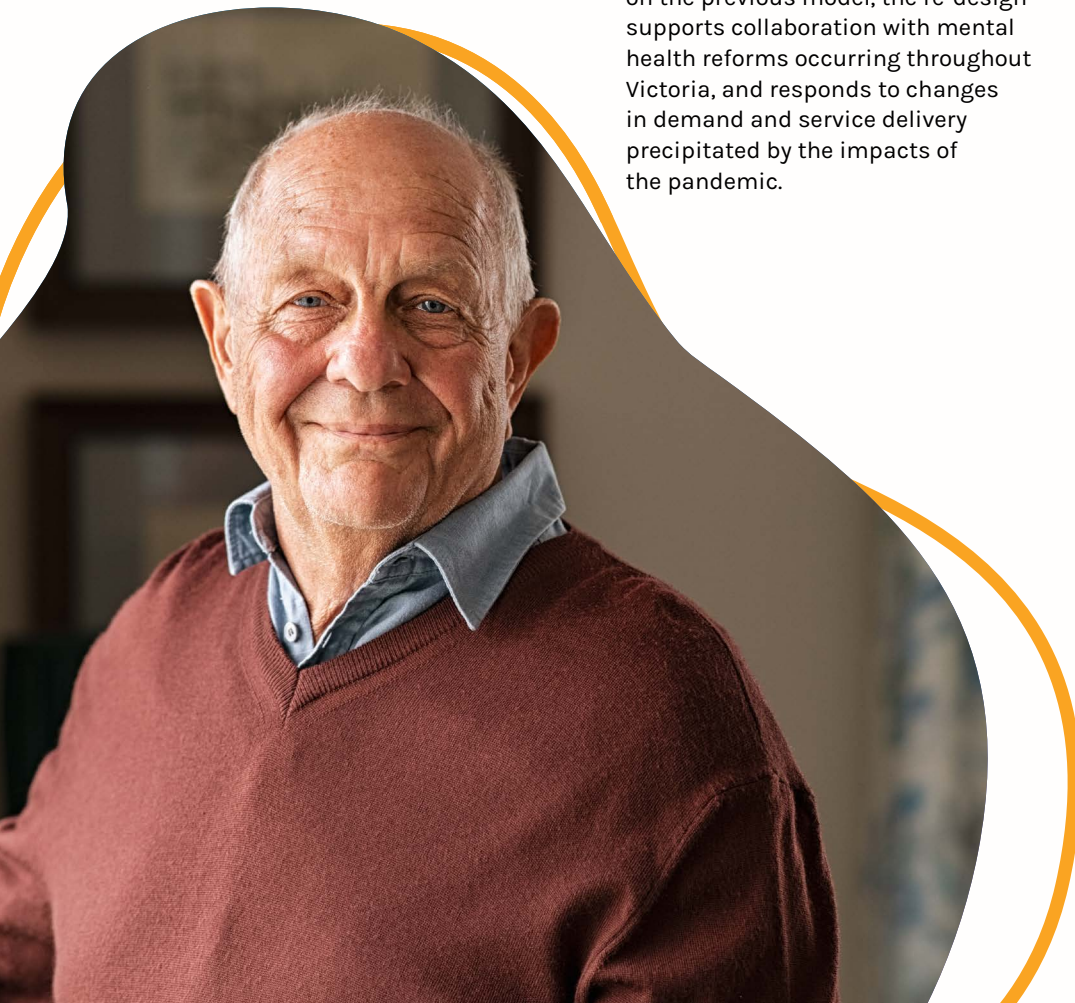
As a result of the re-design, the Core Service Model will commence in 2023.

The final report into Aged Care Quality and Safety has prompted the Commonwealth Government to commit to a \$17.7 billion reform package across five pillars in the next five years; these are home care, residential aged care services and sustainability, residential aged care quality and safety, workforce, and governance. The reforms will build a sustainable, consumer-driven and market-based system for EMPHN's rapidly ageing population delivering more choice, easier access and better care.

EMPHN has been funded to deliver across five measures:

- Support RACFs to increase availability and use of telehealth care for aged care residents.
- Support RACFs to develop comprehensive out-of-hours arrangements and action plans to help residents access urgent assessment and triage services, and prevent avoidable hospital presentations.
- Commission early intervention initiatives to support healthy ageing, ongoing management of chronic conditions and reduce barriers at the aged care/primary care systems interface.
- Support the development of nationally consistent aged care and dementia-specific referral pathways.
- Establish and maintain a network of Care Finders to provide specialist and intensive assistance, specifically to help people within the Care Finder target population to understand and access aged care and connect with other relevant supports in the community.

Delivery of these services will commence in 2023.

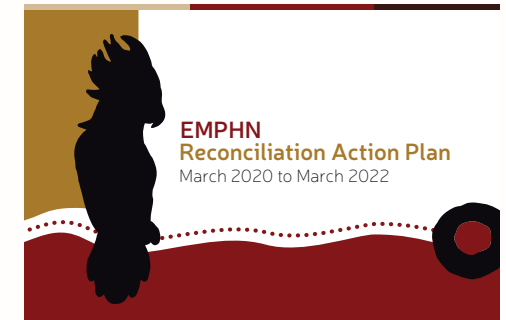


EMPHN's Reconciliation Action Plan (RAP)

Over the last year, EMPHN continued to focus on activity supporting our commitment to our first Innovate Reconciliation Action Plan. All staff had the opportunity to participate in cultural awareness training, and a rolling program was established to help strengthen our workforce's cultural competency.

EMPHN funded the development of an Aboriginal and Torres Strait Cultural Framework and an Aboriginal and Torres Strait Islander Monitoring and Evaluation framework with our partners, to help guide EMPHN's work with the community - and support the way EMPHN evaluates and continue to improve the programs.

EMPHN has recently committed to pursuing a second RAP for the period to 2025 - the focus will continue to be on supporting the aspirations and cultural strengths of the Aboriginal and Torres Strait Islander communities through the principles of self-determination, and honouring First Nation's wisdom and models of health and wellbeing.



"As an organisation, we have embarked on the journey to develop better cultural awareness across our organisation and considerable progress has been made. We look forward to finalising our second RAP and take our recent learnings into its development to ensure we continue to work effectively towards our own deep listening and designing culturally-appropriate service delivery."

—Janine Wilson, CEO



Key initiatives and highlights

First Nations health

Aboriginal and Torres Strait Islander Health programs

EMPHN has worked with First Nations organisations across our region to fund services and provide support to Aboriginal and Torres Strait Islander peoples, with a focus on programs implemented and developed by local Aboriginal and Torres Strait Islander communities. EMPHN provides funding for several Aboriginal and Torres Strait Islander programs, including:

- Bubup Wilam Aboriginal Child and Family Centre's comprehensive wrap-around services for children and families to provide Aboriginal and Torres Strait Islander children with the best possible start to life.
- Oonah Health and Community Services Aboriginal Corporation's comprehensive outreach case management services that support people to reconnect with community, link into support networks and overcome social and emotional issues.
- The Victorian Aboriginal Health Service's care coordination and outreach for Aboriginal and Torres Strait Islander peoples with chronic health conditions, that provides integration of support and care via a cultural and community-embedded approach.

Each of these organisations has delivered services that have benefited Aboriginal and Torres Strait Islander communities through their unique connections – enhancing service access, utilisation, delivery and outcomes.

Overall, EMPHN funding supports these organisations build on community initiatives to help Aboriginal and Torres Strait Islander communities, individuals, children and families break the cycle of generational trauma and generational disadvantage, enhance health and social and emotional wellbeing through relationship-based wrap-around support, connection to community, mentoring, counselling, culturally-safe referral, and support for service providers to integrate services with cultural sensitivity.

Working for better outcomes

This year has seen the completion of two important projects in the development of EMPHN's approach to working with Aboriginal and Torres Strait Islander Communities. Firstly, *The Aboriginal and Torres Strait Islander Program's Evaluation Guidelines*, which have been developed with the University of Melbourne's Melbourne School of Population Health. The second is the development of our *Aboriginal and Torres Strait Islander Cultural Framework and Plan* with Karen Milward.

The Aboriginal and Torres Strait Islander Program's Evaluation Guidelines were developed with the advice and support of Aboriginal and Torres Strait Islander staff and non-Aboriginal staff of organisations who work with Aboriginal and Torres Strait Islander Communities across our region. The guide provides insight into the most appropriate ways of working with Aboriginal and Torres Strait Islander Communities. It also informs how EMPHN can incorporate an understanding of the differences in perception of health and wellbeing, unique cultural considerations

and the impacts of colonisation that affect outcomes in Aboriginal and Torres Strait Islander populations into evaluation design and implementation. This guide will change how evaluation is designed and implemented across our programs for Aboriginal and Torres Strait Islander Communities. It will also impact how we view evaluation across mainstream programs, particularly in relation to capturing information about the impact of those programs on Aboriginal and Torres Strait Islander peoples.

The Cultural Framework and Plan is also being finalised after in-depth consultation with Aboriginal organisations across our region. The Framework provides clear and practical guidance of how to increase Aboriginal and Torres Strait Islander influence and governance over planning, strategy, evaluation, implementation and management of service provision to support better health and wellbeing for Aboriginal and Torres Strait Islander Peoples.

Transforming Aboriginal and Torres Strait Islander Health and Wellbeing Bubup Wilam Aboriginal Child and Family Centre

In Woi Wurrung language, *Bubup Wilam* means Children's Place – and for the local Aboriginal community, the centre has become a hub for families to seek support, find advocates, and strengthen culture. It's an innovative service that takes holistic care to a new level and strives to make positive change in the community. Located in Thomastown, Bubup Wilam Aboriginal Child and Family Centre is an Aboriginal Community Controlled organisation which walks alongside families, supporting them with education, health, and life skills.

What really sets Bubup Wilam apart is its wrap-around services, for the children and their families. The centre's 76 place long day-care supports children aged six months to six years with its early years' program, and three and four-year-old kinder programs which run for 40 weeks a year. Not just a long day-care centre – the programs' aim to instil and strengthen children's sense of their Aboriginal identity and personal self-esteem as their foundation for lifelong learning, health, and wellbeing. This equates to children, with the support of their parents and extended family, taking a lead responsibility in owning and developing their play, learning, interactions, and engagement with others in a confident and supported way. Guided by the teaching staff, the centre aims to ensure children begin the journey of reaching their full

potential right from these pivotal early years into transitioning to local school programs. Once leaving day-care, children and their families receive follow-up by the centre until they are eight years old, with the engagement designed to strengthen that sense of community and support.

Bubup Wilam's focus on early intervention integrates engagement with a range of health professionals who provide a holistic service for the children and their families. Through collaboration, a rich learning environment that emphasises participation and inclusion has evolved, promoting health and wellbeing. Social and emotional wellbeing and resilience are embedded in identity and sense of belonging. The funding that EMPHN provides to Bubup Wilam ensures preventative initiatives are right there – eliminating the constraints of waiting lists for community funded services such as speech pathology, children's health checks, occupational therapy services and hearing screenings.

Between July 2021 and June 2022, a total of 952 engagements were made with the Health and Wellbeing team which was accessed by 182 children. One of the most commonly accessed services was speech pathology, with a total of 756 speech pathology appointments. Funding allows children to be seen at the centre in comfortable and familiar surrounds.

During the 2021 lockdowns, families were also provided support by the centre's social and wellbeing program, accessed by 192 families including 67 families from Thomastown who were supported with food supplies, groceries and vouchers during COVID-19.

When single dad, Roy* took on the care of his two children full time, Bubup Wilam played a key role in wrapping around him to build his confidence in parenting, assist him to get his driver's license and advocate on his behalf with many government departments. Bubup Wilam provided a safe place for the children and facilitated their social, emotional and education development in many ways, including: in-depth discussions around choices

and assistance with self-regulation, a rich language environment at home and kindergarten, discussions around solidarity with others and caring for self, others, and Country.

Bubup Wilam strives to instil and encourage self-determination in addressing change for Aboriginal people to ensure their voices are heard and they have control over what happens to their children and their community. Self-determination, along with a strong sense of Aboriginal identity and heart, is the cornerstone for maintaining the health and wellbeing of the children and their families.

*Name changed



Key initiatives and highlights

Primary Healthcare Programs and Initiatives

Right Care = Better Health

The Right Care = Better Health (RC=BH) program has set up nurse care co-ordination within the local community to help patients with chronic and complex health conditions to manage their health and reduce unnecessary hospital admissions.

The nurse care co-ordinators, provided by EACH, are working within five general practices in the City of Knox and the Shire of Yarra Ranges. They provide a wrap-around service to support patients with explanations and techniques to manage their health condition and access appropriate services. This individually-tailored, person-centred care usually lasts for four months and addresses a wide range of physical and psychosocial factors, impacting quality of life.

RC=BH is designed to improve patient experience, patient outcomes, service efficiency and clinician experience.

In the past year, in the east, 145 patients have been enrolled in the service with 2083 contacts made. Some 97% patients have reported a positive experience of the program and 80% of patients have shown improved health outcomes. With 95% of general practice staff reported a positive experience.

"As a senior citizen, I found this service to be particularly helpful, considerate and mindful of my individual circumstances."

—Consumer

"The RC=BH program gives better outcomes for patients who are at risk of being left behind."

—Practice Manager

The Ureteric Stone Diversion program

When people show up at the Emergency Department experiencing pain and distress caused by stones, only the most acute cases are admitted. Management of the condition is referred to the Stones Outpatients' Clinic - however Eastern Health reported waitlists of up to 533 days for the Stones Outpatient Clinic.

Since then, the Ureteric Stone Diversion Program, in partnership with the Acute Urology Team from Eastern Health, has enabled specialist-trained general practitioners within the local community to assess, manage and treat patients with milder cases of stones. This has reduced

the number of people presenting to ED, and radically reduced waiting times at the Stones Outpatient Clinic because only more severe cases need to attend the clinic.

Since the program started in February 2022, 86 patients have had their ureteric stone managed by a diversion GP, with a 91% positive patient experience. A positive provider experience of 89% was reported.

The next step for the Ureteric Stone Diversion Program is ensuring sustainability beyond the program timespan.

Average waitlist time reduction

	Category 1	Category 2	Category 3
Before	85 days	483 days	533 days
Q2 of Stone Diversion Project	15 days	68 days	160 days

"The benefits were upskilling in the area and contribution to community and public health system."

—General Practitioner

"It was easier to see a local GP than go to the hospital."

—Consumer

My Emergency Doctor

My Emergency Doctor (MyED) provides urgent, after-hours phone and video consultations with specialist emergency doctors for residents within EMPHN's catchment, including those in residential aged care facilities (RACFs).

During the last financial year, MyED provided 7693 after hours consultations across our catchment, compared to the contract target of 6205 consultations. Of these, approximately 88% were managed in situ. In the first six months of 2022, a significant demand for the service saw an average of 25 calls a day, compared to the contract target of 17 calls a day.



7693

after hours
consultations across
our catchment

An independent evaluation of the program conducted in September 2021, looked at the 18 months from January 1, 2020 to June 30, 2021 and highlighted the significant benefits of the program:

- Approximately 2,800 ED presentations and 360 ambulance trips had been avoided
- More consults (26.7%) done in the catchment without locum coverage, compared to the baseline population proportion (17.8%), indicating this met an underserved need
- A net saving of approximately \$1m over the 18 months from Jan 2020-June 2021, representing a saving of \$118 per patient
- A return on investment of \$1.93 for every \$1 spent on this program
- A high proportion of patients recommend or would use the service again (99%)
- High patient trust in the service (91%)

"At 10.30pm when my son woke up unwell, knowing our hospitals are so busy, I knew if I had the right medication my son's illness could be managed at home. It was easy to get an appointment, very little wait, the doctor was thorough and sent through a script within minutes. Thank you."

—Consumer

Greater Choices for At Home Palliative Care

The Greater Choices for At Home Palliative Care program aims to increase awareness, and facilitate and coordinate access to safe, high-quality palliative and end-of-life care at home, including for people who live in residential aged care facilities (RACFs). A key component of the program is to avoid duplication of existing initiatives and resources, and to this end, EMPHN is working with a range of stakeholders to develop a sound understanding of the existing support landscape and where innovations can add the greatest value across our catchment.

Since the beginning of 2022, the program has focused on collaborating and engaging with key stakeholders that deliver palliative care support, to understand their needs and insights regarding the needs of consumers. Our collaboration has included contributing to a Community of Practice attended by Victorian and Tasmanian PHNs, and building and maintaining relationships

with Commonwealth-funded organisations such as End of Life Directions for Aged Care (ELDAC), Palliative Aged Care Outcomes Program (PACOP) and Program of Experience in the Palliative Approach (PEPA), and contributing to the state-wide Palliative Care Consortia forums. We are exploring how the various resources available through these Commonwealth-funded organisations may be collated into a package of support for RACFs.

EMPHN have also worked with Eastern and Banksia specialist palliative care services to support their education on palliative care for primary care providers. It will help understand their insights on barriers to accessing palliative care support, and their role in delivering education and support to staff and residents in RACFs. Outside of RACFs, EMPHN is working to engage with the community to build their awareness of and access to specialist palliative care services.

After-Hours Mental Health Nurse and Liaison Program

The After-Hours Mental Health Nursing Service (AHMHNS) commenced in March 2020. It is designed to support people with mild mental health concerns (Category 5) seeking help in the evening and on weekends, when other Mental Health services are unavailable. A key aim was to support the diversion of such presentations from the Box Hill, and Eastern Health Emergency Departments.

Experienced credentialed Mental Health Nurses (MHN) provide after-hours support through service connection and navigation, brief interventions and follow up. Consumers can attend the service in person or call a 1300 number. Professionals in the community can refer to the service and Box Hill ED staff can redirect or refer discharged patients. The AHMHNS Liaison Coordinator works

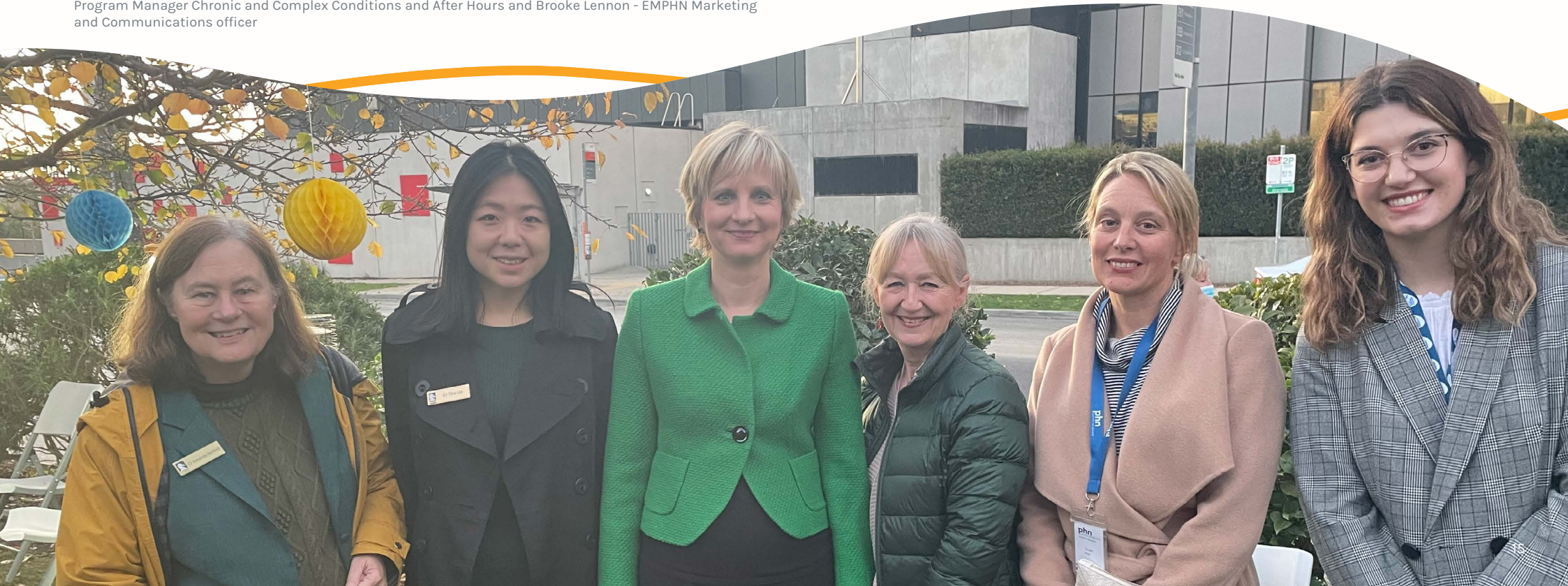
with the ED Diversion Project to support referral/service pathways and connects with services in the community that might refer their clients for after-hours support.

From July 2021 to May 2022, 1097 clients were assisted, even with COVID-19 limiting face-to-face consultations. The service is funded until 31 December 2022.



1097
clients assisted

Left to right: Amanda McNeil - Whitehorse Councillor, Tina Liu - Mayor of Whitehorse, Agata Jarbin - healthAbility CEO, Olive Aumann - healthAbility General Manager Health Development, Susan Rice - EMPHN Program Manager Chronic and Complex Conditions and After Hours and Brooke Lennon - EMPHN Marketing and Communications officer



Doctors in Secondary Schools

The Victorian Department of Education funds EMPHN to support the Doctors in Secondary Schools (DiSS) program. DiSS aims to make primary health care more accessible to students, provides support to young people through the early identification of health problems and reduces pressure on working families. There are 12 schools enrolled across our region. In 2021, 1195 consultations were delivered by General Practitioners and Practice Nurses and 476 referrals were made. Mental health continues to be the main reason for students to visit a DiSS clinic.

The DiSS program has been particularly challenged by the pandemic - with school closures during the lockdowns. Clinics reported a surge in presentations after

each lockdown, demonstrating the need for the service, as well as the need for the service to be face-to-face and on site at the school. It provides a safe, available alternative for students to access health care and advice.

The DiSS program supports some of our most vulnerable students and is integral to ensuring students understand their health care needs, setting them up for a good relationship with a GP and primary care options as they transition to adulthood. The Victorian Department of Education has confirmed the program will continue to be funded.

"I have found it a privilege to work in the DiSS program, and think that it is a fantastic model for providing care to young people. The location of the clinic within the trusted 'safe space' of school has allowed us to assist some very vulnerable students, many of whom have never previously accessed regular health care. The DiSS program removes so many barriers for young people in accessing medical care - it is confidential, free and conveniently located. The accessibility of the clinic has allowed us to follow up students on a weekly basis if needed, which has been particularly beneficial when treating serious mental health issues."

—DiSS GP



1195

In 2021, 1195 consultations were delivered by General Practitioners and Practice Nurses and 476 referrals were made.



HealthPathways Melbourne

HealthPathways Melbourne is an online resource that provides General Practice with evidence-based guidelines and referral pathways that support GPs to implement best practice medicine, reduce unnecessary variation in care, and help patients receive timely and appropriate care (right care, right place, right time), avoiding unnecessary hospital admissions and investigations.

HealthPathways Melbourne has 875 clinical and referral pathways covering almost 40 specialties. In 2021-22, there was a 41% increase in users, a 22% increase in page views, and 1631 login requests. The COVID-19 suite remained the most viewed suite across the platform, alongside pathways often associated with COVID-19 presentations or vaccination side effects such as headaches and hypertension. Collaboration with the Victorian HealthPathways teams on COVID-19 pathways continued throughout the year enabling responsiveness to ongoing changes to COVID-19 vaccination and COVID-19 Positive Management, especially around COVID-19 medications and oral antivirals.



41%

increase in users



22%

increase in page views

In February 2022, HealthPathways Melbourne transitioned to a mobile-friendly platform with a responsive design that adjusts webpage content layout depending on the device used. The sleek, new design delivers an improved user experience, with functions such as the search bar and send feedback button located in more prominent positions making them easier to use.

Throughout FY21-22, HealthPathways Melbourne reviewed the Family Violence suite and expanded its scope to include assault and abuse pathways. With growing rates of family violence being reported throughout the pandemic, it was important to ensure GPs had access to an up-to-date resource to support confident and capable identification and response to these situations if they arose.

HealthPathways Melbourne is committed to supporting the LGBTIQ+ community by gradually implementing gender neutral language across our platform.

"I will always be backing HealthPathways Melbourne 100% and promoting it to everyone. It is a wonderful resource, and I cannot thank you and your team enough. Thank you for your team's assistance with COVID. HealthPathways Melbourne has been my most valuable resource."

—GP

Practice Incentive Program Quality Improvement (PIPQI) Initiative

The PIPQI initiative, launched by the Department of Health (DoH) in 2019, supports more than 5,700 general practices across the 31 Primary Health Networks (PHNs) catchments to help improve patient care and outcomes, and improve planning for health needs across Australia.

More than 80% of general practice clinics in the EMPHN catchment have signed up, and are incentivised to undertake quality improvement activities and share their de-identified PIP Eligible data set to EMPHN. In the past year, EMPHN provided 2235 POLAR Practice Reports to General Practices. The reports contain information on immunisation, data quality, chronic disease, mental health, My Health Record data, demographics, patients at risk, business opportunities and PIPQI data.

Practices use the reports to analyse their clinical and billing data, build business strategies, identify MBS opportunities, quality improvement activities, manage patients with chronic conditions and implement health assessments for patient groups. Practices can also benchmark against other practices in the EMPHN catchment and nationally. The Digital Health Team and the General Practice Team work collaboratively to host quality improvement events, and provide resources and training with webinars, YouTube videos and ongoing support.

Transforming Digital Health

Transforming the healthcare system through digitalisation has not happened overnight. Dr Alfred Samaddar runs a general practice in Camberwell. His clinic was originally opened by an ex-army doctor, Dr Rosefield, soon after the WW2 in 1945, at a premises about 300 meters away from the practice's current location.

After purchasing the clinic in late 2009, Dr Samaddar has taken his clinic from paper clinical notes to totally digital medical records, including for the clinic's oldest patient who first saw a doctor there in 1946, and continues to receive care from Dr Samaddar, at 99 years young.

From the beginning, Dr Samaddar knew he wanted to make his clinic paperless after seeing the timesaving benefits, 'I did not take 'NO' for an answer and found a solution for each step with e-health to make it operational,' Dr Samaddar explained.

In 2011 Dr Samaddar first engaged to build his practice's digital health capability with the support of the digital health team and general practice facilitation at Inner East Melbourne Medicare Local (IEMML), which became EMPHN. He continues to implement new initiatives with the support of Kirsty MacDougall, Program Manager of the Digital Health team, who said, 'It has been rewarding to see him (Dr. Samaddar) increase the use of

integrated digital health technologies to deliver great patient care. Dr. Samaddar is a digital health champion.'

However, it wasn't until early 2019 that the practice fully digitalised its operations. While the clinic remained open during the lockdowns of 2020 and 21, Dr Samaddar did not consult from inside the clinic.

'Telehealth took off the ground almost at the beginning of the COVID-19 pandemic early 2020.' He explains, 'Initially medical consultations were conducted by telephone, writing medical information on paper, and then scanned into the patient's file. Scripts were written and left in an envelope for patients to collect.'

Now, the clinic is fully integrated with digital technologies such as telehealth (both phone and video consultations), and electronic scripts, which are sent to the consumer via SMS or email.

For older patients unfamiliar with digital health services, Dr Samaddar spent time educating them according to their needs, such as demonstrating how to use a mobile phone to conduct telehealth.

Digital health initiatives have improved communication for Dr Samaddar and others in primary care including aged care facilities, allied health providers, medical specialists, hospitals, and local pharmacists.

'Communication between me and my local pharmacists has improved as we progress with the digital health journey together,' he said. Working collaboratively with other health care providers has been a key success factor.

It takes a team to implement and utilise digital health to its full capability in general practice. Dr Samaddar credits the support received from his practice staff and primary care support services including EMPHN, as the reason for his clinic's success.

'Kirsty MacDougall has been my pillar of support from EMPHN to establish e-health since 2011.' He adds, 'EMPHN Practice Support team has provided me with support to use the POLAR system at my clinic.'

Dr Samaddar offers this advice to those in General Practice interested in increasing digital capability in their practice, 'Digital health is undeniably a part of Australian Health System and is here to stay. It has markedly improved patients' quality of care at this clinic. If any General Practice is interested in increasing digital capability, I believe you will find your journey to digital health easier (today) from the experiences from GPs like me.'

Dr Alfred Samaddar at his practice in Camberwell



COVID-19 Initiatives

Throughout the COVID-19 pandemic, the PHNs have been a conduit for delivering a wide range of services to the community. One of the more positive outcomes of the pandemic has been the relationships EMPHN has built with key partners across community health providers, local health networks and general practice. Many of our existing programs across digital health and mental health have expanded and adjusted to include wide ranging support for COVID-19, in addition to new initiatives such as the General Practice Respiratory Clinics.

Personal Protective Equipment (PPE) support

Since the pandemic began, EMPHN has been distributing PPE. Much of it is sourced from the National Medical Stockpile, with some additional supplies received as donations and some purchased by EMPHN. The PPE is distributed to general practices, community pharmacies and allied health professionals according to Department of Health criteria.

The vast majority of general practices and community pharmacies in EMPHN's catchment have requested PPE once when they were unable to access it through commercial avenues. We also distributed PPE to more than 680 allied health professionals. The Department's distribution criteria evolved through the year in response to the pandemic's impact on health professionals and the availability of commercial supplies.

As of 30 June 2022, EMPHN had distributed a total of:

1,486,475
masks

12,394
face shields

25,821
goggles

2,020
pulse oximeters

119,750
gowns

4,660
coveralls

76,400
pairs of gloves

516
bottles of hand sanitiser

Vaccine roll-out in primary care

Primary care has played an integral role in the COVID-19 vaccine program. Approximately 80% of general practices in EMPHN's catchment have participated in the vaccination program. By 30 June 2022, more than 90% of the eligible population in EMPHN's catchment had received at least two COVID vaccinations, with most local government areas recording rates over 95%. The COVID-19 vaccination program began in primary care in March 2021 and there have been continuous changes to the program as vaccine eligibility expanded and more vaccine brands became available.

More than 90%

of the eligible population in EMPHN's catchment had received at least two COVID-19 vaccinations

Vaccine roll-out in Residential Aged Care Facilities

EMPHN's catchment has one of the highest number of Residential Aged Care Facilities (RACFs) in Australia. Of the 160 facilities caring for approximately 12,533 residents, 90% of the RACFs had a 90-100% vaccination rate. From February 2022, the Booster program (third dose) was rolled out across RACFs with 93% of residents receiving their Booster by end of June. The Winter Dose program commenced in early June and 45% of residents had received their Winter Dose by 30 June.

Hanover Street
Vaccine Rollout



Group Physical Therapy

In response to the COVID-19 impact felt by residential aged care residents, EMPHN commissioned physiotherapists, exercise physiologists and occupational therapists to deliver the moderate intensity progressive resistance and high challenge balance training to the residents. The program increased residents' access to Allied Health services, with a particular focus on physical therapy to improve physical function.

The program was delivered in 31 RACFs in our region which had two or more cases of COVID-19 (staff or resident), to combat COVID-19 lockdown-related deconditioning. 94% of residents said they would participate in another program like this one.



1,122

residents participated in the six month physical therapy program

The therapy program was structured on the evidence-based intervention, the Sunbeam Program, which is effective in preventing falls in the elderly. The project primarily aimed to improve physical function, demonstrated by capacity measures of sit-to-stand, gait, and balance, by delivering progressive resistance training and high-level balance exercise.

"Good experience. I hope there are more opportunities to do this again in the future. I have enjoyed talking with Alfred. Always good to learn from people with a different background."

—Consumer

"The program works! I've seen first-hand the improvements in residents' strength and balance when they attend regularly."

—Clinician

General Practice Respiratory Clinics

Since October 2021, the Victorian Government and Victorian Primary Health Networks have collaborated to support more Victorians access respiratory assessments and care close to where they live through the establishment of 28 General Practice Respiratory Clinics (GPRCs) across metropolitan and parts of regional Melbourne. There are six state-funded clinics operating in the EMPHN catchment.

GPRCs support people of all ages (babies, children and adults) with mild respiratory symptoms to access a comprehensive respiratory assessment (including COVID-19 testing) and receive immediate support to manage their illness. Patients are then referred to their usual GP for ongoing care, or help to identify a GP if they don't already have one. Services can be accessed to anyone and are available to all Victorians, regardless of whether they have a Medicare card.

Since starting, five of the six EMPHN GPRCs have seen over 18,587 patients, with 12,031 consultations, and completed over 13,863 respiratory assessments including over 6,897 PCR COVID 19 tests. Since opening in December, the Monash Respiratory Clinic, in Glen Waverley, has seen over 6015 patients, including 2262 pediatric patients. As part of the service, consumers are asked where they would have gone if

the GPRC service was not available; of the 4980 responses, 540 patients (10.8%) said they would have attended an Emergency Department if unable to access a GPRC clinic.

EMPHN continues to collaborate with stakeholders, including other PHNs, the Victorian Department of Health and the GPRCs to identify challenges or best practice examples of care delivered, provide up-to-date information and resources, monitor performance, and refine the operating model. The clinics continue to adapt to support the response to COVID-19 in the community.

"My daughter was really sick with suspected flu and we couldn't get her cough under control. We couldn't get into a GP for 4 days. The clinic at Heidelberg were amazing and saw us the same day."

—Consumer

"Not being able to see a doctor was hard, but having this service (Monash Respiratory Clinic) was perfect as I was able to see a GP and a nurse at the same time."

—Consumer

"I am grateful to the Eastern Melbourne Primary Health Network for helping our practice transition to the use of digital health and telehealth, and for providing PPE supplies during the COVID-19 pandemic. It was a difficult time of rapid transition and we valued the support and advice we received from EMPHN especially when we encountered difficulties.

The supply of PPE enabled our clinic the option of patients to continue to visit doctors face-to-face when required.

Overall the smooth transition had a positive effect on our practice. The introduction of electronic prescribing, ordering of pathology and radiology testing by emailing patients, the use of either telephone or telehealth [video] consultations was enormously welcomed by all our patients and staff.

Thank you EMPHN for all your assistance."

—GP



Mental Health Initiatives

SupportConnect team

SupportConnect is a central point of entry into EMPHN's commissioned Mental Health and Alcohol and Other Drugs (MHAOD) services. Team members support consumers and carers directly, as well as GPs, community health and service providers to access the right care, at the right time in the right place within the EMPHN catchment.

The SupportConnect team respond to three incoming phone lines, one for Head to Health in EMPHN's catchment, one for Head to Health in the Murray PHN's catchment and one for our own SupportConnect service; accessed by healthcare professionals, carers and consumers. When responding to Head to Health calls, the team use the Initial Assessment & Referral Decision Support Tool (IAR-DST) to navigate to the appropriate level of care. The tool has been so successful, that EMPHN is looking to replicate the process and use of the tool more broadly for calls and referrals received via SupportConnect.

The SupportConnect team received more than 1637 calls from people seeking support via the Head to Health and SupportConnect phone lines. The team processed 1272 referrals to EMPHN's

commissioned services (Mental Health Stepped Care, Psychosocial Support Services and Head to Health Hubs). For Head to Health specifically - 686 mental health navigation calls were received, and 437 Initial Assessment and Referrals were completed.

In the 2020-21 financial year, EMPHN also proudly launched the SupportConnect website, which is an online platform available to the public, carers, GPs and other service providers to help them navigate mental health services within the catchment. This platform is supported by the good work the team do on the phones, and with faxed referrals.

"I didn't feel judged, the staff member made me feel comfortable and got back to me to see how I was, and got me in to see a professional. I didn't expect everything to move that quickly. I would like to thank everyone for your help and understanding, and would recommend Head to Health to anyone who needs help."

—Consumer

Head to Health

HeadtoHelp was a coordinated mental health response to Victoria's second COVID-19 lockdown and officially launched in September 2020. In December 2021 as the model expanded across other Australian states, the program became known as Head to Health.

The service offers a holistic and person-centred approach to mental health support, where people can be connected with suitable existing services, receive care at a Head to Health hub (onsite or via telehealth) or be connected to specialist or acute mental health services.

Head to Health hubs provide a range of support options via multidisciplinary teams working closely with other community-based providers.

During 2021-22, the Head to Health services across the north-east, inner-east and outer-east regions provided care to 633 individuals, with 13,380 sessions

of support delivered. A total of 1,202 people called for a referral or to make an enquiry, resulting in 854 Initial Assessment and Referral tools (IARs) being completed. 70% of these individuals were referred to Head to Health hubs and 30% were referred to other services. On average, 72% of individuals who completed their treatment or support reported improved outcomes.

"My experience with the Head to Health program was very positive. I came to the program during a period of crisis - with the help of the Head to Health psychologist, I have learned to manage stressful situations in a better way and my overall outlook on life has improved significantly. Thanks again for all your help."

—Consumer

Stepped Care Model

The Stepped Care Model aims to enable consumers to receive the right care, in the right place, at the right time. This unique model ensures the needs of each individual are responded to via the provision of a range of support types and levels of intensity. Services provided included a combination of one-on-one support, group support and care co-ordination, delivered by a range of workers including peer support workers, psychologists, mental health nurses, counsellors, social workers, welfare workers and occupational therapists.

During 2021-22, the Stepped Care Model provided care to a total of 1,441 consumers, delivering 31,828 sessions of care, with a combination of low intensity,

psychological therapy, and care co-ordination support. This support enabled consumers to better manage their mental health and wellbeing by developing a range of self-management skills, as well as through links to resources and additional support options within the community. An average of 66% of individuals who completed their treatment or support reported improved outcomes, and 81% of survey respondents reported a positive experience of the service.

During the pandemic lockdowns, the providers continued to tailor their services by utilising a combination of face-to-face and telehealth appointments, to provide support in a manner that best met individual need and preference.

"I believe the Stepped Care Model utilised in the Head to Health program has made a huge difference to marginalised and highly vulnerable people in our community who experience complex mental health issues alongside a range of psychosocial issues. It has provided the opportunity for people to access support when needed and tailored to their unique needs in a way that can facilitate change. Mental health recovery is a team and community effort, and the Stepped Care Model enables clinical and non-clinical staff members the opportunity to work collaboratively together with clients ensuring they have resources to re-engage in their community in a meaningful way."

—Senior Clinician, Banyule Community Health

Youth Enhanced Services

Youth Enhanced Services provide mental health support and treatment to young people aged 12-25 years and their families/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 addressed by primary health services.

Priorities for the service are young people who, at the time of referral:

- are at risk of deteriorating mental health that may require tertiary services
- are disadvantaged and/or from hard-to-reach populations
- have complex and/or multiple needs
- identify as Aboriginal and/or Torres Strait Islander
- are from diverse backgrounds such as CALD or LGBTIQ+

Youth Enhanced Services have provided support to 378 consumers, delivering 11,146 sessions of care, comprising a combination of brief intervention and case management support. An average of 90% of individuals reported improved outcomes on completion. In addition, an average of 70% of families and carers of young people who were receiving support from these programs were also actively engaged in the assessment and support process. During 2021-22 each of EMPHN's Youth Enhanced Services received an additional COVID-19 'surge' funding amount to enable them to respond to the increased demand from the impact of COVID-19 on the mental health and wellbeing of young people.

"YETTI may have been responsible for our son staying alive over the past 8 months. They helped us to understand that he is unknowingly killing himself. They have given us the tools to help him recover and the prompting to work with a GP to monitor and hopefully change his situation. To date they have helped our son to stay out of a very expensive and lower long term success treatment – hospitalisation. I have no doubt that we would not have been equipped to treat our adolescent without YETTI and unfortunately the outcome may have been fatal."

—Carer

headspace

headspace centres provide early identification, intervention strategies and holistic care for young people aged 12-25 years and their families or carers who are at risk or showing early signs of developing mental health, physical health and/or drug and alcohol problems.

Last year, EMPHN opened a satellite in Plenty Valley. Reporting data received from our four centres at Knox, Greensborough, Hawthorn and Syndal show 15,735 occasions of service have been provided, 4,178 young people have been seen, with 2,937 of these were new to the service in this year.

Three of our four headspace centres were granted sub-contracts specifically as a COVID-19 response - the headspace Reconnection and Service Navigation Project. These activities were created to manage both the surge in demand produced by the pandemic, while also extending assertive outreach contacts and promotion to identify and reconnect young people who have previously accessed headspace, but had disengaged through extended periods of social isolation in the community, and lacked other supports.

"We have gained so much from our sessions at headspace. Both of my boys and I have become an even tighter family unit and more settled in our relationships with each other thanks to the tireless efforts of (headspace practitioners). The counselling the boys individually received, and our family sessions have enabled us as a unit to open up and work through issues and difficulties with friendly professional support. We wouldn't have reached this point without your help. Thank you to everyone who has been a part of this journey!"

—Consumer

Syndal headspace's official launch on 15 July with Ms Gladys Liu MP, federal member for Chisholm, headspace National CEO Jason Trethowan, Eastern Melbourne PHN CEO Janine Wilson, state member for Mt Waverley Matt Fregon MP and several key community and health organisation representatives.



Transforming Mental Health Care

When 22 year old Stella* visited YFlex at the Plenty Valley Westfield Shopping Centre, she was feeling low and anxious with suicidal ideation and panic attacks. She had previously experienced childhood trauma within her family and been bullied at school. Even though she had no formal diagnosis, she was prescribed and trialled several anti-depressants to no effect and was struggling to find motivation. Her anxiety and panic attacks had become so bad that she struggled to leave her house at times, and her poor self-image had led to impulsive behaviour and problems with drugs.

Stella met with a peer support worker at YFlex who made her feel at ease and supported her through the intake and assessment process. With an official diagnosis of Complex Post Traumatic Stress Disorder and Major Depressive disorder in hand, Stella was able to access the right support. A psychiatrist worked with her to develop a treatment plan and

she was prescribed a different medication which helped her. While receiving support, she worked with the care team to identify her goals and values. She focused on identifying triggers and practiced grounding mindfulness techniques to ease her anxiety. Stella was then referred to PRACE Reconnect to help her in restarting her education.

Stella has now left the program at YFlex and is waiting to receive ongoing support through the Eastern Psychosocial Support Service. Stella felt the support she received provided her with a better understanding of herself and her difficulties in relationships. She has gained employment in retail and enrolled in a TAFE bridging course and is continuing to work with Reconnect. She now feels comfortable in seeking assistance and has pathways to keep her mental health strong.

*name changed



Psychosocial Support Service (PSS)

The PSS provides non-clinical support for people with a severe mental illness and associated psychosocial functional impairment who are not supported through the NDIS. Its key features include a focus on capacity building, integration with clinical services, time limited interventions and recovery and trauma-informed focus. The service is delivered by two service providers; Neami National and Wellways.

In the 12 months from 1 July 2021 - 30 June 2022, 680 new consumers were referred into program and supported, of this 106 were self-referred and 23% of new consumers experience socioeconomic disadvantage. A total of 19,141 sessions were delivered (8680 via telephone due to COVID-19 restrictions). Some referrals were made out to other services.

"I've never had anything like this, I always had to advocate for everything by myself."

"You kept in contact during lockdown which was helpful and would see me in person as soon as you were able to."

Recovery Day at 'Hope and Thrive' (EACH)

Alcohol and Other Drugs (AOD) programs

EMPHN commissions 13 AOD programs within three broad service category cohorts; general adult, youth and Aboriginal and Torres Strait Islander programs. These include services specifically to provide dual diagnosis, youth outreach, family counselling, medication support, recovery support and therapeutic recreation.

Across the programs, over 2000 episodes of care (i.e. beginning to end of treatment with a service user) delivered across 12 of the programs with over 5000 hours of service delivery from the remaining programs have been provided.

Achievements within individual programs include training, digital presence, outreach, integration, and vulnerable population service response. During the height of the pandemic, the services flexed in response to the shifting need with significant uptake of telehealth, online groupwork and additional training around emergent issues.

EMPHN is currently undertaking a consultation and service redesign to ensure our AOD programs meet the needs of the community and work complementarily with State service provision.

"I can't describe the relief that my husband is finally getting the support he needs. It's been a long journey for us and he is definitely happier and more confident. The future already looks so different."

—Consumer



LifeConnect

LifeConnect is a suicide prevention and support after-suicide program, delivered by Neami National. Support is provided via two streams - support after bereavement and suicide prevention. It works to build individual resilience and capacity for self-help, improve community and workforce capacity to prevent suicide, provide targeted suicide prevention programs and activities to those at risk.

LifeConnect takes a coordinated region-wide approach to suicide prevention, provides support for people impacted by a suicide, and improves the evidence base and understanding of suicide prevention. The program delivers wellbeing, mindfulness and life skills workshops and suicide prevention training across community groups and in the workplace. The sessions help participants have a greater confidence in recognising when a person may be at risk of suicide or responding to a person who is at risk.

"Despite being a heavy topic, the material was presented in a very engaging way where the group would participate in meaningful conversation."

—Participant

Crossroads to Community Wellbeing

The Crossroads to Community Wellbeing suicide prevention group has been working to guide collective efforts to understand, prevent and reduce suicide in the South Asian community in the City of Whittlesea. It brings together community groups and organisations to inform a strategic direction for a response in the local community; investigate the presenting issue; and engage with local community leaders to develop a tailored suicide prevention response. EMPHN's role in this working group is to provide the backbone support, which entails subject matter expertise, coordination and secretariat support for the working group as well as management of stakeholder relationships.

From this project, an action plan was developed which provides an analysis of the presenting issue, policy context, socio-demographic information about the City of Whittlesea, an evidence informed model of suicide prevention, high-level strategic actions capturing the actions of Crossroads, related projects, and opportunities for future work. This led to tailored suicide prevention training for South Asian community leaders and GPs in collaboration with LifeConnect. Two additional pieces of work were also funded, the first being *Beyond Cultural Competency*

Training – support for mainstream organisations and professionals to understand, engage with and provide the framework to ensure more accessible services to people from a Culturally and Linguistically Diverse (CALD) community.

The other work was the *Roads to Driving program* – a pilot program which matched 15-20 women of South Asian background with volunteer mentors to work towards their Victorian Drivers Licence. The program supported at-risk women to be more independent, reduce social isolation, access local services and improve their ability to build formal and informal support networks. Twenty women participated in the program from a range of countries. The participants spoke nine different languages, two women identified as being at risk of homelessness, four women have a long-term disability, 11 women disclosed family violence and seven women identified as having mental ill-health. Five bi-lingual mentors were recruited and trained for the program. In the past year, 10 women passed their test received their Victorian driving license, three more women have booked their test date and feel confident in their driving abilities and the remaining seven are still practising with community support.

"I have survived family violence and am trying to keep my children safe and happy. My daughter is in wheelchair and it is very difficult for me to take her to school on the bus. Thank you for helping me to learn to drive."

—Participant

"The sensation of holding my very own driver's licence in my shaking hand was one of my best achievements in life." (Translation)

—Participant

Statement of profit and loss and other comprehensive income for the financial year ended 30 June 2022

	2022	2021		2022	2021
	\$	\$		\$	\$
Revenue					
Rendering of services	51,993,027	50,627,665	(Deficit)/surplus before income tax	(14,068)	524,843
Other income	2,163,705	1,562,082	Income tax expense	-	-
Total	54,156,732	52,189,747	Net (deficit)/surplus for the year	(14,068)	524,843
Expenses					
Service delivery expenses	41,309,847	38,945,598	Other comprehensive income	-	-
Occupancy expenses	134,554	159,850	Total comprehensive income for the year	(14,068)	524,843
Employee benefit expenses	9,820,356	9,618,974			
Depreciation expenses	608,210	522,538			
Computer licences and support	1,110,103	1,123,418			
Finance costs	57,814	69,998			
Other expenses	1,129,916	1,224,528			
Total	54,170,800	51,664,904			

Statement of financial position at 30 June 2022

	2022	2021
	\$	\$
ASSETS		
Current Assets		
Cash and cash equivalents	6,980,523	8,325,723
Investments	40,000,000	30,000,000
Trade and other receivables	1,401,475	1,825,180
Other assets	551,457	378,131
Total Current Assets	48,933,455	40,529,034
Non-Current Assets		
Property, plant and equipment	738,225	875,536
Intangibles	523,336	628,002
Right of use assets	1,210,758	1,510,284
Non-Current Assets	2,472,319	3,013,822
Total Assets	51,405,774	43,542,856

	2022	2021
	\$	\$
LIABILITIES		
Current Liabilities		
Trade and other payables	8,395,539	6,015,458
Lease liabilities	412,753	351,993
Contract liabilities	37,223,757	31,369,311
Provisions	861,585	857,874
Total Current Liabilities	46,893,634	38,594,636
Non-Current Liabilities		
Lease liabilities	1,393,569	1,809,819
Provisions	55,086	60,848
Total Non-Current Liabilities	1,448,655	1,870,667
Total Liabilities	48,342,289	40,465,303
NET ASSETS	3,063,485	3,077,553
Members Funds		
Accumulated Surplus	3,063,485	3,077,553
Total Members Funds	3,063,485	3,077,553

phn

EASTERN MELBOURNE

An Australian Government Initiative

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Eastern Melbourne PHN is primarily funded by the Australian Government to improve the care and support people receive from health services. We aim to improve 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 make a difference in our priority areas of chronic disease, mental health, alcohol and other drug addictions, digital health, Aboriginal and Torres Strait Islander health, immunisation and general practice support.