



**Australian Government**

**phn**  
EASTERN MELBOURNE

An Australian Government Initiative

**Amended Eastern Melbourne PHN  
12 Month Performance Report**

**2016–2017**

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**PHN 12 MONTH PERFORMANCE REPORT COVER SHEET**

**1 July 2016 - 30 June 2017**

|  |   |
|--|---|
| <b>Primary Health Network Name</b>                                     | Eastern Melbourne   |
| <b>PHN ID</b>  |   |
| <b>PHN Contact: Name</b>   |   |
| <b>PHN Contact: Phone</b>  |   |
| <b>PHN Contact: Email</b>  |   |
| <b>Declaration</b>   | In submitting this Report to the Department of Health, the PHN has ensured that all internal clearances have been obtained and the Planning and Reporting Template has been endorsed by the CEO and any other appropriate personnel and/or Board members. Note: PHNs are required to meet all the requirements under 'Item E – Reports' of each Funding Schedule. |
| <b>Please ensure the following items have been completed/attached:</b> |   |
| <b>Governance</b>  | PHN Constitution  |
|  | Corporate Structure   |
|  | Organisational Chart (including FTE)  |
|  | Board membership  |
|  | Clinical Council membership   |
|  | Community Advisory Committee membership   |
| <b>Commissioning</b>   | Commissioned providers  |
|  | Decommissioned services   |
| <b>Performance</b>   | Core Flexible Activity  |
|  | Core Operational Activity   |
|  | Innovation Activity   |
|  | After Hours Activity  |
|  | Drug and Alcohol Treatment Services - Operational and Flexible Funding  |
|  | Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander People - Flexible Funding   |
|  | Mental Health and Suicide Prevention Operational and Flexible   |
|  | Indigenous Mental Health Flexible   |
|  | Integrated Team Care  |
| Integrated Team Care Data  |   |
| <b>Financial Management</b>  | Core Flexible Income and Expenditure (see 'Financial' tab)  |
|  | Core Operational Income and Expenditure (see 'Financial' tab)   |
|  | Core Innovation Income and Expenditure (see 'Financial' tab)  |
|  | After Hours Income and Expenditure (see 'Financial' tab)  |
|  | Drug and Alcohol Treatment Services - Operational and Flexible Funding (see 'Financial' tab)  |
|  | Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander People - Flexible Funding (see 'Financial' tab)   |
|  | Mental Health and Suicide Prevention Operational and Flexible (see 'Financial' tab)   |
|  | Indigenous Mental Health Flexible (see 'Financial' tab)   |
|  | Integrated Team Care (see 'Financial' tab)  |

**1.1 ORGANISATIONAL INDICATORS**  
**PHN 12 Month Performance Report - 1 July 2016 to 30 June 2017**

| Note | PHN ID (Number only) | Category   | Organisational Indicator                       | Board/Clinical Council/Community Advisory Committee Title | Reporting Requirement   | YES/NO | Name                  | Primary Skill       | Secondary Skill          | Additional expertise / stakeholder group | Number (general) | Number (PHN Board) | Number (Clinical Council) | Number (Community Advisory Committee) | Comment/Additional Information (refer to Notes to assist completion)  |
|------|----------------------|------------|--|---|---|--------|-----------------------|---------------------|--------------------------|--|------------------|--------------------|---------------------------|---------------------------------------|---|
| 1    |                      | Governance | Constitution                                   |   | Has there been a material change to your PHN's Constitution during the Reporting Period (1 July 2016 to 30 June 2017)?                        | NO     |                       |                     |                          |  |                  |                    |                           |                                       |   |
| 2    |                      | Governance | Constitution                                   |   | Is your Constitution updated and available on your website?   | YES    |                       |                     |                          |  |                  |                    |                           |                                       |   |
| 3    |                      | Governance | Organisational structure                       |   | Has there been any change to the corporate or ownership structure of the PHN during the Reporting Period?                                     | NO     |                       |                     |                          |  |                  |                    |                           |                                       |   |
| 4    |                      | Governance | Organisational Structure - Corporate Structure |   | Please attach your current Corporate Structure showing all Committees and Subcommittees.  |        |                       |                     |                          |  |                  |                    |                           |                                       |   |
| 5    |                      | Governance | Organisational Structure - PHN Executive       |   | Have there been any changes to the PHN's Executive positions (CEO, CFO, COO) during the Reporting Period?                                     | YES    |                       |                     |                          |  |                  |                    |                           |                                       | During the reporting period an Executive Director, Martin Wilkinson has resigned. A subsequent restructure has take place and the appointment of Anne Lyon into the ED, Mental Health and AOD and recruitment of a new ED for the area of Integrated Care (commences in October). |
| 6    |                      | Governance | Organisational Structure - Organisation Chart  |   | Please attach your current Organisational Chart listing positions filled and FTE.   |        |                       |                     |                          |  |                  |                    |                           |                                       |   |
| 7    | 202                  | Governance | PHN Board -                                    |   | Board Members and Skills  |        | Jim Swinden           | Governance          | Business management      | Financial                                |                  |                    |                           |                                       |   |
| 7    | 202                  | Governance | PHN Board -                                    |   | Board Members and Skills  |        | Prof Jane Gunn        | General Practice    | Mental health            | Population/public health                 |                  |                    |                           |                                       |   |
| 7    | 202                  | Governance | PHN Board -                                    |   | Board Members and Skills  |        | Ms Elizabeth Kennedy  | Legal               | Financial                | Risk management                          |                  |                    |                           |                                       |   |
| 7    | 202                  | Governance | PHN Board -                                    |   | Board Members and Skills  |        | Dr Lindsay McMillan   | Governance          | Business management      | Other                                    |                  |                    |                           |                                       | Employee Assistance Program experience, Disability Services   |
| 7    | 202                  | Governance | PHN Board -                                    |   | Board Members and Skills  |        | Dr Peter Trye         | General Practice    | Population/public health | Clinical                                 |                  |                    |                           |                                       |   |
| 7    | 202                  | Governance | PHN Board -                                    |   | Board Members and Skills  |        | Tony McBride          | Governance          | Health consumer          |  |                  |                    |                           |                                       |   |
|      | 202                  | Governance | PHN Board -                                    |   | Board Members and Skills  |        | Alex Johnstone        | Governance          | Financial                | Business management                      |                  |                    |                           |                                       |   |
|      | 202                  | Governance | PHN Board -                                    |   | Board Members and Skills  |        | Prof Sandy Leggat     | Business management | Governance               | Physiotherapy                            |                  |                    |                           |                                       |   |
|      | 202                  | Governance | PHN Board -                                    |   | Board Members and Skills  |        | Dr Leonie Katekar     | General Practice    | Indigenous health        | Digital health                           |                  |                    |                           |                                       | Not-For-Profit Expertise  |
| 8    |                      | Governance | Clinical Council(s) -                          |   | Number of Clinical Council(s)   |        |                       |                     |                          |  | 1                |                    |                           |                                       |   |
| 9    | 202                  | Governance | Clinical Council(s) - membership               |   | Clinical Council - members and skills   |        | Prof Jane Gunn        | General Practice    |                          |  |                  |                    |                           |                                       |   |
| 9    | 202                  | Governance | Clinical Council(s) - membership               |   | Clinical Council - members and skills   |        | Dr Peter Trye         | General Practice    |                          |  |                  |                    |                           |                                       |   |
| 9    | 202                  | Governance | Clinical Council(s) - membership               |   | Clinical Council - members and skills   |        | Dr Emrana Alavi       | General Practice    |                          |  |                  |                    |                           |                                       |   |
| 9    | 202                  | Governance | Clinical Council(s) - membership               |   | Clinical Council - members and skills   |        | Ms Carolyn Bates      | Mental health       |                          |  |                  |                    |                           |                                       |   |
| 9    | 202                  | Governance | Clinical Council(s) - membership               |   | Clinical Council - members and skills   |        | Dr Malcolme Clark     | General Practice    |                          |  |                  |                    |                           |                                       |   |
| 9    | 202                  | Governance | Clinical Council(s) - membership               |   | Clinical Council - members and skills   |        | Ms Michelle Cornelius | Nursing             | Midwifery                |  |                  |                    |                           |                                       |   |
| 9    | 202                  | Governance | Clinical Council(s) - membership               |   | Clinical Council - members and skills   |        | Dr Doseena Fergie     | Nursing             | Midwifery                |  |                  |                    |                           |                                       | Resigned  |
| 9    | 202                  | Governance | Clinical Council(s) - membership               |   | Clinical Council - members and skills   |        | Dr Penny Gaskell      | General Practice    |                          |  |                  |                    |                           |                                       |   |
| 9    | 202                  | Governance | Clinical Council(s) - membership               |   | Clinical Council - members and skills   |        | Ms Bronwyn Lawman     | Mental health       |                          |  |                  |                    |                           |                                       |   |
| 9    | 202                  | Governance | Clinical Council(s) - membership               |   | Clinical Council - members and skills   |        | Dr Jill Lesic         | Clinical            |                          |  |                  |                    |                           |                                       | Allied Health   |
| 9    | 202                  | Governance | Clinical Council(s) - membership               |   | Clinical Council - members and skills   |        | Dr Shelly McIlree     | General Practice    |                          |  |                  |                    |                           |                                       |   |
| 9    | 202                  | Governance | Clinical Council(s) - membership               |   | Clinical Council - members and skills   |        | Dr Dean Membrey       | General Practice    |                          |  |                  |                    |                           |                                       |   |
| 9    | 202                  | Governance | Clinical Council(s) - membership               |   | Clinical Council - members and skills   |        | Prof Richard Newton   | Mental health       |                          |  |                  |                    |                           |                                       | Resigned  |
| 9    | 202                  | Governance | Clinical Council(s) - membership               |   | Clinical Council - members and skills   |        | Mr Andrew Robinson    | Pharmacy/pharmacist |                          |  |                  |                    |                           |                                       |   |
|      | 202                  | Governance | Clinical Council(s) - membership               |   | Clinical Council - members and skills   |        | Dr Tim Ross           | General Practice    |                          |  |                  |                    |                           |                                       |   |
|      | 202                  | Governance | Clinical Council(s) - membership               |   | Clinical Council - members and skills   |        | Dr Carolyn Royse      | General Practice    |                          |  |                  |                    |                           |                                       |   |
|      | 202                  | Governance | Clinical Council(s) - membership               |   | Clinical Council - members and skills   |        | Ms Jenni Smith        | Other               |                          |  |                  |                    |                           |                                       | General Manager Access Performance and Partnerships   |
| 10   |                      | Governance | Clinical Council(s) - reporting mechanism      |   | Have there been any changes to the way the Clinical Council(s) report/provide advice to the PHN Board since the Six Month Performance Report? | NO     |                       |                     |                          |  |                  |                    |                           |                                       |   |
| 11   |                      | Governance | Community Advisory                             |   | Community Advisory Committee(s) number  |        |                       |                     |                          |  |                  |                    |                           |                                       |   |
| 12   | 202                  | Governance | Community Advisory Committee(s) - membership   |   | Community Advisory Committee(s) - members and skills  |        | Dr Lindsay McMillan   | General Practice    |                          |  |                  |                    |                           |                                       | Board Member  |
| 12   | 202                  | Governance | Community Advisory Committee(s) - membership   |   | Community Advisory Committee(s) - members and skills  |        | Prof Sandra Leggat    | Other               |                          |  |                  |                    |                           |                                       | Health Care Management Board Member   |

|    |     |                        |  |  |     |                    |                     |  |  |  |  |  |   |   |   |  |  |  |
|----|-----|------------------------|--|--|-----|--------------------|---------------------|--|--|--|--|--|---|---|---|--|--|--|
| 12 | 202 | Governance             | Community Advisory Committee(s) - membership       | Community Advisory Committee(s) - members and skills   |     | Sophy Athan        | Other               |  |  |  |  |  |   |   |   |  |  | Community Representative   |
| 12 | 202 | Governance             | Community Advisory Committee(s) - membership       | Community Advisory Committee(s) - members and skills   |     | Kathy Collet       | Other               |  |  |  |  |  |   |   |   |  |  | Eastern Health Carer Consultant for Adult Mental Health Program  |
| 12 | 202 | Governance             | Community Advisory Committee(s) - membership       | Community Advisory Committee(s) - members and skills   |     | Kevin Feeney       | Other               |  |  |  |  |  |   |   |   |  |  | Community Representative   |
| 12 | 202 | Governance             | Community Advisory Committee(s) - membership       | Community Advisory Committee(s) - members and skills   |     | Christiane Gemayel | Health consumer     |  |  |  |  |  |   |   |   |  |  |  |
| 12 | 202 | Governance             | Community Advisory Committee(s) - membership       | Community Advisory Committee(s) - members and skills   |     | Wina Kung          | Other               |  |  |  |  |  |   |   |   |  |  | Community Representative   |
| 12 | 202 | Governance             | Community Advisory Committee(s) - membership       | Community Advisory Committee(s) - members and skills   |     | Heather McMinn     | Carer               |  |  |  |  |  |   |   |   |  |  |  |
| 12 | 202 | Governance             | Community Advisory Committee(s) - membership       | Community Advisory Committee(s) - members and skills   |     | Karen Milward      | Other               |  |  |  |  |  |   |   |   |  |  | Community Representative   |
| 12 | 202 | Governance             | Community Advisory Committee(s) - membership       | Community Advisory Committee(s) - members and skills   |     | Sally Missing      | Other               |  |  |  |  |  |   |   |   |  |  | Community Representative   |
|    | 202 | Governance             | Community Advisory Committee(s) - membership       | Community Advisory Committee(s) - members and skills   |     | Marie Piu          | Business management |  |  |  |  |  |   |   |   |  |  | CEO  |
|    | 202 | Governance             | Community Advisory Committee(s) - membership       | Community Advisory Committee(s) - members and skills   |     | Hamish Russell     | Other               |  |  |  |  |  |   |   |   |  |  | Community Representative   |
| 13 |     | Governance             | Community Advisory Committee(s) - reporting        | Has your PHN changed the way the Community Advisory Committee(s) report/provide advice to the PHN Board in the Reporting Period?   | NO  |                    |                     |  |  |  |  |  |   |   |   |  |  |  |
| 14 |     | Governance             | Indigenous representation of Governance Structures | Have there been any changes to the number of members that identify as being of Aboriginal or Torres Strait Islander origin in the Reporting Period?                                  | YES |                    |                     |  |  |  |  |  | 0 | 0 | 1 |  |  |  |
| 15 |     | Governance             | Indigenous representation of Governance            | Number of members who are currently/actively practicing in Indigenous Health?  |     |                    |                     |  |  |  |  |  | 0 | 0 | 1 |  |  |  |
| 16 |     | Governance             | Indigenous representation of Governance            | Number of members affiliated with an Aboriginal Community Controlled Health Organisation?  |     |                    |                     |  |  |  |  |  | 0 | 0 | 0 |  |  |  |
| 17 |     | Governance             | Indigenous representation of Governance            | Number of members who represent/or are affiliated with an Aboriginal Medical Service?  |     |                    |                     |  |  |  |  |  |   | 0 | 0 |  |  |  |
| 18 |     | Governance             | Organisational Performance and Risk Management     | Did your PHN have processes in place for the PHN Board to monitor and evaluate organisational performance and risk management during the Reporting Period?                           | YES |                    |                     |  |  |  |  |  |   |   |   |  |  |  |
| 19 |     | Governance             | Conflicts of Interest                              | Did your PHN have processes in place and mitigation strategies for managing conflicts of interest during the Reporting Period?   | YES |                    |                     |  |  |  |  |  |   |   |   |  |  |  |
| 20 |     | Stakeholder Engagement | Stakeholder Engagement Strategy                    | During the Reporting Period, did your PHN have a stakeholder engagement strategy to engage stakeholders throughout the commissioning cycle?  | YES |                    |                     |  |  |  |  |  |   |   |   |  |  | Whilst we are in the process of further developing our stakeholder engagement strategy, our commissioning methodology has stakeholder engagement as a key tenet right through the process and training |
| 21 |     | Stakeholder Engagement | Stakeholder Engagement - other than LHNs           | Was your PHN invited (and subsequently participated) on governance, planning and consultation fora established by Local Health Networks (or equivalent) during the Reporting Period? | YES |                    |                     |  |  |  |  |  |   |   |   |  |  | We have established regional collaboratives to enable joint governance and planning for initiatives across health service regions.   |
| 22 |     | Stakeholder Engagement | Effectiveness                                      | Did your PHN receive feedback from stakeholders on the effectiveness of your engagement strategy during the Reporting Period?  | NO  |                    |                     |  |  |  |  |  |   |   |   |  |  | From August we have been in the process of having an external consultant interview a range of stakeholders regarding our engagement as a PHN.  |
| 23 |     | Stakeholder Engagement | Issues/challenges during planning/commissioning    | Did your PHN have any issues or challenges engaging stakeholders in planning and commissioning processes during the Reporting Period?  | NO  |                    |                     |  |  |  |  |  |   |   |   |  |  |  |

|    |  |                        |   |  |  |     |  |  |  |  |  |  |  |  |  |  |  |   |
|----|--|------------------------|---|--|--|-----|--|--|--|--|--|--|--|--|--|--|--|---|
| 24 |  | Stakeholder Engagement | Aboriginal and Torres Strait Islander and other high needs groups |  | During the Reporting Period, did your PHN routinely consult with Aboriginal and Torres Strait Islander communities and organisations, and other higher needs groups, throughout the commissioning cycle?                             | YES |  |  |  |  |  |  |  |  |  |  |  |   |
| 25 |  | Stakeholder Engagement | Engagement catalyst   |  | Did your PHN act as a catalyst for engagement amongst all relevant players (not just bilaterally) during the Reporting Period?   | YES |  |  |  |  |  |  |  |  |  |  |  | Via collaboratives, working groups and forums   |
| 26 |  | Stakeholder Engagement | Information sharing   |  | Did your PHN facilitate information sharing across the PHN Network and with the Department during the Reporting Period?  | YES |  |  |  |  |  |  |  |  |  |  |  | Via VPHNA and SharePoint and Data management groups for the collaboratives  |
| 27 |  | Stakeholder Engagement | Consumer feedback   |  | Did your PHN establish and maintain consumer feedback procedures during the Reporting Period?  | YES |  |  |  |  |  |  |  |  |  |  |  |   |
| 28 |  | Commissioning          | Strategic Planning  |  | During the Reporting Period, was the strategic planning undertaken by your PHN informed by an analysis of comprehensive local demographic, health status and health systems data, as collected through the Needs Assessment process? | YES |  |  |  |  |  |  |  |  |  |  |  |   |
| 29 |  | Commissioning          | Strategic Planning - website                                      |  | Is your Strategic Plan published on your website?  | YES |  |  |  |  |  |  |  |  |  |  |  | Updated plan added to website   |
| 30 |  | Commissioning          | Capacity Building - lessons                                       |  | What lessons has your PHN learned during the Reporting Period with regard to Commissioning?  |     |  |  |  |  |  |  |  |  |  |  |  | Timeframes are crucial in order to undertake effective commissioning and thus appropriate allocation of resources and procurement. There is a need for longer contract times and rolling commissioning cycles to enable the PHN to be an  |
| 31 |  | Commissioning          | Capacity Building - improvement                                   |  | How does your PHN plan to improve its capacity to undertake commissioning processes?   |     |  |  |  |  |  |  |  |  |  |  |  | Have recently implemented a consolidated commissioning methodology, resource kit, workflow, master template and comprehensive staff training. This methodology is in the process of being implemented and will undergo ongoing  |
| 32 |  | Commissioning          | Capacity Building - performance                                   |  | Did your PHN include indicators of performance in Agreements with all funded providers during the Reporting Period?  | YES |  |  |  |  |  |  |  |  |  |  |  |   |
| 33 |  | Commissioning          | Capacity Building - reporting                                     |  | Did your PHN have in place processes for collecting and reporting information for all contracted services within the Reporting Period?   | YES |  |  |  |  |  |  |  |  |  |  |  | Improvements to this system are also underway   |
| 34 |  | Commissioning          | Activity Performance - completion in accordance with the Schedule |  | Have all Activities been undertaken in accordance with the AWP (as approved in May 2016, and updated in February 2017) under the Core Schedule of the Standard Funding Agreement?  | NO  |  |  |  |  |  |  |  |  |  |  |  | This is noted within the report where there have been instances of changes to the original plan due to findings in diagnostics and solution design that have demonstrated better investment of resources through changes to the approach, as a result of a staffing restructure and investment of activity, or determining not to pursue (cellulitis - avoidable admissions) due to findings indicating low potential for impact. |
| 35 |  | Commissioning          | Branding - as directed  |  | Did your organisation apply Programme Branding as directed by the Department during the Reporting Period?  | YES |  |  |  |  |  |  |  |  |  |  |  |   |

1.3 COMMISSIONED PROVIDERS  
PHN 12 Month Performance Report - 1 July 2016 to 30 June 2017

| Schedule                                 | Schedule Activity Name                           | Contracted funding 2016-17 (GST exclusive) | Contracted funding 2017-18 (GST exclusive) | Contracted funding 2018-19 (GST exclusive) | Service Provider Name                     | Type of service delivered                                      | Contract executed? (For AOD Activities only) | Date Service delivery commenced? (i.e. clients receiving treatment/ care) | Is the service provider also funded by the State/Territory Government or other funders? If so, please specify | Comments  |
|--|--|--|--|--|---|--|--|---|---|---|
| (select from Drop Down box)              | As it appears in the Schedule                    | Please enter numbers only                  | Please enter numbers only                  | Please enter numbers only                  | Please complete for all lines             | Please briefly indicate the type of service being commissioned | Please indicate (Yes/No)                     | Please indicate (Yes/No)  |   | If required, please provide any additional information not able to be represented in the previous columns |
| Integrated Team Care - Flexible          | Integrated Team Care                             | \$96,269.00                                | \$-  |  | Carrington Health (formerly Whitehorse)   | ITC (care coordination)  | N/A  | 1/07/2016   | Community Health Service  |   |
| Integrated Team Care - Flexible          | Integrated Team Care                             | \$89,586.00                                | \$-  |  | Eastern Health T/As Yarra Valley Commu    | ITC (care coordination)  | N/A  | 1/07/2016   | Local Hospital Network  |   |
| Integrated Team Care - Flexible          | Integrated Team Care                             | \$89,586.00                                | \$-  |  | EACH Social and Community Health - M      | ITC (care coordination)  | N/A  | 1/07/2016   | Community Health Service  |   |
| Integrated Team Care - Flexible          | Integrated Team Care                             | \$89,586.00                                | \$-  |  | EACH Social and Community Health - Kn     | ITC (care coordination)  | N/A  | 1/07/2016   | Community Health Service  |   |
| Integrated Team Care - Flexible          | Integrated Team Care                             | \$89,586.00                                | \$-  |  | Banyule Community Health Service          | ITC (care coordination and outreach)                           | N/A  | 1/07/2016   | Community Health Service  |   |
| Core Flexible                            | Primary Health Networks After Hours Funding      | \$100,000.00                               |  |  | Melbourne East GP Network t/as Outco      | After Hours GP Clinic  | N/A  | 1/07/2016   |   |   |
| Core Flexible                            | Primary Health Networks After Hours Funding      | \$149,455.00                               |  |  | Eastern Health T/As Yarra Valley Commu    | After Hours GP Clinic  | N/A  | 3/09/2016   | State   |   |
| Core Flexible                            | Primary Health Networks After Hours Funding      | \$64,500.00                                |  |  | The Trustee for Research & Eltham Med     | GPs visiting RACFs after hours                                 | N/A  | 1/07/2016   |   |   |
| Core Flexible                            | Primary Health Networks After Hours Funding      | \$43,200.00                                |  |  | Doctor Doctor Pty Ltd                     | GPs visiting RACFs after hours                                 | N/A  | 1/07/2016   |   |   |
| Core Flexible                            | Primary Health Networks After Hours Funding      | \$20,000.00                                |  |  | Belgrave Community Pharmacy PL T/As       | After hours pharmacy project                                   | N/A  | 7/12/2016   |   |   |
| Core Flexible                            | Primary Health Networks After Hours Funding      | \$20,000.00                                |  |  | The Trustee for Box Hill Superclinic Unit | After hours general practice                                   | N/A  | 7/12/2016   |   |   |
| Core Flexible                            | Primary Health Networks After Hours Funding      | \$19,500.00                                |  |  | The Trustee Yasendri & Shedden Family     | After hours general practice                                   | N/A  | 7/12/2016   |   |   |
| Core Flexible                            | Primary Health Networks After Hours Funding      | \$17,889.00                                |  |  | Avalon River Unit Trust T/as Burwood H    | After hours general practice                                   | N/A  | 7/12/2016   |   |   |
| Core Flexible                            | Primary Health Networks After Hours Funding      | \$20,000.00                                |  |  | The Trustee for Ali Family Tust T/As Dan  | After hours general practice                                   | N/A  | 14/12/2016  |   |   |
| Core Flexible                            | Primary Health Networks After Hours Funding      | \$10,000.00                                |  |  | F Cerra & Ws Tan T/As Pharmacy Austr      | After hours pharmacy   | N/A  | 7/12/2016   |   |   |
| Core Flexible                            | Primary Health Networks After Hours Funding      | \$20,000.00                                |  |  | Encompass Medical Centre Mt Waverley      | After hours general practice                                   | N/A  | 7/12/2016   |   |   |
| Core Flexible                            | Primary Health Networks After Hours Funding      | \$25,000.00                                |  |  | First Health Medical Centre (rowville) G  | After hours general practice                                   | N/A  | 7/12/2016   |   |   |
| Core Flexible                            | Primary Health Networks After Hours Funding      | \$9,910.00                                 |  |  | Heidelberg Community Pharmacy PL T/A      | After hours pharmacy   | N/A  | 7/12/2016   |   |   |
| Core Flexible                            | Primary Health Networks After Hours Funding      | \$20,000.00                                |  |  | PHI Healthcare T/As Launchng Place Pha    | After hours pharmacy   | N/A  | 7/12/2016   |   |   |
| Core Flexible                            | Primary Health Networks After Hours Funding      | \$20,000.00                                |  |  | BR Medical Services PL T/As Mount Evel    | After hours general practice                                   | N/A  | 7/12/2016   |   |   |
| Core Flexible                            | Primary Health Networks After Hours Funding      | \$8,931.00                                 |  |  | Mount Medical P/I T/As Mount Medical      | After hours general practice                                   | N/A  | 7/12/2016   |   |   |
| Core Flexible                            | Primary Health Networks After Hours Funding      | \$20,000.00                                |  |  | The Trustee for ekesy Trust T/as Netcare  | After hours general practice                                   | N/A  | 7/12/2016   |   |   |
| Core Flexible                            | Primary Health Networks After Hours Funding      | \$20,000.00                                |  |  | Melbourne East GP Network PL T/As Ou      | After hours general practice                                   | N/A  | 7/12/2016   |   |   |
| Core Flexible                            | Primary Health Networks After Hours Funding      | \$20,000.00                                |  |  | Pharmacy @ Knox PL T/As Pharmacy @        | After hours pharmacy   | N/A  | 7/12/2016   | State   |   |
| Core Flexible                            | Primary Health Networks After Hours Funding      | \$6,855.00                                 |  |  | Plenty Valley Community Health Ltd T/A    | After hours general practice                                   | N/A  | 7/12/2016   |   |   |
| Core Flexible                            | Primary Health Networks After Hours Funding      | \$20,000.00                                |  |  | Relax Dental Care PL T/As Relax Medical   | After hours general practice                                   | N/A  | 7/12/2016   |   |   |
| Core Flexible                            | Primary Health Networks After Hours Funding      | \$20,000.00                                |  |  | The Trustee for Wallan Medical Practice   | After hours general practice                                   | N/A  | 7/12/2016   |   |   |
| Core Flexible                            | Primary Health Networks After Hours Funding      | \$14,510.00                                |  |  | BJ Bradmore & AD Robinson T/As Wattle     | After hours pharmacy   | N/A  | 7/12/2016   |   |   |
| Core Flexible                            | Primary Health Networks After Hours Funding      | \$20,000.00                                |  |  | The Trustee for Yan Yean Medical Trust    | After hours general practice                                   | N/A  | 7/12/2016   |   |   |
| Core Flexible                            | Primary Health Networks After Hours Funding      | \$19,999.00                                |  |  | Healesville Pharmacy                      | After hours pharmacy   | N/A  | 7/12/2016   |   |   |
| Mental Health and Suicide Prevention Cal | Health and Suicide Prevention Operational and Fi | \$1,077,000.00                             | 1077000                                    |  | MIND AUSTRALIA INC                        | HEADSPACE GREENSBOROUGH  | N/A  | Yes   |   |   |
| Mental Health and Suicide Prevention Cal | Health and Suicide Prevention Operational and Fi | \$944,925.00                               | 944925                                     |  | EACH SOCIAL AND COMMUNITY HEALTH          | HEADSPACE KNOX   | N/A  | Yes   |   |   |
| Mental Health and Suicide Prevention Cal | Health and Suicide Prevention Operational and Fi | \$899,243.00                               | 899243                                     |  | ACCESS HEALTH AND COMMUNITY               | HEADSPACE - HAWTHORN   | N/A  | Yes   |   |   |
| Mental Health and Suicide Prevention Cal | Health and Suicide Prevention Operational and Fi | \$1,269,600.00                             | \$-  |  | EACH SOCIAL AND COMMUNITY HEALTH          | MHN  | N/A  | Yes   |   |   |
| Mental Health and Suicide Prevention Cal | Health and Suicide Prevention Operational and Fi | \$1,352,640.00                             | \$-  |  | MELBOURNE EAST GP NETWORK LTD             | MHN  | N/A  | Yes   |   |   |
| Mental Health and Suicide Prevention Cal | Health and Suicide Prevention Operational and Fi | \$452,640.00                               | \$-  |  | MELBOURNE EAST GP NETWORK LTD             | Psychological Strategies                                       | N/A  | Yes   |   |   |
| Mental Health and Suicide Prevention Cal | Health and Suicide Prevention Operational and Fi | \$87,600.00                                | \$-  |  | ASHWOOD MEDICAL GROUP                     | MHN  | N/A  | Yes   |   |   |
| Mental Health and Suicide Prevention Cal | Health and Suicide Prevention Operational and Fi | \$256,800.00                               | \$-  |  | BANYULE COMMUNITY HEALTH                  | MHN  | N/A  | Yes   |   |   |
| Mental Health and Suicide Prevention Cal | Health and Suicide Prevention Operational and Fi | \$34,560.00                                | \$-  |  | DR P DRYSDALE                             | MHN  | N/A  | Yes   |   |   |
| Mental Health and Suicide Prevention Cal | Health and Suicide Prevention Operational and Fi | \$43,200.00                                | \$-  |  | EAST RINGWOOD CLINIC                      | MHN  | N/A  | Yes   |   |   |
| Mental Health and Suicide Prevention Cal | Health and Suicide Prevention Operational and Fi | \$77,760.00                                | \$-  |  | EPPING HEALTH CARE                        | MHN  | N/A  | Yes   |   |   |
| Mental Health and Suicide Prevention Cal | Health and Suicide Prevention Operational and Fi | \$55,200.00                                | \$-  |  | MEDI7 MOOROOLBARK                         | MHN  | N/A  | Yes   |   |   |
| Mental Health and Suicide Prevention Cal | Health and Suicide Prevention Operational and Fi | \$14,880.00                                | \$-  |  | MEDI7 CLAYTON                             | MHN  | N/A  | Yes   |   |   |
| Mental Health and Suicide Prevention Cal | Health and Suicide Prevention Operational and Fi | \$47,520.00                                | \$-  |  | MEDI7 CHADSTONE                           | MHN  | N/A  | Yes   |   |   |
| Mental Health and Suicide Prevention Cal | Health and Suicide Prevention Operational and Fi | \$168,000.00                               | \$-  |  | NORTH EAST VALLEY DIVISION OF GENE        | MHN  | N/A  | Yes   |   |   |
| Mental Health and Suicide Prevention Cal | Health and Suicide Prevention Operational and Fi | \$91,440.00                                | \$-  |  | NORTH ELTHAM MEDICAL SERVICES             | MHN  | N/A  | Yes   |   |   |
| Mental Health and Suicide Prevention Cal | Health and Suicide Prevention Operational and Fi | \$24,000.00                                | \$-  |  | PRIMARY MENTAL HEALTH CONSULTAN           | MHN  | N/A  | Yes   |   |   |
| Mental Health and Suicide Prevention Cal | Health and Suicide Prevention Operational and Fi | \$259,200.00                               | \$-  |  | DR B RIGBY                                | MHN  | N/A  | Yes   |   |   |

1.3 COMMISSIONED PROVIDERS

| Schedule                                   | Schedule Activity Name                       | Contracted funding 2016-17 (GST exclusive) | Contracted funding 2017-18 (GST exclusive) | Contracted funding 2018-19 (GST exclusive) | Service Provider Name   | Type of service delivered                                      | Contract executed? (For AOD Activities only) | Date Service delivery commenced? (i.e. clients receiving treatment/ care) | Expected date of service commencement as advised in writing in June/July 2016 (all or part commencement) | Is the service provider also funded by the State/Territory Government or other funders? If so, please specify | Comments  |
|--|--|--|--|--|---|--|--|---|--|---|---|
| (select from Drop Down box)                | As it appears in the Schedule                | Please enter numbers only                  | Please enter numbers only                  | Please enter numbers only                  | Please complete for all lines   | Please briefly indicate the type of service being commissioned | Please indicate (Yes/No)                     | Please indicate (Yes/No)  | NIL action/ no update required   | If required, please provide any additional information not able to be represented in the previous columns     |   |
| Core- Innovation                           | IN1 Community Pharmacy Workforce Model Trial | \$187,483.00                               |  |  | Royal District Nursing Service (RDNS)                                       | Pharmacy Outreach  | Yes  | 26/06/2017  |  | No  | Activity commences 26th June 2017 into 2017-18 financial year               |
| Core Flex                                  | Avoidable Hospitalisation                    | \$ 400,000.00                              | \$ -                                       | \$ -                                       | Carrington Community Health   | Diabetes Diversion   | Yes  | Jun-17  |  | No  | IDEAS clinic  |
| Core Flex                                  | Avoidable Hospitalisation                    | \$ 149,767.00                              | \$ -                                       | \$ -                                       | KPMG  | Consultancy - Integrated Gateway Project                       | Yes  | Jun-17  |  | No  |   |
| Core Flex                                  | Reduce ED Admissions                         | \$ 68,032.05                               | \$ -                                       | \$ -                                       | Whittlesea City Council   |  | Yes  | May-17  |  | No  |   |
| Core Flex                                  | Reduce ED Admissions                         | \$ 45,000.00                               | \$ -                                       | \$ -                                       | Northern Health   | Fracture Management Project                                    | Yes  | May-17  |  | No  |   |
| Core Flex                                  | Reduce ED Admissions                         | \$ 60,000.00                               | \$ -                                       | \$ -                                       | Eastern Health  | Fracture Management Project                                    | Yes  | May-17  |  | No  |   |
| Core Flex                                  | Reduce ED Admissions                         | \$ 300,000.00                              | \$ -                                       | \$ -                                       | Medicbank Health Solutions  | Chronic Disease Intervention in Whittlesea                     | Yes  | Jul-17  |  | No  | Integrating with GPs to provide chronic disease self management services    |
| Core Flex                                  | Integrated Care Chronic Disease              | \$ 20,100.00                               | \$ -                                       | \$ -                                       | Mater Health Service  | Benchmarking for Practice 2030                                 | Yes  | Jun-17  |  | No  |   |
| Core Flex                                  | Integrated Care Chronic Disease              | \$ 900,000.00                              | \$ -                                       | \$ -                                       | Integrated Care Services trading as Medibank Care Solutions                 | Chronic Disease Intervention in Whittlesea                     | Yes  | 13/06/2017  |  | No  | Integrating with GPs to provide chronic disease self management services    |
| Core Flex                                  | Healthy Aging                                | \$ 69,000.00                               | \$ -                                       | \$ -                                       | Mecwacare   | Advanced Care Planning   | Yes  | Jun-17  |  | No  | Innovation Grant  |
| Core Flex                                  | Healthy Aging                                | \$ 69,000.00                               | \$ -                                       | \$ -                                       | Carrington Community Health   | Advanced Care Planning   | Yes  | Jun-17  |  | No  | Innovation Grant  |
| Core Flex                                  | Refugee and CALD                             | \$ 83,000.00                               | \$ -                                       | \$ -                                       | Multicultural Centre for Womens Health                                      | CALD Carer Community Awareness                                 | Yes  | May-17  |  | No  |   |
| Core Flex                                  | Cancer Screenig                              | \$ 89,427.36                               |  |  | Cancer Council Victoria   | Increaseing Cancer Screening Participation                     | Yes  | Jun-17  |  | No  |   |
| Core Flex                                  | Core - Flexible Other                        | \$ 10,100.00                               | \$ -                                       | \$ -                                       | Karen Milward   | Annual Reconciliation Plan                                     |  | Jun-17  |  | No  | Note originally budgeted for ITC  |
| Core Op                                    | Workforce Education                          | \$ 7,450.00                                | \$ -                                       | \$ -                                       | Karen Milward   | Cultural Safety Training                                       |  | Jun-17  |  | No  |   |
| Core Op                                    | GP Engagement                                | \$ 50,000.00                               | \$ -                                       | \$ -                                       | Medical Business Network PL   | General Practice Benchmarking                                  |  | Feb-17  |  | No  |   |
| Primary Mental Health                      | Indigenous Funding - Mental Health           |  | \$135,500                                  | \$135,500                                  | Bubup Wilam   | Mental Health - Engagement, Counselling & Care Coordination    |  | 5/06/2017   |  | No  | Combined funding for an integrated service hub with ITC, and Indigenous AOD |
| Primary Mental Health                      | Indigenous Funding - Mental Health           |  | \$95,500                                   | \$95,500                                   | Healesville Indigenous Community Service Association (HICSA)                | Mental Health - Engagement, Counselling & Care Coordination    |  | 3/04/2017   |  | No  |   |
| Reducing harm from alcohol and other drugs | Avoidable Hospitalisation                    | \$39,020.00                                | \$38,894.00                                |  | Banyule Community Health Service  | Early intervention (including brief intervention)              | Yes  | 7/01/2017   |  | Yes, Victoria   |   |
| Reducing harm from alcohol and other drugs | Avoidable Hospitalisation                    | \$132,216.00                               | \$76,750.00                                |  | North Area Mental Health Service  | Early intervention (including brief intervention)              | Yes  | 20/03/2017  |  | Yes, Victoria   |   |
| Reducing harm from alcohol and other drugs | Avoidable Hospitalisation                    | \$60,000.00                                | \$0.00                                     |  | Turning Point Alcohol and Drug Centre                                       | Early intervention (including brief intervention)              | Yes  | 31/03/2017  |  | Yes, Victoria   |   |
| Reducing harm from alcohol and other drugs | Avoidable Hospitalisation                    | \$482,000.00                               | \$365,235.00                               |  | Access Health and Community   | Early intervention (including brief intervention)              | Yes  | 4/07/2017   |  | Yes, Victoria   |   |
| Reducing harm from alcohol and other drugs | Avoidable Hospitalisation                    | \$84,333.00                                | \$84,333.00                                |  | Hello Sunday Morning  | Online and telehealth (subject to Dept approval)               | Yes  | 5/06/2017   |  | No  |   |
| Reducing harm from alcohol and other drugs | Avoidable Hospitalisation                    | \$127,081.00                               | \$127,081.00                               |  | Banyule Community Health Service  | Day stay rehabilitation  | Yes  | 25/07/2017  |  | Yes, Victoria   |   |
| Reducing harm from alcohol and other drugs | Avoidable Hospitalisation                    | \$145,521.00                               | \$97,014.00                                |  | Caraniche Pty LTD   | Early intervention (including brief intervention)              | Yes  | 8/08/2017   |  | Yes, Victoria   |   |
| Reducing harm from alcohol and other drugs | Avoidable Hospitalisation                    | \$331,206.00                               | \$0.00                                     |  | YSAS Pty Ptd  | Early intervention (including brief intervention)              | Yes  | 26/06/2017  |  | Yes, Victoria   |   |
| Reducing harm from alcohol and other drugs | Avoidable Hospitalisation                    | \$59,372.00                                | \$90,000.00                                |  | Healesville Indigenous Community Services Association (HICSA)for Outer East | Case management, care planning and coordination                | Yes  | 3/04/2017   |  | Yes, Victoria   |   |
| Primary Mental Health                      | Avoidable Hospitalisation                    | \$103,551.00                               | \$72,883.00                                |  | Bubup Wilam   | Case management, care planning and coordination                | Yes  | 5/06/2017   |  | No  | Combined funding for an integrated service hub with ITC, and Indigenous AOD |



1.4 DECOMMISSIONING OF SERVICES (up to 30 June 2017)  
PHN 12 Month Performance Report - 1 July 2016 to 30 June 2017

| Schedule                    | Schedule Activity Name  | Service type  | Service provider              | Coverage of PHN region (e.g., LGA or "Full") | End date or planned end date for service delivery | Rationale for decommissioning  | If applicable, what alternate services have or will be funded?   | Transition arrangements  |
|-----------------------------|---|---|-------------------------------|--|---|--|--|--|
| (select from Drop Down box) | As it appears in the Schedule   | Please briefly indicate the type of service that was commissioned | Please complete for all lines | Please complete for all lines                | Please complete for all lines                     | Please complete for all lines  |  | Please describe how the change to the new service/s has been managed to ensure a smooth transition of care provision   |
|                             | After Hours 1.2 Support the continuation of after hours GP clinics in the outer north and outer east of the region - Box Hill After Hours General Practice Clinic | After Hours General Practice Clinic                               | Outcome Health                | Inner East Region                            | 31/12/2017  | The After Hours funding through EMPHN is designed to target patients with limited access to health services. AHGPC operates in a geographical area of Melbourne which is well serviced by after hours general practices, as well as being located close to Box Hill hospital. The community has access to a number of Medical Deputing Services unlike some areas of the catchment where MDS is not available. | EMPHN funding will be diverted to initiatives in areas of greater need. These areas have been identified via a community needs analysis, and scoping has been completed to determine appropriate services to commission. | To allow for a transitional period for the AHGPC to incorporate a new funding model into their budget, EMPHN has extended the current contract until Dec 30, 2017 for an amount of \$50,000. EMPHN will work with and support Outcome Health to implement a communications strategy if any practice is affected by a reduction or cessation of services. |
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**2.1 LOCAL INDICATORS CORE FLEXIBLE**  
**PHN 12 Month Performance Report - 1 July 2016 to 30 June 2017**

| Activity Title including Reference ID   | Objectives (desired result)  | Performance Indicator   | Performance Target   | Baseline                      | 12 Month quantitative result as progress towards target (only numbers, percentages or Y/N accepted)  | Interpretation of the result of the indicator (12 month) Required for:<br>* indicators that cannot be reported through quantitative means; and/or<br>* context for interpretation of results (if required). This may include:<br>* reporting of any issues/problems/delays in implementing the activity/sub activity; and/or<br>* enablers of implementing activity.   | Progress towards achievement of objective through activities not covered by nominated local performance indicators (12 month)   |
|---|--|---|--|-------------------------------|--|--|---|
| NP1: Avoidable hospital admissions from Ambulatory Care Sensitive Conditions (ACSC) | Goal: To establish collaborative structures to enable systems change work to reduce avoidable hospitalisations in the EMPHN region | 1.1.1. Collaboratives across four Local Health Service regions by December 2016   | 1.1.1 Collaborative Structures and Alliance groups established for Austin (Better Health North East Melbourne) and Eastern Health (Eastern Melbourne Primary Health Care Collaborative). Membership and working with Northern Health in Shared Vision for the North. Working with Monash Health via the Chronic Disease Management working Group to develop a shared plan for CDM across the region. | Nil                           | Y  | The Eastern Melbourne Primary Care Collaborative and Better Health North East Melbourne are in full operation. A smaller Collaborative has been established in Monash with a functional data sharing working group that has established strong engagement and collaboration. Shared Vision for the North (Outer North) as a previously established platform, continues to progress collaborative work with a range of agencies.  |   |
| NP1: Avoidable hospital admissions from Ambulatory Care Sensitive Conditions (ACSC) | Goal: To establish collaborative structures to enable systems change work to reduce avoidable hospitalisations in the EMPHN region | 1.1.2. Priority areas for systems change work have been defined by four collaboratives by June 2017   | 1.1.2 Regional Agreed areas of systems change work defined and documented by March 2017 - BHNEC / EMPHCC regional plans underway   | Nil                           | Y  | Both the EMPHCC and BHNEC have established priority projects, shared investment of resources to progress them and at time of reporting are in the process of appointing joint Executive Administration staff at each collaborative to support the coordination of this work.   |   |
| NP1: Avoidable hospital admissions from Ambulatory Care Sensitive Conditions (ACSC) | Goal: To establish collaborative structures to enable systems change work to reduce avoidable hospitalisations in the EMPHN region | 1.2.1. Deeper dive tabled with Collaborative Platforms to share data and develop a deeper understanding of populations affected (Process)   | 1.2.1. Attendance at Collaborative Data Management Groups by 50% of community organisations involved in the Collaboratives   | Nil                           | Y  | Data sharing and collaboration has demonstrated attendance and commitment from LHNS, PHN and other agencies.   |   |
| NP1: Avoidable hospital admissions from Ambulatory Care Sensitive Conditions (ACSC) | Goal: To establish collaborative structures to enable systems change work to reduce avoidable hospitalisations in the EMPHN region | 1.3.1. Solutions designed to target the early intervention of diabetes and reducing acuity of diabetes complications in the EMPHN population (Process)  | 1.3.1a Procurement Plan developed February 2017 for diabetes diversion service to reduce waitlists for diabetes clinics at Eastern Health, contracting of service March 2017   | Nil                           | Y  | Contract for service executed in May, 2017, for the expansion of IDEAS clinics to three new sites, which will reduce waitlists for diabetes Specialist clinics. This was delayed by two months due to the development and use of new procurement processes at the PHN, which will guarantee quality procurement and probity of contract.   | Contract agreement deliverables specify the opening of three additional community diabetes clinics via agreed implementation plan, development of centralised referral processes, clinical evaluation framework, GP engagement plan and sustainability / transition plan. |
| NP1: Avoidable hospital admissions from Ambulatory Care Sensitive Conditions (ACSC) | Goal: To establish collaborative structures to enable systems change work to reduce avoidable hospitalisations in the EMPHN region | 1.3.1. Reduction in hospital ACSC admissions and bed days for diabetes (Outcome) - this is a longer term target and a reduction % in waitlist for specialist diabetes clinics at Eastern Health will be set as a performance target with the contracted service | 1.3.1b This is a longer term target and a reduction % in waitlist for specialist diabetes clinics at Eastern Health will be set as a performance target with the contracted service  | Nil                           | 30% increase in number of patients diverted from the Eastern Health Specialist Diabetes Clinic wait list to community-based diabetes clinics by May 2018 | Contract agreement to include the quantitative metric listed. Also, contract agreement to investigate wait time measures to demonstrate diversion, to be developed before end 2017 with Eastern Health - this has proven difficult due to inaccessibility/sensitivity of data.   |   |
| NP1: Avoidable hospital admissions from Ambulatory Care Sensitive Conditions (ACSC) | Goal: To establish collaborative structures to enable systems change work to reduce avoidable hospitalisations in the EMPHN region | 1.3.2.To engage and collaborate with cellulitis treatment providers from primary and acute care to diagnose the problem and develop solutions using shared data.  | 1.3.2. A 10% reduction in cellulitis-related admissions to Angliss and Maroondah hospitals that result in an overnight stay, from patients in the Ferntree Gully and surrounding suburbs, from the period of May-Aug 2017.   | 89 per year (10 year average) | N  | Project halted as further diagnostics determined that only around 50 patients more than state average per annum in question and that service system response is adequate. Stakeholders unconcerned. Further investigation and intervention is not warranted. However, cellulitis admissions and ED Presentations will be monitored annually to observe the situation, and cellulitis workforce training / HealthPathways event will be held when the pathways are completed, in February 2018. | Will continue to monitor cellulitis admissions and ED presentations.  |
| NP1: Avoidable hospital admissions from Ambulatory Care Sensitive Conditions (ACSC) | Goal: To establish collaborative structures to enable systems change work to reduce avoidable hospitalisations in the EMPHN region | 1.3.3.To develop a cellulitis referral pathway pilot and model for care between general practices in the Ferntree Gully and surrounding suburbs and Eastern @ Home (Hospital in the Home) services.   | 1.3.3. The development of a pilot cellulitis referral pathway between May & August 2017.   | Nil                           | N  | As above. The pilot would have been ineffective, as further diagnostics showed that the ED presentations and admissions were from patients who bypassed general practices.   | Will continue to monitor cellulitis admissions and ED presentations.  |
| NP1: Avoidable hospital admissions from Ambulatory Care Sensitive Conditions (ACSC) | Goal: To establish collaborative structures to enable systems change work to reduce avoidable hospitalisations in the EMPHN region | 1.3.4.Produce a report outlining the current status of GPs experience, data regarding referral processes and ascertaining the patient journey in, through and out of Eastern Health specialist clinics.   | 1.3.4. A report will be produced by June 30 2017.  | Nil                           | Y  | A report was commissioned to KPMG to undertake a review of the interface between GP and Eastern Health. The report is due in October.  |   |

|   |  |   |  |                                   |  |    |   |  |
|---|--|---|--|-----------------------------------|--|----|---|--|
| NP1: Avoidable hospital admissions from Ambulatory Care Sensitive Conditions (ACSC) | Goal: To establish collaborative structures to enable systems change work to reduce avoidable hospitalisations in the EMPHN region | 1.3.5.To improve timely access to specialist clinics and ambulatory care services for patients presenting from general practice.  | 1.3.5. Recruitment of 15 practices to be involved by June 2017   |                                   | 0  | Y  | A report was commissioned to KPMG to undertake a review of the interface between GP and Eastern Health. The report is due in October.   |  |
| NP1: Avoidable hospital admissions from Ambulatory Care Sensitive Conditions (ACSC) | Goal: To establish collaborative structures to enable systems change work to reduce avoidable hospitalisations in the EMPHN region | 1.4.1 Lessons learned documented for activity 1.3 to determine increasing reach of program in catchment to other LHN areas (Process).   | 1.4.1 Lessons learned and recommendations developed for future planning of diabetes diversion commissioning  | Nil                               |  | Y  | Lessons learned discussions have occurred. Key learnings include the unrecognised capacity for competitive tendering over sole source, and that similar models do exist that allow for greater GP engagement. These lessons will be factored into the future commissioning cycle for Phase 2.   |  |
| NP2: Reducing ED presentations for primary care type conditions                     | Goal: Investigate, develop and test means of alternative pathways of care to reduce ED presentations in the region                 | 2.1.1. Agreement with Collaborative Platforms to share data and develop a deeper understanding of populations affected (Process)  | 2.1.1. Data sharing arrangements in place Data Management Groups   | Nil                               |  | Y  | Data sharing and collaboration is in place  |  |
| NP2: Reducing ED presentations for primary care type conditions                     | Goal: Investigate, develop and test means of alternative pathways of care to reduce ED presentations in the region                 | 2.2.1. Agreed drivers to address via 2.6 (Output)   | 2.2.1. Recommendations developed to inform procurement planning for activity 2.6 by March 2017   | Nil                               |  |    | As influenza was seen as a seasonal driver of potentially preventable ED presentations the Mobile influenza project was undertaken in the Whittlesea region, an area of marked disadvantage and vulnerable populations for our region, for future learnings and potential extrapolation in other regions. Additionally, a stepped approach to Chronic Disease looking at self management, rising risk and high risk populations which has the potential to prevent and reduce avoidable hospitalisations, has informed activity within the 2017-18 AWP. |  |
| NP2: Reducing ED presentations for primary care type conditions                     | Goal: Investigate, develop and test means of alternative pathways of care to reduce ED presentations in the region                 | 2.3.1. Number of practices targeted for eReferral work  | 2.3.1a. 30 June 2017 targets: - 1,000 referrals  | eReferral trial 2015-16 not live  | 273 eReferral created in 3 month period since go live.   |    | Excellent result and pursuing use of eReferral as Business as Usual for engaged practices.  |  |
| NP2: Reducing ED presentations for primary care type conditions                     | Goal: Investigate, develop and test means of alternative pathways of care to reduce ED presentations in the region                 | 2.3.1. Number of practices targeted for eReferral work  | 2.3.1b. Eastern Health (BPAC) - 20 General Practices engaged by 30 June 2017   |                                   | 20   | 32 | Excellent result and pursuing use of eReferral as Business as Usual for engaged practices. Further rollout of the BPAC and HealthLink solutions to more practices will embed practice use of eReferrals   |  |
| NP2: Reducing ED presentations for primary care type conditions                     | Goal: Investigate, develop and test means of alternative pathways of care to reduce ED presentations in the region                 | 2.3.1. Number of practices targeted for eReferral work  | 2.3.1c. Austin Health (HealthLink) - 20 General Practices engaged by 30 June 2017  |                                   | 20   | 42 | Excellent result and pursuing use of eReferral as Business as Usual for engaged practices. Further rollout of the BPAC and HealthLink solutions to more practices will embed practice use of eReferrals   |  |
| NP2: Reducing ED presentations for primary care type conditions                     | Goal: Investigate, develop and test means of alternative pathways of care to reduce ED presentations in the region                 | 2.3.1. Number of practices targeted for eReferral work  | 2.3.1d. Northern Health & Plenty Valley Community Health (Precedence) - 10 General Practices engaged by 30 June 2017   |                                   | 10   | 10 | Disappointing result, when compared to Eastern and Austin Health uptake, however migration of practices to the BPAC and HealthLink solutions to will embed practice use of eReferrals.  | Disappointing result, when compared to Eastern and Austin Health uptake, however migration of practices to the BPAC and HealthLink solutions to will embed practice use of eReferrals. |
| NP2: Reducing ED presentations for primary care type conditions                     | Goal: Investigate, develop and test means of alternative pathways of care to reduce ED presentations in the region                 | 2.3.2. Number of My Health Record Registrations   | 2.3.2a 275 Practices Registered for MyHR   | 208 Practices Registered for MyHR | June 2017 = 249 Practices registered for My HR   |    | ePIP incentive has provided good reason for Practice registration, however many practices have withdrawn from uploading SHS due to practices inability to meet target SHS uploads.  |  |
| NP2: Reducing ED presentations for primary care type conditions                     | Goal: Investigate, develop and test means of alternative pathways of care to reduce ED presentations in the region                 | 2.3.2. Number of My Health Record Registrations   | 2.2.2b 250 Practices uploading SHS   | 156 practices uploaded SHS        | 197 practices uploaded SHS   |    | ePIP incentive has provided good reason for Practice registration, however SHS uploads can not be forced by PHN - ePIP payback has reminded GP's to ensure SHS uploading to ensure payments.  |  |
| NP2: Reducing ED presentations for primary care type conditions                     | Goal: Investigate, develop and test means of alternative pathways of care to reduce ED presentations in the region                 | 2.4.1 Work with Department of Premier and Cabinet Behavioural Insights team to undertake a project to identify ways of changing peoples behaviours in deciding emergency care options | 2.4.1 Plan in development by June 2017   | TBA                               | Yes  |    | Behavioural Insights project plan completed.  |  |
| NP2: Reducing ED presentations for primary care type conditions                     | Goal: Investigate, develop and test means of alternative pathways of care to reduce ED presentations in the region                 | 2.5.1. Issue and communication to primary care of new pathways for outstanding ACSCs and Mental Health, with focus on options for outer regions (Output)                              | 2.5.1a. Expansion of support for primary care into outer regions with introduction of Austin and Northern  | TBA                               | Northern and Austin service information linked to 56 referral pages on HealthPathways                        |    | An excellent result to provide additional support, through HealthPathways Melbourne, to primary care in the North-East region of the EMPHN catchment.   |  |
| NP2: Reducing ED presentations for primary care type conditions                     | Goal: Investigate, develop and test means of alternative pathways of care to reduce ED presentations in the region                 | 2.5.1. Issue and communication to primary care of new pathways for outstanding ACSCs and Mental Health, with focus on options for outer regions (Output)                              | 2.5.1b. Health referral information into existing pathways Commence development of new HealthPathways for outstanding ACSCs (hypertension(x1) and Cellulitis(x1)), Pyelonephritis (x1), UTI (x1) and Mental Health (x5), with focus on options for outer regions | Nil                               | Hypertension pathway complete. Cellulitis, Pyelonephritis, UTI and Mental Health pages currently in progress |    | Not an ideal outcome based on target. Due to a large quality improvement project relating to referral information, the focus on pathway development was decreased over the last 12 months. Now ramping back up for the next year.   |  |

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| NP2: Reducing ED presentations for primary care type conditions  | Goal: Investigate, develop and test means of alternative pathways of care to reduce ED presentations in the region                            | 2.6.1 Collaborate with Local Hospital Networks and Private Health Insurance Agencies to explore models of integrated care (including GP led models)   | 2.6.1 Solution Design process defines key tender specifications to approach market for models of integrated care for chronic disease for cohort with ACSC that are frequently admitted   | Nil                                    | Y | The Chronic Disease Support Services project was successfully commissioned, with Integrated Care Services (Medibank Solutions) as the successful tenderer. This commences in the areas of Whittlesea, Banyule and Monash as areas of greatest potential impact. 15 General Practices have been recruited and 750 public patients are in the process of being enrolled to participate in self managed chronic disease support   |
| NP2: Reducing ED presentations for primary care type conditions  | Goal: Investigate, develop and test means of alternative pathways of care to reduce ED presentations in the region                            | 2.6.2. Tender for Integrated Care Model in the region   | 2.6.2 Complete tender process and negotiate agreed performance measures for successful tenderer  |  | Y | as above   |
| NP2: Reducing ED presentations for primary care type conditions  | Goal: Investigate, develop and test means of alternative pathways of care to reduce ED presentations in the region                            | 2.6.3 Reduce the number of undisplaced fracture referrals from the Emergency Department to the fracture clinic  | 2.6.3 Reduction in fracture clinic wait times  | To be advised by contracted agency     | Y | The Fracture Mangement project is a pilot project initiated to divert undisplaced and minimally displaced fractures sent to fracture clinics of 5 major public hospitals to 18 project GPs. The 3 health services that have been contracted and funded for this study are the Northern, Austin and Eastern Health. 3 EMPHN funded project officers, would help facilitate this process of redirection. The steering group including directors of orthopaedics, ED and EMPHN GP clinical advisors have met a few times to establish the process and type of fractures to be diverted. An agreement will be signed between the GPs and the 3 Health services at the end of the project in order to ensure continuity of this fracture diversion process. |
| NP2: Reducing ED presentations for primary care type conditions  | Goal: Investigate, develop and test means of alternative pathways of care to reduce ED presentations in the region                            | 2.6.4 Reduce the number of patients seen in the hospital system across the Eastern Melbourne Region   | 2.6.4 Increased capabilities in general practice (TBD)   |  | Y | 18 GPs have signed an agreement to participate in this project for a year. These GPs will be upkilled and trained to manage simple fractures. The training provided include 6X2hr Advanced learning modules as well as 5X3hr supervised clinical attachments at fracture clinics of their local hospitals. 40 RACGP-CPD points are attached to both these type of trainings. Both these learning processes have commenced.   |
| NP2: Reducing ED presentations for primary care type conditions  | Goal: Investigate, develop and test means of alternative pathways of care to reduce ED presentations in the region                            | 2.6.5. Undertake a successful Flu Immunisation Program for the Whittlesea and Monash LGA's  | 2.6.5 Increased access to influenza vaccination services within vulnerable communities of Monash and Whittlesea  | Nil                                    |   | Whittlesea Council was commissioned to provide mobile influenza vaccination in community hubs. 170 locations were attended to provide influenza vaccine to hard to reach groups, 1190 people were reached during the Mobile Influenza Immunisation project, 658 people declined for various reasons such as already vaccinated, did not want, will go to own GP, could not consent, and unwell on the day. . 357 people vaccinated with influenza vaccine funded by the National Immunisation Schedule, and 175 people vaccinated currently unfunded to receive the NIS vaccine. 44.7% of people reached were vaccinated.  |
| NP2: Reducing ED presentations for primary care type conditions  | Goal: Investigate, develop and test means of alternative pathways of care to reduce ED presentations in the region                            | 2.7.1. Successful installation of POLAR in minimum 70 practices (as per activity 3.1) to enable a sample of practices to provide feedback regarding the accuracy of the algorithm and suitability of the reporting process (Process). | 2.7.1. As per activity 3.1, Total 70 practices within the region with POLAR installed and begin engagement of 4 of those clinics for recruitment of testing of algorithm by June 2017<br><br>For 2017-18: Engage 4 practices to review results of algorithm in their practice and provide feedback via EMPHN to POLAR Diversion Project Team (Outcome Health, formerly Melbourne East GP Network) to assist progressing testing of the algorithm and future application. | 4 Practices to review 60 patients each |   | 1 POLAR DIVERSION Risk Algorithm<br><br>Trial requested 4 Practices to review 60 patients each to validate algorithm. Only 1 practice in EMPHN region could be recruited to very short 4 week testing timeframe in June 2017.  |
| NP3: Integrated care for Chronic Disease Prevention & Management | Goal: Investigate, develop and trial strategies to build workforce and systems capacity to respond to chronic disease in the EMPHN population | 3.1.1. Number of practices participating in data quality program (Process)  | 3.1.1 a.Total 70 practices in the region with POLAR GP by 30th June 2017   |  | 0 | 72 72 practices have POLAR GP installed and orientation complete   |

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| NP3: Integrated care for Chronic Disease Prevention & Management | Goal: Investigate, develop and trial strategies to build workforce and systems capacity to respond to chronic disease in the EMPHN population | 3.1.1. Number of practices participating in data quality program (Process)  | 3.1.1b.100% of clinics installed received an orientation training session   | 0   | 100% | 72 practices received an orientation session. Practices receive an orientation generally within 1 month of the software installation.  | Orientation can sometimes be delayed if there are technical issues with the installation configuration. |
| NP3: Integrated care for Chronic Disease Prevention & Management | Goal: Investigate, develop and trial strategies to build workforce and systems capacity to respond to chronic disease in the EMPHN population | 3.1.2. Improved data quality for diabetes patient cohorts within General Practice through quality improvement visits by GP Improvement and Integration Facilitators to 15 participating clinics (Outcome)   | 3.1.2a. Recruitment of 15 clinics to participate in the QI diabetes program.  | 0   | 14   | 15 practices were recruited to the project. 14/15 practices completed the project. Project evaluation showed 81% of practice completing had their learning needs entirely met. 96% of practices completing felt the project was entirely relevant to their practice.   |   |
| NP3: Integrated care for Chronic Disease Prevention & Management | Goal: Investigate, develop and trial strategies to build workforce and systems capacity to respond to chronic disease in the EMPHN population | 3.1.2. Improved data quality for diabetes patient cohorts within General Practice through quality improvement visits by GP Improvement and Integration Facilitators to 15 participating clinics (Outcome)   | 3.1.2b. 80% participation in monthly practice visits by participating clinics   | 0   | Yes  | all 14 practices completing the project received monthly support to complete monthly data collection   |   |
| NP3: Integrated care for Chronic Disease Prevention & Management | Goal: Investigate, develop and trial strategies to build workforce and systems capacity to respond to chronic disease in the EMPHN population | 3.1.2. Improved data quality for diabetes patient cohorts within General Practice through quality improvement visits by GP Improvement and Integration Facilitators to 15 participating clinics (Outcome)   | 3.1.2c. Provision of one orientation and two education sessions for clinics participating in the QI diabetes Program  | 0   | Yes  | orientation and 2 education sessions provided. Min 81% attendance rate.  |   |
| NP3: Integrated care for Chronic Disease Prevention & Management | Goal: Investigate, develop and trial strategies to build workforce and systems capacity to respond to chronic disease in the EMPHN population | 3.1.2. Improved data quality for diabetes patient cohorts within General Practice through quality improvement visits by GP Improvement and Integration Facilitators to 15 participating clinics (Outcome)   | 3.1.2d. 100% of clinics receive a clinic based orientation session  | 0   | Yes  | 100% of 15 practices enrolled in the project received base line visit  |   |
| NP3: Integrated care for Chronic Disease Prevention & Management | Goal: Investigate, develop and trial strategies to build workforce and systems capacity to respond to chronic disease in the EMPHN population | 3.2.1 Supports for the key building blocks of a Patient Centred Healthcare Home are developed and rolled out to practice to build their readiness and capacity for the PCHCH including:<br>- Scoping patient portal solutions for general practice<br>- Identification and procurement of an assessment tool for practice to benchmark themselves against the key building blocks for highly effective practices in preparation for the PCHCH program | 3.2.1a. Recommended solutions for patient portal identified   | Nil | Yes  | Procurement plan for Patient Portal Solution completed including recommendations for potential solutions/features to be procured.  |   |
| NP3: Integrated care for Chronic Disease Prevention & Management | Goal: Investigate, develop and trial strategies to build workforce and systems capacity to respond to chronic disease in the EMPHN population | 3.2.1 Supports for the key building blocks of a Patient Centred Healthcare Home are developed and rolled out to practice to build their readiness and capacity for the PCHCH including:<br>- Scoping patient portal solutions for general practice<br>- Identification and procurement of an assessment tool for practice to benchmark themselves against the key building blocks for highly effective practices in preparation for the PCHCH program | 3.2.1b. Benchmarking assessment tool procured by June 2017 for trial in 2017-18   | Nil | Yes  | PC-PIT tool procured from Mater Institute/University Of Queensland in March 2017   |   |
| NP3: Integrated care for Chronic Disease Prevention & Management | Goal: Investigate, develop and trial strategies to build workforce and systems capacity to respond to chronic disease in the EMPHN population | 3.3.1 Procurement of Integrated Chronic Disease Management program/s in Whittlesea by May 2017  | 3.3.1. Performance metrics to be set with provider, but will include hospitalisation risk and clinical indicator measurement, patient experience, health behaviour change and care plan rates, as well as general practice capacity and capability improvement measurement. | TBA | Y    | Procurement delayed from an expected delayed from May to June 2th 2017. Contract service commenced 1 July 2017 for delivery until 28 February 2018. Performance metrics established with provider include hospitalisation risk and clinical indicator measurement, patient experience, health behaviour change and care plan rates, as well as general practice capacity and capability improvement measurement. |   |
| NP3: Integrated care for Chronic Disease Prevention & Management | Goal: Investigate, develop and trial strategies to build workforce and systems capacity to respond to chronic disease in the EMPHN population | 3.4.1. Current pathways reviewed for coverage of chronic disease profile of the region with planning underway for remaining topics (Output)   | 3.4.1. Pathways developed, or planned to be developed, for key chronic diseases experienced by the EMPHN population including;<br><br>3.4.1a.Type 2 Diabetes – review complete  |     | Y    | Type 2 Diabetes pathway is complete.   |   |
| NP3: Integrated care for Chronic Disease Prevention & Management | Goal: Investigate, develop and trial strategies to build workforce and systems capacity to respond to chronic disease in the EMPHN population | 3.4.1. Current pathways reviewed for coverage of chronic disease profile of the region with planning underway for remaining topics (Output)   | 3.4.1b. Obesity – planned for development   |     | N    | Due to lack of specialist engagement/agreement on approach to caring for a patient, this is on hold for a renewed approach in Q4.  |   |
| NP3: Integrated care for Chronic Disease Prevention & Management | Goal: Investigate, develop and trial strategies to build workforce and systems capacity to respond to chronic disease in the EMPHN population | 3.4.1. Current pathways reviewed for coverage of chronic disease profile of the region with planning underway for remaining topics (Output)   | 3.4.1c. Hepatitis B & C – review complete   |     | Y    | Hepatitis B & C review complete  |   |
| NP3: Integrated care for Chronic Disease Prevention & Management | Goal: Investigate, develop and trial strategies to build workforce and systems capacity to respond to chronic disease in the EMPHN population | 3.4.1. Current pathways reviewed for coverage of chronic disease profile of the region with planning underway for remaining topics (Output)   | 3.4.1d. Bone & Joint Disease – planned for development  |     | Y    | Orthopaedic pathways complete  |   |
| NP3: Integrated care for Chronic Disease Prevention & Management | Goal: Investigate, develop and trial strategies to build workforce and systems capacity to respond to chronic disease in the EMPHN population | 3.4.1. Current pathways reviewed for coverage of chronic disease profile of the region with planning underway for remaining topics (Output)   | 3.4.1.e. Respiratory Disorders – review underway and planned completion Feb 2017  |     | Y    | Respiratory review complete  |   |

| 2.2 CORE OPERATIONAL ACTIVITY                                 |   |   |   |
|---|---|---|---|
| PHN 12 Month Performance Report - 1 July 2016 to 30 June 2017 |   |   |   |
| Activity Title including Reference ID                         | Expected Outcome  | Please briefly outline work undertaken within this Reporting Period towards progressing the Activity and achieving the expected outcome? (12 month)   | Has your PHN encountered any issues/problems/delays in progressing the activity and how have these been addressed? (12 month) |
| OP1 Population Health   | <p>Activities are expected to assist in achieving the following EMPHN Strategic Objectives:</p> <ol style="list-style-type: none"> <li>1. Leaders commit to system improvement                             <ol style="list-style-type: none"> <li>1a. Joint forecasting and planning occurs</li> <li>1b. Investment decisions are targeted for highest impact</li> </ol> </li> <li>2. Investment decisions are targeted for highest impact                             <ol style="list-style-type: none"> <li>2c. Improvement proposals are based on best evidence</li> </ol> </li> <li>3. Care processes designed for need and best use of resources                             <ol style="list-style-type: none"> <li>3b. Services are reoriented to better meet needs</li> <li>3d. Effective, efficient services are procured</li> </ol> </li> </ol> <p>With regard to OP1.1, the EMPHN Population Health team will attend a minimum of 90% of Regional Network meetings and demonstrate participation by the inclusion of actions within regional plans relating to General Practice engagement and workforce development in prevention of violence against women/family violence.</p> <p>PHN objectives:<br/>The organisation maintains a population health understanding the health care needs of the PHN communities through analysis and planning, knowing what services are available and helping to identify and address service gaps where needed, including in rural and remote areas, while getting value for money.</p>                            | <p>The Performance and Outcomes team undertook a refresh of the needs assessment, have provided ongoing support for commissioning diagnostics and evaluation planning and reporting and further background required for 2017-18 and 2018-19 planning. Engagement with local councils have been maintained with collaboration through data sharing and participation in municipal planning activities, regional initiatives such as the Building Respectful Communities (North), Together for Equality and Respect (East) and both Northern and Eastern regional initiatives regarding sexual and reproductive health looking to address identified gaps in access to services and screening.</p>  | No  |
| OP2 General Practice Engagement                               | <p>What is the expected outcome of this activity as it relates to the PHN objectives?</p> <p>Activities are expected to assist in achieving the following EMPHN Strategic Objectives:</p> <ol style="list-style-type: none"> <li>1. Investment decisions are targeted for highest impact                             <ol style="list-style-type: none"> <li>2a. Consumers and providers (including GPs) are engaged</li> <li>2b. Service needs are prioritized and identified gaps are filled</li> </ol> </li> </ol> <p>PHN objectives<br/>providing practice support services so that GPs are better placed to provide care to patients subsidised through the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS), and help patients to avoid having to go to emergency departments or being admitted to hospital for conditions that can be effectively managed outside of hospitals</p> <p>Assist in the achievement of the following indicators of the Flexible Funded activities:<br/>Local performance indicators specifically related to the STI activities and outside the process outcomes related to areas requiring commissioning, which are explicated elsewhere in the document, are:<br/>OP 2.1 Increased notification rates of STIs (HIV, Chlamydia, Syphilis, Gonorrhoea and HPV) from baseline due to increased screening by LGA and gender<br/>OP 2.2 Health Pathways developed in line with recommendations from Family Planning Victoria<br/>OP 2.3 Pilot conducted with Family Planning Victoria of the Guide for</p> | <p>EMPHN has a high functioning GP engagement and improvement and integration team and has been able to maintain its commitment to supporting best practice in primary care. This team has led the development of state-wide PHN webinar resources to facilitate this dissemination with both quality and efficiency. General Practice Interactions comprised of:</p> <ul style="list-style-type: none"> <li>• Appointments 1944</li> <li>• Emails 894</li> </ul> <p>Top 5 topics to visit a general practice were: cancer screening , immunisation, accreditation, practice needs assessment , use of interpreters.</p> <p>EMPHN facilitated the recording or live streaming of Webinars to general practice. Targeting Practice Nurses and managers the attendees were</p> <p>The team has continued to scope and deliver projects aimed at promoting a "Practice 2030" these include working with 18 practices on Business benchmarking and 15 practices on benchmarking against the PC-PIT tool. EMPHN continues to scope the use of technology to engage patients in general practice . Sexual and reproductive health education for general practice was run in collaboration with family planning victoria.</p> <p>? dekin uni literature review paper findings?</p> | No  |

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| <p>OP3: Digital Health/eHealth</p>                        | <p>Activities are expected to assist in achieving the following EMPHN Strategic Objectives:</p> <ol style="list-style-type: none"> <li>1. Leaders commit to system improvement</li> <li>1c. Leadership and change capacity is enhanced</li> <li>2. Investment decisions are targeted for highest impact</li> <li>2a. Consumers and providers (including GPs) are engaged</li> <li>3. Care processes designed for need and best use of resources</li> <li>3a. Design and re-design occurs collaboratively</li> <li>3b. Services are reoriented to better meet needs</li> <li>3c. Patients know where to go, when and why</li> <li>3d. Effective, efficient services are procured</li> </ol> <p>PHN objectives will be achieved by:<br/>Providing practice support services so that GPs are better placed to provide care to patients subsidised through the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS), and help patients to avoid having to go to emergency departments or being admitted to hospital for conditions that can be effectively managed outside of hospitals</p> <p>A key metric to assist in improving service coordination across flexible activities includes:<br/>All Public LHNs within the region and a minimum of 60% private hospitals registered for My Health Record (2 years), 100% of PIP-registered general practices in the region registered and uploading to MyHealthRecord, 100% of pharmacies with eHealth-capable software registered for MyHealthRecord, 100% of RACFs with eHealth-capable</p> | <p>The team has engaged a total of 272 GP Practices in region and provide multiple digital health connection and solutions to enable linking to MY Health Record, (National Infrastructure) plus 74 practices for Electronic Referrals (eReferral) from GP to Acute Hospital and Community Health outpatient clinic settings.</p>   | <p>Delayed delivery of National strategy and direction for Digital Health from the Australian Digital Health Agency. Finally delivery strategy on August 3rd 2017, and identified major plans for My Health Record "expansion projects" for 2017-18</p> |
| <p>OP4: Workforce Education &amp; Clinical Placements</p> | <p>Activities are expected to assist in achieving the following EMPHN Strategic Objectives:</p> <ol style="list-style-type: none"> <li>1. Leaders commit to system improvement</li> <li>1c. Leadership and change capacity is enhanced</li> <li>2. Investment decisions are targeted for highest impact</li> <li>2a. Consumers and providers (including GPs) are engaged</li> <li>2b. Service needs are prioritized and identified gaps are filled</li> <li>3. Care processes designed for need and best use of resources</li> <li>3b. Services are reoriented to better meet needs</li> </ol> <p>PHN objectives will be supported to be achieved<br/>Providing practice support services so that GPs are better placed to provide care to patients subsidised through the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS), and help patients to avoid having to go to emergency departments or being admitted to hospital for conditions that can be effectively managed outside of hospitals.</p>   | <p>Whilst continuing the outlined activities the PHN has also continued to assure our stakeholders that our workforce programs are aligned well stakeholders expectations and not duplicative. In our fellowship preparation courses EMPHN has continues to work with RACGP and EVGPT to ensure our course is meeting the needs of non practice eligible GPs and a value add to the existing supports and pathways pathways to fellowship available. Our clinical placements in general practice for 2nd and 3rd year students we have been working to improve our understanding stakeholder expectations and refining and quality assurance processes In our GP education stream we have continued to plan GP education under the "Eastern Melbourne GP Education Alliance". The alliance seeks to support and collaborate with all our catchment LHNs (6 LHNs) on GP education according to an agreed set of shared priorities under an MOU.</p> <p><i>25 continuing professional development topics were covered (with multiple events usually held across the region) for the 12 months. Of which:</i></p> <p><i>19 were Category 2</i><br/><i>6 were category 1</i><br/><i>385 GP and 423 Nurse attendees at CPD events</i></p> <p><i>Additionally there were 3 QUM visiting program allocated Category 2 points that were attended by 202 Gps and 12 Nurses</i></p> | <p>The program has not experienced any delays or set backs in the 12 month period</p>   |

2.3 INNOVATION ACTIVITY  
PHN 12 Month Performance Report - 1 July 2016 to 30 June 2017

| Activity Title Including Reference ID                                 | Activity Summary  | Please briefly outline work undertaken and Key Achievements for 2016-17 in progressing the Activity.  | Are there any risks to completing this Activity by 30 June 2018? (YES/NO) | If YES what strategies does your PHN have in place to mitigate those risks?  | List all Activity reference IDs being conducted by your PHN across all Schedules that align to this activity |
|---|---|---|---|--|--|
| IN1 Community Pharmacy Workforce Model Trial                          | Service to integrate the role of a clinical pharmacist within a community home nursing service team to improve medicines safety and better coordinate medicines management between general practices and other providers. |   |   |  |  |
| IN2 Development of a centralised online gateway to key reform portals | Integrated gateway between primary care and hospital services, providing GPs access to rapid response services including expert advice, outreach services and assistance with system navigation.                          | Extensive Research /Planning, failed to identify of possible 'Gateway solutions' for Primary Health / GP's to link to key Commonwealth initiatives (My Health Record, My Aged Care, Mental Health Portal etc).                                  | yes   | Looking for alternative Gateway solutions / portal to enable Data Integration and access for GP's and interfacing health services. | OP3: Digital Health/eHealth<br>NP2: Reducing ED presentations for primary care type conditions               |
| IN3 Innovation Think Tanks & General Practice of the Future           | A multifaceted approach to innovation through think tanks and a General Practice of the Future Strategic Project that includes a facilitated think-tank and Innovation in General Practice pop-up group.                  | In the 12 month period EMPHN held 2 focus group/think tanks with GPs looking at technology that supports patient centred care facilitated by a GP, and additional education session on innovation in general practice technology was also held. | NO  |  | OP2 General Practice Engagement  |



3.1 MENTAL HEALTH AND SUICIDE PREVENTION OPERATIONAL AND FLEXIBLE  
12 Month Performance Report - 1 July 2016 to 30 June 2017

| Performance  |   |  |  |  |   |
|--|---|--|--|--|---|
| 1. Planned Activity (this section is to be repeated for each Activity under each priority) |   |  |  |  |   |
| Priority   | Activity Title  | Is the activity being undertaken in line with the proposal in the current approved Activity Work Plan? | If NO provide brief details  | Has your PHN encountered any issues or delays in implementing this Activity? | If YES briefly provide details and how your PHN is addressing them.   |
| ONE  | Priority Area 1: Low intensity mental health services | NO   | <p><b>1.1 High prevalence / Low Acuity Hard to Reach (HTR)</b></p> <p>As per the six month report, the only departure from the approved plan is that this activity has delivered services to community members with mild to moderate presentations and those people with chronic and severe mental illness, who might benefit from short to medium term focused psychological strategies, in the context of collaborative care.</p> <p><b>1.2 EMPHN E-health Program</b></p> <p>This activity is being undertaken as per the approved plan with following departures:</p> <ul style="list-style-type: none"> <li>The service delivery model has been broadened to include other delivery types. The relevant services that have been commissioned have or are working towards capacity to deliver telephone based counselling, outreach, videoconferencing, e-based platforms and a combination of these service types in the delivery of this activity.</li> </ul> <p><b>1.3 Development of a low intensity face to face mental health service model with client centred innovation as the predominant developmental influence</b></p> <p>Undertaken as per approved plan with the exception of one departure:</p> <ul style="list-style-type: none"> <li>The target cohort for this program is people with or at risk of mild</li> </ul> | YES  | <p><b>1.2 EMPHN E-health Program</b></p> <p>As per the six month report, the approved timelines were not achievable. Service delivery has begun for one program associated with this activity (Lead Site Low Intensity), with service delivery to commence for the second program in September to October (Community Outreach Perinatal Support Service). EMPHN will assist the commissioned providers through communications and capacity building with an aim to build awareness, facilitate referrals and contribute to faster uptake of services. The EMPHN Access and Referral team will also facilitate referrals as appropriate for those community members who may benefit from the aforementioned programs.</p> <p>At this time, an indicative timeline for the decision tool is not available, as this project has been put on hold subject to department guidance on triage and decision tool function in assessment for stepped care services. A working group to address assessment protocols is being convened by Department of Health (DoH) and EMPHN will have at least one representative in this group.</p> <p><b>1.3 Development of a low intensity face to face mental health service model with client centred innovation as the predominant developmental influence</b></p> <p>The approved timelines for this program were not achievable and service delivery begun in September. EMPHN is already engaging</p> |
| TWO  | Priority 2: Youth mental health services              | YES  |  | YES  | <p>EMPHN has 3 Headspace centre that have been fully operational for the whole reporting period. EMPHN has commissioned 2 services to deliver services under the Youth Severe funding stream. There was initial delay in the procurement process due in part to extensive stakeholder engagement. These services were procured between February and May 2017. The successful providers have since experienced delays in the recruitment of staff and implementation of the new service models. The providers contracts included funding across 2016/17 and 2017/18. (Note headspace numbers are in Service Delivery Indicator Acc 2 (unable to wrap text in cell, please click to view))</p>  |

|       |   |     |   |     |  |
|-------|---|-----|---|-----|--|
| THREE | Priority Area 3: Psychological therapies for rural and remote, under-services and/or hard to reach groups         | NO  | <p><b>3.1 Identification of hard to reach populations and needs analysis of services available to hard to reach populations.</b></p> <p>This activity has been completed and was undertaken as per the approved plan.</p> <p><b>3.2 Improve access to services and/or service usage across the PHN with particular focus on the LGA's of Whittlesea, Yarra Ranges, Manningham, Knox, Monash and Maroondah</b></p> <p>This activity was undertaken as per the EMPHN AWP proposal.</p> <p><b>3.3 Collaborative planning and commissioning of services that are better placed to equitably meet the needs of hard to reach populations in the catchment. This will focus on commissioned ATAPS, Mental Health Nurse Incentive Program and Support Facilitator Programs.</b></p> <p>This activity was undertaken as per the EMPHN AWP proposal.</p> <p><b>3.4 Collaborative planning for commissioning of e-health therapeutic program pilots</b></p> <p>This activity was undertaken as per the approved plan with following departures;</p> <ul style="list-style-type: none"> <li>• The service delivery model has been broadened to include other delivery types as detailed in 1.2.</li> </ul> | YES | <p><b>3.4 Collaborative planning for commissioning of e-health therapeutic program pilots</b></p> <p>As per the explanation for 1.2, the approved timelines were not achievable. Service delivery has and will begin in line with the explanation for 1.2, with the EMPHN support strategies detailed in 1.2.</p> <p>As per 1.2, an indicative timeline for the decision tool to support the E-health initiative, is not available, as this project has been put on hold subject to department guidance. EMPHN will support a working group for this project.</p> <p><b>3.5 Collaborative planning for a strategy to increase access to services for refugees who have difficulty accessing Medicare Benefit Scheme based therapeutic services</b></p> <p>The approved delivery timeline for this activity was later than detailed in the EMPHN AWP. Service delivery capacity began in early September.</p> |
| FOUR  | Priority Area 4: Mental health services for people with severe and complex mental illness including care packages | YES |   | NO  |  |
| FIVE  | Priority Area 5: Community based suicide prevention initiatives   | YES |   | YES | Place Based Suicide Prevention Project (PBSPP) delayed during 2016/17. The initiation of the EMPHN Maroondah project was delayed due to the process requiring finalisation of funding agreements between Victorian State DHHS and DoH and the six Victorian PHNs. The local PBSPP project team were recruited during March and April 2017 comprising a PBSPP Coordinator and two Project Officers. This team works across both the DHHS funded LGA , Whittlesea and PHN funded Maroondah LGA.  |
| SEVEN | Priority Area 7: Stepped care approach  | YES |   | YES | EMPHN has commissioned aspects of mental health services during 2016-17 to align with the stepped care approach. Planning and co-design activities have informed the further development of a stepped care model for mental health which will be commissioned and procured in the 2017-18 financial year. Staged roll-out in the catchment starting with the North East in January 2018.   |
| EIGHT | Priority Area 8: Regional mental health and suicide prevention plan   | YES |   | YES | The development of a Regional Mental Health and Suicide Prevention plan will be informed in part by the stepped model of care. Key relationships have been developed and the collaborative structures across the EMPHN catchment will be the vehicle for further engagement and development of the plan. This activity will be a priority in the 2017-18 financial year.   |

| 2. Service Delivery Indicators |  |        |  |
|--------------------------------|--|--------|--|
| Acc-1:                         | 3,642 clients (0.251% of the population)                                 | App-1: | 1.09%  |
| Acc-2:                         | As above due to service types across multiple priorities and delays with | App-2: | Please note that data for this indicator is the best that is currently available.              |
| Acc-3:                         | 3,480 clients (0.24% of the population)                                  | App-3: | Indicator App-3: for 2016 - 2017 EMPHN has facilitated 410 referrals to its Suicide Prevention |

|        |   |        |                                      |
|--------|---|--------|--------------------------------------|
| Eff-1: | As per definition of activity in AWP                                      | Out-1: | As per definition of activity in AWP |
| Eff-2: | above. Given activity detailed, Eff-1 and Eff-2 are the same for this rep | Out-1: | As per definition of activity in AWP |
| Eff-3: | \$251.83 per session (two contact per session).                           |        |                                      |

| 3. Programme Management Indicators   |   |   |
|--|---|---|
| Timely Reporting of PMHC MDS Please advise on your PHNs implementation and use of the MDS for the six month reporting period, including any potential implementation, reporting, data compliance and/or data quality issues. | Has your PHN met all of its establishment and transition expectations? (YES / NO) | If YES provide a brief description.<br>If NO please outline work to date, including identifying the expectations not met and proposed remedial action for each exception. |
| <i>Preparation for PMHC MDS implementation</i>   | <i>NO</i>   | <i>Phased implementation, Psychological Strategies in July 2017, MHNIP in August 2017.</i>  |

| Formalised partnerships/collaborations established with local key stakeholders including LHNs, NGOs, NDIS providers, Indigenous organisations, Child and Adolescent mental Health Services, providers of Family Mental Health Support Services and other regional stakeholders. |   |   |
|---|---|---|
| Stakeholder   | Brief Overview of collaboration   | Governance Arrangements - including management of conflicts of interests                        |
| Headspace Knox - Consortium   | agency to provide strategic direction and resourser to deliver the center services  | ms of reference outlines the roles and responsibilities and minimum representation from the fou |
| Headspace Hawthorn - Consortium   | agency to provide strategic direction and resourser to deliver the center services  | ms of reference outlines the roles and responsibilities and minimum representation from the fou |
| Headspace Greenborough - Consortium   | agency to provide strategic direction and resourser to deliver the center services  | ms of reference outlines the roles and responsibilities and minimum representation from the fou |
| Eastern Mental Health Service Coordination Alliance (EMSCA)   | health and co occurring concerns have access to responsive, appropriate and collaborative services to a   | health and community services to people who experience mental ill health and co-occurring con   |
| EMPHN Collaboratives  | nd Eastern parts of the catchment. The focus is on identifying system gaps and initiatives that address   | The Collaboratives have a layered governance structure with strategic and operational focus     |
| Contracted Allied Health Providers  | Provision of clinical services through the Psychological Strategies program   | Numerous governance arrangements are outlined in relevant funding agreements and these          |
| Incolink  | amongst apprentices and young workers in the building and construction industry from the 2017/18 year and these arrangements will be reviewed during this financial year to consider the next phase of suicide prevention activities for 2018/19/20   |   |
| Suits Social Services   | by EMPHN to provide post vention counselling and support to people immediately after the 2017/18 year of the year arrangements will be reviewed during this financial year to consider the next phase of suicide prevention activities for 2018/19/20 |   |

**4.1 INDIGENOUS MENTAL HEALTH FLEXIBLE**  
**12 Month Performance Report - 1 July 2016 to 30 June 2017**

**Performance****1. Planned Activity**

| Activity Title  | Is the activity being undertaken in line with the current approved Activity Work Plan? | If NO provide brief details | Has this Activity been undertaken in accordance with the 2016-17 Regional Operation Mental and Suicide Prevention Plan? | If YES provide brief description of the activity. If NO advise how it differs from the plan and why.   | Actual Performance result (Against Performance Indicators in AWP)  |
|---|--|-----------------------------|---|--|--|
| Priority Area 6: Aboriginal and Torres Strait Islander mental health services | YES  |                             | YES   | The program is working across the Aboriginal Community connecting with people suffering from mental health issues and supporting them to address mental health concerns through engagement with community, counselling, case management and connection to culture. The service integrates with initiatives across the region through a wider integrated service delivery hub model that has been initiated by the Healesville Indigenous Community Services Association (HICSA). Service integration is also being mapped through a project to develop an integrated Aboriginal Health Plan in the Eastern region. | The program at HICSA has exceeded the targets for 16/17. The service is in demand across the Outer East in one of the targeted areas of high Aboriginal population in the EMPHN. Another project which was negotiated in 16/17 with Bubup Wilam will operate in the Whittlesea region in the Outer North in 17/18 to increase community access to mental health support through whole of life wrap around services. Both of these programs are generated out of Aboriginal Community leadership in meeting community needs through culture and engagement. |

**Program Management Indicators****Establishment and Transition Expectations**

| Has your PHN met all of its Establishment and Transition expectations for this Priority Area? | If YES provide a brief description.<br>If NO please outline work to date, including identifying the expectations not met and proposed remedial action for each exception. |
|---|---|
| YES   | Transitioning toward a stepped care model through the introduction of outreach Aboriginal workers to engage, build relationships and support and integ                    |

**Formalised partnerships/collaborations established with local key stakeholders including LHNs, NGOs, NDIS providers, Indigenous organisations, Child and Adolescent mental Health Services, providers of Family Mental Health Support Services and other regional stakeholders.**

| Stakeholder                               | Brief Overview of collaboration  | Governance Arrangements - including management of conflicts of interests                            |
|---|--|---|
| Healesville Indigenous Community Services | Consultation and collaboration on developing an integrated service delivery  | Signed agreement contains formal reporting and quality measures                                     |
| Bubup Wilam                               | Community lead design of services to meet local community needs and          | Signed agreement contains formal reporting and quality measures                                     |
| VACCHO                                    | Consultation on suicide prevention in Aboriginal Communities and             | EMPHN work under the Primary Health Networks and Aboriginal Community Controlled Health             |
| Mullum Mullum Indigenous Gathering Place  | Consultation regarding needs of the community and service system gaps and    | No signed agreement as yet but one of their board members is working with PHN to develop a          |
| Shire of Yarra Ranges                     | The Aboriginal Health Program Coordinator sits on the Indigenous Advisory    | Working with with the Shire of Yarra Ranges collaboratively on projects at HICSA and the Aboriginal |
| Victorian Aboriginal health Service       | PIR worker provides guidance and feedback about services in the region, gaps | Signed agreement for PIR contains formal reporting and quality measures                             |
| Banyule Community Health Service          | Provides Care Coordination and Supplementary Services as well as an          | Signed agreement contains formal reporting and quality measures                                     |
|   |  |   |

4.2 INDIGENOUS MENTAL HEALTH FLEXIBLE FUNDING DATA  
 PHN 12 Month Performance Report - 1 July 2016 to 30 June 2017

Indigenous Mental Health Flexible fund service details  
 for the period 1 July 2016-30 June 2017

| How many Indigenous people received mental health services in your PHN region through this funding? | List the types of mental health services that have been provided to those patients? | What was the average length of each episode of care? | What is the average number of services that patients received? | How many patients were referred to other complementary services? |
|---|---|--|--|--|
| 24  | Case management, counselling, referral support                                      | NA   | 8  | 24   |

5.1 INTEGRATED TEAM CARE  
12 Month Performance Report - 1 July 2016 - 30 June 2017

|  | Activites | Successes | Challenges | Outcomes |
|--|-----------|-----------|------------|----------|
| <p><b>ITC care coordination activities</b><br/>Describe some of the activities undertaken in the PHN region to meet the needs of the Aboriginal and Torres Strait Islander people receiving care coordination under the ITC Activity.<br/><i>Please include examples of one-on-one care coordination activities provided to high needs patients enrolled in the program. For example, helping patients to understand the medical advice provided; and/or building close relationships with patients to help them learn how to manage their chronic conditions and recognise symptoms of change; and/or providing encouragement to patients to manage their overall health.</i></p> |           |           |            |          |
| <p><b>Managing patient numbers</b><br/>Describe how your referral, intake and discharge processes are supporting Aboriginal and Torres Strait Islander people receiving care coordination under the ITC Activity.</p>  |           |           |            |          |
| <p><b>Improving access to mainstream health care</b><br/>What work has been done to address barriers to accessing mainstream services for Aboriginal and Torres Strait Islander people, including helping services become more culturally appropriate?</p>   |           |           |            |          |
| <p><b>Building culturally safe workplaces</b><br/>What activities and approaches have been implemented to improve culturally safe workplaces and services, for example, cultural awareness training?</p>   |           |           |            |          |

**5.2 INTEGRATED TEAM CARE DATA**  
12 Month Performance Report - 1 July 2016 - 30 June 2017

| <b>1. Workforce Component - please use one row for each organisation engaging ITC workforce</b> |                      |                                    |          |                       |                     |                                    |              |                                  |
|---|----------------------|------------------------------------|----------|-----------------------|---------------------|------------------------------------|--------------|----------------------------------|
| Organisation  | Care Coordinator FTE | Care Coordination number of people | IHPO FTE | IHPO number of people | Outreach Worker FTE | Outreach Worker - number of people | Location(s)  | Commissioned organisation or PHN |
| EMPHN   |                      |                                    | 1        | 1                     |                     |                                    | Croydon      | PHN                              |
| EACH  | 0.5                  | 2                                  |          |                       |                     |                                    | Maroondah    | Commissioned                     |
| EACH  | 0.5                  | 2                                  |          |                       |                     |                                    | Knox         | Commissioned                     |
| Carrington  | 0.5                  | 1                                  |          |                       |                     |                                    | Whitehorse   | Commissioned                     |
| Eastern Health  | 0.5                  | 1                                  |          |                       |                     |                                    | Yarra Ranges | Commissioned                     |
| Banyule Community Health  | 0.5                  | 1                                  |          |                       | 0.5                 | 1                                  | Banyule      | Commissioned                     |

| <b>2. Types of Organisations</b>                    |        |
|---|--------|
| Type of organisations engaging in the ITC workforce | Number |
| AMS*  |        |
| Mainstream organisation                             | 4      |
| PHN   | 1      |
| Total   | 5      |

\*AMS refers to indigenous Health Services and Aboriginal Community Controlled Health Services.

| <b>3. Care Coordination Component</b> |                 |               |                      |            |
|---------------------------------------|-----------------|---------------|----------------------|------------|
| Age breakdown                         | Female patients | Male patients | Gender not specified | Total      |
| 0-14                                  | 1               | 4             | 1                    | 6          |
| 15-19                                 |                 |               |                      | 0          |
| 20-29                                 | 5               | 1             |                      | 6          |
| 30-39                                 | 8               | 11            |                      | 19         |
| 40-49                                 | 18              | 9             |                      | 27         |
| 50-59                                 | 24              | 17            |                      | 41         |
| 60-69                                 | 17              | 9             |                      | 26         |
| 70 and older                          | 22              | 4             |                      | 26         |
| <b>Total</b>                          |                 |               |                      | <b>151</b> |

| <b>4a. Number of services</b>              |               |
|--|---------------|
| Number of unique services for all patients | Total         |
| Care coordination services                 | 8,176         |
| Supplementary Services                     | 3,566         |
| Clinical Services Accessed                 | 9,841         |
| Other                                      | -             |
| <b>Grand Total</b>                         | <b>21,583</b> |

| <b>4b. Other Services</b>   |     |
|---|-----|
| If 'Other' has been identified in Table 4a, please specify the services provided. |     |
| Add rows as needed  | N/A |

| <b>5. Waiting Lists</b>                              |       |
|--|-------|
| Care Coordination waiting lists (if exists)          | Total |
| Number of patients on Care Coordination waiting list | 8     |

| <b>6. New Patients</b>                         |       |
|--|-------|
| New Patients                                   | Total |
| Number of new patients in the reporting period | 34    |

| <b>7. Discharged Patients</b> |  |
|-------------------------------|--|
|-------------------------------|--|

| Patients discharged from Care Coordination                             | Total    |
|--|----------|
| Number of patients discharged from the program completely              | 7        |
| Number of patients now self-managing but still receiving SS assistance | 0        |
| <b>Grand Total</b>   | <b>7</b> |

| 8. Allied Health and Specialist Services       |  |   |       |
|--|--|---|-------|
| Type of service                                | Number of supplementary services purchased | Number of supplementary services brokered | Total |
| <b>Allied Health</b>                           | 174  | 2,591                                     | 2,765 |
| List the top three Allied Health services used | HACC                                       |   |       |
|  | Aboriginal Health Worker                   |   |       |
|  | Nurse                                      |   |       |
| <b>Specialists</b>                             | 38   | 763                                       | 801   |
| List the top three Specialist services used    | GP   |   |       |
|  | Gastroenterologist                         |   |       |
|  | Oncologist                                 |   |       |

| 9. Transport           |  |                                       |       |
|------------------------|--|---------------------------------------|-------|
| Transport              | Number of transport services purchased | Number of transport services brokered | Total |
| <b>Total transport</b> | 2,068                                  | 440                                   | 2,508 |

| 10. Medical Aids                         |              |
|--|--------------|
| Medical Aids                             | Total Number |
| Assisted Breathing Equipment             | 7            |
| Blood sugar/Glucose monitoring equipment | 3            |
| Dose Administration Aids                 | 5            |
| Medical Footwear                         | 19           |
| Mobility Aids                            | 6            |
| Spectacles                               | 16           |
| Exceptional Circumstances                | 36           |

| 11. Outreach Workers                            |       |
|---|-------|
| Outreach Worker Assistance                      | Total |
| Number of patients assisted by Outreach Workers | 15    |

| 12a. Outreach Worker Assistance                     |              |
|---|--------------|
| Breakdown of patient assistance by Outreach Workers | Total Number |
| Attendance to GP and/or practice nurse appointments | 34           |
| Attendance to specialist appointments               | 5            |
| Attendance to allied health appointments            | 11           |
| Attendance to care coordination appointments        | 8            |
| Collecting prescriptions from the pharmacy          | 23           |
| Other   | 0            |

| 12b. Other Services  |     |
|--|-----|
| If 'Other' has been identified in Table 12a, please specify the services provided. |     |
|  | N/A |
|  |     |



6.1 DRUG AND ALCOHOL TREATMENT SERVICES  
 PHN 12 Month Performance Report - 1 July 2016 to 30 June 2017

THESE QUESTIONS ARE RELEVANT TO YOUR DRUG AND ALCOHOL TREATMENT MANDATORY KPIS

| Activity Title (reference)   | Funding source for this Activity? (Op & Flex Indigenous Both) | Is the Activity being undertaken in accordance with the approved AWP? (YES/NO) | If NO provide brief details | Has your PHN encountered any issues or delays in implementing this Activity? | Quality Improvement - Is this Activity aimed at support health professionals in the management of AOD dependence through education and training? If "Yes", what number of education/training modules were completed?<br><i>This relates to KPI 3.1 in the Drug and A</i> | Accreditation - If this is a specialist treatment Activity, have the commissioned provider(s) completed (or are they completing) relevant accreditation (including healthcare accreditation)? If so, please specify<br><i>This relates to KPI 3.2 in the Drug and Alc</i> | If this Activity is in-scope for data collection under the Alcohol and Other Drug Treatment Services Minimum Data Set (AODTS-NMDS) - Have you confirmed that commissioned provider(s) are collecting data consistent with AODTS-NMDS requirements? (YES/NO) | For each provider in-scope for AODTS-NMDS collection - Please nominate the data collection channel the provider will use to submit their AODTS-NMDS data |
|--|---|--|-----------------------------|--|--|---|---|--|
| Activity 1: After hours AOD clinicians in Emergency Departments  | Op & Flex   | YES  |                             | Yes- contracts for these services commenced                                  | no   | yes   | yes   | via S/T Government   |
| Activity 2: Increasing staffing at AOD access points after hours to deliver intake/assessment/brief interventions for individual and families.<br>Note: This is an example of a project or service that EMPHN is seeking to commission.      | Op & Flex   | YES  |                             | EMPHN established a AOD reference group                                      | no   | yes   | YES   | via S/T Government   |
| Activity 3: Demand management initiative: Expanding post-withdrawal support across the catchment including peer support and outpatient group programs. Note: This is an example of a project or service that EMPHN is seeking to commission. | Op & Flex   | YES  |                             | EMPHN established a AOD reference group                                      | no   | yes   | YES   | via S/T Government   |

|  |           |     |  |   |     |     |     |                    |
|--|-----------|-----|--|---|-----|-----|-----|--------------------|
| <p>Activity 4: Increasing access and treatment to young people Note: This is an example of a project or service that EMPHN is seeking to commission. (Improving youth AOD Access and community pathways)</p>                       | Op & Flex | YES |  | EMPHN established a AOD reference group | no  | yes | YES | via S/T Government |
| <p>Activity 5: Improving responses to culturally and linguistically diverse (CALD) and Aboriginal and Torres strait islander communities Note: This is an example of a project or service that EMPHN is seeking to commission.</p> | Op & Flex | YES |  | EMPHN established a AOD reference group | no  | yes | YES | via S/T Government |
| <p>Activity 6: Workforce development</p>   | Op & Flex | YES |  |   | yes | yes | N/A | N/A                |
|  |           |     |  |   |     |     |     |                    |
|  |           |     |  |   |     |     |     |                    |

**THESE QUESTIONS ARE RELEVANT TO YOUR DRUG AND ALCOHOL TREATMENT MANDATORY KPIS**

|            |   |  |
|------------|---|--|
|            | <p>Provide a brief summary of how you partnered/collaborated with key stakeholders (for both Indigenous and Mainstream)<br/> <i>This relates to KPIs 1.3 and 1.4 in the Drug and Alcohol Treatment Information Strategy</i></p> |  |
| Mainstream | EMPHN establish a AOD reference group to provide an ongoing perspective and advice to the EMPHN to ensure that decisions, investments, and innovations are  |  |
| Indigenous | d with two key indigenous agencies in Bubup Wilam and HICSA who have co designed a intergrated health service reponse across mental health and AOD to meet the  |  |

**Please provide an example of a specialist drug and alcohol treatment intervention you have commissioned that has been/is being delivered in the reporting period  
(Either from your Operation and Flexible Funding or Aboriginal and Torres Strait Islander - Flexible Funding stream) - See guidance document for details of information to be included in this response**

Increasing after-hours AOD clinicians at Emergency Departments

- The aim of the project is to extend the hours of the Alcohol and Other Drugs (AOD) program at The Northern Hospital (TNH) Emergency Department (ED) for a six month pilot from 20th March 2017 – 20th September 2017.
- The project objective is to increase after-hours coverage of the AOD clinician to high traffic AOD periods during week days as well as weekends and public holidays to improve screening, assessment, and timely brief interventions. The service aims to offer secondary consultations, referrals to community AOD providers and timely post contact follow-up and the provision of support and information to family and carers.
- The project also aims to provide a continuous and comprehensive AOD service to patients' afterhours which may reduce demand in the ED by shortening length of stay and reduction in the number of re-presentations.

**Please provide an example of a systems capacity building Activity you have commissioned that has been/is being delivered in the reporting period  
(Either from your Operation and Flexible Funding or Aboriginal and Torres Strait Islander - Flexible Funding stream) - See guidance document for details of information to be included in this response**

The Medication Support & Recovery Service (MSRS) is a new addiction treatment service for people who have problems with prescription and over-the-counter medications.

The MSRS team includes specialist counsellors, nurses and peer support workers.

The service offer a range of treatment services including:

- Therapeutic counselling for adults, young people and families
- Nursing and withdrawal support (including tapering and reduction plans)

**7.1 AFTER HOURS ACTIVITY**  
**PHN 12 Monthly Performance Report - 1 July 2016 - 30 June 2017**

| Priority Group targeted | Activity Title including Reference ID  | Has this Activity been undertaken inline with the APPROVED AWP? (YES / NO) | If NO please provide brief details   | Have services been commissioned? (Yes/ No/NA) | If NO provide brief details | If applicable, when will commissioning commence? (dd/mm/yyyy) |
|-------------------------|--|--|--|---|-----------------------------|---|
|                         | AH 1.1: Expansion and development of new service models for the delivery of after-hours care in areas not currently serviced by medical deputising services (MDS). | YES  | <p>As at February 2017 we were unaware of the Department and Commonwealth's view of MDS. We also realised that a more in depth understanding using a systematic methodology for sampling was required to better understand after hours issues and develop solutions. It was decided that this work be undertaken in March - May 2017 in order to provide a framework for the implementation of AH activities moving forward. The balance of this funding will be attributed to Activity 4 Community Awareness Campaign</p> <p>During April- June 2017, EMPHN commissioned a consultant to conduct a rapid review of after hours primary health care access issues using a systematic approach and sound sampling methodology. Part of the consultation involved the identification of the top five (5) AH Primary Health Care issues affecting the community within the EMPHN catchment. The consultant was also required to identify factors impacting the utilisation of services including workforce capacity of GP Medical services, MDS and other primary health care providers.</p> <p>Recommendations made included funding and facilitating the co-design of innovative after-hours healthcare programs, focusing on increasing access to care for RACF residents and changing community attitudes and behaviours in the way people understand and access after hours healthcare. Recommendations provided have been used to inform activities listed in the 2017-18 After Hours Activity Work Plan</p> <p>Allocated funding for this activity was partly used to conduct the rapid review. The remainder of the funding was allocated to Activity 4 -Community Awareness Campaign</p> | yes   |                             | This activity was commissioned on 01/04/17                    |

|  |   |            |  |            |  |  |
|--|---|------------|--|------------|--|--|
|  | <p>AH 1.2: Support continuation of after-hours GP clinics in the outer north and outer east, where this is limited or no coverage by the medical deputising services.</p> | <p>YES</p> |  | <p>Yes</p> |  | <p>This activity was commissioned on 15/06/17 Eastern Health (Yarra Valley Community Medical Service) continued to provide after hours GP services for the communities of Healesville and the Upper Yarra corridor within the Shire of Yarra Ranges.</p> <p>Reporting</p> <p>Yarra Valley Community Medical Service (YVCMS) September 2017 until June 30 2017.</p> <p>YVCMS Healesville (Sept-June 17)</p> <ul style="list-style-type: none"> <li>• GPs saw an average of 1.7 clients/hour</li> </ul> <p>2,216 patients, at 31</p> |
|--|---|------------|--|------------|--|--|

|  |  |            |  |            |  |   |
|--|--|------------|--|------------|--|---|
|  | <p>AH 1.3: Determine demand and availability of after-hours diagnostics, specialised (eg paediatrics) and urgent care that can be delivered in primary care settings and procure solutions which facilitate after-hours pathway alternatives to emergency department attendance in targeted areas of need.</p> | <p>Yes</p> |  | <p>Yes</p> |  | <p>This activity was commissioned on 15/6/17<br/>                 An outcome of the Core Needs Assessment 2015/2016 conducted by the EMPHN was the identification of clients utilising emergency departments for primary care-type presentations which could be treated in general practices, particularly in the after hours. It was proposed that the addition of after hours urgent-care type services would aid an existing general practice in establishing a prominence as an alternative to attending an</p> |
|--|--|------------|--|------------|--|---|

|  |  |            |  |            |  |   |
|--|--|------------|--|------------|--|---|
|  | <p>AH 2.1:<br/>Continuation of the After Hours Visiting GP Service to outer east and north RACFs, undertake a scoping exercise and pilot in hours model of care utilising medical deputising services to provide residents with more timely access to general practitioners.</p> | <p>YES</p> |  | <p>YES</p> |  | <p>Doctor Doctor continued to provide the Visiting GP Service in the Outer East. Lifelong Healthcare informed EMPHN that they could no longer provide services to RACFs within the Outer North due to significant workforce issues and in March 2017 EMPHN ceased the contract with Lifelong Healthcare.</p> <p>RACFs were advised to revert back to contacting their clients GP or MDS where available.</p> <p>Reporting:<br/>- Lifelong HealthCare completed 1028 RACF visits were recorded for Jul-Dec</p> |
|--|--|------------|--|------------|--|---|



|  |  |            |  |            |  |  |
|--|--|------------|--|------------|--|--|
|  | <p>AH 2.2: Commission Hospital Residential In-Reach Program staff to provide a targeted education campaign for RACF and MDS staff focussing on ambulatory care sensitive conditions.</p> | <p>YES</p> |  | <p>YES</p> |  | <p>This activity was commissioned on 30/6/17 EMPHN commissioned Austin Health, as the Lead, together with Eastern and Northern Health to develop and deliver Stage 2 RIR education to RACFs and GPs. The contract was executed in June 2017 and will include the development and delivery of educational modules at:<br/>Eastern Health (RACF staff), Wantirna Austin Health (RACF staff), Heidelberg Northern Health (RACF staff), Epping EMPHN (GPS and MDS), Box Hill</p> |
|  | <p>AH 2.3: Implement and evaluate St Vincent's RIR/RACF De-prescribing Project at the RACFs whose residents represent the top 5 ED presentations</p>                                     | <p>Yes</p> |  | <p>Yes</p> |  | <p>Yes, this service was commissioned in December 2016</p>   |
|  | <p>AH 3.1: Extension of Pharmacy Opening hours in the after-hours period</p>   | <p>YES</p> |  | <p>YES</p> |  | <p>Yes, this service was commissioned in December 2016<br/>Project evaluation available on request</p>   |
|  | <p>AH 3.2: Targeted gra</p>  | <p>YES</p> |  | <p>YES</p> |  | <p>Service commissioned in November 2016</p>   |

|  |            |  |  |            |  |  |
|--|------------|--|--|------------|--|--|
| <p>AH 3.3: Improve quality of information provided on the NHSD</p>   | <p>YES</p> |  |  | <p>YES</p> |  | <p>EMPHN completed an audit of the NHSD to determine the accuracy of the information provided.</p> <p>Across all general practices in the EMPHN catchment which are open in the after hours period, 39% have incorrectly listed opening hours on the NHSD.</p> <p>From a consumer perspective, it is important to be able to access correct information regarding the opening hours of health services. This is particularly important when trying to access medical services in the after hours when a consumer's regular GP may be</p> |
| <p>AH 3.4: Scoping for implementation of proposed 2017/18 commissioning of after-hours emergency department diversion solutions</p>      | <p>YES</p> |  |  | <p>YES</p> |  | <p>See activity 1.3</p>  |
| <p>AH 4.1: Plan and deliver a catchment wide community education campaign to inform the community of available after hours services.</p> | <p>YES</p> |  |  | <p>YES</p> |  | <p>Service commissioned June 2017</p>  |

|  |   |            |  |            |  |  |
|--|---|------------|--|------------|--|--|
|  | <p>AH 5.1: Improve access to after-hours primary care for CALD communities</p>  | <p>YES</p> |  | <p>YES</p> |  | <p>in April and June 2017 Eastern Access Community Health (EACH) Migrant information Centre and Spectrum were commissioned in April 2017 to provide after hours education sessions to CALD/Refugee communities. Stage 2 of the program will raise awareness about and promote the range of after hours health and medical services that are available to people from CALD backgrounds and refugees, and will be delivered to vulnerable communities who did not participate in the initial sessions.</p> |
|  | <p>AH 5.2: Improve access to culturally safe and accessible primary health care services for outer north and outer east Aboriginal communities.</p> | <p>YES</p> |  | <p>YES</p> |  |  |

|  |  |            |  |            |  |
|--|--|------------|--|------------|--|
|  | <p>AH 6.1: Increase access to after-hours mental health care for young people.</p> | <p>Yes</p> |  | <p>Yes</p> | <p>in June 2017 Eastern Access Community Health (EACH) as the Lead, in collaboration with the three headspace sites Knox, Hawthorn and Greensborough, was awarded the tender for the After Hours Mental Health Young People Project in June 2017.</p> <p>The project involves the promotion of After Hours options to young people including education sessions and consultations for families of young people who may have experienced mental health concerns in the after hours.<br/>Deliverables include:</p> |
|--|--|------------|--|------------|--|

|  |   |            |  |            |  |
|--|---|------------|--|------------|--|
|  | <p>AH 6.2: Improve general practitioner and medical deputising services knowledge of after-hours mental health service options.</p> | <p>YES</p> |  | <p>YES</p> | <p>in April 2017 Cairnmilller Institute was commisioned to develop and implement a series of educational sessions in mental health risk assessment and provide information regarding the mental health referral pathways for patients, including within the after hours period. Learning outcomes also included increasing competency in identifying the warning signs of mental illness, particularly regarding depression, generalised anxiety and psychosis.</p> <p>3 sesssions for GPs</p> |
|--|---|------------|--|------------|--|

|  |  |            |  |            |  |   |
|--|--|------------|--|------------|--|---|
|  | <p>AH 6.3: Determine gaps in the capacity of local hospital networks to respond to requests for after-hours urgent mental health care in the community and explore/purchase solutions.</p> | <p>YES</p> |  | <p>YES</p> |  | <p>Northern Area Mental Health Service has been commissioned to provide the Northern Area Mental Health Family Intervention Service in June 2017. Deliverables include:</p> <ul style="list-style-type: none"> <li>-Provide the family intervention service for a period of five days per fortnight utilising two clinicians. It is expected that one or two of these days will include service provision in the after hours period. A minimum of 56 clients will receive this service over the duration of the contract period.</li> <li>-The Service will be</li> </ul> |
|  |  |            |  |            |  |   |
|  |  |            |  |            |  |   |

8.1 FINANCIAL REPORTING  
12 Month Performance Report - 1 July 2016 to 3 June 2017

**CORE OPERATIONAL FUNDING**

Refer to Annexure D of the Primary Health Networks Core Funding for the breakdown between Operational and Flexible Funding

|  | Approved Budget       | Twelve Month Actual   | Variance \$          | Variance % |
|--|-----------------------|-----------------------|----------------------|------------|
| <b>INCOME</b>  |                       |                       |                      |            |
| 2016-17 Programme Funds  | \$4,339,640.70        | \$4,339,640.70        | \$0.00               | 0%         |
| Interest Accumulated   | \$49,995.30           | \$145,095.31          | \$95,100.01          | 190%       |
| Other income derived from programme  |                       | \$49,553.64           | \$49,553.64          | #DIV/0!    |
| <b>TOTAL INCOME</b>  | <b>\$4,389,636.00</b> | <b>\$4,534,289.65</b> | <b>\$144,653.65</b>  | <b>3%</b>  |
| <b>EXPENDITURE</b>   |                       |                       |                      |            |
| <i>People</i>  |                       |                       |                      |            |
| Staffing / Salaries (including practice support, population health needs assessment)                               | \$1,753,781.00        | \$1,720,461.44        | -\$33,319.56         | -2%        |
| Subcontractors   | \$63,000.00           | \$12,778.13           | -\$50,221.87         | -80%       |
| <i>Office</i>  |                       |                       |                      |            |
| Rent   | \$200,793.00          | \$218,489.01          | \$17,696.01          | 9%         |
| Utilities; Communications; IT  | \$50,000.00           | \$24,110.66           | -\$25,889.34         | -52%       |
| Administration Costs   | \$156,302.00          | \$158,615.39          | \$2,313.39           | 1%         |
| <i>Board</i>   |                       |                       |                      |            |
| Board Sitting Fees/Remuneration  | \$186,250.00          | \$197,385.38          | \$11,135.38          | 6%         |
| Internal Audit and Board Review  | \$72,420.00           | \$74,458.66           | \$2,038.66           | 3%         |
| <i>Clinical Councils</i>   |                       |                       |                      |            |
| Clinical Council Costs   | \$37,760.00           | \$38,586.69           | \$826.69             | 2%         |
| <i>Community Advisory Committees</i>   |                       |                       |                      |            |
| Community Advisory Committee Costs   | \$22,181.00           | \$23,726.45           | \$1,545.45           | 7%         |
| <i>Sundry (ensure all budget line items approved in the 2015-16 Establishment and Transition Plan is included)</i> |                       |                       |                      |            |
| Communications & Marketing Costs   | \$50,000.00           | \$88,206.84           | \$38,206.84          | 76%        |
| Software Licencing and system improvements   | \$250,000.00          | \$191,830.85          | -\$58,169.15         | -23%       |
| Financial Costs (audit /consultancy)   | \$50,000.00           | \$46,074.00           | -\$3,926.00          | -8%        |
| <i>Organisational Priorities</i>   |                       |                       |                      |            |
| OP1 Population Health  | \$328,949.00          | \$264,661.38          | -\$64,287.62         | -20%       |
| OP2 General Practice Engagement & Support  | \$535,013.00          | \$450,515.44          | -\$84,497.56         | -16%       |
| OP3 Digital Health/eHealth   | \$333,354.00          | \$387,805.02          | \$54,451.02          | 16%        |
| OP4 Workforce Education & Clinical Placements  | \$299,833.00          | \$226,549.85          | -\$73,283.15         | -24%       |
| <b>TOTAL EXPENDITURE</b>   | <b>\$4,389,636.00</b> | <b>\$4,124,255.19</b> | <b>-\$265,380.81</b> | <b>-6%</b> |
| <b>SURPLUS/DEFICIT</b>   | <b>\$0.00</b>         | <b>\$1,837,218.66</b> |                      |            |

**Explanation of significant variance (line items with highlighted cells, greater than 10% and \$50,000):**

Note Formula error in cell refence C38. Surplus should be \$410,034.45. Staffing - exludes staffing costs for Population Health, General Practice Engagement, Diital Health and Workforce Education. These stafing costs are allocated to the Organisational Priorities budgets. Subcontractors - Activites for the needs assessment has been taken predominantly utilizing internal resources creating a saving to the orgnaisation. Utilities/Communications/IT - Removal of direct service delivery from PHN activities has reduced utility and communications expenses, creating a saving to the organisation. Communications & Marketing - Marketing expenses were higher than budgeted for as a result of engaging consultants to undertake marketing duties while the Manager positon was being recruited. Software Licencing and system improvements - The deferal of project 'CRM and Sharepoint upgrade' has been deferred untill the 2017/8 year, creating an underspend in the 2016/17 year.

Organisational Priorities - Population Health was underspent due to the manager position being undertaken by another staff member during ongoing recruitment.

GP Engagement and Support was underspent due to staff resignation and delays in recruitment

Digital Health/eHealth was slightly overspent due to the engagement of additional support to support a roll out of POLAR into practices.

Workforce Education and Clinical Placements - As there were many existing education providers via health services, the Education Alliance was formed with the four majors LHNs which provided the opportunity to consolidate a training calendar and share costs associated with education. Thus there was an underspend in the events budget associated with this efficiency.

## CORE FLEXIBLE FUNDING

Refer to Annexure D of the Primary Health Networks Core Funding for the breakdown between Operational and Flexible Funding

|  | Budget                | Twelve Month Actual   | Variance \$          | Variance %    |
|--|-----------------------|-----------------------|----------------------|---------------|
| <b>INCOME</b>  |                       |                       |                      |               |
| 2015-16 Carry Forward Funds  | \$149,822.43          | \$149,822.43          | \$0.00               | 0%            |
| 2016-17 Programme Funds  | \$5,200,700.65        | \$5,200,700.66        | \$0.01               | 0%            |
| Interest Accumulated   |                       |                       | \$0.00               | #DIV/0!       |
| Other income derived from programme                                    |                       | \$5,180.00            | \$5,180.00           | #DIV/0!       |
| <b>TOTAL INCOME</b>  | <b>\$5,350,523.08</b> | <b>\$5,355,703.09</b> | <b>\$5,180.01</b>    | <b>0%</b>     |
| <b>EXPENDITURE</b>   |                       |                       |                      |               |
| <i>Activity addressing PHN and national objectives (if applicable)</i> |                       |                       |                      |               |
| NP1 Avoidable Hospitalisations   | \$824,923.00          | \$958,104.93          | \$133,181.93         | 16%           |
| NP2 Reducing ED Presentations  | \$1,135,455.00        | \$1,154,251.23        | \$18,796.23          | 2%            |
| NP3 Integrated Care for Chronic disease Management                     | \$686,951.00          | \$1,225,632.83        | \$538,681.83         | 78%           |
| NP4 Healthy Aging  | \$587,939.00          | \$478,098.98          | -\$109,840.02        | -19%          |
| NP6 Access to Care for Refugee & CALD Populations                      | \$336,166.00          | \$317,290.65          | -\$18,875.35         | -6%           |
| NP7 Immunisation   | \$452,994.00          | \$285,621.40          | -\$167,372.60        | -37%          |
| NP10 Cancer Screening  | \$393,531.00          | \$367,794.60          | -\$25,736.40         | -7%           |
| Flexible Project Budget  | \$932,564.08          | \$132,604.17          | -\$799,959.91        | -86%          |
| <b>TOTAL EXPENDITURE</b>   | <b>\$5,350,523.08</b> | <b>\$4,919,398.79</b> | <b>-\$431,124.29</b> | <b>-8%</b>    |
| <b>SURPLUS/DEFICIT</b>   | <b>\$0.00</b>         | <b>\$436,304.30</b>   | <b>\$436,304.30</b>  | <b>\$0.00</b> |

### Explanation of significant variance (line items with highlighted cells, greater than 20% and \$100,000):

Activity NP1 - This priority has a top up of funds from Flexible Other of \$130k. In the process of undertaking an extensive deeper dive regarding the cellulitis pathway it was determined in consultation with the Clinical Council that it would not go ahead and therefore the \$63,500 became part of carryforward (see narrative report for reason why it did not proceed).

Activity NP3 Integrated Care for Chronic Disease Management- An additional \$160k was allocated from Flexible Other. Commissioning is underway for the patient portal to expend in 2017-18 (estimated budget \$100k).

NP4 Healthy Ageing- End of Life project with a budget of \$85k was deferred until 2017-18 and has become part of the carry forward.

Activity NP7 - Immunisation underspend as a result of consolidation of resources from existing sources rather than the commissioning of GP and community education development TO CHECK

Flexible Funding Other - This pool was to allow for flexibility in budget for activities as they were commissioned. \$210k was allocated to NP1, \$206k was allocated to Activity NP2 and \$160k was allocated to NP3 as indicative planning during the commissioning process indicated a project overspend. The remaining amount was carried over to supplement 2017-18 activity as per agreement with Dept.



**CORE INNOVATION FUNDING**

|                                     | Budget              | Twelve Month Actual | Variance \$   | Variance % |
|-------------------------------------|---------------------|---------------------|---------------|------------|
| <b>INCOME</b>                       |                     |                     |               |            |
| 2015-16 Carry Forward Funds         | \$474,200.00        | \$474,200.00        | \$0.00        | 0%         |
| 2016-17 Programme Funds             | \$0.00              | \$0.00              | \$0.00        | #DIV/0!    |
| Interest Accumulated                |                     |                     | \$0.00        | #DIV/0!    |
| Other income derived from programme |                     |                     | \$0.00        | #DIV/0!    |
| <b>TOTAL INCOME</b>                 | <b>\$474,200.00</b> | <b>\$474,200.00</b> | <b>\$0.00</b> | <b>0%</b>  |

|   | Budget              | Twelve Month Actual | Variance \$          | Variance %     |
|---|---------------------|---------------------|----------------------|----------------|
| <b>EXPENDITURE</b>  |                     |                     |                      |                |
| <i>Activity addressing PHN and national objectives (if applicable)</i>          |                     |                     |                      |                |
| Activity IN1 Community Pharmacy Workforce Model Trial                           | \$189,779.00        | \$187,483.00        | -\$2,296.00          | -1%            |
| Activity IN2 Development of a centralised online gateway to key reform portals  | \$78,097.00         | \$0.00              | -\$78,097.00         | -100%          |
| Activity IN3 General Practice of the Future                                     | \$107,872.00        | \$0.00              | -\$107,872.00        | -100%          |
| Activity IN4 Provision of Primary Care Interface to local eReferral Initiatives | \$70,000.00         | \$70,001.66         | \$1.66               | 0%             |
| management oversight  | \$28,452.00         | \$30,157.96         | \$1,705.96           | 6%             |
| <b>TOTAL EXPENDITURE</b>  | <b>\$474,200.00</b> | <b>\$287,642.62</b> | <b>-\$186,557.38</b> | <b>-39%</b>    |
| <b>SURPLUS/DEFICIT</b>  | <b>\$0.00</b>       | <b>\$186,557.38</b> | <b>\$186,557.38</b>  | <b>#DIV/0!</b> |

Explanation of significant variance (including significant forecasted underspends):  
 The scheduled project delivery timeframes for Activity IN3 and IN4 are in the 2017/18 year. As such there has been no expenditure allocated to these two activities in the 2016/17 year.

**AFTER HOURS FUNDING**

|   | Budget                | Twelve Month Actual   | Variance \$          | Variance % |
|---|-----------------------|-----------------------|----------------------|------------|
| <b>INCOME</b>                               |                       |                       |                      |            |
| 2015-16 Carry Over Funds                    | \$363,467.25          | \$363,467.25          | \$0.00               | 0%         |
| 2016-17 Programme Funds                     | \$2,389,567.76        | \$2,389,567.76        | \$0.00               | 0%         |
| Interest Accumulated                        | \$0.00                | \$28,347.61           | \$28,347.61          | #DIV/0!    |
| Other income derived from programme         | \$0.00                |                       | \$0.00               | #DIV/0!    |
| <b>TOTAL INCOME</b>                         | <b>\$2,753,035.01</b> | <b>\$2,781,382.62</b> | <b>\$28,347.61</b>   | <b>1%</b>  |
| <b>EXPENDITURE</b>                          |                       |                       |                      |            |
| <i>Projects</i>                             |                       |                       |                      |            |
| Priority 1 Limited Access to GP's           | \$820,000.00          | \$663,347.16          | -\$156,652.84        | -19%       |
| Priority 2 Limited RACF Access to GP's      | \$428,000.00          | \$245,759.68          | -\$182,240.32        | -43%       |
| Priority 3 Increase Quality and Capacity    | \$430,000.00          | \$421,375.57          | -\$8,624.43          | -2%        |
| Priority 4 Increase Community Awareness     | \$250,000.00          | \$371,812.62          | \$121,812.62         | 49%        |
| Priority 5 ATSI, CALD & Refugees            | \$119,000.00          | \$128,537.51          | \$9,537.51           | 8%         |
| Priority 6 Increase Access to Mental Health | \$361,467.25          | \$407,379.06          | \$45,911.81          | 13%        |
| Sub-Total                                   | \$2,408,467.25        | \$2,238,211.60        | -\$170,255.65        | -7%        |
| <i>Administration (max 10%)</i>             |                       |                       |                      |            |
| Salaries & Oncost                           | \$191,669.00          | \$277,399.58          | \$85,730.58          | 45%        |
| Overheads                                   | \$143,374.00          | \$87,973.50           | -\$55,400.50         | -39%       |
| Audit                                       | \$1,000.00            | \$1,015.00            | \$15.00              | 2%         |
| Sundry                                      | \$8,524.76            | -\$23,327.53          | -\$31,852.29         | -374%      |
| Sub-Total                                   | \$344,567.76          | \$343,060.55          | -\$1,507.21          | 0%         |
| <b>TOTAL EXPENDITURE</b>                    | <b>\$2,753,035.01</b> | <b>\$2,581,272.15</b> | <b>-\$171,762.86</b> | <b>-6%</b> |
| <b>SURPLUS/DEFICIT</b>                      | <b>\$0.00</b>         | <b>\$200,110.47</b>   |                      |            |

Explanation of significant variance (including significant forecasted underspends)

Priority 1 - Underspend occurred due to changed to the MBS, surplus funds were allocated to Priority 4. Priority 2 - Activity 2.2 was not undertaken during 2016/17 resulting in surplus funds for this activity. Priority 4 - Surplus funds from Priority 1 were added to this activity to increase the funds available for the advertising campaign. Priority 6 - The contract value for activity 6.1 came in higher than initially budgeted for resulting in an overspend for this activity. Sundry expenses - an executed contract from the previous financial year was completed under budget. Unspent funds were returned back to EMPHN.

| INTEGRATED TEAM CARE   |                       |                       |                        |            |
|--|-----------------------|-----------------------|------------------------|------------|
|  | Budget                | Twelve Month Actual   | Variance \$            | Variance % |
| <b>INCOME</b>  |                       |                       |                        |            |
| 2015-16 Carry Forward Funds  | \$275,329.82          | \$275,329.82          | \$0.00                 | 0%         |
| 2016-17 Programme Funds  | \$758,639.52          | \$758,639.52          | \$0.00                 | 0%         |
| Interest Accumulated   | \$0.00                | \$13,309.96           | \$13,309.96            | #DIV/0!    |
| Other income derived from programme  | \$0.00                |                       | \$0.00                 | #DIV/0!    |
| <b>TOTAL INCOME</b>  | <b>\$1,033,969.34</b> | <b>\$1,047,279.30</b> | <b>\$13,309.96</b>     | <b>1%</b>  |
| <b>EXPENDITURE</b>   |                       |                       |                        |            |
| <i>Team Component</i>  |                       |                       |                        |            |
| <i>Salary Expenses (including on-costs) *</i>  |                       |                       |                        |            |
| Indigenous Health Project Officers   | \$84,842.35           | \$50,865.18           | -\$33,977.17           | -40%       |
| Care Coordinators  |                       |                       | \$0.00                 | #DIV/0!    |
| Outreach Workers   | \$176,555.00          | \$209,311.98          | \$32,756.98            | 19%        |
| <i>Team Expenses</i>   |                       |                       |                        |            |
| Travel and Accommodation   | \$4,000.00            | \$1,008.50            | -\$2,991.50            | -75%       |
| Workforce support and capacity building (up to 3%)#  | \$10,430.26           | \$0.00                | -\$10,430.26           | -100%      |
| Other (specify)  |                       | \$73,200.36           |                        |            |
| Audit  | \$4,000.00            | \$1,015.00            | -\$2,985.00            | -75%       |
| Activity 1 Care Coordination Program   | \$293,000.00          | \$354,738.00          | \$61,738.00            | 21%        |
| Activity 2 Chronic Disease Prevention  | \$139,064.00          | \$69,069.22           | -\$69,994.78           | -50%       |
| Activity 3 Enhancing Eye Health Capacity in Primary Health Services  | \$40,000.00           | \$0.00                | -\$40,000.00           | -100%      |
| Activity 4 Cultural Safety Training  | \$10,000.00           | \$0.00                | -\$10,000.00           | -100%      |
| Activity 6 Reconciliation Action Plan  | \$15,000.00           | \$0.00                | -\$15,000.00           | -100%      |
| Sub-Total  | \$776,891.61          | \$759,208.24          | -\$17,683.37           | -2%        |
| <i>Supplementary Services Component</i>  | \$203,973.00          |                       | -\$203,973.00          | -100%      |
| Medical Specialist Service   |                       | \$271,873.68          | \$271,873.68           | #DIV/0!    |
| Allied Health Service  |                       |                       | \$0.00                 | #DIV/0!    |
| Medical Aids   |                       |                       | \$0.00                 | #DIV/0!    |
| Transport  |                       |                       | \$0.00                 | #DIV/0!    |
| Exceptional Circumstances  |                       |                       | \$0.00                 | #DIV/0!    |
| Sub-Total  | \$203,973.00          | \$271,873.68          | \$67,900.68            | 33%        |
| <i>Administration (max 7%)</i>   |                       |                       |                        |            |
| IT Licencing and Support   | \$53,104.73           | \$5,850.00            | -\$47,254.73           | -89%       |
| Administration and Overheads   |                       | \$55,460.21           | \$55,460.21            | #DIV/0!    |
| Sub-Total  | \$53,104.73           | \$61,310.21           | \$8,205.48             | 15%        |
| <b>TOTAL EXPENDITURE</b>   | <b>\$1,033,969.34</b> | <b>-\$45,112.83</b>   | <b>-\$1,079,082.17</b> |            |
| <b>SURPLUS/DEFICIT</b>   | <b>\$0.00</b>         | <b>\$1,092,392.13</b> |                        |            |
| <b>Explanation of significant variance (including significant forecasted underspends)</b>                                    |                       |                       |                        |            |
| Please click to view all narrative. The formula in cell reference C176 is incorrect. It should add to \$1,038,392.13. Cell r |                       |                       |                        |            |

\*PHNs must provide the expenditure for each of the 3 discrete workforce positions. Please provide this information using the names of the positions specified in the template so the Department can accurately account for workforce expenditure. You may provide a breakdown by commissioned organisation if this is easier than providing a total for the PHN region.

#Workforce support and capacity building expenditure needs to be provided in the reporting template so the Department can account for the training and support received by the workforce. This is an important element of the ITC Program.

| Mental Health and Suicide Prevention Operational and Flexible Funding |                      |                      |                     |                  |
|---|----------------------|----------------------|---------------------|------------------|
|   | Budget               | Twelve Month Actual  | Variance            | Variance %       |
| <b>INCOME</b>   |                      |                      |                     |                  |
| 2016-17 Program Funds   | 15,637,373.49        | 15,385,877.75        | 251,495.74          | 2%               |
| Interest Accumulated  |                      | 167,403.41           | - 167,403.41        | #DIV/0!          |
| Other income received from headspace                                  |                      |                      | -                   | #DIV/0!          |
| Other income  |                      | 405,201.70           | - 405,201.70        | #DIV/0!          |
| <b>TOTAL INCOME</b>   | <b>15,637,373.49</b> | <b>15,958,482.86</b> | <b>- 321,109.37</b> | <b>-2%</b>       |
| <b>EXPENDITURE</b>  |                      |                      |                     |                  |
|   | Budget               | Twelve Month Actual  | Variance            | Variance %       |
| <b>Flexible Funding Expenditure</b>                                   |                      |                      |                     |                  |
| <b>General Flexible Funding</b>                                       |                      |                      |                     |                  |
| Priority One - Low intensity MH services                              | 3,740,836.89         | 3,740,836.89         | -                   | 0%               |
| Priority Two - Youth MH services                                      | 3,321,168.00         | 3,321,168.00         | -                   | 0%               |
| Priority Three - Psychological therapies services                     | -                    | -                    | -                   | #DIV/0!          |
| Priority Four - Severe and complex MH services                        | 5,877,677.00         | 5,832,579.39         | 45,097.61           | 1%               |
| Priority Five - community based suicide prevention services           | 573,804.00           | 354,985.82           | 218,818.18          | 38%              |
| Priority Six - Indigenous MH services                                 | 29,271.00            | 29,271.00            | -                   | #DIV/0!          |
| <b>General Flexible Sub-Total</b>                                     | <b>13,513,485.89</b> | <b>13,249,570.10</b> | <b>263,915.79</b>   | <b>2%</b>        |
| <b>Lead Site Funding</b>  |                      |                      |                     |                  |
| Focus area: Low Intensity   | 550,000.00           | 212,792.58           | 337,207.42          | 61%              |
| Focus area: Youth at risk or living with severe mental illness        |                      |                      | -                   | #DIV/0!          |
| Focus area: Severe and Complex  |                      |                      | -                   | #DIV/0!          |
| Focus areas: Other  |                      |                      | -                   | #DIV/0!          |
| <b>Lead Site Sub-Total</b>  | <b>550,000.00</b>    | <b>212,792.58</b>    | <b>337,207.42</b>   | <b>61%</b>       |
| <b>Other Activity funding</b>   |                      |                      |                     |                  |
| Suicide Prevention Trial Site Funding                                 |                      |                      | -                   | #DIV/0!          |
| PFAS Funding  |                      |                      | -                   | #DIV/0!          |
| Flexible funding received from headspace                              |                      |                      | -                   | #DIV/0!          |
| <b>Flexible Funding Expenditure Total</b>                             | <b>14,063,485.89</b> | <b>13,462,362.68</b> | <b>601,123.21</b>   | <b>4%</b>        |
| <b>Operational Funding Expenditure</b>                                |                      |                      |                     |                  |
| <b>General Operational Funding</b>                                    |                      |                      |                     |                  |
| Priority Area 7 - stepped care planning                               |                      | 49,600.00            | - 49,600.00         | #DIV/0!          |
| Priority Area 8 - regional plans                                      |                      |                      | -                   | #DIV/0!          |
| Other Operational Activities*   | 1,698,322.43         | 1,728,979.57         | - 30,657.14         | -2%              |
| <b>General Operational Funding Sub-Total</b>                          | <b>1,698,322.43</b>  | <b>1,778,579.57</b>  | <b>- 80,257.14</b>  | <b>-5%</b>       |
| Expenditure from income received from headspace                       |                      |                      | -                   | #DIV/0!          |
| <b>Operational Funding Expenditure Total</b>                          | <b>1,698,322.43</b>  | <b>1,778,579.57</b>  | <b>- 80,257.14</b>  | <b>-5%</b>       |
| <b>TOTAL EXPENDITURE</b>  | <b>15,761,808.32</b> | <b>15,240,942.25</b> | <b>520,866.07</b>   | <b>0.0660922</b> |
| <b>SURPLUS/DEFICIT</b>  | <b>- 124,434.83</b>  | <b>717,540.61</b>    | <b>- 841,975.44</b> |                  |

\*Relevant PHNs should include any other operational funding, not captured in Priority areas 7 and 8 should be captured here, this includes PFAS funding

Explanation of significant variance (including significant forecasted underspends)

Budgeted income includes MH Flexible which is a separately reported area. Other income includes \$405k carry over from schedule Operational Mental Health and Suicide prevention Drug and Alcohol Activities. Interest income of \$167k not budgeted for, allocated to operational budgeted. Priority 5 carry over related to coinvestment to State Placed bases SPS (Maroondah).

| Mental Health Unspent Funds reconciliation |                      |                      |                   |
|--|----------------------|----------------------|-------------------|
|  | Budget               | Expenditure          | Unspent funds     |
| Psych therapies for hard to reach          | 4,140,836.90         | 4,140,836.90         | - 0.00            |
| MH Nursing                                 | 4,969,242.60         | 4,913,744.99         | 55,497.61         |
| headspace                                  | 2,921,168.00         | 2,921,168.00         | -                 |
| Youth severe                               | 908,434.32           | 908,434.32           | 0.00              |
| EPYS                                       | -                    | -                    | -                 |
| Suicide Prev - General                     | 573,803.26           | 354,985.08           | 218,818.18        |
| Suicide Prev - Indigenous                  | 29,270.79            | 29,270.79            | 0.00              |
| PFAS response                              | -                    | -                    | -                 |
| PHN Lead Site Fund                         | 550,000.00           | 212,792.59           | 337,207.41        |
| Suicide prevention trials                  | -                    | -                    | -                 |
| Operational                                | 1,293,121.87         | 1,216,375.47         | 76,746.40         |
| Indigenous Mental Health                   | 251,495.74           | 251,495.74           | 0.00              |
| <b>TOTAL</b>                               | <b>15,637,373.49</b> | <b>14,949,103.88</b> | <b>688,269.61</b> |

Notes:

- Financial information is to be entered in the white cells only
- Cell formatting and size is not to be adjusted
- Funding amounts should be entered to two decimal places
- Expenditure of funds received from headspace directly should not be reported in Unspent Funds reconciliation
- The purpose of this table is to reduce the amount of negotiation about apportioning any unspent funds against budget allocation line items for 2016-17

**Drug and Alcohol Treatment Services - Operational and Flexible Funding**

|   | Budget               | Twelve Month Actual | Variance \$          | Variance %     |
|---|----------------------|---------------------|----------------------|----------------|
| <b>INCOME</b>   |                      |                     |                      |                |
| 2016-17 Programme Funds   |                      | \$0.00              | \$0.00               | #DIV/0!        |
| Interest Accumulated  |                      | \$0.00              | \$0.00               | #DIV/0!        |
| Other income derived from programme   |                      | \$0.00              | \$0.00               | #DIV/0!        |
| <b>TOTAL INCOME</b>   | <b>\$0.00</b>        | <b>\$0.00</b>       | <b>\$0.00</b>        | <b>#DIV/0!</b> |
| <b>EXPENDITURE</b>  |                      |                     |                      |                |
| <i>Flexible</i>   |                      |                     |                      |                |
| Activity 1 After Hours AOD Clinical Services in ED  | \$231,236.00         |                     | -\$231,236.00        | -1             |
| Activity 2 Increasing AOD access points to deliver intake/assessment/brief interventions for individual and families outpatient group programs pathwas) | \$353,938.00         |                     | -\$353,938.00        | -1             |
| Aboriginal and Torres Strait Inlander communities   | \$277,080.00         |                     |                      |                |
| Activity 6 Workforce development  | \$331,207.00         |                     |                      |                |
| Activity 7 Integrated response to Aboriginal and Torres Strait Inlander Communities   | \$60,000.00          |                     |                      |                |
| Sub-Total   | \$150,000.00         | \$0.00              | -\$292,587.00        | -0.5           |
| <i>Operational</i>  |                      |                     |                      |                |
| Salaries/Provisions for leave etc.  | \$585,174.00         | \$0.00              | \$0.00               | #DIV/0!        |
| Travel  |                      | \$0.00              | \$0.00               | #DIV/0!        |
| Organisational operational costs  |                      | \$0.00              | \$0.00               | #DIV/0!        |
| Sub-Total   | \$0.00               | \$0.00              | \$0.00               | #DIV/0!        |
| <b>TOTAL EXPENDITURE</b>  | <b>\$585,174.00</b>  | <b>\$0.00</b>       | <b>-\$292,587.00</b> | <b>-0.5</b>    |
| <b>SURPLUS/DEFICIT</b>  | <b>-\$585,174.00</b> | <b>\$0.00</b>       | <b>\$292,587.00</b>  |                |

Explanation of significant variance (including significant forecasted underspends): DUPLICATE - See Drug & Alcohol Treatment Services report below and reconfigured to activity than priority as per approved budget

**Indigenous Mental Health Flexible Funding**

|                                     | Budget              | Twelve Month Actual | Variance \$   | Variance % |
|-------------------------------------|---------------------|---------------------|---------------|------------|
| <b>INCOME</b>                       |                     |                     |               |            |
| 2016-17 Programme Funds             | \$251,496.00        | \$251,496.00        | \$0.00        | 0%         |
| Interest Accumulated                |                     |                     | \$0.00        | #DIV/0!    |
| Other income derived from programme |                     |                     | \$0.00        | #DIV/0!    |
| <b>TOTAL INCOME</b>                 | <b>\$251,496.00</b> | <b>\$251,496.00</b> | <b>\$0.00</b> | <b>0%</b>  |

|  | Budget       | Twelve Month Actual | Variance \$ | Variance % |
|--|--------------|---------------------|-------------|------------|
| <b>EXPENDITURE</b>   |              |                     |             |            |
| <i>Projects</i>  |              |                     |             |            |
| Project 6 - Aboriginal and Torres Strait Islander mental health services | \$251,496.00 | \$251,495.74        | -\$0.26     | 0%         |
| Project [Name]   |              |                     | \$0.00      | #DIV/0!    |
| Project [Name]   |              |                     | \$0.00      | #DIV/0!    |
| Sub-Total  | \$251,496.00 | \$251,495.74        | -\$0.26     | 0%         |

|                          |                     |                     |                     |             |
|--------------------------|---------------------|---------------------|---------------------|-------------|
| <b>TOTAL EXPENDITURE</b> | <b>\$251,496.00</b> | <b>\$502,991.74</b> | <b>\$251,495.74</b> | <b>100%</b> |
|--------------------------|---------------------|---------------------|---------------------|-------------|

|                        |               |               |               |  |
|------------------------|---------------|---------------|---------------|--|
| <b>SURPLUS/DEFICIT</b> | <u>\$0.00</u> | <u>\$0.26</u> | <u>\$0.00</u> |  |
|------------------------|---------------|---------------|---------------|--|

Explanation of significant variance (including significant forecasted underspends)  
 c281 formula is incorrect

**Drug and Alcohol Treatment Services - Operational and Flexible Funding**

|                                     | Budget                | Twelve Month Actual   | Variance \$        | Variance % |
|-------------------------------------|-----------------------|-----------------------|--------------------|------------|
| <b>INCOME</b>                       |                       |                       |                    |            |
| 2016-17 Programme Funds             | \$1,586,377.16        | \$1,586,377.17        | \$0.01             | 0%         |
| Interest Accumulated                | \$0.00                | \$37,355.19           | \$37,355.19        | #DIV/0!    |
| Other income derived from programme | \$0.00                |                       | \$0.00             | #DIV/0!    |
| <b>TOTAL INCOME</b>                 | <b>\$1,586,377.16</b> | <b>\$1,623,732.36</b> | <b>\$37,355.20</b> | <b>2%</b>  |

|   | Budget         | Twelve Month Actual | Variance \$   | Variance % |
|---|----------------|---------------------|---------------|------------|
| <b>EXPENDITURE</b>  |                |                     |               |            |
| Project 1 - Reduce avoidable deaths due to overdose   | \$350,865.22   |                     | -\$350,865.22 | -100%      |
| Activity 1 After Hours AOD Clinical Services in ED  | \$231,236.00   | \$231,236.00        | \$0.00        | 0%         |
| Activity 2 Increasing AOD access points to deliver intake/assessment/brief interventions for individual and families  | \$353,938.00   | \$321,971.00        | -\$31,967.00  | -9%        |
| Activity 3 Demand management initiatives - expanding post-withdrawal support including peer support and outpatient group programs                                 | \$277,080.00   | \$201,390.00        | -\$75,690.00  | -27%       |
| Activity 4 Increasing access and treatment for young people (improving youth AOD access and community pathways)   | \$331,207.00   | \$331,899.46        | \$692.46      | 0%         |
| Activity 5 Improving responses to: people with dual diagnosis; culturally and linguistically diverse (CALD) and Aboriginal and Torres Strait Islander communities | \$60,000.00    | \$1,200.00          |               |            |
| Activity 7 Integrated response to Aboriginal and Torres Strait Islander Communities   | \$150,000.00   | \$100,000.00        | -\$50,000.00  | -33%       |
| Sub-Total   | \$1,754,326.22 | \$1,187,696.46      | -\$566,629.76 | -32%       |

|   |              |              |             |         |
|---|--------------|--------------|-------------|---------|
| <i>Operational</i>                                |              |              |             |         |
| Salaries/Provisions for leave etc.                | \$151,662.00 | \$157,809.88 | \$6,147.88  | 4%      |
| Subcontractors                                    | \$2,039.00   | \$0.00       | -\$2,039.00 | -100%   |
| Overheads (rent, utilities, L&D, stationery etc.) | \$29,215.28  | \$31,217.88  | \$2,002.60  | 7%      |
| Other   | \$0.00       |              | \$0.00      | #DIV/0! |
| Sub-Total   | \$182,916.28 | \$189,027.76 | \$6,111.48  | 3%      |

|                          |                       |                       |                      |             |
|--------------------------|-----------------------|-----------------------|----------------------|-------------|
| <b>TOTAL EXPENDITURE</b> | <b>\$1,937,242.50</b> | <b>\$1,376,724.22</b> | <b>-\$560,518.28</b> | <b>-29%</b> |
|--------------------------|-----------------------|-----------------------|----------------------|-------------|

|                        |                      |                     |               |  |
|------------------------|----------------------|---------------------|---------------|--|
| <b>SURPLUS/DEFICIT</b> | <b>-\$350,865.34</b> | <b>\$247,008.14</b> | <b>\$0.00</b> |  |
|------------------------|----------------------|---------------------|---------------|--|

Explanation of significant variance (including significant forecasted underspends)  
 unable to remove project 1 and budget details. Note duplicate AOD report above. Report configured to most recently approved budget which was reconfigured to activity than priority as per Department request  
 Activity 3 - procurement costs for demand management initiatives lower than originally budgeted. Additional funds to contracted services was deemed not to provide further value until benefits of service could be demonstrated.  
 Activity 7 - Procurement of services was lower than originally budgeted. As per Activity 3 - further investment in contracted services would be considered once benefits are demonstrated

**Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander People - Flexible Funding**

|                                     | Budget              | Twelve Month Actual | Variance \$   | Variance % |
|-------------------------------------|---------------------|---------------------|---------------|------------|
| <b>INCOME</b>                       |                     |                     |               |            |
| 2016-17 Programme Funds             | \$162,883.67        | \$162,883.67        | \$0.00        | 0%         |
| Interest Accumulated                |                     |                     | \$0.00        | #DIV/0!    |
| Other income derived from programme |                     |                     | \$0.00        | #DIV/0!    |
| <b>TOTAL INCOME</b>                 | <b>\$162,883.67</b> | <b>\$162,883.67</b> | <b>\$0.00</b> | <b>0%</b>  |

|   | Budget              | Twelve Month Actual | Variance \$        | Variance % |
|---|---------------------|---------------------|--------------------|------------|
| <b>EXPENDITURE</b>  |                     |                     |                    |            |
| <i>Projects</i>   |                     |                     |                    |            |
| Project 3 - Reduce the harm of AOD on Aboriginal communities including reducing ice use | \$162,883.67        | \$160,678.20        | -\$2,205.47        | -1%        |
| Project [Name]  |                     |                     | \$0.00             | #DIV/0!    |
| Project [Name]  |                     |                     | \$0.00             | #DIV/0!    |
| Sub-Total   | \$162,883.67        | \$160,678.20        | -\$2,205.47        | -1%        |
| <b>TOTAL EXPENDITURE</b>  | <b>\$162,883.67</b> | <b>\$160,678.20</b> | <b>-\$2,205.47</b> | <b>-1%</b> |

|                        |               |                   |               |  |
|------------------------|---------------|-------------------|---------------|--|
| <b>SURPLUS/DEFICIT</b> | <u>\$0.00</u> | <u>\$2,205.47</u> | <u>\$0.00</u> |  |
|------------------------|---------------|-------------------|---------------|--|

Explanation of significant variance (including significant forecasted underspends)





**FOR MORE INFORMATION**

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