



Australian Government

phn
EASTERN MELBOURNE

An Australian Government Initiative

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

2017–2018

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Eastern Melbourne PHN

PHN 12 MONTH PERFORMANCE REPORT COVER SHEET 1 July 2017 - 30 June 2018	
Primary Health Network Name	Eastern Melbourne
PHN ID	202
PHN Contact: Name	David Johnstone
PHN Contact: Phone	(03) 9046 0342
PHN Contact: Email	david.johnstone@emphn.org.au
Declaration	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.
Please ensure the following items have been completed/attached:	
Governance	<input type="checkbox"/> PHN Constitution <input type="checkbox"/> List of company membership <input type="checkbox"/> Corporate Structure <input type="checkbox"/> Organisational Chart (including FTE) <input type="checkbox"/> Board membership <input type="checkbox"/> Clinical Council membership <input type="checkbox"/> Community Advisory Committee membership
Commissioning	<input type="checkbox"/> Commissioned providers <input type="checkbox"/> Decommissioned services
Performance	<input type="checkbox"/> Core Flexible Activity <input type="checkbox"/> Core Operational Activity <input type="checkbox"/> Innovation Activity <input type="checkbox"/> After Hours Activity <input type="checkbox"/> Drug and Alcohol Treatment Services - Operational and Flexible Funding <input type="checkbox"/> Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander People - Flexible Funding <input type="checkbox"/> Mental Health and Suicide Prevention Operational and Flexible <input type="checkbox"/> Indigenous Mental Health Flexible <input type="checkbox"/> Integrated Team Care <input type="checkbox"/> Integrated Team Care Data <input type="checkbox"/> Improving Chronic Conditions Management (see 'Financial' tab) (if applicable) <input type="checkbox"/> Greater Choice for at Home Palliative Care (GCfAHPC) measure (if applicable) <input type="checkbox"/> Health Care Homes Stage One Implementation Support (if applicable)
Financial Management	<input type="checkbox"/> Core Flexible Income and Expenditure (see 'Financial' tab) <input type="checkbox"/> Core Operational Income and Expenditure (see 'Financial' tab) <input type="checkbox"/> Core Innovation Income and Expenditure (see 'Financial' tab) <input type="checkbox"/> After Hours Income and Expenditure (see 'Financial' tab) <input type="checkbox"/> Drug and Alcohol Treatment Services - Operational and Flexible Funding (see 'Financial' tab) <input type="checkbox"/> Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander People - Flexible Funding (see 'Financial' tab) <input type="checkbox"/> Mental Health and Suicide Prevention Operational and Flexible (see 'Financial' tab) <input type="checkbox"/> Indigenous Mental Health Flexible (see 'Financial' tab) <input type="checkbox"/> Integrated Team Care (see 'Financial' tab) <input type="checkbox"/> Improving Chronic Conditions Management (see 'Financial' tab) (if applicable) <input type="checkbox"/> Greater Choice for at Home Palliative Care (GCfAHPC) measure (see 'Financial' tab) (if applicable) <input type="checkbox"/> Health Care Homes Stage One Implementation Support (see 'Financial' tab) (if applicable)
Other	<input type="checkbox"/> Audited Income and Expenditure Statement <input type="checkbox"/> Declaration

Eastern Melbourne PHN

1.1 ORGANISATIONAL INDICATORS														
PHN 12 Month Performance Report - 1 July 2017 to 30 June 2018														
Note	PHN ID (Number only)	Category	Organisational Indicator	Board/Clinical Council/Community Advisory Committee Title	Reporting Requirement	YES/NO	Name (including title eg. Dr/Mr/Ms)	Gender (M/F/X (Indeterminate/Int/sex/Unspecified) /Prefer not to say)	Primary Skill	Additional expertise / stakeholder group	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 company membership of the PHN during the Reporting Period? Please attach a current/updated list of company membership.	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								
6		Governance	Organisational Structure - Organisation Chart		Please attach your current Organisational Chart listing positions filled and FTE.									
7	202	Governance	PHN Board - membership		Board Members and Skills		Jim Swinden	M	Corporate	Business Management				Governance / Business Management / Financial
7	202	Governance	PHN Board - membership		Board Members and Skills		Prof Jane Gunn	F	General Practitioner					Mental Health / Population, Public Health
7	202	Governance	PHN Board - membership		Board Members and Skills		Ms Elizabeth Kennedy	F	Corporate	Legal				Legal / Financial / Risk Management
7	202	Governance	PHN Board - membership		Board Members and Skills		Dr Lindsay McMillan	M	Corporate	Governance				Governance / Business Management / Financial / EAP / Disability Services
7	202	Governance	PHN Board - membership		Board Members and Skills		Dr Peter Trye	F	General Practitioner					Clinical / Population, Public Health
7	202	Governance	PHN Board - membership		Board Members and Skills		Tony McBride	M	Health Consumer					
7	202	Governance	PHN Board - membership		Board Members and Skills		Alex Johnstone	M	Corporate	Business Management				Governance / Business Management / Financial
7	202	Governance	PHN Board - membership		Board Members and Skills		Prof Sandy Leggat	F	Researcher/Academic					Governance / Physiotherapy
7	202	Governance	PHN Board - membership		Board Members and Skills		Dr Leonie Katekar	F	General Practitioner					Not-For-Profit Expertise / Digital Health
8		Governance	Clinical Council(s) - number		Number of Clinical Council(s)									
9	202	Governance	Clinical Council(s) - membership		Clinical Council - members and skills		Prof Jane Gunn	F	General Practitioner					
9	202	Governance	Clinical Council(s) - membership		Clinical Council - members and skills		Dr Peter Trye	M	General Practitioner					
9	202	Governance	Clinical Council(s) - membership		Clinical Council - members and skills		Dr Emrana Alavi	F	General Practitioner					
9	202	Governance	Clinical Council(s) - membership		Clinical Council - members and skills		Ms Carolyn Bates	F	Mental Health					
9	202	Governance	Clinical Council(s) - membership		Clinical Council - members and skills		Dr Malcolm Clark	M	General Practitioner					
9	202	Governance	Clinical Council(s) - membership		Clinical Council - members and skills		Ms Michelle Cornelius	F	Nurse/Midwife					
9	202	Governance	Clinical Council(s) - membership		Clinical Council - members and skills		Dr Penny Gaskell	F	General Practitioner					
9	202	Governance	Clinical Council(s) - membership		Clinical Council - members and skills		Ms Bronwyn Lawman	F	Mental Health					
9	202	Governance	Clinical Council(s) - membership		Clinical Council - members and skills		Dr Jill Lesic	F	Allied Health					Allied Health
9	202	Governance	Clinical Council(s) - membership		Clinical Council - members and skills		Dr Shelly McIlree	F	General Practitioner					
9	202	Governance	Clinical Council(s) - membership		Clinical Council - members and skills		Dr Dean Membrey	M	General Practitioner					
9	202	Governance	Clinical Council(s) - membership		Clinical Council - members and skills		Mr Andrew Robinson	M	Pharmacist					
9	202	Governance	Clinical Council(s) - membership		Clinical Council - members and skills		Dr Carolyn Royle	F	General Practitioner					
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 Committee(s) - number		Community Advisory Committee(s) number									
12	202	Governance	Community Advisory Committee(s) - membership		Community Advisory Committee(s) - members and skills		Dr Lindsay McMillan	M	Corporate					Board Member
12	202	Governance	Community Advisory Committee(s) - membership		Community Advisory Committee(s) - members and skills		Prof Sandra Leggat	F	Researcher/Academic					Health Care Management
12	202	Governance	Community Advisory Committee(s) - membership		Community Advisory Committee(s) - members and skills		Sophy Athan	F	Health Consumer					Community Representative
12	202	Governance	Community Advisory Committee(s) - membership		Community Advisory Committee(s) - members and skills		Kevin Feeney	M	Health Consumer					Community Representative
12	202	Governance	Community Advisory Committee(s) - membership		Community Advisory Committee(s) - members and skills		Wina Kung	F	Health Workforce					Community Representative / Chinese LOTE representative
12	202	Governance	Community Advisory Committee(s) - membership		Community Advisory Committee(s) - members and skills		Heather McMinn	F	Health Consumer					
12	202	Governance	Community Advisory Committee(s) - membership		Community Advisory Committee(s) - members and skills		Karen Milward	F	Indigenous Health					Community Representative
12	202	Governance	Community Advisory Committee(s) - membership		Community Advisory Committee(s) - members and skills		Sally Missing	F	Health Consumer					Community Representative
12	202	Governance	Community Advisory Committee(s) - membership		Community Advisory Committee(s) - members and skills		Marie Piu	F	Carer					CEO
12	202	Governance	Community Advisory Committee(s) - membership		Community Advisory Committee(s) - members and skills		Hamish Russell	M	Health Consumer					Community Representative
13		Governance	Community Advisory Committee(s) - reporting mechanism		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		Number of Aboriginal or Torres Strait Islander members?						0	0	1	
15		Governance	Indigenous representation of Governance Structures		Number of members affiliated with an Aboriginal Community Controlled Health Service?						0	0	0	
16		Governance	Indigenous representation of Governance Structures		Number of members who represent/or are affiliated with an Aboriginal Medical Service?						0	0	0	
17		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								The Board receives regular organisational, clinical and OH&S risk reports. The Board receives regular program performance reports via the CEO reports. The Board received an internal audit report from E&Y regarding EMPHNS risk management which gave a positive review of our risk management processes. An overarching Strategic Performance Framework and associated indicators has been
18		Governance	Conflicts of Interest		Did your PHN have processes in place and mitigation strategies for managing conflicts of interest during the Reporting Period?	YES								
19		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								Stakeholder Engagement Framework in development. The Commissioning Methodology comprises key activities required during the commissioning cycle.
20		Stakeholder Engagement	Stakeholder Engagement - 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								Established regional collaborative arrangements in place with LHN joint governance and planning for initiatives across the regions. EMPHNS CEO is also the Chair of the Eastern Metropolitan Partnership.
21		Stakeholder Engagement	Effectiveness		Did your PHN receive feedback from stakeholders on the effectiveness of your engagement strategy during the Reporting Period?	YES								Benchmarking survey undertaken in December 2017 and January 2018 with General Practice and Allied Health.
22		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								
23		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								Via strong links and support of key Aboriginal and Torres Strait Islander organisations
24		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								As the lead agency for the regional collaboratives
25		Stakeholder Engagement	Information sharing		Did your PHN facilitate information sharing across the PHN Network and with the Department during the Reporting Period?	YES								Via VHPNA and Data Governance groups of the collaboratives
26		Stakeholder Engagement	Consumer feedback		Did your PHN establish and maintain consumer feedback procedures during the Reporting Period?	YES								
27		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								
28		Commissioning	Strategic Planning - website		Is your Strategic Plan published on your website?	YES								
29		Commissioning	Capacity Building - lessons		What lessons has your PHN learned during the Reporting Period with regard to Commissioning?									Timeframes are crucial. The market is not always ready for the activity we are looking to purchase.
30		Commissioning	Capacity Building - improvement		How does your PHN plan to improve its capacity to undertake commissioning processes?									EMPHNS implemented a consolidated commissioning methodology, resource kit, workflow, master template and comprehensive staff training in early 2017. This methodology is in the process of being implemented and is currently ongoing a
31		Commissioning	Capacity Building - performance		Did your PHN include indicators of performance in Agreements with all funded providers during the Reporting Period?	YES								
32		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								The process is undergoing a review to ensure consistency and legislative requirements are adhered to.
33		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 all Schedules of the Standard Funding Agreement?	NO								This is indicated within the report and evidenced by the updated AWP submitted in December 2017.
34		Commissioning	Branding - as directed		Did your organisation apply Programme Branding as directed by the Department during the Reporting Period?	YES								

Eastern Melbourne PHN

1.2 COMMISSIONED PROVIDERS										
PHN 12 Month Performance Report - 1 July 2017 to 30 June 2018										
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	\$ 86,244.00	\$ -	Carrington Health (formerly Whitehorse Community Health)	ITC (care coordination)	N/A	1/07/2016	Not for this contract	
Integrated Team Care - Flexible	Integrated Team Care	\$ 89,586.00	\$ 86,244.00	\$ -	Eastern Health T/As Yarra Valley Community Medical Service	ITC (care coordination)	N/A	1/07/2016	Not for this contract	
Integrated Team Care - Flexible	Integrated Team Care	\$ 89,586.00	\$ 86,244.00	\$ -	EACH Social and Community Health - Maroonah Region	ITC (care coordination)	N/A	1/07/2016	Not for this contract	
Integrated Team Care - Flexible	Integrated Team Care	\$ 89,586.00	\$ 86,244.00	\$ -	EACH Social and Community Health - Knox Region	ITC (care coordination)	N/A	1/07/2016	Not for this contract	
Integrated Team Care - Flexible	Integrated Team Care	\$ 89,586.00	\$ 86,244.00	\$ -	Banyule Community Health Service	ITC (care coordination and outreach)	N/A	1/07/2016	Not for this contract	
Integrated Team Care - Flexible	Integrated Team Care	\$ 105,055.00	\$ 89,000.00	\$ 123,686.30	VICTORIAN ABORIGINAL HEALTH SERVICE CO-OPERATIVE LIMITED Co-operative number 000014927	ITC (care coordination and outreach)	N/A	15/05/2017	Not for this contract	
Core Flexible	Primary Health Networks After Hours Funding	\$ 100,000.00	\$ 50,000.00	\$ -	Melbourne East GP Network t/as Outcome Health	After Hours GP Clinic	N/A	1/07/2016	Not for this contract	
Core Flexible	Primary Health Networks After Hours Funding	\$ 372,455.00	\$ 298,000.00	\$ -	Eastern Health T/As Yarra Valley Community Medical Service	After Hours GP Clinic	N/A	3/09/2016	Not for this contract	
Core Flexible	Primary Health Networks After Hours Funding	\$ 64,500.00	\$ -	\$ -	The Trustee for Research & Eltham Medical Trust T/As Nilumbik & Research Medical Centres	GPs visiting RACFs after hours	N/A	1/07/2016	Not for this contract	
Core Flexible	Primary Health Networks After Hours Funding	\$ 54,000.00	\$ 108,000.00	\$ -	Doctor Doctor Pty Ltd	GPs visiting RACFs after hours	N/A	1/07/2016	Not for this contract	
Core Flexible	Primary Health Networks After Hours Funding	\$ 20,000.00	\$ -	\$ -	Belgrave Community Pharmacy PL T/As Belgrave Community Pharmacy	After hours pharmacy project	N/A	7/12/2016	Not for this contract	
Core Flexible	Primary Health Networks After Hours Funding	\$ 20,000.00	\$ -	\$ -	The Trustee for Box Hill Superclinic Unit Trust T/As Box Hill Superclinic	After hours general practice	N/A	7/12/2016	Not for this contract	
Core Flexible	Primary Health Networks After Hours Funding	\$ 19,500.00	\$ -	\$ -	The Trustee Yasendri & Shedden Family Trust T/As Bundoora Family Clinic	After hours general practice	N/A	7/12/2016	Not for this contract	
Core Flexible	Primary Health Networks After Hours Funding	\$ 17,889.00	\$ -	\$ -	Avonon River Unit Trust T/As Burwood Health Care	After hours general practice	N/A	7/12/2016	Not for this contract	
Core Flexible	Primary Health Networks After Hours Funding	\$ 20,000.00	\$ -	\$ -	The Trustee for Ali Family Trust T/As Danaher Drive Medical Centre	After hours general practice	N/A	14/12/2016	Not for this contract	
Core Flexible	Primary Health Networks After Hours Funding	\$ 10,000.00	\$ -	\$ -	F Cerra & Ws Tan T/As Pharmacy Australia	After hours pharmacy	N/A	7/12/2016	Not for this contract	
Core Flexible	Primary Health Networks After Hours Funding	\$ 20,000.00	\$ -	\$ -	Balwyn Encompass Medical Centre Mt Waverley T/As Encompass Health Group	After hours general practice	N/A	7/12/2016	Not for this contract	
Core Flexible	Primary Health Networks After Hours Funding	\$ 25,000.00	\$ -	\$ -	First Health Medical Centre (rowville) GP PI T/As First Health Medical Centre	After hours general practice	N/A	7/12/2016	Not for this contract	
Core Flexible	Primary Health Networks After Hours Funding	\$ 9,910.00	\$ -	\$ -	Heidelberg Community Pharmacy PL T/As Heidelberg Community Pharmacy & Compounding	After hours pharmacy	N/A	7/12/2016	Not for this contract	
Core Flexible	Primary Health Networks After Hours Funding	\$ 20,000.00	\$ -	\$ -	PHI Healthcare T/As Launching Place Pharmacy	After hours pharmacy	N/A	7/12/2016	Not for this contract	
Core Flexible	Primary Health Networks After Hours Funding	\$ 20,000.00	\$ -	\$ -	BR Medical Services PL T/As Mount Evelyn Medical Clinic	After hours general practice	N/A	7/12/2016	Not for this contract	
Core Flexible	Primary Health Networks After Hours Funding	\$ 8,931.00	\$ -	\$ -	Mount Medical P/I T/As Mount Medical Centre	After hours general practice	N/A	7/12/2016	Not for this contract	
Core Flexible	Primary Health Networks After Hours Funding	\$ 20,000.00	\$ -	\$ -	The Trustee for ekesy Trust T/As Netcare Medical	After hours general practice	N/A	7/12/2016	Not for this contract	
Core Flexible	Primary Health Networks After Hours Funding	\$ 20,000.00	\$ -	\$ -	Melbourne East GP Network PL T/As Outcome Health	After hours general practice	N/A	7/12/2016	Not for this contract	
Core Flexible	Primary Health Networks After Hours Funding	\$ 20,000.00	\$ -	\$ -	Pharmacy @ Knox PL T/As Pharmacy @ Knox	After hours pharmacy	N/A	7/12/2016	Not for this contract	
Core Flexible	Primary Health Networks After Hours Funding	\$ 6,855.00	\$ -	\$ -	Plenty Valley Community Health Ltd T/As Plenty Valley Community Health GP Super Clinic	After hours general practice	N/A	7/12/2016	Not for this contract	
Core Flexible	Primary Health Networks After Hours Funding	\$ 20,000.00	\$ -	\$ -	Relax Dental Care PL T/As Relax Medical Care	After hours general practice	N/A	7/12/2016	Not for this contract	
Core Flexible	Primary Health Networks After Hours Funding	\$ 20,000.00	\$ -	\$ -	The Trustee for Wallan Medical Practice Trust T/As Wallan Medical Centre	After hours general practice	N/A	7/12/2016	Not for this contract	
Core Flexible	Primary Health Networks After Hours Funding	\$ 14,510.00	\$ -	\$ -	BI Bradmore & AD Robinson T/As Wattle Park Amcal	After hours pharmacy	N/A	7/12/2016	Not for this contract	
Core Flexible	Primary Health Networks After Hours Funding	\$ 20,000.00	\$ -	\$ -	The Trustee for Yan Yean Medical Trust T/As Whittlesea Family Medical Centre	After hours general practice	N/A	7/12/2016	Not for this contract	
Core Flexible	Primary Health Networks After Hours Funding	\$ 21,999.00	\$ -	\$ -	Healeyville Pharmacy	After hours pharmacy	N/A	7/12/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 1,077,000.00	\$ 1,227,000.00	\$ 1,077,000.00	MIND AUSTRALIA INC	HEADSPACE GREENSBOROUGH	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 944,925.00	\$ 944,925.00	\$ 1,094,925.00	EACH SOCIAL AND COMMUNITY HEALTH	HEADSPACE KNOX	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 899,243.00	\$ 899,243.00	\$ 899,243.00	Inner East Community Health Service t/s Access Health and Community	HEADSPACE - HAWTHORN	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 1,269,600.00	\$ 886,080.00	\$ -	EACH SOCIAL AND COMMUNITY HEALTH	MHN	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 1,352,640.00	\$ 1,352,640.00	\$ 744,000.00	Melbourne East GP Network t/as Outcome Health	MHN	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 452,640.00	\$ 228,000.00	\$ -	Melbourne East GP Network t/as Outcome Health	Psychological Strategies	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 87,600.00	\$ 87,600.00	\$ 43,680.00	ASHWOOD MEDICAL GROUP	MHN	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 256,800.00	\$ 128,400.00	\$ -	Banyule Community Health Service	MHN	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 34,560.00	\$ 34,560.00	\$ 17,280.00	DR P DRYSDALE	MHN	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 43,200.00	\$ 43,200.00	\$ -	EAST RINGWOOD CLINIC	MHN	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 77,760.00	\$ 38,880.00	\$ -	EPPING HEALTH CARE	MHN	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 117,600.00	\$ 117,600.00	\$ 31,200.00	MEDI7 MOOROOLBARK, CLAYTON & CHADSTONE	MHN	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 168,000.00	\$ 84,000.00	\$ -	NORTH EAST VALLEY DIVISION OF GENERAL PRACTICE PTY LTD	MHN	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 91,440.00	\$ 45,600.00	\$ -	NORTH ELTHAM MEDICAL SERVICES	MHN	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 24,000.00	\$ 42,720.00	\$ -	PRIMARY MENTAL HEALTH CONSULTANCY	MHN	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 259,200.00	\$ 126,960.00	\$ -	DR B RIGBY	MHN	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 89,040.00	\$ 44,160.00	\$ -	TRISTAR MEDICAL GROUP	MHN	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 99,840.00	\$ 49,920.00	\$ -	WALLAN MEDICAL CENTRE	MHN	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 25,920.00	\$ 24,240.00	\$ -	WOODHOUSE MEDICAL CENTRE	MHN	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 17,280.00	\$ 24,480.00	\$ -	WARBURTON MEDICAL GROUP	MHN	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 92,160.00	\$ 46,080.00	\$ -	DR PETER GOH (PMH)	MHN	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 80,882.00	\$ 40,320.00	\$ -	DR DJ HICKINGBOTHAM (PMH)	MHN	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 31,200.00	\$ 15,360.00	\$ -	DR RAKESH KHANNA (PMH)	MHN	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 72,000.00	\$ 36,000.00	\$ -	DR RODNEY SMITH	MHN	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 24,480.00	\$ 12,000.00	\$ -	SIMON CROKE	MHN	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 81,200.00	\$ 87,862.50	\$ -	REDUNDANCY PAYMENT CENTRAL FUND LTD t/as Incolink	Suicide Prevention	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 187,500.00	\$ 229,271.00	\$ -	JESUIT SOCIAL SERVICES	Suicide Prevention	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 89,760.00	\$ 4,020.00	\$ -	CAMCARE INCORPORATED	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 71,880.00	\$ 108,600.00	\$ -	DONCARE	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 113,520.00	\$ 66,840.00	\$ -	MONASH LINK	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 66,960.00	\$ 38,570.00	\$ -	Melbourne East GP Network t/as Outcome Health	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 73,560.00	\$ -	\$ -	CARRINGTON COMMUNITY HEALTH	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 75,000.00	\$ 30,828.00	\$ -	Eastern Health	Psychological Services	N/A	26/06/2017	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 590,076.00	\$ 450,085.00	\$ -	EACH	Low Intensity Services	N/A	1/07/2016	Not for this contract	

Eastern Melbourne PHN

1.2 COMMISSIONED PROVIDERS PHN 12 Month Performance Report - 1 July 2017 to 30 June 2018										
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
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 834,369.00	\$ 1,564,781.00	\$ 953,709.00	EASTERN Health	Youth Severe	N/A	1/06/2017	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 420,000.00	\$ 480,000.00	\$ 411,890.00	NEAMI	Youth Severe	N/A	29/05/2017	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 187,500.00	\$ 887,207.42	\$ 61,760.58	NEAMI	Lead Site	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible		\$ 1,100,000.00	\$ 1,400,000.00	Banyule Community Health Service	Stepped Care	N/A	1/07/2017	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 5,500.00	\$ 8,375.00	\$ -	Alana Howells	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 13,965.00	\$ 24,885.00	\$ -	Alana O'Callaghan	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 34,340.00	\$ 30,970.00	\$ -	Alex Zannoni	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 60,715.00	\$ -	\$ -	Alexis Vrettos	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 375.00	\$ 10,125.00	\$ -	Amira Azab	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 20,290.00	\$ 16,365.00	\$ -	Angela Zervos	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 3,560.00	\$ 12,800.00	\$ -	Anita Skok	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 12,735.00	\$ 6,810.00	\$ -	Antonia Harold	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 3,750.00	\$ 1,000.00	\$ -	Azita Khademy Deljo	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ -	\$ 3,375.00	\$ -	Beatriz Pon	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 11,100.00	\$ -	\$ -	Belinda Lloyd	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 4,115.00	\$ 10,235.00	\$ -	Bernadette Towner	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 7,425.00	\$ 5,560.00	\$ -	Bernadette Walsh	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 7,250.00	\$ 13,625.00	\$ -	Brenda Heideman	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 15,185.00	\$ 19,930.00	\$ -	Brenda Taylor	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 560.00	\$ -	\$ -	Bridget Scanlon	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 28,750.00	\$ 19,125.00	\$ -	Carolyn Arey	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 29,775.00	\$ 48,175.00	\$ -	Carolyn Bates	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 125.00	\$ 750.00	\$ -	Cass Dolby	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ -	\$ 1,000.00	\$ -	Catherine Wood	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 13,495.00	\$ 7,875.00	\$ -	Cathy Goodman	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 1,750.00	\$ 7,750.00	\$ -	Chantell Dickson	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 4,000.00	\$ 4,625.00	\$ -	Cherie Lacin	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 10,365.00	\$ 12,430.00	\$ -	Cheryl Hopcroft	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 9,375.00	\$ 7,875.00	\$ -	Christie Sproat	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 9,810.00	\$ 2,625.00	\$ -	Christine Grant	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 1,250.00	\$ 1,750.00	\$ -	Colleen McFarlane	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 17,630.00	\$ 27,625.00	\$ -	Courtney Fry	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 4,750.00	\$ 4,375.00	\$ -	Damian Mahony	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 14,625.00	\$ 15,875.00	\$ -	Damian Gafforini	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 5,875.00	\$ 2,875.00	\$ -	Daniela Boxall	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 2,875.00	\$ 2,750.00	\$ -	Danielle Atherton	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 6,625.00	\$ 750.00	\$ -	Danielle Lonsdale	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 28,845.00	\$ 8,985.00	\$ -	David Younger	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 4,120.00	\$ 3,810.00	\$ -	Deborah Lyn Shand	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 30,125.00	\$ 26,500.00	\$ -	Debra Scollard	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 46,375.00	\$ 38,225.00	\$ -	Debrah Clinch	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 70,280.00	\$ 92,925.00	\$ -	Diana Arzuman	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 14,750.00	\$ 23,215.00	\$ -	Donna Di Campli	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 9,665.00	\$ 11,465.00	\$ -	Donna Golding	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 15,375.00	\$ 21,250.00	\$ -	Elisha Lawry	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 12,875.00	\$ 5,125.00	\$ -	Elizabeth Harding	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 23,930.00	\$ 34,125.00	\$ -	Elizabeth Scott	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 2,375.00	\$ 1,125.00	\$ -	Enas Ghabrial	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 25,785.00	\$ 9,305.00	\$ -	Ester Reato	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 24,615.00	\$ 31,595.00	\$ -	Fiona Mawson	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 875.00	\$ -	\$ -	Freddy Peredo	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 2,435.00	\$ 2,745.00	\$ -	Gabrielle Wynne	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 1,875.00	\$ 2,125.00	\$ -	Gabrille Delarosa	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 10,725.00	\$ 4,875.00	\$ -	Greg Trop	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ -	\$ 8,500.00	\$ -	Georgina Stratigakos	Psychological Services	N/A	1/07/2016	Not for this contract	

Eastern Melbourne PHN

1.2 COMMISSIONED PROVIDERS PHN 12 Month Performance Report - 1 July 2017 to 30 June 2018										
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
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 6,805.00	\$ 7,300.00	\$ -	Gwen Crawford	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 7,740.00	\$ 375.00	\$ -	Harsha George	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 310.00	\$ -	\$ -	Hayley Jennings	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 2,060.00	\$ -	\$ -	Heather Underwood	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 1,500.00	\$ 7,500.00	\$ -	Heather Willsher	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 6,125.00	\$ 41,112.50	\$ -	Helen Bruckner	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 2,375.00	\$ 5,375.00	\$ -	Helen Nistico	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 3,000.00	\$ 7,500.00	\$ -	Imelda Westworth	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ -	\$ 1,375.00	\$ -	Jaclyn Guest	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 625.00	\$ 1,750.00	\$ -	Jade Bloom	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 4,625.00	\$ -	\$ -	Jandi Crocker	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 7,245.00	\$ 4,740.00	\$ -	Janice Riley	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 4,245.00	\$ 9,060.00	\$ -	Jari Evertsz	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 46,625.00	\$ 45,915.00	\$ -	Jeanette Shephard	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 32,125.00	\$ 20,250.00	\$ -	Jennifer Dawson	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 18,885.00	\$ 10,540.00	\$ -	Jennifer Lawrence	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 19,380.00	\$ 17,150.00	\$ -	Jenny Corran	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 69,370.00	\$ 72,625.00	\$ -	Jill Foulds	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 10,370.00	\$ 8,250.00	\$ -	Joann Melville-McGrath	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 13,665.00	\$ -	\$ -	Jo-Anne Colwell	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 17,490.00	\$ 7,615.00	\$ -	Jodie Davies	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 14,280.00	\$ 12,670.00	\$ -	John Laidlaw	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 41,355.00	\$ 58,665.00	\$ -	Johnny Sek Nin Leung	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 12,250.00	\$ 11,375.00	\$ -	Joseph Poznanski	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 25,500.00	\$ 11,500.00	\$ -	Karen Mansfield	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 755.00	\$ -	\$ -	Karen McGraw	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 27,125.00	\$ 21,125.00	\$ -	Kathleen O'Keeffe	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 6,310.00	\$ -	\$ -	Katrina Adams	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 7,240.00	\$ 5,560.00	\$ -	Katrina Malin	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 38,745.00	\$ 42,025.00	\$ -	Kerry McDonnell	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 2,060.00	\$ 3,810.00	\$ -	Kerryl Beissel	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 10,995.00	\$ 5,925.00	\$ -	Kerryn Diprose	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 250.00	\$ 7,115.00	\$ -	Larissa McKay	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 23,375.00	\$ 47,585.00	\$ -	Lauren Eeles	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 10,620.00	\$ 5,875.00	\$ -	Lidia Lae	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 39,351.91	\$ 23,970.00	\$ -	Linda Evans	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 3,000.00	\$ 6,055.00	\$ -	Ling Mu	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 93,145.00	\$ 55,345.00	\$ -	Lisa Bolger	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 13,740.00	\$ 3,810.00	\$ -	Lois Craig	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 5,620.00	\$ 2,865.00	\$ -	Lukas Ryan	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 4,500.00	\$ 2,750.00	\$ -	Lydia Chan	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 5,535.00	\$ 9,860.00	\$ -	Lyn McIntosh	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 39,681.00	\$ 26,585.00	\$ -	Marcel Saxone	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 3,250.00	\$ -	\$ -	Maria Podbury	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 15,225.00	\$ 45,360.00	\$ -	Marika Cock	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 21,850.00	\$ 42,010.00	\$ -	Mark Tatti	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 35,294.72	\$ 44,905.00	\$ -	MaryAnne Eve	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 26,920.00	\$ 23,720.00	\$ -	Maureen Sloan	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 2,875.00	\$ 7,685.00	\$ -	Melanie Birch	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 13,250.00	\$ 7,250.00	\$ -	Melanie Jones	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 25,000.00	\$ 7,375.00	\$ -	Michael Costa	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 38,230.00	\$ 35,020.00	\$ -	Michael Edyvane	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 14,590.00	\$ 375.00	\$ -	Michael Gate	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 4,250.00	\$ 4,625.00	\$ -	Michael Papisava	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 18,685.00	\$ 12,000.00	\$ -	Nancy Iacono	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 6,125.00	\$ 3,435.00	\$ -	Nicholas Richardson	Psychological Services	N/A	1/07/2016	Not for this contract	

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1.2 COMMISSIONED PROVIDERS PHN 12 Month Performance Report - 1 July 2017 to 30 June 2018										
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
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ -	\$ 8,990.00	\$ -	Nicole McBain	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 11,995.00	\$ 10,000.00	\$ -	Noni Dorrell	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 5,125.00	\$ 12,000.00	\$ -	Patricia Greig	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 375.00	\$ -	\$ -	Pauline Schofield	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ -	\$ 4,810.00	\$ -	Paula Alexopolous	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 375.00	\$ 875.00	\$ -	Peter Langdon	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 25,875.00	\$ 19,250.00	\$ -	Peter Webb	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 13,805.00	\$ 13,930.00	\$ -	Primrose White	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 10,125.00	\$ 6,125.00	\$ -	Rachel Kovacevic	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 3,625.00	\$ 1,125.00	\$ -	Raul Foglia	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 15,750.00	\$ 3,250.00	\$ -	Rebecca Sullivan	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 24,490.00	\$ 17,000.00	\$ -	Rhonda Jamieson	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 41,720.00	\$ 88,990.00	\$ -	Robert Chatfield	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 125.00	\$ -	\$ -	Robyn Habner	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 28,090.00	\$ -	\$ -	Rosemary Thomas	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 28,500.00	\$ 46,875.00	\$ -	Roxahn Thomas	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 5,935.00	\$ 2,000.00	\$ -	Salli Watson	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 17,740.00	\$ 17,625.00	\$ -	Sally Allen	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 7,125.00	\$ 8,370.00	\$ -	Sharon Anderson	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 6,625.00	\$ 12,235.00	\$ -	Sharon Marcus	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 14,125.00	\$ 48,500.00	\$ -	Sharon Paetzold	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 54,425.00	\$ 47,795.00	\$ -	Shireen Dass	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 56,220.00	\$ 27,595.00	\$ -	Silvia Kennett	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 7,375.00	\$ 8,625.00	\$ -	Sonia Miller	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 7,425.00	\$ 3,615.00	\$ -	Sonja Nota	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 9,050.00	\$ 2,185.00	\$ -	Susan Gavan	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 19,625.00	\$ 31,375.00	\$ -	Susan Jenkin	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 10,235.00	\$ 31,090.00	\$ -	Tamra Kamalsh	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 375.00	\$ -	\$ -	Tamsin Kane	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 6,500.00	\$ 7,875.00	\$ -	Tara Watson	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 125.00	\$ -	\$ -	Therese Meallin	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 8,750.00	\$ 12,125.00	\$ -	Tom Evans	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 39,750.00	\$ 24,055.00	\$ -	Troy Launikonis	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 4,930.00	\$ 10,115.00	\$ -	Vicki Zombolas	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 9,620.00	\$ 19,277.50	\$ -	Virginia Golding	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 16,785.00	\$ 33,380.00	\$ -	Vivian Davies	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 19,785.00	\$ 28,355.00	\$ -	Vivian Pereira	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 2,500.00	\$ 1,375.00	\$ -	Vivienne Sullivan	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 7,550.00	\$ 5,615.00	\$ -	Wendy Schaffer	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 15,750.00	\$ 9,875.00	\$ -	Wesley Johnson	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ -	\$ 7,000.00	\$ -	Winnie Lau	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 11,610.00	\$ 10,240.00	\$ -	Yogeesha Kiran	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 1,275.00	\$ -	\$ -	Joan Wray	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 625.00	\$ -	\$ -	Jason Buttigieg	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 250.00	\$ 5,313.73	\$ -	Paula Alexopolous	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 26,125.00	\$ 38,375.00	\$ -	Steven Marchese	Psychological Services	N/A	1/07/2016	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ -	\$ 6,180.00	\$ -	Dianne Singleton	Psychological Services	N/A	1/07/2016	Not for this contract	
Drug and Alcohol Treatment Services - Operational and Flexible	Drug and Alcohol Treatment Services - Operational and Flexible	\$ 254,170.00	\$ 850,634.00	\$ 541,662.24	Access Health and Community	Alcohol and Other Drug Treatment Services	Yes	Yes	Not for this contract	Contractor provided in-kind contribution
Drug and Alcohol Treatment Services - Operational and Flexible	Drug and Alcohol Treatment Services - Operational and Flexible	\$ 331,207.00	\$ 229,307.00	\$ 85,723.00	YSAS	Alcohol and Other Drug Treatment Services	Yes	Yes	Not for this contract	
Drug and Alcohol Treatment Services - Operational and Flexible	Drug and Alcohol Treatment Services - Operational and Flexible	\$ 121,330.00	\$ 121,205.00	\$ 84,455.00	Caraniche Pty Ltd	Alcohol and Other Drug Treatment Services	Yes	Yes	Not for this contract	
Drug and Alcohol Treatment Services - Operational and Flexible	Drug and Alcohol Treatment Services - Operational and Flexible	\$ 50,600.00	\$ 118,066.00	\$ 135,000.00	Hello Sunday Morning	Alcohol and Other Drug Treatment Services	Yes	Yes	Not for this contract	
Drug and Alcohol Treatment Services for ATSI People - Flexible	Drug and Alcohol Treatment Services - Operational and Flexible	\$ 59,372.00	\$ 110,000.00	\$ 130,000.00	Healesville Indigenous Community Services Association Inc	AOD Support Facilitator for the Healesville Community	Yes	1/02/2017	Not for this contract	
Drug and Alcohol Treatment Services for ATSI People - Flexible	Drug and Alcohol Treatment Services - Operational and Flexible	\$ 489,564.00	\$ 352,500.00		Bubup Wilam	Alcohol and Other Drug Treatment Services	Yes	Yes	Not for this contract	contract value of two years is \$842,064 allocated across AOD ATSI, MH ATSI and MH Psychological Strategies
Drug and Alcohol Treatment Services for ATSI People - Flexible	Drug and Alcohol Treatment Services - Operational and Flexible	\$ 132,216.00	\$ 76,500.00		Melbourne Health	After Hours AOD - Increasing Clinicians in Emergency Department Pilot	Yes	30/01/2017	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ -	\$ 125,000.00	\$ -	Melbourne East GP Network t/as Outcome Health	Psychiatric Secondary Consultation and Advice services provided by Mental Health Nurse Practitioners	No	30/06/2017	Not for this contract	
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 125,000.00	\$ 60,000.00		Conduit Health	Psychiatric Secondary Consultation and Advice services provided by Psychiatrists	No	30/06/2017	Not for this contract	

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1.2 COMMISSIONED PROVIDERS PHN 12 Month Performance Report - 1 July 2017 to 30 June 2018										
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
Mental Health and Suicide Prevention Operational and Flexible	Mental Health and Suicide Prevention Operational and Flexible	\$ 95,500.00	\$ 135,995.00	\$ 95,500.00	Healesville Indigenous Community Services Association Inc.	Aboriginal Mental Health Connection to Culture (Outer East)	N/A	8/02/2017	Not for this contract	
Core Flexible	Core Flexible	\$ -	\$ 2,610.00	\$ -	Dr Phillip Pratat	Fracture ED Diversion project		1/07/2018	Not for this contract	
Core Flexible	Core Flexible	\$ -	\$ 2,610.00	\$ -	Dr D Augsteen	Fracture ED Diversion project		1/07/2018	Not for this contract	
Core Flexible	Core Flexible	\$ -	\$ 2,610.00	\$ -	Dr Ankur Patil	Fracture ED Diversion project		1/07/2018	Not for this contract	
Core Flexible	Core Flexible	\$ -	\$ 2,610.00	\$ -	Dr Mark Beeby	Fracture ED Diversion project		1/07/2018	Not for this contract	
Core Flexible	Core Flexible	\$ -	\$ 2,610.00	\$ -	Dr Andrew Gan	Fracture ED Diversion project		1/07/2018	Not for this contract	
Core Flexible	Core Flexible	\$ -	\$ 2,610.00	\$ -	Dr M Tun	Fracture ED Diversion project		1/07/2018	Not for this contract	

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2.1 LOCAL INDICATORS CORE FLEXIBLE									
Activity Title including Reference ID	Activity Description	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: * Indicators that cannot be reported through quantitative means; and/or * context for interpretation of results (if required). This may include: * reporting of any issues/problems/delays in implementing the activity/sub activity; and/or * enablers of implementation activity.	Progress towards achievement of objective through activities not covered by nominated local performance indicators (12 month)	
NP1 Immunisation	NP1.1 Improve suboptimal childhood immunisation rates NP1.2 Address myths associated with immunisation resulting in ideological conscientious objection NP1.3 Support workforce to respond to demand generated by government immunisation initiatives. NP1.4 Work collaboratively with border health care system to increase childhood immunisation rates NP 1.5 Extend mobile influenza vaccination services across 5 more LGAs following successful trial in Whittlesea in 2016-17	Goal: Implement workforce supports to increase the immunisation rate to 95% across the region for 0-5 year age group NP 1.5 Extend mobile influenza vaccination services across 5 more LGAs following successful trial in Whittlesea in 2016-17	1.1. Capacity building/education uptake by General Practice (Process) NP 1.5 Commission providers to deliver influenza vaccines to identified vulnerable population in at least 6 LGAs	1.1 Reach minimum 120 practices in the region for immunisation support NP 1.5 1800 people receive a vaccination as part of the program	Annual indicator due to schedule and accreditation changes NP 1.5 1 LGA covered in 16/17. 357 Commonwealth funded vaccines were provided to eligible people. 175 additional vulnerable people received unfunded vaccinations. 1190 people were reached and 44.7% were vaccinated.	Y	1.1-1.3 EMPHN conducted 72 General practice liaison appointments specifically targeting immunisation 1.1-1.3 EMPHN conducted 45 Immunisation education sessions: constituting of: • 3 face to face events • 3 Webinars • 39 In-Practice Webinars There were 437 attendees at immunisation education NP 1.5 Three service providers (EACH, Link Health & Community and City of Whittlesea) delivered influenza vaccinations in 6 LGAs. It is expected more than 4000 vulnerable people will receive an influenza vaccination during the 2018 project. A shortage of vaccines delayed the program start and in some LGAs other service providers had reached the target populations.	NP 1.1-4 EMPHN went to market for an Innovation in childhood immunisation tender late in the 12 month period. The tender focused on three Local government areas that have experienced sustained lower immunisation rates in 24-27 month old children. The successful tenders - City of Monash and Shire of Yarra ranges will work throughout the following year to improve immunisation rates through better data cleansing, recalls, outreach to hard to reach families, collaboration with general practice and addressing immunisation related education needs of families. In addressing NP 1.3 Through an RFQ and EOI EMPHN is supporting 40 nurses to complete their nurse immuniser training and providing a supporting community of practice whilst working toward completing the qualification NP 1.5 The service providers reached vulnerable patient cohorts through a range of strategies including visiting senior citizens groups, aged care facilities, multicultural groups, Indigenous Gatherings places, planned activity groups, churches, schools, early childhood centres and playgroups, community kitchens and homeless shelters. The program increased awareness on the importance of influenza vaccination across the community and provided access to immunisation for hard to reach people in the community.	
NP2 Cancer Screening	Cancer screening for EMPHN will have a focus on general practice cancer screening rates. Activities will be undertaken in collaboration with subject matter expertise from peak cancer organisations and integrated cancer services and there may be replicability across PHN boundaries. Activities will work to increase capacity and raise local cancer screening participation rates NP2.1 Continued roll out of a package of supports to General Practice that cover the patient journey from screening to survivorship. NP2.2 Leverage of activity to promote adoption of Victorian Optimal Cancer Pathways and shared survivorship care models including data collection, education and capacity building. NP2.3 Capacity building in general practice through education, business and process modelling to encourage a rigorous approach across the catchment for breast, bowel and cervical cancer screening	Goal: Implement workforce supports to increase cancer screening rates in the region to a long-term goal of 50% for bowel cancer screening, 75% for cervical screening for eligible women and 75% breast screening for eligible women	10.3.1. Process: 70% of practices reached via practice visit roadshow to explain cancer screening to survivorship resources and referral assistance pathways	10.3.1. Process: 70% of practices with medical software visited	0	Y	2.1-2.2 In the reporting period EMPHN has conducted: • practice visits, • education (face to face and webinar) and • undertaken a Cervical Cancer screening QI project lead by the Improvement Foundation with 16 general practices • continued to promote screening to survivorship message to general practices. For the 12 month reporting period EMPHN conducted: • 63 face to face visits for cancer screening • 6 face to face visits for cancer screening to survivorship orientation (cumulative total of 324 general practices since implementation of the comprehensive cancer screening to survivorship orientation pack in Feb 2017) • 2 Cancer Screening CPD/PD event • 1 webinar • 113 Attendees at cancer screening events NP2.3 A quality improvement activity was undertaken to support general practice to increase cervical screening rates, transition to the National Cervical Screening Program and to increase screening rates for hard to reach consumers. 9 month program (Sept 2017 - June 2018) 15 participating GP practices involving GPs, practice nurses, practice managers and administration staff 4 quality improvement webinars and monthly coaching by EMPHN GP engagement facilitators Results: Over 220 POSA cycles completed 8206 women were screened for cervical cancer (28% increase) 2350 women were screened using the HPV test resulting in a 28% increase in screening	NP2.3 A quality improvement activity was undertaken to support general practice to increase cervical screening rates, transition to the National Cervical Screening Program and to increase screening rates for hard to reach consumers. 9 month program (Sept 2017 - June 2018) 15 participating GP practices involving GPs, practice nurses, practice managers and administration staff 4 quality improvement webinars and monthly coaching by EMPHN GP engagement facilitators Results: Over 220 POSA cycles completed 8206 women were screened for cervical cancer (28% increase) 2350 women were screened using the HPV test resulting in a 28% increase in screening	
LP3 Chronic Disease Self-Management Intervention	Build capacity for practice nurses to provide self management and health coaching for public patients with identified chronic disease in specific LGAs within the EMPHN catchment. LGAs identified have the highest burden of disease.	Improve health outcomes for people living with one or more chronic conditions.	Number of participants Number of practices engaged and where they are located.	750 patients 15 practices	0	Y	388 patients Initial target of 750 patients required enrolment of 15 patients per week. There was a delay with recruiting GP practices and patient enrolments - recruitment period was extended a further 6 months to 30/6/2018. A revised patient enrolment target of 420 was negotiated with the service provider in May 2018. There were challenges with: patients understanding of the program at initial telephone enrolment and many patients withdrew prior to initial assessments; Practice Nurses being able to deliver the health coaching/care coordination program due to a lack of clinical experience, competing clinical priorities and workforce attrition. These are valuable learnings about the challenges that practice nurses face in providing proactive self management support (coaching) for patients with a chronic condition	For actively involved practices there is improved capability for general practice teams to manage patients with chronic disease and increased skill levels in health coaching and care coordination. All graduating patients have had measurable improvement in clinical outcomes as well as the Patient Activation Measure and HARP risk assessment. The program was refined during implementation to increase the chances of success with better practice selection and increased support to the practice nurses who were participating in the work.	
NP9: Integrated care for Chronic Disease Prevention & Management	The primary objective of the community based complex chronic disease intervention tender is to procure a well-integrated community based response for clients with chronic and complex disease in the City of Whittlesea. In an attempt to prevent any future unplanned hospital admissions, the intervention / service will target the client cohort who have been identified as at high risk of readmission to hospital.	Procurement of Integrated Chronic Disease Management program/s in Whittlesea that reduces unplanned admissions	Number of participants	90 Patients	0	Y	88 patients Evaluation of outcomes available June 2019	88 patients are continuing with the program and are expected to complete care packages by the end of February 2019. An evaluation will be undertaken to understand the outcomes for patients who participated. This program is achieved in partnership with Northern Hospital	
LP4 Reducing Variations in Healthcare	The delivery of the HealthPathways program of evidence based clinical guidelines and referral pathways for General Practitioners	The activity enables General Practitioners access to on-line evidence-based guidelines and referral pathways to enable the right care for the patient, in the right place, at the right time. It will improve the health system through the development, design and maintenance of pathways that align with key priority areas and drive system redesign, the promotion of meaningful use of Health Pathways to more General Practitioners, the expansion of pathways to cover the entire EMPHN catchment and through the design and implementation of a workable e-referral solution. It will also continue to support the development of state wide pathways that align with clinical practice guidelines, including paediatrics. EMPHN will also lead the development of mental health pathways across the region.	Promotion and education uptake by General Practice to enable streamlined access to information and care pathways.	Number of Pathways published and General Practitioner engagement / use of pathways: 550 Pathways published and promoted by end of June 2018	450	Y	527 Great result which see the EMPHN contributing to expanded pathways and educational opportunities for the GP's in the catchment.	The HealthPathways has increased GP access to on-line evidence-based guidelines and referral pathways that align with DHHS Vic and Commonwealth key priority areas. Work is now taking place to understand how we can achieve efficiencies by moving to a state-wide approach for the development of pathways. We are also investing in greater uptake of the existing pathways that have already been developed	
LP5 Better Health North East Melbourne (BHNEM) Collaborative	This activity will measure consumer experiences for residents of the North East Melbourne region using a rigorous community engagement process. The information gathered will inform the future improvement work of BHNEM.	Improve consumer experience and engagement across the north eastern region						This activity was removed from the revised activity work plan, submitted in November 2017. Funds were reallocated to the Collaborative Project Pool (Activity 14)	
LP6 Data Linkages Project	The BHNEM and EMPHC collaboratives have identified priority projects to commission activity targeting rising risk populations who, unless appropriately identified and supported, are at risk of becoming frequent users of hospital services. A process will be undertaken to further develop predictive data analytics to identify patients within the rising risk cohort, and investigate options for this data to be available across both primary care and the hospital system. Intended outcomes include the development of a system to identify and escalate patients in rising risk groups, and links with more appropriate community supports.	This activity provides the opportunity to address that cohort engaged with General Practice and are at current risk of hospitalisation. Further developing the predictive model in the General Practice setting provides the opportunity to integrate with acute care to flag these clients and engage them in appropriate interventions within the community. By targeting this group, the intended outcome is to stem the increasing morbidity of disease and demand on acute services, increase capacity for self-management and health literacy for a healthier population.	To be determined	To be determined	N/A	Y	An MOU has been signed between VPINA and DHHS to allow data sharing to take place. The next step is to identify appropriate data sets to link and share and this will be determined as part of the work plan		
LP7 Expanding and Supporting Diabetes Diversion Programs - Phase 2	Development of an innovative diabetes solution in primary care.	Phase 1 - 2016/17: To expand existing successful Eastern Melbourne PHN catchment service system responses to diabetes, and provide eligible patients with integrated wrap-around support that will reduce hospital outpatient wait lists. Phase 2 - 2017-18: EMPHN will be developing the market through a competitive tender process for the establishment of a diabetes hospital diversion program and reconfiguration of existing successful clinic models to other areas of the PHN catchment, to address outpatient appointment demand.	Phase 1 - Recruit staff for the new sites at Ringwood, Doncaster East and Hawthorn Develop a set of standard operating procedures by 1 February 2018	Number of referrals Number of patients seen Contract deliverables met	Phase 1 - 2016/17 341 referrals across 2 sites	Y	Total referrals 556 Aug - May 2018 Box Hill - 165 Ferntree Gully - 70 Ringwood East - 101 Doncaster East - 148 Hawthorn - 72 Referrals have exceeded expectations. GP referral rates to service increased compared with referrals to Eastern Health. Phase 2 - Contract deliverables met Phase 3 - Contract deliverables met	Phase 1 - Final report due in December 2018. Phase 2 - Planning phase. Service scheduled to commence in October 2018. Phase 3 - Partnership established between Carrington Health and Inspiro. Planning phase in progress and on track.	
LP8 End of Life Care- EMPHC Collaborative Project	This system orientated activity seeks to redesign elements of the service systems to ensure more people experience end of life care how and where they choose, and that resources and supports across the end of life support system are used more appropriately.	Identify the barriers that prohibit people from being able to die in their place of choice and to put in place innovative and collaborative solutions to address these barriers.	Number of people who die at home compared with number of people who die in hospital. Number of people who have a documented wish to die at home who are able to achieve their preferred site of death.	Number of people who die at home	To be determined	N	This activity is still being developed. It has partly been addressed by the success of EMPHN with the Greater Choice for At Home Palliative Care measure, which is enabling the PHN to understand the data, which will inform 2018/19 performance targets and indicators. The End of Life Care working group had proposed to implement a pilot approach to address the challenge of better supporting carers of palliative patients who wanted to die at home. The pilot required co-investment from other working group member agencies to enable it to be implemented. The co-investment was not able to be secured and on that basis the pilot was not progressed and the funds became a planned underspend.	Greater Choice for At Home Palliative Care has enabled the PHN to employ additional staff to work on the end of life project, which is complementary to the GCMHPC project. Co designed projects are currently being re-defined by the EoLC working group which meets monthly.	
LP9 Improving pathways for planned and unplanned care in the community	9.1 Currently scoping to identify innovative and effective model of care to divert services away from emergency departments and educating local communities about system redesign efforts. 9.2 After Hours - Determine demand and availability of after-services 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.					N	Project discontinued. Activity was duplicative of activity described in After hours 1.1 and 2.1.		
LP10 Chronic Disease Management high risk intervention	This activity aims to address the top 2% of clients identified through acute care systems at risk of readmission by the DHHS based algorithm through the Health Links project. Through the collaborative, an integrated approach to developing an appropriate solution to engage and work with this cohort will be developed.	Improve heart failure management of patients using a shared care approach.	Number of practices engaged in the project Reducing readmissions to hospital Reducing presentations to ED	20 practices in the northern region of EMPHN Quantifiable reduction of presentations and admissions	6 practices	N	Contract could not be executed prior to 30 June 2018. The allocated budget was identified as unspent funds and reported to DoH.		
LP11 Chronic Disease Management: Rising Risk Intervention	Targeting consumers with identified chronic disease and providing tailored service response, including for diabetes, cardiovascular disease, respiratory, disease, hepatitis, and renal disease. This work is to be undertaken in partnership with our collaborative partners, with an expected outcome of reduced hospitalisations. This activity will provide access to integrated and comprehensive interventions to rising risk populations in the EMPHN catchment, ultimately reducing the risk of unplanned hospital presentations and admissions.	Better Health North East Melbourne Project (BHNEM) to understand the rising risk cohort, identify patients who are rising risk through general practice and work towards developing a co-designed intervention for this cohort of patients. Eastern Melbourne Primary Health Care Collaborative (EMPHCC) Improve data linkage between general practice and health services and trial the expansion of the health links project to include the rising risk cohort of patients.	BHNEM - 6 practices engaged EMPHCC - MOU between DHHS, Victorian PHNs to allow data linkage	BHNEM - 6 practices across Banyule and Nilnimbik LGAs EMPHCC - MOU between DHHS, Victorian PHNs to allow data linkage	0	4 GP practices Y	5 GP practices initially engaged to participate - 1 withdrew due to competing practice improvement priorities. A proposal has been submitted to DHHS outlining an opportunity to explore predictive data analytics which support patient risk stratification. The aim is to link acute, community health and general practice data to identify patients at rising risk of hospitalisation and develop appropriate interventions.	GP Health commissioned to engage with practices to interpret practices' data using PCLAR data extraction and HARP risk stratification tools developed by Outcome Health. Project timeline: June - November 2018 EMPHN now solely managing this project and BHNEM collaborative no longer have a governance role.	
LP12 Primary Care Improvement and Integration	The development and implementation of innovative activities, integrated with other program areas, which support general practice to add value to the health system and enhance care within their own practice and outer in the wider system. Including a practice benchmarking program to achieve demonstration sites for the practice of the future "Practice 2030", continued quality improvement in the practice and techniques to facilitate integrated and coordinated patient centred care.	LP 12.1 Practice portal - build the capacity of practice nurses to provide integrated patient centred care in readiness for the implementation of Health Care Homes. Practices will better understand their practice population, which will support the introduction of health care homes. LP 12.2 The aim of the benchmarking for Practice 2030 is to support practices in benchmark themselves against the 10 building blocks of high functioning practices and in preparedness to the challenges of patient centred healthcare home model.	12.2- Practice 2030. Recruit practices to a tranche 2	15	0	12	LP 12.1 Patient Portal Solution design identified the need to develop workforce capability prior to the development of a patient portal. Activity modified to increase workforce capacity in integrated patient centred care. Workshop facilitators were commissioned to develop and deliver workshops and mentoring sessions to increase practice nurse capability to understand and implement patient centred care programs, such as care coordination, behaviour change and understanding business benefit of care planning. LP 12.2 Practice 2030 EMPHN sought to recruit a further 15 practices to the second tranche of Practice 2030 through an open EOI. 16 EOsI were evaluated and only 12 of the applicants met the criteria for having the necessary capacity to undertake the project	LP 12.1 Target number of GP practices - 20 Final number of GP practices recruited - 18 All practices still participating 6 workshops scheduled from June 2018 - Dec 2018 4 group mentoring sessions via teleconference Program scheduled for completion in Dec 2018 LP 12.2 Practice 2030 Throughout the 12 month period EMPHN has been delivering the 1st tranche of Practice 2030. This included in July and all participating practices completing the project. All participating practices have shown significant improvement in the PC PIT benchmarking from base line and expressed that involvement in the project has improved their ability and capacity to be a high performing practice. The 1st tranche project is now in the evaluation phase with improvements to be included in the 2nd Tranche roll out. The 2nd tranche EOI and contracting phase commenced in March 2018 for roll out from 1st July 2018. LP 12.3 Quality Improvement in General Practice Commissioned development of a GP practices data report, a cardiovascular report and quality improvement training	

Eastern Melbourne PHN

2.1 LOCAL INDICATORS CORE FLEXIBLE								
Activity Title including Reference ID	Activity Description	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: * indicators that cannot be reported through quantitative means; and/or * context for interpretation of results (if required). This may include: * reporting of any issues/problems/delays in implementing the activity/sub activity; and/or * enablers of implementation activity.	Progress towards achievement of objective through activities not covered by nominated local performance indicators (12 month)
LP13 Aging	Healthy ageing is a key issue for the EMPHN region with a high number of RACF beds and an ageing population, particularly in the inner, more densely populated areas. Activities to support healthy ageing have a natural overlap with avoiding hospital presentations by seeking to increase quality of life and reduce acuity, improve service coordination and information, support general practice through Health Pathways and innovative models of early intervention, and increased access to services, including specialist telehealth. Activity includes: LP13.1 QJM rollout with focus on polypharmacy and falls, and antibiotic resistance LP13.2 Review evidence on reducing polypharmacy/de-prescribing and develop recommendation	LP 13.1 - QJM rollout with focus on polypharmacy and falls, and antibiotic resistance LP 13.2 - Reduce polypharmacy in patients LP13.3 - EMPHN seeking to improve the mental health care of older person in the EMPHN catchment LP 13.4 - Expansion of local area mental health coordination in the North Eastern region	Practices with a pharmacist employed Number of Home Medicines Reviews completed Number of pharmacist to patient consultations	TBD	0	2 0 0	2 pharmacists employed. Services not commenced - scheduled to commence in 2018/19.	2 GP practices commissioned to employ a pharmacist as part of the clinical team. Services scheduled to commence for patients in October 2018.
LP14 Collaborative Projects	The delivery of the two collaboratives. Better Health North East Melbourne and Eastern Melbourne Health Care Collaborative	There are currently two Collaboratives in operation which include high level representation from PHN, Local Hospital Networks, Community Health, Department of Health and Human Services (State Government) and General Practice. These collaborative platforms enable prioritising and commitment of resources and effort to cross systems change work.	Joint planning across services	2 regional plans for Mental Health	0	Y	EMPHCC focused on streamlining and implementing processes and mechanisms for the identification of local priority areas to achieve an integrated services system in the eastern metropolitan region. The focus on EMPHCC is on End of Life Care and chronic disease care models and ensuring the partnerships are strengthened. Development of a formalised strategic plan is well underway and will be completed by end 2018. The Governance Group of EMPHCC has taken on responsibility for the delivery of an integrated regional plan for mental health, AOD and suicide prevention. This will ensure regional sector buy-in to the priority areas identified in the plan. The consultation is well underway. BHNEM has developed a 5 year strategic plan that will focus the efforts of the collaborating partners. The priority areas identified in the strategic plan relate to reducing avoidable readmissions to hospital for frail aged persons and to reduce the waitlist for paediatric specialist assessment and management for children with development delay (disability). Executive sponsorship of this work has been assigned and working groups are now engaged to deliver on these areas.	
LP 15 Capacity support for self-determination in Aboriginal Community Services	EMPHN through its recent annual planning process, community consultation and literature review has identified that a self-determination approach is key to effectively engaging community in PHN funded services. EMPHN has an existing contract with Bubup Wilam to deliver an integrated package of services regarding community education and services across Mental Health, AOD and After Hours	Capacity building and market development for a funded provider	To be determined	To be determined		N	These funds had been identified to potentially provide additional capacity building and support to an Aboriginal Health Service that we are working with to implement an innovative model of care that looks at a whole of family approach to better physical health, mental health and AOD services. In establishing the new model it became apparent that the current funding allocation was sufficient and therefore the additional funds would not be required. The savings were subsequently identified as a planned underspend	

Eastern Melbourne PHN

2.2 CORE OPERATIONAL ACTIVITY PHN 12 Month Performance Report - 1 July 2017 to 30 June 2018				
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>The Performance and Planning team has responsibility for equipping the organisation and its programs with:</p> <ul style="list-style-type: none"> -Continually updating needs assessments to inform program and commissioning activity in health needs, service access trends, service mapping and forecasting -Undertaking deeper dives on issues to inform the organisations and its stakeholders it is collaborating with -Providing the Collaborative Platforms with briefings on key population health needs issues on which to focus through the Collaborative Structure -Assisting and increasing the capacity of the organisation to source an evidence base and appropriately evaluate projects and programs <p>This will ensure the organisation maintains a population health understanding of 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>Through the reporting period the Performance and Planning team has had the responsibility for equipping the organisation and its programs through:</p> <ul style="list-style-type: none"> - Producing and updating comprehensive needs assessments, completed in November 2017, to inform program and commissioning activity in health needs, service access trends, service mapping and forecasting - Undertaking deeper dives on issues such as Immunisation, Cancer Screening, AoD, Mental Health and Chronic disease and related comorbidities to inform the organisations' activities and its collaborating stakeholders - Providing the Collaborative Platforms with briefings of the key issues on which to focus through the annual strategic regional planning for EMPHCC and BHNEM - Assisting and increasing the capacity of the organisation to source an evidence base and appropriately conceptualise and evaluate projects and programs elements including survey design, evaluation design and ethical considerations, indicators and outcome measures (in particular for mental health program development) and commissioning the 2-year evaluation of the stepped care model across its three tranches. -The development of a strategic performance framework to establish meaningful measures against the 2017-2022 EMPHN strategic plan. These measures will be an invaluable tool to monitor outcomes against the strategic plan. These measures have also been mapped by the team against the 2018/19 Activity Work Plan and the draft PHN Performance Framework to ensure internal and external alignment. 	<p>Yes- The manager role has proven difficult to recruit to and has remained unfilled since December 2017.</p>	
OP2 General Practice Engagement & Support		<p>EMPHN provided practices with a Practice Needs Assessment to assess their need for support and information on a range of PHN Priorities and general practice supports. In the reporting period 284 or 73% of practices had a face to face practice needs assessment with a further 35 or 18% receiving a delivered pack. The assessment provides a platform for EMPHN General Practice Liaison to engage general practices with PHN priorities such as My Health Record, POLAR, e-referral, cancer screening, immunisation, practice manager and nurse networks, PIP QI and accreditation.</p> <p>By December 2017 EMPHN implemented a new general practice categorisation system that allocated practices into a tier 1 to 4. The implementation has provided new insights to the general practice market in the EMPHN region and has been used in our planning for new project implementation allowing us to better target resources to practices who have the right capacity and capability to achieve meaningful outcomes for that activity. This approach has received a high level of interest from other PHNs and we are collaborating with them to share our learnings.</p> <p>In the reporting period Practice Liaison provided 905 support interactions to general practices in the region</p> <ul style="list-style-type: none"> • 614 Appointments • 221 Emails (tracked) • 70 phone calls (tracked) <p>The top reason for requesting support were:</p> <ol style="list-style-type: none"> 1. Practice needs assessment /GP Liaison 504 2. Accreditation 125 3. Immunisation 118 4. Cancer Screening 74 5. POLAR 63 	<p>EMPHN has not replaced exiting staff from a general practice engagement and support role to meet the funding realignment savings in the new 2018/19 reporting period. To manage this reduction EMPHN has continued to shape its general practice support to align with its objectives as a commissioning organisation. This has created an issue with some general practice stakeholders who are not certain of the PHNs purpose and are looking for more general support or networking not specifically aligned with the PHN priority areas. To address this gap EMPHN has engaged in market development workshops with General Practice to demonstrate the benefits and opportunities that can be realised by engaging with the PHNs commissioned and project opportunities.</p>	
OP3 Digital Health/eHealth	<p>Supporting practices in the uptake of the ePIP</p> <p>Working in partnership with LHNs and Community Health in three eReferral Projects</p> <p>Support for the roll out of My Health Record</p> <p>Support for the roll out of the POLAR GP Clinical Audit Tool</p>	<p>397 GPs, 270 Pharmacies, 4 Private Specialist and 77 Allied health providers have been engaged, made aware and educated in the My Health Record Expansion and Opt Out program of works</p>	<p>There have been a number of challenges associated with Australian Digital Health Agency delays or lack of delivery including:</p> <ul style="list-style-type: none"> - The rollout of upgrades to My Health Record provider portals. - The extension of Consumer Opt Out campaign timing and communications. - Delay in providing educational material and communication materials for providers and consumers <p>To address these implementation issues the PHN has continued to focus on a stakeholder and consumer engagement approach that promotes the benefits of My Health Record, much of this has been delivered face to face where the PHN can address any concerns raised about the above issues. We continue to work closely with ADHA providing valuable insight into the issues encountered and opportunities for improvement.</p>	
OP4 Workforce Education & Clinical Placements	<p>The Workforce Education and Clinical Placement team aim to provide support and increase the capacity of the primary care workforce through workforce development and education activities. Workforce Development activities include:</p> <ul style="list-style-type: none"> -Clinical Placements to increase the capacity of the General Practice workforce through attraction of medical graduates to the industry and build the supervisory capacity of General Practice -General Practice (GP, Nurse, Practice Manager) Education through webinars and events relating to areas of workforce development need and Primary Care Provider education to Pharmacy and Allied Health -International Medical Graduate preparation to increase General Practice workforce capacity in outer metro areas 	<p>The Workforce Education and Clinical Placement team aim to provide support and increase the capacity of the primary care workforce through workforce development and education activities. During the reporting period the workforce development activities include:</p> <ul style="list-style-type: none"> • Facilitating a relationship with 3 local universities to support 108 Nursing Clinical Placements to increase the capacity of the General Practice workforce through attraction of nurses to the industry and build the supervisory capacity of General Practice • EMPHN supported 32 International Medical Graduate in the preparation for sitting fellowship exams to increase General Practice workforce capacity in outer metro areas • EMPHN facilitated 53 emails and 4 practice visits to assist General Practices with their GP recruitment efforts. These contacts provide assistance in negotiating complex IMG and DWS issues. • General Practice (GP, Nurse, Practice Manager) Education through webinars and events relating to areas of workforce development need and Primary Care Provider education to Pharmacy and Allied Health <p>Workforce & Education events 277</p> <p>222 Professional Development, 55 CPD</p> <ul style="list-style-type: none"> • Webinar: 473 • Event: 464 • In-Practice Webinar: 332 • In-Practice face to face: 1 <p>Total Attendees for Education: 2,879</p> <ul style="list-style-type: none"> • Practice Staff: 604 • Nurse: 1066 • GPs: 925 • Allied Health: 42 • Other categories combined: 14 of the GP CPD events reported above are planned under the Eastern Melbourne GP Education Alliance. Through this alliance EMPHN commissioned 	<p>No</p>	

Eastern Melbourne PHN

2.3 INNOVATION ACTIVITY PHN 12 Month Performance Report - 1 July 2017 to 30 June 2018					
Activity Title Including Reference ID	Activity Summary	Please briefly outline work undertaken and Key Achievements for 2017-18 in progressing the Activity.	Are there any risks to completing this Activity by 30 June 2019? (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.	EMPHN has commissioned Bolton Clarke to implement a workforce model to integrate the role of a clinical pharmacist within home nursing team to improve medicines safety and better coordinate medicines management between general practice and other providers. In the reporting period 113 clients have received the service.	NO		
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.	This activity is not progressing, the funding will be used to further develop IN1.	YES	Moving of the funds into IN1	
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.	A think tank was held in 2016.	NO		
IN4 Provision of Primary Care Interface to local eReferral Initiatives	Improved communication of referral/appointment/feedback with hospital and specialist clinics. The PHN will provide support, education and uptake of eReferral use within the region.	eReferral projects undertaken across 3 Health Services and 2 Community Health Services. GP's from across the catchment have been involved in the program.	NO		

Eastern Melbourne PHN

3.1 MENTAL HEALTH AND SUICIDE PREVENTION OPERATIONAL AND FLEXIBLE					
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	1.1 EMPHN Alternative Low Intensity Services	YES		YES	EMPHN commissioned a Low Intensity Lead Site pilot (innovative evidence based individual and group therapy options delivered face to face and via telehealth). EMPHN also commissioned an evidence based group therapy program (delivered alongside component 2 in Priority 3.3). Delays were experienced in implementation of both programs with regard to recruitment of suitable staff and slow referral rates. EMPHN worked with both providers to deliver on these initiatives, and supported referrals via EMPHN's Referral and Access Team. Lead Site will continue into 2019 and EMPHN will continue to support the program delivery. EMPHN also planned to commission a decision support tool to clinically inform referral type suggestions within the low intensity space. An indicative timeline for the decision tool is not available, as this project has been put on hold subject to departmental guidance on triage and decision tool function in assessment for stepped care services.
ONE	1.2 EMPHN Innovative Perinatal Services.	YES		YES	EMPHN have commissioned a low intensity psychological strategies program for people with or at risk of mild to moderate perinatal depression. This program consists of a tiered approach to support, including an SMS platform through to short term counselling delivered by appropriately skilled workers. Delays were experienced in the implementation of this program with regard to recruitment of suitable staff and slow referral rates. Referral rates have increased in the second half of the reporting period. EMPHN continues to work with the provider to deliver on this initiative, and supports referrals via EMPHN's Referral and Access Team.
ONE	1.3 Referral Pathways	YES		NO	EMPHN's Referral and Access Team is a central point of access to the primary mental health service system, and facilitates navigation of a whole-of-system response to people presenting with a range of mental health needs. EMPHN's Referral & Access Team has been integral in the roll out of MH Stepped Care Model, working with Commissioned providers to ensure a smooth transition for consumers, and offering consistent and easy access into the service system.
TWO	2.1 Continue collection and review of data on current situation to enable a deeper dive scoping of current situation utilising collaboration with stakeholder organisations. (Existing)	YES		NO	
TWO	2.2 Commissioning of Headspace services (3 currently in operation) and ongoing contract management with commissioned services including developing relationships with Headspace National (HNo). (Existing)	YES		YES	EMPHN has two strong performing headspace centres and one lower performing centre. EMPHN continues to work with the lower performing centre through its contract management process, including regular meetings. There are also three outer areas of our catchment which have very poor access to headspace or similar services and there is advocacy for improved services. EMPHN has initiated ongoing discussions with commissioned providers and headspace National to discuss these access and performance issues.
TWO	2.3 Co-design of services targeting the youth population experiencing severe mental health conditions including first episode psychosis. Commissioning of Youth Severe MH services across the EMPHN catchment.	YES		NO	EMPHN has commissioned two providers to deliver Youth Severe services from June 2017. These services were co designed with stakeholders and consumer representatives and successfully implemented in 2017/18. EMPHN has also commissioned an independent evaluation of these two services.
TWO	2.4 Collaborate with youth services across the EMPHN catchment including State funded mental health services, AOD specific services and education. (Existing)	YES		NO	EMPHN participate in headspace consortiums; the approach to developing the youth suicide communication protocol was established in collaboration with all key youth services providers including LHN, local councils and DHHS.
TWO	2.5 Working with providers in the Low Intensity space promoting access for children and families with high prevalence conditions (please see priority 1). (Existing with scope for innovation)	YES		NO	Please refer to Priority 1 above
TWO	2.6 Building collaborative partnerships to target specific areas of need. For example, supporting the Eastern Metropolitan Region Post Suicide Communication Protocol and scoping the need for a similar protocol in the North East. (Existing)	YES		YES	The establishment of the Eastern region's Suicide communication protocol has taken longer than anticipated to develop and implement and has been underpinned by working with a large number of stakeholders. This is now completed and to be launched. This has therefore delayed the initiation of a similar process in the north east. Preliminary discussions are taking place now as the focus will be on the north east region in 2018/19.
THREE	3.1 Improve access to services and/or service usage across EMPHN in line with EMPHN needs assessment and other information outlined in priority one, through collaborative planning and commissioning of services that are better placed to equitably meet the needs of hard to reach populations in the catchment.	YES		YES	IPS, Mental Health Nursing and Support Facilitator programs were commissioned to improve access to services across the catchment and support equitable access to services. Nurses worked from multiple locations across the catchment, with outreach as an option in some parts, whilst Support Facilitators worked with other providers to embed psychological intervention into collaborative care structures for people with severe and enduring mental health issues. With regards to IPS services, a large number of geographical access points were available for consumers. After hours and weekend access, disability access at some sites, clinicians who speak languages other than English and telephone counselling, all increased access to hard to reach and underserved groups. One component of this service did provide an access option for humanitarian entrants. Videoconferencing as an option was delayed, although operational in the reporting period. Otherwise, delays were experienced in implementation of component two of IPS (see 3.3) with regard to recruitment of suitable staff and slow referral rates.
THREE	3.2 Commissioning of Alternative Low Intensity Services (ALIS) and Innovative Perinatal Program (IPP).	YES		YES	Please refer to Priority 1 as above.
THREE	3.3 Implementation of Innovative Psychological Strategies (IPS) with capacity to increase access to services for refugees/humanitarian entrants who find it difficult to access Medicare Benefit Schedule based therapeutic services. IPS will deliver psychological strategies to hard to reach target groups, via face-to face and telephone counselling, and culturally appropriate social and emotional well-being support.	YES		YES	The activity consisted of two components: 1) implementation of psychological strategies services through a number of agencies and individual contracted providers. This included evidence based time limited psychological interventions. This program began a phased transition out to the new mental health stepped care model, with this service type being available in the new model. 2) Implementation of an innovative pilot to improve on shortcomings of ATAPS and MBS Better Access models. Delays were experienced in implementation of this program with regard to recruitment of suitable staff and slow referral rates. Referral rates did increase in the second half of the reporting period. EMPHN supported this provider to deliver on this initiative, with referrals via EMPHN's Referral and Access Team. This program has delivered on a number of innovative changes to previously federally funded programs, with improved referral pathways, collaborative care planning, care coordination and access for humanitarian entrants.
FOUR	Mental health services for people with severe and complex mental illness, including care packages 4.1: Timely access to Mental Health Services across the Eastern Melbourne catchment	YES		NO	EMPHN's phased transition to a Mental Health Stepped Care Model (SCM) includes service options for clients with severe and complex mental health problems. Service delivery commenced in January 2018 in the North East region and will commence in the Outer East region of the EMPHN catchment in July 2018. SCM in the Inner East is expected to commence in January 2019. There are complex and unpredictable issues emerging in relation to the impact of the NDIS roll-out in the region. The withdrawal of community based support options and the slow development of the NDIS market place is currently reducing options for people with severe and enduring mental health support needs. EMPHN continues to work with our PIR providers to identify service gaps for clients during the transition to NDIS, and examine mental health and psychosocial supports required. PIR currently has supported approx 650 consumers to access the scheme and by full rollout it is predicted that over 1000 of the current 1250 consumers will have entered the scheme. EMPHN in partnership with South Eastern Melbourne PHN and North Western Melbourne PHN have begun co-design work and commissioning planning with the intention of delivering National Psychosocial Support measure during early 2019. Continuity of Supports (CoS) will begin from 1 July 2019, however with the likely delay in rollout of NDIS extra resources will need to be considered for CoS to support those who are waiting access.
FOUR	4.2: Cultural competency of EMPHN mental health services in working with people from Aboriginal and Torres Strait Islander Communities. Report on impacts and access issues.	YES		NO	Over the reporting period EMPHN had 21 allied health providers who had completed Aboriginal and Torres Strait Islander Cultural Competency training. Training options were planned for 2018 -2019 and EMPHN will continue to look for training opportunities for this consumer cohort. Cultural competency training is also a requirement for Mental Health Stepped Care providers delivering services to this cohort. Delay in response from DoH in relation to training provided by AIPA did delay EMPHN strategy for upskilling, and this may have impacted on the number of available providers and access for consumers.
FOUR	4.3: Cultural and Linguistically Diverse Communities (CaLD) and Refugee mental health care and how to assist MH consumers and carers within these communities to gain better access to mental health services.	YES		NO	EMPHN are supporting a CALD reference group for people with severe and enduring mental health issues. PIR workers are supporting this group to advocate and support people from non-English speaking backgrounds learn about and access the NDIS and other health services.

ONE
TWO

THREE

Please note that the prepopulated activities were not as per the final AWP submitted to DoH for P1. This has been changed to mirror the AWP FOUR

FIVE

Please note that the prepopulated activities were not as per the final AWP submitted to DoH for P3. This has been changed to mirror the AWP SIX

SEVEN

Eastern Melbourne PHN

FOUR	4.4: Suicide Prevention strategies.	YES		NO	EMPHN's Mental Health Stepped Care Model includes a Quick Response suicide prevention service for consumers presenting at risk of suicide. EMPHN has also undertaken to review all current suicide prevention activities and to redesign and redirect resources to align better with Mental Health Stepped Care and other health reforms and Place Based Suicide Prevention activity. EMPHN will draw on the review report to inform the next phase of commissioning activity in suicide prevention, with the intention of supporting evidence based activities/interventions that reduce suicide and related harm.
FOUR	4.5: Reduction of avoidable deaths due to overdose.	YES		NO	EMPHN's Mental Health Stepped Care model includes dual diagnosis support for consumers. All of EMPHN's AOD services deliver interventions for people with co-occurring mental health and AOD issues. Three AOD pilot projects in 2017-2018 aimed to reduce avoidable deaths due to overdose by providing AOD clinical service in at least three Emergency Departments in the catchment. In mid 2018, co-design of a new AOD model of care commenced, with a clear aim of aligning this to the Mental Health Stepped Model of Care.
FOUR	4.6: A focus on co-occurring ongoing physical illness and severe enduring mental health needs.	YES		NO	EMPHN is transitioning to the Mental Health Stepped Care model, with a strong focus on linking mental health consumers with their general practitioners to address their physical health needs and management of their overall health and wellbeing. Support is also being provided to mental health clinicians to ensure they work with consumers to address their physical health and wellbeing needs. EMPHN are also working to ensure alignment between the Mental Health Stepped Care Model and PIR/Psychosocial Support programs for people with severe and enduring mental health needs.
FOUR	4.7: Development of an EMPHN Stepped Model of Mental Health Service 2017.	YES		NO	EMPHN has undertaken a phased transition to an integrated Mental Health Stepped Care Model (SCM). This has been funded by collapsing the Psychological Strategies and Mental Health Nursing Services (former MHNIP) funding. The SCM North East commenced service delivery on 15 January 2018; SCM Outer East will be operational on 2 July 2018; and SCM Inner East will be operational on 14 January 2019.
FIVE	Community Based Suicide Prevention Activities 5.1 Localised data collation and analysis.	YES		NO	Place based suicide prevention (PBSP) teams have continued to lead collective impact activities in Whittlesea and Maroondah during the reporting period. This Place Based work is a co-funded pilot between the Victorian State Department of Health and Human Services and the Federal Department of Health. Over 1000 people in the EMPHN region have attended events, capacity building training and stakeholder co-design workshops related to the PBSP trials.
FIVE	5.2 Health planning and program development and commissioning targeting the at risk populations.	YES		NO	Significant and detailed local data has been released to EMPHN by DHHS to inform PHN planning. EMPHN will draw on this data and the suicide prevention review report to inform the next phase of commissioning activity in suicide prevention, with the intention of supporting evidence based activities/interventions that reduce suicide and related harm.
FIVE	5.3 Collaborative data exploration, health planning and program development and commissioning targeting the indigenous population which will include the Collaboration with 6 Victorian PHNs and Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and Life Line to develop Aboriginal version of SafeTalk Suicide Alert Program	NO	After discussions with the other PHN's in Victoria and with VACCHO, Wesley Lifeforce have been commissioned to provide suicide prevention 'train the trainer' courses for 16 Aboriginal workers across Victoria. The workers will be trained over 5 days with the Aboriginal specific component being provided by The Seedling Group. Evaluation of the project will be completed in line with the ATSISEEP evaluation framework. As a result of the training, 16 suicide prevention workshops will be provided across Victoria to Aboriginal Communities. The trained workers will provide a potential resource and focus for future suicide prevention initiatives in Aboriginal Communities across the state.	YES	Delays have occurred partly due to the changes in the key people involved, and also due to difficulties agreeing on an approach for this training. The approach has now been agreed and the training and workshops will be completed by the end of next financial year. The evaluation will occur following the training.
FIVE	5.4 Health planning and program development and commissioning targeting the aging population.	YES		NO	EMPHN has commissioned the Older Persons Mental Health pilot to provide support to General Practices in managing the mental health of older people in the community.
FIVE	5.5 Health planning and program development targeting those with a mental illness, and/or those who have presented to an emergency department post a suicide attempt.	YES		NO	EMPHN has reviewed data regarding emergency department presentations for suicide attempts and suicidal ideation in the catchment. DHHS have funded a Hope project at the Maroondah hospital to provide support to people who present to Maroondah Emergency Department after a suicide attempt. The EMPHN PBSP team have worked closely with the Maroondah Hope service and coordinated co-design and community engagement efforts. EMPHN's Mental Health Stepped Care Model includes a Quick Response suicide prevention service for consumers presenting at risk of suicide.
FIVE	5.6 In collaboration with key stakeholders and community members, review of current service provision, consumer experience of access and care and mapping of service gaps in relation to identified population need. Service review to align with stepped model of care; review of early intervention access and indicators, services that target those at risk, and collaboration with services that provide care for those at high risk of suicide.	YES		NO	EMPHN has undertaken to review all current suicide prevention activities and to redesign and redirect resources to align better with Mental Health Stepped Care and other health reforms and Place Based Suicide Prevention activity. EMPHN will draw on the review report to inform the next phase of commissioning activity in suicide prevention, with the intention of supporting evidence based activities/interventions that reduce suicide and related harm.
FIVE	5.7: Place-Based Suicide Prevention Initiative.	Yes		YES	Over 1000 people in the EMPHN region have attended events, capacity building training and stakeholder co-design workshops related to the PBSP trials. In partnership with EMPHN, two lived experience groups have been developed to support local people impacted by suicide and to consider how the community and health system can better respond to and prevent suicide. Recruitment of people with a lived experience of suicide in Whittlesea has encountered some delays but strategies are in place to address this. Capacity building activities by commissioned provider Roses in the Ocean have fallen behind schedule and will be addressed in the second half of 2018. The PBSP team have arranged a co-location of staff at the Whittlesea Connections office at Epping Plaza shopping centre. The presence of project workers in an office with other services providing direct supports and counselling to the local community will expand the opportunities for EMPHN to engage with local welfare services and service users.
SEVEN	7.1 Application of a stepped model approach across mental health service delivery for EMPHN 7.1.2 Implementation of a clinical intake system as a central entry point to the primary mental health service system to coordinated and direct people to most appropriate services at point of entry	YES		NO	Please refer to 4.7 above. EMPHN's Referral and Access Team is a central point of access to the primary mental health service system, and facilitates navigation of a whole-of-system response to people presenting with a range of mental health needs. EMPHN's Referral & Access Team has been integral in the roll out of MH Stepped Care Model, working with Commissioned providers to ensure a smooth transition for consumers, and offering consistent and easy access into the service system.
SEVEN	7.2 Lead site implementation of low intensity services	YES		YES	Please refer to 1.1 above. Commissioning of Lead Site funding for a decision tool is delayed, contingent on Commonwealth working group advice.
SEVEN	7.3 Development of a Mental Health Stepped Care document that underpins all commissioned activities and articulates the operationalisation of the steps within the stepped care model.	YES		NO	A Mental Health Stepped Care Model Operational Manual has been developed. Other communication materials to support the planned phased implementation of the Mental Health Stepped Care Model have also been developed.
EIGHT	Regional mental health and suicide prevention plan 8.1 Continued engagement and collaboration with State funded Catchment Planners to build upon the existing catchment planning needs assessment and plan and incorporate the Commonwealth funded and primary care perspectives.	YES		NO	EMPHN is progressing discussions with key stakeholders regarding the development of a Regional Integrated Mental Health, AOD and Suicide Prevention Plan. It is anticipated that a final draft of the Regional Plan will be ready by 30 June 2019. EMPHN is awaiting updated guidance from DoH regarding the Regional Plan.

EIGHT

2. Service Delivery Indicators			
Acc-1:	543 clients or 0.04% the population	App-1:	4437 clients or 0.3% of the population
Acc-2:	3828 clients or 0.26% the population	App-2:	281 clients or 0.019 % of the population
Acc-3:	2328 clients or 0.16% of the population	App-3:	490
EFF-1:	\$619.70 (includes attribution of core operational budget as per DoH advice. SMS 4	Out-1:	Significant Improvement 38.00%, No change 48.00% and Significant Deterioration 14.00%.
EFF-2:		Out-1:	Significant Improvement 42.88%, No change 47.29% and Significant Deterioration 9.84%. Note: comparison of all client records with more than one outcome measure. Not all clients had completed an episode of care because they had achieved treatment goals or treatment concluded.
EFF-3:	\$201.29 (includes attribution of core operational budget as per DoH advice) \$174.33 per session (represents a single contact)		

YES
NO

The PHN should identify the indicators. Please refer to the following information for guidance:

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. If NO please outline work to date, including identifying the expectations not met and proposed remedial action for each exception.
Youth Severe service MDS has not been reported for this period. It has been difficult to access complete MDS data sets from MHNP and Psychological Strategies providers due to our mental health providers still adjusting to new MDS requirements.	NO	As system is now in place to ensure Youth Severe providers are implementing an appropriate mechanism to capture complete MDS data. EMPHN are supporting MHNP and Psychological Strategies providers to ensure accurate and complete MDS entry. EMPHN has and will continue to work with our CIMs provider to ensure improved uploads of complete and clean MDS data.

Eastern Melbourne PHN

MH Nursing Services	YES	Commenced 7 Aug 2017, with the delay due to the need to configure the program's Client Information Management system to collect the data.	
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	Local service providers that partner with the lead agency to provide strategic direction and resource to deliver the centre services	Consortium terms of reference outlines the roles and responsibilities and minimum representation from the four core streams	
headspace Hawthorn - Consortium	Local service providers that partner with the lead agency to provide strategic direction and resource to deliver the centre services	Consortium terms of reference outlines the roles and responsibilities and minimum representation from the four core streams	
headspace Greensborough - Consortium	Local service providers that partner with the lead agency to provide strategic direction and resource to deliver the centre services	Consortium terms of reference outlines the roles and responsibilities and minimum representation from the four core streams	
Eastern Mental Health Service Coordination Alliance (EMHSCA)	EMHSCA aims to strengthen Mental Health and AOD service collaboration, coordination and system integration across inner and Outer Eastern Melbourne to deliver optimal outcomes for consumers.	The Eastern Mental Health Service Coordination Alliance (EMHSCA) was formed in 2007 and currently involves at least 21 organisations committed via an MDU with the key purpose of improving the collaborative provision of health and community services to people who experience mental ill health and co-occurring concerns in the Eastern Metropolitan Region of Melbourne. EMHSCA consists of a governance group, alliance group and implementation committee.	
North Eastern Mental Health Service Coordination Alliance (NEMHSCA)	NEMHSCA aims to strengthen Mental Health and AOD service collaboration, coordination and system integration across North Eastern Melbourne to deliver optimal outcomes for consumers.	EMPHN has commenced work to develop a NEMHSCA - LHNs and other key stakeholders in the North East of the catchment are expected to be member organisations	
EMPHN Collaboratives: Better Health North East Melbourne & Eastern Melbourne Primary Health Care Collaborative	The two Collaboratives focus on identifying, planning and overseeing the implementation of key initiatives for the North East and Eastern parts of the catchment. The focus is on identifying system gaps and initiatives that address integration. The Collaborative will be the vehicle for development of the regional mental health and suicide prevention plan/s.	The Collaborative have a layered governance structure with strategic and operational focus	

Eastern Melbourne PHN

4.1 INDIGENOUS MENTAL HEALTH FLEXIBLE PHN 12 Month Performance Report - 1 July 2017 to 30 June 2018

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	How many separate activities have been commissioned?	How many organisations have been commissioned to undertake these activities?	How many of these commissioned organisations are Aboriginal controlled?	How many commissioned activities have commenced?	How many commissioned activities have not commenced?	Do the activity and services align with the 2017-18 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)
6.1 Commission peer led programs for the outer east and north communities, to be based in Aboriginal Community Controlled Organisations (ACCOs) or co-located with their partners, to engage and support community members who wish to address their social and emotional wellbeing	YES		2	2	0	2		YES	We have commissioned services with Banyule Community Health and with the Yarra Valley Aboriginal Health team. Both service providers have built relationships with the Aboriginal Communities in their regions through culturally and socially sensitive practice that incorporates comprehensive support regarding the social, cultural, financial, historical and structural determinants of health and wellbeing.	Banyule Community Health have been successfully delivering services in the north of the catchment. In the east of our catchment, the Yarra Valley Aboriginal Health team have experienced significant delays with implementation of their program due to recruitment of suitable staff. EMPHN continues to work closely with this provider.
6.2 Commission ACCOs and their partners (in the 2 key communities, outer north and outer east) to deliver peer-led recovery programs and support the communities to build their capacity to improve social and emotional wellbeing.	YES		2	2	2	2		YES	Both the HICSA and the Bubup Wilam programs provide better access to services and support that provides more sustainable and substantive recovery and management opportunities for people with mental health issues and incorporates support across family, community and social networks. The capacity building, relationship development and cultural connection approach addresses the multifactorial causes of mental health and creates the environment for individuals to contemplate more positive outcomes in their lives. Elders are key to referrals from the community. The relationships and community bonds provide introductions to people in the community. The informal non-judgemental approach overcomes the shame many people feel and the understanding of generational trauma and what role it plays in people's responses to their experiences. Both HICSA and Bubup Wilam provide culturally and socially appropriate access to support and services through provision of case management that addresses the social and emotional determinants of health and wellbeing. While Bubup Wilam connects with families and community through a program focussed on the total needs of children in their early years, HICSA focuses its' case management on community needs with an outreach approach. The HICSA approach is successful due to the relationship they build with individuals, with referrals that are made mainly by word of mouth from Elders and other community members. Bubup Wilam's program breaks the cycle of generational disadvantage and trauma through an intensive program that integrates social, health and psychological supports with connection to culture and community for the child, family and community. HICSA also combine social and emotional support with connection to culture and community through camps, mens groups, womens groups, food support, cultural camps and youth group.	The development of the Bubup Wilam program and observations of its impact on children and families have indicated a need to develop evaluation and accountability that is in tune with the cultural and social impact of the program and the complexity of service inputs for the outcomes. The social and emotional wellbeing of children and families is linked closely with addressing the effects of colonization, including trauma, and connecting service users to community and culture for strong identity and capacity to overcome generational trauma and other effects of colonization. HICSA are continuing to increase their client numbers and fully meeting expectations of the program.
6.3 Commission ACCOs and their partners to deliver "Connection to Culture" programs which reconnect community members with mental health diagnoses to culture, land and community (building on models being piloted by Victorian Aboriginal Health Service and the growing evidence-base in New Zealand Maori programs).	YES		0	0	0			YES	The services commissioned at Bubup Wilam and at HICSA are developed out of an Aboriginal Community led approach that is integrated into the wider service system, where appropriate, and which also fills gaps in the service system that are identified by individuals and the wider Aboriginal Community. We have also commissioned integrated service planning across the Eastern region which involves all Aboriginal Community Controlled Organisations in the Eastern region and we will duplicate this in the Northern region. This will provide an opportunity for Aboriginal communities to gain a combined understanding of health and community services across the region from an Aboriginal Community perspective and enable them to guide and have greater control of future planning and development of services and support.	Both HICSA and Bubup Wilam provide strong cultural programs that are guided strongly by community values and cultural connection. They support the reconnection of individuals and families with their communities and provide cultural activities throughout the year. There are cultural camps, men's and women's groups, culturally framed child support and cultural youth groups and as the Young Warriors program at HICSA.
6.4 Support the development of EMPHN's Stepped Care Model for Mental Health to build the capacity of providers of low, medium and high intensity clinical mental health services to deliver trauma-informed culturally-safe services in outer east Healesville communities and north communities.	YES		0	0	0			YES	The HICSA mental health worker connects Aboriginal clients to all levels of support in the mental health system including primary and tertiary, community and residential support. It is through the worker's expertise and relationship with her clients that she is also able to maintain consistency in their attendance at appointments and to maintain their motivation through counselling, case management and relationship building. Both Bubup Wilam and HICSA are organisations who have grown up out of community inspired and controlled initiatives which have been able to develop and expand with the PHN funding. This will also enable them to develop their leadership and better support and inform the community and health services sector of the future direction that mental health and other strategies should take in order to meet the needs of Aboriginal Communities.	These services have seen strong numbers of clients receiving support to attend mental health services through whole of life wrap around support. They are both providing access to services through comprehensive support to address the determinants of health and wellbeing through a non-judgemental, trauma informed approach that is strengths - based
6.5 Develop ATSI-specific mental health pathways and work with LHN Area Mental Health Services to respond more quickly (when person recognises mental illness and is at the point of readiness)	YES							YES	VAHS - PIR services have begun to engage with the NDIS and the EMPHN team have been assisting with this transition. The outreach worker for mental health at Healesville Indigenous Community Services Association (HICSA) is able to facilitate rapid responses for clinical assessments and culturally appropriate care. She has developed pathways into acute and long-term services and support.	This work has led to increases in integration across the service system
TOTAL			4	4	2	4	0			

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. 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 integrate.

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		
Stakeholder	Brief Overview of collaboration	Governance Arrangements - including management of conflicts of interests
Healesville Indigenous Community Services Association (HICSA)	Consultation and collaboration on developing an integrated service delivery hub across the Eastern Region. Developing community led evaluation and outcomes measurement framework.	Signed agreement contains formal reporting and quality measures

Eastern Melbourne PHN

Bubup Wilam	Community led design of services to meet local community needs and increase community health literacy and engagement with Aboriginal and other community services. Multiple sources of funding have been utilised in order to support the development of this comprehensive whole of life service delivered in a culturally rich and supportive environment. This service has been funded in order to support wrap around services that address the multitude of social and emotional determinants of health and wellbeing.	Signed agreement contains formal reporting and quality measures
VACCHO	Consultation on suicide prevention in Aboriginal Communities and development of a strategy to target Aboriginal Communities across Victoria through engagement activities and suicide prevention training that enhance and integrate with other activities and initiatives to prevent suicide in Victoria.	EMPHN work under the Primary Health Networks and Aboriginal Community Controlled Health Organisations (ACCHOS) – guiding principles set up by the Commonwealth.
Mullum Mullum Indigenous Gathering Place	Consultation regarding needs of the community and service system gaps and opportunities for improvement in access to services for Aboriginal Communities.	No signed agreement as yet but one of their board members is working with PHN to develop a reconciliation action plan
Shire of Yarra Ranges	The Aboriginal Health Program Coordinator sits on the Indigenous Advisory Committee at the Shire of Yarra Ranges	
Victorian Aboriginal Health Service	PIR worker provides guidance and feedback about services in the region, gaps and opportunities for further integration and improvement. Also provides valuable insights into the transition into NDIS. They are also providing Care Coordination and supplementary services in the Whittlesea region bringing valuable feedback and local knowledge of what works in the community through their long standing connections.	Signed agreement for PIR contains formal reporting and quality measures. Signed agreement for ITC contains formal reporting and quality measures.
Banyule Community Health Service	Provides Care Coordination and Supplementary Services as well as an Outreach worker who provides feedback and information on local issues. Co design of services to improve access to mental health services through their community engagement across the Northern Region which has lead to further commissioning of a program to increase access to culturally sensitive counselling for the Aboriginal Community	Signed agreement contains formal reporting and quality measures

**4.2 INDIGENOUS MENTAL HEALTH FLEXIBLE FUNDING DATA
PHN 12 Month Performance Report - 1 July 2017 to 30 June 2018**

**Indigenous Mental Health Flexible fund service details
for the period 1 July 2017 to 30 June 2018**

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 is the average number of services that patients received?
281	Case management, counselling, referral support, advocacy, mentoring and cultural sessions/therapy	20

Eastern Melbourne PHN

5.1 INTEGRATED TEAM CARE				
PHN 12 Month Performance Report - 1 July 2017 to 30 June 2018				
	Activities	Successes	Challenges	Outcomes
<p>ITC care coordination activities</p> <p>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.</p> <p>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.</p>	<p>EMPHN has commissioned integrated service planning to support future decision making by the Aboriginal Communities in our Eastern region to address needs and priorities in the community. We are providing resources to enable the Aboriginal Communities to discuss and review their collective knowledge and to start to work on how their views and perceptions are communicated for the best effect in allocating funding and developing services and support. We have provided cultural safety training to over 50 doctors, practice staff and other allied health staff. It is intended to follow up this work by visiting practices to consolidate their knowledge and to offer cultural safety audits.</p>	<p>The ITC program continues to fill service gaps and linking networks to provide a better culturally and socially informed service system. It addresses issues of cultural safety and indirect system discrimination via interaction with service providers including pharmacies and medical practices. The program provides education on cultural and social issues for Aboriginal peoples. Practices who do not use CTG scripts and pharmacies who question Aboriginal people's identity are still an issue and the program provides one way of dealing with this. There has been a noticeable decline in the number of people missing Victorian Aboriginal Health Service appointments. This is due to assistance with transport, health literacy and advocacy provided by care coordinators and outreach worker. The program has also supported clients to remain at work despite overwhelming issues through complex case management.</p>	<p>Limited staff continues to be an issue to cope with the demand for the service. The changing disability funding and aged care package program as case management flexibility has been significantly reduced due to the individual based funding models. Services such as the ITC program have to pick up the case management needs of people with complex needs. This also means that it is harder to discharge people who have long-term case management needs. Many clients have housing, legal, financial, domestic violence and drug and alcohol issues that must be managed before addressing their chronic physical and mental health issues. Care coordinators need to provide intensive case management to these complex clients because suitable case management services are not available due to already long waitlists. The provision care plans GPs is often not timely and this further delays services and support. There is also a limited understanding of the entitlements for Aboriginal peoples and their specific needs. Recruitment of staff, the difficulty of the funding cycle and uncertainty of ongoing funding can be a real issue to encourage people to work in the program.</p>	<p>Client numbers and demand for the program continues to grow. There were 26 new patients and 11 discharges over the reporting period – a net increase of 15 patients, with 10 patients on the Care Coordination waiting list.</p> <p>A total of 16,495 services were provided over the reporting period.</p> <p>The care coordinators and outreach workers continue to gain valuable insights into how they can best work with the health and community services networks to get the best outcomes for clients.</p> <p>Clients are increasingly relying on the program due to the reduction of other longer-term case management services. Without the ITC program there would be a large gap in the necessary support for Aboriginal people with chronic health issues and a risk of increasing the health and wellbeing gap. The integration of the ITC program with service providers who deliver comprehensive programs has ensured a smooth transition of clients between services. This has also provided a great opportunity for the ITC workers to enculturate the other workers for better more culturally and socially appropriate engagement.</p>
<p>Managing patient numbers</p> <p>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>Services are being supported to develop priority-based waitlists to managed demand and allocation of services to meet those with the greatest needs. Service providers' relationships with the community and other providers is pivotal to ensuring the best outcomes for clients in a timely manner. The waiting list numbers have been stable mainly due to the capability of the staff to manage clients through other services in their organisations.</p>	<p>Providers are working together to support clients across the region by supporting other providers when they have capacity. Through its requirement for a GP Care Plan and referral form, the ITC program provides incentives for clients to engage with their GP in order to access the program. 32 clients that may not have otherwise accessed their GP now have a care plan. Referral and intake systems are working well. Clients are not having to wait for initial contact. Prioritising client needs has meant the waiting lists are managed in a fairly according to need.</p>	<p>Delays in receiving plans from GPs remains an issue in how soon support can be provided the clients.</p>	<p>EMPHN plans to employ a GP engagement worker to support practice knowledge regarding registering for the Indigenous Health Incentive and how to set up payments; identification of Aboriginal and Torres Strait Islander patients; and about Aboriginal entitlements and needs.</p>
<p>Improving access to mainstream health care</p> <p>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>The support and advocacy provided by ITC service providers and their broad reach across the service system provides strong support to organisations to address the cultural and social issues of Aboriginal Communities which provides better access to services.</p>	<p>Health check days have provided an opportunity for service providers to come together to share and gain knowledge about what works and what doesn't work and provides exposure to Aboriginal Communities of all the services available.</p>	<p>Resources to maintain and consolidate knowledge regarding Aboriginal Communities' needs is limited. Staff with knowledge and skills in working with Aboriginal Communities within general practices and other service providers move on and so there is a need to keep working across communities to ensure better access.</p>	<p>Health check days organised by providers means that many more Aboriginal people are receiving the care they need.</p>
<p>Building culturally safe workplaces</p> <p>What activities and approaches have been implemented to improve culturally safe workplaces and services, for example, cultural awareness training?</p>	<p>EMPHN provides information brochures on health checks, issuing of CTG scripts and improving the rate of Aboriginal identification for providers.</p> <p>EMPHN is developing a Reconciliation Action Plan, a commissioning policy for Aboriginal programs and an evaluation framework for Aboriginal Communities.</p> <p>Cultural audits are provided by one of the mental health and AOD service providers funded by EMPHN and it is planned to expand the use of these audits.</p> <p>EMPHN provides information on Aboriginal services, PIP IHI registration and the ITC program on Health Pathways for service providers.</p>	<p>All providers have been developing their cultural responsiveness throughout their organisations with initiatives such as reconciliation action plans, reconciliation committees, forming Aboriginal Health teams, introducing Aboriginal specific roles and developing policies around acknowledgement to country and providing more culturally appropriate environments.</p>	<p>Embedding culturally safe practice into organisations is more than writing it down and following a guideline. It requires knowledgeable responsiveness and requires strong leadership and discourse across the organisation. There needs to be a priority to do the work and an authenticity that is not just about what we perceive we are capable of but a deeper understanding of what Aboriginal Communities need us to do and then working out what needs to change for the best outcomes for Aboriginal Communities. Care coordination staff continue to come across practices that are unaware of their IHI status. We will be providing more resources into this area in the future to set up better relationships with Aboriginal Communities. We may need to concentrate our resources on a few practices that are best placed to address Aboriginal Community needs.</p>	<p>There have been positive signs in the commissioned organisations that cultural safety is a growing concept and that the interest in expanding services for Aboriginal Communities is increasing. Two Aboriginal organisations in EMPHN have developed cultural safety audit tools and one organisation has commenced cultural safety audits on service providers. We may be able to fund these for service providers in the future which would be a great adjunct to the cultural safety training. We have increased interest in cultural training and interest in becoming IHI registered. We are developing tools to make registering easier and supporting the GP engagement team when they have enquiries about Aboriginal entitlements and engaging with</p>

Eastern Melbourne PHN

5.2 INTEGRATED TEAM CARE DATA PHN 12 Month Performance Report - 1 July 2017 to 30 June 2018

1. Workforce Component - please use one row for each organisation engaging ITC workforce								
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	1			Box Hill	PHN
EACH	0.5	2					Maroondah	Commissioned
EACH	0.5	2			0.5	1	Knox	Commissioned
Carrington Health	0.5	1					Whitehorse	Commissioned
Eastern Health	0.5	1					Yarra Ranges	Commissioned
Banyule Community Health Service	0.5	1			0.5	1	Banyule	Commissioned
Victorian Aboriginal Health Service	0.5	2			0.5	2	Outer North	Commissioned

2. Types of Organisations	
Type of organisations engaging in the ITC workforce	Number
AMS*	1
Mainstream organisation	4
PHN	1
Total	6

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

3. Care Coordination Component				
Gender breakdown	Female patients	Male patients	Gender not specified	Total
Total	148	73	3	224

4a. Number of services	
Number of unique services for all patients	Total
Care coordination services	10,013
Supplementary Services	2,774
Clinical Services Accessed	3,708
Other	
Grand Total	16,495

#A unique care coordination service refers to each occasion of care provided to an ITC client. For example, organising an appointment for a client, attending the appointment with them, and providing follow-up assistance afterwards would be 3 unique occasions of care.

4b. Other Services	
If 'Other' has been identified in Table 4a, please specify the services provided.	
Add rows as needed	

5. Waiting Lists	
Care Coordination waiting lists (if exists)	Total
Number of patients on Care Coordination waiting list	10

6. New Patients	
New Patients	Total
Number of new patients in the reporting period	26

7. Discharged Patients	
Patients discharged from Care Coordination	Total
Number of patients discharged from the program completely	9
Number of patients now self-managing, but still receiving SS assistance (i.e. ITC client who no longer needs assistance from a Care Coordinator)	2
Grand Total	11

8. Allied Health and Specialist Services			
Type of service	Number of supplementary services purchased	Number of supplementary services brokered	Total
Allied Health	147	2,592	2,739
List the top three Allied Health services used	Aboriginal Health Worker		
	HACC		
Specialists	2	489	491
List the top three Specialist services used	General Practitioner		
	General Surgeon		
	Psychiatrist		

9. Transport	
Transport	Total
Number of transport services accessed with Supplementary Services	1,084

10. Medical Aids		Total Number
Assisted Breathing Equipment		26
Blood sugar/Glucose monitoring equipment		4
Dose Administration Aids		4
Medical Footwear		8
Mobility Aids		17
Spectacles		7
Exceptional Circumstances		18

11. Outreach Workers	
Outreach Worker Assistance	Total
Number of patients assisted by Outreach Workers	26

12. Outreach Worker Assistance			
Breakdown of patient assistance by Outreach Workers	Total Number		
Number of occasions of assistance provided by Outreach Workers	384		
Top 3 types of assistance provided by Outreach Workers	Attended allied health appts	Attended GP or practice nurse appts	Attendance at specialist appts

Eastern Melbourne PHN

6.1 DRUG AND ALCOHOL TREATMENT SERVICES PHN 12 Month Performance Report - 1 July 2017 to 30 June 2018								
					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? This relates to KPI 3.1 in the Drug and A	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 This relates to KPI 3.2 in the Drug and Alc	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		Not during this reporting period. This project is now completed and finished as planned.	No	Banyule Community Health - Quality Innovation Performance (QIP), expires 17/09/2018; North Area Mental Health Service (Melbourne Health), ACHS expires 24/03/2020; Turning Point Alcohol and Drug Centre ACHS, expires 1/09/2018	YES	Directly to AIHW
Activity 2: Increasing staffing at AOD access points after hours to deliver intake/assessment/brief interventions for individual and families.	Op & Flex	YES		Not during this reporting period.	No	Access Health and Community, Quality Innovation Performance expires 17/03/2020; Caraniche Pty Ltd, QIP expires 19/03/2018 and ISO expires 14/09/2018; Hello Sunday Morning, applying through Quality Improvement Council's Health and Community Services Standards, currently not accredited.	YES	via S/T Government
Activity 3: Demand management initiative: Expanding post-withdrawal support across the catchment including peer support and outpatient group programs.	Op & Flex	YES		Not during this reporting period.	No	Banyule Community Health - QIP, expires 17/09/2018; Access Health and Community, Quality Innovation Performance expires 17/03/2020	YES	via S/T Government
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)	Op & Flex	YES		Not during this reporting period	No	YSAS Pty Ltd, QIP, expires 04/08/2020	YES	via S/T Government
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.	Op & Flex	YES		Not during this reporting period	No	Access Health and Community, Quality Innovation Performance expires 17/03/2020	YES	via S/T Government
Activity 6: Workforce development	Op & Flex	YES		Workforce development activities were delivered by the AOD commissioned organisations as per their annual work plan. There was no need to have dedicated commissioned organisations to deliver this activity.	No		N/A	
Activity 7: Integrated response to Aboriginal and Torres Strait Islander communities	Op & Flex	YES		Yes for Bubup Wilam due to delays in both the setting up of requisite processes and in staff recruitment.	No	Healesville Indigenous Community Services Association (HICSA) for Outer East, applying through Quality Improvement Council's Health and Community Services Standards, currently not accredited. Bubup Wilam, Australian Children's Education and Care Quality Agency, expires 20/10/2020. Healesville Indigenous Community Services Association (HICSA) for Outer East Healesville Indigenous Community Services Association (HICSA) for Outer East Healesville Indigenous Community Services Association.	No	

THESE QUESTIONS ARE RELEVANT TO YOUR DRUG AND ALCOHOL TREATMENT MANDATORY KPIS		
Provide a brief summary of how you partnered/collaborated with key stakeholders (for both Indigenous and Mainstream) This relates to KPIS 1.3 and 1.4 in the Drug and Alcohol Treatment Information Strategy		
Mainstream	<p>Collaborated with one of the commissioned agencies, Access Health and Community, delivering the Medication Support and Recovery Service and the State funded Pharmacotherapy Network to develop key messages to consumers, GPs and other stakeholders in relation to the services they can provide to assist people living with pharmaceutical misuse. This is particularly relevant with the planned roll-out of Real Time Prescription Monitoring (Safe Script) in 2019.</p> <p>EMPHN has worked with YSAS to integrate the Sherpa program referral pathways from exiting services including headspace centres.</p> <p>Worked closely with another commissioned agency (Banyule Community Health/BCH) to ensure integration of their two EMPHN funded programs:</p> <ul style="list-style-type: none"> • North East Recovery and Support Program (NeRASP) delivering an 8 week group program for people with co-occurring AOD (post AOD withdrawal) and complex presentations who were previously unable to engage in community-based programs (e.g. AOD rehabilitation); and • AOD RELATE (previously a capacity building program under the Transition Funding stream) an AOD counselling program co-located with BCH's GP clinic. This integration facilitated the identification and management of clients' physical health and mental health, to assist them in their recovery from AOD. 	
Indigenous	EMPHN is working with Bubup Wilam to develop an integrated service model including an evaluation framework for a holistic service that will address not only AOD issues, but also addresses other barriers (e.g. social, financial, cultural) to a consumers recovery.	

Please provide an example of a NEW (or UPDATE THE EXISTING TO MAKE IT CURRENT) 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	
The EMPHN commissioned North East Recovery and Support Program (NeRASP), an eight week group program that is recovery oriented and evidenced based for consumers with co-occurring AOD (post AOD withdrawal) and complex presentations who were previously unable to engage in community-based programs (e.g. AOD rehabilitation). This program includes the application of the Acceptance and Commitment Therapy (ACT) Matrix Model, peer support, onsite medical review and follow-up. During this reporting period, NeRASP delivered 4 sets of its 8 week group program with a combined total of 15 participants with a 73% completion rate. Feedback from the consumers who completed the program were highly positive. The NeRASP is being evaluated in conjunction with the original program delivered and funded by St Vincent's Health Melbourne (RAS) to compare outcomes. NeRASP has been extended for another 12 months.	

Please provide an example of a NEW (or UPDATE THE EXISTING TO MAKE IT CURRENT) 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	
EMPHN worked with HICSA to support the development of community-led evaluation. This work will inform an EMPHN organisational evaluation framework to inform and enhance reporting of outcome measures for Aboriginal community programs. In addition, AOD funding forms part of an integrated service planning project for the Aboriginal Community that will be based on their communities' needs and expectations thereby supporting self-determination.	

TRANSITION FUNDING					
Organisation	Current project Name (Formerly opt. if relevant)	Current Project Description	Project Amount	Progress on implementation of planned activities	(If relevant) Progress of planned transition of activities from capacity building to frontline treatment. If project scope stayed the same, please specify.
Anglicare	Family Alcohol and Drug Service (FADS)	The Anglicare FADS project is designed to respond to the need for drug and alcohol treatment services in the Eastern Metropolitan Region of Melbourne. The two key target groups: 1. Families with children aged under 18 where there is a parent who has a substance abuse problem. 2. Families with children/ young people / young adults aged under 25 years with a substance abuse problem. The Anglicare FADS program aim is to provide a therapeutic treatment option for young people / families / parents who are engaged in drug use to: •Reduce harm and improve long term outcomes for families with problematic drug and alcohol use •Increase access to treatment for vulnerable families who would not otherwise receive a service due to geographic isolation, mental health issues, co-morbidity, complex needs or reluctance to seek support	\$188,244 + \$14,351 (SACS)	Completed activities in their annual work plan and achieved set targets.	n/a
Anglicare	Dual Diagnosis Program (Formerly Anglicare Victoria Comorbidity Project)	The Dual Diagnosis Program delivered in the Eastern Region of Melbourne will place an emphasis on direct evidence based service delivery supporting clients with issues related to substance use and mental health. The project will employ experienced dual diagnosis practitioners primarily to work directly with individuals and their families impacted by issues relating to dual diagnosis in both a counselling and case management capacity.	\$343,011 pa + \$26,149 (SACS)	Completed activities in their annual work plan and achieved set targets.	The program which had both capacity building and service delivery components was changed to an entirely service delivery program. Agreed performance criteria of 140 Episodes of Care (EOC) per year in addition to other reporting requirement
Banyule Community health	AOD Relate (Formerly Substance Misuse Service Program)	This highly integrated program will develop and utilise relationships within the primary health care setting to identify people with complex AOD issues and channel them into existing treatment types or provide AOD treatment more flexibly as needed. Target clients include people with complex Mental Health/Alcohol and Other Drug (MH/AOD) comorbidity who: •may benefit from referral to community based AOD services; or •require higher level AOD support and require assertive means to make these connections. Family members/carers are also provided with support and referred for ongoing support where required	\$198,720 + \$15,149 (SACS)	Completed activities in their annual work plan and achieved set targets.	This capacity building program was transitioned into a direct service delivery program and is required to deliver: 33 Episodes of Care (EOC) per year per 1.0 full time equivalent staff. With 1.4 FTE, this will be 46 EOCs. •Direct service delivery will be complemented with secondary consultations, co-clinical consultations and if required, GP led case conferences. •To further maximise the service outcomes, single session via primary or secondary consultation will be offered for other complex clients referred via the GP clinic
EACH	Family Focus Project	The Family Focus Project is delivered by EDAS (Eastern Drug and Alcohol Service, a consortium of three community health services with EACI as the lead agency, based across the Eastern Region which provides entry points for families in convenient locations. The major sites are in the City of Maroondah, City of Monash and the City of Boroondara. It will increase capacity for service delivery to ensure equity of access for the community affected by problematic substance use. A key aim is reducing substance use, and harm associated with substance use, for individuals and families and improve individual's health, wellbeing and social connectedness	\$300,022 + \$22,872 (SACS)	Completed activities in their annual work plan and achieved set targets.	n/a

Eastern Melbourne PHN

EACH	Yarra Ranges Youth Outreach	The Yarra Ranges Youth Project provides outreach drug and alcohol counselling to young people and their families who live in isolated and under serviced communities in the shire of Yarra Ranges	\$203,209 + \$15,491 (SACS)	none	n/a
EACH	Thrive and Hope Program (Formally Thrive ATOD and formally Project Hope)	Project HOPE provides integrated AOD and co-occurring care utilising a peer led recovery and person centred design approach. Project THRIVE provides an effective clinical intervention for individuals with co-occurring substance use and mental health concerns and their significant others through specialised therapeutic counselling. Both the programs deliver AOD services from EACH's Ferntree Gully premises to the Eastern Metropolitan Region with a primary focus on delivery to the Outer East	\$531,115 + \$40,490 (SACS)	Completed activities in their annual work plan and achieved set targets.	HOPE was transitioned to a service delivery program with the following annual targets: 50 (estimated) one-to-one peer navigator triages/engagements; 40 weekly facilitated peer recovery group sessions (general) and 40 weekly facilitated peer recovery group sessions (women's); and 120 (estimated) Volunteer Peer Support Worker support contacts. THRIVE's annual targets remained the same at 330 Episodes of Care (EOC) per annum, but also includes 44 Peer Navigator conducted assessments
Link Health and Community	AOD/MH Capacity Building @ LinkHC	Provide therapeutic counselling utilising evidenced based dual diagnosis treatment models. Counselling services will provide a range of therapeutic services including but not limited to dual diagnosis, recovery and individual and family counselling inclusive services to support the Chinese speaking community in a culturally sensitive manner	\$204,441 + \$15,585 (SACS)	Transitioned to service delivery project but only achieved 80% of targets due to staffing issues.	The program which had both capacity building and service delivery components was changed to an entirely service delivery program
YSAS	Eastern Youth Home Based Withdrawal	This project will assist highly vulnerable young people aged 12-21 years in the management and treatment of problematic substance use through the provision of high quality, tailored and timely community based psychosocial support as well as safe and supervised home based Alcohol and Other Drug (AOD) withdrawal where deemed clinically appropriate. The project will also provide support, resources and linkages for families and carers of clients where possible	\$137,740 + \$10,500 (SACS)	service delivery only achieved 80% of targets due to staffing issues.	n/a

Eastern Melbourne PHN

7.1 AFTER HOURS ACTIVITY PHN 12 Monthly Performance Report - 1 July 2017 - 30 June 2018

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	Progress to Date	Have services been commissioned? (Yes/ No/NA)	If NO provide brief details	If applicable, when will commissioning commence? (dd/mm/yyyy)
	AH 1.1: Commission Healthcare Organisations to develop innovative solutions to address after hours needs in the region and to decrease primary care type presentations in emergency departments	YES		<p>During July -December, EMPHN continued to consult with key organisations and community to identify after hours gaps and areas of need.</p> <p>In May 2018, EMPHN released a Request for Tender for provision of Innovative after-hours healthcare solutions for geographically isolated communities in the outer east and outer north and vulnerable populations including the homeless, palliative, CALD/Refugee, older persons, residents in RACFs, people with disabilities, 0-4 population in the Northern Area and those experiencing mental health and AOD issues, including young people.</p> <p>Following a comprehensive evaluation process, two Tenders were awarded with a cumulative value of \$1,250,000. The two successful tenderers are My Emergency Doctor (MED) and the Nexus After Hours Medical Neighbourhood Initiative.</p> <p>MED provides urgent after-hours telehealth and phone consultations with a FACCEM ED Doctor for residents of the EMPHN catchment including residents from RACFs. The service is not intended to replace the patient's regular GP rather to provide an alternate after-hours option for the community rather than attending ED, particularly for vulnerable isolated population groups who reside in the Outer East and Outer North. The Contract commenced June 1, 2018 and service delivery commenced 1 July 2018.</p> <p>Nexus After Hours Medical Neighbourhood Model is an after hours expanded patient-centered care model where primary care and specialty providers, hospitals and other clinicians work together in partnership to provide complete and coordinated care. This service commenced June 1, 2018 and service delivery commenced July 1, 2018</p>	YES		
	AH 1.2: Support continuation of the after-hours GP clinic in the outer east from 2017 -2019.	YES		<p>EMPHN continued to provide funding for the after hours clinic located in Healesville with Eastern Health contracted to provide the service from July 1, 2017 until June 30,2018.</p> <p>Consultation data from July 2017 - June 2018:</p> <ul style="list-style-type: none"> -GPs provided 3957 consultations in 12 months -42 operating hours per week (after hours) <p>The additional funded hours resulted in an increased throughput and additional access to after hours services for the community of the Outer East who currently have limited access to after hours GP services and no access to Medical Deputising Services.</p> <p>EMPHN also extended the Contract with Outcome Health until December 31, 2017 to provide after hours services to the community of Box Hill and surrounding suburbs. Following a comprehensive service analysis it was decided not to continue to fund this service post December 31, 2017 due to a large number of after hours services already available to the community in this area.</p>	YES		
	AH 1.3: Implement and evaluate the Northern Area after-hours Access Pilot Project in 2017/18 and assign funding for expansion of the service.	YES		<p>Following and Expression of Interest procurement process, Lakes Boulevard Medical Centre was commissioned to provide bulk billed urgent-care type services in the after hours period for the community residing in the north east of the catchment who would usually attend the Northern Hospital in the after hours.</p> <p>Reporting</p> <ul style="list-style-type: none"> -Total number of patients seen July 2017 -June 2018 : 40,251 -Total number of ED Diversions in the after hours -1287 -Total number of ATSI patients seen: 153 -Total number of patients sent to ED: 227 <p>An evaluation of this service was completed in May 2018. Results have indicated that funding provided to this Practice enabled the expansion of after hours GP services together with the completion of a comprehensive community awareness strategy resulting in substantial throughput in the after hours and significant number of ED diversions to Northern Hospital. Utilising 17/18 funding, this contract has been extended until December 2018 with continued reporting requirements to determine program effectiveness.</p>	YES		
	AH 2.1: Continuation of the After Hours Visiting GP Service for residents living in RACFs in the outer east.	YES		<p>Doctor Doctor continued to provide the Visiting GP Service in the Outer East for residents residing in RACFs where there is limited access to GPs in the after hours including the following suburbs:</p> <ul style="list-style-type: none"> -Warburton, Healesville, Yarra Junction, Lilydale, Montrose, Killyth, Mooroolbark. <p>Reporting for July 2017 - June 2018:</p> <ul style="list-style-type: none"> -Doctor/Doctor Visiting GP Service completed 2777 visits for the Outer East region, 403 of these being out of area -Warburton, Yarra Junction and Healesville. <p>During June a Request for Quote was conducted to procure after hours GP Services to RACFs in the Outer East. Doctor Doctor submitted a successful quote however as part of Contract negotiations, Doctor Doctor submitting a number of Contract departures which EMPHN was not willing to accept particularly around transferring liability of Doctor Doctor Contractors to EMPHN. Doctor Doctor no longer continues to provide services past July 31, 2018. EMPHN developed a comprehensive communication plan to inform RACFs of alternate services including MED and Residential In Reach Services. In October 2018, EMPHN will liaise with RACFs to determine the ongoing effect of changes to their after hours services and procure solutions if required.</p>	YES		
	AH 2.2: EMPHN design and fund a demonstration project/s to build person-centred care in Residential Aged Care Facilities (RACF) involving residents, families, RACF staff and practitioners	YES	<p>Partly, this activity has been included in 1.1- Commission healthcare organisations to develop innovative solutions to address after hours needs in the region with a focus on vulnerable populations including residents residing in RACFs. The MED Service commissioned in June focusses on providing an alternate option for RACFs to utilise in the after hours.</p> <p>A small component of this funding was also used to provide flu education to RACF staff as part of the EMPHN RIR Collaboration with Eastern, Northern and Austin Local Hospital Networks. Over 100 participants from RACFs across the catchment attended the session which was conducted by RIR staff from LHNs</p>		YES		
	AH 3.0: Identify and implement a range of community based strategies to investigate and better understand the attitudes that drive community's behavioural choices in seeking after hours health and build a community awareness campaign based on these results	YES	<p>Partly -EMPHN has met with a number of Hospital Networks as part of the after hours ED Diversion Project. Networks are interested in installing kiosks in EDs to redirect patients to local after hours clinics. Expenditure allocated for this activity will be carried over to enhance the After Hours ED Diversion Project in 2018/19.</p>	<p>During June 2018, Eastern, Northern, Austin and Monash LHNs signed a Letter of Intent to enter into a co-design phase as part of the ED Diversion Project. The Letter of Intent forms part of a contract which will include a number of deliverables including assigning a dedicated Project Lead to focus on formalising partnerships with local Practices to divert patients with Primary Care Type Presentations to Practices who have access to extended hours and ancillary services.</p> <p>EMPHN Commissioned ADZ Collective to implement a Community Awareness Campaign. Although the contract was executed in late June 2017, the campaign was delivered between August and November 2017. The campaign involved the delivery of a comprehensive digital and other media campaign. The 'Be Sure' Campaign referred to the Nurse on Call hotline in all of it's material and utilised facebook, you tube, local media and a number of other media to promote the message. A summary on the 'Be Sure' Campaign has been provided as the campaign was completed in August-November 2017. The comprehensive evaluation demonstrated a highly effective campaign. The full evaluation can be provided if requested.</p> <p>EMPHN has contracted Northern, Eastern, Austin and Monash Local Hospital Networks to participate in the after hours ED Diversion Project. Each LHN will provide a dedicated Project Person to focus on ED Diversions to Primary Care</p>	YES		
	AH 4.0 Commissioning organisations to provide mental health healthcare services and reduce potentially avoidable hospital ED Presentations -After Hours Mental Healthcare for young people -The Northern Mental Health: Family Intervention Support Trial	YES	<p>EMPHN commissioned Headspace and Northern Area Mental Health to provide two after hours mental health projects including After Hours Mental Healthcare for young people and the Northern Mental Health Family Intervention in June 2017 (utilising 16/17 funding).</p> <p>Preliminary evaluations have demonstrated an increased awareness in after hours mental health service for young people and increased availability of after hours mental health services for families in the North.</p> <p>Following a comprehensive evaluation of the after hours family intervention service, EMPHN decided to continue funding this service until June 2019.</p> <p>Some funding for this priority was also used to increase funding for innovative after hours health care solutions RFT -Priority 1</p> <p>A summary has been provided regarding activity completed during July -June 2018</p>	<p>AS part of the After Hours Mental Health Young People -Headspace Collaboration a number of activities were completed including:</p> <ul style="list-style-type: none"> -34 Tuning into Teens and SAFEMinds education sessions completed across three headspace sites: Hawthorn, Knox and Greensborough -195 After Hours Family Consultations -An after hours communication strategy. Headspace developed and distributed 15,000 localised wallet cards and supporting posters. A video was also developed by members of the Youth Reference Group which directs young people to the website and the Wallet card. - A comprehensive evaluation has been completed and is available if requested <p>EMPHN also commissioned Northern Mental Health Family Intervention Service. The service focussed on clients presenting at ED in the after hours for "situational crisis" caused by family issues, violence etc.</p> <p>Service data:</p> <ul style="list-style-type: none"> -71 single session interventions completed -22 families referred to the service -Comprehensive evaluation identified families who received a service have a low rate of consumers re-presenting to emergency mental health services 	YES		

8.1 FINANCIAL REPORTING
12 Month Performance Report - 1 July 2017 to 30 June 2018

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 %
INCOME				
2017-18 Program Funds	\$ 4,417,754	\$ 4,417,755	\$ 0	0%
Interest Accumulated	\$ 100,000	\$ 208,486	\$ 108,486	-108%
Other income derived from programme		\$ 591,660	\$ 591,660	#DIV/0!
TOTAL INCOME	\$ 4,517,754	\$ 5,217,900	\$ 700,146	115%
EXPENDITURE				
<i>People</i>				#DIV/0!
Staffing / Salaries (including practice support, population health needs assessment)	\$ 2,311,934	\$ 2,278,493	\$ 33,441	1%
Subcontractors	\$ -	\$ -	\$ -	#DIV/0!
<i>Office</i>				#DIV/0!
Rent	\$ 577,085	\$ 608,441	\$ 31,356	-5%
Utilities; Communications; IT	\$ 597,930	\$ 545,898	\$ 52,032	9%
Travel	\$ 29,210	\$ 26,773	\$ 2,437	8%
<i>Board</i>				#DIV/0!
Board Sitting Fees	\$ -	\$ -	\$ -	#DIV/0!
Board Remuneration	\$ 201,030	\$ 223,064	\$ 22,034	-11%
<i>Clinical Councils</i>				#DIV/0!
Clinical Council Costs	\$ 52,075	\$ 35,505	\$ 16,570	32%
<i>Community Advisory Committees</i>				#DIV/0!
Community Advisory Committee Costs	\$ 40,842	\$ 29,489	\$ 11,353	28%
<i>Sundry (ensure all budget line items approved in the 2015-16 Establishment and Transition Plan is included)</i>				#DIV/0!
Professional Development	\$ -	\$ -	\$ -	#DIV/0!
Financial (Legal, audit)	\$ 114,000	\$ 112,814	\$ 1,186	1%
Event Coordination	\$ -	\$ -	\$ -	#DIV/0!
Other Program costs	\$ -	\$ 0	\$ 0	#DIV/0!
OP 1 Practice Support and Development	\$ 1,118,648	\$ 1,046,915	\$ 71,733	6%
TOTAL EXPENDITURE	\$ 5,042,754	\$ 4,907,392	\$ 135,362	3%
SURPLUS/DEFICIT	-\$ 525,000	\$ 310,508	-\$ 835,508	-59%

Explanation of significant variance (line items with highlighted cells, greater than 10% and \$50,000):
 Clinical Councils and Community Advisory Committee costs have reduced for 2017_18 due to the reduction of meetings held and cheaper catering costs. For 2018_19 there will be a further reduction as the intention is to have meeting on a quarterly basis.
 Board remuneration is higher by 11% compared to the approved budget, largely due to the increase in Board pay after the AGM in Nov 2017.
 2017_18 funds includes the prior yr carry forward \$525k. \$330k relates to our Digital Health project (\$130k for Polar, \$40k for Sharepoint, \$80k for CRM and \$80k for resources), \$165k relates to GP

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 %
INCOME				
2017-18 Program Funds	\$ 5,294,313	\$ 5,294,313	\$ 0	0%
Interest Accumulated	\$ -	\$ -	\$ -	#DIV/0!
Other income derived from programme	\$ 85,000	\$ 360,937	-\$ 275,937	-325%
Carryover of 2015-16 funds	\$ 321,339	\$ 321,339	\$ 0	0%
TOTAL INCOME	\$ 5,700,652	\$ 5,976,589	-\$ 275,936	-5%
EXPENDITURE				
Activity addressing PHN and national objectives (if applicable)	\$ 5,700,652	\$ 4,344,380	\$ 1,356,272	24%
NP 1 HealthPathways			\$ -	#DIV/0!
NP 2 Geriatric Rapid Acute Care Evaluation model and Implementation			\$ -	#DIV/0!
NP 3 Aged Care Integrated Service Analytical Initiative			\$ -	#DIV/0!
NP 4 In-reach primary health care services			\$ -	#DIV/0!
NP 5 Cross Sector Chronic Disease Management Care Coordination			\$ -	#DIV/0!
NP 6 eHealth system support			\$ -	#DIV/0!
NP 7 High performing primary care			\$ -	#DIV/0!
NP 8 Expansion of the pharmacist in general practice pilot			\$ -	#DIV/0!
TOTAL EXPENDITURE	\$ 5,700,652	\$ 4,344,380	\$ 1,356,272	24%
SURPLUS/DEFICIT	\$ 0	\$ 1,632,208	-\$ 1,632,208	621996671%

Explanation of significant variance (line items with highlighted cells, greater than 20% and \$100,000):
 \$444k was approved by the Department for carry over and to be used in 2019_20 (\$222k) & 2020_21 (\$222k).
 Other income is made up of the following:
 \$85k Contribution towards the BNEM Office funds received from Dept of Health \$25k, Aust Health \$30k & NWPHN \$30k.

CORE INNOVATION FUNDING				
	Budget	Twelve Month Actual	Variance \$	Variance %
INCOME				
2017-18 Program Funds	\$ 186,557	\$ 186,557	-\$ 0	0%
Interest Accumulated			\$ -	#DIV/0!
Other income derived from programme			\$ -	#DIV/0!
Carryover of 2015-16 funds			\$ -	#DIV/0!
TOTAL INCOME	\$ 186,557	\$ 186,557	-\$ 0	0%
EXPENDITURE				
Activity IN3 General Practice of the Future	\$ 111,557	\$ 120,698	-\$ 9,141	-8%
Activity IN4 Provision of Primary Care Interfaceto local eReferral Initiatives	\$ 75,000	\$ 78,000	-\$ 3,000	-4%
TOTAL EXPENDITURE	\$ 186,557	\$ 198,698	-\$ 12,141	-7%
SURPLUS/DEFICIT	-\$ 0	-\$ 12,141	\$ 12,140	-3194826%

Explanation of significant variance (including significant forecasted underspends):
 The Overspend for Innovation was utilised/offset by our interest earned on funds.

Core Schedule Unspent Funds reconciliation

Stream	Original Budget Allocation	2016-17 Carry Over	Total Budget Allocation	Actual Expenditure	Committed but not yet expended	Total Expenditure	Unspent funds (Total Budget - Total Expenditure)	2017-18 Carry Over Request (Approved by Department)	2017-18 Remaining Unspent Funds (Not yet approved by the Department)
Operational	\$ 4,417,754	\$ 525,000	\$ 4,942,754	\$ 4,907,392	\$ -	\$ 4,907,392	\$ 35,362		\$ 310,508
Flexible	\$ 5,294,313	\$ 321,339	\$ 5,615,652	\$ 2,241,065	\$ 2,103,315	\$ 4,344,380	\$ 1,271,272	\$ 444,000	\$ 611,244
Innovation		\$ 186,557	\$ 186,557	\$ 198,698	\$ -	\$ 198,698	\$ -	\$ 12,141	\$ -
Health Care Homes (HCH) Stage One Implementation Support Activity			\$ -	\$ -	\$ -	\$ -	\$ -		
Greater Choice for At Home Palliative Care			\$ -	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 9,712,067	\$ 1,032,896	\$ 10,744,963	\$ 7,347,155	\$ 2,103,315	\$ 9,450,470	\$ 1,294,493	\$ 444,000	\$ 909,611

Notes

Committed but not yet expended - These are executed contracts where deliverables will be met in 2018_19 (see 8.1b for detailed Providers and contract value).
 Under the heading "Underspent funds (Total Budget - Total Expenditure) the difference between \$35,362 and \$310,508 represents interest and other revenue) there isn't anywhere to include this in your template.
 Difference between the \$1,271,272 (Unspent funds (Total Budget - Total Expenditure)) and the (\$444k plus \$611k - 2017_18 carry over) totalling \$216k. Majority of the difference is made up of the following extra funds:
 \$85k Contribution towards the BNEM Office funds received from Dept of Health \$25k, Aust Health \$30k & NWPHN \$30k.
 \$7k from NWPHN as a contribution to the Development of Statewide Sexually transmitted infection (STI) Pathways
 \$59k from DoH for EOI Provision to winter impact on the health of vulnerable people
 \$15k for DHHS contribution to support the scoping work undertaken by Shol Blustein of Impact Co
 \$40k from Other PHN's (\$8024.25 each from NWPHN, Murry PHN, Gippsland PHN, Western Vic PHN, Primary Health Tasmania)

AFTER HOURS FUNDING

	Budget	Twelve Month Actual	Variance \$	Variance %
INCOME				
2017-18 Program Funds	\$ 2,400,841	\$ 2,400,841	\$ 0	0%
Interest Accumulated		\$ 954	\$ -954	#DIV/0!
Other income derived from programme			\$ -	#DIV/0!
Carryover of 2015-16 funds	\$ 200,110	\$ 200,110	\$ -	0%
TOTAL INCOME	\$ 2,600,952	\$ 2,601,905	\$ -954	0%
EXPENDITURE				
<i>Projects</i>				
Activity 1: Innovative After Hours Healthcare Programs	\$ 1,323,867	\$ 1,284,440	\$ 39,427	3%
Activity 2: RACF Resident centred approach to After Hours healthcare	\$ 360,000	\$ 360,000	\$ -	0%
Activity 3: Change communities behaviours and attitudes	\$ 100,000	\$ 100,000	\$ -	0%
Activity 4: Increased access to mental health services in the after hours	\$ 577,000	\$ 580,883	\$ -3,883	-1%
			\$ -	#DIV/0!
			\$ -	#DIV/0!
			\$ -	#DIV/0!
Sub-Total	\$ 2,360,867	\$ 2,325,323	\$ 35,544	2%
<i>Administration (max 10%)</i>				
After Hours	\$ 240,085	\$ 240,085	\$ 0	0%
Sub-Total	\$ 240,085	\$ 240,085	\$ 0	0%
TOTAL EXPENDITURE	\$ 2,600,952	\$ 2,565,408	\$ 35,544	1%
SURPLUS/DEFICIT	\$ -	\$ 36,498	\$ -36,498	#DIV/0!

Notes

The difference between the net surplus above for \$36498 and the reconciliation is the interest of \$954. Once again there is no where to show the interest or other income component in the reconciliation.

Explanation of significant variance (including significant forecasted underspends)

Underspent service delivery - All activity delivered at a saving, educational activity was much cheaper than expected.

After Hours Schedule Unspent Funds reconciliation

After Hours	Original Budget Allocation	2016-17 Carry Over approved for use in 2017-18	Total Budget Allocation	Actual Expenditure	Committed but not yet expended	Total Expenditure	Unspent funds (Total Budget - Total Expenditure)	Approved 2016-17 After Hours unspent funds for use in 2018-19, 2019-20 and 2020-21 through Core negotiations	Approved 2017-18 After Hours unspent funds for use in 2018-19, 2019-20 and 2020-21 through Core negotiations	Other 2017-18 Carry Over Requests (Approved by Department)	2017-18 Carry Over Request (Not yet approved by the Department)
After Hours	\$ 2,400,841	\$ 200,110	\$ 2,600,952	\$ 1,175,398	\$ 1,390,010	\$ 2,565,408	\$ 35,544				\$ 36,499
TOTAL	\$ 2,400,841	\$ 200,110	\$ 2,600,952	\$ 1,175,398	\$ 1,390,010	\$ 2,565,408	\$ 35,544	\$ -	\$ -	\$ -	\$ 36,499

INTEGRATED TEAM CARE

	Budget	Twelve Month Actual	Variance \$	Variance %
INCOME				
2017-18 Programme Funds	\$ 758,640	\$ 758,640	\$ 0	0%
Interest Accumulated	\$ 5,000	\$ 1,178	\$ 3,822	76%
Other income derived from programme		\$ 48,000	\$ 48,000	#DIV/0!
Carryover of 2015-16 funds		\$ 8,887	\$ 8,887	#DIV/0!
TOTAL INCOME	\$ 763,640	\$ 816,705	\$ 53,066	-7%
EXPENDITURE				
<i>Team Component</i>				
<i>Salary Expenses (including on-costs)*</i>				
Indigenous Health Project Officers	\$ 89,448	\$ 95,983	\$ 6,535	-7%
Care Coordinators	\$ 312,000	\$ 292,000	\$ 20,000	6%
Outreach Workers	\$ 78,542	\$ 85,124	\$ 6,582	-8%
			\$ -	#DIV/0!
<i>Team Expenses</i>				
Travel and Accommodation	\$ 2,000	\$ 2,000	\$ 0	100%
Workforce support and capacity building (up to 3%) #	\$ 2,176	\$ 2,227	\$ 51	-2%
Other (specify)		\$ 55,000	\$ 55,000	#DIV/0!
Sub-Total	\$ 484,166	\$ 530,334	\$ 46,168	-10%
<i>Supplementary Services Component</i>				
Medical Specialist Service			\$ -	#DIV/0!
Allied Health Service	\$ 222,516	\$ 208,220	\$ 14,296	6%
Medical Aids			\$ -	#DIV/0!
Transport			\$ -	#DIV/0!
Exceptional Circumstances			\$ -	#DIV/0!
Sub-Total	\$ 222,516	\$ 208,220	\$ 14,296	6%
<i>Administration (max 7%)</i>				
Administration	\$ 56,957	\$ 67,318	\$ 10,361	-18%
[Please specify]			\$ -	#DIV/0!
Sub-Total	\$ 56,957	\$ 67,318	\$ 10,361	-18%
TOTAL EXPENDITURE	\$ 763,640	\$ 805,872	\$ 42,232	6%
SURPLUS/DEFICIT	\$ -	\$ 10,833	\$ -10,833	-3009222%

Notes

Other Team Expenses - Relates to the HICSA program Community engagement - delivering health literacy, better access to services and cultural auditing for general practice.
 Administration costs - The increase relates to internal charges for Occupancy, Business services and procurement.

Explanation of significant variance (including significant forecasted underspends)

Underspend relates to Supplementary services which have been reduced for 2018_19. The demand wasn't there for 2017_18.

Expenditure in line with approved budget	Committed	Overspend/ Underspend	Overspend / Underspend	Explanation

Mental Health and Suicide Prevention Operational and Flexible Funding				
	Budget	Twelve Month Actual	Variance	Variance %
INCOME				
2017-18 Program Funds	\$16,904,102	\$16,904,102	-\$0	0%
Approved 2015-16 Carry Over		\$556,026	-\$556,026	#DIV/0!
Interest Accumulated		\$198,738	-\$198,738	#DIV/0!
Other income		\$170,000	-\$170,000	#DIV/0!
TOTAL INCOME	\$16,904,102	\$17,828,866	-\$924,765	-0.054706535
EXPENDITURE				
Funding by Priority Area				
Priority One - Low intensity MH services	\$487,085	\$452,438	\$34,647	7%
Priority Two - Child and Youth MH services	\$2,921,168	\$2,921,168	-\$0	0%
Priority Three - Psychological therapies services	\$3,631,741	\$2,897,604	\$734,137	20%
Priority Four - Severe and complex MH services	\$6,992,363	\$6,177,820	\$814,543	12%
Priority Five - community based suicide prevention services	\$619,943	\$655,959	-\$36,016	-6%
Priority Six - Indigenous MH services	\$251,496	\$271,496	-\$20,000	-8%
Funding by Priority Area Sub-Total	\$14,903,796	\$13,376,485	\$1,527,311	10%
Lead Site Funding				
Focus area: Low Intensity	\$550,000	\$887,207	-\$337,207	-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!
Lead Site Sub-Total	\$550,000	\$887,207	-\$337,207	-61%
Other Activity funding				
Suicide Prevention Trial Site Funding			\$-	#DIV/0!
PFAS Funding			\$-	#DIV/0!
Flexible funding received from headspace National Office			\$-	#DIV/0!
Non-Operational Expenditure Total	\$15,453,796	\$14,263,693	\$1,190,104	8%
Operational Funding Expenditure				
General Operational Funding				
Priority Area Seven- stepped care planning		\$1,703,272	-\$1,703,272	#DIV/0!
Priority Area Eight - regional plans			\$-	#DIV/0!
Other Operational Activities*	\$1,450,306	\$1,488,600	-\$38,294	-3%
General Operational Funding Sub-Total	\$1,450,306	\$3,191,872	\$1,741,566	-120%
Expenditure from income received from headspace National Office			\$-	#DIV/0!
Operational Funding Expenditure Total	\$1,450,306	\$3,191,872	\$1,741,566	-120%
TOTAL EXPENDITURE	\$16,904,102	\$17,455,565	-\$551,463	-0.06524605
SURPLUS/DEFICIT	-\$0	\$373,302	-\$373,302	-107.693383%

Notes
 Other Income - Includes carry over for Leadsite and State Place Based Suicide prevention Co-investment and a contribution towards the MH Atlas.
 Priority 3 - See Priority 4 explanation.

Explanation of significant variance (including significant forecasted underspends)
 Underspend relates to funds allocated to stepped care and Marooondah place based suicide prevention trial.
 EMPHN to submit a request for carry over to utilise these funds on the current Stepped Care contracts and for further activities within the Place based Suicide prevention trial.
 Difference between the 2017-18 derived unspent funds in the rec and the underspent funds in the above of \$373k is interest of \$198k over the year and \$170k of extra funding for Headspace.

Reconciliation of expenditure against Department of Health mental health and suicide prevention 2017-18 funding allocation									
Funding Stream	2017-18 funding allocation from Department of Health (A)	2015-16 unspent funds from Department of Health carried over to 2017-18 (B)	2017-18 total funding from Department of Health (C = A + B)	2017-18 Expenditure (D)	Committed but not expended in 2017-18 (E)	2017-18 total expenditure and committed funds (F = D + E)	2017-18 derived unspent funds (G = F - C)	2017-18 carry over amount requested	
FLEXIBLE FUNDING									
Psych therapies for hard to reach									
MH Nursing									
Youth severe									
Suicide Prev - General									
Suicide Prev - Indigenous									
sub-total Flexible funding	\$ 11,672,837.37	\$ 218,819	\$ 11,891,656	\$ 8,450,641	\$ 3,436,452	\$ 11,887,093	\$ 4,563	\$ 373,302	
QUARANTINED FUNDING									
Headspace	\$ 2,921,168	\$ -	\$ 2,921,168	\$ 2,921,168	\$ -	\$ 2,921,168	\$ -		
Indigenous MH	\$ 271,496	\$ -	\$ 271,496	\$ 271,496	\$ -	\$ 271,496	\$ -		
PHN Lead site funding	\$ 550,000	\$ 337,207	\$ 887,207	\$ 887,207	\$ -	\$ 887,207	\$ -	0	
			\$ -	\$ -		\$ -	\$ -		
			\$ -	\$ -		\$ -	\$ -		
			\$ -	\$ -		\$ -	\$ -		
sub-total quarantined funding	\$ 3,742,664	\$ 337,207	\$ 4,079,871	\$ 4,079,871		\$ 4,079,871	\$ -	0	
OPERATIONAL FUNDING									
Operational Funding	\$ 1,488,600	\$ -	\$ 1,488,600	\$ 1,488,600	\$ -	\$ 1,488,600	\$ -	0	
TOTAL	\$ 16,904,102	\$ 556,026	\$ 17,460,128	\$ 14,019,112	\$ 3,436,452	\$ 17,455,564	\$ 4,564	\$ 373,302	

Drug and Alcohol Treatment Services - Operational and Flexible				
	Budget	Twelve Month Actual	Variance \$	Variance %
INCOME				
2017-18 Programme Funds	\$3,512,901	\$3,512,901	\$ -	0%
2016-17 Approved rollovers			\$ -	#DIV/0!
Interest Accumulated			\$ -	#DIV/0!
Other income derived from programme	\$991,644	\$942,439	\$ 49,205	5%
TOTAL INCOME	\$4,504,545	\$4,455,340	\$49,205	0.010923412
EXPENDITURE				
<i>Flexible</i>				
See attached 8.1C	\$1,815,557	\$1,815,556	\$ 1	0%
DAP	\$2,506,072	\$2,366,794	\$ 139,278	6%
<i>Operational</i>				
Other program costs (including audit and administrative support costs)	\$182,916	\$133,712	\$ 49,204	27%
			\$ -	#DIV/0!
TOTAL EXPENDITURE	\$4,504,545	\$4,316,063	\$188,482	#DIV/0!
SURPLUS/DEFICIT	\$0	\$139,277	-\$139,277	#DIV/0!

Explanation of significant variance (including significant forecasted underspends)
Operational Costs - Interest was offset by the operating costs attributed to running the programs

Expenditure in line with approved budget	Committed	Overspend/ Underspend	Overspend / Underspend	Explanation
		\$ 139,277		DAP money to carry forward

Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander People - Flexible Funding				
	Budget	Twelve Month Actual	Variance \$	Variance %
INCOME				
2017-18 Programme Funds	\$162,884	\$162,884	\$ -	0%
2016-17 Approved rollovers			\$ -	#DIV/0!
Interest Accumulated			\$ -	#DIV/0!
Other income derived from programme			\$ -	#DIV/0!
TOTAL INCOME	\$162,884	\$162,884	\$0	-2.02599E-06
EXPENDITURE				
<i>Projects</i>				
Specialist AOD treatment for Aboriginal and Torres Strait Islander people	\$162,884	\$162,884	\$ -	0%
Project [Name]			\$ -	#DIV/0!
Project [Name]			\$ -	#DIV/0!
Sub-Total	\$162,884	\$162,884	\$0	0%
TOTAL EXPENDITURE	\$162,884	\$162,884	\$0	0%
SURPLUS/DEFICIT	\$0	\$0	\$0	0%

Explanation of significant variance (including significant forecasted underspends)
See 8.1C

Expenditure in line with approved budget	Committed	Overspend/ Underspend	Overspend / Underspend	Explanation

Integrated Chronic Condition Management (ICCM)				
	Full Year Budget	Twelve Month Actual	Variance \$	Variance %
INCOME				
2017-18 Programme Funds	\$0	\$0	\$ -	#DIV/0!
Carry over from 16/17	\$0	\$0	\$ -	#DIV/0!
Interest Accumulated	\$0	\$0	\$ -	#DIV/0!
Other income derived from programme	\$0	\$0	\$ -	#DIV/0!
TOTAL INCOME	\$0	\$0	\$0	#DIV/0!
EXPENDITURE				
1 Systems			\$ -	#DIV/0!
1.1 Digital Health Systems	\$0	\$0	\$ -	#DIV/0!
1.2 Health pathways	\$0	\$0	\$ -	#DIV/0!
2 Provider Behaviours	\$0	\$0	\$ -	#DIV/0!
2.1 Primary health clinical leadership	\$0	\$0	\$ -	#DIV/0!
2.2 Delivering complex care in primary health settings	\$0	\$0	\$ -	#DIV/0!
2.3 Supporting the HCH Initiative and General Practices	\$0	\$0	\$ -	#DIV/0!
2.4 Improving team based care	\$0	\$0	\$ -	#DIV/0!
2.5 Deliver and decommission current care coordination services	\$0	\$0	\$ -	#DIV/0!
Person Centred Care	\$0	\$0	\$ -	#DIV/0!
3.1 Improving consumer engagement	\$0	\$0	\$ -	#DIV/0!
Evaluation & operational	\$0	\$0	\$ -	#DIV/0!
4.1 Program Evaluation	\$0	\$0	\$ -	#DIV/0!
4.2 Corporate Operational Costs	\$0	\$0	\$ -	#DIV/0!
TOTAL EXPENDITURE	\$0	\$0	\$0	#DIV/0!
SURPLUS/DEFICIT	\$0	\$0	\$0	#DIV/0!

Explanation of significant variance (including significant forecasted underspends)
N/A

Expenditure in line with approved budget	Committed	Overspend/ Underspend	Overspend / Underspend	Explanation

GREATER CHOICE FOR AT HOME PALLIATIVE CARE (GcFAHPC) MEASURE				
	Full Year Budget	Twelve Month	Variance \$	Variance %
INCOME				
2017-18 Programme Funds	\$ 150,000	\$ 150,000	\$ -	0%
TOTAL INCOME	\$ 150,000	\$ 150,000	\$ -	0
EXPENDITURE				
FTE	\$ -	\$ -	\$ -	#DIV/0!
Other Expenses	\$ -	\$ 96	\$ 96	#DIV/0!
TOTAL EXPENDITURE	\$ -	\$ 96	\$ 96	#DIV/0!
SURPLUS/DEFICIT	\$150,000	\$149,904	\$96	100%

Explanation of significant variance (including significant forecasted underspends)

Expenditure in line with approved budget	Committed	Overspend/ Underspend	Overspend / Underspend	Explanation

HEALTH CARE HOMES STAGE ONE IMPLEMENTATION SUPPORT				
	Full Year Budget	Twelve Month	Variance \$	Variance %
INCOME				
2017-18 Programme Funds	\$ -	\$ -	\$ -	#DIV/0!
TOTAL INCOME	\$ -	\$ -	\$ -	#DIV/0!
EXPENDITURE				
	\$ -	\$ -	\$ -	#DIV/0!
TOTAL EXPENDITURE	\$ -	\$ -	\$ -	#DIV/0!
SURPLUS/DEFICIT	\$0	\$0	\$0	#DIV/0!

Explanation of significant variance (including significant forecasted underspends)
N/A

Expenditure in line with approved budget	Committed	Overspend / Underspend	Overspend / Underspend	Explanation

8.1b Committed but not yet expended - Core Funding

Name	Contract Number	Total value
Advocate Medical Group	2017-066	2,000.00
AGPAL	2017-153	7,500.00
Austin Health	2016-329	22,500.00
Banyule Community Health	2017-088	40,000.00
BGD Medical Centres	2017-080	4,000.00
Blackburn Clinic	2017-067	4,000.00
Blackburn Clinic	2017-091	70,000.00
Briar Hill Family Med Centre	2017-139	4,000.00
Camberwell Junction Medical Clinic	2017-068	4,000.00
Carrington Health - OPFL	2016-379	23,000.00
Carrington Health Ability	2017-133	150,000.00
Certex International P/L	2017-048	9,800.00
Each - General Account	2017-059	59,800.00
Easternhealth - General	2016-330	30,000.00
Easternhealth - General	2017-063	70,000.00
Eltham CLinic	2017-069	4,000.00
Eltham CLinic	2017-097	4,000.00
Eltham CLinic	2017-138	4,000.00
Emergency Innovation & Design	2017-101	5,500.00
Encompass Health Group	2017-151	4,500.00
Family Care Medical Centre	2017-068	4,000.00
Hanover Street Medical Centre	2017-072	4,000.00
Improvement Foundation	2017-006-1	3,180.50
Improvement Foundation	2017-106	32,897.38
Integrated Care Services P/L	2016-344	313,562.00
Impact Collabrative PTY	2017-099	11,000.00
Junction place medical centre	2017-083	4,000.00
Kew General Practice	2017-073	4,000.00
Kew Junction Medical Clinic	2017-074	4,000.00
KP Health Aust P/L	2017-137	111,065.00
Lakes Boulevard Medical	2017-148 A	4,500.00
Lalor Plaza Medical Clinic	2017-075	4,000.00
Lifelong Health Care	2017-089	50,000.00
Link Health and Community	2017-060	59,576.00
Link Private Practice P/L	2017-149	4,500.00
Mater Health Services Executive	2016-342-1	15,000.00
Mecwacare	2016-380	23,000.00
Medibank Health Solutions	2016-401 B	64,000.00
Medical Business Services	2017-134	825.00
Poyner Business Trust T/a Medicoach	2017-061	3,375.00
Poyner Business Trust T/a Medicoach	2017-061-1	1,000.00
Meditreat P/L T/A Get Well Clinic	2017-071	4,000.00
Meditreat P/L T/A Get Well Clinic	2017-096	4,500.00
Melbourne East GP Network	2016-203-2	135,000.00
City of Monash	2017-108	44,943.77
Monbulk Family Clinic	2017-081	4,000.00
Mount Street Medical Centre P/L	2017-082	4,000.00
Mount Street Medical Centre P/L	2017-093	4,500.00
Nexus Primary Health	2017-078	4,000.00
Nexus Primary Health	2017-112	440,000.00
Nillumbik Medical Centre	2017-094	4,500.00
North Mitcham Clinic	2017-079	4,000.00
Northern Health Services	2016-331	16,875.00
Outcome Health	2017-111	60,910.00
Paul Newport	2017-102	6,900.00
Rosanna Medical Centre	2017-140	4,000.00
Royal District Nursing Service Ltd	2016-348	10,000.00
SA Health	2017-092	9,000.00
Shire Yarra Ranges	2017-109	35,673.00
SIA Burwood P/L	2017-098	4,500.00
Surrey Hills Health Matters	2017-076	4,000.00
Surrey Hills Medical Centre	2017-146	4,500.00
Temple Hills Medical Centre	2017-095	4,500.00
Top Care Medical Centre	2017-147	4,500.00
Valewood Clinic	2017-077	4,000.00
Dr Kirsten Van Haaster P/L	2017-055	725.00
West Heidleberg Med Centre	2017-141	4,000.00
Whitehorse Medical Centre	2017-150	4,500.00
Whittlesea City Council	2016-061-1	7,381.50
Whittlesea City Council	2017-061	19,826.00

2,103,315.15

Drug and Alcohol Treatment Services - Operational and Flexible Funding

	Budget	Twelve Month Actual	Variance \$	Variance %
INCOME				
2017-18 Programme Funds	\$3,512,901	\$3,512,901	\$0	0%
Interest Accumulated			\$0	#DIV/0!
Other income derived from programme	\$991,644	\$942,439	-\$49,205	-5%
TOTAL INCOME	\$4,504,545.00	\$4,455,340.00	-\$49,205.00	

EXPENDITURE	Budget	Twelve Month Actual	Variance \$	Variance %
<i>Flexible</i>				
Activity No. 1 After hours Clinical Services	\$281,246	\$281,246	-\$0	0%
Activity No. 2 Increasing AOD Access Points	\$385,426	\$385,426	\$0	0%
Activity No. 3 Demand Management	\$375,690	\$375,690	\$0	0%
Activity No. 4 Increase Access and Treatment for Youth	\$229,308	\$229,307	-\$1	0%
Activity No. 5 Improving Responses	\$218,800	\$218,800	\$0	0%
Activity No. 6 Workforce Development	\$160,000	\$160,000	\$0	0%
Activity No. 7 Integrated response to Indigenous communities	\$165,088	\$165,088	-\$0	0%
Sub-Total	\$1,815,557	\$1,815,556	-\$1	
<i>Transition</i>				
DAP Operational	\$184,433	\$45,155	-\$139,278	-76%
DAP Flexible	\$2,106,502	\$2,106,502	\$0	0%
DAP SACS	\$215,137	\$215,137	\$0	0%
Sub-Total	\$2,506,072.00	\$2,366,794.39	-\$139,277.61	
<i>Operational</i>				
Other program costs (including audit and administrative support costs)	\$182,916	\$133,712	-\$49,204	-27%
[Please specify]				
Sub-Total	\$182,916	\$133,712	-\$49,204	
TOTAL EXPENDITURE	\$4,504,545	\$4,316,063	-\$188,482	

SURPLUS/DEFICIT	-\$0	\$139,277	\$139,277
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Comment

Interest was offset by the operating costs attributed to running the programs

Eastern Melbourne PHN

9.1 IMPROVING CHRONIC CONDITIONS MANAGEMENT (ICCM) 12 Month Performance Report - 1 July 2016 to 30 June 2018					
Activity Title Including Reference ID	Activity Description	Please briefly outline work undertaken within this Reporting Period towards progressing the Activity 6-month performance report	Please briefly outline work undertaken within this Reporting Period towards progressing the Activity 12-month performance report	Has your PHN identified any areas of concern that may impact on progressing the activity as outlined in the approved IAP? (Yes/No) If yes, please describe how your PHN is addressing these	Alignment of reported activity with original THAP plan approved during first reporting period
<i>1. Systems</i>					
<i>2. Provider Behaviours</i>					
<i>3. Person Centred Care</i>					
<i>4. Evaluation and Operational</i>					

Eastern Melbourne PHN

10.1 GREATER CHOICE FOR AT HOME PALLIATIVE CARE (GCFHPC) MEASURE PHN 12 Month Performance Report - 1 July 2017 - 30 June 2018

Activity Description:	<p>Two FTE will include the following responsibilities:</p> <ul style="list-style-type: none"> • Project Lead (1.0 FTE) with responsibility for leading the working groups, broad stakeholder engagement and relationships and ensuring implementation of projects that are occurring or are developed. • Project Officer (1.0 FTE) to firstly work on data collection and analysis, so that the depth of the problem can be fully explored and gaps identified, and then as project support to assist with implementation of working group activities. <p>The positions will sit within the Redesign and Integrated Care Team and report to the Lead Redesign and Integrated Care. The two positions will work closely with other relevant teams within EMPHN, including the Collaborative Executive Officers, Sector Capacity, Health Pathways, After Hours and Workforce and Development teams.</p> <p>To achieve the measure we will implement programs to:</p> <ol style="list-style-type: none"> 1. deliver an individual case based approach for in-home support to improve the skills and confidence of GPs and staff in aged care. The approach will provide a hospital based support to manage particular patients; 2. use human resources and/or technological approaches to provide care at home, particularly after hours; 3. increase the number of Advance Care Plans being completed in the community 4. improve education for GPs, community service providers and volunteers assisting palliative care patients in the community using programs including Program of Experience in the Palliative Approach (PEPA); 5. integrate services that exist in the after-hours period, with a particular focus on GP deputising services; 6. focus on ensuring more people are able to die in their place of choice or remain in their home as long as possible; and 7. Promote the increased use of HealthPathways Melbourne, which has a comprehensive suite of palliative care pathways, to provide comprehensive clinical decision making tools and referral pathways for GPs. <p>EMPHN will progress the work of the Eastern Melbourne Primary Health Care Collaborative End of Life Care working group, participate in the Monash Health Chronic Disease Strategy Working Group and establish a similar End of Life Care working group with Better Health North East Melbourne, ensuring coverage across the entire catchment.</p> <p>We will take an Action Research approach to improve capacity within our catchment to deliver palliative care services to people in their homes. Using this methodology will ensure a collaborative approach to a continuous cycle of improvement. This is consistent with the PHN's Commissioning Framework, which will support any collaborative driven projects that require additional funding.</p> <p>The EMPHCC EoLC Working Group has identified a lack of integrated data collection as an issue. Both Collaboratives have established Data Management working groups which will be utilised to support data development activities. Data will be sourced from partner organisations, including RACFs, local hospitals and palliative care providers. The Project Officer will ensure data is collated, shared and used to inform the activities of the working groups. Data collection will include:</p> <ul style="list-style-type: none"> • service mapping information; • statistical and demographic data; • increased palliative care provision at home; • averted emergency presentations and inpatient admissions; • increased advance care plans completed and registered; • patient journey understanding and experience; and • service/hospital presentation data.
Are the Activities being undertaken in accordance with the approved AWP? (YES/NO) Use drop down box	YES
If NO provide brief details:	
Has your PHN encountered any issues or delays in implementing these Activities? (YES/NO) Use drop down box	YES
If YES provide brief details:	<p><i>Recruiting in to the position has been more difficult than expected. Only one of the two FTE positions has been filled.</i></p> <p><i>The ability to acquire specific palliative care data and related deaths is not possible from relevant state and commonwealth agencies at the level of disaggregation required, i.e.: LGA or SA3</i></p>
Provide a list of the staff engaged to improve coordination and integration of palliative care and end of life care including position titles and Full-time Equivalency (FTE):	YES
Does the total staff engaged total two (2) Full-time Equivalent positions? (YES/NO) Use drop down box	NO
If NO what strategies are in place to address this?	<p><i>We have filled two positions with a usual allocation of 1 FTE, but both staff members have increased their FTE load until the other position can be filled. Other staff in the EMPHN team are also assisting where possible. We are continuing to recruit and currently have three applications that are being considered.</i></p>
Describe the progress between January to June 2018 that incorporates a Compassionate Communities approach in achieving the following four (4) project objectives, aligned to the activities listed in the approved Activity Work Plan: - improve care - right care - generate data - utilise technology.	<p><u>Improve care</u></p> <ul style="list-style-type: none"> - EMPHCC EoLC Working Group is continuing. - Develop partnerships and stakeholder relationships in the north east part of the catchment that will form part of the planned North East Melbourne EoLC Working Group. We have met with numerous new and existing stakeholders in the north east and east, including Palliative Care Victoria, Latrobe University, Community Houses Association of the Outer East, Multicultural Centre for Womens Health, Banksia Specialist Palliative Care and individual carers. - Planning for forthcoming Improvement Workshop, scheduled for 1 November 2018, to identify what works well, gaps and improvement ideas from a very broad based stakeholder group that includes carers. - Establishment partner in the Eastern Public Health Palliative Care collaborative, led by Latrobe University and using a community led Compassionate Communities approach to supporting volunteers in the outer east, who will provide support to people who are palliative and at home. <p><u>Right care</u></p> <ul style="list-style-type: none"> - Data Report and information from Improvement Workshop will present data and opportunities that the working group can work on to fill identified gaps, ensuring patients can receive the right care in their preferred place. - EMPHCC EoLC working group will continue to develop projects as previously identified <p><u>Generate data</u></p>
Identify any perceived risks and mitigation strategies:	<p>Risks as identified in the Activity Work Plan</p> <p>Employment of staff – suitably qualified staff are difficult to employ Likelihood – unlikely Consequence – minor Risk Rating – low Mitigation – Using a combination of wide spread advertising, advertising through existing networks and the use of the PHN recruitment agency, and with lead in time prior to the commencement of the program, high quality and suitable staff will be sourced. The PHN can offer staff a choice of location and a high level of support with existing staff available to assist where required. Realised - staff recruitment has been delayed and the interim solution has been to utilise existing staff resources to backfill the vacant position. This has not affected the project activities or timeline.</p> <p>Stakeholders not willing to share data Likelihood – possible Consequence – minor Risk Rating – medium Mitigation – Ensure relationships are well established with organisations from whom we seek data. Involve these organisations in the program and their buy-in will ensure they understand the need. Be clear and articulate the purpose of data collection, constraints, anonymity of patient information and use of data. Ensure that benefits for contributing data are well understood. If required, provide patient information and consider whether ethics approval may need to be sought, which can be done through LHN or University partners.</p> <p>Stakeholders not willing to engage Likelihood – unlikely Consequence – moderate Risk Rating – medium Mitigation – EMPHN is already well engaged with providers in the catchment and these relationships have been established over several years. Using the strength of the Collaboratives we will extend these relationships into the private sector ensuring integration across the whole system.</p> <p>Adverse event due to implementation of new process Likelihood – unlikely Consequence – moderate Risk Rating – medium Mitigation – ensuring any activities are planned out and co-designed through the Collaboratives and other stakeholder engagement mechanisms, there is little chance of this occurring. Development of a comprehensive communications strategy will ensure all stakeholders are aware of any changing developments and any changes will also be reflected on HealthPathways Melbourne.</p>

**11.1 HEALTH CARE HOMES STAGE ONE IMPLEMENTATION SUPPORT
PHN 12 Month Performance Report - 1 July 2017 - 30 June 2018**

	Yes/No	If Yes, please identify start and cessation dates of employment / commencement date of governance group	If no, provide brief details
<i>Has the PHN recruited three FTE positions to provide HCHs training, support and assist with patient enrolment?</i>			
<i>Has the PHN established a HCH Regional Governance Group in line with schedule requirements?</i>			

Provide a brief description of the work undertaken to establish communities of practice at a regional level

Provide a brief description of the work undertaken to support patient identification and enrolment



FOR MORE INFORMATION

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