ANNUAL REPORT 2021

Improving health and wellbeing for the communities of the Blue Mountains, Hawkesbury, Lithgow & Penrith
2020/2021 was all about ‘checking in’ for Wentworth Healthcare. Checking in with our GPs, our practice nurses and staff, our allied health professionals and our own staff and community. Together we have survived another challenging year, and our community is stronger than ever.
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OUR VISION
Improved health and wellbeing for the people in our community

OUR MISSION
Empower general practice and other healthcare professionals to deliver high-quality, accessible and integrated primary healthcare that meets the needs of our community

OUR VALUES
Respect
Ethical Practice
Quality
Collaboration
Continuous Improvement

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OUR STRATEGIC OBJECTIVES

1. Increased capacity and influence of Primary Care
2. Culture of quality improvement and outcome focus
3. Coordinated services within and across sectors
4. Consumers engaged in all we do
5. Organisational excellence and impact

OUR PRIORITY AREAS

Aboriginal Health
Addiction Support
Digital Health
Health Workforce
Disaster Management
Healthy Ageing
Mental Health
Population Health
Underserved & Disadvantaged Communities

WHO WE ARE
Wentworth Healthcare is a local not-for-profit organisation striving to improve the health and wellbeing of people in the Blue Mountains, Hawkesbury, Lithgow and Penrith.

We are the provider of the Primary Health Network (PHN) for the Nepean Blue Mountains (NBM) region. The PHN program is an Australian Government initiative with the key objectives of increasing the efficiency and effectiveness of health services for patients, and improving the coordination of care to ensure patients receive the right care in the right place at the right time.

Our member organisations are Allied Health Professions Australia; Australian Primary Health Care Nurses Association; Blue Mountains GP Network; Lithgow City Council; Nepean GP Network and Western Sydney Regional Organisation of Councils.

Our work as a PHN is focused on three main areas:
- supporting general practice to provide high quality care to their patients
- funding (or commissioning) local health services that meet the needs of our community
- integrating the local health system, so people don’t get ‘lost’ when they move from one health service to another

The voice of our community and stakeholders are at the centre of what we do. We are committed to consulting and engaging with healthcare professionals, stakeholders and the community to better understand what works well, where there are gaps and to design solutions together. In conjunction with analysis of relevant data, this guides our work and helps us prioritise services in line with available funding to support those with greatest need.

Over 380,000 people currently live in our region with our population predicted to increase to 466,000 by 2036. Our area is culturally and linguistically diverse with a large Aboriginal population, representing 3.7% of total residents. The region is serviced by 139 general practices consisting of 434 GPs and 195 practice nurses. The region has 98 community pharmacies and approximately 1,138 allied health professionals.
GOVERNANCE, SYSTEMS AND STAFF

ANNUAL REPORT 2021

POPULATION HEALTH PROFILE

Nepean Blue Mountains Primary Health Network (NBMPHN) works to support and strengthen primary healthcare, improve wellbeing and health outcomes for the community.

HEALTH SERVICES

- 139 general practices
- 98 pharmacies
- 4 hospitals
- 29 Residential Age Care Facilities (RACFs) providing 2,530 beds

IMMUNISATION

Higher than national average childhood immunisation rates for the following age groups: (2019)

- Children Aged 1 Year: fully immunised: 94.8% (rank 10/31 PHN regions in Australia)
- Children Aged 2 Years: fully immunised: 92.5% (rank 12/31 PHN regions in Australia)
- Children Aged 5 Years: fully immunised: 96.0% (rank 9/31 PHN regions in Australia)

USE OF HEALTH SERVICES

- 2 million visits to a GP utilising a Medicare service item (2017-18)
- 11% saw a GP for urgent medical care (2017-18)
- 36% of residents visited a specialist outside of hospital (2017-18)
- 134,939 total Emergency Department (ED) presentations (2019)
- 49,326 ED presentations were lower urgency, semi-urgent and non-urgent (2017-18)
- 77,277 total public hospital admissions (2019)

HEALTH SCREENING

- 17.5% of Aboriginal and Torres Strait Islander residents had an Indigenous health check significantly lower than NSW average of 25.1% (2017-18)
- 13,587 people or 3.7% of residents had a GP health assessment (2017-18)

CANCER SCREENING

- 49.0% Breast cancer screening participation rate for women aged 50 to 74 years lower than NSW average of 62.8% (2019)
- 52.1% Cervical cancer screening participation rate for women aged 20 to 69 years lower than NSW average of 55.9% (2019)
- 38.8% Bowel cancer screening participation rate for people aged 50 to 74 years lower than NSW average of 39.5% (2019)

AREA PROFILE

Wide geographical diversity – major cities, inner regional and outer regional Australia remoteness classifications

1 new airport under construction at Badgerys Creek, due to open in 2026

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9,063 km²

4 Local Government Areas

1 new airport under construction at Badgerys Creek, due to open in 2026
Limited availability of public transport impacting on access to health services is a top concern.

There is wide variation in levels of socio-economic advantage and disadvantage. Areas with highest SEIFA scores: Glenbrook and Windsor Downs – 1,101. Areas with lowest SEIFA scores; Bowenfels – 793 and North St Marys – 833.

17.6% projected population increase, especially in Penrith and Hawkesbury. The most rapid increase is projected for those aged 65+ years.

3.7% identify as Aboriginal and Torres Strait Islander compared to 2.9% in NSW.

18% born overseas.

12% speak a language other than English at home.

380,000+ people, 51% female and 49% male.

466,650+ people by 2036.

AGE BREAKDOWN

0-11 years of age 16.2%

12-17 years 6.6%

18-34 years 13.3%

35-49 years 20.1%

50-69 years 24.4%

70+ years of age 9.1%

CHRONIC DISEASE

61% overweight and obese significantly higher than NSW average (2016).

12% have diabetes higher than NSW average (2016).

17% received a GP chronic management plan (2017-18).

VULNERABLE GROUPS

Aboriginal people: Higher rates of chronic and preventable disease, including respiratory diseases, circulatory disease, diabetes, chronic kidney disease and cancer.

Culturally and Linguistically Diverse Population: 1.3% of residents report they speak English “not well or not at all”, compared to 4.5% in NSW.

Mental Health:

37,758 people or 10.1% of residents had a GP mental health treatment plan compared to 8.5% in AUS (2017).

17.2% of residents over 16 years report high or very high psychological distress compared to 15.1% in NSW (2017).

DRUGS AND ALCOHOL

Hospitalisations related to methamphetamine are increasing 142.8 per 100,000 people (2016-17), compared to 99.4 per 100,000 people (2014-15).

Alcohol is the most common drug of concern for people seeking treatment for substance use in the region (2018).

SOCIAL DETERMINANTS OF HEALTH

VULNERABLE GROUPS

Aboriginal people

Higher rates of chronic and preventable disease, including respiratory diseases, circulatory disease, diabetes, chronic kidney disease and cancer.

Culturally and Linguistically Diverse Population

1.3% of residents report they speak English “not well or not at all”, compared to 4.5% in NSW.

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Drug and Alcohol

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Alcohol is the most common drug of concern for people seeking treatment for substance use in the region (2018).

Limited availability of public transport impacting on access to health services is a top concern.

94% of residents were bulk-billed when seeing a GP, but 8% of residents delayed or did not see a medical specialist, GP, get imaging or pathology tests due to cost compared to 6.5% in AUS 2016-17.

Social isolation and loneliness are increasing problems impacting upon physical and mental health and use of health services. More than 19% of Australians aged 75+ years report being lonely.

Low health literacy, including poor mental health literacy is a risk factor for poor health and is an identified gap in the region.

Domestic violence was more than 1.6 times higher in Penrith LGA 632.4 per 100,000, compared to the rest of NSW – 390.4 per 100,000.

Early childhood education: Lower proportion of children aged 4 years old enrolled in a preschool program.

Educational attainment: Higher proportion of residents left school at Year 10 or below, or did not go to school.


Healthcare costs: 17.6% of residents were bulk-billed when seeing a GP, but 8% of residents delayed or did not see a medical specialist, GP, get imaging or pathology tests due to cost compared to 6.5% in AUS 2016-17.

Hospitalisations due to intentional self-harm, 174.1 per 100,000 people, compared to 149.0 per 100,000 people in NSW.

Hospitalisations among young people 15-24 years due to intentional self-harm is 2.5 times higher than for people of all ages.

Increasing trend and higher rates of suicide than state averages.

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It’s been a memorable 12 months and our first full year working within a pandemic environment. This has significantly impacted the lives of our staff, health professionals and broader community and influenced the priorities of our Company.

Of significance has been our role in assisting primary care providers to respond to the pandemic and supporting the COVID-19 vaccination roll-out in primary care. As we move into a new phase of ‘living with COVID’, we are facilitating the design of localised care pathways for managing COVID positive cases in the community, in which general practice is expected to play a significant role.

We’ve continued to implement ‘business as usual’ programs, using modified delivery mechanisms where required, particularly during COVID lockdowns. We’ve seen significant advancement in our three key areas of work, and I’ve highlighted some examples. I encourage you to read the full Annual Report which outlines the depth of work undertaken in each of our priority areas.

1. SUPPORTING PRIMARY CARE PROVIDERS TO DELIVER HIGH QUALITY CARE FOR THEIR PATIENTS

Despite lockdowns, our engagement with general practice and primary care was higher than ever. The three-year Health Care Homes Trial concluded in June, with some positive outcomes and lessons learned that can be applied to future initiatives and health reforms. We established an online primary care education program ‘Your Practice Portal’ with good feedback and uptake. Our general practice collaboratives resulted in positive outcomes for patients, and we continued our work supporting the uptake of digital health.

2. COMMISSIONING SERVICES TO MEET NEEDS

We’ve been working with Neami National to establish the first Adult Mental Health Centre in NSW, known as Penrith Head to Health, which will open in December 2021. Not only will this provide much needed additional mental health services for our region, but it has the potential to be a game changer in supporting better integration of mental health services in the long term. We also opened a new headspace service in Katoomba and celebrated one year of the Penrith Street University with a fabulous showcase event involving many young people.

We ramped up our innovative ‘Social Connectedness program’ for older people, demonstrating what can be achieved by taking a whole of community approach. Our WiseMind program in Residential Aged Care Facilities (RACF’s) expanded into 17 facilities and conducted 1,450 occasions of service despite the challenges of the pandemic. The evaluation of our RACF After Hours Telehealth pilot and 24 Hour Pharmacy highlighted the difference these initiatives make to reducing presentations to emergency departments and hospital admissions.

3. INTEGRATING HEALTHCARE

We have a strong and productive relationship with Nepean Blue Mountains Local Health District, demonstrated by our work together to respond to multiple natural disasters and the pandemic. We were excited to kick off our first joint PHN/LHD collaborative commissioning project with funding from NSW Health. This focuses on diabetes, overweight and obesity and will provide a basis for future work together.

I’d like to acknowledge the resilience and adaptability of our incredible staff over the last 12 months. We’ve needed to work differently, and often remotely. Whilst we’ve been physically distanced, staff have worked hard to maintain strong social connections with both colleagues and those we support. Thank you also to our dedicated Board and the members of our Advisory Committees for your guidance and support.

The challenges of the COVID-19 pandemic have continued to dominate the healthcare landscape this year.

We had all hoped for a vaccine in 2020 and three were approved and rolled out during 2021. By mid-November almost all the Local Government Areas (LGAs) in our region had surpassed 95% vaccination rates for their eligible populations. An incredible feat in such a short time.

As we are all aware, the vaccine rollout had its challenges. In fact, the very week COVID-19 vaccinations launched into general practice, our region was struck by severe storms and flooding affecting three of our LGAs. This delayed the commencement of the rollout from some sites.

To the point that some communities and general practices were isolated by the disaster. I am proud to say that our team met these challenges and provided critical support to our healthcare workforce and the community during this time.

By the end of May, we had coordinated COVID-19 vaccination clinics at all Residential Aged Care Facilities in our region. We were one of the first regions to complete this important work.

By the end of the June, we had facilitated the commencement of vaccination programmes in 91 General Practices and three GP-led Respiratory Clinics in our region. In addition to rolling out vaccinations, the three GP-led Respiratory Clinics had assessed and tested over 26,000 patients for COVID-19.

The amount of work required of our team escalated markedly over this period. Our Practice Support Team delivered over 3,300 support activities (emails, phone calls and appointments) to 139 general practices and coordinated the delivery of over 120,000 masks to general practices, pharmacies and allied health professionals. The Communications team sent out over 106,000 emails. There were over 256,000 views by over 84,300 visitors to our website, which required daily updating with new COVID-related information throughout this period. Our Health Pathways team continually produced and updated COVID-19 related pathways for general practice and allied health professionals. This team helped lead the development of the NSW State Vaccination Pathways which have been an important resource to vaccination frontline staff.

We worked with the Nepean Blue Mountains Local Health District, as members of their Incident Management Team, to provide a coordinated approach to the vaccination effort and the COVID-19 response in our region. Our General Practice Clinical Council, Allied Health Clinical Council, Integrating Care Clinical Council and Community Advisory Committees again played crucial roles in helping us to identify, understand and respond appropriately to emerging issues.

We have faced unprecedented challenges over the last two years, and I am pleased to report that our team have again met these challenges.

Last November, we welcomed onto our Board three new Directors, Ms Fleur Hannen, Dr Andy Marks and Dr Madhu Tamilarasan who brought fresh insights to our experienced team. At this year’s AGM I will be stepping down from the Board as I have reached my maximum tenure. I have been my pleasure to serve on the Board since 2013 and as Chair since mid-2019. I thank the Board, Lizz Reay and our passionate team, for their commitment to their work and to making a difference to our community. I feel privileged to have worked alongside such a capable and committed group of people.
Good governance is vital to ensure our organisation is effective and accountable in our work. Wentworth Healthcare is governed by a skills-based Board consisting of nine directors. These directors are appointed to the Board based on the Board Skills Matrix with due consideration to the benefits and needs of diversity, as per our Diversity Policy.

Dr Tony Rombola – Chair
Director since November 2013
Appointed Chair 2019
Dr Rombola has worked as a general practitioner in Windsor for 25 years. Dr Rombola provides services to a men’s rehabilitation centre in Yarramundi, and to a number of Residential Aged Care Facilities in the Hawkesbury area. Dr Rombola is an Adjunct Clinical Senior Lecturer at the University of Notre Dame Sydney Medical School and a GP Supervisor with GP Aged Care Facilities in the Hawkesbury area.

Mrs Fleur Hannen
Director since November 2020
Mrs Hannen (MBA) is a Registered Nurse of 30 years and operates an aged care consulting business that works across Australia with the aim of enabling excellent standards of care, sustainably. Her passion for the aged care and disability industry has been developed through roles such as Managing Director, CEO, General Manager, Nurse Advisor, External Assessor and of course – Registered Nurse. Mrs Hannen holds various board advisory positions, aiming to apply logic and empathy to her work having worked in many of her clients shows herself. She has strong ties to the Nepean and Blue Mountain Region, having been a resident of the area for over 30 years.

Ms Gabrielle Armstrong
Director since November 2012
Retired from Board November 2020
Ms Armstrong (GAICD) holds a Master of Business Administration (MBA) and postgraduate qualifications in business management and nursing administration. Ms Armstrong has many years of experience in both private and public hospitals, primary healthcare, community health and aged care. She has held broad based senior management positions in all sectors, including chief executive officer and board member positions. Ms Armstrong is a passionate advocate for healthy ageing strategies.

Mr Paul Brennan AM
Director since November 2012
Retired from Board November 2020
Mr Brennan (GAICD) has many years’ experience running local and international organisations. He has been Managing Director of AGP Group for 20 years, was previously CEO of Westcon and held General Management positions at both TNT and Toll Logistics. Mr Brennan was Regional President of the NSW Business Chamber for four years and served on their state council for 10 years, holding various committee Chair positions. As Chairman of the Penrith Business Alliance, he led the development of the Nepean Business Network and the Nepean Business Network within public hospitals, primary healthcare, community health and aged care. Ms Armstrong has many years of experience in the government, non-profit and community sector, a Council member at the University of New England and an ARIA Assessor and of course – Registered Nurse. Mrs Hannen holds various committee Chair positions, aiming to apply logic and empathy to her work having worked in many of her clients shows herself. She has strong ties to the Nepean and Blue Mountain Region, having been a resident of the area for over 30 years.

Ms Belinda Hill
Director since November 2019
Ms Hill is a certified speech pathologist who has owned and operated a private practice in the Nepean Blue Mountains region for the last 26 years. Ms Hill has worked across numerous educational settings including TAFE, Justice, Department of Education and University and is currently a causal lecturer at Macquarie and Sydney Universities. Ms Hill has served as Vice President Communications and Vice President Operations at Speech Pathology Australia and has served on the Board of Directors since 2014. Ms Hill is committed to evidence based practice and contributing to the growth of our future allied health workforce.

Dr Andy Marks
Director since November 2020
Dr Marks is Assistant Vice-Chancellor at Western Sydney University and CEO of the NSW Alliance and leads major strategic higher education initiatives with government, industry and the community. He has a PhD and first class honours in political science and literature. Dr Marks writes regular columns for the Sydney Morning Herald and the Daily Telegraph and is also a panellist on ABC Sydney’s ‘political forum’. Dr Marks is the Director of the Centre for Western Sydney and Chair of the Western Sydney Community Forum, the founder of the Catalyst/West interactive policy forum and co-founder of the Launch Pad start-up incubator. Prior to his current role, Mr Marks was Assistant Secretary in the social services sector, a Council member at the University of New England and an APRA nominated professional musician and composer.

Ms Heather Nesbitt
Director since November 2019
Ms Nesbitt is an urban and regional planner with 30 years’ experience in the government, non-government and private sectors. Ms Nesbitt is a Hawkesbury local and was most recently Social Coordinator with Greater Sydney Commission where she led the agenda to deliver inclusive, connected and healthy communities through innovative urban planning and community/stakeholder engagement and collaborations across Greater Sydney. Ms Nesbitt has strong networks with local, state and Federal government as well as business, universities and community organisations. Ms Nesbitt is a Fellow Planning Institute of Australia, Graduate Australian Institute of Company Directors, Councillor NSW Parks and Leisure Australia and volunteer with Australian Red Cross Emergency Services.

Dr Shiva Prakash OAM
Director since November 2012
Chair 2012-2014
Retired from Board November 2020
Dr Prakash completed his medical studies in 1983 and after immigrating to Australia in 1979, held the positions of Resident Medical Officer, Deputy Medical Superintendent and Acting Medical Superintendent, before going into solo practice for 23 years. Dr Prakash worked for the RAAS for 18 years and in 1999 gained RACGP Fellowship. He served the Nepean Division of General Practice for 10 years, holding the position of Chair on two occasions. Dr Prakash is one of our founding Directors and has served as Chair of the Board. He was a founding member of Nepean Valley Rugby Club, and was President and District Chairman of Rotary Health Research Health Fund. In 2015 he was awarded the Medal of the Order of Australia (OAM).

Mr Gary Smith
Director since November 2018
Mr Smith has extensive experience in the management of healthcare facilities and the provision of health services, predominately in general practice. He has been involved in general practice management since 1985 and has taken a keen interest in the operation of general practices and the major organisations which influence and shape them. Mr Smith is currently a Director with the Australian General Practice Accreditation Ltd (AGPAL), Chair of Quality Innovation Performance (QIP), Quality in Practice Consulting and QIP International, Deputy Chair, General Practice Workforce Tasmania, Chair, Client Focused Evaluation Program (CJEP) Australia and UK, Board Member, Consortium of Accredited Health Care Organisations (CAHO), Kiama and Board Member, Nepean Blue Mountains Local Health District (NBMHD). Mr Smith has extensive representation on Commonwealth and State Government Advisory Boards, Working Parties and task groups and relevant healthcare industry committees both here and internationally, which allows him to contribute to the shape and delivery of healthcare in Australia.

Dr Madhu Tamlarasan
Director since November 2020
Dr Tamlarasan has been a rural general practitioner in Lismore since 2005. She is passionate about access to quality health care for all residents within the Nepean Blue Mountains region and supporting our health care workforce. She is committed to improving support for rural and regional GPs so that others are tempted to work in smaller centres and find the same joy she experiences from living and working in a small community. Dr Tamlarasan has extensive experience in general practice training having previously managed the GP training programme for Western NSW for many years. She knows the importance of nurturing our future medical workforce by supervising medical students and GP registrars within her practice and remains involved in GP training external to her practice.

Mr Bruce Turner AM
Director since November 2017
Mr Turner’s (MAICD, FTIA, FPIA, FIML, FIPA, CGAP, CIMA, CIAA, CIAF) diverse experience spans financial services, manufacturing, transport, energy, health, and public administration in executive and prior board roles. In addition to international and national experience, Mr Turner has worked throughout the Nepean Blue Mountains region and currently sits on the audit committees for Penrith and Blue Mountains city councils (Chair and Deputy Chair respectively). He chairs several other audit committees, and has authored book chapters and audit reports and books over recent years, including Powering Audit Committee Outcomes and Rising from the Mainstream to the Boardroom. In 2015 he was appointed a Member of the Order of Australia (AM).

Mr John Yealland
Director since November 2018
Mr Yealland has had a diverse career across many different sectors with expertise in business process improvement and performance measurement. Mr Yealland currently is a business advisor who provides services to organisations supporting people with intellectual disability in the Western Sydney, Blue Mountains and Nepean region. Mr Yealland is a Wiradjuri heritage and understands the issues that confront Aboriginal people and has a keen interest in the enhancement of health outcomes and economic participation of Aboriginal and Torres Strait Islander community. He has a deep understanding of the challenges faced by people with disability and by Indigenous people in accessing services for their needs. Mr Yealland is passionate about equity and quality service delivery.
1. INTEGRATING CARE CLINICAL COUNCIL

This multi-disciplinary clinical council provides advice and direction to the Board on issues relating to the integration of care across health sectors and across the region. This includes the identification and prioritisation of health and service needs and opportunities for improvement in integrating health care for the community.

- 3 meetings held

Helping Inform and Shape Healthcare Priorities

The Integrating Care Clinical Council focuses on regional population health planning, needs assessment prioritisation, commissioning of services and the development of clinical pathways. Nepean Blue Mountains Local Health District (NBMLHD) representatives sit on this council with other primary healthcare professionals and consumers from across the region.

Key topics, discussions and contributions this year were:

- COVID 19 including Vaccination roll-out: in particular the areas of intersection between NBMLHD and Wentworth Healthcare. Feedback at meetings helped shape organisational response to the issues faced at the time of each meeting in this rapidly changing environment.
- Integrated Care Guiding Policies: Commonwealth, state and local focusing on current and future agreements and policies between each level of government. These positive steps will assist with integration of health services.
- Collaborative Commissioning Overweight, Obesity and Diabetes: input and advice was provided to this joint initiative between NBMLHD and Wentworth Healthcare to develop this new planned service.
- Workforce issues, present and future: the council recognised and continued to advocate the risks to health in our region as a result of current and future health professional shortages.

*Having recently left the NBMLHD Board after ten years, I am so glad to continue a connection with the Nepean Blue Mountains and to hear about the opportunities for integration between general practice and community based allied healthcare and the LHD services. As well reporting on initiatives, the PHN engages us actively in thinking about how important health issues in the region can be approached in a more ‘joined up’ patient centred way."

— Professor Jennifer Reid, ICCC Member

2. GP CLINICAL COUNCIL

This council, chaired by our GP Clinical Lead for Integrating Care, represents the GP workforce and advises on organisational strategies to address region-wide issues facing GPs, while also considering the unique needs and strategies of each local community.

- 9 meetings held

An Important Voice for GPs During COVID-19

Following the extraordinary circumstances of 2020 where the GP Clinical Council (GPCC) met 16 times, members agreed to meet more frequently with nine meetings per year now scheduled instead of six.

Continuing the focus on COVID-19 as a key topic, GPCC continued to advise the Board and Senior Management team about the needs of GPs, with continuing support of additional attendees of Dr Barry Fife, Dr Louise McDonnell (GP Clinical Lead HealthPathways) and Julian Harrington (Chair of the Allied Health Clinical Council). Feedback from these meetings was incorporated into our organisation’s COVID 19 Plan and issues identified were escalated through the appropriate federal, state and local health departments.

Other key topics, discussions and contributions this year included:

- Primary Health Reform Steering Group Discussion Paper: this paper was released in June 2021 and was considered by GPCC with feedback made to the Board to inform their submission.
- Advocated for training and professional developments: this was an important focus of GPCC, especially regarding Telehealth implementation for GPs, practices and patients.
- Wentworth Healthcare Health Literacy projects: provided insights and support from a GP perspective.
- New NBMLHD Palliative Care service: valuable input and insights were shared on this new service, and especially how it should be communicated to GPs.
- NBMLHD Respiratory Outreach Service: feedback shared on this new proposal.

"As a Lithgow GP I have found the GP Clinical Council to be most invaluable over the past few years, but particularly during the pandemic. What I most value is the two-way information flow and the opportunity to provide a Lithgow perspective as well as experiencing the perspectives of my colleagues from the district. All this is managed seamlessly in a convenient online forum by a great team at the PHN.”

— Dr Hilton Brown, Lithgow GPC Member
3. ALLIED HEALTH CLINICAL COUNCIL

This council represents allied health professionals from a range of disciplines and advises the Board on recommended strategies to address region-wide issues facing the allied health workforce.

- 4 meetings held

Strengthening Partnerships with Key Stakeholders

Many issues were addressed by Allied Health Clinical Council (AHCC) this year including:

- Input into the organisation’s COVID-19 response: AHCC provided many insights from an allied health perspective with issues identified being escalated through the appropriate federal, state and local health departments.
- Advising us of issues facing allied health: AHCC highlighted issues around Telehealth, active ingredient prescribers changes and “Accidental Counsellor” that are topical for allied health professionals.
- Health Literacy: provided insights and support from an allied health perspective.
- Your Practice Portal – the e-Learning Portal: feedback and insights were provided on content for the organisation’s new e-learning portal for health professionals and how to communicate this new tool to allied health.
- Policy Issues: the AHCC identified a number of issues at a policy level and commenced writing a discussion paper which will be submitted to the Commonwealth Chief Allied Health Officer.

“The Allied Health Clinical Council (AHCC) affords a valuable opportunity to voice the opinions of allied health practitioners across the broad spectrum of practice in the local community, and in so doing to help inform decision making within a responsive DHB. As an AHCC member, I’ve greatly valued the energy and productivity of our group, the opportunity for freely discussion with well-informed, passionate colleagues from the AHCC and NBMPHN, and the chance to keep abreast of, and help shape the resolution of, issues and challenges in supporting the health of people in our region.”

— Dr Rudi Crncec, AHCC Member

4. COMMUNITY ADVISORY COMMITTEE

The Community Advisory Committee (CAC) advises both our Board and the Nepean Blue Mountains Local Health District Board, to help shape the future direction of health services through the consumers voice within our region. CAC provides consumer and community perspectives to ensure that decisions, investments and innovations are patient-centred, high-quality, cost-effective and responsive to local community needs and expectations.

- 6 meetings held

Supporting Patient Centred Primary Healthcare

Topics considered by CAC this year included:

- Regional Mental Health Suicide Prevention Plans: current progression.
- PHN Domestic Violence Program: Consumer Engagement Plan for feedback.
- LHD Advance Care Plans: consumer contribution.
- LHD New Adolescent Mental Health Service: overview of new service.
- Collaborative Commissioning Obesity Service: health of the community, consumer contribution of this project was shared.
- Western Sydney City Deals: presentation was shared with CAC to provide an overview of future planning initiatives that will affect the region.

“I believe that better health outcomes are achieved as a consequence of embedded, meaningful and authentic engagement with consumers. The partnership developed between consumers and Wentworth Healthcare continues to drive superior outcomes for health users in our community.”

— Belinda Leonard, CAC Chair

OUR PEOPLE

We value diversity and foster a culturally safe workplace that embraces flexible work practices. We employ 72 (or 55 full-time equivalent) skilled and talented professionals. The majority of our employees (68%) live in the Nepean Blue Mountains region.

72 employees

(55 FTE)

68% live in NBM region

82% Female

18% Male

STAFF ORGANISATIONAL STRUCTURE
Priority Area: **ABORIGINAL HEALTH**

- **14,477** of patients in our region identified as Aboriginal and/or Torres Strait Islander
- **2,465** of Aboriginal and Torres Strait Islander patients had a 715 Health Check
- **1,890** occasions of service by outreach workers
- **476** occasions of service by outreach health professionals
- **120** guests attended our Reconciliation event
- **381** Integrated Team Care patients
- **27,462** unique services
- **1,233,299** Facebook impressions from Breath of Fresh Air campaign
- **181** practice interactions by our Aboriginal Liaison Officer

Aunty Ellie Chatfield speaking at our special event during National Reconciliation Week.
OUR VISION FOR RECONCILIATION
That Aboriginal and Torres Strait Islander peoples’ community needs, interests and priorities are embedded in our everyday business and cultures to improve the health of Aboriginal & Torres Strait Islander peoples in our community. We aim to work with other healthcare providers across the region, through our commissioning and partnership leader role, to build communities of healthcare practice that recognise, support and empower Aboriginal people and communities.

RECONCILIATION ACTION PLAN
Our Innovate Reconciliation Action Plan (RAP) 2018-2020 has continued to provide the framework for the activities and initiatives our organisation has undertaken to implement our reconciliation vision. Our RAP Working Group is comprised of staff from across the organisation, who lead and guide our RAP initiatives together with key stakeholders. The Innovative Reconciliation Plan (RAP) for 2022-2024 is currently in progress.
• 17 RAP Working Group members
• 6 RAP meetings held
Find out more: www.nbmphn.com.au/RAP

ABORIGINAL CULTURAL AWARENESS TRAINING
This RACGP-accredited training series for GPs and practice nurses provides practical skills and knowledge for working with Aboriginal & Torres Strait Islander people. This training was specifically developed for our region and the interactive sessions allow participants to learn, ask questions and explore themes and issues relevant to healthcare.
• 5 sessions
• 4 general practice staff sessions
• 1 mental health providers course
• 40 participants
Due to COVID-19 training was re-developed to suit an online delivery model which included two self-paced learning modules and an online zoom session.

ABORIGINAL LIAISON OFFICER
Our Aboriginal Liaison Officer, Mitchell Beggs-Mowczan, provides support, training and cultural guidance to our organisation and to practices across our region. Mitchell is a Wiradjuri man who was born and raised on Dharug land. Mitchell has worked in Aboriginal Health for 11 years and is currently completing a Bachelor of Community Services.
• 181 practice interactions including physical visits, zoom and phone calls
Find out more: www.nbmphn.com.au/AboriginalHealth

BREATH OF FRESH AIR CAMPAIGN
Our Breath of Fresh Air Campaign continued into the second half of 2020 to further create opportunities for change in Aboriginal communities around tobacco use.
• 4 social media ads to coincide with Reconciliation Week 2020
• 1,233,299 Facebook impressions
• 57,085 Facebook reach
• 74,563 clicks
• 247,060 video views
Find out more: www.nbmphn.com.au/BOFA

GWHS ABORIGINAL PSYCHIATRY CLINIC
We partnered with the Greater Western Aboriginal Health Service (GWABS) in Penrith to co-design and commission a specialist psychiatry clinic for Aboriginal and Torres Strait Islander peoples. This service commenced in January 2021.
• 12 full day clinics
• 80 patient consultations
• 47 new patients
Find out more: www.gwahs.net.au

HIGHLIGHTS
Raising Awareness of Reconciliation in our Community
In June, we acknowledged Sorry Day and celebrated National Reconciliation Week by hosting a special event for our staff and office neighbours to attend.
We wanted to raise awareness of the importance of coming together as a community to listen, learn, understand and further our journey towards Reconciliation. The event attracted over 180 people who gathered to listen to incredible stories and to learn more about Aboriginal and Torres Strait Islander culture and history.
We were honoured to welcome a number of guests including Melissa Stublings, Amity Bille Chaffield, Jessey McKeilns and our own staff member Maha Jedhom, who all spoke about their own experience with Reconciliation. Chairman of the Wentworth Healthcare Board, Dr Tony Rombola, also discussed how our organisation works collaboratively with local Aboriginal and Torres Strait Islander communities to design, develop and fund services that improve access to health and wellbeing services for Aboriginal peoples in our region.
These cultural experiences are important steps for our organisation in taking action towards Reconciliation.

MORE THAN A WORD
“Reconciliation Australia’s theme for 2021 is More than a word. Reconciliation takes action, urges the Reconciliation movement towards braver and more impactful action. We believe that Reconciliation is everyone’s responsibility and actively engage employees in continuous cultural immersion and learning opportunities to increase their understanding and appreciation of Aboriginal and Torres Strait Islander culture.
I am looking forward to the outcomes that are achieved across the coming years as we continue to work towards Reconciliation with our Aboriginal community.”
— Dr Tony Rombola, Board Chair

I Choose Fresh Air Initiative – WSABE Finalist
In September, we were excited to have our Breath of Fresh Air initiative named as a finalist in the Western Sydney Awards for Business Excellence (WSABE) Arts and Culture category. The campaign, funded by Cancer Institute NSW, was developed to create opportunities for change in Aboriginal communities around tobacco use.
The campaign was co-designed with Aboriginal people in our region who strongly reinforced that the smoking cessation initiative needed to find a positive approach – as opposed to negative or fear-based campaigns – and draw upon the links between mind, body, spirit and culture. We partnered with Aboriginal companies 33 Creative and Blacklock Media to develop the campaign using storytelling and art-based visual messaging. Adopting the tag line I Choose Fresh Air the campaign used holistic wellbeing, culture and connection to country as the motivation to reduce smoking.
We acknowledge and thank the members of our local Aboriginal communities who shared their personal stories related to smoking for this campaign including ambassadors Tai Tuivusa, Tyran Liddiard, Krystal Mervin and Donna Jory.
I Choose Fresh Air is an example of what can be accomplished through community partnerships and our commitment to improving the health of Aboriginal and Torres Strait Islander Peoples.

Kate Tye, Mitchell Beggs-Mowczan, Bess Bosman and Sam O’Vear representing Wentworth Healthcare at the WSABE Awards.
COMMUNITY ENGAGEMENT
Our staff regularly participate in community and cultural events across the region. This helps us to build relationships with local Aboriginal communities and to identify some of the barriers Aboriginal people face in accessing health services.

- Aboriginal Liaison Officer regularly attends Village Cafés to connect with Aboriginal and Torres Strait Islander community members
- 2 staff invited to participate in National 715 Health Check video campaign
- 8 staff volunteered at NAIDOC Cup Hunters Field, helping to coordinate a day of sport and culture for 800 Aboriginal children
- 19 staff volunteered to coordinate our Reconciliation event which was attended by 120 people

Find out more: www.nbmphn.com.au/AboriginalHealth

DEADLY DREAMING
This 10-week early intervention cultural program for young Aboriginal & Torres Strait Islander peoples is delivered in high schools and at Cobham Juvenile Justice Centre, offering support for mental health and addiction concerns.

- 15 schools
- 135 brief assessments
- 291 young people assisted
- 9 clients at Cobham Juvenile Justice Centre

Find out more: www.nbmphn.com.au/DeadlyDreaming

INTEGRATED TEAM CARE – CLOSING THE GAP
This program helps Aboriginal & Torres Strait Islander peoples with chronic health conditions to access better healthcare, cheaper medicines and culturally appropriate care coordination and support. We commission Nepean Community & Neighbourhood Services to provide this service.

- 381 people assisted
- 108 new patients
- 27,462 care coordination services
- 1,890 occasions of service by outreach workers

Find out more: www.nbmphn.com.au/ClosingtheGap

SOCIAL EMOTIONAL WELLBEING LINK WORKER PROGRAM
The Social Emotional Wellbeing Link Worker is based at Greater Western Aboriginal Health Service and provides culturally appropriate support and holistic care to people with complex mental health and addiction concerns. The Link Worker provides both direct support and linkage to other services including the Penrith Community Hub (WHOS) for drug and alcohol recovery day programs.

- 64 people assisted

Find out more: www.nbmphn.com.au/LinkWorker

See more about WHOS and Marrin Weejali Collaboration in Addiction Support on page 26

Growing Community Connections at Village Café
The Village Café is a fortnightly pop-up café that offers older residents the opportunity to improve social connection and engagement with services that support their health and wellbeing. This innovative, community-based project was initiated in 2018 in response to an identified need in North St Marys, where older people were presenting at hospital with preventable health issues and had particularly low rates of health screening. Since the success of the St Marys program, there are now two additional locations including Kingswood and Llandilo.

Each event is unique and tailored to the community in which it is being run. Village Café events are a great opportunity for local community members to meet other residents but also health workers and other service providers. Our Aboriginal Liaison Officer regularly attends the Village Cafés to connect with Aboriginal and Torres Strait Islander community members and help them with appropriate services.

This is a joint initiative, led by Penrith City Council, and involving Wentworth Healthcare, Sydwest Multicultural Services, Repean Blue Mountains Local Health District, Medicare, Repean Community & Neighbourhood Services, Lifefind, Unting and Penrith Women’s Health Centre.

HIGHLIGHTS

10th Annual NAIDOC Cup
On Friday 16 June, after being delayed due to COVID-19, our region was finally able to host the 10th annual NAIDOC Cup at Hunters Field in Emu Plains.

This annual event is a free, combined school event for Aboriginal and Torres Strait Islander primary school students and is held to give younger children an opportunity to celebrate and learn more about their culture.

This year numbers had to be limited due to COVID-19 however, this didn’t dampen the excitement and the spirits of the 800 children from 14 different schools who participated in the sporting and cultural activities on offer.

The students were greeted with a special Welcome to Country and traditional smoking ceremony performed by local Aboriginal elders, and then competed in sporting events such as Oztag and Netball. Our own Aboriginal Liaison Officer, Mitchel Beggs-Mowczan, again assisted this year in keeping the competition scores and led the efforts of eight volunteers from our PHN.

The younger children had the opportunity to participate in many Aboriginal and Torres Strait Islander cultural events like storytelling, song, dance and art activities.

This wonderful event is supported by many local organisations, including Nepean Community & Neighbourhood Services, Westfield (Penrith), Australian Unity, Community Junction, Information Cultural Exchange, Lonsa International, Glenmore Park High School and Padstow High School, and we are proud of our contribution to the events success.

Working to Close the Gap
The following Case Study is an example of how the Integrated Team Care program recognises that connection to country and culture is important for the health journey and seeks to assist people holistically.

May grew up in Penrith and in 2017 was diagnosed with cancer and was referred to Integrated Team Care (ITC) via the Nepean Hospital Cancer Clinic. In the time working with May, the ITC team spent many days, weeks and months supporting her through her treatment including undertaking operations, chemotherapy, radiation, and weekly GP appointments. During this time May gave up alcohol and she has now been cancer free for four years.

At her request and with the help of ITC, May has since been reconnect with her mob and has been back home to see her country in Moree. She told the service that after her trip back to her country, and after walking in the local area’s waterhole, she felt a sense of healing in her body. She was able to visit a sacred war tree on Mungindi Mission and she and her nephew sat with Elders to discuss their family tree.

*Name changed to protect client identity.

National 715 Campaign
This year we were proud to contribute to a national video campaign promoting the importance of culturally safe health services and encouraging 715 Aboriginal Health Checks. The objective of the video, produced by 33 Creative, was to encourage Aboriginal Health Assessments within the Aboriginal and Torres Strait Islander community, highlighting that early intervention is important for long-term health. Our Aboriginal Liaison Officer Mitchel Beggs-Mowczan was invited to participate in the project along with Manager Primary Care Initiatives, Tracy Kane-White, a local practice nurse Julie Chiu and community member, Tristan Davison.

Mitch was also invited to be involved in an hour-long Aboriginal Men’s Health podcast, hosted by NITV personality, Danny Twee Johnson. The podcast highlighted the importance of creating culturally appropriate healthcare services so that Aboriginal and Torres Strait Islander peoples can feel safe, understood and respected when accessing services like the 715 Health Check.

Watch:
www.youtube.com/watch?v=IAq7DCs-Euw

Each year, we provide integrated team care, culturally appropriate support and holistic care to people with complex mental health and addiction concerns. The Link Worker provides both direct support and linkage to other services including the Penrith Community Hub (WHOS) for drug and alcohol recovery day programs.

Find out more: www.nbmphn.com.au/LinkWorker

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*Name changed to protect client identity.
Priority Area: ADDICTION SUPPORT

Alcohol is the most common drug of concern for people seeking treatment for substance use.

The number of people seeking help for issues with prescription opiate medications continues to increase.

Methamphetamine related hospitalisation rates are improving:
- 113.3 per 100,000 people (2018-2019)
- vs 134.9 per 100,000 (2017-2018)

1,400+ people assisted

781 interventions for young people delivered

374 young people received individual counselling sessions

276 group sessions delivered both face-to-face and online
AFTERCARE AND RELAPSE PREVENTION

A support program to prevent relapse which includes intake, assessment, treatment planning and weekly SMART recovery groups, over a period of six months. The program is delivered by ONEBRTC in Kingswood with outreach to Hawkesbury, WHOS at Penrith, and by Lives Lived Well at Dianella Cottage for Katoomba and Lithgow.

- 234 clients assisted
- 556 SMART recovery group sessions conducted

Find out more: www.nbmphn.com.au/AddictionSupport

DIANELLA COTTAGE

Dual diagnosis mental health and drug and alcohol day rehabilitation program for adults run by WHOS in collaboration with Marrin Weejali.

- 348 people assisted
- 1,887 occasions of service
- 222 group sessions conducted


PENRITH COMMUNITY HUB

Alcohol and drug day rehabilitation program for adults run by WHOS in collaboration with Marrin Weejali Aboriginal Health Corporation.

- 76 clients assisted with 37% identifying as Aboriginal or Torres Strait Islander
- 2,701 occasions of service including face-to-face and telehealth during lockdown
- 158 groups delivered face-to-face and online with an average of 11 clients per group
- 32% reduction in severity of dependence scores
- 26% reduction in depression and anxiety scores

Find out more: www.nbmphn.com.au/WHOSHub

PENRITH STREET UNIVERSITY

The Street University program is designed for young people aged 15 – 24 years and provides a free community space that embraces their art, music and culture while providing early intervention support services for addiction and mental health issues.

- 991 young people attended the centre
- 643 brief assessments conducted
- 253 full assessments conducted

Find out more: www.nbmphn.com.au/StreetUniversity

EARLY INTERVENTION OUTREACH PROGRAM

Mobile outreach across all 4 Local Government Areas:

- 199 interventions delivered
- 203 young people received individual counselling sessions
- 12 group sessions
- 77 young people were referred to school counsellors

Find out more: www.nbmphn.com.au/StreetUniversity

PENRITH STREET UNIVERSITY Celebrates 1 Year

In April, we joined the Ted Noffs Foundation CEO, Matt Roff, Chief Operating Officer, Mark Ferry, and the broader Ted Noffs team to celebrate one year of operation for the Penrith Street University. The service’s official launch celebrations had been cancelled in 2020 due to COVID-19 restrictions.

Penrith Street University (Street Uni) is an innovative youth service that provides a free community space and uses a diverse range of artistic, cultural and educational programs (called “hooks”) to engage difficult to reach young people. This unconventional health setting provides counselling and treatment support to young people who traditionally find it difficult to engage with services. The Street Uni is one of seven located across the country and delivers a significant decrease in drug use and crime while increasing mental wellbeing.

During the pandemic, the service continued to support local young people through an online service model called Street University LIVE. This online platform with live chat, video and audio streaming was only accessible to staff and clients. It became a life-line for many young clients helping them maintain connections with their peers, access information and continue to participate in treatment.

The Street Uni is also home to Deadly Dreaming, an early intervention program for Aboriginal and Torres Strait Islander high school students delivered in each of our local government areas. The Program offers connection to culture activities, Deadly Thinking suicide prevention workshops, mental health and addiction support. He program assists young people who have, or are at risk of developing, drug-related problems, poor school attendance, behavioural issues or are in contact with the juvenile justice system. Deadly Dreaming is also delivered at Cobham Youth Justice Centre.

"While we are proud of our service, I get to see patients regularly and by doing so I get to see changes in their behaviour and see them resolving their issues and finding purpose and meaning in life. It is difficult to treat this cohort of patients, but the rewards can be quite amazing. Positive results can impact the family and children of a patient in a way that can last through a generation.”
— Dr Tony Kawolka, Hawkesbury GP and Interim Ted Noffs Healthcare Board Chair

“WHOS is the provider of drug and alcohol treatment services ranging from assessment referral, to case management or group work. People can refer themselves or be referred by an external provider. WHOS operates the WHOS Hub Penrith in partnership with Marrin Weejali Aboriginal Corporation. We are now showing around about 40% of all our client group identifying as being of Aboriginal or Torres Strait Islander descent. Marrin Weejali provide for us two Aboriginal Drug and Alcohol workers so that we are able to ensure that our services are culturally appropriate.”
— Gerard Byrne, WHOS Hub Penrith

HIGHLIGHTS

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"After 13 years of being involved in drug and alcohol services through general practice, working with these patients has become one of the highlights of my week.

I get to see patients regularly and by doing so I get to see changes in their behaviour and see them resolving their issues and finding purpose and meaning in life. It is difficult to treat this cohort of patients, but the rewards can be quite amazing. Positive results can impact the family and children of a patient in a way that can last through a generation.”
— Dr Tony Kawolka, Hawkesbury GP and Interim Ted Noffs Healthcare Board Chair

Current and former Wentworth Healthcare staff Daniele Muscat, Olga Christine and Melanie Wright.
Priority Area: DIGITAL HEALTH

90% of general practices use digital technology

91% of general practices have secure messaging capability (compared to 85% in 2020)

94% of general practices using digital technology are registered to use My Health Record

84% of pharmacies are e-script ready

77% of general practices are using e-scripts

78.6% of eligible practices use PENCS* to improve patient care

561 activities by Practice Support regarding digital health

*The PEN CS Clinical Audit Tool, or PEN CAT as it’s commonly referred to, is a clinical audit tool that allows practices to analyse data, devise the necessary strategies to improve patient care and report on quality improvement activities undertaken by the practice.
SUPPORTING THE UPTAKE OF DIGITAL HEALTH

Our Practice Support team supports the uptake of digital health in general practice to improve healthcare access, continuity of care, collaboration between providers and patient outcomes. Our Digital Health Strategy 2018-2021 acknowledges the variation across our region in digital health literacy, maturity of digital adoption, appetite for change and other challenges presented by location, service provision and patient need.

- 561 activities by Practice Support regarding digital health

DATA ANALYSIS SUPPORT

Data is a tool that can drive process change across many levels to improve patient health outcomes. As part of our Population Health, General Practice Engagement and Digital Health Strategies we provide the PENCs suite of clinical audit tools to practices in our region at no cost. Our Practice Support team supports practices to use these tools to improve patient care through data analysis and quality improvement initiatives.

- 90.7% of digital practices use PENCs
Find out more: www.nbmphn.com.au/DataAnalysis

LUMOS

LUMOS is a partnership initiative between NSW Health and PHNs that assists practices to gain a greater understanding of their patients’ journey across the health system. LUMOS securely links encoded data from general practices to other health data in NSW including hospital, emergency department, mortality, ambulatory and others. Linking information about the healthcare people receive, helps GPs understand what patients need, where and when, and allows better decisions for managing population health and patient care.

- 17 practices participated
Find out more: www.nbmphn.com.au/LUMOS

MY HEALTH RECORD

Our Practice Support team assists general practice to effectively use My Health Record (MHR). Using MHR provides opportunities to improve access to services, increase health provider collaboration and facilitate the delivery of safe, high quality and effective patient care, which can saves lives.

We were contracted by the Australian Digital Health Agency to work with general practice; pharmacy and specialist practices to expand the use of MHR in our region.

- 85% of digital practices are registered to use MHR
- 34,176 Shared Health Summaries uploaded (increased from 21,087 last year)
- 132,989 documents viewed (increased 51.2% from last year – 87,957 views)
- 87% of pharmacies registered to use MHR
- 84% of pharmacies are e-script ready – all pharmacies in the region were contacted regarding their digital health readiness and e-prescribing status
- 77% of general practices are using e-scripts
- 70% of general practices upload prescriptions to MHR
- 75% of general practices are ‘e-requesting for pathology’ enabled and 60% of these are using e-ordering with pathology labs
- 80% of specialists have been contacted to discuss MHR and sent the Specialist Digital Health Kit

HIGHLIGHTS

Stafford Street Medical Home Telehealth Support

Telehealth has enabled many practices to assist patients during COVID-19 lockdown periods and has proven to be an essential video conferencing tool for many health professionals. Our Practice Support team held multiple sessions with practices in our region to assist them in implementing telehealth through the healthdirect platform. Telehealth ensured continuity of care for many patients during the challenging times of lockdown and increased community transmission.

“I just want to give you both some feedback on the success of launching of healthdirect here at Stafford St Medical Home. The ease of use was quite surprising, and everyone is set up in the practice to use it. Our patients are finding it easy to connect as well. I’d like to thank you both (Michael and Teena) for the thorough training and wonderful support that was provided, and continues to be provided. It is much appreciated.”
— Stafford Street Medical Home

Supporting the Utilisation of Digital Health to Improve Continuity of Care

As part of the COVID-19 vaccine roll-out, the use of My Health Record and accessing the Australian Immunisation Register (AIR) through Provider Digital Access (PDQA) became important for one practice in Penrith. The GP at this practice underwent training for My Health Record and is now confident in incorporating the service into their workflow. As a result of this success, this GP further engaged with our Practice Support team to improve their digital health literacy and to implement telehealth services. This GP wanted to reduce face-to-face appointments and improve access to care for their patients during times of heightened uncertainty, by providing the best patient care possible through digital health tools.
Priority Area: DISASTER MANAGEMENT

74,500+ emails sent to healthcare providers and local politicians with updates on COVID-19 response activities

120,000+ masks delivered to healthcare professionals

28,459 people assessed and tested for COVID-19 through 3 GP-led Respiratory Clinics

94 vaccination clinics established

4,000+ properties affected, 600+ homes damaged and 40+ homes destroyed in March floods

79 Bushfire Community Wellbeing Grants funded worth almost $350,000

3,374 Practice Support team activities across 139 practices

Image from @HawkesburyFloodStatisticsUnit Facebook page.
Our commitment to strengthening the role of primary healthcare in disasters was further cemented this year by introducing Disaster Management as a key priority area within our Strategic Plan 2019-2024. We employed a new full-time Disaster Planning Coordinator who led the development of our new Disaster Management Framework that underpins the organisation’s comprehensive approach to building the capacity of primary healthcare during disaster and improving access to health services for the community; and ensuring primary healthcare perspectives are considered in disaster management.

COVID-19

Our role in responding to COVID-19 has continued to evolve to address the changing needs of our region’s healthcare professionals. This year, this work was dominated by the roll-out of COVID-19 vaccinations into primary care. During the vaccination roll-out and through the peaks and troughs of case numbers, our focus has been on supporting the primary healthcare workforce to ensure the health and safety of staff, the continuity of patient care and the protection of our community against COVID-19.

SUPPORTING THE PRIMARY HEALTHCARE RESPONSE

We have continued to play a vital role in coordinating the communication between primary and acute care services, government and front-line primary care professionals. During the challenges of COVID-19 vaccination roll-out and lockdown periods, we have supported general practice and allied health providers as well as the community, by providing them with the latest information and resources. Key achievements include:

- 28,459 people assessed and tested for COVID-19
- 93 COVID-19 specific email blasts sent to general practices (over 64,000+ emails) and 23 email blasts sent to allied health (over 5,500+ emails) and 1,000+ emails sent to local politicians with updates on COVID-19 clinical and business information
- 61,300+ website page views of COVID-19 related information
- 15 individual website pages related to COVID-19, updated and maintained at least weekly
- 249 social media posts relating to COVID-19
- 3,374 Practice Support team activities (emails, phone calls and appointments) across 139 general practices assisting with telehealth implementation, Quality Improvement Practice Incentive Payment changes, flu clinics, HealthPathways, mask deliveries and gathering feedback on practice closures, changes and support needs
- 120,000 masks delivered to general practices, allied health, pharmacy and Aboriginal health services
- 100,000 COVID-19 specific social media posts relating to COVID-19

SUPPORTING THE VACCINATION ROLL-OUT

In March, the roll-out of COVID-19 vaccinations into general practice began as part of Phase 1b of the Federal Government’s Vaccination Roll-out Strategy. We worked closely with the Department of Health, our practices and our Local Health District to roll-out vaccinations as quickly as possible. In the early phases of the roll-out, limited vaccination supply, changing recommendations from the Australian Technical Advisory Group on Immunisation (ATAGI) and changes to eligibility criteria, from both federal and state governments, made this a challenging time for general practices. Our HealthPathways, Practice Support and Communications teams were pivotal over this period, ensuring that general practices had the most up-to-date information possible to provide the most appropriate clinical care to patients.

- 3 GP-led Respiratory Clinics assisted to become vaccination hubs in addition to continuing to test for COVID-19
- 91 general practices assisted to deliver COVID-19 vaccinations

HealthPathways: Leading the Development of COVID-19 Vaccination Pathways

Our HealthPathways GP Senior Clinical Editor, Dr Alexandra Williams (supported by Dr Kate Brunton) served as both the Clinical Editor from Western Victoria HealthPathways, Dr Williams and our HealthPathways team, worked closely with the Department of Health, our practices and our Local Health District to roll-out vaccinations as quickly as possible. In the early phases of the roll-out, limited vaccination supply, changing recommendations from the Australian Technical Advisory Group on Immunisation (ATAGI) and changes to eligibility criteria, from both federal and state governments, made this a challenging time for general practices. Our HealthPathways, Practice Support and Communications teams were pivotal over this period, ensuring that general practices had the most up-to-date information possible to provide the most appropriate clinical care to patients.

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- 15 individual website pages related to COVID-19, updated and maintained at least weekly
- 249 social media posts relating to COVID-19
- 3,374 Practice Support team activities (emails, phone calls and appointments) across 139 general practices assisting with telehealth implementation, Quality Improvement Practice Incentive Payment changes, flu clinics, HealthPathways, mask deliveries and gathering feedback on practice closures, changes and support needs
- 120,000 masks delivered to general practices, allied health, pharmacy and Aboriginal health services

Supporting Vulnerable Patients

The COVID-19 Vaccination Roll-out in our region continued to prioritise the vaccination of vulnerable populations including elderly patients living at home, those with a disability living in Supported Independent Living (SIL) accommodation or in a family home, and Aboriginal and Torres Strait Islander communities. Key activities this year included:

- helping facilitate GP home vaccination visits for those living at home, both elderly and those with a disability, who could not visit a vaccination clinic
- acting as a conduit between the Department of Health, vaccine providers and SIL accommodation providers, helping organise vaccination of residents with disability
- organising several vaccination clinics specifically for Aboriginal and Torres Strait Islander communities

“Thank you so much for organising for my Mother to get her first Covid-19 Vaccination. The doctor came out this morning and his surgery is booking Mum in for her 2nd vaccination in 6 weeks. We are both so relieved and grateful that you were able to help us and so quickly. We thought we would probably have to wait a while, so was pleasantly surprised that all was arranged in such a short time. Such a relief to have to not worry now being the sole carer for my Mum, one less thing to have on my mind. So again, thanks heaps for your help so much.”

— Carer of lounge-bound patient

New Zealand (THANZ), NBMLHD Haematology, and the NBMLHD and St John of Gods Heads of Emergency. Crucially the involvement of the Emergency Department Heads highlighted the key role that the HealthPathways program plays in integration between the public health and the primary care systems in our region.

Find out more:
www.nbphn.com.au/HealthPathways

See more on HealthPathways in Population Health on pages 60 and 61

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Supporting Residential Aged Care Facilities

Primary Health Networks were brought on board to assist the Federal Government’s COVID-19 Vaccination Roll-out into Residential Aged Care Facilities (RACFs) in February 2021. We acted as a conduit between the Department of Health, vaccine providers and RACFs, helping organise the timely vaccination of residents. Our region was one of the first in NSW to complete their RACF vaccination clinics.

- 28 RACFs in our region had completed their vaccination clinics for residents by 20 May 2021, with all residents being given the opportunity to be vaccinated
- As of 30 June 2021, 84.5 % of our regions RACF residents were fully vaccinated

CONSULTATION AND ENGAGEMENT WITH KEY STAKEHOLDERS

- 100+ NBLHD Incident Management Team COVID-19 teleconferences attended, enabling the sharing of information and issues across primary and acute care
- 23 meetings held across our GP Clinical Council, Allied Health Clinical Council and Community Advisory Committee which helped guide our response
- 13 COVID-19 specific email blasts sent to federal and state MPs and local councils giving updates about our response
- acted as a point of contact for both state and federal MPs seeking specific vaccine information to respond to the concerns of the community and health professionals
- regular teleconferences with the Department of Health and key stakeholders to improve the integration of care for COVID-19 patients and advocated for ongoing telehealth usage in primary care

SUPPORTING CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

We commissioned the Nepean Multicultural Access (NMA) to develop a program to address increased social isolation and loneliness in culturally and linguistically diverse communities in our region, as a result of COVID-19 lockdowns. The Arts+Health Program involved participants aged 26-70 years of age from diverse cultures. The service established a dedicated team of clinicians, artists and community development professionals to explore culturally appropriate and creatively intersectional methods to alleviate social isolation and encourage better mental health outcomes. A workshop model was developed and offered throughout 2021.

- 10 culturally and linguistically diverse communities engaged and consulted
- 11 culturally and linguistically diverse artists engaged and consulted
- 71 people attended a ‘Care for your Wellbeing’ presentation
- 95% of participants enjoyed the program
- 62% of people felt more connected with others after participating in the program
- 62% strongly agreed participation improved their wellbeing
- 62% of participants would continue to make art to care for their wellbeing

HIGHLIGHTS

Arts+Health: Combating Social Isolation in Culturally Diverse Communities

In 2020, the Nepean Multicultural Access (NMA) was commissioned to provide services to culturally and linguistically diverse communities in our region to address increased social isolation and loneliness as a result of COVID-19 lockdowns. NMA underwent extensive consultation with diverse communities and as a result, established the Arts+Health Program to explore culturally appropriate and creatively intersectional methods to alleviate social isolation and encourage better mental health outcomes.

The Program involved participants aged 26-70 years of age with diversity across the spectrum being welcomed and respected in a safe space. The service established a dedicated team comprised of clinicians, artists, and community development professionals to work with culturally and linguistically diverse participants. A workshop model was developed and offered throughout 2021. After participating in the workshops, participants reported feeling less socially isolated and were able to speak with a counsellor or were directly referred to appropriate mental health services.

FLOODS

In March 2021, our region experienced a once-in-80-year flooding event, with major flooding of the Hawkesbury River, and moderate flooding of the Nepean River. More than 18,000 residents were forced to evacuate the rising flood waters, with over 1,000 flood rescues being conducted. This was coupled with sustained heavy rainfall across the region, caused landslides and road closures. With bridges closed and a landslide closing Bells Line of Road, many suburbs in the Hawkesbury were completely isolated and cut off, with no road access to a hospital or other urgent or specialised medical care, for several days. Eventually all four of our Local Government Areas were declared disaster affected.

Throughout the floods we worked closely with our Local Health District and local general practitioners to ensure the community had access and continuity of care, particularly for those in the community who were unable to access their usual GP or pharmacy services.

- Flood waters peaked at 12.9 metres at Richmond and 10 metres at Penrith and Windsor
- 4,000+ properties flood affected
- 600+ homes damaged
- 40+ homes destroyed
- 30 suburbs completely cut off for days, with no access to hospital and specialised medical services

SUPPORTING GENERAL PRACTICES

We utilised our Disaster Preparedness Plans and responded by providing support on a community level to the general practices that remained open in North Richmond and Kurrajong. We coordinated with the Local Health District and liaised with pharmacies to ensure they had sufficient supplies and access to appropriate digital health services.

We mobilised non-flood affected general practices to step forward and offer patient consultations via telephone to residents who could not access their usual general practice due to the flooding.

The week of the flooding also marked the launch of COVID-19 vaccination into general practice. We assisted in the coordination of vaccination transfers where general practices were flood affected or where stable power supply was an issue.

Finally, we communicated and shared information directly with general practices, allied health professionals and community stakeholders (such as MPs) on the local arrangements in place for flood and storm affected areas.
COMMUNITY RECOVERY

BUSHFIRE COMMUNITY WELLBEING GRANTS

As part of the Federal Government’s Supporting the Mental Health of Australians Affected by the 2019/20 Black Summer Bushfires package, Primary Health Networks were provided with funding to support the mental health, wellbeing, resilience and recovery of communities through initiatives such as Community Grants.

Community connection and cohesion is vital for community recovery during and after times of adversity. Our Bushfire Community Wellbeing Grants have focused on grass roots community-led initiatives that bring people together and allow them to choose their own way to respond to the loss, anxiety and distress they have experienced.

- 113 grant applications
- 79 grants funded
- nearly $350,000 invested across 1K and 10K grants

BUSHFIRE COMMUNITY WELLBEING GRANTS CASE STUDIES

Megalong Makers

MEGALONG VALLEY COMMUNITY AND LANDOWNERS ASSOCIATION (AUSPICOR)

In April, the Megalong Makers event was held and was a huge success with 17 local stall holders attending, offering a variety of products, services and information for the community to enjoy. Community members acknowledged that the event brought everyone together, particularly as it occurred just after the region was affected by flooding and landslips. One resident commented that they had met their neighbour for the first time in four years.

High Tea and First Aid

HAWKESBURY COMMUNITY OUTREACH SERVICE (AUSPICOR)

Kim Crambrook was granted a micro-grant of up to $1,000 to host a High Tea and First Aid information session for 20 mothers at Hawkesbury Community Outreach services to help new mothers connect. One event attendee, Lea, said her daughter was born in the peak of the bushfires and just before COVID-19 which meant that she felt isolated and meeting other new mothers was a challenge.

“Very quickly had no access to all the regular places you would meet other new mums like myself. I lost confidence in seeking out other mums and children. Attending this community event gave me the confidence to start attending regular playgroup. My daughter and I attended our very first session the following week where I met some lovely local mothers, and she had fun mixing with some local children.”

- Lea, event participant

EMPOWERING OUR COMMUNITIES

The Wellbeing Grants to Support Farming Communities program started in January 2019. It funded community-led initiatives to support the wellbeing and mental health of farmers, families and communities affected by drought. Activities ranged from art therapy groups, live performances, musters, community gardens, social events, wellbeing workshops and more. The program was due to end in June 2020 but due to the impacts of COVID-19, many projects and initiatives were extended.

- 92 grant applications
- 37 successful grants
- $1,200,000+ invested

Find out more:


PORTLAND TRUSTED ADVOCATE NETWORK PROGRAM

Through the Empowering our Communities program, we were able to bring the Primary Health Networks to trial the pilot Trusted Advocate Network initiative in drought affected communities.

Trusted Advocates are trusted members of the community that may have a lived experience of mental illness or demonstrated resilience in dealing with adversity, who are called upon to support others in their community in times of need.

We identified, and are in the process of training, 10 Trusted Advocates within the Portland community near Lithgow and have commissioned Lifeline Central West to provide these individuals with the training needed. To date, they have received Gatekeeper Training and access to Mental Health First Aid and/or Accidental Counsellor training.

These advocates are encouraged to support and provide information to those in need in their local community. This includes providing information about online, face-to-face and self-help mental health and emotional supports, and referral pathways.

WELLBEING GRANTS SUPPORT FARMING COMMUNITY CASE STUDIES

Bilpin – Our Stories

KURRAJONG HEIGHTS BOWLING CLUB

One year after Black Summer Bushfires, the Bilpin community came together for a unique opportunity to tell their stories of the endless drought and horrifying bushfires through the Bilpin – Our Stories initiative. This project was a unique opportunity for people to engage with one another around a shared experience. They did this with enthusiasm, joy and a cathartic release of pent-up anxiety according to Helen Foulis, who experienced the loss of her house at Tutti Frutti Bilpin. The project reminded the community of their individual spirit, strength, toughness and flexibility.

“Having had major flooding events in the weeks prior to the event, the only access road was closed due to being washed out. This made us even more determined to ensure there was something for the community to look forward to. Thank you so much for making this possible. The benefits were even greater than initially hoped for and are still being talked about. New friendships and connections have been formed.”

- Event Coordinator, Caroline VoLone

Mid Mountains Community Garden

BELONG BLUE MOUNTAINS

The Feel Good, De-Stress, Grow Veggies project promoted mental health and wellbeing by assisting the community to develop skills to grow food both together and at home, receive training in mental health skills and improve safe access to their garden.

COVID-19 restrictions throughout the project resulted in fewer participants than planned, however the project was still able to conduct weekly working bees, Mental Health First Aid Training workshops, various workshops on topics such as Worm Farming, Tool Maintenance, a two-part Therapeutic Horticulture course, open days and the completion of works that improved access to the garden. The weekly working bees and assorted workshops provided a place for community members to come together, reducing the impacts of social isolation particularly throughout COVID-19 restrictions. Project Lead, Kerrin Pollock, said that participants appreciated the chance to come together and the opportunity to learn something new.

Responses to a survey distributed after the events reported that 76% of people reported an improvement in their wellbeing as a result of engaging in the activity.

“I've learned so much today and now I know what we'll be doing when we get home - we need to make some changes to the worm farm!”

- Participant of the worm Farming workshop

“Being able to learn these skills on my own tools has made it all seem so easy. I'm going to go home and clean the rest of my tools.”

- Tool Maintenance Workshop participant

“I feel like some of the things we've discussed here will help me get my friends involved more in gardening.”

- Therapeutic Horticulture Course participant

“This event helped us to stay connected with other Lawson Public School families over the summer.”

- Lawson Public School Police Open Day attendee

“This was so helpful as we didn't know many school families. Thank you for organising!”

- Lawson Public School Police Open Day attendee

Watch: Bilpin – Our Stories at

https://youtu.be/2wBhxQ_87jg

“Trusting Advocates are trusted members of the community that may have a lived experience of mental illness or demonstrated resilience in dealing with adversity, who are called upon to support others in their community in times of need.”

- Event Coordinator, Caroline VoLone
Priority Area: **HEALTHY AGEING**

- **29** Residential Aged Care Facilities (RACFs) in our region providing **2,530** beds
- **118** GPs provide clinical care to RACFs in our region
- Older people living alone are **50%** more likely to access emergency care services and **40%** more likely to have more than **12 GP appointments** per year
- **32** Community Connectors trained
- **1,450** occasions of service through WiseMind
- **570+** services listed on My Health Connector website
- **225** people assisted through WiseMind
- **225** occasions of service through WiseMind
- **225** people assisted through WiseMind

The Remakery at Hawkesbury.
HAWKESBURY SOCIAL CONNECTEDNESS PROJECT
This pilot project was designed to reduce isolation and loneliness in Hawkesbury through the implementation of a Compassionate Communities model. Firstly, the project implemented Community Connectors (trained nurses) in general practice that work with older people to improve their social connections. Several Health Connectors reported they had been successful in strengthening social connections for older people in their practice and saw the potential benefit for the initiative in the longer-term. Secondly, the project established Community Connectors and Community Connector Points run by community members to support local networks.

- 46 individuals assessed and assisted by Health Connectors. Most individuals were seen on two occasions with several requiring more frequent contact
- 7 Community Connector Points established with community organisations
- 32 Community Connectors trained
- A video was developed to promote the project and demonstrate the importance of social connection for older people

The Australian Health Services Research Institute (AHSRI), University of Wollongong who evaluated the pilot reported that...

“Most stakeholders agreed that the project strengthened local service networks and had improved older peoples’ social connections.”

Watch video at: https://youtu.be/GN8bgZ6s4oo
Find out more: www.nbmphn.com.au/ImprovingSocialConnection

SOCIAL CONNECTEDNESS THE BLUE MOUNTAINS AND PENRITH
As a part of the Australian Government mental health response to the COVID-19 pandemic, we expanded the Social Connectedness for Older People initiative into the Blue Mountains and Penrith. This initiative supports older people who may be experiencing social isolation and/or loneliness by promoting connections to services and supports to improve their mental health and wellbeing.

- 10 practice nurses trained in 7 practices to become Health Connectors with additional mental health training provided
- 100 interactions by Health Connectors with older people to assist them in finding social connection and support in their community
- 32 community connectors trained in Penrith to assist older people find support in their local area

Find out more: www.nbmphn.com.au/ImprovingSocialConnection

MY HEALTH CONNECTOR WEBSITE
A free online directory to help older people improve their social connections.

The website supports Health and Community Connectors to sign-post people to available support but can also be used directly by the community.

- 570+ services listed on the directory
- 19,160 page views
- 7,765 sessions by 6,263 users
- 81 enquiries from the directory were sent to services and organisations

The website lists services in the Blue Mountains, Hawkesbury, Lithgow and Penrith.

Find out more: www.myhealthconnector.com.au

Watch video at: https://youtu.be/GN8bgZ6s4oo

HIGHLIGHTS
Social Connectedness for Older People in Our Region
Research shows that people living without adequate social connections, particularly in later life, face increased risks of poor mental health and wellbeing, which can negatively impact their physical health. Older people who are lonely are 80% more likely to use emergency services and 40% more likely to require more than 10 GP appointments per year.

In 2020 we commenced the Social Connectedness for Older People initiative in the Blue Mountains and Penrith as a part of the Australian Government mental health response to the COVID-19 pandemic. This was in addition to the funding received to implement a two-year project focused on reducing social isolation and loneliness in the Hawkesbury, using a Compassionate Community approach.

Both Social Connectedness projects use Health Connectors, Community Connectors and the My Health Connector online directory to improve social connectedness of older people.

Health Connectors are registered nurses based in practices and work one-to-one with patients and carers on practical and achievable, person-centred social network mapping, planning and goal setting. They act as a bridge between formal healthcare providers and informal care networks and help people develop their social support networks.

Community Connectors are people in the local community who have the knowledge and skills to signpost older people they meet in their daily lives to services, activities or information. Community Connectors can be neighbours, volunteers, hairdressers, taxi drivers, bars.tau, retail workers, pharmacy assistants or health professionals – anyone who has contact with older people.

Both Health and Community Connectors are supported by the My Health Connector directory website. Organisations can upload and update their own information on the website.

Feedback regarding the directory from local organisations and the community has been overwhelmingly positive. In June 2021 we developed a video to promote the Social Connectedness project in the Hawkesbury and demonstrate the importance of social connection for older people.

Watch video at: https://youtu.be/GN8bgZ6s4oo

My health North Richmond

“A Community Connector Point is a place where people can come, meet others and feel valued and recognised. We wanted to be a Community Connector Point as that is a role we seem to play naturally, every day. The Remakery gives them the permission to walk in the door. Having an opportunity to connect with people, to find that part of themselves which is valued by others, those sorts of opportunities are invaluable for people’s social connection and wellbeing.”
— Liz, Community Connector Point, Remakery

“Older people are susceptible to loneliness, and they sometimes need help to get connected again. A community connector is a human being, who actually has links within the community, who knows people, who know people. This is a great opportunity. It doesn’t cost anything to be involved or get connected but the benefits for the individual are enormous.”
— Rob, Community Connector

“Most stakeholders agreed that the project strengthened local service networks and had improved older peoples’ social connections.”

Watch video at: https://youtu.be/GN8bgZ6s4oo
Find out more: www.nbmphn.com.au/ImprovingSocialConnection

“A Community Connector Point is a place where people can come, meet others and feel valued and recognised. We wanted to be a Community Connector Point as that is a role we seem to play naturally, every day. The Remakery gives them the permission to walk in the door. Having an opportunity to connect with people, to find that part of themselves which is valued by others, those sorts of opportunities are invaluable for people’s social connection and wellbeing.”
— Liz, Community Connector Point, Remakery

“I think I’ve changed lives. I really do... I would like to continue this program. I think it is great for the practice and the nurse and the patient.”
— Rachel – Health Connector

“I would like to say I really do hope it gets up and running because I do think it would be great for there to be nationwide implementation for older people because there’s an awful lot of people out there who are isolated, who are lonely, who need help and often help is quite removed.”
— Health Connector
As a result of COVID-19, call numbers declined the pandemic. This was due to less cases of General Practice hospital emergency department resident’s usual GP was not available (RACFs) during the after-hours period when a resident remained in the RACF for management, had a recommendation for hospital transfer was made for the remaining 30 calls. RACF staff reported that they would have contacted the ambulance service in 56 of the occasions, where the resident remained in the RACF for management, had the service not been available. Therefore 56 ambulance calls and subsequent hospital transfers were avoided as a result of the pilot. NSW Ambulance Service data revealed an increase in after-hours calls from all RACFs across the region, however, in pilot sites after hours emergency department transfers decreased in comparison to an increase across the region. A comprehensive evaluation of the pilot was undertaken by the research team from the Department of General Practice at Western Sydney University and included in-depth semi-structured interviews of key stakeholder groups. The evaluation provides evidence that the My Emergency Doctor after-hours telehealth service enabled RACF residents to receive timely and appropriate after-hours care, decreased unnecessary use of ambulance services and need for emergency department presentations, and reduced GP workload.

Our WiseMind program assists residents at Residential Aged Care Facilities (RACFs) with mild to moderate symptoms of mental illness, or who are experiencing early symptoms and are assessed as ‘at risk’ of developing a diagnosable mental illness in the following 12 months. Services are delivered by mental health professionals including psychologists, social workers and mental health nurses.

This year, the WiseMind program expanded from 2 to 17 RACFs.

• 6 RACFs participated
• Over 80% of residents from participating RACFs were provided with referrals from their GP to use the service
• 208 calls made
• 30 calls resulting in the resident being transferred to an emergency department

As a result of COVID-19, call numbers declined in May and June. This was due to less cases of infectious conditions and to the Virtual Aged Care Service extending their hours of support during the pandemic.

Find out more: www.nbmpnh.com.au/AfterHours

This pilot service provided telehealth doctor support to six Residential Aged Care Facilities (RACFs) during the after-hours period when a resident’s usual GP was not available. This service helped manage residents within the facility, potentially avoiding unnecessary transfer to a hospital emergency department. The pilot was evaluated by Western Sydney University’s School of General Practice. Whilst the pilot is completed, five facilities continue to use the service.

• 6 RACFs participated
• Over 80% of residents from participating RACFs were provided with referrals from their GP to use the service
• 208 calls made
• 30 calls resulting in the resident being transferred to an emergency department

WINTER STRATEGY RACF IMMUNISATION PROGRAM

This program provides Australian College of Nursing (ACN) Scholarships to registered nurses (RN) in our region to become accredited at providing vaccinations to residents and staff within RACFs. This program increases the capacity of our nurses to support GPs in being able to provide vaccinations to our ageing population and reduce the risk of influenza outbreaks within RACFs. This year five RACFs participated in the program which was exceptional given the extra challenges that COVID-19 presented to facilities.

• 5 RACFs participated

Find out more: www.nbmpnh.com.au/Immunisation

RACF Immunisation Program

Key personnel from SummitCare participated in the scholarship immunisation training offered through the Australian College of Nursing in 2021.

“At the time we envisaged this would facilitate us to deliver our COVID-19 Immunisation program in-house to our staff and residents. Unfortunately, many operational demands precluded us from doing this, this year. It did however assist us with Flu vaccine delivery. We are deeply grateful to the Nepean Blue Mountains PHN for offering us this opportunity, the training has proved invaluable.” — Michelle Sloan, Chief Operating Officer, SummitCare (Australia)

WiseMind Pilot Case Study

A 79-year-old widow who had moved to a Residential Aged Care Facility eight years earlier following a stroke, which severely impacted on her left side mobility, was referred to the WiseMind program. The resident was no longer able to walk or manage her own activities of daily living. She had a history of depression with a serious overdose attempt following her stroke and prior to her admission to the facility. Two months prior to being referred to the program, she had become socially distant and depressed following a recent delirium caused by a UTI. The infection was significant enough to require hospitalisation, which she had found traumatic. The resident reported experiencing paranoid delusional thoughts, visual hallucinations and was agitated and aggressive towards carers and her family. She was now struggling to accept that she had behaved in such a way. Her initial K10 score was 46/50 (high degree of psychological distress). Over the course of six sessions, she responded well to psychoeducation about delirium and interpersonal counselling with acceptance and commitment to therapy strategies. A liaison working with staff and family was used to help her feel reassured that staff understood her delirium was the cause of her behavioural change. Following six sessions she was once again back to her usual social activities and tasks that helped give her a sense of purpose. Her final K10 score was 14/50 (low degree of psychological distress) and she self-reported as having a positive outlook once again, despite COVID-19 restrictions.
Priority Area: HEALTH WORKFORCE

Registered Nurse Bev Compton preparing a COVID-19 vaccine at Hawkesbury Family Practice.

- 434 GPs
- 195 practice nurses
- 139 general practices
- 1,359 allied health professionals
- 3,374 practice support activities across 139 practices
- 72% of total practices accredited
- 544 health professionals attended CPD events
- 273 workforce support consultations
- 204 email blasts to health professionals
**COMMUNICATIONS TO HEALTH PROFESSIONALS**

Our Communications team supports the dissemination of key healthcare information to our local health professionals and promotes the many services and resources we offer. Our team has proven its flexibility this year, as we navigated from COVID-19 outbreaks, to floods and then to COVID-19 vaccinations. This saw a huge increase in demand for reliable information.

- 204 email blasts (+17% on last year) with over 106,000 emails delivered (+53%) to general practices, allied health and other stakeholders
- 255,900 page views (+21% increase on last year)
- 84,300+ visitors to our website (+30% on last year)
- 2,350 CEO blog views

Find out more: www.nbmphn.com.au/PracticeCommunications

**PRACTICE SUPPORT**

Our Practice Support team works collaboratively with general practice to implement models of care that reflect best practice in primary healthcare through the use of data driven quality improvement initiatives.

- 3,374 activities across 139 practices
- 1,087 activities relating to COVID-19 support across 139 practices
- 75% of practices using digital technology are accredited
- 91% of practices using digital technology have (de-identified) data sharing agreements in place
- 71% of total practices involved in quality improvement initiatives

Find out more: www.nbmphn.com.au/PracticeSupport

**QUALITY IMPROVEMENT PRACTICE INCENTIVE PROGRAM**

The Quality Improvement Practice Incentive Program (PIP QI) supports accredited practices that commit to improving the care they provide to their patients. To qualify for a PIP QI Incentive payment a practice works closely with the PHN using de-identified data to identify priority areas for continuous quality improvement activities.

- 91% of eligible practices registered for PIP QI
- 11 QI initiatives were offered such as the COPD Collaborative, QUEL (cardiovascular), Cancer Screening and the Winter Strategy among others
- 2,350 practices using digital technology have (de-identified) data sharing agreements in place
- 71% of total practices involved in quality improvement initiatives

Find out more: www.nbmphn.com.au/PracticeSupport

**QUEL STUDY**

Quality improvement in primary care to prevent hospitalisations and improve effectiveness and efficiency of care for people living with heart disease (QUEL) is a cluster randomised 24 month controlled study to evaluate whether data-driven quality improvement programs in primary care can reduce cardiovascular disease hospitalisations, improve cardiovascular disease risk factors and medication adherence in patients with coronary heart disease.

- 11 practices participating

Find out more: www.nbmphn.com.au/QualityImprovement

**PRIMARY CARE ADVISORY COMMITTEE**

This cross functional primary care committee has representation from GPs, practice nurses, practice managers, allied health and consumers.

The committee shares challenges, promotes innovation and helps identify and prioritise what is important. The committee has been instrumental in providing input into a number of new programs and initiatives, in addition to feedback during COVID-19.

- 4 meetings held

**HEALTH CARE HOMES**

We were one of 10 Primary Health Networks across the country, and one of three in NSW, to establish the Health Care Homes pilot in general practice. This three year pilot concluded in June 2021. The Health Care Homes pilot provided an opportunity for practices to implement a whole of practice approach to management of patients with chronic and complex health conditions. A key element of the pilot was the development of a shared care plan with the patient to improve engagement across the healthcare neighbourhood, implemented by a team of healthcare providers. Care was integrated across primary and acute care as required.

- 10 participating practices
- Over 500 patients with chronic conditions enrolled in the program

Find out more: www.nbmphn.com.au/HealthCareHomes

**HIGHLIGHTS**

**Health Care Homes Trial**

“The Health Care Homes Trial program – over three years – trialed the concept of capitating the funding for selected patients in practices, instead of providing the usual Medicare reimbursed fee for service payments.

The overall goal was to provide a more team-based holistic care for these patients, changing their engagement with their doctors from a pure consultation-based arrangement to a more varied and continuous contact between patient and the practice’s Health Care Homes team, which usually included principal GP, other GPs, practice nurses, medical assistants (in some cases) and reception staff.

The outcome sought was a more engaged ongoing care model between patient and practice, leading to benefits from each of the Quadruple Aim – benefits for the patients in better care and a reduction in disease burden and its impact, and benefits for the overall system, better value care and happier more engaged healthcare providers.

Despite the limitations of program size and length, the funding model equation and implementation, the changing nature of patients’ conditions and Health Care Homes practice team members, the NBMPHN Health Care Homes Program was successful in many ways and for many reasons.

Most importantly all participants – patients, healthcare providers and NBMPHN staff – experienced the benefits, limitations and possibilities arising from an alternate funding model and a new care delivery system.

Thanks must go to all engaged for their willingness to experiment and learn, and most especially to the NBMPHN staff, led by Kate Tyr and Maha Sedhom, for the organisation, support and successful outcomes of the program.

All participants are better informed and ready to explore the next phases of Primary Healthcare delivery reform in Australia over the next ten years.

— Dr Michael Crompton, Werrington Healthcare GP Clinical Lead, Integrating Care

**Health Care Homes**

The Health Care Homes Trial fitted within the Quadruple Aim, resulting in improved outcomes for all patients in each of the four aims.

- The Health Care Homes model was a change to the usual practice for the patients involved in the trial - the patients were able to follow a more proactive approach to their care, and the healthcare providers were able to invest more time in understanding the patient’s condition and needs.

**HEALTHCARE HOMES**

Werrington County Medical Centre participated in all of the NBMPHN QI initiatives resulting in improved patient outcomes and enhanced practice procedures.

“The patients that were involved in it had the sense that we were monitoring their healthcare a little bit more closely and they received intensive healthcare.”

— Sam Gomersall
WORKFORCE SUPPORT
We help develop a sustainable and skilled primary healthcare workforce through initiatives that attract, recruit and retain primary health professionals. We coordinate a job matching service by advertising local primary healthcare positions, receive proactive applications from healthcare job seekers, and put local practices in touch with potential, suitable candidates. 
- 238 support consultations
- 139 job vacancies advertised across 45 practices
- 145 GP registrars per year maintained due our advocacy
- 8 face-to-face orientations conducted with new GPs and registrars
Health professionals recruited:
- 1 GP
- 4 practice nurses
- 4 practice staff
In addition, we provided extensive assistance to 5 local GPs to ensure they can continue working in the region. Find out more: www.nbmphn.com.au/Workforce

CONTINUING PROFESSIONAL DEVELOPMENT
To support a skilled and sustainable local primary healthcare workforce, we partner with training organisations, professional bodies, our Local Health Districts, universities and local clinicians to provide free, regular, high quality Continuing Professional Development (CPD) events to health professionals in our region.
- 34 CPD events
- 544 health professional attendances
- 31% of attendances were GPs. This equates to 188 attendances
- 99% of health professionals who attended an event reported it improved their knowledge and/or skills
- 6 new events accredited through RACGP

Due to the COVID-19 pandemic we have maintained our event schedule through webinars, in addition to the launch of Your Practice Portal – an online learning hub for general practice and allied health staff hosting training courses, resources and webinars. We also established the Small Group Peer Learning Series to support GPs during the pandemic.

Find out more: www.nbmphn.com.au/YourPracticePortal

PRACTICE NURSE ENGAGEMENT
NEW NURSE ORIENTATION
Our new nurse orientation sessions have provided new practice nurses with the necessary guidance, resources and support required to settle into a busy practice. With the continuing challenges faced by general practices, our primary care nurses are integral to the provision of safe, efficient, and high-quality primary care. We continued to see a growing number of nurses employed in general practices in our region.
- 194 practices nurses employed in the region
- 53 practice nurse support sessions delivered
- 18 orientations completed

ONLINE PEER TO PEER NETWORKING
We administer and moderate a number of closed facebook groups for health professionals in our region including GP registrars, practice managers, allied health and practice nurses. The Practice Nurse Network in particular is highly engaged, with members regularly posting questions about nursing in general practice and sharing resources and information. This group has:
- 125 members (+12% on last year)
- 180 posts by members
- 622 responses or comments on posts
Find out more: www.nbmphn.com.au/PracticeNurseSupport

HIGHLIGHTS
Practice Nurse Orientation Program
Springwood Family Medical Centre has been part of the COVID-19 vaccine roll-out from the start, and has put in tireless effort to deliver both Pfizer and AstraZeneca vaccines to the community. With the assistance of our Practice Support Team, they were able to hire a new nurse to help with the delivery of COVID-19 vaccines. Our Practice Support Officer provided an orientation for their new nurse to assist with training and the development of their role. The increase staffing capacity within the practice was essential to meet vaccination demand during the first stages of lockdown.

“The new nurse has been a wonderful addition to the team and is assisting us further in our quality improvement projects and management of chronic diseases.”
– Emma Rash, Practice Manager, Springwood Family Medical Centre

Support the Development of a Skilled and Sustainable Local Primary Healthcare Workforce
The Practice Manager from Portland Medical Practice was grateful for the support we provided and thanked us for sending them information about our new learning platform, Your Practice Portal. The Practice Manager signed up to Your Practice Portal and found the training modules to be fantastic. The practice was going through their first Accreditation on the 8th edition standards with a new Principal GP and new Practice Manager so found the training modules to be very helpful for their journey. He was eager for all his staff to get on board, start modules and attend the webinars.

Practice Nurse Facebook Group
The practice nurses Facebook group has had fantastic engagement from the nurses in our region this year. It has provided a space for nurses to continue to connect and network with each other during COVID-19 lockdown periods. Nurses have provided each other with valuable, insightful answers to questions posted on the page and there has been a real feeling of community support within the group through these difficult times. There are currently 185 nurses in the group and the feedback has been that “just having this platform has allowed nurses to feel connected and checking in with each other.”

“I see the Facebook group as a wonderful tool in uniting practice nurses out there in general practice. Responses to questions from the Moderator are validated and input from peers is also appreciated. Updates on changes / training opportunities are also posted on this group which makes it easier to stay in touch and connected as we have access to a validated source. Thanks!”
– Dominique Mackenzie clue, Nurse, Wentworth Falls

“Kirrilee, you have kept us so informed and up to date which has been a Godsend. It’s great to be able to connect with other practice nurses and share ideas to improve the care we provide to our patients!”
– Rachael Paton, Nurse, Mylandith North Rockwood

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Priority Area: **MENTAL HEALTH**

- **10%** of residents had a mental health treatment plan
- **20.8%** of residents aged 16 and over report high or very high psychological distress in 2019.
- Higher rates of suicide than NSW average: 13.6 per 100,000 NBM vs. 11 per 100,000 NSW in 2018.

**Key Figures:**

- **70,048+ occasions of service**
- **4,743 people helped across 13 services**
- **1,372 young people helped**
- **8,600 face-to-face and online contacts through Live Life Get Active service**
- **6,554 service contacts**
- **14,815 users of the NDIS Support Calculator**
- **17,342 visitors to Mental Health Help website**
- **205 NDIS applications submitted**

- **20.8%** of residents aged 16 and over report high or very high psychological distress in 2019.
- **Higher rates of suicide** than NSW average in 2018.
headspace YOUTH EARLY PSYCHOSIS PROGRAM

This early intervention program provides young people aged 12-25 years, who are experiencing a first episode of psychosis or at high risk of experiencing psychosis, with a care team of multidisciplinary professionals. The program offers a comprehensive recovery-oriented service to meet the needs of this group.

- 377 young people assisted
- 12,031 service contacts

Find out more: www.nbmphn.com.au/HYEP

YOUTH ENHANCED SUPPORT SERVICE

An outreach service offering wrap around clinical care for young people at risk of or living with severe mental illness. The program offers a comprehensive recovery-oriented service to meet the needs of this group.

- 183 young people assisted
- 2,559 occasions of service

Find out more: www.nbmphn.com.au/YESS

PENRITH HEAD TO HEALTH CENTRE

Penrith Head to Health is one of eight centres being trialled across the country over next five years, with one located in each state and territory. The centre will provide walk-in support, without the need of a prior appointment, to individuals experiencing distress or crisis. The Federal Government is investing $14 million into the Penrith walk-in centre, as part of its 2019-20 Prioritising Mental Health budget measure. This year, work focused on planning, consultation with health professionals and community, service model development and securing a service provider through an open tender process. Neami National was successful in their tender to run the centre, which is due to open in December 2021.

Find out more: www.nbmphn.com.au/HeadtoHealth

HEADSPACE SERVICES

headspace provides early intervention support to young people aged 12-25 years old across mental health, physical health, work and study and alcohol and other drug needs. headspace services are currently located in Penrith and Lithgow and Katoomba.

headspace KATOOMBA

Operated by Uniting (formerly Parramatta Mission)

- 280 young people assisted
- 1,062 occasions of service

headspace PENRITH

Operated by Marathon Health

- 827 young people assisted
- 10,674 occasions of service

headspace LITHGOW

Operated by Bathurst Regional Council

- 2,559 occasions of service

headspace LITHGOW YOUTH PLUS

A brief intervention service available in the Lithgow area, that offers young people aged 12-25, who are in crisis, a set of specific individual appointments.

- 41 young people assisted
- 95 occasions of service

Find out more: www.nbmphn.com.au/YouthPlus

ANNUAL REPORT 2021

PRIORITY AREA: MENTAL HEALTH

headspace Lithgow

headspace Lithgow was established in 2019 to support young people in the Lithgow, Portland and surrounding regions with their mental physical and sexual health and alcohol and other drug concerns. The service also offers vocational support. While the centre only has a small team, they have achieved some fantastic outcomes during the past year, including:

- Established outreach activities in two local high schools which included fortnightly breakfasts, music and sexual health workshops, in-school intake and assessments and warm referrals back to headspace Lithgow for those young people who require additional help
- Started a support and mixed martial arts group for young people who identify as LGBTQIA+
- Ran resilience workshops for young people at both Lithgow High School and Portland Central School, in conjunction with Lithgow Information and Neighbourhood Centre
- Successfully applied for a competitive grant to refurbish an existing space at the centre into a group and creative space
- Engaged 49.6% of young people who identify as male in their service, which is above the headspace national average of 35%
- Engaged 14% of young people who identified as Aboriginal or Torres Strait Islander, which is above the headspace national average of 8.6%

“Demand for our services has doubled since opening our centre in 2019. By working with the local community, schools, businesses, and families – we’ve ensured a united approach to youth mental health in Lithgow. The benefits of this approach will have lasting impacts.”

– Bonita Bassett, Clinical Manager at headspace Lithgow

YOUTH ENHANCED SUPPORT CASE STUDY

Looking back on your recovery journey, what are the key things that you have learnt?

“One of the key things I’ve learnt is that life is how it is, you just have to learn to look at it differently. What I mean by that is, it’s all about your perception. I feel like the way I experience and express my emotions is completely different – it’s less destructive. That’s because I’m able to see things as they are – I see the small things as small things, and the big things as big things. You can be sad, angry, happy, or whatever – it’s all about how you perceive that emotion.”

“My family recognises the change. I’m not a very nice person when I’m sad. Now I’m much more talkative at family events, I’m more confident and open.”

– Youth Enhanced Support Service Client
**Live Life Get Active**

COVID-19 has impacted many programs across the region, including the Live Life Get Active Program. However, the service has continued to make the camp program available either in the park or online, so that people can continue to live fitter, healthier and happier lives.

Over the last 18 months, the program has improved its online offering by increasing the number of on-demand and live training videos available. This allows people to access more fitness, wellbeing, and nutrition content from home to better look after their physical and mental wellbeing while in lockdown. A new website was hosted, and a new video hub was launched giving members better access to the ever-growing video resource library. This was well received by all members, with more and more people electing to access the online portion of the program regularly at home.

In early 2021, the program launched its first competition for in-park members. Members who attended six in-park sessions during a term went into the running to win three home workout packs. This competition was well received and inspired some fierce but friendly competition amongst program members. The service also expanded its social media presence to announce new online content, live streams and camp offerings with significantly more people engaging with the program.

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**Mental Health Nurse Incentive Program**

Community based mental health support for people living with severe and persistent mental illness. Mental Health Nurses provide clinical care and work in collaboration with the patient’s carers, doctors and service providers.

- 191 people assisted
- 7 nurses working with patients in the program
- 6,132 occasions of service

Find out more: www.nbmphn.com.au/MHNIP

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**National Psychosocial Support Measures Program**

The National Psychosocial Support Measure program consists of three sub-programs: National Psychosocial Support Measure Extended Program (NPS2), Continuity of Support (CoS) and National Psychosocial Support Measure 1 (NPS1). This program replaced the Partners in Recovery program in 2020.

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**Psychosocial Support Extended (NPS2)**

Existing clients who were registered for our Partners in Recovery Program as of 30 June 2019 were transferred to the NPS2 program to receive ongoing support to transition to the NDIS. Those clients found ineligible for the NDIS continue to receive care coordination and support through the Continuity of Support (CoS) program.

- 168 people assisted through NPS2
- 124 NDIS applications submitted
- 73 participants transitioned to NDIS
- 21 participants transitioned to CoS (found ineligible for NDIS)
- 83 people assisted through CoS

**Psychological Therapy Services**

Subsidised, short-term psychological support for people with mild to moderate mental health concerns. Individuals can access up to 20 sessions per calendar year.

- 1,604 people assisted
- 18,341 occasions of service including Seek Out Support (SOS) and Bushfire
- 86 providers
- 1,123 SOS suicide prevention referrals with 7,475 sessions provided
- 47 bushfire affected people assisted with 385 sessions provided
- 3 flood affected people with 10 sessions provided
- 45 providers for bushfire and flood streams

Find out more: www.nbmphn.com.au/psychologicaltherapy

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**HIGHLIGHTS**

**Mental Health Nurse Incentive Program Case Study**

“I am very proud to be a provider of therapeutic support services in the Hawkesbury under the Wentworth Healthcare banner. I can honestly say that becoming a services provider has transformed my private practice to see me become a respected practitioner in the region. Wentworth Healthcare truly values the role of Credentialled Mental Health Nurses in private practice. Without this recognition, my option to provide valuable mental health services in the primary health sector would have been very limited. I believe that primary healthcare plays a critical role in prevention and early intervention. It allows people to receive ongoing support and continuity of care whilst maintaining a life within their own family and community systems. It allows providers to truly focus on a wellness model and assist people’s recovery journey according to their own goals and objectives.”

— Michelle Hockenha, Mental Health Nurse

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**National Psychosocial Support Program Case Study**

A client started in the program in February when he was homeless and not receiving National Disability Insurance Scheme (NDIS) support. This client had mental health and drug and alcohol concerns which affected his day-to-day life. In addition, he was homeless, and it was extremely difficult for him to find safe places to camp with COVID-19 restrictions in place.

Thanks to the care from his National Psychosocial Support Program Support Worker, the client now receives NDIS funding and has obtained permanent safe housing, which he has not had for nearly 20 years. The client’s dog, who for a while was his only companion, is now a registered assistance dog. He attends regular narcrics anonymous meetings, is addressing his alcohol addiction issues, and has lost close to 28kg since taking care of himself with exercise and healthy eating.

“It has been a lifesaver to me, it has taken me off the street and got me into permanent safe housing. For the first time I have a place to call my own in 50 years. I feel safe and secure, my mental health has improved, and I am now relatively stable, taking my medication on a more regular basis that I have in the past. The last 18 months with my support worker has turned my life around dramatically.”

I would have no hesitation in recommending this program.”

— National Psychosocial Support Program Participant

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**PRIORITY AREA: MENTAL HEALTH**

57
Priority Area: POPULATION HEALTH

**466,650** predicted population by 2036 (17.6% increase)

**61.6%** of our population is overweight or obese 2018

5 people a week see a GP who are experiencing **domestic and family violence** (DFV)

3 in 10 **assault hospitalisations** for people aged 15 and over are due to DFV (2017)

32,048 After Hours consultations

**2,127** active HealthPathways users

**415** clinical HealthPathways

97.25% of **Aboriginal children** immunised by age 5

96.25% of **all children** immunised by age 5

**61.6%** of our population is overweight or obese 2018
**AFTER HOURS**

We fund a variety of services across the region to facilitate access to primary healthcare services and resources outside of the times when regular GPs are open. This helps prevent people from unnecessarily presenting at hospital emergency rooms.

- 7 services funded, including after-hours practices, the National Home Doctor, My Emergency Doctor for RACFs and Penrith 24 Hour Pharmacy
- 32,048 consultations provided across 4 after hours doctors
- 236 consultations by National Home Doctor
- 15,829 visits to Doctor Closed website
- 694,638 people reached through Facebook advertising
- 1,500+ people per month use Penrith 24 Hour Pharmacy in the after-hours period
- 300 consultations by My Emergency Doctor to support residents in local RACFs

**COLLABORATIVE COMMISSIONING**

Collaborative Commissioning is a NSW Health initiative designed to enable and support the delivery of value-based healthcare. We are currently in the joint development phase of the initiative, working closely with Nepean Blue Mountains, Orange Local Health District to define and develop more integrated models of care to address the growing prevalence of overweight, obesity and diabetes in our region. The models of care being developed will include hospital, general practice, allied health and community health services working together to provide a holistic approach to the care and management of people in our region. We will also be delivering a Quality Improvement program to participating general practices to further develop and refine their systems and processes to enhance and upskill general practitioners in our region in the management of people with these health conditions.

**HEALTHPATHWAYS**

HealthPathways is a free online clinical and referral information tool for health professionals that is designed for use during patient consultations. HealthPathways content is developed collaboratively by GPs, hospital clinicians and other relevant health professionals.

- 415 live pathways
- 2,127 active users
- 16,436 sessions (+30% from last year)
- 58,401 page views (+29% from last year)
- 50 GPs engaged in pathway development or review
- 1 National Lead pathway development project
- 3 State Lead pathway development projects


**IMMUNISATION**

We provide a range of immunisation support to general practices, including cold chain management, customised documentation and training. We communicate regularly with the local Public Health Unit, NSW Health, the Department of Health, and the National Centre for Immunisation Research Surveillance to discuss immunisation strategies and bring the latest information to our practices. Our region is above the national target of 95% immunisation rate:

- 97.25% of Aboriginal and Torres Strait Islander children immunised by age 5
- 96.25% of all children immunised by age 5

Find out more: [Healthy Ageing on pages 44 and 45](#)

**WESTERN SYDNEY HEALTH ALLIANCE**

The Western Sydney Health Alliance sits under the Western Sydney City Deal as one of the priorities. Led by Wollondilly Shire Council, the Alliance includes council representatives from the Blue Mountains, Camden, Campbelltown, Fairfield, Hawkesbury, Liverpool and Penrith, and representatives from the Local Health Districts and Primary Health Networks of South Western Sydney and the Nepean Blue Mountains. It is comprised of 12 member organisations from the Western City Parklands region including councils, 2 LHDs and 2 PHNs.

Significant benefits have been gained through this collaborative approach to the coordination of health initiatives that will support the planning and design of healthier more liveable neighbourhoods throughout the Western Parkland City. There are four key action areas under the Health Alliance including:

- Liveability and Connections
- Getting People Active
- Promoting Healthy Food and choice
- Access to Health and wellbeing Services

Our PHN, together with South Western Sydney PHN, is leading the development of five initiatives within the Access to Health and Wellbeing Services key action area. This includes a Health Workforce Statement, a Health Impact Statement, a Social Determinants of Health Framework, a Social Connectedness Framework and a Health Literacy Framework. This year working groups were established for the development of these strategic documents and drafts were completed for three of the five. These documents will support the future direction and planning of health and wellbeing services in Western Sydney.


**HIGHLIGHTS**

**Penrith 24 Hour Pharmacy**

We commission the Penrith 24 Hours Pharmacy to remain open 24/7 to provide full pharmacy services including dispensing of prescription medications, sale of over the counter and consumer health products and the provision of health advice. The pharmacy continues to survey its after hours customers and reports a Net Promoter Score of 89. From the most recent consumer survey of 185 customers, 58% said they would have visited a hospital and 18% said they would have called an ambulance if the pharmacy was not open. This shows clear value for the pharmacy in reduction of unnecessary emergency department presentations and ambulance callouts.

**Nepean Blue Mountains HealthPathways**

During 2021, COVID-19 continued to create challenges across the health system and for the many activities undertaken by the Nepean Blue Mountains HealthPathways (NBMP) team. However, despite these challenges the team were able to deliver on a range of key pathways. The team developed pathways covering a broad cross-segment of health, having engaged with over 30 medical and surgical disciplines within the Nepean Blue Mountains Local Health District (NBMLHD) hospital environment, with services within NBMLHD Community Health, and with several external national health services and peak body organisations. The HealthPathways program has now developed over 415 localised pathways and has started the ongoing process of formal three-year reviews of pathway content, to ensure content remains current and accurate. The NBMP team has maintained strong engagement with NBMLHD clinicians, jointly developing a range of information across multiple areas, and crucially retains strong engagement with the region’s GPs as indicated by the increasing numbers of users, particularly seen in response to the access of the COVID-19 vaccination pathways.

As the program moves toward the five-year mark, the team continues to deliver key pathway content of regional importance, and is becoming a significant player in the health sphere both locally and nationally. This year our team undertook a NSW State lead project to develop a complete suite of Genetic Medicine pathways, including a program first state-based referral pathway to be rolled out to all NSW HealthPathways teams. This work was completed in partnership with the NSW Health, Agency for Clinical Innovation, and the Genetics Expert Advisory Group (comprising geneticists from across NSW).

Together with Western Victoria HealthPathways we also helped lead the joint National and NSW state development of the COVID-19 vaccine and clotting pathways.

Find out more in [Disaster Management COVID-19 on pages 34 and 35](#)
Priority Area: UNDERSERVED AND DISADVANTAGED COMMUNITIES

1 in 5 people experience chronic or persistent pain

215+ people assisted through COPD services

1,630 consultations by Specialist Outreach Clinics

54 GP visits facilitated by a face-to-face Tibetan interpreter

COPD is 4th leading cause of death and 4.9% of preventable hospitalisations in our region

12% of our residents speak a language other than English at home 2016

2,184 people in our region affected by leg ulcers

12% of our residents speak a language other than English at home 2016

2,184 people in our region affected by leg ulcers
CHRONIC OBRSTUIC PULMONARY DISEASE (COPD) SERVICES
COPD COLLABORATIVE
The COPD Collaborative supports earlier diagnosis and improved management of patients with COPD within general practice. The Collaborative uses evidence-based ‘collaborative methodology’ recommended by the Improvement Foundation to test and implement small manageable changes to improve practice system processes.
• 27 practices have participated
• 86% of practice participants who completed a final evaluation stated that the program Learning Outcomes were entirely met
• 71% of practice participants who completed a final evaluation agreed or strongly agreed that the program helped improve the number of diagnoses and associated measures for eligible patients; and the Model for Improvement (Plan-Do-Study-Act) was useful for system changes in practices

Find out more: www.nbmphn.com.au/COPDcollaborative

CALM PROGRAM
The Chronic Airways Limitation Management (CALM) Program is designed for people with a lung disease who have difficulty breathing and find day-to-day activities difficult.
• 148 people assisted

LUNGS IN ACTION
Lungs in Action is Lung Foundation Australia’s community-based maintenance exercise program for people with stable chronic lung conditions who have completed a pulmonary rehabilitation program.
• 96 groups ran with 6–10 participants in each group (numbers varied due to COVID-19 restrictions and online delivery method)

Lungs in Action adapted during the pandemic to include online delivery to support exercise whilst in isolation.

Find out more: www.nbmphn.com.au/LungHealth

CHRONIC PAIN MANAGEMENT PROGRAM
This 6 week small group program helps people living with low to moderate chronic pain improve functional capacity through self-management of their pain. This program expanded with two new providers offering three new services in the Blue Mountains, Lithgow and Penrith. The Lithgow program was disrupted due to COVID-19, however this group continued to meet online.
• 28 people assisted, 24 completed

Find out more: www.nbmphn.com.au/ChronicPain

OUTREACH CLINICS
With funding from the Rural Doctors Network NSW we coordinate Specialist Outreach Clinics at Katoomba, Lithgow and Windsor. Aboriginal and Torres Strait Islander people, and those who may experience difficulty in accessing health services due to long distance or other barriers, are given priority access to these bulk-billed services covering speech pathology, psychiatry, paediatrics and endocrinology (diabetes).
• 1,878 individual consultations over 154 clinic days
• 296 new patients
• 21% of consultations were with Aboriginal patients
• 251 telehealth consultations (telehealth was available prior to COVID-19)

Find out more: www.nbmphn.com.au/OutreachServices

TIBETAN CLINIC
A face-to-face interpreter service provided once a month to a Katoomba general practice seeing non-English speaking Tibetan migrants who are mostly refugees.
• 10 clinics funded
• 54 GP visits supported with the use of an interpreter

WINTER STRATEGY
This program supports practices in delivering quality of care for their patients with two or more chronic conditions who are at risk of being unstable, very unwell and/or admitted to hospital during winter.
• 5 practices participated
• Almost 100 patients enrolled


WOUND MANAGEMENT COLLABORATIVE
This year we were one of three PHNs nationally to implement a Wound Management Collaborative Pilot program for venous leg ulcers. The collaborative, a partnership with the Nepean Blue Mountains Local Health District’s Primary Care and Community Health team and Wounds Australia, assists GPs and practice nurses in providing systematic and proactive care and supporting patient education and self-management. There is a strong emphasis on empowering practice nurses to deliver best practice wound management.
• 4 practices participating

Find out more: www.nbmphn.com.au/WoundCare

HIGHLIGHTS

Improving the management of Venous Leg Ulcers
Chronic wounds present a significant health and economic burden nationally that is often underestimated due to the limited data available. Our region also has one of the highest rates of obesity and overweight nationally at 70%, and a diabetes rate of 11%. Evidence suggests that up to 5% of the population over 60 years are affected by leg ulcers which equates to 1,814 people in our region.

Research suggests that if patients receive evidenced based wound care 80% of leg ulcers will heal within 24 weeks. Currently, 70% of patients do not receive the wound care they need and as a consequence, suffer recurring leg ulcers for up to 15 years or more. This can seriously impact patient’s quality of life.

Our Wound Management Collaborative pilot to improve wound care in our region through increasing capacity in general practice to manage wounds. The pilot will initially focus on patients with venous leg ulcers in Eastern Penrith and aims to accelerate the rate of wound healing. This will reduce the risks of infection and complications, improve the health and quality of life outcomes for patients and reduce the demand on Community Health Wound Clinics.

We will be working closely with Nepean Blue Mountains Local Health District, the Improvement Foundation and Wounds Australia who will all contribute their shared knowledge and expertise to the co-design and delivery of this pilot.

Managing Chronic Pain in the Community
One in five Australians have chronic or persistent pain. This can affect many aspects of a person’s life, including physical and mental health, relationships, work and everyday routines.

The Community Chronic Pain Management Program will continue into 2023 and has been expanded with two new providers offering three new services in the Blue Mountains, Lithgow and Penrith. The program includes a three-hour face-to-face group education and exercise session, once per week over a six-week period and two follow up sessions after the six-week program to check on the progress of participants, to help maintain their goals.

Fully trained and qualified allied health professionals run the programs which support individuals in their ability to complete everyday routines, identify goals, overcome barriers or challenges and develop meaningful self-help routines for use at home.

Last year 100% participants who completed the program agreed or strongly agreed that overall the program was helpful.

Client Testimonials – What I took home from the Pain Management Group
“After I read the book I thought ‘I’ve done all that, it doesn’t work – I don’t think the writers have experienced a twinge of pain’! But there is a great difference between reading the book and the interpretation that experienced presenters can bring to it. For me, it needed a ‘head shift’ a change in thinking to happen before the ‘body shift’ could occur. The exercise regime is slowly becoming embedded in my daily routine, but my attitude has changed. Until now, I hadn’t realised how pain medics had eroded my confidence and caused an apathy, I am now working on regaining enthusiasm. Congratulations on a job well done – Thankyou!!!”

“Helpful strategies and tools to challenge the way I perceive my pain.”

“Helpful Program! Increased my awareness and I liked having the weekly accountability factor to keep me on track.”

— Participants from the Program in Hawkesbury

COVID-19 Vaccination for Tibetan Refugees
A COVID-19 vaccination information session was held for Tibetan patients with an interpreter present. Information about the vaccine was provided and where to go to receive the vaccine. As a result 10 patients have received COVID-19 vaccinations. This session not only provided important information to patients, it also helped to strengthen the relationship between the Tibetan refugees and the local community through the great work of the staff at Katoomba Medical Practice.

Client Testimonials – What I took home from the Pain Management Group
“After I read the book I thought ‘I’ve done all that, it doesn’t work – I don’t think the writers have experienced a twinge of pain’! But there is a great difference between reading the book and the interpretation that experienced presenters can bring to it. For me, it needed a ‘head shift’ a change in thinking to happen before the ‘body shift’ could occur. The exercise regime is slowly becoming embedded in my daily routine, but my attitude has changed. Until now, I hadn’t realised how pain medics had eroded my confidence and caused an apathy, I am now working on regaining enthusiasm. Congratulations on a job well done – Thankyou!!!”

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“Helpful Program! Increased my awareness and I liked having the weekly accountability factor to keep me on track.”

— Participants from the Program in Hawkesbury
WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

DIRECTORS’ REPORT
FOR THE YEAR ENDED 30 JUNE 2021

Your directors submit their report for the year ended 30 June 2021.

1. DIRECTORS IN OFFICE AT THE DATE OF THIS REPORT
   Dr Tony Rombola
   Dr Andy Marks
   Dr Madhu Tamilarasan
   Fleur Hannen
   Bruce Turner AM
   Gary Smith
   John Yealland
   Belinda Hill
   Heather Nesbitt

2. PRINCIPAL ACTIVITIES

The principal activities of the company during the year were to provide support to primary healthcare providers and to perform an integral role in identifying healthcare needs, facilitating and implementing healthcare initiatives and improving patient service in the Nepean-Blue Mountains region.

3. TRADING RESULTS

The net surplus after tax of the company for the year ended 30 June 2021 was $476,785 (2020: $14,189 surplus). The current result reflects the timing of the recognition of grant income, some of which relates to items released to the profit and loss whilst some relates to items which are recorded on the statement of financial position. The items recorded on the statement of financial position are expected to be released to the profit and loss in future periods.

4. DIVIDENDS

No dividend was declared or paid during the year. The company’s Constitution prohibits the payment of dividends.

5. SHORT AND LONG TERM OBJECTIVES

The overall objective of the company is to improve the health and wellbeing for people in our community. The company mission is to empower general practice and other healthcare professionals to deliver high-quality, accessible and integrated primary healthcare that meets the needs of our community.

The guiding principles for the operation of the company are to provide:
- A continuing effective relationship between a patient and their preferred primary care provider; and
- A care model that ensures people receive the right care in the right place at the right time and that they are part of their own care outcomes;
- Effective and efficient health services for consumers, particularly those at risk of poor health outcomes.

6. STRATEGIES FOR ACHIEVING OBJECTIVES

The company undertakes a number of strategies enabling it to achieve the above objectives:
- Increasing capacity and influence of Primary Care;
- Establishing a culture of quality improvement and outcome focus;
- Coordinating services within and across sectors;
- Engaging consumers in all we do;
- Striving for organisational excellence and impact.

7. MEASUREMENT OF PERFORMANCE

Financial and operational performance is measured using the following key indicators:
- Monitoring outcomes against strategic plans and funding requirements
- Monitoring program outcomes against contractual requirements
- Monitoring progress against annual needs assessment plans
- Trading performance against budget
- Cash flows

8. CHANGES IN THE STATE OF AFFAIRS

No matters or circumstances have arisen since the end of the financial year which significantly affected, or may significantly affect, the operations of the company, the results of those operations or the state of affairs of the company in financial years subsequent to 30 June 2021.

9. DIRECTORS’ REMUNERATION

No director of the company has received or become entitled to receive a benefit by reason of a contract made by the company with the director or with a firm of which he is a member or with a company in which he has a substantial financial interest other than benefits disclosed in Note 13 to the financial statements.
### INFORMATION ON DIRECTORS, MEETINGS AND ATTENDANCES

There were 8 full board meetings held during the financial year 1 July 2020 to 30 June 2021. Attendance by the directors at board meetings and at the Finance, Audit & Risk Management (FARM) and Governance & Nominations (G&N) Board sub-committee meetings was as follows:

<table>
<thead>
<tr>
<th>Director/Name</th>
<th>Full Board meetings attended</th>
<th>FARM Committee meetings held</th>
<th>FARM Committee meetings attended</th>
<th>G&amp;N Committee meetings held</th>
<th>G&amp;N Committee meetings attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Tony Rombola Chair</td>
<td>8</td>
<td>8</td>
<td>-</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>Director since 2013 (General Practitioner)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Shiva PRAKASH OAM Director since 2012 (Resigned 25/11/2020) (General Practitioner)</td>
<td>4</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Gabrielle Armstrong Director since 2012 (Resigned 25/11/2020) (Company Director)</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Paul Brennan AM Director since 2012 (Resigned 25/11/2020) (Company Director)</td>
<td>4</td>
<td>4</td>
<td>-</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Bruce Turner AM Director since 2017 (Company Director)</td>
<td>8</td>
<td>8</td>
<td>4</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>Gary Smith Director since 2018 (Business Manager)</td>
<td>8</td>
<td>8</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>John Yealland Director since 2018 (Business Manager)</td>
<td>8</td>
<td>8</td>
<td>-</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Belinda Hill Director since 2019 (Allied Health Professional)</td>
<td>7</td>
<td>7</td>
<td>3</td>
<td>3</td>
<td>-</td>
</tr>
</tbody>
</table>

11. **AUDITOR’S INDEPENDENCE DECLARATION**

The lead auditor’s independence declaration for the year ended 30 June 2021 has been received and can be found following this report.

On behalf of the board

Dr Tony Rombola Director

Bruce Turner AM Director

Penrith 29 September 2021
AUDITOR’S INDEPENDENCE DECLARATION TO THE DIRECTORS OF
WENTWORTH HEALTHCARE LIMITED

I declare that, to the best of my knowledge and belief, in relation to the audit of Wentworth Healthcare Limited for the year ended 30 June 2021 there have been:

(i) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit;

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

berger piepers
Chartered Accountants

29 September 2021
PA Berger FCA
Partner
Reg’n No: 4354

INDEPENDENT AUDIT REPORT TO THE MEMBERS OF
WENTWORTH HEALTHCARE LIMITED


Opinion

We have audited the financial report of Wentworth Healthcare Limited, which comprises the statement of financial position as at 30 June 2021, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information and the directors’ declaration.

In our opinion, the accompanying financial report of Wentworth Healthcare Limited is in accordance with the Corporations Act 2001, including:

(i) giving a true and fair view of the company’s financial position as at 30 June 2021 and of the financial performance for the year then ended; and

(ii) complying with Australian Accounting Standards and the Corporations Regulations 2001.

Basis of Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Report section of our report. We are independent of the company in accordance with the auditor independence requirements of the Corporations Act 2001 and the ethical requirements of the Accounting Professional and Ethical Standards Board’s APES 110: Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration required by the Corporations Act 2001, which has been given to the directors of Wentworth Healthcare Limited, would be in the same terms if given to the directors as at the time of this auditor’s report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.
Responsibilities of the Directors for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the Corporations Act 2001 and for such internal control as the directors determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the ability of the consolidated company to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

Auditor’s Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company’s internal control;
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors;
- Conclude on the appropriateness of the directors’ use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company’s ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor’s report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor’s report. However, future events or conditions may cause the company to cease to continue as a going concern;
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation; and
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the company to express an opinion on the financial report. We are responsible for the direction, supervision and performance of the company audit. We remain solely responsible for our audit opinion.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

29 September 2021
Penrith

PA Berger FCA
Partner
Reg’n No: 4354
## Schedule 1

### Statement of Financial Position

**At 30 June 2021**

<table>
<thead>
<tr>
<th>NOTE</th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**Current Assets**
- Cash and cash equivalents: 4 10,956,727 8,209,338
- Trade and other receivables: 5 3,520 67,140
- Other: 6 1,188,542 571,970

**Total Current Assets**: 12,148,789 8,848,448

**Non-Current Assets**
- Property, plant and equipment: 7 163,717 153,655
- Right of use assets: 8 297,936 536,155

**Total Non-Current Assets**: 461,653 689,810

**Total Assets**: 12,610,442 9,538,258

**Current Liabilities**
- Trade and other payables: 9 1,795,459 1,021,816
- Provisions: 10 998,393 992,321
- Other: 11 7,970,970 5,940,774
- Borrowings: 12 241,614 238,291

**Total Current Liabilities**: 11,012,436 8,193,202

**Non-Current Liabilities**
- Provisions: 10 75,399 61,311
- Borrowings: 12 71,947 297,864

**Total Non-Current Liabilities**: 147,346 359,175

**Total Liabilities**: 11,159,782 8,552,377

**Net Assets**: 1,450,660 985,881

**Equity**
- Accumulated surplus: 1,450,660 985,881

**Total Equity**: 1,450,660 985,881

## Schedule 2

### Statement of Comprehensive Income

**For the Year Ended 30 June 2021**

<table>
<thead>
<tr>
<th>NOTE</th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**Revenue**
- Operating income: 3(a) 24,299,901 21,632,872
- Sale and hire of equipment: 3(b) 1,350 -
- Finance income: 3(c) 85,500 222,532

**Total Revenue**: 24,386,751 21,855,404

**Expenses**
- Depreciation and amortisation: 3(d) (310,766) (60,558)
- Employee benefits: 3(e) (5,369,674) (5,802,933)
- Consultants and contractors: (15,928,026) (14,212,472)
- Other expenses: 3(f) (1,351,500) (1,795,252)

**Total Expenses**: (23,909,966) (21,841,215)

**Surplus Before Income Tax**: 476,785 14,189

**Income Tax Expense**: 2(k) - -

**Surplus After Income Tax**: 476,785 14,189

**Other Comprehensive Income**: - -

**Total Comprehensive Income**: 476,785 14,189
### WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

### STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2021

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CASH FLOWS FROM OPERATING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funding and other operating revenue received</td>
<td>29,039,689</td>
<td>23,264,469</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(25,058,322)</td>
<td>(23,478,944)</td>
</tr>
<tr>
<td>Interest received</td>
<td>85,500</td>
<td>222,532</td>
</tr>
<tr>
<td><strong>NET CASH FLOWS FROM OPERATING ACTIVITIES</strong></td>
<td>3,066,867</td>
<td>8,057</td>
</tr>
<tr>
<td><strong>CASH FLOWS FROM INVESTING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right of use assets amortisation</td>
<td>(230,931)</td>
<td>-</td>
</tr>
<tr>
<td>Proceeds from sale of property, plant and equipment</td>
<td>1,350</td>
<td>-</td>
</tr>
<tr>
<td>Purchase of property, plant and equipment</td>
<td>(89,897)</td>
<td>(83,313)</td>
</tr>
<tr>
<td><strong>NET CASH FLOWS USED IN INVESTING ACTIVITIES</strong></td>
<td>(319,478)</td>
<td>(63,313)</td>
</tr>
<tr>
<td><strong>NET INCREASE/(DECREASE) IN CASH HELD</strong></td>
<td>2,747,389</td>
<td>(55,256)</td>
</tr>
<tr>
<td><strong>CASH AT BEGINNING OF THE YEAR</strong></td>
<td>8,209,338</td>
<td>8,264,594</td>
</tr>
<tr>
<td><strong>CASH AT END OF THE YEAR</strong></td>
<td>10,956,727</td>
<td>8,209,338</td>
</tr>
</tbody>
</table>

(a) Reconciliation of cash
For the purposes of the statement cash flows, cash comprises the following:

Cash and cash equivalents (Note 4) | 10,956,727 | 8,209,338 |

(b) Reconciliation from the net surplus to the net cash flows from operating activities:

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net surplus/(deficit)</td>
<td>476,785</td>
<td>14,189</td>
</tr>
<tr>
<td>Adjustments for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation of non-current assets</td>
<td>310,766</td>
<td>60,558</td>
</tr>
<tr>
<td>Sale and hire of equipment</td>
<td>(1,350)</td>
<td>-</td>
</tr>
<tr>
<td>Changes in assets and liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>63,820</td>
<td>(18,845)</td>
</tr>
<tr>
<td>Other current assets</td>
<td>(616,572)</td>
<td>236,424</td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>773,841</td>
<td>(326,344)</td>
</tr>
<tr>
<td>Provisions for employee entitlements</td>
<td>20,160</td>
<td>508,585</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>2,039,817</td>
<td>(494,510)</td>
</tr>
<tr>
<td><strong>Net cash from operating activities</strong></td>
<td>3,066,867</td>
<td>8,057</td>
</tr>
</tbody>
</table>

### WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

### STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2021

<table>
<thead>
<tr>
<th></th>
<th>Accumulated Surplus</th>
<th>Reserves/ Capital</th>
<th>Total Equity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>As at 1 July 2019</td>
<td>971,692</td>
<td>-</td>
<td>971,692</td>
</tr>
<tr>
<td>Surplus for the period</td>
<td>14,189</td>
<td>-</td>
<td>14,189</td>
</tr>
<tr>
<td>Other comprehensive income</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>As at 30 June 2020</td>
<td>985,881</td>
<td>-</td>
<td>985,881</td>
</tr>
<tr>
<td>Surplus for the year</td>
<td>476,785</td>
<td>-</td>
<td>476,785</td>
</tr>
<tr>
<td>Opening adjustments to right of use assets</td>
<td>(12,006)</td>
<td>-</td>
<td>(12,006)</td>
</tr>
<tr>
<td>Other comprehensive income</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>As at 30 June 2021</td>
<td>1,450,660</td>
<td>-</td>
<td>1,450,660</td>
</tr>
</tbody>
</table>
1. CORPORATE INFORMATION

The financial report of Wentworth Healthcare Limited was authorised for issue in accordance with a resolution of the directors on 29 September 2021.

Wentworth Healthcare Limited is a company limited by guarantee with each member of the company liable to contribute an amount not exceeding $20 in the event of the company being wound up.

The principal activities of the company during the year were to provide support to primary healthcare providers and to perform an integral role in identifying healthcare needs, facilitating and implementing healthcare initiatives and improving patient service in the Nepean-Blue Mountains region.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of preparation

The financial report is a general purpose financial report, which has been prepared in accordance with the requirements of Australian Accounting Standards. The financial report has also been prepared on a historical cost basis and, except where stated, does not take into account current valuations of non-current assets.

The financial statements have been prepared on the going concern basis. The ability of the entity to continue operating as a going concern is dependent upon continuing government funding for its programs, in particular Commonwealth Government Funding from the Department of Health.

(b) Statement of compliance

The financial report has been prepared in accordance with the Mandatory Accounting Standards applicable to entities reporting under the Corporations Act 2001.

(c) Significant accounting judgments, estimates and assumptions

The preparation of the financial statements requires management to make judgments, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgments and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgments and estimates on historical experience and other various factors it believes to be reasonable under the circumstances, the results of which form the basis of the carrying values of assets and liabilities that are not readily apparent from other sources.

Details of the nature of these assumptions and conditions may be found in the relevant notes to the financial statements.

(d) Property, plant and equipment

Property, plant and equipment is stated at cost less accumulated depreciation and any impairment in value. Depreciation is calculated on a straight-line basis over the estimated useful life of the asset as follows:

- Furniture and equipment: 3-5 years
- Motor vehicles: 7 years
- Leasehold improvements: Term of lease

(d) Property, plant and equipment (continued)

An item of property, plant and equipment is derecognised upon disposal or when no future economic benefits are expected to arise from its continued use. Any gain or loss arising on derecognition of the asset (calculated as the difference between the net disposal proceeds and the carrying amount of the item) is included in the statement of comprehensive income for the year the item is derecognised.

Impairment

The carrying values of property, plant and equipment are reviewed for impairment when events or changes in circumstances indicate that the carrying value may not be recoverable. If any such indication exists and where the carrying value exceeds the estimated recoverable amount, the assets are written down to their recoverable amount. The recoverable amount of property, plant and equipment is the greater of fair value less costs to sell and value in use.

Impairment losses are recognised in the statement of comprehensive income.

(e) Recoverable amount of assets

At each reporting date, the company assesses whether there is an indication that an asset may be impaired. Where an indicator of impairment exists, the company makes a formal estimate of recoverable amount. Where the carrying value of an asset exceeds its recoverable amount the asset is considered impaired and written down to its recoverable amount.

The recoverable amount is the greater of fair value less costs to sell and value in use. It is determined for an individual asset, unless the asset’s value in use cannot be estimated to be close to its fair value less costs to sell and it does not generate cash inflows that are largely independent of those from other assets or groups of assets, in which case, the recoverable amount is determined for the group of assets.

(f) Cash and cash equivalents

Cash and cash equivalents in the statement of financial position comprise cash at bank and on hand and short-term deposits readily convertible to cash.

For the purposes of the statement of cash flows, cash consists of cash and cash equivalents as defined above, net of outstanding bank overdrafts.

(g) Provisions

Provisions are recognised when the company has a present obligation (legal or constructive) as a result of a past event, it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation.

If the effect of the time value of money is material, provisions are determined by discounting the expected future cash flows at a pre-tax rate that reflects current market assessments of the time value of money and, where appropriate, the risks specific to the liability.
WENTWORTH HEALTHCARE LIMITED  
A.B.N. 88 155 904 975

NOTES TO THE FINANCIAL STATEMENTS  
AT 30 JUNE 2021

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(h) Employee entitlements
Wages, salaries, time in lieu and annual leave
Liabilities for wages and salaries, time in lieu and annual leave are recognised and are measured as the amount unpaid at the reporting date at current pay rates in respect of employees’ services to that date.

Long service leave
A liability for long service is recognised and is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date.

Superannuation
Contributions to defined superannuation plans are expensed as incurred.

Entitlements which are expected to be settled within twelve months are measured at their nominal values using current remuneration rates. Liabilities which are expected to be settled after twelve months are measured at the present value of estimated future cash outflows in respect of services provided up to reporting date.

(i) Revenue
Revenue is recognised to the extent that it is probable that the economic benefits will flow to the company and the revenue can be reliably measured. The following specific recognition criteria must also be met before revenue is recognised:

Grant income
Grants are recognised at their fair value where there is reasonable assurance that the grant will be received and all attaching conditions will be complied with.

When the grant relates to an expense or an item recorded on the statement of financial position, it is recognised as income over the periods necessary to match the grant on a systematic basis to the costs and capital items that it is intended to compensate.

Any excess of grant income over expenditure is set aside as a provision for future use in accordance with the company’s purposes and the purposes of the funding body.

Rendering of services
Control of the right to receive payment for the services performed has passed to the company.

Interest
Control of the right to receive the interest payment has passed to the company as the interest accrues.

(j) Taxes
Income tax
The company is exempt from income tax under section 50-45 of the Income Tax Assessment Act 1997.

Goods and Services Tax (GST)
Revenues, expenses and assets are recognised net of the amount of GST except where:

- the GST incurred on a purchase of goods and services is not recoverable from the taxation authority, in which case the GST is recognised as part of the cost of acquisition of the asset or as part of the expense item as applicable; and
- receivables and payables are stated with the amount of GST included.

Operating cash flows are included in the statement of cash flows on a gross basis and the GST component of cash flows arising from investing and financing activities, which is recoverable from, or payable to, the taxation authority is classified as part of operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the taxation authority.

(k) Leases
Finance leases, which transfer to the company substantially all of the risks and benefits incidental to ownership of the leased items, are capitalised at the inception of the lease at the fair value of the leased property or, if lower, at the present value of the minimum lease payments.

Lease payments are apportioned between the finance charges and reduction of the lease liability so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are charged directly to the statement of comprehensive income.

Capitalised leased assets are amortised over the shorter of the estimated useful life of the asset or the lease term.

Leases where the lessor retains substantially all of the risks and benefits of ownership of the asset are now classified as right of use assets.

(l) Right of use assets
A right-of-use asset is recognised at the commencement date of a lease. The right-of-use asset is measured at cost, which comprises the initial amount of the lease liability, adjusted for, as applicable, any lease payments made at or before the commencement date net of any lease incentives received, any initial direct costs incurred, and, except where included in the cost of inventories, an estimate of costs expected to be incurred for dismantling and removing the underlying asset, and restoring the site or asset.
2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(I) Right of use assets (continued)

Right-of-use assets are depreciated on a straight-line basis over the unexpired period of the lease or the estimated useful life of the asset, whichever is the shorter. Where the Company expects to obtain ownership of the leased asset at the end of the lease term, the depreciation is over its estimated useful life. Right-of-use assets are subject to impairment or adjusted for any remeasurement of lease liabilities.

The Company has elected not to recognise a right-of-use asset and corresponding lease liability for short-term leases with terms of 12 months or less and leases of low-value assets. Lease payments on these assets are expensed to profit or loss as incurred.

3. REVENUES AND EXPENSES

(a) Sale of goods and services

<table>
<thead>
<tr>
<th>Description</th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program funding</td>
<td>23,996,175</td>
<td>21,384,898</td>
</tr>
<tr>
<td>Fees for services</td>
<td>-</td>
<td>3,327</td>
</tr>
<tr>
<td>Sponsorship</td>
<td>-</td>
<td>8,689</td>
</tr>
<tr>
<td>Other income</td>
<td>303,726</td>
<td>235,958</td>
</tr>
</tbody>
</table>

| Total             | 24,299,901| 21,632,872|

(b) Finance income

Interest received

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>85,500</td>
</tr>
</tbody>
</table>

| Total             | 222,532 |

(c) Depreciation and amortisation

Depreciation of non-current assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>310,766</td>
<td>60,558</td>
</tr>
</tbody>
</table>

(d) Employee benefits

Salaries and wages - staff
Salaries and wages - directors
Employee entitlements
Superannuation

<table>
<thead>
<tr>
<th>Description</th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and wages - staff</td>
<td>5,671,613</td>
<td>5,007,816</td>
</tr>
<tr>
<td>Salaries and wages - directors</td>
<td>189,573</td>
<td>186,338</td>
</tr>
<tr>
<td>Employee entitlements</td>
<td>(760)</td>
<td>128,355</td>
</tr>
<tr>
<td>Superannuation</td>
<td>529,248</td>
<td>489,424</td>
</tr>
</tbody>
</table>

| Total             | 6,369,674 | 5,802,933 |

(e) Expenses included in other expenses

Operating lease rental - premises

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating lease rental - premises</td>
<td>-</td>
</tr>
</tbody>
</table>

| Total             | 237,295  |

4. CASH AND CASH EQUIVALENTS

Cash on hand
Cash at banks
Term deposits

<table>
<thead>
<tr>
<th>Description</th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on hand</td>
<td>-</td>
<td>400</td>
</tr>
<tr>
<td>Cash at banks</td>
<td>2,666,727</td>
<td>1,808,938</td>
</tr>
<tr>
<td>Term deposits</td>
<td>8,090,000</td>
<td>6,409,000</td>
</tr>
</tbody>
</table>

| Total             | 10,766,727 | 8,209,338 |

Terms and conditions

Term deposits are taken out for periods of up to three months and earn interest at rates fixed for the term of the deposit.

Cash at banks earns interest at variable rates. At 30 June 2021 the weighted average interest rate on cash at banks and term deposits was 0.3% (2020: 1.9%).
## WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

### NOTES TO THE FINANCIAL STATEMENTS

#### AT 30 JUNE 2021

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

#### 5. TRADE AND OTHER RECEIVABLES

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade and other receivables</td>
<td>3,520</td>
<td>44,000</td>
</tr>
<tr>
<td>Provision for doubtful debts</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

#### 6. OTHER CURRENT ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepayments</td>
<td>798,381</td>
<td>373,861</td>
</tr>
<tr>
<td>GST receivable</td>
<td>331,912</td>
<td>137,412</td>
</tr>
<tr>
<td>Security deposits</td>
<td>58,249</td>
<td>60,697</td>
</tr>
</tbody>
</table>

### 7. PROPERTY, PLANT AND EQUIPMENT (continued)

#### Reconciliations

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

#### Office furniture and equipment

- Carrying amount at beginning of year: 148,976
- Additions: 89,900
- Depreciation: (77,144)
- 2021: 161,732
- 2020: 148,976

#### Motor vehicles

- Carrying amount at beginning of year: 1,118
- Additions: 1,565
- Depreciation: (319)
- 2021: 799
- 2020: 1,118

#### Leasehold improvements

- Carrying amount at beginning of year: 3,561
- Additions: 10,705
- Depreciation: (2,375)
- 2021: 1,186
- 2020: 3,561

### 8. RIGHT OF USE ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

#### Property, plant and equipment - right of use - at cost

- Opening: 682,083
- Amortisation: (384,147)
- 2021: 297,936
- 2020: 536,155

#### Reconciliation

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

#### Property, plant and equipment - right of use

- Opening: 536,155
- Additions: (7,288)
- Amortisation: (230,931)
- 2021: 297,936
- 2020: 536,155

### 9. TRADE AND OTHER PAYABLES

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

#### Trade creditors

- 1,293,449
- 557,381

#### Other creditors and accrued expenses

- 502,908
- 464,435

#### 2021: 1,795,457
#### 2020: 1,021,816
WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2021

2021  2020

10. PROVISIONS

Current
Access to Allied Psychological Services liabilities  401,151  380,231
Annual leave  349,391  374,111
Time in lieu  9,788  14,076
Long service leave  238,083  223,904
Total Current  998,393  992,321

Non Current
Long service leave  75,399  61,311

11. OTHER CURRENT LIABILITIES

Other Creditor - NBMLHD  1,463,800  -
Deferred income in advance  6,483,170  5,940,774
Total Other Current  7,947,970  5,940,774

12. BORROWINGS

Current
Right of use liability  241,614  238,201

Non Current
Right of use liability  71,947  287,864

13. RELATED PARTY TRANSACTIONS (continued)

Remuneration of directors
Income paid or payable, or otherwise made available, in respect of the financial year to all
directors of the company:

2021  2020

214,842  202,366

The number of directors of the company whose remuneration, including superannuation
contributions, falls within the following bands:

<table>
<thead>
<tr>
<th>2021 Number</th>
<th>2020 Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $9,999</td>
<td>2</td>
</tr>
<tr>
<td>$10,000 - $19,999</td>
<td>5</td>
</tr>
<tr>
<td>$20,000 - $29,999</td>
<td>4</td>
</tr>
<tr>
<td>$30,000 - $39,999</td>
<td>1</td>
</tr>
</tbody>
</table>

Transactions with Director Related Entities
During the year the company received services from Myhealth Kable Street Pty Ltd an
organisation in which Dr Tony Rombola has a financial interest, amounting to $24,005
(2020: $12,120). These services were provided under normal commercial terms and
conditions.

During the year the company received services from A & T Rombola Pty Ltd trading as
Rombola Medical Trust, an organisation in which Dr Tony Rombola has a financial interest,
amounting to $1,656 (2020: $1,684). These services were provided under normal
commercial terms and conditions.

During the year the company received services from Bowenfels Medical Practice, an
organisation in which Dr Madhu Tamilarasan has a financial interest; amounting to $6,820.
These services were provided under normal commercial terms and conditions.

14. ECONOMIC DEPENDENCY

The company is dependent upon the continued provision of funding by various government
departments, primarily the Department of Health.

15. SUBSEQUENT EVENTS

No matters or circumstances have arisen since the end of the financial year which
significantly affected, or may significantly affect, the operations of the company. The results
of those operations or the state of affairs of the company in financial years subsequent to
30 June 2021.
WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

DIRECTORS’ DECLARATION

In accordance with a resolution of the directors of Wentworth Healthcare Limited, we state that:

In the opinion of the directors:

(a) the financial statements and notes of the company are in accordance with the
Corporations Act 2001, including:

(i) giving a true and fair view of the company’s financial position as at 30 June 2021 and
of its performance for the period ended on that date; and

(ii) complying with Accounting Standards and Corporations Regulations 2001; and

(b) there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

On behalf of the board

[Signature]

Dr Tony Rombola
Director

[Signature]

Bruce Turner AM
Director

Penrith
29 September 2021
2020/2021 was all about ‘checking in’ for Wentworth Healthcare. Checking in with our GPs, our practice nurses and staff, our allied health professionals and our own staff and community. Together we have survived another challenging year, and our community is stronger than ever.

For more information about Wentworth Healthcare or Nepean Blue Mountains PHN visit www.nbmphn.com.au

While the Australian Government helped fund this material, it has not reviewed the content and is not responsible for any injury, loss or damage however arising from the use of or reliance on the information provided herein.

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