



South Western Sydney PHN
Annual Report
2020-21

phn
SOUTH WESTERN
SYDNEY

An Australian Government Initiative



Quality
ISO 9001

SAI GLOBAL

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Our members

Full members

- Ingham Institute
- Karitane
- Lifeline Macarthur
- One Door Mental Health
- Southern Highlands Division of General Practice
- Sydney South West GP Link
- Sector Connect
- Western Sydney University School of Medicine

Associate members

- Bovec Pty Ltd t/a The Foot Company
- Grow Residential Rehabilitation Program
- Hepatitis NSW
- K & K Medical
- Obion Holdings
- Oxley Home Care
- Qualitas Australia
- Quest for Life Foundation
- Regal Home Health
- Completely Aligned

Friends of SWSPHN

- AK & DS Pty Ltd T/A My Family Health Medical Centre
- Stepping Stone Services

Our values



Fairness

Make decisions free from bias and discrimination



Integrity

Behave honestly and accept responsibility for one's conduct



Optimism

Present a positive and constructive approach to future events



Courage

Strength to lead and innovate



Trust

Maintain mutual respect for one another and act in good faith



Empathy

Gather insights and understanding of others' experiences

Our goals

1



A healthier community

2



An informed and empowered community

3



A better health system experienced by GPs and primary care providers

4



An integrated health system that is fit for purpose

5



Primary healthcare that demonstrates value

Our purpose

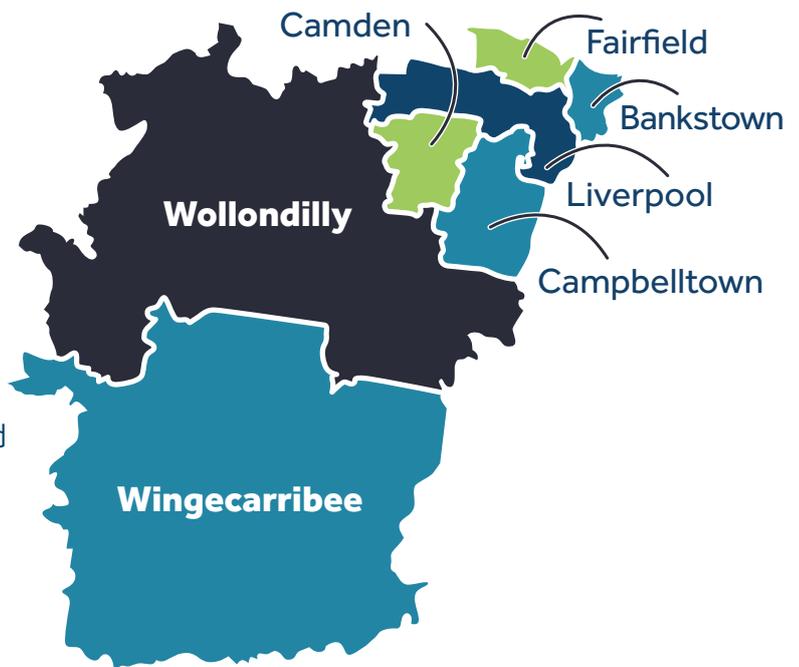
South Western Sydney PHN is one of 31 Primary Health Networks (PHNs) established by the Australian Government to increase efficiency and effectiveness of health and medical services in the local community.

We do this by supporting local clinicians; understanding the healthcare needs and service gaps in our community through planning and consultation; and by focusing on improving access to primary care services for patients, particularly those in our community at risk of poor health outcomes.

We are dedicated to supporting general practitioners, practice nurses and other primary health providers to deliver the best possible care for their patients and improve access to quality local healthcare for the whole community.

We are also dedicated to improving the coordination of care to ensure patients receive the right care, in the right place, at the right time.

South Western Sydney PHN covers the local government areas of Bankstown, Fairfield, Liverpool, Camden, Campbelltown, Wollondilly and Wingecarribee.



Our vision

To be a lead organisation enabling an effective, innovative and integrated health system for South Western Sydney



Our service standard

To support and shape primary care services so all residents in our region can access the right care, at the right time, by the right people, at the right location



Our mission

To enhance and connect primary healthcare so residents and patients achieve better health outcomes

Chair's report

Welcome, on behalf of the board and staff team, to South Western Sydney PHN's (SWSPHN) annual report for the year ending 30 June 2021.

It has been a year where, as an organisation, region, state and nation we have had to continue and heighten our response to the ongoing health, economic and social challenges of the COVID-19 pandemic.

SWSPHN has pivoted, again and again, to swiftly and effectively support our general practitioner (GP) and primary care workforce to deliver the best possible care for their patients in these unprecedented times. Our commitment to ensuring our community has access to the information and care required to navigate this difficult period in history is unwavering.

Notwithstanding the necessary focus on the COVID-19 scourge, we have continued to build on the solid foundation of our organisation as we look to the future and our expanding roles and responsibilities in the broader health system. During the year we revitalised our strategic plan for the next five years (2021-2026) and have a roadmap for implementation, with the aim of supporting and improving the health and wellbeing of the people and communities of our region.

In pursuing our mission of achieving better health outcomes for our community, we concentrate on what I summarise as the 3Cs:

- **Commissioning** of services to meet the needs of our wonderfully diverse, vibrant, and thriving community;
- **Coordination** and integration of care within primary care and across the health system; and
- **Capacity building** of our GP and primary workforce and services.

The pages that follow highlight the many programs, projects, and achievements in these areas.

Our goals cannot be achieved in isolation, and it is through working together

with our partners, most notably the South Western Sydney Local Health District, and a network of stakeholders and providers that transformation takes place.

Furthermore, progress is only possible with the commitment and support of many. I would like to thank my colleagues on the board for their leadership and stewardship of SWSPHN throughout the year. The board gratefully acknowledges and appreciates the hard work and resilience of our CEO, Keith McDonald, executive and staff team. Sincere thank you also to our committee members, member organisations and health professionals and providers for their dedication and passion in positively impacting the health and wellbeing of the people who live and work in our region.

Finally, as part of our board renewal process, Mr Mark Allen, The Honourable Craig Knowles, and Dr Anett Wegerhoff retire at this year's annual general meeting. They have been directors since the foundation of SWSPHN in 2015 and I would like to acknowledge and wholeheartedly thank each of them for their sterling contributions to the organisation and wish them well in their future endeavours.

I do hope you enjoy reading this annual report and I commend it to you.



CEO's report



It is a privilege to present our 2020-21 annual report, profiling our sixth year of operation as a Primary Health Network. I trust you will recognise a robust operation built on a sound financial

position, quality management systems, continuous development of performance and a genuine commitment to shared values.

Our vision focuses on addressing the purpose for which we are engaged by the Australian Government, strategically applied to the well-measured needs of our richly diverse South Western Sydney communities.

We must be committed to our goals, whilst being prepared to listen, learn and respond to opportunities.

To this end, the leadership of our board, executive and senior management team is well-grounded in the advice of our Consumer Advisory Committee, Clinical Council and a plethora of key stakeholder engagements.

Enhancing the capability of the 425 general practices to better service our local communities is at the very heart of the SWSPHN mission. We do this through supporting data-led, practice-owned quality improvement initiatives, decision support with HealthPathways, an extensive training and continuing professional development calendar, plus timely multimedia communications.

This is further enhanced by ground-breaking projects that really provide a point of

difference for our region. We lead the way with change initiatives that include a medical neighbourhood model (My Care Partners), a credentialed program for transitioning nurses into general practice (NewGen), ICT interoperability (iRAD), plus data linkage between primary and acute care (LUMOS).

In close step with our South Western Sydney Local Health District partners (SWSLHD), primary healthcare continues to face-off the once-in-a-century COVID-19 pandemic. Throughout, our team remains agile and responsive in supporting the changing requirements of both general practices and the community more broadly.

*"The key to success is often the ability to adapt."
Confucius*

With streamlined planning, contract management and compliance processes, the SWSPHN continues to scale up its suite of commissioned services to meet the prioritised needs of

our region. It is no mean feat that over these 12 months we have commissioned no less than 100 contracts from 67 separate service providers in areas as diverse as Aboriginal health; chronic disease management; alcohol and drugs treatment; GP after hours access; palliative care; bushfire recovery; mental health and suicide prevention.

The SWSPHN can also be relied on to innovate and explore multiple channels to engage more broadly with our local communities. We always seek to inform with meaningful messages, key links and usable resources that are both topical and timely.

I truly believe this report is a testament to the varied and challenging work our dedicated team continues to accomplish with little public fanfare. We are demonstrably an organisation that is both agile and adaptable in the face of change.

Our board



Dr Matthew Gray - Chair

B.Med (Newcastle), B.Ec,
FRACGP and FAICD



**Dr Anett Wegerhoff
- Vice Chair**

MBBS, DRANZCOG,
FRACGP and GAICD



Dr Vince Roche

Associate Professor,
MBBS, DCH, DRCOG,
DRANZCOG,
FRACGP, FACRRM



**The Hon Craig
Knowles AM**

Fellow of the Australian
Property Institute in both
Land Evaluation and Land
Economy and CPV



Ms Amanda Larkin

Bachelor of Social Work,
Associate Diploma in
Environmental Planning



Mr Mark Allen

Diploma of
Law (Solicitors
Administration Board)



Prof Jennifer Reath

MBBS (UQ) MMed (U Syd)
PhD (WSU) FRACGP GAICD



Karen Edwards

BA Hons (Psych) M Clin
Psych Grad Cert Adult Ed
Cert Governance Practice

Strategic Plan 2021-26

This year we've finalised our second five-year road map for supporting general practice and continuing to increase the efficiency and effectiveness of healthcare services in the region.

SWSPHN's Strategic Plan 2021-26 reflects how we will achieve our core purpose of improving health outcomes in our community, in a visual, easily understood format.

The plan's five goals are underpinned by the Quadruple Aim of enhancing patient experience, improving population health, reducing costs and improving the work life of healthcare providers.

These goals include:

- ➔ A healthier and more enabled community
- ➔ A better health system experienced by GPs and primary care providers
- ➔ An integrated health system which is fit for purpose
- ➔ Primary healthcare which demonstrates value
- ➔ A trusted and socially responsible organisation

The plan was developed around SWSPHN's values of trust, empathy, courage, fairness, integrity and optimism.

It considers potential environmental, health and funding changes which could impact on strategies and the organisation.



The strategies developed focus on:

- ➔ People (enhancing equitable access and care outcomes)
- ➔ Providers (support and enable capabilities)
- ➔ Systems (coordinate well-informed planning, co-design, implementation and review of services)

The Strategic Plan is available at swsphn.com.au

South Western Sydney PHN at a glance

1 July 2020 to 30 June 2021



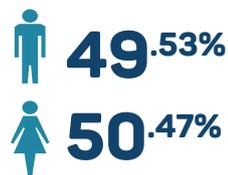
South Western Sydney at a glance



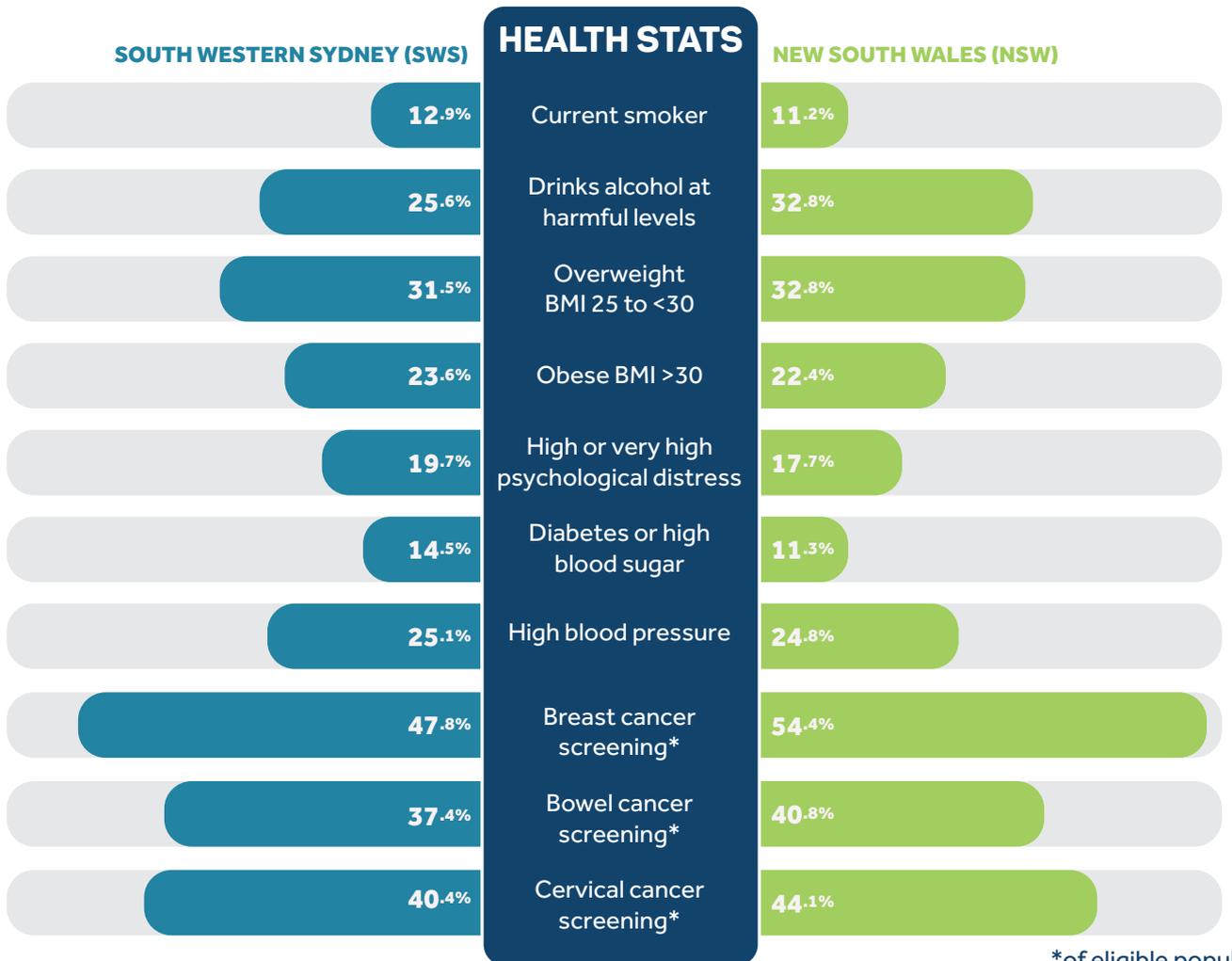
2021 POPULATION

1,057,080*

*projection from 2016 Census.
2031 projection: 1,284,700



LIFE EXPECTANCY



*of eligible population

Special feature

Responding to COVID-19

Support for GPs

When SWSPHN staff pitched in to help prepare and deliver 425 packs of surgical and P2/N95 masks for general practices across our region in January 2020, there's no way any of us could have guessed 21 months later we'd still be supporting our GPs through the challenges of "the novel coronavirus".

While our support has evolved with the changing needs of our primary care providers during the 2020-21 financial year, our commitment to ensuring our community has the access to care and information needed to help them through this pandemic, has not.

Mask delivery

SWSPHN has supplied personal protective equipment (PPE) from the national stockpile to support general practice since the start of the pandemic. In 2020-21, we oversaw the distribution of 14,393 boxes of surgical masks (or 13,817,280 individual masks); 1,023 boxes of N95 masks (or 511,500 individual masks); 9,500 gowns from the Department of Health (or 950,000 individual gowns); and 1,190 PHN-funded gowns (or 119,000 individual gowns).



HR Manager Christine Turner and Corporate Services Support Officer Allyson Bassil pack and distribute PPE supplies.

Response Coordinator appointed

SWSPHN appointed a COVID-19 Response Coordinator in April 2020 to liaise with the South Western Sydney Local Health District (SWSLHD) on training for general practice and assist in increasing community testing and vaccination; liaise with the Department of Health on our region's four general practice respiratory clinics; liaise with the GP respiratory clinics and other practices who are testing and vaccinating; organise mask allocations and deliveries from the national stockpile; facilitate a team of COVID-19 response dispatchers; source masks and gowns; respond to enquiries from GPs, allied health, pharmacies and specialists; and work with our communications team to ensure correct and up-to-date information is conveyed. This role continued to be vital in coordinating SWSPHN's response

to the pandemic in 2020-21. In response to the ongoing need, the COVID-19 Response team has expanded to include three COVID Response Officers, a Clinical Response Officer and Administration Officer.

Testing clinics

SWSPHN has worked closely with the region's four GP-led respiratory clinics at Fairfield, Campbelltown, Picton and Mittagong in the region in the first half of 2020-21, and now with the newly established clinic at Chester Hill. These GP respiratory clinics continue to test for COVID-19 and have also played a key role in the national vaccine rollout across our region. SWSPHN supplies these clinics with PPE, and communicates locations, times and how to book an appointment at these clinics to our community.

SWSPHN also supports the 36 general practices in our region testing for COVID-19:

- 2 Wollondilly practices
- 2 Camden practices
- 1 Campbelltown practice
- 8 Fairfield practices
- 8 Liverpool practices
- 11 Bankstown practices
- 4 practices in the Wingecarribee Shire



Dr Heather McKenzie, during a COVID-19 testing day at Tharawal AMS in Airds.

This support includes P2 mask and gown deliveries; liaising with SWSLHD to organise infection control training for practices; and promoting the times those practices are testing via our website, social media and through translated information sheets.

Supporting the vaccine rollout



Dr Indran Rajendra, Bundanoon-based GP prepares for vaccination rollout- May 2021.

Early in 2021, SWSPHN began supporting the vaccine rollout to general practices, GP-led respiratory clinics, Residential Aged Care Facilities (RACFs) and disability accommodation facilities across South Western Sydney.

We distributed an Expression of Interest (EOI) for general practice participation in Phase 1b of COVID-19 vaccine rollout in January 2021 and provided the 242 and four GP respiratory clinics selected to participate with updates and information about the AstraZeneca and Pfizer vaccines. SWSPHN distributed further EOIs in May and June to support the recruitment of more general practices to vaccinate as more vaccine doses became available and eligibility for the vaccines expanded. We liaised with general practices, including via a survey in April, to better understand the specific needs of their patient cohort, and supply PPE and timely updates with information about the rollout. SWSPHN also assisted 912 general practice staff and healthcare workers book their COVID-19 vaccination at SWSLHD's Liverpool/Oran Park hubs prior to automation of the registration system.

At the end of June this year, 242 or 57 per cent of general practices in South Western Sydney were vaccinating patients against COVID-19.

Website

SWSPHN developed 16 new web pages with COVID-19 information specifically for healthcare providers in the last financial year. This brings our total number of pages with information about COVID-19 for health professionals to 18.

These pages include information about the vaccination rollout, adverse reactions, information on assisting patients with enquiries about COVID-19, and testing and pathology.

The top three health professional COVID-19 pages were:

COVID-19 cases in South Western Sydney: 25,685 pageviews

Private pathology collection centres in South Western Sydney: 20,060 pageviews

COVID-19 vaccination information for health professionals: 12,229 pageviews

Other support provided to general practices in 2020-21

- Continued use of CPD to Zoom instead of face-to-face meetings
- Weekly Practice Pulse newsletter focusing on COVID-19 to ensure healthcare providers had the most up-to-date information on the pandemic
- Distributing urgent COVID-19 updates to general practices via email 92 times
- The development of a wealth of new HealthPathways to support GPs in providing care during COVID-19
- Translated testing options factsheets in a variety of languages

Support for community

Social media

In 2020-21, SWSPHN relied heavily on social media to provide important, relevant and timely information to our online community about the ongoing COVID-19 pandemic.

We created and shared a wealth of Facebook posts and tweets from a variety of reliable sources, including South Western Sydney Local Health District, healthdirect, NSW Health, and Lifeline. We kept the community alert about COVID-19 information, testing options, mental health and wellbeing resources, and vaccination options.

Using paid post placements across Facebook and Instagram throughout the year, we reached more than one million people and had over 7,000 people click on a link to learn more about COVID-19.

Our community was most interested in posts about mental health, with the top post on Facebook receiving 551 likes and 103 shares, and the top tweet receiving 606 impressions.

Don't Neglect Your Health



Dr Jo Senior, Bowral-based GP supports the Don't Neglect Your Health campaign.

SWSPHN followed up the previous year's Don't Neglect Your Health media and YouTube campaign, along with a Google Display and social media campaign in 2020-21.



Practice Nurse, Alec El-achrafi, preparing the clinic the day for COVID-19 testing at Campbelltown GPRC.

The campaign ran during winter with the aim to remind our community that neglecting their regular health or chronic conditions during the pandemic could lead to serious health issues and worsening chronic conditions.

Posts included messages from local doctors and nurses and during the winter months, more than 62,638 people clicked to learn more about how they could continue to stay healthy.

Thanks to our community

During what has been an extremely challenging time in June and July this year due to the Delta outbreak of COVID-19 in Sydney, and in South Western Sydney



in particular, SWSPHN ran a campaign on Facebook thanking our community for turning out in such high numbers to get tested or receive a COVID-19 vaccination.

This campaign ran during July and August with messages including:

- South Western Sydney, champions heavy lifters of lockdown
- Thank you South Western Sydney for staying home and keeping our loved ones safe
- South Western Sydney, thank you for joining the queue

Multicultural community campaign



In South Western Sydney we have a vast and thriving multicultural community. We use a trusted translation service to assist us in delivering key messages in an effective and timely manner to these groups.

A number of advertisements were created in order to target four key cultural communities locally: Vietnamese, Chinese, Arabic and Assyrian with messages regarding COVID-19.

Messages were tailored to align with cultural values and features of each group. These messages were shown to more than 800,000 people across Facebook and Instagram in response to COVID-19 concerns.



Dr Heather McKenzie (left) administers the COVID-19 vaccination to Tharawal Aboriginal Corporation Chief Executive Officer, Darryl Wright (right).

Website

SWSPHN developed five new web pages with information about COVID-19 tailored for community in 2020-21, bringing our total number of pages to eight with information about vaccination, testing, where to find mental health support and resources for Aboriginal and Torres Strait Islander communities.

The top three community COVID-19 pages visited were:

COVID-19 testing options for South Western Sydney:71,595 pageviews

COVID-19 vaccination rollout in South Western Sydney:..... 47,060 pageviews

'Close contact' and 'casual contact', the differences explained:14,323 pageviews

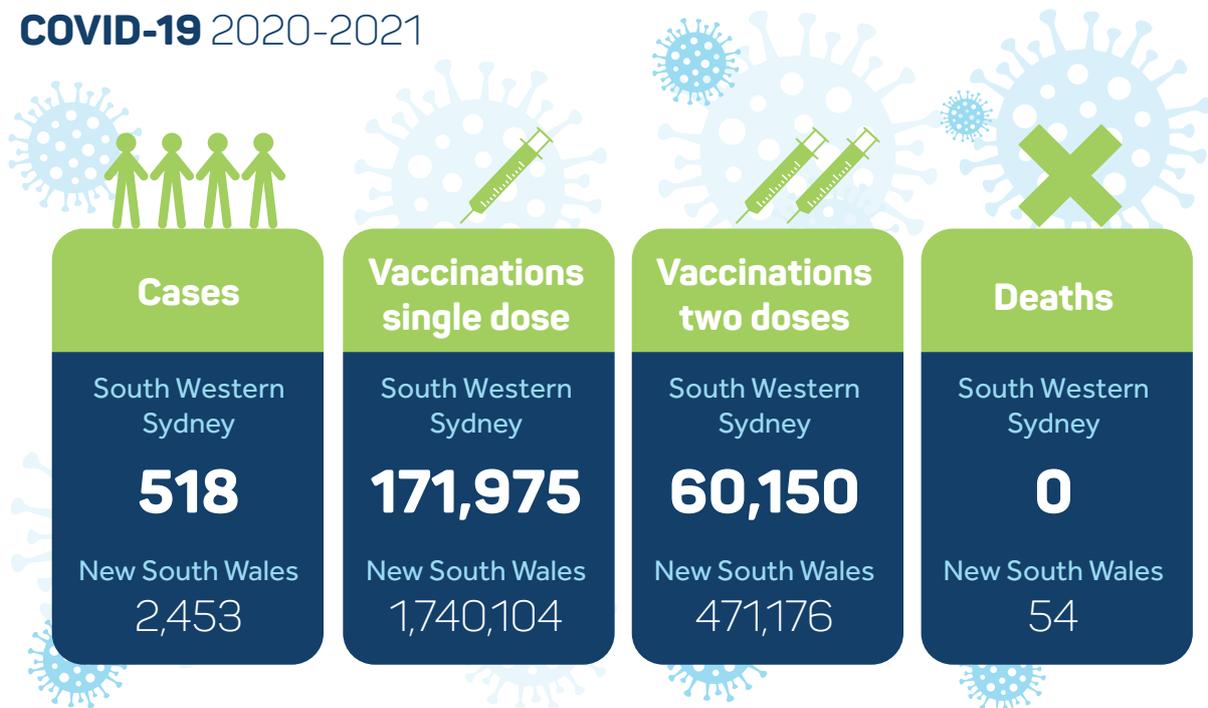
Community Pulse

Our Community Pulse newsletter, which is distributed monthly to almost 500 subscribers from across South Western Sydney, continued to provide our community with the most up-to-date, locally relevant information about COVID-19 in 2020-21.

Each month we provided the latest alerts, advice, hotspots, testing options and information about eligibility as the national vaccine rollout began.

Stories included the start of the vaccination rollout through Tharawal Aboriginal Medical Service and general practice in March and local GPs speaking out to encouraging the community to get vaccinated in May.

COVID-19 2020-2021



NB First case of Delta outbreak in Australia was reported 16 June 2021, 15 days before the end of this reporting period.

Goal 1: Strategic Plan 2016 - 2020

A healthier community

Goal strategies

- Investigate, track and analyse data to better inform priority setting, planning and systems development

- Commission services that enhance equitable access to care according to prioritised population needs as identified in our needs assessment

- Address the specific health needs of our Culturally and Linguistically Diverse (CALD), refugee, Aboriginal and rural populations

Commissioning health services to meet local needs

SWSPHN decides which services to commission based on the priority needs of patients in South Western Sydney. The commissioning cycle involves strategic planning, procuring services and monitoring and evaluation.

| | |
|--|---------------|
| Contracts managed: | 100 |
| Service providers: | 67 |
| Mental health and AOD distinct clients supported: | 10,309 |
| Mental health and AOD service contacts: | 70,670 |

We commission services to address gaps in mental health, alcohol and other drugs (AOD), Aboriginal and Torres Strait Islander health, integrated health including diabetes, hepatitis C, antenatal shared care and palliative care services, and access to after hours GP care.

2020-21 is SWSPHN's fifth year as an organisation dedicated to the commissioning process, using a full integrated commissioning cycle. As such we have continued to drive sustainable change in our health system to improve the outcomes for our region and the wider community.

Commissioning vision: Driving sustainable change in our health systems to improve outcomes for our community.

In 2020-21, priorities for the commissioning team included:

- ➔ Streamlining the contract management and compliance processes
- ➔ Establishing and implementing phases 1 and 2 of Open Windows, a new contract management system
- ➔ Strengthening research partnerships in order to amplify the commissioning process and transition towards outcomes-based commissioning

In total 100 new contracts were established and 37 contract variations were made in the 2020-21 financial year. Key services include mental health, after hours, drug and alcohol and integrated care services.

New commissioning activities at the PHN in 2020-21 include:

- ➔ The South Western Sydney Peer Support Program (mental health)

- ➔ Way Back Support Service (suicide prevention)

- ➔ Lead organisation for Credentialed Mental Health Nurse Service (mental health)

- ➔ Mental Health Literacy Co-design Project (mental health)

- ➔ Community Wellbeing and Participation Measures (bushfire mental health support)

In 2020-21, commissioning program support was provided for 67 organisations. Workflows for loading of new contracts, contract variations, loading of invoice claims, invoice claim approvals, and delegations were finalised this year. DocuSign was also implemented to further streamline the contract execution process.

Open Windows

All commissioning contract agreements, invoices, deliverables, financials and insurances are now saved within Open Windows. Training and support for Open Windows was provided for the Mental Health team, Integrated and Priority Populations and the My Care Partners project team in the 2020-21 period.

Health planning to understand local needs

Our vision is to ensure local healthcare is patient-focused, equitable and responsive to the changing and developing needs of the communities in South Western Sydney.

The region is among the most rapidly growing populations in NSW. It is also a vibrant, culturally diverse region with close to half of us being born overseas and over 70 per cent of people speaking a language other than English at home.

To better understand the needs of our growing and changing population and the health service gaps in our community, we complete a comprehensive needs assessment every three years. Needs outlined in the assessment help us to fund and shape locally responsive services. Meaningful engagement and strong long-term partnerships ensure our planning is robust and the services we commission are innovative, truly integrated and support local health needs. Our current needs assessment reporting period is due to end in 2022.

Supporting the region's mental health

After three years and lots of hard work, SWSPHN and SWSLHD launched the Regional Mental Health and Suicide Prevention plan for South Western Sydney via virtual event on 19 November 2020. The plan is a roadmap for supporting the mental health needs of our region's residents over the next five years.

The plan includes input from more than 200 people from organisations, services, hospital staff, GPs, people with lived experience and carers, Indigenous support services, schools and community services across South Western Sydney.

It will guide local efforts to improve access to mental health support in areas including referral pathways, integration, and collaboration within the mental health sector and relevant community and health services until 2025.

Improving mental health literacy in South Western Sydney

Initiatives aimed at improving the mental health literacy of the South Western Sydney community will be undertaken during the next 12 months following a successful co-design initiative in 2020-21. SWSPHN invited locals from diverse backgrounds to contribute to the project by sharing their experiences, knowledge and ideas about mental health.

The feedback provided between April and June of 2021 identified recommendations and activities SWSPHN will undertake to improve the mental health literacy responsiveness of the local community, service providers and general practice staff.

Recommended activities include:

- ➔ Targeted training and capacity building for general practice and other service providers
- ➔ Exploring mental health literacy workshops for community members, particularly culturally and linguistically diverse communities
- ➔ Development of an internal mental health literacy communications strategy
- ➔ Scoping of a lived-experience "community champions" approach
- ➔ Continued implementation of the Embrace Multicultural Mental Health Framework and associated activities
- ➔ Creation of a No Wrong Door Framework to complement the existing No Wrong Door Initiative
- ➔ Revamp of the Recovery Point app/ website, including directory of mental health supports in South Western Sydney matched to a user's needs and location
- ➔ Ongoing commitment to mental health literacy activities through SWSPHN Needs Assessment and Activity Work Plan submitted to the Department of Health

We'd like to thank everyone who was involved in the project.

Closing the gap: Aboriginal and Torres Strait Islander health

SWSPHN is working with our community to close the gap between Aboriginal and non-Aboriginal Australian's life expectancy by improving access to culturally appropriate primary care services.

In 2020-21, SWSPHN has partnered with Tharawal Aboriginal Medical Service to deliver mental health, wellbeing, and drug



Nick McGhie and Suzann Kennedy give a Closing The Gap presentation to SWSPHN staff.

and alcohol services. A number of webinars were held through SWSPHN for GPs working in the region in 2020-21, these aimed to provide an overview of key issues relevant to the development of a culturally safe health service environment for Aboriginal and Torres Strait Islander peoples by defining cultural awareness education and cultural safety and the distinction between the two.

SWSPHN is currently in the process of finalising an Innovate Reconciliation Action Plan (RAP) which will outline our organisation's commitment to be aspirational and innovative in developing a deeper understanding of, and strengthening relationships with, Aboriginal and Torres Strait Islander peoples.

Creating a stronger understanding of a patient's health journey with LUMOS

LUMOS is a partnership between NSW Ministry of Health and SWSPHN that assists practices in gaining a stronger understanding of their patients' journey across the health system.

Deidentified data from general practices is linked with other health service data to provide a more comprehensive view of patient pathways.

Practices participating in LUMOS receive detailed reports issued every six months showing how their patients use services in other parts of the health system.

This financial year, the number of participating practices in South Western Sydney has grown substantially from 33 to 114. Currently 27.54 per cent of the 414 eligible practices in South Western Sydney are participating. SWSPHN is leading the way with the most practices participating in NSW. We are excited for the future of LUMOS.

Data retrieved from participating practices will be used to determine health needs in South Western Sydney moving forward.



Evidence-based health data at our fingertips

Primary Health Insights (PHI) is a new cloud-based storage and analytics solution allowing SWSPHN and 26 other Primary Health Networks across Australia to store, manage and analyse de-identified primary health data.

During the past 12 months SWSPHN has tested the new platform on behalf of other PHNs and participated in a feedback loop for further enhancements to the platform, ready for implementation in 2021. PHI is ready for data input.

For the PHN

SWSPHN will use the data produced and stored within PHI to better understand the needs of our region. As such, PHI is vital to our work in commissioning services to address health gaps and health inequalities within South Western Sydney.

The collaborative development of PHI has provided SWSPHN with the opportunity to increase data analytics capabilities, promote efficiencies, reduce duplication and save money.

For the community

Consumers recognise that gathering health information is key in planning health services to meet their needs. SWSPHN securely stores de-identified patient information on PHI, putting the privacy of the patient first.

This year, SWSPHN will be one of the first PHNs to start using Azure Synapse to build standard transformations and data models on top of our existing datasets. This will reduce the amount of effort required to complete new projects as the initial work of transforming the data into a usable form will be shared across projects, rather than being replicated for each new project.

For general practice

For participating practices in South Western Sydney, PHI will allow general practitioners to work closely with the PHN to interpret data and identify trends within their patient cohort to respond better to the needs of their patients.



Mental Health Service Navigator

SWSPHN began funding a new initiative, the Mental Health Service Navigator, in 2020-21.

The service navigator aims to improve the wellbeing of people living with complex or persistent mental illness by linking them with the local services and support they need for recovery.

This includes medical, psychological, housing, drug or alcohol support or financial assistance, completing referrals, and providing information or advice on local services and who can help.

The service navigator also provides information, advice and referrals for consumers, family members, carers, health professionals and service providers.

The service is free and confidential. It may be accessed by the community directly, by self-referral.

Struggling with your mental health and don't know where to begin?

The Service Navigator program is a free service to link you or a loved one with services and support within South Western Sydney.

If you or a loved one are dealing with a severe mental illness, contact the Mental Health Service Navigator to discuss your needs with real people who have local knowledge.

- Referrals to medical, psychological, and social services
- Personal and confidential professional support
- Available for general information and advice
- Phone, email or face-to-face consultations

Ph: **02 4632 3024**
Email: servicenavigator@swsphn.com.au
Web: swsphn.com.au/service-navigator
Service available 9am to 5pm Monday - Friday*
*except public holidays

phn
SOUTH WESTERN SYDNEY
An Australian Government Initiative

Integrated Team Care program

The Integrated Team Care program aims to support Aboriginal and Torres Strait Islander residents who have complex chronic conditions. We fund the program delivered by SWSLHD's Aboriginal Chronic Care team. The program provides continued support to clients across all seven local government areas in our region and maintains established linkages with acute and primary care. This includes Tharawal AMS, Gandangara Health Services and mainstream primary care providers. The established referral pathways between primary and acute services ensures clients can access care in a timely manner and receive ongoing care coordination.



SWSPHN donates equipment to Gandangara Health Service.

Goal 2: Strategic Plan 2016 - 2020

An informed and empowered community

Goal strategies

- Enhance the health literacy of the community to help them make better informed health decisions

- Empower our community and their families with access to relevant self-management strategies according to need

- Partner with our community in the planning, development, implementation and evaluation of our services

Connecting and communicating with our community

Delivering important health information to South Western Sydney residents continued to be a key focus of our communications team in the last financial year.

We connect with our community, informing, educating and engaging residents, consumers and service providers through a variety of mediums including social media, community newsletters, our online engagement platform, website and local media.

While providing timely, local information about COVID-19 was a large component of our communications work in 2020-21, we also focused on regular health news, information and activities including our work in Aboriginal health and mental health, healthy eating and exercise, and dementia and after hours care.

We did this through **social media**, including posting or sharing relevant content multiple times daily on our social media channels Facebook, Twitter and LinkedIn. We also launched our Instagram page in 2020-21.

Our **Community Pulse** email is distributed monthly to a subscriber base of almost 500 people and continues to grow. The e-newsletter focuses on our regional priorities and highlights the work of the SWSPHN.

We also distributed information via the **media**. Media releases on subjects including iRAD, our gambling harm project, bushfire grants, a weight management study for diabetes sufferers and the launch of a Journey into Sorry Business, were distributed to and published in community newspapers and websites, and featured on the news on C91.3 radio station.

HealthChat provides locals with a forum for shaping the future of healthcare in our region. SWSPHN uses the feedback provided via HealthChat to inform the development of strategies, projects and activities which will enhance the health of our community.



Clinical dietitian Renee Zahar was part of a specialist team working on the Diabetes Study at Tharawal AMS in March 2021.

Examples of how SWSPHN used HealthChat in 2020-21 include:

- Co-design of Mental Health Literacy initiatives
- GP feedback via the CPD evaluation portal
- Providing advice and information about rsGP which aims to recruit a pool of GPs interested in participating in clinical re-design projects that improve patient care and coordination, and our antenatal shared care program
- Community feedback on the devastating 2019-2020 bushfires

Proactive approach to suicide prevention among Aboriginal men



SWSPHN-hosted co-design workshop to develop a proactive approach to suicide prevention among Aboriginal men, 6 October 2020.

Tharawal Aboriginal Corporation and Gandangara Health Services were commissioned to deliver a range of activities and services in 2020-21.

In October 2020, SWSPHN brought 30 local Indigenous men together for a co-design session at Campbelltown to share their experiences and develop a proactive approach to suicide prevention among Aboriginal men.

The workshop consisted of participants from Gooboora men's social support

group and Dharawal Men's Aboriginal Corporation, and was facilitated by former NRL player, professional boxer and mental health advocate, Joe Williams, SWSLHD's Mervyn Taylor and mental health consultant Jenni Campbell.

The co-design process aimed to develop non-clinical suicide prevention approaches for Indigenous men. Subsequent funding included counselling services, peer support, support groups, awareness campaigns and gatekeeper training.

Boosting men's suicide prevention services locally

With seven out of every nine suicides being men, SWSPHN funded four different proactive services aimed at preventing suicide among local men.

In February 2020, a series of lively and interactive co-design sessions were held across the region to investigate how we can transform the way men at risk of suicide access support services.



Men's Proactive Mental Health co-design session - 3 February 2020.

The outcome of the sessions was the development of our innovative grants approach through which SWSPHN funded four different services.

The men's suicide prevention services include:

- **Lifeline's Read the Signs course** - aims to raise men's awareness of stress, depression, suicide prevention, seeking help and self-care. Between October 2020 and July 2021, 484 men engaged in training.
- **We Are Men campaign** - video stories, podcast, app and website – through which men discuss their mental health to break down stigma. The project began in September 2020 and 10 videos were produced. Between 1

April and 30 June 2021, there were 142 Onlyhuman app users, 604 social media group members, 16,621 website clicks and 17,887 video views.

- **Parents Beyond Breakup** - a 'drop in' peer support group for men experiencing distress related to relationship, legal and financial challenges. The group has been held online since September 2020 due to COVID-19, with 204 groups held and 641 attendees.
- **Mentoring Men** - proactively provides free one-to-one 'life mentoring' for men experiencing distress or a sense of helplessness. The service began in October 2020 and 72 men received mentoring in the last financial year.

Campaign urges residents to keep up the regular healthcare during pandemic

After the success of the marketing campaign in 2020, Don't Neglect Your Health made a return to the people of South Western Sydney's screens.

This year also saw the expansion of the campaign to include advertisements on bus shelters and in shopping centres throughout the winter months.

A joint project with SWSLHD, the Don't Neglect Your Health campaign had local GPs and doctors from hospital emergency departments appear in videos and images to warn people about the dangers of neglecting regular health or chronic conditions during the COVID-19 pandemic.

The outdoor advertisements were seen by more than one million local residents, and the dedicated Don't Neglect Your Health web page was viewed 82,000 times during the year.



The campaign included bus stop and convenience advertising.



Dr Matthew Smith, from Bankstown-Lidcombe Hospital contributed to the campaign.

Peace of Mind community focus



Attendees of Ten Things To Know Before You Go.

Dementia is a terminal illness and the third highest cause of death among Australians, but people with dementia are not widely recognised as in need of palliative care.

Dementia sufferers experience physical and cognitive decline affecting their decision-making capacity. The quality of life of patients is negatively impacted by the lack of planning for end-of-life choices, exacerbated the diagnosis difficulties of dementia.

SWSPHN's Peace of Mind Project aims to improve the end-of-life journey for people with dementia, their carers and families.

The project focuses on three areas which can improve the end-of-life journey for people with dementia – capacity building within both community and service providers, early engagement with advance care planning discussions and palliative care services.

A two-component framework centred on capacity building and service integration has been developed and implemented during the project.

Capacity building component:

- Developing a dementia specific referral pathway for clinicians – HealthPathways
- Provision of education for GPs and practice nurses
- Embedding quality improvement activities in general practice and residential aged care
- Community education

Service integration component:

- Leveraging health system improvement strategies identified by the Decision Assist program. For example, role clarification and communication pathways between services

Results to 30 June 2021

- ➔ An end-stage Dementia HealthPathway has been developed and is currently available to GPs
- ➔ 10 community education sessions, 'Dementia is Not a Normal Part of Ageing', and a planning ahead workshop, '10 Things To Know Before You Go', in collaboration with The Groundswell Project, have been delivered to more than 100 people
- ➔ 8 CPD events have been delivered to GPs and practice nurses
- ➔ A collaborative service integration working group has been established with local palliative care service providers and public health organisations
- ➔ Palliative care quality improvement is currently being co-designed for general practice and residential aged care

The May Federal Budget delivered funding to the Peace of Mind Project for a further four years under the Greater Choices for At Home Palliative Care measure.

Working to improve the health literacy of our community

Health Resource Directory (HRD) has continued to provide safe, reliable, locally relevant health information to improve the health literacy of our community in 2020-21.

The easy to understand factsheets provide information about a variety of health conditions, medical procedures, and COVID-19 specific information, each one linking to local services. Each factsheet has been checked by a local GP, and endorsed by our Community Advisory Committee before publishing online at healthresourcedirectory.com.au

To further reach our multicultural community, all factsheets will be translated from English into Simplified Chinese, Arabic and Vietnamese.

This year, an additional 18 English factsheets have been added to the collection bringing the

total number of factsheets available to 274. Of these, 42 have been translated into other languages and 55 have been made into audio versions, both in English and other languages.

Health Resource Directory factsheets have been viewed by more than 2,200 people this past year.

We are currently working with a website developer to create a new website for Health Resource Directory. We are excited to note the new website will be easier to navigate and more accessible for people of different abilities and cultural backgrounds. We anticipate this website to launch towards the end of 2021.

Grants for bushfire recovery

SWSPHN helped deliver funding to community members, groups and organisations within South Western Sydney affected by the devastating 2019-20 bushfires.

Small grants of up to \$10,000 were provided in the bushfire impacted areas of Wollondilly, Wingecarribee and Camden local government areas (LGA), and the suburb of Horsley Park (in Fairfield LGA) to deliver grassroots activities to strengthen social connectedness and assist mental health recovery.

The Supporting Communities in Recovery Grants were an Australian Government initiative and in South Western Sydney 17 recipients received close to \$160,000.

Activities funded aimed to:

- Bring the community together to promote social cohesion, connectedness and build supportive networks and friendships

- Build on community wellbeing, resilience, mental health healing and post-trauma recovery

- Share information about community resources and services and how to access them, including bushfire recovery, mental health support, alcohol and other drugs, family violence services, homelessness and housing services

- Assist community members to identify peers or family members who may need support or referral to professional and other services to address trauma or distress and protect against the risk of suicide

- Support rebuilding or future bushfire planning and preparedness

A Journey into Sorry Business

In Aboriginal and Torres Strait Islander culture, Sorry Business is an important time of mourning that involves responsibilities and obligations to attend funerals and participate in other cultural events, activities or ceremonies with the community.

SWSPHN values the importance of advance care planning.

Partnering with local Aboriginal Elders, the Gandangara Local Aboriginal Land Council and South Western Sydney Local Health District (SWSLHD), A Journey Into Sorry Business was developed to provide culturally appropriate, respectful, and mindful information to encourage Aboriginal people in opening up conversations about their rights, wishes and how to plan ahead when circumstances change through life.

A Journey into Sorry Business is available at Aboriginal Medical Services and general practices in the South Western Sydney region as a free resource, also online.



Representatives from SWSPHN and SWSLHD launch the Aboriginal and Torres Strait Islander palliative care initiative.

We would like to thank our local Elders, Aunties, Uncles, Brothers, Sisters, their families and communities who have shared their wisdom, support and insights on the Aboriginal journey through Sorry Business.

Mental health services expanded

In 2020-21, SWSPHN's mental health service, You In Mind, was expanded to include peer support.

One Door Mental Health has been commissioned to provide the new peer support component of the You in Mind program, in partnership with Community Links Wellbeing. The service began in January 2021.

Consumer peer support workers use their own lived experience of mental illness and accessing services to support clients in:

- ➔ Understanding what to expect from engaging in psychological therapy
- ➔ Psycho-education
- ➔ Self-advocacy
- ➔ Linking with other supports (for example, psychosocial support)
- ➔ Building hope and optimism in their mental health recovery

Collaborative care – where peer workers, the client and You in Mind clinician meet to co-ordinate care to ensure everyone is on the same page – is another important aspect of the service.

Between January and June this year, 79 clients used the service during a total of 721 hours.

This services has provided various resources and strategies to help overcome my personal adversities towards a more positive future and outlook on life.

Anonymous survey response

Community Advisory Committee

The Community Advisory Committee started the 2020-21 financial year with a changing of the guard.

We farewelled long-time and well respected chair Larry Whipper, who stepped down after three years as chair and welcomed Cath Brennan, the committee's previous deputy chair, as our new chair.

Kate McBride was elected deputy chair.

As per our terms of reference, we also farewelled four of dedicated members from the committee – Larry Whipper, Geoff Berry, Margaret Donnelly and our board representative Rhonda Griffiths.

We welcomed our five new members Patrick Ollerton, Kylie Richardson, Hamed Turay and Luke Downie, along with new board representative Mark Allen.

The Community Advisory Committee continued to provide outstanding oversight and leadership to the PHN on community related-matters and had a busy 12 months covering a broad array of PHN projects.

Throughout the year the group oversaw a review and re-writing of our consumer policies and formal documents.

In 2020 the group was heavily involved advising on COVID information campaigns and played a pivotal role in sharing key COVID-19 information among their vast networks. The group also supported the PHN's bushfire recovery and resilience work, advising on bushfire grants and other recovery initiatives including information sessions.

In late 2020 the committee also undertook a needs assessment consultation session to review and provide feedback on findings and trends identified in the needs assessment review process.

The group also reviewed and provided guidance and feedback on the My Care Partners project as it transitioned towards patient enrolment, including a detailed review and feedback on all patient information materials.

In December, SWSPHN Chair Dr Matthew Gray addressed the committee reiterating the important role the Community Advisory Committee plays in advising the board on community matters and in supporting the PHN in its operations where sought.

Dr Gray's presentation was followed in 2021 with a presentation from SWSPHN CEO Dr Keith McDonald who ran a strategy session with the committee outlining the PHN's strategic vision for the next five years.

In 2021, the COVID-19 focus of the committee shifted to the vaccine rollout, and in particular vaccine hesitancy and reaching hard to reach and vulnerable groups.

This year the group has also heard about the PHN's work with the Embrace Framework and provided input on the first stage of the Mental Health Literacy project.

Goal 3: Strategic Plan 2016 - 2020

A better health system experienced by GPs and primary carers

Goal strategies

- Improve practice capabilities through the provision of timely and relevant service supports

- Implement a system for ongoing learning, development and diversification

- Engage GPs and primary care providers in the planning, development, implementation and evaluation of our services

Spotlight on quality improvement

SWSPHN plays an important role in supporting quality improvement (QI) in general practices across our region.

Now in its fourth year, of the 425 practices in South Western Sydney, 258 participate in SWSPHN's QIPC program.

A key component of the program is the collection of a practice's deidentified dataset which is then used to create both a benchmark report and clinical area of focus reports for our practices.

We currently have the following clinical areas of focus: diabetes, chronic kidney disease, cardiovascular disease, COPD, asthma, depression, anxiety, bipolar, schizophrenia, preventive health, COVID-19 vaccination planning.

The QIPC program has three tiers which indicate the practice's level of engagement

in quality improvement – as engagement increases, practices move into higher tiers and receive different reports.

From the 258 QIPC participating practices – 10 practices are participating in Tier 1 (data sharing only), 190 in Tier 2 (data quality) and 58 in Tier 3 (clinical focus).

QIPC reports are available online via POLAR clinical audit tool with data updating every 24 hours for all participating practices to access anytime. The practice uses this report to identify an area they would like to work on and SWSPHN records this on a model for improvement (MFI) template. This MFI is then reviewed the following visit to track the practice's progress and to re-identify a new focus area to target for the following quarter.

In 2020-21 there were 920 models for improvement created with 902 models for improvement reviewed.

Strengthening practice communications

Our practice e-newsletter, Practice Pulse, transitioned from a monthly to a weekly newsletter in 2020-21.

Practice Pulse is distributed more than 1,800 recipients made up of GPs, practice nurses and practice managers each Wednesday.

The new format has given us the opportunity to introduce a practice nurse profile to complement our popular GP profile, and a special feature to raise general practice awareness of the alcohol and other drugs (AOD) services SWSPHN funds and provides free to our region's residents.

Practice Pulse provides relevant health information and alerts, online resources, learning opportunities, SWSPHN activities and events, resources, HealthPathways updates and Under the Microscope, a monthly in-depth look at one of our projects.

QIPC Pulse, another e-newsletter, is distributed quarterly to 258 general practices participating in our Quality Improvement in Primary Care program. Other newsletters include the Baby Monitor, distributed to 357 antenatal shared care providers, HealthPathways distributed to 1,474 GPs and nurses, and a Friday CPD email distributed to GPs, practice nurses and practice managers.

In addition to our e-newsletters, we engage general practice via direct mail-outs. We emailed general practice 104 times (including our weekly COVID-19 update) in 2020-21. We also provide information relevant to general practice about upcoming webinars, learning opportunities, workshops and urgent health information through our Facebook, Twitter and LinkedIn social media platforms.

Practice transformation

In 2020-21, SWSPHN introduced Practice Transformation to guide our region's general practices in implementing new processes and participating in programs which will contribute to their becoming high performing practices.

Practice Transformation is the term used to describe the process for achieving the Quadruple Aim of:

- Improving the health of our community
- Enhancing patient experiences
- Reducing healthcare costs
- Better supporting health professionals

SWSPHN's Practice Support Officers (PSOs) facilitate improvements in one or more aspects of the general practice.

Examples of how PSOs have assisted:

→ Access to translated patient resources

A practice with a large Arabic patient-base required translated health resources. The PSO provided access to HealthPathways and assisted them to find translated information.

→ Accreditation

Supporting unaccredited general practices through the accreditation process.

→ Access to HPOS/PRODA

Assisting practices to access and navigate Health Professional Online Services (HPOS) via Provider Digital Access (PRODA). HPOS is an online portal allowing health professionals and administrators to interact with the Department of Human Services to manage aspects of their practice, e.g. Practice Incentives Program (PIP) and Australian Immunisation Register (AIR).

→ Access to ePrescribing

Enabling the prescribing, dispensing and claiming of medicines, without the need for a paper prescription, allowing for a more efficient system while reducing the risk of error.

→ Introduction of weekly team huddles

A large practice with multiple GPs administering COVID vaccines for their own and external patients needed more time to discuss tasks and issues. After discussing the importance of having regular catchups with their PSO, they now have huddles every Monday morning.

→ Improved booking system for patients

A busy practice administering COVID vaccines needed a better patient booking system. The PSO discussed with practice managers ways to implement a new system. The practice now use an improved system for booking vaccine, telehealth and face-to-face appointments.

→ Receiving communication from SWSPHN

The practice wanted to receive recent updates on government regulations regarding COVID. The PSO updated the practice manager's email in SWSPHN's customer database, now the practice manager receives all updates.

→ Hiring a registered nurse at the practice

The practice was looking to hire a registered nurse. The PSO provided the practice manager with resources and advised them to advertise the vacancy on the SWSPHN website.

→ Accessing PIPs

PSO advised the practice manager of an accredited practice of the benefits of participating in the Quality Improvement (QI) PIP. The practice manager decided to participate in the QI PIP and our Quality Improvement in Primary Care (QIPC) program.

In 2020-21, 216 general practices benefited from the initiative with that number continuing to grow.

Clinical Council

SWSPHN's Clinical Council had a busy year backing and guiding our COVID response while still supporting the PHN to deliver on a number of additional key activities.

Under the outstanding leadership of Professor Brad Frankum as ongoing chair, the Clinical Council offered a unique insight into the impact of COVID-19 on different workforce disciplines within primary care across the region.

The council received ongoing updates on COVID-19 including the vaccine rollout plan and ongoing primary care needs during the pandemic.

In 2020, iRAD installation progress and the South Western Sydney Integrated Care Collaborative (SWSICC) Action Plan were the focus for the council.

The group was also regularly updated on the Quality Improvement in Primary Care (QIPC) project dashboards and was heavily involved in the continued rollout of the My Care Partners project.

Other key deliverables supported by the Clinical Council in 2020-21 included the Peace of Mind Project (POMP), Aboriginal Health portfolio and antenatal shared care initiatives.

Practice Care and Support

At SWSPHN, the Practice Support team work closely with our Health Systems Improvement, Clinical Support and Digital Health teams to ensure the support provided to general practice is coordinated and comprehensive and improves patient care.

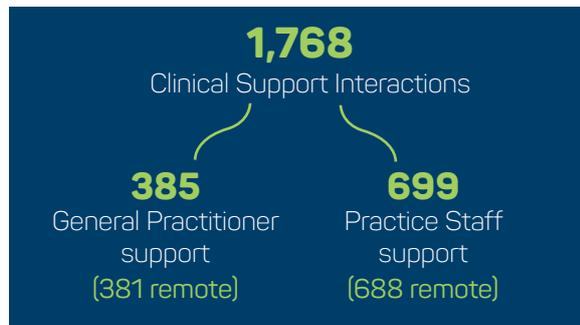
In 2020-21, there were 538 general practitioners, 297 practice nurses and 538 general practice staff who received service support via phone, email practice visit (where possible, due to COVID-19) and remote sessions.

Clinical support and practice nursing

SWSPHN's Clinical Support, including our New to General Practice Nursing Program, continues to strengthen our general practice workforce to improve access to services and provide quality, evidence based primary care to patients.

In 2020-21, there were 1,102 GPs employed at 425 general practices, and 455 practice nurses employed at 228 of those practices across our region. We aim to build the capacity of general practice, supporting health professionals to deliver efficient, high-quality patient care.

Our Clinical Support team had 1,768 interactions with primary healthcare providers this year. This included 385 interactions with GPs (two through in-house training). This year, there were 381 remote support sessions which includes telephone and email support. Our team also had 699 interactions with practice staff this year, which includes 688 remote sessions (this includes telephone and email support).



Last financial year, SWSPHN held seven education training sessions with 183 different nurses. During COVID-19, education and training was mostly provided online with an increased uptake by nurses on the previous year. Total practice nurse attendance at events was 715. We also engaged with practice nurses 586 times during practice visits and virtual support. Due to COVID-19, education and training was moved online this year with 73 remote desk top sessions during COVID-19.

New to General Practice Nursing Program

New to General Practice Nursing (NewGen) program offers support to new graduates, returning or transitioning nurses who work within the seven local government areas within South Western Sydney.

The modules have been great for filling in my gaps in knowledge about developing care plans, general practice accreditation and speaking to patients about preventative healthcare measures.

Danii Cook - Macquarie Fields Medical Practice

The 12-month program is delivered by SWSPHN and aims to upskill the practice nurse workforce by providing access to continuing professional development events, practical online education, resources, and in-house mentoring by the dedicated Clinical Support team here at SWSPHN.

The COVID-19 pandemic saw many nurses move quickly to assist with the ongoing vaccination rollout that began in February 2021, this had an impact on enrolments completing the NewGen program. In 2020-21 NewGen had 13 new enrolments, nine participants continued to be actively engaged with the program throughout the whole year.

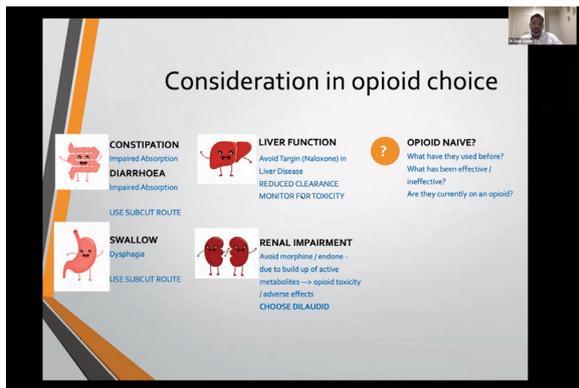
Due to the ongoing demand of COVID-19 on practice nurses, there were fluctuations in the number of nurses who were able to submit assessments on time. To ensure that as many nurses as possible were able to complete the program, SWSPHN provided follow-up, motivation and support to all nurses. There were 131 interactions with the 13 nurses who were enrolled and 10 additional remote training sessions were introduced this year to further assist participants.

CPD continues with online learning

2020-21 was the year of the Zoom meeting. COVID-19 threw us all into a remote-working spin but that didn't stop the continuing professional development of our dedicated general practice staff.

Our continuing professional development (CPD) program facilitates education to support general practice as the cornerstone of primary care, while building the capacity of all general practice staff including nurses, general practitioners and practice managers.

In a stark contrast to previous years, we only held seven face-to-face education sessions with a massive 52 education sessions being held online via Zoom. Forty-five of these were targeted at general practitioners, six were for nurses and three for practice staff.



Dr Zujaj Quadri presents a segment on CPD event titled "Campbelltown GP Grand Rounds - Cancer Pain Management and End of Life" via Zoom.

The overall attendance for all CPD events in 2020-21, including face-to-face meetings and webinars was 2,019. The number of practice staff from South Western Sydney who attended these events was 991 general practitioners, 715 nurses, and 313 practice staff. Unique attendance was 687, with 333 general practitioners, 187 nurses and 167 practice staff (which includes practice managers and receptionists).

As well as our CPD events, we facilitated alcohol and other drugs (AOD) events this year. There was only one AOD education session held in 2020-21 which was attended by 28 general practitioners from South Western Sydney.

Webinar - Excellent tool and well done to the PHN to use this initiative.

GP

The presentation was very informative and relevant to our current climate. I would like to share the information with the other staff members at the practice.

practice manager

I've never been able to attend the face to face meetings. I've attended so many webinars - It's been great!

practice nurse

It is easier to manage with family commitments and child care. It has less impact on your home life than going out for training.

practice nurse

I think you are doing a great job with presentation slides and video recordings to access after the webinars.

GP

Goal 4: Strategic Plan 2016 - 2020

An integrated health system that is fit for purpose

Goal strategies

- Co-ordinate and integrate health planning and service development with the SWSLHD and other key stakeholders

- Enable person-centred continuity of care systems that effectively link primary and acute health providers

- Establish multi-sectoral partnerships that support integration of healthcare

Enhancing digital capacity

Our Digital Health team supports improvements in the efficiency, effectiveness and quality of local health services.

SWSPHN provides digital health education and supports to, and fosters collaboration between, South Western Sydney Local Health District (SWSLHD), primary care health professionals, and practices in the region.

Of the 272 accredited general practices in South Western Sydney 254 (93.4 per cent) have data sharing agreements in place with SWSPHN. We also provide digital health support for general practitioners, practice nurses, pharmacists, allied health and specialists working across our region.

This year COVID-19 drastically changed the digital health space for healthcare professionals.

Of particular note is the number of practices who seamlessly moved consultations from face-to-face to telehealth delivery methods.

Our region has embraced telehealth, with 305 practices recorded as utilising telehealth mainly through telephone and healthdirect video call.

Due to ongoing lockdowns, there were no on-site visits, making it challenging to troubleshoot issues and initiate contact with general practices. The Digital Health team pivoted to utilise remote support solutions such as TeamViewer to liaise with practices during this time.

In 2020-21, we increased registrations to My Health Record, with 290 general practices, 183 retail pharmacies, and 24 specialists now registered. SWSPHN also supported ongoing renewals of NASH PKI SHA-1 certificates. This resulted in substantial requests from general practices uploading to My Health Record, which the digital team worked to resolve.

Key digital health stats:

→ **305** practices in South Western Sydney utilise telehealth accounts

→ **70,678** shared health summaries uploaded (August 2020 – August 2021)

→ **232,246** discharge summaries uploaded (August 2020 – August 2021)

→ **Over 2 million** prescriptions (August 2020 – August 2021)

My Health Record as at 2020-21:

→ **290** general practice registered to My Health Record

→ **183** retail pharmacies registered to My Health Record

→ **24** specialists registered to My Health Record

Joint Executive planning focus

Recognising the South Western Sydney LHD as a key partner in ensuring we deliver on our mission and vision, SWSPHN and the SWSLHD joined forces to create a Joint Executive Plan.

Under the plan, the executive teams of each organisation meet regularly to oversee and drive joint projects, share information and plan.

Closely aligned with the Joint Executive Plan is the South Western Sydney

Integrated Care Collaborative, which includes additional partners, and a formal collaboration agreement.

Between these two functions, both the strategic focus of integrated care and the project focused element of integrated care, were well planned for and actioned within South Western Sydney.

Action plan for integrated health

It has been an exciting year for the South Western Sydney Integrated Care Collaborative (SWSICC) signing off the three-year care collaborative action plan and laying the foundations for our Integrated Care Toolkit.

Since its inception in 2013, the SWSICC has matured into the leading force for health integration in South Western Sydney, focusing on integration strategy and driving local initiatives to give local residents the best possible healthcare.

Guided by the four key pillars of leadership, culture and capability, information and digital enablement and prioritising at-risk populations, the SWSICC action plan includes targeted and locally tailored activities set out across three years.

An important first-year initiative was the development of the Integrated Care Toolkit, designed to assist PHN and LHD staff to identify integrated care opportunities and to develop and implement integrated care projects. This toolkit will include both online modules to guide staff as well as a database of integrated care projects across both organisations as an opportunity to collaborate and share knowledge.

In 2020-21 we developed the first two modules and commenced exploration of the project repository; however work has needed to be put in hold due to COVID commitments

Another important milestone this past year has been the progress of interoperability technology and the use of data to support health service design and evaluation.

The SWSICC is focused on embedding the use of linked health data in decision making, to identify at-risk patients ensuring more timely and accurate transition of care is taking place.

To realise its goal of having a patient-centric mindset, the SWSICC has also focused this year on increasing the use of patient-reported measures, looking to endorse a suite of universal measures and to test the utility of patient reported measures.

This year the SWSICC has also welcomed tireless community champion and SWSPHN Community Advisory Committee Chair Cath Brennan into the collaborative as a community representative. Cath is the Community Development Coordinator at Wingecarribee Shire Council and has a long history in the community sector and strong community ties.

Regional mental health roadmap

After three years and lots of hard work we launched our joint Regional Mental Health Suicide Prevention Plan in November 2020.



Keith McDonald reviews the regional mental plan with Amanda Larkin, Chief Executive at South Western Sydney Local Health District.

The plan, a roadmap for supporting the mental health needs of our region's residents, was launched at a virtual event and gave attendees the opportunity to hear from the PHN, LHD, service providers and people with lived experience.

The Regional Mental Health and Suicide Prevention Plan includes input from more than 200 people from organisations, services, hospital staff, GPs, people with lived experience and carers, Indigenous support services, schools and community services across South Western Sydney.

It is guiding local efforts to improve access to mental health support in areas including referral pathways, integration, and

collaboration within the mental health sector and relevant community and health services.

SWSLHD Chief Executive Amanda Larkin said "By tapping into all the networks and services both organisations work with on a daily basis, we have been able to build a comprehensive snapshot of the needs of consumers, services and the wider community."

"Mental health and suicide prevention services must be affordable, family-inclusive and free from discrimination and stigma."

Work has begun on implementing the plan. A working group is being established to focus on priority area two – strengthening suicide prevention and aftercare.

The seven priority areas of the suicide prevention plan

1. Integrating regional service delivery
2. Strengthening suicide prevention and after-care
3. Coordinating treatment and supports for people with severe and complex mental illness
4. Improving mental health and suicide prevention for Aboriginal and Torres Strait Islander peoples
5. Improving mental health and suicide prevention of diverse communities
6. Supporting and developing mental health workforce
7. Empowering and supporting individuals and communities

Sector roundtables resume

SWSPHN's successful series of roundtable discussions with the region's mental health service and alcohol and other drugs (AOD) providers resumed in April 2021, following a pause due to COVID-19 restrictions in 2020.

Participants at the fifth roundtable at the Rydges Hotel, Campbelltown appreciated the opportunity to meet face-to-face and learn about other services in the sector.

The roundtable workshops aim to improve integration, communication and collaboration between mental health and AOD service providers, and gather expert advice from various disciplines, to improve services and support for people with drug and alcohol, and mental health co-morbidity.

AOD and mental health services from across the region were represented at the roundtable. The services included: Family Drug Support; Core Community Services; Odyssey House; logha Mental Health Services; Tharawal Aboriginal Medical Service (AMS); St Vincent De Paul Society - Rendu House; Salvation Army; CORE Community

Services; SWSLHD Drug Health Services; Bankstown Community Resource Group Inc; Drug and Alcohol Multicultural Education Centre (DAMEC); and Salvation Army.

Participants had the opportunity to learn about telehealth from the Agency for Clinical Innovation, hear from SWSPHN staff about outcomes and client experience measures, share client stories and brainstorm ideas for addressing barriers to AOD and mental health service integration.

Feedback from participants at the fifth roundtable was positive.

One participant said he appreciated opportunities to network and market his service to others across the large South Western Sydney region.

Another participant said the roundtable gave him the opportunity to get input from representatives of other services. "I heard about the experiences of other people and organisations that I can learn from," he said.

Roundtables will resume later in 2021 or early 2022 when COVID-19 restrictions have lifted.



In-person participants of the Mental Health/AOD roundtable in April.

HealthPathways continues to grow

HealthPathways is a shared project between the South Western Sydney Local Health District (SWSLHD) and the PHN. It is an online clinical decision support tool and referral information portal used by clinicians at the point of care. The website is free to access for all health professionals practicing in South Western Sydney.

There are currently 613 localised pathways with a further 92 in development.

During 2020-21, HealthPathways localised 56 new pathways and completed 57 reviews 197 partial updates. In partnership with the HealthPathways community across Australia, our team has developed a wealth of new HealthPathways to support GPs in providing care during COVID-19.

Community at heart of health alliances

Western Sydney Health Alliance

The Western Sydney Health Alliance is one of 38 commitments (Commitment L5) of the Western Sydney City Deal – a 20-year commitment and partnership across the three tiers of government to collaborate in creating health and equitable communities across the growth corridor of Greater Western Sydney.

The scope of the health alliance is to foster a coordinated approach to planning for positive health and wellbeing outcomes. It aims to be a key platform for the co-design and co-creation of evidence-based integrated care according to need.

Together with Nepean Blue Mountains Primary Health Network (NBMPHN) and the Nepean Blue Mountains Local Health District (NBMLHD), the SWSPHN has joined SWSLHD and the local councils of Wollondilly, Campbelltown, Camden, Fairfield, Liverpool, Penrith, Blue Mountains and the Hawkesbury to focus on four priorities:

1. Getting people active
2. Making sure people have access to healthy food
3. Encouraging social connection and improving liveability
4. Improving access to health and wellbeing services

In 2020-21, we continued our partnership with Nepean Blue Mountains PHN in taking

the lead on the Access to Health and Wellbeing Services Working Group.

Our leadership in the working group is an opportunity to provide input into long-term government policy and planning for the rapid growth of Greater Western Sydney.

Priority projects for the working group include trial and evaluation of a diabetes support program, improving health literacy, promoting access to public facilities and leisure centres, launching the Healthy Street program, and initiating a social connectedness framework.

Fairfield Health Alliance

Now in its fourth year, the Fairfield City Health Alliance is a partnership between SWSPHN, Fairfield Council and the SWSLHD. The alliance addresses the unique and diverse health needs of one of Australia's most diverse local government areas, where close to 70 per cent of the population speaks a language other than English at home.

The Fairfield City Health Alliance has been working collaboratively to address the health priorities identified across the three focus areas; gambling, health literacy and general practice with a working group focusing on a number of projects within each of those areas. Some of the highlights over the last 12 months include:

The Diabetes Bilingual Community Education (DBCE) program

DBCE was piloted across three culturally and linguistically diverse communities with positive outcomes demonstrating a positive impact on health and wellbeing. The diabetes program focused on awareness, prevention and self-management of diabetes. This program will be rolled out across South Western Sydney as it will be absorbed in the overall BCE programs.

'Prayers and more' mental health literacy training

Mental health literacy training was implemented for faith and religious leaders continues to expand to reach the Arabic and Assyrian faith leaders in the Fairfield LGA. The alliance has engaged leaders via online platforms to provide support and build capacity where needed.

Hepatitis C outreach clinics

The alliance advocated for increased awareness of hepatitis C, and improving access to screening and treatment of hepatitis C by utilising health promotion strategies and exploring outreach clinics.

Antimicrobial research project

An antimicrobial research project was initiated as Fairfield LGA has the highest dispensing rate of amoxicillin in NSW (and is the second-highest LGA in Australia). This research is currently focusing on engaging with children's services to identify the reasons for the overuse of antibiotics in children.

The Fairfield Health Alliance is currently mapping social prescribing models to develop a model that will best reflect the demographic and health needs of the Fairfield LGA, as well as working on a bilingual community education program that will focus on the impact of COVID-19 on people's mental health and wellbeing, particularly for vulnerable communities.

Wollondilly Health Alliance

SWSPHN continued to partner with Wollondilly Shire Council and the South Western Sydney Local Health District to improve the health of our community during the last financial year through the Wollondilly Health Alliance, now in its seventh year.

The alliance has three working groups with representatives from the three partner organisations, in addition to those from general practice, non-government organisations and private industry – all working together to make a real difference to the health of our rural community.

The working groups each underwent a name change in 2020-21 to better reflect their objectives. The working groups now include: Health Care Innovation and Access Working Group, Health and Wellbeing Working Group and Healthy Environments Working Group.

COVID-19 restrictions again delayed or impacted some alliance projects in 2020-21 but the three working groups continued to meet and facilitate health improvements where they could.

Some of the highlights of the year included:

- ➔ Health and wellbeing mapping project
- ➔ Social media focus on men's mental health
- ➔ Survey to discover interest in a local walking group
- ➔ Recruitment of a consultant to facilitate the Wilton Lived Experience research project
- ➔ Continuation of the joint position focusing on health in planning processes
- ➔ Wilton Health and Wellbeing Strategy endorsed and adopted by Wollondilly Shire Council
- ➔ Development of an updated community needs assessment to support future decision-making

Aboriginal and Torres Strait Islander health

In 2020-21, our staff undertook a number of approaches to improve Aboriginal health and strengthen partnerships.

Partnering with Tharawal

We continued to partner with Tharawal Aboriginal Medical Service (AMS) to deliver mental health, drug and alcohol and social and emotional wellbeing services tailored to the needs of our Aboriginal and Torres Strait Islander communities in 2020-21. A new project focusing on Aboriginal and Torres Strait Islander workforce capacity building also began January 2021.

Partnering with Gandangara

SWSPHN partnered with Gandangara Local Aboriginal Land Council to improve the health of Aboriginal and Torres Strait Islander peoples by enhancing the cultural awareness of GPs, nurses, practice staff, medical students, primary health staff and other healthcare providers.

In 2020-21, this work was expanded to provide a dedicated Aboriginal male health worker to target key men's primary healthcare issues and to improve all aspects of men's health (including youth) such as prostate, testicular and bowel cancer screening; hypertension/high blood pressure; cardiovascular disease; trauma, grief and loss; suicide prevention; sexual health – education, screening and treatment; erectile dysfunction; osteoporosis; and alcohol and other drugs counselling and referrals.

In May, we donated a number of medical devices and educational materials to the Gandangara Local Aboriginal Land Council to assist with the medical service's ongoing care of our region's First Nations communities.

Aboriginal health assessments

We promote and support the uptake of the Aboriginal specific MBS item numbers including the MBS 715 (Aboriginal Health Assessment) and follow up referrals. This is through various channels including engagement with general practice staff and providing information to community members and other service providers through various activities and events which promote the benefits of the MBS items.

Indigenous eye health

SWSPHN is working to improve access to eye health services for Aboriginal and Torres Strait Islander people by supporting the Visiting Optometrist Scheme (VOS). In 2020-21, the VOS began holding monthly clinics for the residents of Wingecarribee Shire, Campbelltown, Miller and Bowral. These clinics are coordinated by South Western Sydney Local Health District's (SWSLHD) Aboriginal Chronic Care team.

Clontarf project

The Clontarf Foundation identifies and promotes improvements to education, discipline, self-esteem and employment prospects of young Aboriginal and Torres Strait Islander men. The project aims to identify and promote youth services within Macarthur, introduce participants to Tharawal AMS and its suite of services, and improve knowledge to empower youth to make better decisions, challenge health behaviours and define risky behaviours. COVID-19 limited the project's activities in 2020-21. SWSPHN continued to connect with Clontarf workers, providing information and beginning work on health check days which will go ahead when COVID-19 restrictions allow.

Goal 5: Strategic Plan 2016 - 2020

Primary healthcare that demonstrates value

Goal strategies

- Support primary healthcare providers to contribute to improved health outcomes

- Facilitate the co-design and development of innovative models that ensure quality care is delivered

- Progressively monitor and evaluate the performance of procured services to ensure targeted solutions demonstrate cost-effectiveness, sustainability and scalability

The role of research and evaluation

Utilising research throughout commissioning in a continuous cycle is critical to ensuring decisions about the commissioning and evaluation of service models are based on robust evidence.

SWSPHN embeds research and evidence within our business to ensure we are able to:

- Inform the commissioning of new services
- Ensure valuable services are provided for our region
- Develop and implement evidence informed models of care
- Take advantage of the opportunity to support and collaborate with other organisations to progress SWSPHN's strategic direction
- Increase confidence that commissioned service models are effective and efficient

In 2020-21, the SWSPHN research team focused on several key areas including but not limited to:

- Building research involvement and capacity by engaging with external researchers and working on projects
- Working on internal research and evaluation to support our organisational aims
- Supporting the monitoring and evaluation of commissioning services
- Using emerging data systems, technologies, and services to assist in research activities

Research encompasses many of SWSPHN's key functions and aims – and through critical and evidence-based planning and implementation, research serves to use existing and emerging knowledge to ensure that services delivered to the people of our region can promote better health outcomes.

Swati Vir, SWSPHN Research and Evaluation Officer

Collaborating with our commissioned services and research partners such as Western Sydney University, the research team has been about to assess health needs within the region.

A highlight of the year was developing a project that could map the experience of women receiving antenatal shared care in SWSLHD.

The research team utilises research rationale to evaluate and improve SWSPHN models and processes in order to heighten our impact and efficiency.

The delivery of commissioned services was improved in 2020-21 by embedding the significance of consumer outcomes through monitoring and evaluation processes.

The research team continues to provide innovative and critical public health information and insights to the PHN.

My Care Partners

My Care Partners is an innovative new program for general practices in South Western Sydney. Eligible general practices who join My Care Partners become part of a 'medical neighbourhood,' providing enhanced care to patients with chronic and complex conditions who are at risk of frequent hospitalisations.

The goal of My Care Partners is to:

- Implement Care Enablers to improve patient and provider experience by encouraging continuity of care and team-based care to reduce the risk of omission or duplication of services
- Improve coordination between the patients' medical home, primary and community services and acute care
- Improve outcomes for patients with complex and chronic conditions who are at risk of potentially preventable hospitalisations

In November 2020, an expression of interest was distributed within the Campbelltown/ Camden Hospital catchment area to general practices seeking to be part of the new My Care Partners program.

A total of 31 practices responded from Campbelltown, Camden and Wollondilly LGAs, of these 26 were deemed fully eligible to participate.

Information sessions were held with 23 practices, contracts were reviewed by 12 practices and in April of 2021, there were five general practices confirmed and onboarded in the first round of contracts.



My Care Partners

This year has been a challenging year for **My Care Partners**, however we have reached some very important milestones, the team is diverse and expanding, we are looking forward to sharing many more milestones and achievements in the months ahead.

Nadine Toscano, SWSPHN Special Projects Coordinator

At the start of June 2021, training and capacity building commenced and by the end of the month, the first two Care Enablers were welcomed to the program. The ongoing goal for My Care Partners is to expand within South Western Sydney, both geographically and across different patient cohorts within each general practice that will implement My Care Partners.

Staying connected with the additional practices who were not onboarded in the first round of contracts, we were able to develop closer professional relationships and look forward to welcoming five more practices to commence in November 2021, and an additional five in March 2022.

As we continue to work with practices in the Campbelltown, Camden and Wollondilly LGAs, we are looking to expand into other hospital catchment areas and more patient cohorts within South Western Sydney. It is expected the medical neighbourhood model of care will encourage an environment of shared learning, and will provide practices with an opportunity to share experiences, discuss improvement ideas, and enhance communication strategies.

Innovative iRAD continues to expand into general practice

It has been a milestone year for SWSPHN's iRAD, with planning for its expansion to western NSW well underway, and its continued rollout to healthcare providers across South Western Sydney.

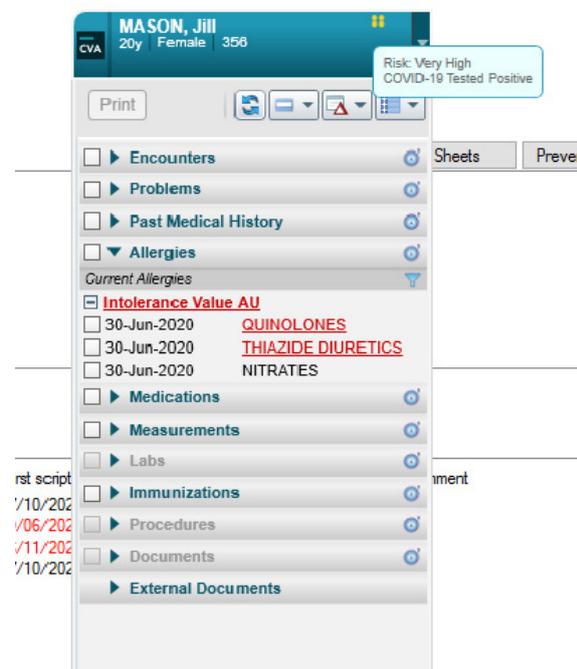
An Australian first, iRAD (Integrated Real-time Active Data) is an innovative new software which lets doctors share important patient information between hospitals, general practice and other connected healthcare professionals.

The information is shared only with a patient's consent and is secure, timely and accurate.



Information available on iRAD includes medications, allergies, pathology and radiology results, immunisations, conditions (current and past), consultation dates and documents. COVID functionality, which prompts practitioners if their patient is COVID-19 positive, was added at the outbreak of the pandemic.

In early 2020, SWSPHN began fast-tracking the expansion of iRAD in response to the COVID-19 pandemic after a successful trial of the software in four of our region's general practices. As of 30 June, 2021 iRAD had been expanded to an 35 care locations across South Western Sydney.



Sample data showing a patient as high risk for COVID-19.

iRAD provides a comprehensive picture of the patient's medical history and can be accessed 24 hours a day, seven days a week, enabling informed decision-making and high-quality patient outcomes.

Current phase

iRAD is currently expanding to include:

- More locations and services within South Western Sydney and Western NSW
- Other geographical areas through collaborative partnerships with other PHNs
- Other healthcare sector services through partnerships with care organisations, for example, residential aged care and allied health
- Integrations with more clinical software applications



Dr Vince Roche, Southern Medical Centre in Moss Vale, demonstrates iRAD.

The future of iRAD

The ultimate vision is for an interoperable health IT ecosystem which strives to deliver better care to communities, lowering healthcare costs and leading to value-based care.

Successive phases of the project are being planned for 2022 and 2023:

- ➔ iRAD expansion to more geographical regions outside of South Western Sydney that support coordinated patient care

- ➔ Connections to additional clinical software

- ➔ An iterative delivery towards a fully integrated interoperable solution allowing general practice, local hospitals, specialists, allied health and other healthcare providers to access relevant information at the time of healthcare delivery

- ➔ A common standard for data sharing and streaming all vital patient information from multiple sources into a single stream of accurate information

- ➔ Linking advanced analytics, risk scores and population health efforts to support disease management

- ➔ Integration with HealthPathways to support multiple initiatives within SWSPHN and other iRAD Partner PHNs



Brochures have been developed for health professionals and their patients.

In 2020-21, we continued internal and external education on how iRAD adds value to clinicians and patients. iRAD has been presented to a large number of external groups including national and international industry events, software vendors, healthcare organisations and other PHNs.

SWSPHN will continue to lead this innovative program to support delivery of the right care, at the right time to the right patient.

Our workplace culture

We pride ourselves on creating and maintaining a friendly, supportive and flexible workplace culture which promotes high quality service delivery with opportunities for both personal and professional growth.

→ New/updated policies and procedures

→ Health and Wellbeing Strategy

→ Corporate Charities

→ Innovate Reconciliation Action Plan

→ Embrace

Celebrating achievements

SWSPHN's Corporate Services team had a number of significant achievements in 2020-21, in what was a busy and challenging year.

Capability framework

A new Capability Framework was adopted in November 2020. The framework describes the capabilities and associated behaviours which apply to SWSPHN roles and provides an understanding of the knowledge, skills and abilities required. The tool supports many facets of workforce processes including recruitment, job descriptions, learning and development and career planning.

Enterprise agreement

SWSPHN established an Enterprise Bargaining Committee made up of staff from each department to work with our Executive team to shape staff employment conditions and benefits. The SWSPHN Enterprise Agreement 2020 was approved last December and will be in place for four years.



Keith McDonald signs the Enterprise Agreement, witnessed by Enterprise Bargaining Committee member, Pritika Desai (SWSPHN Mental Health Coordinator).

Trello

SWSPHN transitioned our organisational planning process to an online platform, Trello, in 2020-21. Trello facilitates effective and efficient collaboration and innovation between teams by showing what's being worked on, who's working on what, and where something is in progress.

→ SWSPHN's workforce is made up of 78 (67 FTE) hard-working and passionate people, delivering a diverse range of services across the region

→ Our team is 72 per cent female and 28 per cent male. During the past 12 months we welcomed 18 new staff and five babies into the PHN family

Employee culture and engagement

Our Employee Culture and Engagement survey, held every two years, again showed significant improvements compared to our 2019 results, with a whopping 100 per cent of staff saying SWSPHN provided a safe working environment and 97 per cent saying they had a strong sense of being competent to do their role. SWSPHN's overall employee engagement increased from 76 per cent to 84 per cent. There was an impressive 88 per cent response rate to the survey.

ISO certification

SWSPHN successfully maintained our ISO 9001 quality certification in 2020, completing the annual surveillance audit in October.

The ongoing certification demonstrates our commitment to continuous improvement, and affirms we are building a robust quality management system encompassing our governance; policies and procedures; planning; reporting; operations; and communications.

SWSPHN prides itself on creating and maintaining a friendly, supportive and flexible workplace culture which promotes high quality service delivery with opportunities for both personal and professional growth.

Health and Wellbeing Strategy

Promoting and protecting the health and wellbeing of our staff was especially important during the uniquely challenging 2020-21 financial year.

In the past year, we have built on the success of our comprehensive workplace Health and Wellbeing Strategy, launched in 2019-20.

The strategy has overarching objectives to promote positive health and wellbeing; improve understanding of mental health; support employees living with mental health conditions; and address risk related to poor health and wellbeing of staff.

The project team, made up of health and wellbeing champions from across the organisation, meets quarterly to develop initiatives which align with those objectives.

In 2020-21, SWSPHN focused heavily on mental health.

SWSPHN were recognised for our Health and Wellbeing Strategy by WayAhead, becoming Mental Health Matters Awards finalists for 2020.

We participated in Safe Work NSW's free mental health program which included in-house training, access to expert support and a mental health capability assessment. Using Safe Work's Mentally Health Workplace five-step benchmarking tool, we moved from having a rating of intention (level 2) to taking effective action (level 4) in the last financial year.

Impressed with our results, SafeWork invited SWSPHN to be the subject of a case study video to encourage other businesses to access free NSW Government resources to support their employees' mental health.

You can watch the video on the NSW Government website by searching "improving mental health at work success stories".

www.nsw.gov.au/mental-health-at-work/stories/mental-health-at-work-success-stories

The Health and Wellbeing Strategy supports our team to lead healthy and productive lives, and positively impacts both their work and personal life.

- Amy Prince, SWSPHN Director of Planning and Performance

In addition, during the last financial year we aimed to improve the health and wellbeing of our staff with initiatives including:

- Staff participated in STEPtember, embracing the opportunity for greater physical activity
- Hosted Paralympian, champion basketball player Brett Stibner who spoke about the importance of staying diligent about your personal safety and the safety of others both personally and in the workplace
- Held physical activity challenges
- Implemented COVIDsafe Workplace Plan
- Provided ongoing health and wellbeing support and information related to the impact of COVID-19
- Delivered Mental Health First Aid training for new employees
- Hosted a South Western Sydney Local Health District's Health Promotion Service presentation, giving staff the opportunity to learn more about the 5 Ways to Wellbeing
- Initiated a monthly lunchtime online trivia competition to ensure staff stay connected
- Held self-care workshops
- Updated policies and procedures to improve workplace culture and staff engagement

Our journey towards reconciliation

SWSPHN is committed to reconciliation and the important role we play in improving the health of our First Nations people.

This was demonstrated in 2020-21 with:

- Conditional approval of our Innovate Reconciliation Action Plan (RAP)
- Cultural Competency training
- Reconciliation Action Week activities

Innovate RAP

SWSPHN submitted our second RAP – the Innovate RAP – to Reconciliation Australia in early 2021 and received conditional approval for the plan which will be in place from July 2021 to July 2023, in July this year.

The RAP was developed by a dedicated team of staff including representatives from each department and an external consultant, with input from the wider organisation and championed by our executive team.

Our Innovate RAP will enable us as an organisation and as individuals to contribute to reconciliation by:

- **Turning** our good intentions into action by fostering and embedding respect for Aboriginal and Torres Strait Islander histories, cultures and our communities
- **Enabling** staff to develop greater cultural competency and professional development practices which will strengthen relationships with Aboriginal and Torres Strait Islander stakeholders
- **Building** and encouraging relationships between Aboriginal and Torres Strait Islander peoples, communities, organisations, and the broader Australian community
- **Working** towards improved health and wellbeing outcomes for Aboriginal and Torres Strait Islander people in South Western Sydney

Cultural competency training

Aunty Rita McKenzie shared her experiences and insights at cultural competency training for all staff in March 2021.



Aunty Rita (foreground) conducts Cultural Awareness training.

Aunty Rita's training improved our understanding of:

- The true history of Aboriginal and Torres Strait Islander peoples
- Terms of personal and professional presentation and cultural protocols
- Cultural understanding when engaging with Aboriginal and Torres Strait Islander communities
- Barriers Aboriginal and Torres Strait Islander people experience in accessing services

The cultural competency training was one of a number of approaches SWSPHN is taking to improve our understanding of, and engagement with, our local Aboriginal community.

Other examples include:

- The development of an Aboriginal engagement strategy
- The development of a recruitment strategy to attract more Aboriginal and Torres Strait Islander employees, and support the learning and development of Aboriginal and Torres Strait Islander staff
- Collection of information about our organisation's cultural diversity to inform

enhancements to our processes, policies and procedures

- Enrolling staff in core cultural learning, an innovative online course developed to strengthen the cultural capability of organisations and their employees
- National Close the Gap Day presentation from our Integrated Health team members about the work we do in Indigenous health and why it is important



SWSPHN staff supported Reconciliation Week with positive messages.

National Reconciliation Week

National Reconciliation Week is a time for all Australians to learn about our shared histories, cultures, and achievements, and to explore how each of us can contribute to achieving reconciliation.

SWSPHN staff welcomed the opportunity to participate, planning a number of activities in the lead up and during the week to show our commitment to reconciliation – inside and outside of the office.

This included:

- Inviting Dharawal Elder, Uncle Ivan Wellington, to deliver a Welcome to Country and yarn on reconciliation
- A barbecue lunch and awareness-raising activities
- First Nations film screenings at lunch time
- Attending external Reconciliation Week activities across our community
- Providing information and links on Aboriginal and Torres Strait Islander history, culture and achievements on our staff intranet page

Reflecting on mental health support through Embrace

SWSPHN is implementing Embrace, a framework for engaging multicultural communities in mental health support, following our successful expression of interest in September 2020.

The Embrace project is run by Mental Health Australia, and delivered in partnership with the Federation of Ethnic Communities' Council of Australia (FECCA) and the National Ethnic Disability Alliance.

The project provides a coordinated approach to meeting the unique needs and challenges faced by people from Culturally and

Linguistically Diverse (CALD) backgrounds. This includes providing a platform to increase national networking and collaboration opportunities for mental health practitioners working with people from CALD backgrounds.

Crucially, the project works to improve the cultural responsiveness of mainstream mental health services to meet the needs of the diverse Australian population.

This is being achieved through further development and implementation of the framework for Mental Health in Multicultural Australia.

The framework consists of a tailored set of modules and self-reflection tools, which allow organisations and practitioners to evaluate and enhance their cultural responsiveness.

Registered users build on their strengths and address areas for improvement in a self-paced way, with free access to a range of support and resources to inform both professional and service development.

In 2020-21, SWSPHN's Embrace Advisory Committee, along with key stakeholders, developed activities to improve how we engage with CALD communities.

Some examples of these activities include:

- ➔ Promotion of SWSPHN commissioned mental health (You in Mind) and alcohol and other drugs (Drug and Alcohol Multicultural Education Centre - DAMEC) services through ethnic community radio programs
- ➔ Listed mental health and alcohol and other drug services that provide support multicultural communities on HealthPathways
- ➔ Commissioned a peer support program which employs peer support workers from culturally and linguistically diverse backgrounds

2020 and 2021 corporate charities

2020 – The Smith Family

Last year we rattled the virtual collection tin to raise money for The Smith Family, SWSPHN's 2020 corporate charity.



The Smith Family is an organisation which supports disadvantaged children to get the most out of their education.

Our fundraising activities included the traditional coin collection tin for mufti day Friday, iPhone equipment sales and a series of virtual activities which gave us the opportunity to think outside the fundraising box.

Our executive team virtually climbed to the summit of Mount Kosciuszko, Mount Fuji and Mount Kinabalu – that is, they actually climbed

1,024 flights of SWSPHN office stairs – to raise funds, while our Corporate Services team ran an online lucky dip competition and our Service Support team sold sweets through their great bake-off sale.

We were proud to be able to support the valuable work of The Smith Family in 2020 and to help provide opportunities for young people to create better futures for themselves.

2021 – Society 389

Fundraising is still underway for our 2021 corporate charity, Society 389. The charity provides support to kids with a disability, disadvantaged and sick children who need help to further their development or simply to make life more comfortable.

Society 389 doesn't give cash, instead they supply items or services which enhance or enrich the lives of the children and/or their families.

This includes wheelchairs, motor vehicles, vehicle modifications, playground equipment or provide airfares and accommodation for families.

Commissioned artwork tells our story

In 2020-21, we commissioned local artist, Danielle Mate, to create an artwork which represented the role of SWSPHN.

The PHN's story in Aboriginal artwork

The centre oval represents South Western Sydney GPs, practice nurses and other primary care providers.

The large u-shape which wraps around the central oval represents the support that PHNs provide to local primary care providers.

The seven segments within this u-shape represents the seven local government areas SWSPHN supports.

The lines which lead from the centre oval to the community symbolise the role of these primary care providers to 'feed' information to their clients and the wider community.



Keith McDonald accepting artwork from artist Danielle Mate.

The connected shapes are people, each shape is represented differently, to symbolise their individual needs.

The outer u-shaped layer around the people show the information building that strengthens them, allowing them to make well informed choices. Seven background layers represent the national health priorities.

Joining forces and giving back

South Western Sydney PHN staff didn't let the ups and downs of a turbulent pandemic year shake us from our commitment to making a difference in our community beyond our paid roles.

Stress Down Day

In July, we slipped on comfy slippers, relaxed and raised funds for Lifeline Australia on Stress Down Day. The day promotes happiness, encourages those in need to seek help, and raises awareness of suicide prevention and vital funds for Lifeline's crisis support services. Workplaces across Australia participate each year by implementing simple activities like wearing slippers at work to reduce stress.

STEPtember

In September, two teams came together for STEPtember to have fun, take a total of 188,4274 steps and fund raise for people living with cerebral palsy. Money raised supports a wide range of initiatives including early detection of cerebral palsy, telepractice to provide greater access to therapy, and the development of innovative mobility and communication technologies.

Coastrek

SWSPHN staff stepped up to the challenge for two Coastrek fundraisers during the past 12 months.

Last September, our keen team grabbed their walking shoes, water bottles and backpacks and took to the road for a 30km trek of The Australian Botanic Garden Mount Annan.

The team of four staff joined trekkers from across Australia who were coming 'together' for the first virtual Coastrek, following the postponement of the event in March due to COVID-19.

In March this year, we had three teams of four staff who got to experience the real thing, hiking Sydney's Northern Beaches. This year's route along the Northern Beaches started at Palm Beach (60km trek), Long Reef (30km trek) and Balgowlah (15km trek) and is finishing at Mosman.

Coastrek raises funds for Beyond Blue, an independent, not-for-profit organisation working to reduce the impact of anxiety, depression and suicide. The money raised helps ensure every phone call, webchat and email to the 24/7 Beyond Blue support service is answered.



Adam Hood - Executive Manager Corporate Services, Nick McGhie - Integrated Health Coordinator, Kristen Short - Director of Innovation and Partnerships and Kate Johnson - Mental Health Program Advisor starting their 60km Coastrek journey before dawn.

Wearing purple in recognition of International Women's Day



SWSPHN staff wore purple in recognition of International Women's Day.

We joined communities across the world to recognise and celebrate International Women's Day on 8 March 2021. Staff wore purple – or something close to purple – to show our support for gender equality and made a gold coin donation to our 2021 corporate charity, Society 389. This year's theme was #ChooseToChallenge and SWSPHN staff posted inspirational messages on social media to celebrate the progress women have made towards equality.



Financial statements 30 June 2021

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Corporate information

An incorporated health promotion charity, limited by guarantee.

Our vision

A lead organisation enabling an effective, innovative and integrated health system for South Western Sydney.

Our mission

To enhance and connect primary health care so residents and patients achieve better health outcomes.

Our service standards aim

To support and shape primary care services so all residents in our region can access the right care, at the right time, by the right people, at the right location.

Directors as at 30 June 2021

- Dr Matthew Gray (Chair)
- Dr Anett Wegerhoff (Vice Chair)
- Ms Karen Edwards (appointed 29 October 2020)
- Prof Rhonda Griffiths, AM (retired 29 October 2020)
- Dr Sayeed Khan (retired 29 October 2020)
- The Hon Craig Knowles, AM
- Ms Amanda Larkin
- Professor Jennifer Reath (appointed 29 October 2020)
- Dr Vince Roche
- Mr Mark Allen

Chief Executive Officer

Dr Keith McDonald

Company Secretary

Ms Kristen Anne Short

Australian Business Number (ABN)

74 605 441 067

Company registered office and principal place of business

Level 3, 1 Bolger Street, Campbelltown, NSW, 2560

Company contact details

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Phone: 02 4632 3000
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Email: enquiries@swsphn.com.au
Website: www.swsphn.com.au

Auditors

BDH Audit & Assurance Pty Ltd, Level 12, 111 Elizabeth Street, Sydney, NSW 2000

Bankers

National Australia Bank Ltd, 255 George Street, Sydney, NSW 2000

Directors' report

For the period ended 30 June 2021

Your Directors present this report to the members of South Western Sydney Primary Health Network Ltd (SWSPHN) for the year ended 30 June 2021.

Principal Activities

The principal activity of the company South Western Sydney Primary Health Network Ltd is health administration and commissioning by supporting general practitioners and other primary care providers to improve the health of their patients.

Short-term objectives

- A healthier community;
- An informed and empowered community;
- A better health system experienced by General Practitioners and primary care providers;
- An integrated health system that is fit for purpose; and
- Primary health care that demonstrates value.

To achieve these short-term objectives we will enable our team, through the development of systemic enablers including:

- Continuous improvement supported by ISO9000 accreditation
- The development of robust operational systems
- Alignment of our work with the PHN National Priority areas
- Supporting high performance through reward and recognition, professional development and fostering a supportive, transparent and productive culture which is committed to service of our communities.

Long-term objectives

Within the next 5 years the SWSPHN will enhance and connect primary health care so residents and patients achieve better health outcomes. We will enable our team to deliver strategic initiatives that address stakeholder needs in an effective and trusted way through transformative capacity building of primary care; ambitious integration with key partners; and intelligent commissioning of services. Planned activities include maturation of a robust, secure business intelligence framework; moving progressively towards outcome-based commissioning; further evolution of integrated place-based initiatives through formal health alliance agreements with local government and state-based agencies; implementing an evidence-based model of coordinated care for patients with chronic disease through co-commissioning and data linkage initiatives with the SWSLHD; and progressive adoption by practices of real-time interoperable clinical ICT solutions.

Review of operations

During 2020/2021, the company continued to focus on supporting its stakeholders and all primary care providers to improve the health of our South Western Sydney community.

Performance Measurement

Performance is measured against delivering to our 5 strategic goals and the funding is primarily received from the Commonwealth Department of Health. SWSPHN in its sixth year of operations performed well against these criteria.

Results

For the year ended 30 June 2021, the company's surplus was \$183,897 (year ended 30 June 2020, \$136,198).

Dividend

As a Health Promotion Charity, SWSPHN is prohibited by its Constitution from declaring or paying dividends. Accordingly, no dividends were paid during the year and no recommendation is made to declare a dividend.

Directors

The names of each person who has been a director during the year and to the date of this report are:

| Director | Date appointed | Board Meetings | |
|-----------------------------------|-----------------|---------------------------------|-----------------------|
| | | No. meetings eligible to attend | No. meetings attended |
| Dr Matthew Gray | 23 April 2015 | 7 | 7 |
| Dr Anett Wegerhoff | 23 April 2015 | 7 | 6 |
| Ms Karen Edwards | 29 October 2020 | 4 | 4 |
| Dr Sayeed Khan | 23 April 2015 | 3 | 1 |
| Ms Amanda Larkin | 23 April 2015 | 7 | 7 |
| Professor Rhonda Griffiths | 23 April 2015 | 3 | 3 |
| The Hon Craig Knowles | 23 April 2015 | 7 | 6 |
| Professor Jennifer Reath | 29 October 2020 | 4 | 4 |
| Dr Vince Roche | 23 April 2015 | 7 | 5 |
| Mr Mark Allen | 28 May 2015 | 7 | 7 |

Dr Sayeed Khan and Professor Rhonda Griffiths retired on 29 October 2020.

Ms Karen Edwards and Professor Jennifer Reath appointed on 29 October 2020.

Directors' qualifications, experience, and special responsibilities

| Name | Qualifications | Experience | Special Responsibilities |
|------------------------|---|---|--|
| Dr Matthew Gray | B.Med (Newcastle), B.Ec, FRACGP and FAICD | General Practitioner in Elderslie; Board Member, MDGP Inc (2003-06); Board Member and Chair, MDGP Ltd (2006-11); Board Member and Chair, SSWGPL Ltd (2011-12); Board Member, SWSLHD (2013-current); Member, AMA (NSW) Council (2013-2017); Fellow, Australian Institute of Company Directors. | SWSPHN Board Chair (2015–current); Member, SWSPHN Clinical Council; Member, SWSPHN Governance Committee. |

| Name | Qualifications | Experience | Special Responsibilities |
|--------------------------------------|---|--|--|
| Dr Anett Wegerhoff | MBBS, DRANZCOG, FRACGP, and GAICD | General Practitioner in Camden; Board Member, MDGP Inc (1996-2006); Board Member, MDGP Ltd; SWSPHN Board Vice Chair (2015- current), Vice-Chair, SSWGPL Ltd (2011-12); Member, Acute Care Taskforce Executive, NSW Agency for Clinical Innovation; Graduate, Australian Institute of Company Directors. | Member, SWSPHN Audit and Risk Management Committee; Chair, SWS Integrated Care Committee. |
| Mr Mark Allen | Diploma of Law (Solicitors Admission Board) | Managing Principal Lawyer, FCW Lawyers. | Member, SWSPHN Community Advisory Committee. |
| Ms Karen Edwards | BA Hons (Psych), M Clin Psych, Grad Cert Adult Ed, Cert Governance Practice | Director of Governance and Corporate Services and Executive team member at Karitane. | MAPS (Australian Psychological Society); MAICD (Australian Institute of Company Directors); AACHSM (Australian College of Health Service Managers); AGIA (Governance Institute of Australia); Member, SWSPHN Audit and Risk Committee. |
| Dr Sayeed Khan | MBBS (University of Karachi, Pakistan), GAID | General Practitioner in Hammondville; Board Member, MDGP Ltd (2010-11); Board Member, SSWGPL Ltd (2011 to date); Board Member, GP Synergy (2014-2017); Board Member, Australian Medical Cooperative Ltd; Conjoint lecturer at University of Western Sydney; Graduate, Australian Institute of Company Directors. | Member, SWSPHN Governance Committee; Member, SWSPHN Clinical Council; Member, SWS Integrated Care Committee. |
| Professor Rhonda Griffiths AM | RN, RM, B.Ed, MSc (Hons), PHD | Emeritus Professor – School of Nursing and Midwifery, University of Western Sydney, Head of School and Dean (2007-2016); Director, Carrington Centennial Care Pty Ltd (2008-2018); Director, Australian Diabetes Council (1999-2010) (Vice President, 2000-05); | Member, Community Advisory Committee |

| Name | Qualifications | Experience | Special Responsibilities |
|---------------------------------|--|--|---|
| | | Member, Diabetes Australia National Council (1992-99), (Vice President, 1994-96); Member, Australian Diabetes Educators National Council (1990-96) (National President, 1992-94). | |
| The Hon Craig Knowles AM | Fellow of the Australian Property Institute in both Land Evaluation and Land Economy and CPV | Member of NSW Legislative Assembly (1990-2005), holding positions of Minister Urban Affairs and Planning (1995-99), Minister for Health (1999-2003) and Minister for Infrastructure and Planning and Minister for Natural Resources (2003-05). Various Commercial and NFP Boards. Australian Consul General and Senior Trade Commissioner (New Zealand and Pacific). | Chair, SWSPHN Governance Committee, Consul General and Senior Trade Commissioner |
| Ms Amanda Larkin | Bachelor of Social Work; Associate Diploma Environmental Planning | Chief Executive, South Western Sydney Local Health District; Previous General Manager positions in Bowral, Campbelltown and Camden Hospitals; Board Member, SWSPHN (2015-current); Member, Ingham Institute for Applied Medical Research Board; Member, UNSW Centre for Primary Care and Equity Advisory Committee. | Member, SWSPHN Audit and Risk Management Committee. |
| Professor Jennifer Reath | MBBS, PhD, MMed, FRACGP, DipRANZCOG,GAID | Peter Brennan Chair of General Practice, Western Sydney University; Tharawal Aboriginal Corporation. | Member, SWSPHN Governance Committee; Member, SWSICC; Board Member, NBMLHD until 12/2020; Council, RACGP Aboriginal and Torres Strait Islander faculty; Member, Integrated Clinical Council NBMPHN; Partners in Education, Evaluation and Research (Peer) with WentWest and Sydney University. |

| Name | Qualifications | Experience | Special Responsibilities |
|-----------------------|---|---|--|
| Dr Vince Roche | Associate Professor, MBBS, DCH, DRCOG, DRANZCOG, FRACGP, FACRRM | General Practitioner in Southern Highlands; Chair, Southern Highlands Division of General Practice (1994-1999, 2006-current); Board Member, 2001 – 2016: GPET (General Practice Education and Training) Supervisor, Member, Board of Coast City Country GP Training (2007-2016); Visiting Medical Officer, Corrections Health Service (1993-1999); Clinical Associate Professor, University of Wollongong (2011-current). | Chair, SWSPHN Audit and Risk Management Committee; Member, Clinical Council. |

Company secretary

Ms Kristen Anne Short is the Company Secretary. Ms Short has a Master of Business and Technology and has held senior positions with Hunter New England Central Coast Primary Health Network and in both the financial services and technology industries. Kristen has also completed The Board and the Company Secretary course with the Australian Institute of Company Directors.

Transactions with Directors

No Director has received or become entitled to receive, during or since the end of the financial year, any other benefit because of a contract made by the company or a related body corporate with the director, a firm of which a director is a member, or an entity in which a director has a substantial financial interest, except as disclosed in note 11 to the financial statements. This statement excludes a benefit included in the aggregate amount of emoluments received or due and receivable by directors shown in the accounts of the company.

The Directors have declared interests in contracts with SWSPHN that the organisations they represent, deal with SWSPHN in the ordinary course of business, by disclosing their interest before or at the first Board meeting after the director became so interested.

Indemnification and insurance of officers

During the year, SWSPHN paid premiums for professional indemnity and directors' and officers' liability insurance for its Directors and Officers against claims arising from, or by reason of, any wrongful act committed by them in their capacity as Directors and Officers. This does not include such liabilities that arise from conduct involving a lack of good faith.

The nature of the insurance contract providing this cover does not allow the company to disclose either the extent of the cover or the premium paid.

Member's guarantee

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. In the event of the company being wound up, the constitution states that each member is required to contribute a fee towards SWSPHN.

As at 30 June 2021, there were 8 members of SWSPHN, meaning the aggregate amount that the members of the company would be liable to contribute in the event of the company being wound up is \$80.

Proceedings on behalf of the company

No person has applied to the Court under section 237 of the Corporations Act 2001 for leave to bring proceedings on behalf of the company, or to intervene in any proceedings to which the company is a party, for the purpose of taking responsibility on behalf of the company for all or part of those proceedings.

No proceedings have been brought, or intervened in, on behalf of the company with leave of the court under section 237 of the Corporations Act 2001.

Environmental Regulation

The company’s operations are not regulated by any particular and significant environmental regulation under a law of the Commonwealth, or of a State or Territory.

Significant changes

The Company remains a key commissioner of health services which meet population need including mental health, drug and alcohol and chronic disease services. Investment in GP capacity building and support remains significant. The strategic plan was reviewed and remains fit for purpose.

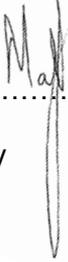
Auditor’s independence declaration

A copy of the auditor’s independence declaration as required under section 60-40 of the Australian Charities and Not-for-Profits Commission Act 2012 is set out on page 65.

Directors’ signatures

Signed in accordance with a resolution of the Board of Directors made pursuant to s.298 (2) of the Corporations Act 2001.

On behalf of the Directors:

Chairperson 
Dr Matthew Gray

Director 
Dr Vince Roche

Dated 26 August 2021

Auditor's independence declaration

To the Directors of South Western Sydney Primary Health Network Ltd

In accordance with the requirements of section 60-40 of the Australian Charities and Not-for-Profits Commission Act 2012, as lead auditor for the audit of South Western Sydney Primary Health Network Ltd for the period ended 30 June 2021, I declare that, to the best of my knowledge and belief, there have been:

- a. No contraventions of the auditor independence requirements of the Section 60-40 of the Australian Charities and Not-for-Profits Commission Act 2012 in relation to the audit; and
- b. No contraventions of any applicable code of professional conduct in relation to the audit

BDH Audit & Assurance Pty Limited



Gede Barone
Director

Dated 26 August 2021
Sydney

Statement of profit or loss and other comprehensive income for the year ended 30 June 2021

| | Note | 2021 | 2020 |
|--|------|-------------------|-------------------|
| | | \$ | \$ |
| Revenue from grants | 2(a) | 34,684,897 | 33,649,223 |
| Other revenue | 2(b) | 473,875 | 555,751 |
| Total revenue | | 35,158,772 | 34,204,974 |
| Employee benefit expense | 8(a) | 6,767,497 | 6,520,330 |
| Finance costs | | 1,008 | 11,990 |
| Occupancy costs | | 300,831 | 316,145 |
| Contractors | | 26,670,474 | 26,056,227 |
| Training & conferences | | 164,578 | 326,231 |
| Other expenses | | 1,070,487 | 837,853 |
| Surplus before income tax expense | | 183,897 | 136,198 |
| Income tax benefit / (expense) | 1(o) | - | - |
| Net Surplus for the year | | 183,897 | 136,198 |
| Other Comprehensive Income for the year | | - | - |
| Total Comprehensive Income for the year | | 183,897 | 136,198 |

The Statement of Profit or Loss and Other Comprehensive Income is to be read in conjunction with the notes to the financial statements set out on pages 70 to 83.

Statement of financial position as at 30 June 2021

| | Note | 2021 | 2020 |
|--------------------------------------|------|-------------------|-------------------|
| | | \$ | \$ |
| Current assets | | | |
| Cash and cash equivalents | 3 | 21,085,961 | 19,064,075 |
| Trade and other receivables | 4 | 70,207 | 704,894 |
| Other current assets | 5 | 403,518 | 299,810 |
| Total current assets | | 21,559,686 | 20,068,779 |
| Non-current assets | | | |
| Property, plant and equipment | 6 | 39,186 | 283,698 |
| Total non-current assets | | 39,186 | 283,698 |
| Total assets | | 21,598,872 | 20,352,477 |
| Current liabilities | | | |
| Trade and other payables | 7 | 2,232,095 | 4,132,556 |
| Provisions | 8 | 575,795 | 619,530 |
| Other liabilities | 9 | 18,056,117 | 14,845,118 |
| Lease liability | 10 | 41,178 | 253,362 |
| Total current liabilities | | 20,905,185 | 19,850,566 |
| Non-current liabilities | | | |
| Provisions | 8 | 170,064 | 121,007 |
| Lease liability | 10 | - | 41,178 |
| Total non-current liabilities | | 170,064 | 162,185 |
| Total liabilities | | 21,075,249 | 20,012,751 |
| Net assets | | 523,623 | 339,726 |
| Equity | | | |
| Retained surpluses | | 523,623 | 339,726 |
| Total equity | | 523,623 | 339,726 |

The Statement of Financial Position is to be read in conjunction with the notes to the financial statements set out on pages 70 to 83.

Statement of changes in equity for the year ended 30 June 2021

| | Retained surpluses |
|---|-------------------------------|
| | \$ |
| Balance at 1 July 2019 | 212,530 |
| Change in accounting policy – AASB 16 Leases | (9,002) |
| Net surplus for the year | <u>136,198</u> |
| Other comprehensive Income for the year | <u>-</u> |
| Total comprehensive Income for the year | <u>136,198</u> |
| Balance at 30 June 2020 | <u>339,726</u> |

| | Retained surpluses |
|---|-------------------------------|
| | \$ |
| Balance at 1 July 2020 | 339,726 |
| Net surplus for the year | <u>183,897</u> |
| Other comprehensive Income for the year | <u>-</u> |
| Total comprehensive Income for the year | <u>183,897</u> |
| Balance at 30 June 2021 | <u>523,623</u> |

The Statement in Changes in Equity are to be read in conjunction with the notes to the financial statements set out on pages 70 to 83.

Statement of cash flows for the year ended 30 June 2021

| | Note | 2021 | 2020 |
|---|------|-------------------|--------------------|
| | | \$ | \$ |
| Cash flows from operating activities | | | |
| Receipts from grants and other receipts (inclusive of GST) | | 42,634,972 | 35,484,901 |
| Payments to suppliers and employees (inclusive of GST) | | (40,484,459) | (38,409,578) |
| Interest received | | 171,164 | 437,469 |
| Net cash (used in) / provided by operating activities | 15 | 2,321,677 | (2,487,208) |
| Cash flows from investing activities | | | |
| Payments for property, plant & equipment | | (46,430) | (60,532) |
| Net cash used in investing activities | | (46,430) | (60,532) |
| Cash flows from financing activities | | | |
| Principal elements of lease payments | | (253,361) | (242,672) |
| Net cash (used in) / provided by financing activities | | (253,361) | (242,672) |
| Net (decrease) / increase in cash and cash equivalents | | 2,021,886 | (2,790,412) |
| Cash and cash equivalents at beginning of the year | 15 | 19,064,075 | 21,854,487 |
| Cash and cash equivalents at end of the year | 3 | 21,085,961 | 19,064,075 |

The Statement of Cash Flows is to be read in conjunction with the notes to the financial statements set out on pages 70 to 83.

Notes to the financial statements for the year ended 30 June 2021

1. Statement of significant accounting policies

General information and statement of compliance

The financial statements of the company are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards - Reduced Disclosure Requirements and the Australian Charities and Not-for-Profits Commission Act 2012, Australian Accounting Standards and other authoritative pronouncements of the Australian Accounting Standards Board. South Western Sydney Primary Health Network Ltd is a not-for-profit Company for the purpose of preparing the financial statements.

South Western Sydney Primary Health Network "SWSPHN" Ltd is a public company limited by guarantee incorporated on 23 April 2015 and domiciled in Australia. The address of its registered office and its principal place of business is Level 3, 1 Bolger Street Campbelltown NSW, Australia.

The financial statements for the period ended 30 June 2021 were approved and authorised for issue by the Board of Directors on 26th August 2021. All amounts are in Australian dollars.

(a) Economic dependency

SWSPHN is dependent on the Department of Health for the majority of its revenue used to operate the business.

(b) Revenue

Grant revenue is recognised in the statement of profit and loss when the Company obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the Company and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the Company incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

Except where noted, all revenue is stated net of the amount of goods and services tax (GST).

(c) Operating Expenses

Operating expenses are recognised in profit or loss upon utilisation of the service or at the date of their origin.

(d) Property, plant and equipment

Each class of property, plant and equipment is carried at cost or fair value as indicated less, where applicable, any accumulated depreciation and impairment losses.

Plant and equipment

Plant and equipment are measured using the cost basis. The carrying amount of plant and equipment is reviewed annually by the directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets employment and subsequent disposal.

Depreciation

The depreciable amount of all fixed assets is depreciated on a straight line basis over their useful lives to the company commencing from the time the asset is held ready for use.

The depreciation rates used for each class of depreciable assets are:

| Class of Fixed Asset | Depreciation rate |
|----------------------|-------------------|
| Plant and equipment | 20-25% |

The asset's residual value and useful lives are reviewed, and adjusted if appropriate, at each balance sheet date.

An asset's carrying value is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing the proceeds with the carrying amount. These gains and losses are included in the income statement.

(e) Leases and Right-of-use assets

The company leases its current office and a number of office equipment. Rental contracts are typically made for fixed period of 3 years but may have an extension option. The extension option is exercisable by the Company and provides operational flexibility in managing contracts.

Leases are recognised as a right-of-use asset and a corresponding liability at the date at which the leased asset is available for use by the group. Each lease payment is allocated between the liability and finance cost. The finance cost is charged to profit or loss over the lease period so as to produce a constant periodic rate of interest on the remaining balance of the liability for each period. The right-of-use asset is depreciated over the shorter of the asset's useful life and the lease term on a straight-line basis.

Assets and liabilities arising from a lease are initially measured on a present value basis. Lease liabilities include the net present value of the following lease payments:

- fixed payments (including in-substance fixed payments), less any lease incentives receivable
- variable lease payment that are based on an index or a rate
- amounts expected to be payable by the lessee under residual value guarantees

- the exercise price of a purchase option if the lessee is reasonably certain to exercise that option, and
- payments of penalties for terminating the lease, if the lease term reflects the lessee exercising that option.

Payments associated with short-term leases and leases of low-value assets are recognised on a straight-line basis as an expense in profit or loss. Short-term leases are leases with a lease term of 12 months or less.

(f) Financial instruments

Recognition, initial measurement and derecognition

Financial assets and financial liabilities are recognised when the Company becomes a party to the contractual provisions of the financial instrument, and are measured initially at fair value adjusted by transactions costs, except for those carried at fair value through profit or loss, which are measured initially at fair value. Subsequent measurement of financial assets and financial liabilities are described below.

Financial assets are derecognised when the contractual rights to the cash flows from the financial asset expire, or when the financial asset and all substantial risks and rewards are transferred. A financial liability is derecognised when it is extinguished, discharged, cancelled or expires.

Classification and subsequent measurement of financial assets

Except for those trade receivables that do not contain a significant financing component and are measured at the transaction price, all financial assets are initially measured at fair value adjusted for transaction costs (where applicable).

For the purpose of subsequent measurement, financial assets other than those designated and effective as hedging instruments are classified into the following categories upon initial recognition:

- amortised cost
- fair value through profit or loss (FVPL)
- equity instruments at fair value through other comprehensive income (FVOCI)

All income and expenses relating to financial assets that are recognised in profit or loss are presented within finance costs, finance income or other financial items, except for impairment of trade receivables which is presented within other expenses.

Classifications are determined by both:

- The entities business model for managing the financial asset
- The contractual cash flow characteristics of the financial assets.

All income and expenses relating to financial assets that are recognised in profit or loss are presented within finance costs, finance income or other financial items, except for impairment of trade receivables, which is presented within other expenses.

(f) Financial instruments (continued)**Subsequent measurement financial assets**

Financial assets at amortised cost

Financial assets are measured at amortised cost if the assets meet the following conditions (and are not designated as FVPL):

- they are held within a business model whose objective is to hold the financial assets and collect its contractual cash flows
- the contractual terms of the financial assets give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding.

After initial recognition, these are measured at amortised cost using the effective interest method. Discounting is omitted where the effect of discounting is immaterial. The Company's cash and cash equivalents, trade and most other receivables fall into this category of financial instruments as well as long-term deposit that were previously classified as held-to-maturity under AASB 139.

Financial assets at fair value through profit or loss (FVPL)

Financial assets that are held within a different business model other than 'hold to collect' or 'hold to collect and sell' are categorised at fair value through profit and loss. Further, irrespective of business model financial assets whose contractual cash flows are not solely payments of principal and interest are accounted for at FVPL. All derivative financial instruments fall into this category, except for those designated and effective as hedging instruments, for which the hedge accounting requirements apply.

Equity instruments at fair value through other comprehensive income (Equity FVOCI)

Investments in equity instruments that are not held for trading are eligible for an irrevocable election at inception to be measured at FVOCI. Under Equity FVOCI, subsequent movements in fair value are recognised in other comprehensive income and are never reclassified to profit or loss. Dividends from these investments continue to be recorded as other income within the profit or loss unless the dividend clearly represents return of capital.

Impairment of Financial assets

AASB 9's impairment requirements use more forward looking information to recognise expected credit losses - the 'expected credit losses (ECL) model'. Instruments within the scope of the new requirements included loans and other debt-type financial assets measured at amortised cost and FVOCI, trade receivables and loan commitments and some financial guarantee contracts (for the issuer) that are not measured at fair value through profit or loss.

The Company considers a broader range of information when assessing credit risk and measuring expected credit losses, including past events, current conditions, reasonable and supportable forecasts that affect the expected collectability of the future cash flows of the instrument.

In applying this forward-looking approach, a distinction is made between:

- financial instruments that have not deteriorated significantly in credit quality since initial recognition or that have low credit risk ('Stage 1'); and

(f) Financial instruments (continued)

- financial instruments that have deteriorated significantly in credit quality since initial recognition and whose credit risk is not low ('Stage 2').

'Stage 3' would cover financial assets that have objective evidence of impairment at the reporting date.

'12-month expected credit losses' are recognised for the first category while 'lifetime expected credit losses' are recognised for the second category.

Measurement of the expected credit losses is determined by a probability-weighted estimate of credit losses over the expected life of the financial instrument.

Trade and other receivables

The Company makes use of a simplified approach in accounting for trade and other receivables and records the loss allowance at the amount equal to the expected lifetime credit losses. In using this practical expedient, the Company uses its historical experience, external indicators and forward-looking information to calculate the expected credit losses using a provision matrix.

The Company assesses impairment of trade receivables on a collective basis as they possess credit risk characteristics based on the days past due. The Company allows 1% for amounts that are 30 to 60 days past due, 1.5% for amounts that are between 60 and 90 days past due and writes off fully any amounts that are more than 90 days past due.

Classification and measurement of financial liabilities

As the accounting for financial liabilities remains largely unchanged from AASB 139, the Company's financial liabilities were not impacted by the adoption of AASB 9. However, for completeness, the accounting policy is disclosed below.

The Company's financial liabilities include borrowings and trade and other payables.

Financial liabilities are initially measured at fair value, and, where applicable, adjusted for transaction costs unless the Company designated a financial liability at fair value through profit or loss.

Subsequently, financial liabilities are measured at amortised cost using the effective interest method except for derivatives and financial liabilities designated at FVPL, which are carried subsequently at fair value with gains or losses recognised in profit or loss (other than derivative financial instruments that are designated and effective as hedging instruments).

All interest-related charges and, if applicable, changes in an instrument's fair value that are reported in profit or loss are included within finance costs or finance income.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. After initial recognition, these are measured at amortised cost using the effective interest method, less provision for impairment. Discounting is omitted where the effect of discounting is immaterial. The Company's trade and most other receivables fall into this category of financial instruments.

(f) Financial instruments (continued)

Individually significant receivables are considered for impairment when they are past due or when other objective evidence is received that a specific counterparty will default. Receivables that are not considered to be individually impaired are reviewed for impairment in groups, which are determined by reference to the industry and region of a counterparty and other shared credit risk characteristics.

The impairment loss estimate is then based on recent historical counterparty default rates for each identified group.

Classification and subsequent measurement of financial liabilities

The Company's financial liabilities include borrowings and trade and other payable.

Financial liabilities are measured subsequently at amortised cost using the effective interest method, except for financial liabilities held for trading or designated at FVTPL, that are carried subsequently at fair value with gains or losses recognised in profit or loss.

All interest-related charges and, if applicable, changes in an instrument's fair value that are reported in profit or loss are included within finance costs or finance income.

(g) Impairment of assets

At each reporting date, the Company reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use (determined as the depreciated replacement cost), is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the income statement.

Impairment testing is performed annually for goodwill and intangible assets with indefinite lives. Where it is not possible to estimate the recoverable amount of an individual asset, the Company estimates the recoverable amount of the cash-generating unit to which the asset belongs.

(h) Employee benefits**Short-term employee benefits**

Short-term employee benefits are benefits, other than termination benefits, that are expected to be settled wholly within twelve (12) months after the end of the period in which the employees render the related service. Short-term employee benefits are measured at the undiscounted amounts expected to be paid when the liabilities are settled.

Long-term employee benefits

The Company's liabilities for long service leave are included in other long-term benefits as they are not expected to be settled wholly within twelve (12) months after the end of the period in which the employees render the related service. They are measured at the present value of the expected future payments to be made to employees. The expected future payments incorporate anticipated future wage and salary levels, experience of employee departures and periods of service, and are discounted at rates determined by reference to market yields at the end of the reporting period on high quality government bonds that have maturity dates that approximate the timing of the

estimated future cash outflows. Any re-measurements arising from experience adjustments and changes in assumptions are recognised in profit or loss in the periods in which the changes occur.

The Company presents employee benefit obligations as current liabilities in the statement of financial position if the Company does not have an unconditional right to defer settlement for at least twelve (12) months after the reporting period, irrespective of when the actual settlement is expected to take place.

(i) Provisions, contingent liabilities and contingent assets

Provisions are measured at the estimated expenditure required to settle the present obligation, based on the most reliable evidence available at the reporting date, including the risks and uncertainties associated with the present obligation. Where there are a number of similar obligations, the likelihood that an outflow will be required in settlement is determined by considering the class of obligations as a whole. Provisions are discounted to their present values, where the time value of money is material.

No liability is recognised if an outflow of economic resources as a result of present obligation is not probable. Such situations are disclosed as contingent liabilities, unless the outflow of resources is remote in which case no liability is recognised.

(j) Cash and cash equivalents

Cash and cash equivalents includes cash on hand, deposits at call with banks, other short-term highly liquid investments with original maturities of six months or less, and bank overdrafts.

(k) Goods and services tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

Cash flows are presented in the statement of cash flows on a gross basis, except for the GST components of investing and financing activities, which are disclosed as operating cash flows.

(l) Grants in advance

The Company receives grant monies to fund projects either for contracted periods of time or for specific projects irrespective of the period of time required to complete those projects. It is the policy of the Company to treat grant monies as grants in advance in the balance sheet where the Company is contractually obliged to provide the services in a subsequent financial period to when the grant is received or in the case of specific project grants where the project has not been completed.

(m) Deferred income

The liability for deferred income is the unutilised amounts of grants received on the condition that specified services are delivered or conditions are fulfilled. The services are usually provided or the conditions usually fulfilled within twelve (12) months of receipt of the grant. Where the amount received is in respect of services to be provided over a period that exceeds twelve (12) months after the reporting date or the conditions will only be satisfied more than twelve (12) months after the reporting date, the liability is discounted and presented as non-current.

(n) Trade and other payables

Trade and other payables represent the liability at the end of the reporting period for goods and services received by the company during the reporting period, which remain unpaid.

(o) Income tax

The Company is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

(p) Critical accounting estimates and judgements

The directors evaluate estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the company. Information about estimates and assumptions that have the most significant effect on recognition and measurement of assets, liabilities, income and expenses is provided below. Actual results may be substantially different.

Impairment

In assessing impairment, management estimates the recoverable amount of each asset or cash generating units based on expected future cash flows and uses an interest rate to discount them. Estimation uncertainty relates to assumptions about future operating results and the determination of a suitable discount rate.

Useful lives of depreciable assets

Management reviews its estimate of the useful lives of depreciable assets at each reporting date, based on the expected utility of the assets. Uncertainties in these estimates relate to technical obsolescence that may change the utility of certain software and IT equipment.

Long Service Leave

The liability for long service leave is recognised and measured at the present value of the estimated cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

Leases

The lease liability is recognised and measured at the present value of the estimated cash flows to be made in respect of monthly lease payments. In determining the present value of the liability the Company has estimated the incremental borrowing based on government bond rates.

(q) Comparative figures

Where required by Accounting Standards comparative figures have been adjusted to conform with changes in presentation in the current year.

(r) New and revised standards that are effective for these financial statements

There are no new or revised standards that became effective for the first time to annual periods beginning on or after 1 July 2020.

Accounting Standards issued but not yet effective and not adopted early by the Company.

At the date of signing of the financial statements, the following AASB Standards and AASB Interpretations were also in issue but not yet effective.

| Standard/Interpretation | Effective for annual reporting periods beginning on or after | Expected to be initially applied in the financial year ending |
|---|--|---|
| AASB 1060 General Purpose Financial Statements – Simplified Disclosures for - Profit and Not-for-Profit Tier 2 Entities | 1 July 2021 | 30 June 2022 |

The potential effect of the revised Standards/Interpretations on the company's financial statements has not yet been determined.

2. Surplus Before Income Tax

| | 2021 \$ | 2020 \$ |
|--------------------------------|-------------------|-------------------|
| (a) Revenue from grants | | |
| State & federal grants | 33,154,459 | 32,662,221 |
| Other organisations | 1,530,438 | 987,002 |
| | 34,684,897 | 33,649,223 |
| (b) Other Revenue | | |
| Donations | 23,111 | 22,941 |
| Interest | 171,164 | 437,469 |
| Other | 279,600 | 95,341 |
| | 473,875 | 555,751 |
| Total Revenue | 35,158,772 | 34,204,974 |

3. Cash and cash equivalents

Cash at the end of the financial year as shown in the statement of cash flows is reconciled in the Statement of Financial position as follows:

| | 2021 \$ | 2020 \$ |
|---------------------|-------------------|-------------------|
| Cash at bank | 2,746,233 | 5,801,545 |
| Short term deposits | 18,339,728 | 13,262,530 |
| | 21,085,961 | 19,064,075 |

4. Trade and other receivables

| | 2021 \$ | 2020 \$ |
|---|---------------|----------------|
| Current trade receivables | 88,389 | 704,894 |
| Provision for impairment of receivables | (18,182) | - |
| Trade receivables | <u>70,207</u> | <u>704,894</u> |

Current trade receivables are non-interest bearing. A provision for impairment is recognised when there is objective evidence that an individual trade receivable is impaired. An impairment of \$18,182 at 30 June 2021 (30 June 2020 - \$Nil).

5. Other current assets

| | 2021 \$ | 2020 \$ |
|----------------|----------------|----------------|
| Prepayments | 396,667 | 278,345 |
| Accrued income | 6,851 | 21,465 |
| | <u>403,518</u> | <u>299,810</u> |

6. Property, plant & equipment

| | 2021 \$ | 2020 \$ |
|---|----------------------|-----------------------|
| Plant and equipment – at cost as at beginning of the year | 326,525 | 265,994 |
| Additions at cost | 83,445 | 60,531 |
| Disposals | (50,995) | - |
| Total Plant and equipment at cost | <u>358,975</u> | <u>326,525</u> |
| Less: Accumulated depreciation | (358,975) | (326,525) |
| Carrying amount at the end of the year | <u>-</u> | <u>-</u> |
| Right-of-use assets | | |
| Right-of-use assets – at cost as at beginning of the year | 528,210 | 528,210 |
| Less: Accumulated amortisation | (489,024) | (244,512) |
| Carrying amount at the end of the year | <u>39,186</u> | <u>283,698</u> |
| Total Property, plant & equipment at the end of the year | <u>39,186</u> | <u>283,698</u> |

7. Trade and other payables

| | 2021 \$ | 2020 \$ |
|------------------------------|------------------|------------------|
| Trade payables | 35,210 | 669,779 |
| Other creditors and accruals | 2,196,885 | 3,462,777 |
| | <u>2,232,095</u> | <u>4,132,556</u> |

8. Provisions for employee benefits

| | 2021 \$ | 2020 \$ |
|-------------------------------------|----------------|----------------|
| Current | | |
| Annual leave | 376,659 | 421,111 |
| Long service leave | 199,136 | 198,419 |
| | <u>575,795</u> | <u>619,530</u> |
| Non Current | | |
| Long service leave | <u>170,064</u> | <u>121,007</u> |
| 8a Employee benefits expense | | |

Expenses recognised for employee benefits are analysed below:

| | | |
|--------------------------------|------------------|------------------|
| Wages, salaries | 5,496,236 | 5,446,244 |
| Workers compensation insurance | 26,245 | 25,185 |
| Superannuation | 572,467 | 533,319 |
| Employee benefits provisions | 672,549 | 515,582 |
| Employee benefits expense | <u>6,767,497</u> | <u>6,520,330</u> |

9. Other liabilities

| | 2021 \$ | 2020 \$ |
|-----------------|-------------------|-------------------|
| Deferred income | <u>18,056,117</u> | <u>14,845,118</u> |

Deferred income consists of government grants received for services to be rendered by the Company. Deferred income and grants in advance are amortised over the life of the contract

10 Lease liabilities

| | 2021 \$ | 2020 \$ |
|---|---------------|----------------|
| Maturity analysis – contractual undiscounted cash flows | | |
| Year 1 | 41,251 | 255,907 |
| Year 2 | - | 41,251 |
| Total undiscounted lease liabilities at end of the year | <u>41,251</u> | <u>297,158</u> |
| Less: Unearned interest | <u>73</u> | <u>2,618</u> |
| Lease liabilities included in the statement of financial position at the end of the year | <u>41,178</u> | <u>294,540</u> |
| Current | <u>41,178</u> | <u>253,362</u> |
| Non- Current | <u>-</u> | <u>41,178</u> |

The property lease expired on 31st July 2021 and the company is currently negotiating the lease renewal with the landlord. No value has been booked in the financial statements for the option to renew as a renewed lease was not signed at the time of this report. The directors do not anticipate that the renewed lease will not be signed.

11. Key management personnel and related parties

The key management personnel of the company are the directors, the Chief Executive Officer, Director of Innovations and Partnerships, and Director of Planning and Performance.

The total compensation paid and payable to the key management personnel including a stipend paid to the Chair, consists of short-term benefits of \$891,341 (period ended 30 June 2020 \$837,088).

The Company has a number of Integrated Health and Mental Health Commissioned Services with an organisation which a director is a key management personnel. The contractual amounts paid/payable amounted to \$1,792,353 (2020: \$2,289,451). The outstanding balance as at the reporting date was \$Nil (2020: \$959,728).

The Company has After Hours General Practitioner Commissioned Services Agreements with one (2020: two) director related entities. The amounts billed were based on normal market rates and amounted to \$431,640 (2020: \$1,038,750). There were no outstanding balances at the reporting dates under review.

In June 2020 the company executed an unincorporated joint venture with the South Western Sydney Local Health District (SWSLHD) to jointly invest in the implementation of a 'medical neighbourhood' model of care ('My Care Partners'). This is intended to be a sentinel integrated care project for the region, aiming to reduce levels of potentially preventable hospitalisations for a risk-rated register of identified patients. The joint venture deed sets out the terms on which resources including funding and in-kind services which will be committed by each party.

In the current financial year the joint venturers contributed \$732,000 (2020: \$764,000) to the project and \$176,585 (2020: \$187,147) was spent on project officer salary and oncosts and costs incurred in setting up the joint venture. In the current financial year, the project has enrolled 5 general practices to pilot the program and have commenced training the general practice staff on the model of care.

12. Fair Value measurement

The fair values of financial assets and financial liabilities are presented in the following table and can be compared to their carrying values as presented in the balance sheet. Fair values are those amounts at which an asset could be exchanged, or a liability settled, between knowledgeable, willing parties in an arm's length transaction. Areas of judgment and the assumptions used have been detailed below. Where possible, valuation information used to calculate fair value is extracted from the market, with more reliable information available from markets that are actively traded

| | 2021 | | 2020 | |
|--|-------------------|-------------------|-------------------|-------------------|
| | Amortised Cost | Net Fair Value | Amortised Cost | Net Fair Value |
| | \$ | \$ | \$ | \$ |
| Financial assets | | | | |
| Current | | | | |
| Cash and cash equivalents | 21,085,961 | 21,085,961 | 19,064,075 | 19,064,075 |
| Trade and other receivables | 70,207 | 70,207 | 704,894 | 704,894 |
| Total financial assets | 21,156,168 | 21,156,168 | 19,768,969 | 19,768,969 |
| Financial liabilities | | | | |
| Current financial liabilities measured at amortised cost | | | | |
| Trade and other payables | 2,232,095 | 2,232,095 | 4,132,556 | 4,132,556 |
| Lease Liabilities | 41,178 | 41,178 | 294,540 | 294,540 |
| Total financial liabilities | 2,273,273 | 2,273,273 | 4,427,096 | 4,427,096 |

13. Contingent liabilities

There are no contingent liabilities that have been incurred by the company.

14. Capital commitments

The company has no capital commitments as at 30 June 2021 (30 June 2020 \$0).

15. Cash flow information

The Company received \$50,000 (2020: \$50,000) in Cashflow Funding Boost to assist with cashflows and has been recorded in the statement of financial performance.

(i) Reconciliation of cash

Cash at the end of the financial year as shown in the cash flow statement is reconciled to the related items in the balance sheet as follows:

| | 2021 | 2020 |
|---|------------------|--------------------|
| | \$ | \$ |
| Cash and cash equivalents for cash flow purposes | 21,085,961 | 19,064,075 |
| (ii) Reconciliation of cash flow from operations with surplus after income tax | | |
| Net Surplus for the period | 183,897 | 136,198 |
| Non-cash flows in net surplus for the period | | |
| Depreciation | 46,430 | 60,532 |
| Amortisation | 244,512 | 244,512 |
| Doubtful debts provision | 18,182 | - |
| Net changes in assets and liabilities | | |
| (Increase)/decrease in receivables | 616,505 | (691,450) |
| (Increase)/decrease in other current assets | (103,709) | 21,250 |
| Increase/ (decrease) in payables | (1,900,461) | (1,530,587) |
| Increase/(decrease) in provisions | 5,322 | 152,249 |
| Increase/(decrease) in grants in advance and deferred income | 3,210,999 | (879,912) |
| Net cash (used in) / provided by operating activities | 2,321,677 | (2,487,208) |

17. Post-reporting date events

No adjusting or significant other non-adjusting events have occurred between the reporting date and the date of authorisation.

18. Members Guarantee

The Company is incorporated under the Corporations Act 2001 and is a Company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum \$10 each towards meeting any outstanding obligations of the Company. At 30 June 2021, the total amount that members of the Company are liable to contribute if the Company is wound up is \$80.

19. Impact of COVID-19

There was no significant financial impact on the Company as result of the COVID-19 as at 30 June 2021 (2020: Nil). The Company continues to receive Government grants per Program Funding Agreements and impairment of assets are not considered necessary as the Company operates in leased premises and does not own a significant amount of assets.

Directors' declaration

In the opinion of the Directors of South Western Sydney Primary Health Network limited:

1. The financial statements, comprising the statement of comprehensive income, statement of financial position, statement of cash flows, statement of changes in equity and accompanying notes, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012
 - a) comply with Accounting Standards - Reduced Disclosure Requirements (including the Australian Accounting Interpretations) and the Australian Charities and Not-for-profits Commission Regulation 2013; and;
 - b) give 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.
2. There are reasonable grounds to believe that South Western Sydney Primary Health Network Limited will be able to pay its debts as and when they become due and payable

This declaration is signed in accordance with a resolution of the Directors.



Dr Matthew Gray - Director



Dr Vince Roche - Director

Dated 26 August 2021

Independent auditor's report

**TO THE MEMBERS OF SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK LTD
ABN 74 605 441 067**

Opinion

We have audited the financial report of South Western Sydney Primary Health Network Ltd (the Company), which comprises the statement of financial position as at 30 June 2021, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes comprising a summary of significant accounting policies and other explanatory information, and the directors declaration

In our opinion, the accompanying financial report of South Western Sydney Primary Health Network Ltd has been prepared in accordance with *Division 60 of the Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) giving a true and fair view of the Company's financial position as at 30 June 2021 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and *Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for 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 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 believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Information other than the Financial Report and Auditor's Report Thereon

The directors are responsible for the other information. The other information comprises the information included in the Company's annual report for the year ended 30 June 2021, but does not include the financial report and our auditor's report thereon. Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report and our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

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 – Reduced Disclosure Requirements and the *Australian Charities and Not-for-Profits Act 2012* and for such internal control as the directors

determine is necessary to enable the preparation of the 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 Company's ability to continue as a going concern, disclosing, as applicable, matters related 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. The directors are responsible for overseeing the Company's financial reporting process.

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 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 the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the 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 management's 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.

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.

BDH Audit and Assurance Pty Ltd



Gede Barone
Director

Address: Level 12, 111 Elizabeth Street, Sydney NSW 2000

Dated this 26th day of August 2021

BDH Audit and Assurance Pty Ltd

South Western Sydney PHN

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SOUTH WESTERN
SYDNEY

An Australian Government Initiative



Quality
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 SAI GLOBAL