



South Western Sydney PHN

Annual Report

2021-22

phn
SOUTH WESTERN
SYDNEY

An Australian Government Initiative



Our members

As at July 2022.

Full members

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

Associate members

- Obion Holdings Pty Ltd
- Hepatitis NSW
- Quest for Life Foundation
- Qualitas Australia Pty Limited
- Grow residential rehabilitation program
- Oxley Home Care
- Regal Home Health
- Bovec Pty Ltd t/a The Foot Company
- Completely Aligned Pty Ltd
- K&K medical Pty Ltd
- Walder Road Pty Ltd
- Bernard Chiropractic
- Guilding Light Psychology

Friends of SWSPHN

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

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Our values



Trust

Maintain mutual respect for one another and act in good faith



Empathy

Gather insights and understanding of others' experiences



Courage

Strength to lead and innovate



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

Our goals

1



A healthier & more enabled community

2



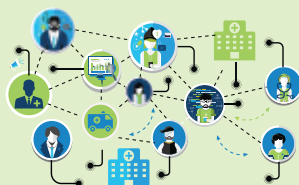
A better health system experienced by General Practitioners & Primary Care Providers

3



An integrated health system that is fit for purpose

4



Primary health care that demonstrates value

5



A trusted & socially responsible organisation

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

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.

CEO's report

Dr Keith McDonald PhD

"The reason a lot of people do not recognise opportunity is because it usually goes around wearing overalls looking like hard work."

Thomas A. Edison

By anyone's account, it has been an unprecedented 12 months all round. Together we have experienced the exponential spread of COVID, the Olympics revisited, the ravages of La Nina repeated and the first change of a federal government in nine years.

Closer to home, we had the long-awaited release of the 10-year Primary Health Care Reform Plan, execution of the National Mental Health and Suicide Prevention Agreement and the handing down of the Royal Commission into Aged Care Quality and Safety.

In this context, the 2021/2022 Annual Report is a chance to capture and reflect on our seventh year of operation as a Primary Health Network. On one hand you will recognise we are a socially responsible not-for-profit organisation which diligently delivered on our goals for South Western Sydney. On the other hand, we ably pivoted and adapted to opportunities for growth plus responded to emergent risks.

We continued to be well led by our Chair Dr Matthew Gray, as our Board progressed with its planned renewal of directors.

Despite the disruption of lockdowns and restrictions, this year we relocated floors to a new office with a fit-out purposely designed for activity-based work spaces and permanent flexible work.

Improving both the provider and patients' experience is at the heart of our mission. Once more we delivered an extensive needs analysis, suite of translation research and evaluation projects plus program co-design processes have been employed with local communities and providers.

Coupled with this are a number of place-based strategies, including health alliances and innovation precincts in partnership



with local Councils, SWSLHD and other stakeholders. As always, our aim is to ensure our service priorities are meaningful locally and our initiatives are evidence-based.

In unison with this, we constantly seek to enhance the capability of the 412 general practices to better service our local communities. We do this by supporting data-led, practice-owned quality improvement initiatives, an extensive training and continuing professional development calendar, plus timely multimedia communications.

In partnership with the SWSLHD, we have continued to mobilise the primary health care response to the COVID-19 pandemic, particularly targeting vulnerable communities and the residential aged care sector.

Each of our flagship programs have matured and scaled their operations including My Care Partners; NewGen; iRAD ICT interoperability project; the Lumos data linkage initiative, in partnership with NSW Health; HealthPathways, in partnership with SWSLHD and Health Resource Directory for patients and carers.

With increasingly sophisticated planning, contract management and compliance processes, our suite of commissioned services are growing to meet the prioritised needs of our region. In the last 12 months we have commissioned 121 contracts from 58 separate service providers.

This year's report ably demonstrates that we are an organisation that rolls up its sleeves to do the hard work, whilst always with an eye open for opportunities to innovate and expand our service offerings for South Western Sydney.

Chair's report

Dr Matthew Gray OAM

It is my great pleasure to welcome you to South Western Sydney PHN's annual report for the year ending 30 June 2022.

This report provides an opportunity to reflect on progress and celebrate our achievements in pursuing our mission to achieve better health outcomes for our community.

The pages that follow highlight the areas of organisational focus in implementing the five goals of our Strategic Plan 2021-26, whilst continuing and stepping up our COVID-19 response.

The breadth and quality of the work being done to provide solutions for our region's health needs are impressive. None of these achievements would be possible without the dedication and involvement of many.

I would like to take this opportunity to express my thanks to my fellow Board members, our Executive and staff for their commitment, professionalism, and passion throughout the year.

Sincere thank you also to our committee members, member organisations, partners, health professionals and providers for the care and support you provide to our community.



Finally, I would like to acknowledge and sincerely thank Ms Amanda Larkin and Dr Vince Roche, who retire from the Board at this year's annual general meeting, having made outstanding contributions as Directors since the foundation of SWSPHN in 2015.

It has been a privilege and a pleasure working with them both and I wish them well for the future.

I do hope you enjoy exploring this Annual Report and I commend it to you as we continue to work towards an enhanced health system for South Western Sydney.

Our board



Dr Matthew Gray
OAM – Chair

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



Dr Vince Roche

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



Ms Amanda Larkin

Bachelor of Social Work,
Associate Diploma in
Environmental Planning



Prof Jennifer Reath

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



Ms Karen Edwards

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



**Dr Kenneth
McCroary**

BSc(Med), MBBS,
FRACGP



**Dr Andrew
McDonald**

MB BS (Hons) – University
of Sydney, DCH, FRCP,
FRCPCH, FRACP



Mr John Adam

B.Comm/LLB



Mr Darryl Wright

AM Hon Fell (WSU)

Special feature

Stepping up our COVID-19 response

Support for general practice

As the COVID-19 pandemic has evolved during the past two-and-a-half years, the responsibility of caring for COVID-19 positive patients has largely fallen on the shoulders of our hard-working and resilient general practice staff.

SWSPHN and its dedicated COVID-19 Response team have supported general practices and Residential Aged Care Facilities throughout 2021-22 with the vaccination rollout, the new COVID Monitoring program, and by continuing to provide the latest updates and information and PPE.

COVID Monitoring Project

SWSPHN commissioned the COVID-19 Monitoring Project in 2021-22, through which registered nurses (RNs) are employed at five 'keystone' practices in South Western Sydney to manage COVID-19 positive patients from across the region.

All general practices can refer their COVID-19 positive patients to the project for management during the duration of their diagnosis. The project aims to alleviate the workload on GPs, and promote the skills and capability of RNs to provide telehealth care.

The project began in May this year, with 635 patients managed so far.

Commissioned Home Visits

This program aims to reduce hospitalisations and allow people to actively manage their own health at home, supported by a healthcare professional.

The Commissioned Home Visit program facilitates home visits by GPs and practice nurses to patients who are managing COVID-19 at home, and includes home visits to Residential Aged Care Facilities (RACF) patients and people who are isolating at home as a close contact.

Between April and July 2022, 186 individuals received care in their homes and 767 patients were visited in RACFs across about 25 facilities on 40 different occasions.

The types of visits included:

- Vaccination, with 62 people vaccinated at home and 612 residents vaccinated at RACFs
- COVID-19 management, with 51 people receiving visits at home and 146 residents receiving visits in RACFs
- Antiviral prescriptions for 55 RACF residents
- Antiviral prescription reviews for 39 RACF residents

During the same period, GPs from 20 general practices made home visits.

SWSPHN has received positive feedback about the program, with RACFs grateful to have GPs visiting facilities to pre-consent their patients for oral antiviral medication, and GPs saying the program made home visits financially viable for general practice.

In-reach COVID-19 vaccination program

A total of 20 general practices in areas of greatest need were funded to provide COVID-19 vaccination services to vulnerable populations experiencing difficulties accessing the vaccine, and to community members seeking more timely access to a vaccine.

SWSPHN funded the program between September 2021 and April 2022 which saw 62 individuals vaccinated in their home, 150 people vaccinated at additional clinics on-site at general practices and 3,750 people vaccinated at additional off-site clinics.

Personal Protective Equipment



COVID-19 Response Coordinator, Bianca Lean (right), preparing a PPE delivery with Priority Populations Program Advisor, Rachael Taylor (left).

Providing personal protective equipment (PPE) to vaccinating practices, continued to be a key task for SWSPHN in 2021-2022.

Between July 2021 and April 2022, we oversaw the delivery of:

→ **12,623 boxes of surgical masks**
(or 964,040 individual masks)

→ **5,957 boxes of P2/N95 masks**
(or 286,560 individual masks)

→ **2,753 boxes of gowns**
(or 71,250 individual gowns)

→ **3,952 boxes of gloves**
(or 729,300 pairs of gloves)

→ **2,109 boxes of goggles**
(or 30,320 pairs of goggles)

→ **483 boxes of face shields**
(or 8,515 face shields)

→ **831 pulse oximeters**

In April 2022, PPE provision transitioned back to the Department of Health. SWSPHN now places monthly orders to the department on behalf of general practices and Aged Care, with 80 orders placed between April and June 2022.

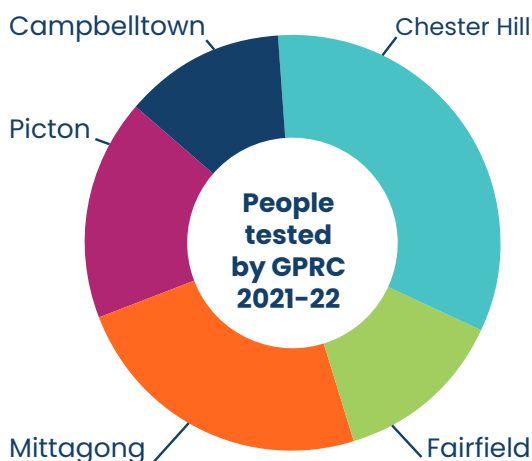
Commonwealth Vaccination Clinics

SWSPHN continued to work closely with our region's five Commonwealth Vaccination Clinics (previously GP Respiratory Clinics or GPRCs) providing COVID-19 testing and vaccination services in 2021-22.

Testing:

Almost 90,000 (89,968) people were tested a total of 190,648 times at these clinics between July 2021 and June 2022:

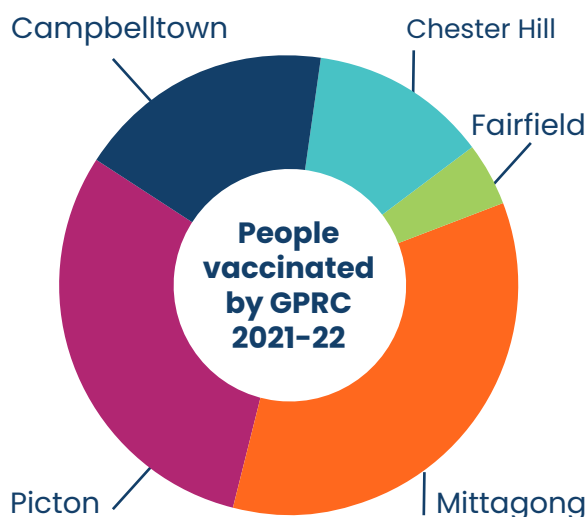
- **Campbelltown:** 24,350
- **Chester Hill:** 63,300
- **Fairfield:** 25,300
- **Mittagong:** 45,110
- **Picton:** 32,590



Vaccination:

In the same period, 65,734 people were vaccinated against COVID-19 at the clinics including:

- **Campbelltown:** 11,984
- **Chester Hill:** 8,133
- **Fairfield:** 2,927
- **Mittagong:** 22,940
- **Picton:** 19,750



SWSPHN supported the clinics in a number of ways, including assisting with the transition to the healthdirect program which sees COVID-19 positive patients referred to a clinic if they do not have a regular GP to prescribe oral antiviral medication.

Our Digital Health team helped troubleshoot issues with secure messaging systems, and our Practice Support Officers and COVID-19 Response team ensured healthdirect had current secure messaging details for all general practices in South Western Sydney.

We collected information from vaccination clinics about vaccination and testing times, and testing numbers, for reporting to the Ministry of Health, and between July 2021 and March 2022, distributed QR check-in codes to the clinics from the NSW/ACT PHN Executive Office on a fortnightly basis.

SWSPHN also liaised with Aspen Medical to provide Respirator Fit Testing for clinic staff; delivered PPE; and provided assistance with access and redistribution of vaccines.



EAP for GPs and their families

The challenges of the past two-and-a-half years have taken their toll on the mental health and wellbeing of all of us, but general practices on the frontlines of the COVID-19 pandemic have been impacted more than most.

To support the mental health and wellbeing of all general practice staff and their immediate family members, SWSPHN has funded an Employee Assistance Program (EAP), Best You by Benestar.

The EAP has two components. MyCoach which is a team of clinicians who can assist with everything from family and relationship issues to challenges at work, dealing with grief, and improving exercise and nutrition. BeneHub is an interactive online portal where people can access a vast library of health and wellbeing resources.

Chief Health Officer webinar

In response to an increase in household transmission of COVID-19 in South Western Sydney, SWSPHN invited NSW Chief Health Officer, Dr Kerry Chant, to hold a Q&A webinar for South Western Sydney general practice staff in July 2021.

More than 125 general practice staff, including 115 GPs, six practice nurses and six practice managers attended the webinar at which Dr Chant discussed community transmission and general COVID-related issues like vaccinations and masks.

At the webinar, the Public Health Unit provided an update on COVID-19 and participants were told about the

changing risk profile of the virus as the Delta wave hit. Dr Dong Hua from Fairfield and Campbelltown Commonwealth Vaccination Clinics also shared his experiences testing and vaccinating on the frontlines of the pandemic.

Other support provided:

- Continued use of Zoom for CPD events
- Distributing a weekly Practice Pulse newsletter with up-to-date information about the pandemic
- Distributing urgent COVID-19 updates to general practices via email 46 times

- Updating several HealthPathways a number of times to ensure GPs had up-to-date guidance
- Development of seven new COVID-related HealthPathways (including vaccine-induced Thrombosis with Thrombocytopenia Syndrome – TTS); active case management; Myocarditis and Pericarditis after mRNA COVID-19 vaccines; post-COVID-19 conditions; infection control and staff exposure or infection; isolation support; and case management tools and resources

Support for community

Working with Residential Aged Care Facilities

Residential Aged Care Facilities (RACFs) have been hit hardest by the COVID-19 pandemic and in 2021-22 SWSPHN had a key role in supporting the 69 RACFs across our region.

This support has been vast and varied, and includes disseminating important updates and bulletins from the Department of Health and Aged Care to all RACFs in our region, including updates in relation to COVID-19 and influenza vaccination and antivirals, funding and staff training.

We provided Living with COVID-19 (LWC) funding to GPs to hold consultations with COVID-positive and isolating residents, and administer COVID-19 vaccinations to residents. We organised and funded about 20 GP in-reach vaccination clinics and connected GPs with RACFs which did not have regular GP attendance.

In 2021-22, SWSPHN petitioned the Department of Health and Aged Care to expand the scope of the funding to include pre-consenting RACF patients to receive oral anti-viral medication.

We funded and provided Respiratory Fit Testing, and Enhanced PPE and IPC e-Learning licenses to all RACFs in our

region. We also reimbursed the cost of nurse immuniser training. So far 56 contracts have been signed by RACFs, 40 registered nurses have enrolled and 12 nurses have successfully completed their training.

During the Christmas/New year period, SWSPHN commissioned GP coverage for all RACFs 24 hours-a-day, seven days-a-week to ensure there was adequate GP availability at all facilities over the closure periods. Between 24 December 2021 and 9 January 2022, GPs held 142 consultations with RACF residents.

We have also worked with RACFs to provide accurate and concise COVID-19 data to the Department of Health and Aged Care on the vaccination status of residents, and conduct an RACF after hours and digital audit. Twenty RACFs have completed an Expression of Interest in the audit, and SWSPHN's Digital Health and COVID-19 Response teams are currently conducting needs assessments of these facilities.

Marking milestones

The South Western Sydney region marked two significant milestones in the battle against COVID-19 in 2021-22 – our region reaching the 70 per cent double dose vaccination rate in October 2021 and



L-R: SWSLHD Chief Executive Amanda Larkin; vaccine recipient Danielle Barnes; pharmacist David Yassa; Dr Keith McDonald; and GP, Dr Dong Hua from Campbelltown and Fairfield Commonwealth Vaccination Clinics.

the first anniversary of GPs vaccinating community against COVID-19 in March 2022.

Our region's five local Commonwealth Vaccination Clinics at Campbelltown, Chester Hill, Fairfield, Mittagong and Picton led the charge on both fronts. One particular Sunday, 10 staff from the Picton clinic administered 1,200 vaccines over eight hours.

In March, Picton clinic principal, Dr Anna Pham, said it had been a challenging year. "Changes were happening on an almost daily basis but flexing with change is now second nature to us, we do it very effectively," she said.

SWSPHN Chief Executive Officer, Dr Keith McDonald PhD, said: "We're proud of the role the GP-led vaccination clinics and general practices have played in making vaccinations easily accessible."

Head to Health hubs launched



One Door Mental Health was the commissioned service provider for Head To Health Pop Ups in Liverpool and Bankstown. Pictured L-R: mental health professionals Gavin Connor, Pahryse Validakis and Alyssa-Grace Essex.

Head to Health was established in September 2021 to support people in South Western Sydney struggling with their mental health due to COVID-19.

SWSPHN commissioned the service to provide short-to-medium term support for people experiencing moderate-to-high levels of mental health distress. It has face-to-face hubs at Bankstown and Liverpool.

COVID-19 booster campaign

In response to low third dose vaccination rates across South Western Sydney, we launched the COVID-19 booster campaign in April 2022.

The campaign's main aim was to remind people COVID-19 hasn't gone away, and along with behavioural changes such as sanitising, mask wearing and physical distancing, having a third dose of the COVID-19 vaccine is one of the best ways to continue to protect yourself against COVID-19.

The social media campaign reached 886,923 people and was shown on a screen 3,946,808 times between April and June 2022.



Goal 1: Strategic Plan 2021-2026

A healthier community

Strategies

- **People:** Empowering relevant self-management strategies according to need
- **Providers:** Developing innovative models that ensure quality care is delivered
- **Systems:** Partnering with our communities to ensure person-centred care

Headstart

New website makes navigating mental health services easier

Trusted free or low-cost local mental health services are now easier to find for people experiencing mental health concerns, including their friends, family, and carers with the launch of Headstart South Western Sydney.

Headstart, launched in January, is a new online mental health and alcohol and other drugs resource, replacing Recovery Point as the preferred online mental health service navigation tool for people living in South Western Sydney.

Headstart was developed in consultation with local mental health service providers, GPs, community members and people with lived experience.

It includes local services for managing conditions such as anxiety and/or depression,

eating disorders, personality disorders, and support for challenging situations like grief and loss, alcohol and other drugs, suicidal thoughts, domestic and family violence, and gambling concerns and is constantly expanding as new services are created.

Since going live in January 2022, the website has been visited **5,277** times. Ongoing promotion through the SWSPHN promotional channels and via Google search has proven to be of great value with more than **5,000** website visits coming from these sources.



Community Advisory Committee

Community oversight remains pivotal for key projects

The SWSPHN Community Advisory Committee had another strong year under the leadership of our Chair Cath Brennan.

With COVID-19 dominating much of the activity and decision making in 2021-22, the Community Advisory Committee played a pivotal role in reviewing and disseminating important information and resources within their own vast networks including vaccination information and translations as well as providing feedback on our work in engaging spiritual leaders and other community leaders in our local culturally and linguistically diverse communities.

The committee was briefed on key projects such as the Head to Health rollout, the launch of our Headstart mental health

directory website, the mental health Initial Intake and Assessment Tool and our Reconciliation Action Plan.

Consultations included the Care Finder project, which will be commissioned in late 2022 and the Healthy Ageing project, due to rollout in early 2023 and our Winter Strategy.

During the year the group continued to support the Health Resource Directory project reviewing more than 40 new factsheets and reviewing the new website, which went live in October 2021.

In early 2022 we welcome three new members to our committee – John, Yathugiri and Joanne – and our long-time member, Vicki, took on representation of the committee on the SWSPHN Clinical Council.

Head to Health

Mental health response to pandemic and beyond

SWSPHN commissioned the Head to Health service as part of the statewide mental health response to COVID-19. The service provides community members with free access to trained mental health professionals who assist individuals in assessment, treatment and referral to appropriate free or low-cost care in South Western Sydney.

Head to Health provides a seamless service via a free-to-call intake line available for all residents of NSW (1800 212 595), and in South Western Sydney through two pop-up hubs in Bankstown and Liverpool where people

who are experiencing mental distress or are feeling unable to cope with extra pressures brought on by the pandemic are guided to appropriate support services.

Between September 2021 and June 2022, the service supported 461 people living in South Western Sydney. There were 843 phone calls made to the Head to Health telephone service during this time.

A permanent Head to Health Adult Mental Health Centre will open in Liverpool in 2023.



Representatives from SWSPHN and One Door Mental Health at the Head to Health launch in December.

Health Resource Directory

One-stop-shop for trusted local health information

Since the unveiling of the new Health Resource Directory (HRD) website in April 2022, residents of South Western Sydney have had an even better localised information portal they can turn to when given a new diagnosis from their GP, even if English is their second language.

The new and improved website now includes webpages and downloadable factsheets translated into Simplified Chinese, Arabic and Vietnamese. The new site also includes 290 updated, easy-to-read factsheets, all easily

accessible as PDF files and audio files with more planned for release in 2022 and beyond.

It also includes improved design and functionality for people using mobile devices and increased options for people who may need special assistance using the site on both desktop and mobile.

The new website has an accessibility option including audio, visual and in-language content making it easier to access, easier to navigate and visually appealing.

Workforce Capacity Building Program

Partnership makes difference for next generation

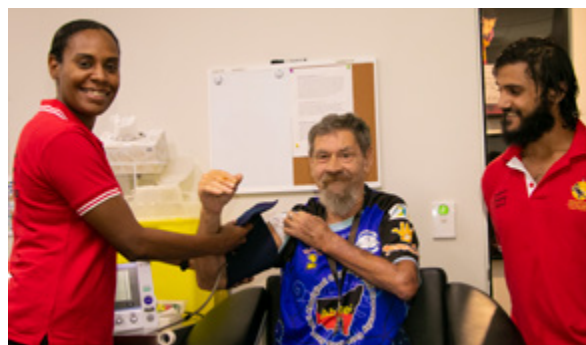
SWSPHN's Workforce Capacity Building program has made a "tangible difference" to the lives of local community members.

SWSPHN partnered with Gandangara Health Service and Tharawal Aboriginal Medical Service on the Workforce Capacity Building program for existing primary health staff and trainee placements, in 2021-22.

The programs saw trainees at each site undertake courses including Aboriginal and/or Torres Strait Islander Primary Health Care Practice, and dual Mental Health and Alcohol and other Drugs Certificate IV.

The 12-month project aimed to build the skills and knowledge of participants.

Four Gandangara participants gained practical experience during their traineeship, learning skills in clinical areas like wound care and pitching in to help with the service's COVID-19 response.



Tay Anu (left) and Justyn Nand (right) with Uncle Charlie Booth (centre).

In March, Gandangara Health Services Manager Angela Spithill told SWSPHN the project was making a tangible difference to Aboriginal and Torres Strait Islander people's lives.

Two Tharawal participants also gained practical experience during their traineeship, undertaking self-guided orientation programs to learn about the different services offered by each Tharawal department, and working to gain hands-on experience.

My Care Partners

Groundbreaking project enhances care coordination

SWSPHN partnered with South Western Sydney Local Health District (SWSLHD) to pioneer a new program in 2021-22 aimed at supporting people with chronic or complex health needs avoid unnecessary hospitalisation.

The My Care Partners program uses the 'medical neighbourhood' model of care to better co-ordinate and enhance the care of people suffering illnesses like diabetes, respiratory and cardiac disease with chronic or complex health needs.

In 2021-22, My Care Partners was piloted at 10 practices in the Campbelltown, Camden and Wollondilly local government areas, with 61 patients participating.

Project aims

- ➔ Improve coordination between the patients' medical home (their regular general practice), primary and community services, and acute care
- ➔ Improve outcomes for patients with complex and chronic conditions who are at risk of potentially preventable hospitalisations
- ➔ Improve patient and provider experience by encouraging continuity of care and team-based care to reduce the risk of omission or duplication of services



Dr Dimuthu Samaranayake (back centre) and his team at Myhealth Oran Park Medical Centre embrace the My Care Partners program.

How does it work?

Participating GPs identify patients who may be eligible to participate in the program for 12 months. These patients are referred to SWSPHN's Care Enabler Team who assess the patient's eligibility for the program.

Once enrolled, the patient has regular check-ins with members of the healthcare team which includes SWSLHD's Care Coordinator/Navigator, the GP, practice nurse and other members of the care team, such as allied health professionals and specialists.

The care team work together to identify other healthcare providers who may be beneficial to their patient's care, other services their patient may be able to access, facilitate access to transport, and provide funding to support small home modifications and equipment.

Support for pilot practices

Pilot practices received dedicated support through a 12-week capacity building process, which involved nominating practice representatives to participate in training, establishing processes to incorporate My Care Partners into their workflow, and completing dedicated training on how to refer and enrol patients and successfully complete program deliverables.

As patient enrolments commenced, practices received ongoing support from their My Care Partners Project Officer and Care Enablers to embed the program into their workflow, and identify opportunities for improvement within their practice.

What feedback did practices provide?

Overall, the practices provided positive feedback about their experience of the My Care Partners program and the support received from the project team.

All practices demonstrated a strong commitment to learning and improving the program, with practice staff including GPs, practice nurses and practice managers working with SWSPHN to refine patient eligibility criteria, and referral and enrolment processes.

What are the results of the pilot?

Early indicators suggest there has been a significant reduction in preventable emergency department presentations and hospital admissions.

Practice statistics as of the end of June:

→ Number of participating practices	5
→ Training sessions delivered	23
→ Number of GPs actively referring into the program	5

Patient statistics as of the end of June:

→ Referrals received	89
→ Patients enrolled	61
→ Patient phone calls completed	333

→ Initial assessments completed	46
→ House calls completed	66
→ Patients discharged	21

How many extra practices have come on board since the pilot?

SWSPHN is actively recruiting eligible practices in the following LGAs to participate in the next wave of the program:

Wave 2: Campbelltown, Camden and Wollondilly: 5 practices

Wave 3: Liverpool/Fairfield: 10 practices

Waves 2 and 3 of the program are planned to commence from November 2022, with patient enrolments anticipated to commence from February 2023. More opportunities will be announced in early 2023.

What's next for My Care Partners?

The vision is for My Care Partners to expand within South Western Sydney, and across different patient cohorts within each My Care Partners practice.

"As a lead GP for My Health Oran Park I've got a duty to assist SWSPHN and SWSLHD with promoting new opportunities to improve local health and primary healthcare management, especially for our patients with chronic disease. My Care Partners is a great initiative to help improve our ability to prevent these high-need patients, who cost secondary care significant amounts of money from repeat presentations to hospital emergency departments."

Myhealth Oran Park Medical Centre Lead GP,
Dr Dimuthu Samaranayake

Partnering with community

Designing services to support older people to connect

Community and healthcare provider consultation has been key to designing services to meet the unique needs of our region's ageing population.

According to SWSPHN's 2022–2025 Needs Assessment and the latest Department of Planning and Environment projections, about 14 per cent of South Western Sydney's population (159,416 people) is aged 65 years and over.

This will increase by 50 per cent in the next 20 years to 321,696 people by 2041 and demand for permanent residential aged care services is likely to double in the next 15 years.

Our Needs Assessment conducted in 2021 found that in 10 years:

- There will be a 74 per cent increase (to 220,000) in the number of people aged 65 and over
- The most significant growth will be those aged 85 years and over. Many people in this age group will have at least one chronic condition

The needs assessment also found:

- About 0.7 per cent of South Western Sydney's population requires residential aged care now, but this will increase to one per cent by 2031
- The current rate of residential care recipients across SWSPHN's footprint is 66 per 1,000 people
- There are currently *68 RACFs in South Western Sydney offering 7,427 places (*based on June 2020 RACF numbers)

SWSPHN's Healthy Ageing at Home and Care Finder initiatives aim to mitigate this imbalance by funding services to support people to:

- manage chronic conditions
- navigate access to aged care services

Aged Care Connector (Care Finder)

The Aged Care Connector (Care Finder) program is a Commonwealth-funded aged care initiative which will be commissioned by SWSPHN in early 2023.

It is part of the government's response to the Royal Commission into Aged Care's recommendation for more localised and face-to-face supports to help people navigate access to aged care services.

Through the program, older people will be assisted to find services and support which is right for them and considers their individual needs.

SWSPHN is aiming to fund "care finder" organisations to complement the existing My Aged Care single entry portal.

In May and June this year, SWSPHN consulted with consumers, carers and aged care providers through our inaugural Local Health Forums to gain their insights and perspectives on the service gaps in our region.

A total of 86 people participated in the face-to-face forums at Bankstown, Campbelltown, Warwick Farm and Mittagong.

An additional 53 people provided feedback via an online survey, and a further 18 people provided responses to translated versions of the survey.

Suggestions from participants highlighted the importance of:

- GPs understanding and supporting the program
- Needs of all diverse groups being considered, including access to bilingual staff and culturally appropriate services
- Collaborating with local councils, religious groups and other community organisations
- Integration of Care Finder program with health and aged care, and other systems

A tender process opened for SWSPHN's Aged Care Connector (Care Finder) program on 15 August 2022. The services will provide specialist and intensive assistance to help older people understand and access aged care, and connect with other relevant supports in the community.



Simi Mukundan, Integrated Health Coordinator, leading group activities at the Healthy Ageing forum, Campbelltown.



Ben Neville, Integration and Priority Populations Manager, presenting at the Care Finder Community Forum at Bankstown.

Healthy Ageing at Home

SWSPHN's new Healthy Ageing at Home initiative will fund services to support the management of chronic conditions, thereby enhancing independent living for older community members and delaying their need to enter residential aged care.

In preparation for the initiative, which will launch next year, SWSPHN worked with community, healthcare providers and local community organisations to co-design services and programs to support healthy ageing at home.

In March 2022 we sought insights from local stakeholders on where to direct funds and efforts to support healthy ageing at home, by:

- Holding three face-to-face forums for older people and carers at venues in Campbelltown, Fairfield and Mittagong. Those who could not attend the forum were invited to share their ideas and feedback via a community survey
- Holding a virtual meeting and opening a separate survey for healthcare providers and services to provide their input

An additional 31 people participated in the consultations, while 37 people responded to the surveys.

The co-design project identified a number of focus areas for 'supporting older people to age well at home'. These included:

- **Social/general support:** the need for activities and groups to support older people to maintain an active lifestyle
- **Workforce:** the need for a workforce sensitive to the needs of both older people and people from a CALD background
- **Care planning/coordination:** the need for ongoing improvements in coordinating healthcare across the different levels of care and ensuring people are connected to the right services

→ **Education and awareness:** the importance of health literacy and consumer empowerment to take control of their health and minimise the health risks of ageing

→ **Service navigation:** the awareness of local services, both by health professionals and health consumers

The co-design results recommended the commissioning of a service to provide education to community organisations and the health service workforce, in addition to holding small-group education sessions for older people. A tender process opened 1 August 2022.



Healthy Ageing community forum at Mittagong.

HealthChat

Online consultations continue to shape healthcare

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 to enhance the health of our community.

HealthChat use in 2021-22

- Gathering community insight and feedback about healthcare in our region through introducing our 'Pulse Check' surveys throughout 2021 and 2022
- Consultation and co-design for the Healthy Ageing At Home initiative
- Co-design of mental health initiatives
- Applications for mental health recovery grants of up to \$100,000
- Regional suicide prevention working groups formed
- Mental health and disaster recovery needs assessment surveys

- GP Palliative Care Support needs assessment survey
- QIPC evaluation survey
- Support page and survey for a local health forum and Care Finder consultation
- Undertake a Youth Mental Health Service Mapping Workshop
- Healthchat continues to be used as a platform for the New To General Practice Nursing online training program

In 2021-22, 278 people signed up for HealthChat, making a total of 728 participants. Surveys were completed by 1,795 people and 24 practice nurses engaged in the New To General Practice Nursing program.

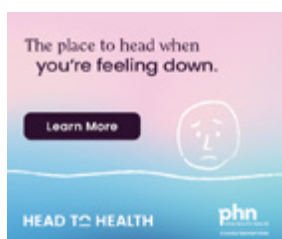
Social media campaigns

In 2021-22, SWSPHN used Facebook, Google, YouTube and Instagram to promote healthy living initiatives, commissioned services, preventative healthcare messages, and important COVID-19 information to people living in South Western Sydney.

Using paid post placements across Facebook, Instagram, Google and YouTube throughout the year, our advertisements were viewed more than 25 million times and had over **170,000 people click through to find more information**. Particularly well performing social media campaigns were Head To Health, After Hours Care, COVID-19 Booster, and Why it's Important to Have a Regular GP.

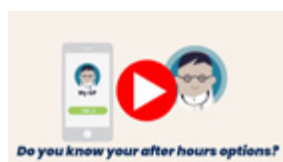
Head to Health

The Head to Health campaign focused on promoting the new pop-up hubs in Liverpool and Bankstown. Reaching more than **574,000 people** in South Western Sydney, the campaign's key message was about the importance of finding the right mental health support by calling the central intake line or visiting one of the Head to Health locations to talk to a trained professional.



After Hours Care

The After Hours Care campaign was launched in early June 2022 in response to local emergency departments being overwhelmed with non-critical admissions during the COVID-19 pandemic. The campaign was viewed more than **970,000** times with the key messages being how to protect yourself from the flu and COVID-19, and the importance of knowing your options for after hours care.



COVID-19 Booster

The COVID-19 booster campaign was launched in April 2022 to encourage locals to book their COVID-19 booster shot before heading into the winter flu season. The campaign reached more than **860,000 people** in South Western Sydney with the link to find where to get the booster **clicked 7,500 times**.



Why it's Important to Have a Regular GP

The Why It's Important to Have a Regular GP campaign's key message was to remind people of the importance of having a regular GP. The campaign reached more than **680,000 people** and had more than **14,500 clicks** to our website to learn more about why it's important to find a regular GP.



Goal 2: Strategic Plan 2021–2026

A better health system experienced by General Practitioners and Primary Care Providers

Strategies

- **People:** Strengthening health literacy to help the community make better informed decisions
- **Providers:** Providing access to timely and relevant resources & comms
- **Systems:** Engaging GPs and Primary Care Providers to ensure fit for purpose systems that contribute to improved health outcomes

Peace of Mind Project

Positive steps to improve end-of-life journey

SWSPHN's Peace of Mind Project received funding for a further four years to the end of June 2025 in last year's Federal Budget. The project aims to improve the end-of-life journey for people living with dementia, their carers and families.

Between July 2021 and June 2022, project staff completed a comprehensive report of the pilot phase of Peace of Mind project. The report has accompanying appendices with factsheets to assist clinicians managing the healthcare of people living with dementia and PHNs starting projects for underserved groups.

With continued funding the project has been able to:

- Refine its capacity building model which targets the groups of people who surround a person living with dementia and who may influence their end-of-life journey
- Plan for the continuation of past and new capacity building activities for each of the groups
- Commence implementation of activities

Project activities In 2021-22 included:

Community

- ➔ Monthly articles published in the Community Pulse newsletter
- ➔ The first planned stall was held in June 2022
- ➔ Information which aids dementia, advance care planning and palliative care literacy added to Health Resource Directory
- ➔ Joined the new South Western Sydney Dementia Friendly Network and commenced planning for education sessions

General practice

- ➔ Conducted an online survey to assess GPs palliative care needs
- ➔ Survey results published
- ➔ Collated a range of resources to assist GPs in palliative care and advance care planning, and published these on SWSPHN's new corporate website
- ➔ Regular relevant updates in Practice Pulse – six between February and June 2022

Aged care workers

- ➔ In May 2022, a subsidy offer for a 12-month PainChek App subscription was released to 11 RACFs owned by small providers
- ➔ PainChek improves pain management by performing accurate, objective pain assessment through detection of micro-muscle movement
- ➔ Three RACFs took up the offer by 30 June despite sector difficulties



L-R: Patsy Bingham (End of Life Doula); Kate Noble, SWSPHN Priority Populations Advisor – Palliative Care and Dementia; Vickie Tierney (Community Projects Officer, Wollondilly Council); and Anne Harley, SWSPHN Priority Populations Program Advisor.

Mental health literacy

Focus on service responsiveness

The Mental Health literacy project is part of a wider community of practice involving PHNs across NSW with funding and support from the Mental Health Commission of NSW.

SWSPHN's Mental Health and Alcohol and Other Drugs team has been at the forefront of this project, engaging local stakeholders for consultation and collaboration.

The initiative focuses on improving mental health literacy responsiveness of health services in our region, ensuring they promote equitable access and engagement for all.

SWSPHN engaged Beacon Strategies to consult the South Western Sydney community on local health literacy needs, in order to define projects to implement our initiative and 2021–22.

In 2021–22 SWSPHN:

- ➔ Concluded local co-design activities
- ➔ Launched No Wrong Door Framework and revamped Service Hub
- ➔ Incorporated co-design findings within SWSPHN Needs Assessment and Primary Mental Health Care Activity Workplan
- ➔ Implemented the Embrace Multicultural Mental Health Framework
- ➔ Delivered training in mental health literacy responsiveness which was attended by 22 GPs and 23 practice nurses
- ➔ MHCC delivered Understanding Mental Health recovery-oriented practice and trauma-informed practice training
- ➔ Delivered Mental Health First Aid to non-government, government and community organisations, attended by 52 participants
- ➔ Hosted a training session for general practice in mental health literacy responsiveness on behalf of NSW PHNs
- ➔ Launched a Lived Experience Delegate role to build on existing SWSPHN Our Experience Matters committee

Mental Health Service Navigator

Navigating the road to recovery

SWSPHN's Mental Health Service Navigator began linking people living with complex or persistent mental illness with the local services and support they need for recovery in 2021–22.

The service navigator works directly with community to find the best services and supports to improve the wellbeing of individual clients by:

- ➔ Determining what local clinical, psychosocial, and primary care support and services may be available to help, including social groups, psychological therapy, mental health professionals, housing support, financial counselling, carer supports or physical health needs
- ➔ Providing information, advice and referrals for other health professionals, the NDIS, or other state funded services

During this time 25 people accessed the service, predominantly to be linked with psychological supports. Most were referred by healthcare providers, including GPs. Another 17 people have received ongoing support and referrals to other services.

In the same period, a total of 98 people, including community (69), commissioned services (18) and healthcare providers (11), sought information or advice through the service navigator.

General practice support

Programs build capacity of general practice

SWSPHN aims to build the capacity of general practice nursing to support GPs and other general practice staff in delivering efficient, high-quality patient care.

Clinical Support Program

Our Clinical Support Program is specifically designed to meet the needs of, and support practice nurses and GPs locally.

SWSPHN provides support through education and training events, orientation and mentoring, telephone support, and face-to-face visits. Support sessions are held in a variety of areas including chronic disease management, care planning, health assessments, cycles of care, wound management and immunisation.

2021-22 practice engagements:

→ GP engagements	343
→ Practice nurses engagements.....	841
→ Nurse education sessions.....	7
→ Nurses attending sessions.....	153
→ Total engagements	1,184

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 in South Western Sydney.

The 12-month program aims to upskill the practice nurse workforce by providing access to continuing professional development events, practical online education, resources,



SWSPHN's Service Support staff on International Nurses Day. L-R: Grace Tam, Jamine Wei, Kristina Allen, Janet Liang and Kathy Liang.

and in-house mentoring by the dedicated Clinical Support team at SWSPHN.

In 2021-22, there were 45 practice nurses enrolled in the New To General Practice Nursing program, 26 of whom have actively participated throughout the year and two have completed the program. SWSPHN staff had 226 interactions with these nurses via phone/email and face-to-face.

Practice Support

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

Practice Support Officers (PSOs) keep practices in South Western Sydney up-to-date with all developments in primary healthcare, as well as Commonwealth and State Government initiatives.

PSOs also provide valuable support and training to increase the capacity of general practice, including support for general practices undertaking accreditation for the first time or for those undergoing re-accreditation.

In 2021-22, SWSPHN supported 412 general practices. This included individualised and ongoing support to 491 GPs, 236 practice nurses and 484 general practice staff.

→ GPs supported.....	491
→ Practice nurses supported.....	236
→ Practice staff supported	484

Practice support was provided via phone, practice visits, email and remote desktop support.

Practice Transformation

Practice Transformation guides our region's general practices in implementing new processes and participating in programs which will contribute to their becoming high performing practices.

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

Introducing the General Practice Status and Interaction Report

In 2021-22, the Practice Support team introduced the General Practice Status and Interaction Report, a key tool to support our practice transformation work.

These reports highlight each interaction with a general practice and allows PSOs to recommend appropriate programs, services, activities and resources based on what the practice needs.

Since the introduction of these reports in April 2022, there have been 115 general practices who have worked with their PSO to implement activities to transform their practice, and the reports have been discussed with 78 GPs, 75 practice staff and 26 practice nurses.

Activities recommended to practices in 2021-22 included:

- Installation and training of practice staff to use the WALRUS tool
- Uptake of secure messaging systems
- Registering for various Practice Incentive Programs as distributed by Services Australia
- Training practice staff to use HealthPathways and Health Resource Directory tools
- Assisting with recruitment process for practice staff
- Participation in programs and services commissioned by SWSPHN including the My Care Partners program and Diabetes Case Conferencing
- Installation and training of practice staff to use the POLAR GP tool

QIPC

Driving better outcomes through quality improvement

Quality improvement (QI) activities ensure general practices deliver better healthcare and health outcomes.

SWSPHN's dedicated Health Systems Improvement team works with practices to support these QI activities.

In 2021-22, the fifth year of our Quality Improvement in Primary Care (QIPC) program, SWSPHN supported practices across our region to embed QI systems, improve data quality, analyse the practice's data and identify areas for improvement, assist with goal setting and improvement activities, and provide progress reports and feedback.

Our QIPC program continues to grow, with 274 of the 417 general practices in South Western Sydney participating in the program.

The three aims of the QIPC program

1. Improving data quality
2. Utilising practice data to improve patient care
3. Identifying potential business revenue for the practice

A key component of the program is the collection of a practice's de-identified dataset, which is then used to create online reports in both benchmark and clinical areas for our practices.

General practices have the flexibility to choose their preferred clinical areas to focus on according to the practice's patient cohorts and situation.

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.

Practice participation

Tier 1 (data sharing only)	22
Tier 2 (data quality)	196
Tier 3 (clinical focus)	56

QIPC reports are available online via the POLAR clinical audit tool with data updating every 24 hours for all participating practices to access anytime.

A new clinical module on diabetes has been developed in QIPC reports. Reports on chronic kidney disease and cardiovascular disease are in development, and extra modules will be developed in the future.

The practice uses this report and other reports available in POLAR 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 during the following visit to track the practice's progress and to re-identify a new focus area to target for the following quarter.

In 2021-2022 there were 1,171 models for improvement created with 936 models for improvement reviewed.

The QIPC program also supports practices to meet the Practice Incentive Program (PIP) QI requirements from the Department of Health and Aged Care to receive their quarterly PIP QI payment.

Currently, 95 per cent of QIPC participating practices are receiving PIP QI payments.

65.7 per cent of general practices in South Western Sydney participate in the QIPC program

Communications

Providing timely, reliable local health information

SWSPHN's Communications team takes pride in delivering the most up-to-date, reliable and local health information possible to our general practices and wider community.

This includes information on topics ranging from COVID-19 and influenza, to mental health, healthy ageing and opportunities for input into the management of healthcare in our region.

We do this through a wide range of channels including social media, community newsletters, our online engagement platform HealthChat, our website and local media.

In 2021-22, SWSPHN relied heavily on social media to provide important, relevant and timely information to our online community about the ongoing COVID-19 pandemic, preventative healthcare measures, and what we do as a primary health network.

Organic social media posts reached 2.6 million people while paid socials reached 25 million in 2021-22.

We used Facebook, Instagram, Twitter, Google Ads, YouTube and LinkedIn to distribute key messages and interact with community members through organic and paid advertisements.

A post in the lead up to World Family Doctor Day, part of the 'Importance of Having a Regular GP' campaign, in May 2022 got the most engagement on our social media pages with 905 post engagements.

New social media followers in 2021-22:

→ Facebook.....	643
→ Instagram.....	419
→ LinkedIn	163
→ YouTube	12

Our **Community Pulse** is distributed monthly to a subscriber base of about 600 people and continues to grow. The e-newsletter focuses on our regional priorities and highlights the work of SWSPHN.

We also distributed information via media on subjects including our Health Resource Directory and Headstart websites;

COVID-19 marking one year of GPs vaccinating against the virus and promoting our Mental Health Recovery Grants; the launch of our Innovate Reconciliation Action Plan, plus much more. Media releases were distributed to and published in community newspapers and websites, and featured on the news on C91.3 radio station.



L-R: Lina Miller from 2MCR interviews Bessie Berberovic, SWSPHN Priority Populations Program Advisor.

SWSPHN was given the opportunity to share information about the services we provide and the projects we're working on to improve the health of our community with **2MCR community radio** listeners during a weekly radio interview earlier this year. Subjects covered included the importance of COVID-19 boosters; mental health, healthy ageing at home, how we support our practice nurses, and our Care Finder health forums.

Newsletters for general practice

Our weekly general practice e-newsletter, Practice Pulse, kept our primary carers updated on COVID-19 pandemic in addition to other important health information in 2021-22.

COVID updates included the bulletin for vaccination providers, and information about eligibility for vaccinations, new oral anti-virals to treat the virus and the new services SWSPHN introduced to support GPs manage COVID cases in the community.

- ➔ **Practice Pulse** is distributed to a mailing list of more than 1,820 recipients made up of GPs, practice nurses and practice managers each Wednesday

Our popular GP profile continued in 2021-22, as did our practice nurse profile and the Under the Microscope feature, a monthly in-depth look at one of our projects. We continued to provide access to resources, learning opportunities including webinars, and information about SWSPHN activities and events.

In 2022 we introduced the monthly Spotlight on Mental Health feature providing information about SWSPHN commissioned services, projects and events, and guidance on navigating the mental health system.

Other e-newsletters included:

- ➔ **QIPC Pulse**, distributed quarterly to 264 general practices participating in our Quality Improvement in Primary Care program
- ➔ **Baby Monitor**, distributed to 325 Antenatal Shared Care providers
- ➔ **HealthPathways** distributed to 1,396 GPs and nurses
- ➔ **Friday CPD email** distributed to GPs, practice nurses and practice managers with information about the latest CPD opportunities

New PHN website



In June 2022, we unveiled the new, updated corporate website: swsphn.com.au. Working with a web developer for more than two years, the site's structure and important accessibility features were added, along with improved navigation and search ability.

The new website readily captures the breadth of work we do at SWSPHN.

The homepage dynamically displays the latest news and events, as well as consultation and tender opportunities.

The once separate e-mental health toolkit has been amalgamated into this website, improving access to this information. The new Primary Care Resources library makes it easy for PSOs and primary care service providers to find exactly what they need from over 870 available resources.

- ➔ **SWSPHN's website received 1,440,799 pageviews in 2021-22**

Across all 225 pages on our new site, as of 30 June there were 496 news items, and 875 resources.

Goal 3: Strategic Plan 2021–2026

An integrated health system that is fit for purpose

Strategies

- **People:** Supporting & contributing value to our key stakeholders' initiatives where priorities are well-aligned
- **Providers:** Effectively linking primary & hospital providers for improved continuity of care
- **Systems:** Establishing multi sectorial partnerships that support the integration of health care

Health integration

Collaboration strengthens with Local Health District

The local COVID-19 response was a key integration priority in 2021-22 with a number of activities core to our integration and collaboration work. Key work included:

- Formation of the COVID Working Group,
- PHN representation in the Emergency Operations Centre for South Western Sydney,
- Finalisation of COVID-19 HealthPathways and joint communications.

Under the backdrop of COVID, the SWSPHN-SWSLHD Collaboration Agreement was reviewed. The agreement has been in place since 2013 and with the update, now includes a set of regional priorities which the PHN and LHD will jointly address.

Priorities are broken into priority areas and priority populations. Priority areas include aged care, chronic disease management and maternal and antenatal care, while priority populations are Aboriginal and Torres Strait Islanders communities and Culturally and Linguistically Diverse communities.

The Collaboration Agreement also sets out three key enablers to support the joint work to be undertaken. The key enablers are: data management, digital innovations and workforce development.

To progress the work and embed the commitment to the Collaboration Agreement, a joint PHN and LHD executive committee was formed in 2021-22. Meeting monthly, the committee continues to review the scope of works set out in the Collaboration Agreement.

Clinical Council

Clinical leadership guides COVID-19 response

The Clinical Council continued its strong leadership in 2021-22, aptly guiding and supporting our COVID-19 response and support for general practice.

Priority discussions on the COVID response during the year included the rollout of the immunisation program and the up-take of third doses later in the year, as well as strategies for those unwilling to be immunised.

The Clinical Council also focused on the introduction and rollout of the Head to Health hubs in response to mental health needs post-lockdown.

Other top priorities in the year included the review of the Aboriginal Health Strategy, Healthy Ageing Co-design, Mental Health Governance review, Local Health Council re-design and review of the SWSPHN Winter Strategy which dovetailed into our COVID response activities.

Under the continued leadership of Chair Professor Brad Frankum, the Clinical Council also undertook a comprehensive review of its Terms of Reference and welcomed new Community Advisory Committee representative Vicki Martins.

iRAD

Innovative interoperability plan

As populations around the world age and people live longer, interoperability and data sharing are going to become increasingly critical for delivering effective healthcare.

At SWSPHN, our mission is to empower real-time collaboration in the digital health space.

We've developed iRAD (Integrated Real-Time Active Data) to do just that.

iRAD delivers an interoperability system which connects health providers – improving patient care with a secure, timely and accurate sharing of patient information.

Its innovative software enables critical patient data to be instantly shared between hospitals, GPs and other healthcare providers.

mountain of individual documents, iRAD syncs the info into categories or “domains” so all related information is under the same section

→ Uploads actions on consented patients records automatically, eliminating the administration burden for clinicians and practices

→ Supports coordinated care. Patients with complex conditions and multiple comorbidities utilise services from many providers to manage their care. iRAD supports coordinated patient care by enabling access to the latest information and providing longitudinal patient records to the care team

What makes iRAD different?

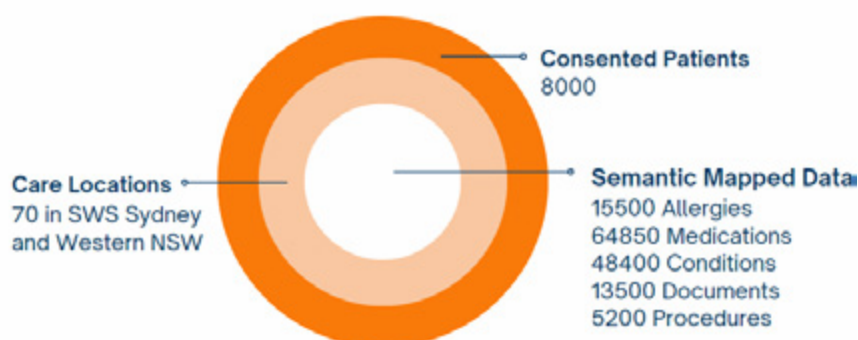
→ It is patient centric. Its opt-in model empowers the patient to choose their care partners by giving consent to the practitioners they trust with their health data. It is a simple one-off sign up at each care location

→ Shares information in real-time. Clinicians can make quicker clinical decisions when accessing accurate, objective patient data in real-time

→ Filters and organises information into a user-friendly format. Rather than having to wade through a

Examples include:

- COVID-19 patients referred to other care locations
- Complex patients who struggle to recall their clinical history
- Low health literacy/language barriers/non-verbal
- Children who utilise multiple primary care settings
- Residential aged care and palliative care
- Antenatal Shared Care
- Patients attending After Hours clinics
- Integrated care initiatives



2021–22 milestones

iRAD expanded to include:

- 70 care locations in South Western Sydney and Western NSW
- 8,000 patients consented to share their health information

Unique information has so far been shared about:

- 15,500 allergies
- 64,850 medications
- 48,400 conditions
- 13,500 documents
- 5,200 procedures

One of the 48,400 condition entries has been used 477 times – diabetes mellitus type 2. There are more than 1,286 patient entries relating to diabetes.

My Care Partners and the role of iRAD in 2021–22

Reduction in emergency presentations and admissions

iRAD has been instrumental to the success of the pilot phase of SWSPHN's initiative, My Care Partners, a new program aimed at supporting people with chronic or complex health needs avoid unnecessary hospitalisation.

Early indications are that My Care Partners and iRAD are already having a significant impact on hospital emergency department presentations and admissions through coordinated care initiatives and iRAD software.

Improving patient experiences

My Care Partners used a view-only version of iRAD to monitor patients and found improved outcomes for the patients being supported.

Real life examples:

COVID-19: The patient was suspected of COVID-19 symptoms. iRAD revealed the patient was immobile and had no access to transport. Mobile COVID testing was organised from an in-home testing team

Wound imaging: The patient attended the GP practice and an image of the wound was saved to the iRAD medical record. The My Care Partners Care Enabler was able to view the images and advise on care accordingly

Facilitation: iRAD information enabled the care team to prompt the patient to follow-up actions. This increased patient health literacy and patient care and medication compliance

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.

- A fully integrated interoperable solution which allows general practice, local hospitals, specialists, allied health and other healthcare providers to access relevant information at the time of healthcare delivery
- A system which supports disease management, improves population health through the use of integrated data for advanced analytics, reduces risk and drives appropriate, timely healthcare interventions
- A common standard for data sharing and streaming all vital patient information from multiple sources into a single view
- Supports value-based care models in supporting the achievement of quality standards

HealthPathways

Growth of online tool ensures greater access to information

GPs had even greater access to locally-relevant, online information during consultations with the growth of HealthPathways South Western Sydney in 2021-22.

HealthPathways is a quick and simple-to-use online clinical decision tool designed to support GPs, practice nurses, and hospital and primary care clinicians at the point of care.

It includes information on:

- management and treatment options for clinical conditions
- educational resources for patients
- referral information for local services and specialists

As of 30 June 2022, there were 652 localised pathways with a further 123 in development. During 2021-22, HealthPathways localised 39 new pathways and completed 74 reviews and 229 partial updates.

Key highlights from the year:

- Reviewing the contraception and sterilisation suite of pathways as lead region pathways, working closely with Dr Deborah Bateson
- Localising the range of women's health gynaecology pages such as polycystic ovarian syndrome, endometriosis and postmenopausal bleeding
- Hosting SafeScript NSW pathways on-site to assist in the rollout of SafeScript in South Western Sydney
- Added all South Western Sydney Local Health District Outpatient Clinics to request pages on the site

HealthPathways is a joint SWSPHN and South Western Sydney Local Health District project.

Its content is developed collaboratively by GPs, hospital clinicians and a wide range of other health professionals. Each pathway is evidence-informed and designed to reflect actual local clinical practice.

Dr Jacqueline Krantz from Fairfield Central Medical Centre has been one of the HealthPathways Clinical Editors for the past two years.

She says HealthPathways South Western Sydney localises clinical guidelines to give GPs access to information specific to the area they are working in. It is useful for GPs needing guidance when organising, for example, psychology consultations for children or antenatal care at hospitals.

"HealthPathways provides access to a variety of resources and up-to-date guidelines which GPs can refer to during consultations."

Dr Saba Alessawy's practice, Myheath Brigadoon, is among the general practices in South Western Sydney to regularly use HealthPathways.

Dr Alessawy recommended HealthPathways to GPs and other healthcare providers.

"In our practice we focus on education," she said. "We train GP registrars and medical students. We encourage all the trainees to use HealthPathways."

Dr Alessawy said Myheath Brigadoon saw a wide range of patients from different backgrounds, and HealthPathways was also useful tool for supporting GPs during those consultations.

Diabetes

Partnership aims to reduce risks and increase support

Diabetes is one of the most significant health problems in South Western Sydney.

SWSPHN partners with South Western Sydney Local Health District (SWSLHD), healthcare providers and community to reduce the risk of diabetes, and support primary care providers in managing diabetes.

In 2019, SWSPHN and SWSLHD partnered to develop an **Integrated Diabetes Plan** for the region. The plan is guided by the South Western Sydney Diabetes Framework to 2026.

What the Integrated Diabetes Plan has delivered

General Practice

The Integrated Diabetes Program

funds hospital specialists to provide case conferencing in general practices to manage complex patients. Case conferencing assists GPs to support patients with type 2 diabetes. Between July 2021 and June 2022, 245 patients were discussed in case conferencing, referred through DOMTRU. A new model of case conference clinic days began in July 2022.

Education including the Western Sydney Diabetes Education Program (WDEP)

an online educational resource clinicians work through at their own pace, designed to increase awareness of the impact of diabetes, build knowledge and develop skills in the management of diabetes. WDEP replaced AUSCDEP last year and so far 22 South Western Sydney clinicians have registered for the program.

Community

Diabetes Contraception and Pre-Pregnancy Planning

a program is designed to develop an integrated approach to

supporting women of childbearing age who have type 1 or type 2 diabetes. Elsewhere, this program has reduced the rates of congenital malformations, miscarriage and stillbirths by up to 70 per cent.

DiRECT-AUS Study In 2021-22, SWSPHN funded and supported the Australian arm of the Diabetes NSW DiRECT (Diabetes Remission Clinical Trial) Study. The program looked at whether type 2 diabetes remission can be achieved through a weight management program provided in primary care.

Seven general practices in South Western Sydney participated in the trial, including 44 participants.

The DiRECT study ended in July and a qualitative implementation report has been developed to support the potential scale up of the study.

Overall, the study found the Very Low Energy Diet (VLED) to be effective in causing weight loss and almost all patients said they would use modified VLED to continue the weight loss journey.

Almost 30 per cent of patients in the study reported coming from low-income households, with 57 per cent coming from metropolitan areas and 35 per cent from regional/rural areas.

The implementation report provides insight into ensuring a large-scale program could be accessible and cost effective for the patients and the clinicians involved.

Aboriginal Health

Taking steps to close the gap in health outcomes

One of SWSPHN's core functions is to improve the health of our Aboriginal and Torres Strait Islander communities by:

- Commissioning services
- Providing information and support to help our Aboriginal communities make better health decisions
- Facilitating access to culturally appropriate mainstream primary healthcare

In 2021-22, we strengthened our relationships with our Aboriginal and Torres Strait Islander communities by partnering on the following with our community.

Cultural Awareness

In 2021-2022, we worked with Gandangara Local Aboriginal Land Council, Gandangara Health Services and Tharawal Aboriginal Medical Service (AMS) to enhance the cultural awareness of GPs, nurses, practice staff, medical students, primary health staff and other healthcare providers to improve the health of Aboriginal and Torres Strait Islander peoples.

Workforce Capacity Building

We also partnered with Gandangara Health Service and Tharawal AMS on the Workforce Capacity Building program for existing primary health staff and trainee placements. The program included Aboriginal and/or Torres Strait Islander Primary Health Care Practice, and dual Mental Health and Alcohol and other Drugs Certificate IV courses.

Mental Health and AOD Services

SWSPHN commissioned Gandangara Health Service to deliver an Aboriginal Men's Suicide Prevention program in 2021-2022.

We partnered with Tharawal 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 community in 2021-22.

COVID-19 Vaccinations

SWSPHN partnered with Tharawal AMS to provide yarnning circles in the Southern Highlands to encourage elders and other Aboriginal people to get vaccinated.

Aboriginal Health Assessment (MBS 715)

In the last financial year, we encouraged the uptake of the Aboriginal specific MBS item numbers including the MBS 715 (Aboriginal Health Assessment) and follow up referrals.

This was done through channels including engagement with general practice staff and promoting 715 health checks to healthcare providers, other service providers and community through newsletters and social media.

We also surveyed our community to gain a better understanding of how our Aboriginal and Torres Strait Islander community interacts with healthcare and healthcare providers to help us develop better targeted messages about Indigenous health and health needs in our local community. The survey was completed by a total of 92 people, all who identified as Aboriginal or Torres Strait Islander.

Indigenous Eye Health

We're working to improve access to eye health services for Aboriginal and Torres Strait Islander people by supporting the Visiting Optometrist Scheme (VOS). In 2021-22, the VOS continued to hold 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.

Integrated Team Care Program

The Integrated Team Care Program aims to support Aboriginal and Torres Strait Islander residents who have complex chronic conditions.

SWSPHN funds the program which is delivered by SWSLHD's Aboriginal Chronic Care team.

Through the program, the LHD provides continued support to clients across all seven local government areas in our region and maintains established linkages with acute and primary care.

The established referral pathways between primary and acute services ensures clients can access care in a timely manner and receive ongoing care coordination.

Compared to non-Aboriginal population, Aboriginal people:

- Are three times more likely to be hospitalised for dialysis
- Are twice as likely to be hospitalised for mental health disorders and endocrine diseases such as type 2 diabetes
- Have a higher death rate from all causes (cardiovascular diseases and malignant neoplasms remain the main causes of death)
- Have a higher proportion of babies born with a low birthweight (16 per cent compared to 7 per cent)

Antenatal Shared Care

GPs providing high quality care to pregnant patients

In South Western Sydney, the Antenatal Shared Care (ANSC) program is run by the SWSPHN, South Western Sydney Local Health District and local GPs. The goal of the ANSC program is to provide a high quality, uniform standard of care to women experiencing low risk pregnancy, living in South Western Sydney.

During 2021-22, SWSPHN onboarded 11 new ANSC providers bringing the total number of GPs providing antenatal care to women in the South Western Sydney region to 368, these providers work across 436 practices to deliver antenatal shared care.

Achievements for ANSC in 2021-22 include helping provide care to 17 per cent of all pregnant women living in South Western Sydney. ANSC is participating in a Models of Care project to look at the satisfaction of women with the different models of care offered in South Western Sydney. This is the first project of its kind. The ANSC team

conducted four GP orientation sessions, with GPs attending face-to-face for the first time since COVID-19. Three CPD events were conducted for ANSC providers. Six editions of The Baby Monitor, a newsletter for ANSC providers, were delivered.

The future of the ANSC program in South Western Sydney:

- A first trimester screening clinic run by Professor Joh Hyett, a specialist in maternal and foetal medicine
- An app called Booking in My Pregnancy will be released in conjunction with SWSLHD
- ANSC skills days will be implemented to allow ANSC providers to enhance their understanding of antenatal care and patient outcomes

Health Alliances

Taking positive steps towards improving health outcomes

Western Sydney Health Alliance

SWSPHN collaborated with partner organisations in 2021-22 to continue the Western Sydney Health Alliance's work in improving the co-ordination and effectiveness of health services in our region, and supporting healthier neighbourhoods.

Tasked with improving community health, the alliance was formed in 2019 as one of the key priorities of the Western Sydney City Deal and includes representatives from eight local councils, two local health districts, two PHNs and Sector Connect.

SWSPHN again played an active, leadership role on the alliance's Access to Health and Wellbeing Services Working Group, one of three working groups which also include Liveability and Connections, and Healthy Lifestyles.

In the Access to Health and Wellbeing Services Working Group, we successfully worked alongside the 12 other alliance partner organisations to complete four projects including:

- Social Determinants Framework
- Social Connectedness Framework
- Access to Health Services Impact Statement
- Workforce Statement

The alliance's vision, priorities and direction were endorsed at strategic planning sessions this financial year, including:

- The vision to improve health outcomes for the Western Parkland City
- A goal to driving active commitment and effective collaboration between all members to maximise the health outcomes of the Western Parkland City

The strategic planning sessions also gave the alliance an opportunity to refine its key priorities to ensure:

- Accessible, affordable, reliable local health services with an emphasis on preventative health
- Culturally competent services
- Reduction in waiting times to receive local specialist care
- Public transport access to public health infrastructure
- Local mental health services which are equitable and meet local needs

Wollondilly Health Alliance

Wollondilly Health Alliance continued to progress its work in the area of healthy built environments in 2021-22.

This included:

- Implementation of the Wilton Health and Wellbeing Strategy
- Commencement of the Wilton Health and Wellbeing Experience research project
- Progression of the Social and Health Impact Assessment

The alliance sees SWSPHN partner with Wollondilly Shire Council and South Western Sydney Local Health District to improve the health of our community.

It has three working groups with representatives from the three partner organisations, in addition to those from general practice, non-government organisations and private industry. Now in its eighth year, the alliance is undergoing a period of review, including consultation with clinical stakeholders and a review of the purpose of the alliance structure.

Fairfield City Health Alliance

The Fairfield City Health Alliance is a partnership between three levels of government through South Western Sydney Local Health District (SWSLHD), SWSPHN and Fairfield City Council.

The alliance was established in response to detailed community-based needs assessments to align the need for healthcare services and to ensure health and social care remain important elements of planning at a local government level.

In addition to government partners, the alliance engages with local clinicians, service providers, education and research institutions, and not-for-profit community organisations to address the needs of the Fairfield community. The alliance was established in 2017 and has three current focus areas of gambling, health literacy and general practice capacity building, with a working group focusing on a number of projects within each of those areas.

Key Achievements 2021–22: Antimicrobial research project

The primary aim of this pilot study is to investigate the influences and perspectives on antibiotic use in the context of children attending child care within the Fairfield LGA. We engaged with seven child care centres where 21 staff members and 20 parents participated in the research study. The analysis and research report has been completed to inform the future directions of this project

Social Prescribing Project

A project team was established to explore successful models of social prescribing. Social prescribing is a model of care which enables primary healthcare providers to refer individuals to non-clinical social and community support services as part of a holistic healthcare plan. A proposed model to pilot in Fairfield LGA has been drafted along with a program logic in preparation for seeking funding

Gambling Harm Screening Tool

Development, implementation and evaluation of a gambling harm screening and referral model for general practice and community services within Fairfield LGA. Through co-design, the screening model combines aspects of two existing tools to both identify individuals experiencing direct harm and identify individuals experiencing harm as a result of another person's gambling behaviour

Mental health and wellbeing

The Changing Life Keep Your Balance – Bilingual Community Education (BCE) program was developed in partnership with Multicultural Health and Transcultural Mental Health in light of recent findings highlighting the impact of COVID restrictions and lockdown on people's mental health and wellbeing. The overall goal was to enhance the existing BCE program by including sessions on mental health and mental health literacy as well as virtual care. The current program includes seven sessions which cover topics such as stress, coping mechanisms, dealing with loss and grief (optional session), self-esteem, problem solving, access to virtual care (telehealth), mental health literacy. BCEs were then trained in this program both online and face-to-face in order to increase their capacity in delivering the content as well as the mode of delivery. Once training was completed, the program was piloted across three culturally and linguistically diverse communities (CALD): Assyrian, Arabic and Vietnamese to assess the relevance and usefulness of this new program for our communities prior to the program being delivered across South Western Sydney and across a diverse range of CALD communities

Goal 4: Strategic Plan 2021-2026

Primary health care that demonstrates value

Strategies

- **People:** Developing evidence-based models of care for vulnerable and hard to reach population groups relevant to identified needs
- **Providers:** Implementing a system for ongoing provider learning, development and diversification
- **Systems:** Monitoring and evaluating the performance of procured services to ensure demonstrable cost effectiveness, sustainability and scalability

Initial Assessment and Referral Decision Support Tool

New tool provides consistent approach to referrals

It can be challenging for GPs and other clinicians to determine the most appropriate level of care and best services for patients with mental health concerns.

The Initial Assessment and Referral (IAR) Decision Support Tool (DST) provides primary healthcare with a nationally-consistent, evidence-based and objective approach.

In 2021-22, SWSPHN recruited an IAR Training, Engagement and Support Officer to provide training, updates, resources and ongoing support to assist GPs and other clinicians in using the IAR DST in their daily practice.

How it helps

SWSPHN commissions a range of services across the stepped care spectrum to meet the mental health needs of our community.

GPs are often the first contact point when a mental health issue emerges and patients talk to their GP about mental health more than any other issue. About 75 per cent of referrals to commissioned mental health services are made by GPs.

The IAR DST is designed to assist the various parties involved in the assessment and referral process to ensure:

- Patients are guided to the option which best meets their needs, and has the least burden on them and the health system
- Best use is made of the full range of options available to assist people in need in a way which targets resources to where they are needed most

Ultimately, the IAR will help streamline referral pathways and improve service visibility.

How it works

An initial assessment is used to gather information from the referrer and patient. The assessment is undertaken across eight

domains to describe clinical severity and service needs, and guide decisions on the most appropriate next steps (for example, intervention, further assessment).

Work undertaken so far

In 2021-22, our IAR Officer worked with SWSPHN's Stakeholder team to establish a promotion plan for the workshop for GPs and worked with the Data team to put a data collection and reporting system in place.

Three training sessions for a total of 13 participants, including SWSPHN and Head to Health staff, were also held.

IAR was presented to SWSPHN's Consumer Committee and Mental Health Advisory Committee to gain feedback which will help shape the project.

Feedback so far includes:

- Training provided a better understanding of commissioned services
- IAR boosted confidence in the assessment and referral process
- IAR will provide structure to the referral process and save referrers time

What's next

IAR training is currently being rolled out to our commissioned service organisations, and will be rolled out to GPs early next year.

The digital integration of the IAR DST into GP practice software is expected to be finalised by June 2023.

The Department of Health and Aged Care is currently working on the Child and Adolescent and Older people adaptations in consultation with PHNs and Expert Advisory Groups.

C2BMe@Home

Service targets isolation caused by COVID-19

Continuing To Be Me at Home (C2BMe@Home) is the at-home extension of our psychological therapy service for older people living in residential aged care facilities (C2BeMe) in South Western Sydney.

C2BeMe gives residents living in Residential Aged Care Facilities (RACFs) free access to mental health services not usually available to them.

In response to the COVID-19 pandemic and extended lockdowns, the Continuing To Be Me at Home program was introduced, helping older people in the community struggling with mental wellbeing and isolation.

The program is delivered to people from the comfort of their own home via telehealth or face-to-face sessions.

The C2BMe approach to care utilises an integrated team approach involving GPs, RACF staff, carers and family members, assisting mental health professionals to provide short term therapies through group sessions, or individual clinical care to residents of aged care facilities.

Additionally, RACF staff are supported through capacity building assistance to help strengthen the ongoing success of the program.

Live Well

Small lifestyle changes help older people stay healthy

In 2021-22 SWSPHN funded the South Western Sydney Local Health District to deliver Live Well, a healthy ageing program developed to assist community members to make small changes in their lifestyle to feel good and age well.

Focusing on six key areas of health and wellbeing, Live Well encourages older people to set goals to achieve a healthy lifestyle.

Live Well includes interventions and information for healthy ageing so clients and their healthcare providers can work together on positive changes to keep people healthier for longer.

The Live Well motto is feel well, age well, stay well – and aims to make wellbeing a priority as you age.

The six key lifestyle areas Live Well encompasses are:

- | |
|-----------------------------------|
| 1. Staying physically active |
| 2. Eating healthy food |
| 3. Staying connected |
| 4. Keeping your brain active |
| 5. Being able to relax your mind |
| 6. Positive thinking and optimism |

No Wrong Door

Hub additions and framework enhance collaboration

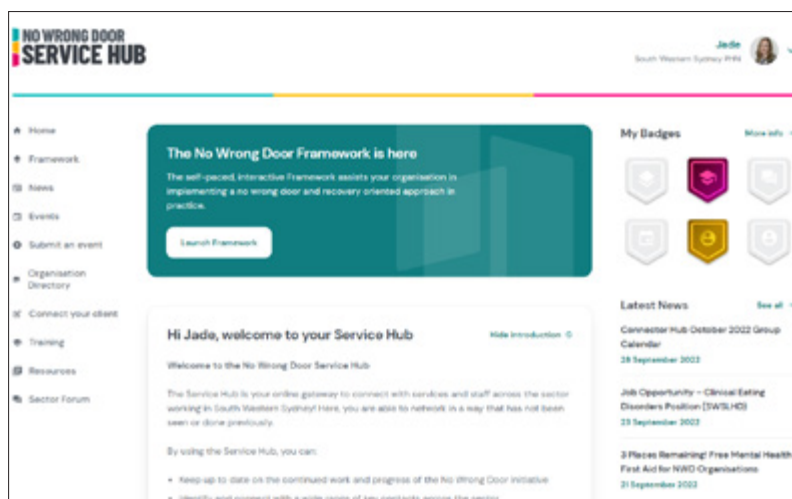
SWSPHN has a commitment to improving mental health literacy and mental health service collaboration in South Western Sydney.

In response to repeated reports of people experiencing endless closed doors when trying to navigate the mental health system and seek support, SWSPHN developed the No Wrong Door initiative and online service hub. The service hub is a one-stop shop for resources, updates and opportunities for collaboration.

The No Wrong Door initiative aims to bring together a diverse range of government, non-government and community managed organisations to achieve the mutual aim of reducing barriers and enhancing support for people with severe and persistent mental illness with complex needs, their carers and families across South Western Sydney.

The No Wrong Door Charter is a collective commitment of organisations in South Western Sydney to an overarching No Wrong Door approach built around recovery oriented practice.

There are currently 57 No Wrong Door Charter signatory organisations and the No Wrong Door Service Hub currently has 389 users from across these organisations.



Since the launch of the No Wrong Door Service Hub, the No Wrong Door Interactive Framework has gone live.

The framework is a set of self-paced interactive modules to help signatory organisations to the No Wrong Door charter enhance the implementation of the no wrong door philosophy and recovery-oriented approach.

Activities undertaken under the No Wrong Door initiative include one Mental Health First Aid training attended by 20 participants, and for the first time we also ran two Understanding Mental Health training courses, delivered by the Mental Health Coordinating Council which focused on recovery oriented and trauma informed practice which was attended by 32 participants.

Digital Health

Delivering expertise and support to primary carers

SWSPHN’s Digital Health team has had a busy year lending support and expertise to ensure primary carer providers across our region can provide efficient, effective and quality local health services.

Of the 262 accredited general practices in SWSPHN’s catchment, 243 (92.7 per cent) have data sharing agreements in place with SWSPHN.

In 2021–22, 339 general practices in South Western Sydney were using telehealth, predominantly through telephone and healthdirect video call, with our Digital Health team providing support when required.

SWSPHN continued to assist general practices, pharmacies and specialists with ongoing renewals of NASH PKI certificates and general practices moving from SHA-1 to SHA-2 NASH PKI certificates.

During the same period, we supported specialists in registering for and using My Health Record, including hosting a series of webinars to educate and inform specialists, and their practice teams about the benefits of using the system to support clinical decision-making and operational efficiencies.

SWSPHN initiated a Digital Health Audit of Residential Aged Care Facilities (RACFs) in 2022, with the aim of setting up virtual consultation facilities and technology to allow residents to access clinically appropriate telehealth care with primary healthcare providers.

We also facilitated access to SafeScript NSW, a new system to help improve the safe use of high-risk medicines, for local prescribers and pharmacists.

Key facts:

92.7 per cent of accredited general practices have data sharing agreements
339 general practices use telehealth
78,621 shared health summaries were uploaded to My Health Record (July 2021 to June 2022)
2,137,487 prescription records were uploaded to My Health Record (July 2021 to June 2022)

My Health Record registrations:

General practices	410
Pharmacies.....	256
Specialists	85
Organisations registered to view My Health Record in South Western Sydney	834

SafeScript

Improving medication safety

In 2021-22, SWSPHN supported GPs and pharmacists in South Western Sydney to access SafeScript NSW, a new system to help improve the safe use of high-risk medicines.

SafeScript NSW is a software which allows prescribers (GPs, other medical specialists and nurse practitioners) and pharmacists to access real-time information about prescription history for certain high-risk medicines, known as monitored medicines, such as opioids and benzodiazepines.

With the support of SWSPHN, there has been strong registration and usage of SafeScript NSW. We supported a webinar in June 2022 showing the system's benefits and how it can be used.

We also implemented localised HealthPathways to provide GPs and pharmacists with clinical support and other resources about SafeScript NSW.

Dangers of high-risk medicines:

- Some monitored medicines taken in high doses or with other medicines, can be dangerous, and even cause death
- In 2019, there were 1,644 unintentional deaths due to drug overdoses in Australia
- Of these, there were 429 (26 per cent) deaths due to pharmaceutical opioids and 582 (35 per cent) deaths involving benzodiazepines

RACF Digital Health Audits

Telehealth access boost

The Royal Commission into Aged Care Quality and Safety identified several areas which affect aged care residents and our health system when handing down its report in 2021.

These included limited access to GPs and allied health professionals in aged care facilities, difficulties accessing out of hours services and unnecessary hospital transfers. The Department of Health and Age Care has funded SWSPHN to work locally to improve these gaps.

In 2022 SWSPHN commenced a telehealth needs assessment of Residential Aged Care Facilities (RACFs) across our region, inviting all 69 to participate with the aim of setting up virtual consultation facilities and technology to allow residents to access clinically appropriate telehealth care with primary healthcare providers.

SWSPHN also provides telehealth support and training to GPs who have regular contact

with residents at participating RACFs and we support the registration and use of My Health Record to improve the availability and secure transfer of residents' healthcare information between the facility, primary care and acute care (hospital) settings.

In 2022, SWSPHN also:

- Funded registered nurses at 40 aged care homes in South Western Sydney to complete nationally recognised Nurse Immuniser Training, giving them the opportunity to conduct vaccinations without a medical officer present
- Worked with RACFs to develop new policies around the provision of after-hours care and guidance to assist facilities in putting plans in place for after-hours care

CPD for health professionals

Education continues during challenging pandemic year

Supporting general practices through the COVID-19 pandemic was overwhelmingly the focus of SWSPHN's Continuing Professional Development (CPD) team during the past financial year.

As in the previous 12 months, most CPD events for GPs, practice nurses and other practice staff were held via Zoom, with 48 of the 57 events in 2021-22 held online and nine face-to-face, to ensure the safety of our primary healthcare workforce.

CPD attendances for 2021-22	
→ GPs.....	820
→ Nurses.....	521
→ Practice staff.....	237
→ Overall attendance	1578
→ Total participants	603

Overall attendance at our CPD events was 1,578 general practice staff, including 820 GP attendances, 521 nurse attendances and 237 practice staff (practice managers and receptionists) attendances. Unique attendance at these events was 603 participants, with 321 GPs, 153 nurses and 129 practice staff.

SWSPHN also collaborated with two other PHNs to host a webinar on long COVID-19 featuring an international guest speaker from England during this period.

In 2021-22 online events continued to be popular, with most general practice staff indicating a preference for online learning, not only due to safety concerns but because of the flexibility it allows and not having to travel to an event at the end of a busy workday.

CPD event topics

Our strong focus on COVID-19 as event topics in 2021-22 reflected the increasingly important role of GPs in managing COVID-19 patients in the community.

COVID-19 topics included:

- Building resilience: helping your patients during the pandemic and beyond
- Liverpool GP Grand Rounds: information on AstraZeneca, Pfizer and Moderna
- Long COVID: supporting patients in primary healthcare
- Surviving lockdown meltdowns in general practice
- Mental health support for aged care residents during COVID-19
- Quarterly infection control webinars which covered the latest advice in keeping COVID-safe

We also delivered CPD events to support GPs in ensuring the regular healthcare needs of their patients were also met, even when those needs were neglected by the patients themselves, especially during extensive lockdowns.

Regular healthcare topics included:

- How to build mental health literacy responsiveness through quality improvement in general practice
- Promoting an inclusive general practice for LGBTIQ+ patients
- Women's health-related topics such as Antenatal care up to 20 weeks gestation, and Born too soon: premature birth and the role of primary care

Pulse Check

Your input helps us improve the health of our community

To help improve the health of our local community, we want an open dialogue and ongoing chat with health consumers, healthcare providers and all people living in South Western Sydney about the health and wellbeing of our region.

In 2021-22, SWSPHN invited people living in the region to have their say on the future of local healthcare and health communications via the online platform HealthChat. In response to acquired regional data, surveys were developed to address key areas of service or knowledge gaps.

In the year leading up to 30 June 2021, SWSPHN has conducted surveys across the following areas:

- Aboriginal and Torres Strait Islander Health
- Health literacy
- COVID-19 literacy
- After Hours Care
- Advance Care Planning

Findings from these surveys have so far given SWSPHN the knowledge to create and distribute health information which is more informative, easy to read and relevant to the community. Findings have also been used for the development of strategies, projects and activities which will enhance the health of our community.

How are the surveys promoted in the community?

SWSPHN uses social media channels (Facebook, LinkedIn, Instagram, Twitter) to promote the surveys through paid advertising. So far, this is what's happened:

- Our ads have been shown 487,666 times
- 297,081 people have seen our ads
- Our ads have been clicked 6,501 times

Who's taking our surveys?

We have had 476 people take our surveys, and 64 people register to receive ongoing communication about healthcare project updates through HealthChat.

The majority of participants (92 per cent) identify as female, and 75 per cent of participants are community members with the remaining 25 per cent identifying as being health professionals or carers.

Key findings:

- People want easy-to-read information, available online and translated where possible, to help them make health decisions
- People want to have important conversations about end of life care but don't know how to start the conversation
- People are willing to change their behaviour in order to prevent adverse health outcomes
- People know their options for after hours care but need more information about what option is best suited to different situations

Goal 5: Strategic Plan 2021-2026

A trusted and socially responsible organisation

Strategies

- **People:** Systematically shaping service supply to align with both national priorities and the South Western Sydney Joint Needs Assessment
- **Providers:** Providing strong corporate governance with public resources
- **Systems:** Acting as a trusted custodian for investigating, linking, tracking and analysing key data
- **Systems:** Being an organisation committed to learning through quality systems and business certification

Health Needs Assessment

Consultation identifies six main priorities for our region

SWSPHN is committed to engaging with local communities and health professionals via the needs assessment process.

In 2021-22, SWSPHN completed a comprehensive needs assessment for the 2022-25 period.

Following extensive data analysis and consultation across a broad range of community groups and the health and community sector, six key priority areas for South Western Sydney were identified.

The SWSPHN Population Health Steering Committee met quarterly to advise and review health planning activities.

Representatives from the SWSPHN Community Advisory Committee and Clinical Councils were also consulted and called on for advice including engagement activities, resource development and co-design activities.

Consultation during 2021-22 included:

- Healthy Ageing co-design
- Eating disorder focus group
- Care Finder consultation
- Aged care experiences survey
- Chronic disease survey
- Mental health COVID-19 recovery needs survey

Health needs analysis priorities:

1. After-hours services
2. Older people's health and service needs
3. Mental health (including suicide prevention/alcohol and other drugs)
4. Chronic disease
5. Disasters like bushfire and COVID-19
6. Aboriginal and Torres Strait Islander health

Research and Evaluation

Knowledge key to evidence-based service provision

Research and evaluation has an important role in supporting an effective, evidence-based commissioning process.

The knowledge SWSPHN harnesses from research allows our organisation to grow its evidence base, and ultimately supports our work in improving the health outcomes of our community.

Major highlights included working with Western Sydney University on a project mapping the experiences of women receiving antenatal shared care within the local area. In 2021-22, the project team conducted and submitted a literature review for publication.

Key areas of focus for 2021-22:

- Engaging and collaborating with external researchers and building our evidence base, eg evaluation of our Stepped Care Model
- Ongoing monitoring and evaluation of our commissioned services, and conducting evaluations or reviews of our programs
- Refining our strategic research framework and processes to create a streamlined approach to research proposals

Commissioning

Service providers satisfied with contract processes

During the 2021-22 financial year, the Commissioning team established 98 new contracts bringing the total number to 121 contracts managed by SWSPHN for our 58 service providers.

Our Commissioning team developed a more systematic approach to the contract renewals process during this period, better managed workflows with the implementation of Trello, and an extensive database of contracts was developed to provide clarity for team members.

Main priorities for 2021-22:

- Commissioned service provider survey
- Ongoing performance measurement and contract management of commissioned services
- Preparing for sourcing and procurement activities for the upcoming financial year, including:
 - Head to Health Liverpool
 - Aged Care Connector service

New activities in 2021-22:

This year's annual SWSPHN Commissioning Satisfaction survey attracted responses from 25 service providers.

Their feedback included:

- 100 per cent of service providers agree SWSPHN staff made them feel comfortable
- 98 per cent of service providers are satisfied knowing they are working towards regional priorities which are significant and relevant
- 96 per cent of service providers are extremely satisfied with SWSPHN's commissioning process

→ 90 per cent of service providers want to continue working with SWSPHN

→ 73 per cent agree service reviews have motivated positive improvements to services

Other activities included:

- Transition to a new service provider for Headspace Liverpool program
- Head to Health Pop Up hubs established in Liverpool and Bankstown
- Expression of Interest for the Mental Health Recovery Grant and ongoing support for mental health outcomes for our clients
- Enhanced funding for our existing psychological therapy services
- COVID-19 monitoring model pilot was established

Open Windows update

Open Windows contract management software was launched last year and has been utilised consistently by the Commissioning team since its implementation, providing a smooth and easy process for managing contracts.

In 2021-22, SWSPHN has been preparing to launch the supplier portal through Open Windows to give service providers the ability to directly upload their deliverables and documents and interact with the PHN.

Our workplace culture

Staff take pride in positive, supportive workplace

Health and wellbeing a priority at SWSPHN

Promoting and protecting the health and wellbeing of staff has always been an essential element in creating and maintaining a positive workplace culture at SWSPHN.

Our comprehensive Health and Wellbeing Strategy has helped preserve this positive culture during the unique challenges of the last two-and-a-half years, and supported staff in their work ensuring high-quality services are delivered to our community.

SWSPHN's Health and Wellbeing Strategy aims to:

- Promote positive health and wellbeing
- Improve understanding of mental health
- Support employees living with mental health conditions
- Address risk related to poor health and wellbeing of staff

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

In 2021-22, SWSPHN:

- Staff participated in September, embracing the opportunity for greater physical activity – all while we were in lockdown
- Updated and implemented our COVID Safety Plan to ensure the safety of staff and stakeholders
- Provided ongoing health and wellbeing support and information related to the impact of COVID-19, as well as working from home during extensive lockdowns

- Delivered Mental Health First Aid training for employees
- Updated policies and procedures to improve workplace culture and staff engagement
- Communicated and sought significant input from staff on office relocation and move to activity-based work including hybrid-work options

A 'truly great place to work' – outstanding results from survey

The results of our 2022 internal Employee Culture and Engagement Survey reflected the commitment and work which has gone into cultivating and growing SWSPHN's positive workplace culture.

The most recent internal survey was conducted in March and April 2022 and attracted an 84 per cent response rate, with 65 employees responding during the two-week period.

Results show improvements across all indicators. Stand-out responses include:

Statement	Staff Agree
On balance, the organisation is "truly a great place to work"	95%
The organisation provides adequate flexibility in the hours/ shifts I work	97%
The organisation provides clear communication about things which affect me	92%
The organisation provides good physical conditions of employment	97%

I have a strong sense of being supported to look after myself	92%
I have a strong sense of being included by others around me	95%
I have a strong sense of being a valued member of a team	91%
My manager clearly communicates to me what they expect from me	94%
My manager gives me constructive feedback on my performance	95%
Overall, my manager is approachable	92%

In 2021-22, SWSPHN implemented leadership programs to promote and embed Equal Employment Opportunity (EEO), diversity and inclusion practices. All staff were provided equal access to training and development opportunities and eight staff were promoted internally using EEO principles.

Going forward, SWSPHN will continue to focus on maintaining a happy, healthy and productive workplace, with a strong focus on employee retention and career development.

We moved ... but not far!

The SWSPHN workplace experienced a significant transition in 2021, relocating offices (from Level 3, 1 Bolger Place to Level 2, 1 Bolger Place) and moving to activity-based work.

The relocation provided:

- **A renovated office** – refreshed, modernised, purpose-built spaces which suit our current needs and staff numbers
- **Relocation** – fit for purpose space ready for activity-based working, better kitchen and informal space
- **New spaces to enhance collaboration** making it easier to mix and work with colleagues from different teams

Staff provided input into the new spaces and into the etiquette guidelines around those spaces, and were given the opportunity to ask questions and provide feedback each step of the way, to ensure our new office met the needs of the organisation and its employees.

SWSPHN commissioned Aboriginal artist, Danielle Mate to create a new artwork for the foyer of the new office.



Artist Danielle Mat presents *Moving Forward* to SWSPHN Chief Executive Officer, Dr Keith McDonald PhD.

The artwork, called *Moving Forward*, represents our organisation's continuing journey towards reconciliation, and better understanding, acknowledging and respecting Aboriginal and Torres Strait Islander people and their cultures.

Here is the story:



Meeting place: Common ground which is SWSPHN



Journey lines: The continuous work SWSPHN does to understand, acknowledge and respect Aboriginal and Torres Strait Islander people and their cultures



Symbol for people: The different shapes and sizes represent we are all individual, men and women, working together, inclusive



Roots: Anchoring the team, fundamental to growth

ISO 9001 re-certification achieved

SWSPHN had a significant win in 2021, achieving the three-year recertification against the ISO 9001 Quality Management System Standards with no non-conformities.

Our external audit took place over two days in October 2021.

It gave staff the opportunity to share with auditors the scope of our work and the robust processes we have in place to ensure this work across all levels of the organisation, including the SWSPHN Board, is conducted at a high standard.

This in turn provides quality services to our stakeholders and ultimately the South Western Sydney community.

The outcome was a testament to the contribution of all staff into our organisation's quality management system – our registers, audits, policies, forms, Standard Operating Procedures, communication strategies and stakeholder engagement to highlight a few areas.

Developing skills to support mental health



Staff undergo Mental Health First Aid training in our Education Room.

A total of 43 SWSPHN staff are better equipped to support a friend, family member or co-worker with a mental health concern after completing Mental Health First Aid training in 2021-22.

Each year one in five Australians will experience a mental illness. Many

people are not knowledgeable or confident to offer assistance.

The two-day course aimed to:

- ➔ Improve **knowledge** of mental illnesses, their treatments and appropriate first aid strategies
- ➔ **Confidence** in providing first aid to a person experiencing a mental health problem
- ➔ **Decrease stigmatising** attitudes
- ➔ Increase the amount and type of **support** provided to others

Demonstrating organisational values

Our organisational values of trust, empathy, courage, fairness, integrity and optimism are important to the SWSPHN team and in 2021-22 we again demonstrated our commitment to those values by supporting, hosting and participating in a variety of activities aimed at contributing positively to the lives of those in our community.

A few examples of this include:

Seven teams and seven million steps during STEptember

Staff don their walking shoes in September each year for STEptember when we enjoy a little friendly competition, some fun and exercise, and raise money for people living with cerebral palsy. In 2021-22, we had seven teams join the national fundraiser including first-time participants and our committed regular participants. We took a total of 7,766,723 steps and raised more than \$800. 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.

We had a cuppa for cancer research at Biggest Morning Tea

Our staff turned out in blue and yellow and enjoyed activities and lots of sweets during our regular Australia's Biggest Morning Tea fundraiser in May. Morning teas are held across the country each year to raise essential funds for people impacted by cancer.

We smashed our fundraising goal, raising more than \$770 for research, support and prevention.

Backed our community through our corporate charities

Each year SWSPHN staff choose a local charity to support through our fundraising activities. In 2021, Society 389 was selected and this year South West Multicultural and Community Centre will be receiving our backing.

2021 – Society 389

Through lockdowns and working from home, SWSPHN still surpassed our fundraising goal of \$1,000 in 2021 with \$1,661 raised for our Corporate Charity, Society 389. Society 389 is a registered NSW charity which 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. Our fundraising activities included coin collection, team activities throughout the year while we were still

working in the office and donations. Among the activities was our RAP Working Group's National Reconciliation Week BBQ which included a lovely BBQ, Menti quiz and other awareness-raising activities.

2022 – South West Multicultural and Community Centre

In 2022 we're throwing our support behind the South West Multicultural and Community Centre. We're still fundraising but are on track to meet our fundraising goal via collection tin donations on mufti day Fridays, through our Go Fund Me page and a variety of other activities. South West Multicultural and Community Centre is a community-based, not-for-profit organisation which delivers tailor-made programs and services specifically for our region's culturally and linguistically diverse communities.



SWSPHN staff receive cultural awareness training with Aunty Rita McKenzie.

Reconciliation Action Plan

We're taking strides in our reconciliation journey

RAP reflects commitment to meaningful gains in the health of First Nations people

SWSPHN proudly marked National Close the Gap Day on 17 March 2022 by launching our Innovate Reconciliation Action Plan (RAP) and reconfirming our commitment to the reconciliation journey.

The Innovate RAP was the second of our RAPs Reconciliation Australia has endorsed.

Reconciliation Action Plans aim to provide organisations with a structured approach to advance reconciliation. SWSPHN launched its first plan, the Reflect RAP, in January 2019.

SWSPHN's RAP Working Group, made up of representatives from across the organisation, developed our Innovate RAP in consultation with all staff and our Executive Team.

The RAP will enable SWSPHN and the individuals who work at SWSPHN 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 internal and external Aboriginal and Torres Strait Islander stakeholders
- ➔ Building and encouraging relationships between Aboriginal and Torres Strait Islander peoples, communities, organisations and the broader Australian community



SWSPHN's Reconciliation Working Group review the Innovate RAP. Top row: Amy Prince – Director of Planning & Performance, Michelle Pozo – Media & Communications Officer, Nadine Toscano – My Care Partners Project Coordinator. Bottom row: Kira Chamberlain – My Care Partners Project Officer and Val Burge – Mental Health & AOD Program Advisor

- ➔ Working towards improved health and wellbeing outcomes for Aboriginal and Torres Strait Islander people in South Western Sydney

SWSPHN Chief Executive Officer, Dr Keith McDonald PhD, said SWSPHN was dedicated to working towards closing the health and life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.

“Our relationships with First Nations people and increasing the cultural awareness of our own employees, and primary care clinicians and staff, is key to improving access to culturally appropriate care, and ultimately enhancing the health and wellbeing of individuals, their family and communities.”

A focus on building respect and relationships underpins our approach

A commitment to building respect and relationships with Aboriginal and Torres Strait Islander people is key to achieving meaningful gains in the health of First Nations people – one of SWSPHN's most important priorities.

In 2022, we launched the Aboriginal Health Strategy 2022–23. The strategy aims include:

- ➔ Commissioning services to meet the needs of the South Western Sydney Aboriginal community

- ➔ Building the cultural capacity of healthcare providers in our region, including GPs, practice nurses, practice staff and commissioned service providers to ensure the Aboriginal community has appropriate access to mainstream health services

- ➔ Strengthen the Aboriginal health workforce in South Western Sydney

- ➔ Provide opportunities for the Aboriginal community to provide input on the design, implementation and evaluation of services

- ➔ Ensure our staff and SWSPHN Board are culturally competent

SWSPHN staff undertook Cultural Competency Training in May 2022, and under the guidance of Aunty Rita McKenzie addressed topics including: the history of Aboriginal and Torres Strait Islander peoples; cultural understanding when engaging with Aboriginal and Torres Strait Islander communities; and barriers which Aboriginal and Torres Strait Islander people experience in accessing services.

The SWSPHN Board also undertook cultural awareness training conducted by Aunty Hyllus Munro.

Within our organisation, we continued to:

- ➔ Recognise and participate in Aboriginal and Torres Strait Islander dates of significance including National Reconciliation Week

- ➔ Have a strong focus on recruiting, retaining, consulting and supporting the professional development of our First Nations staff

- ➔ Ensure we meet or exceed our target of at least 2.1 per cent Aboriginal and Torres Strait Islander employment, reflecting the community in which we work. In 2021–22, SWSPHN had 2.5 per cent Aboriginal and Torres Strait Islander employment

- ➔ Review our Human Resources policies to remove any barriers to participation in our workplace, and more effectively advertise job vacancies to reach Aboriginal and Torres Strait Islander people and increase the number of First Nations staff in our workforce

Financial Statements 30 June 2022

ABN 74 605 441 067

Annual Financial Report

For the period ended 30 June 2022

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AN INCORPORATED HEALTH PROMOTION CHARITY, LIMITED BY GUARANTEE

CORPORATE INFORMATION

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 in office during the financial year ended 30 June 2022

Dr Matthew Gray (Chair)
Ms Karen Edwards (Vice Chair)
Mr John Adam (appointed 28th October 2021)
Mr Mark Allen (retired 28th October 2021)
The Hon Craig Knowles, AM (retired 28th October 2021)
Ms Amanda Larkin
Dr. Ken McCroary (appointed 28th October 2021)
Dr. Andrew McDonald (appointed 28th October 2021)
Professor Jennifer Reath
Dr Vince Roche
Dr Anett Wegerhoff (retired 28th October 2021)
Mr Darryl Wright (appointed 2nd December 2021)

Chief Executive Officer

Dr Keith McDonald

Company Secretary

Ms Kristen Anne Short (retired 28th October 2021)
Mr Adam Hood (appointed 28th October 2021, retired 23rd June 2022)
Ms Amy Prince (appointed 23rd June 2022)

Incorporation

South Western Sydney Primary Health Network Limited is a public company limited by guarantee registered under the Corporations 2001 Act in New South Wales, Australia.

Australian Business Number (ABN)

74 605 441 067

Company registered office and principal place of business

Level 2, 1 Bolger Street, Campbelltown, NSW, 2560

Company contact details

Post: PO Box 90, Macarthur Square, NSW, 2560
Phone: 02 4632 3000
Fax: 02 4625 9466
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 2022

Your Directors present this report to the members of South Western Sydney Primary Health Network Limited (SWSPHN) for the year ended 30 June 2022.

Principal Activities

The principal activity of the company South Western Sydney Primary Health Network Limited 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 2021/2022, 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.

DIRECTORS' REPORT (continued)

Results

For the year ended 30 June 2022, the company's surplus was \$120,899 (year ended 30 June 2021, \$183,897).

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	
		A	B
Dr Matthew Gray	23 April 2015	7	7
Mr John Adam	28 October 2021	5	4
Mr Mark Allen	28 May 2015	2	1
Ms Karen Edwards	29 October 2020	7	7
Ms Amanda Larkin	23 April 2015	7	7
Dr Ken McCroary	28 October 2021	5	5
Dr Andrew McDonald	28 October 2021	5	4
The Hon Craig Knowles	23 April 2015	2	2
Professor Jennifer Reath	29 October 2020	7	7
Dr Vince Roche	23 April 2015	7	6
Dr Anett Wegerhoff	23 April 2015	2	2
Mr Darryl Wright	2 December 2021	4	1

A – Number of meetings eligible to attend

B – Number of meetings attended

- Dr Anett Wegerhoff, Mr Craig Knowles and Mr Mark Allen retired on 28 October 2021.
- Mr John Adam, Dr Ken McCroary and Dr Andrew McDonald appointed on 28 October 2021.
- Mr Darryl Wright appointed on 2 December 2021.

Directors' Qualifications, Experience & Special Responsibilities

Name	Qualifications	Experience	Special Responsibilities
Dr Matthew Gray OAM	BMed(<i>Newcastle</i>), BEc, 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); Deputy Chair, SWSLHD (2019-current); Member, AMA (NSW) Council (2013-2017); Conjoint Associate Professor, School of Medicine, Western Sydney University (2021-current); Fellow, Australian Institute of Company Directors.	SWSPHN Board Chair (2015–current); Member, SWSPHN Governance Committee; Member, SWSPHN Clinical Council; Member, SWSPHN My Care Partners Steering Committee; Member, SWSPHN Population Health Steering Committee.
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- 21), Vice-Chair, SSWGPL Ltd (2011-12); Member, Acute Care Taskforce Executive, NSW Agency for Clinical Innovation; Graduate, Australian Institute of Company Directors.	
Mr Mark Allen	Diploma of Law (Solicitors Admission Board)	Managing Principal Lawyer, FCW Lawyers.	
Ms Karen Edwards	BA Hons (Psych), M Clin Psych, Grad Cert Adult Ed, GAICD, Cert Governance Practice	Director of Governance and Corporate Services and Executive team member at Karitane.	MAPS (Australian Psychological Society); GAICD (Australian Institute of Company Directors); AACHSM (Australian College of Health Service Managers); AGIA (Governance Institute of Australia); Member, SWSPHN Audit and Risk Committee. Member, SWSPHN Clinical Council
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).	Consul General and Senior Trade Commissioner.

Directors' Qualifications, Experience & Special Responsibilities

Name	Qualifications	Experience	Special Responsibilities
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	Past Peter Brennan Chair of General Practice, Western Sydney University (2010- end July 2022); General Practitioner at Tharawal Aboriginal Corporation (up to August 2022)	Chair, SWSPHN Governance Committee; Member, SWSICC; Board Member, NBMLHD until 12/2020; Council, RACGP Aboriginal and Torres Strait Islander faculty; Member, Integrated Clinical Council NBMPHN up to July 2022.
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.
Dr Ken McCroary	BSc (Med), MBBS, FRACGP	GP, Owner and director Macarthur General Practice, Chair Sydney Southwest GP Link, NSW & ACT Faculty Board Regional Representative for South Western Sydney Royal Australian College of General Practitioners (RACGP), Member RACGP Expert Committee - Quality Care (REC-QC), Member Council of General Practice Australian Medical Association AMA (NSW), Primary and Community Care Community of Practice Member NSW Ministry of Health, Conjoint Senior Lecturer, School of Public Health & Community Medicine University of New South Wales, Conjoint Lecturer School of Medicine University of Western Sydney	Member SWSPHN Audit and Risk Management Committee, Member SWSPHN Clinical Council, Member & Clinical co-chair SWSPHN Mental Health Advisory Committee, Member & Clinical co-chair SWSPHN Aged Care Committee, Member SWSPHN Palliation & Primary Care After Hours Steering Committee, Member SWSPHN Medical Neighbourhood Steering Committee

Directors' Qualifications, Experience & Special Responsibilities

Name	Qualifications	Experience	Special Responsibilities
Mr John Adam	Bachelor of Commerce, Bachelor of Laws, College of Law	Solicitor at Marsdens Law Group since 1980, Partner since 1985 and Managing Partner from 1988 to date	Member of Liverpool Rotary since 1984 and President in 1993/94, Member and Secretary of the MacArthur Club since inauguration in 2005, Director of the Mater Dei School from 2003 to 2020 and Chairman from 2015 to 2020, Director of the North Sydney Rugby League Football Club from 1992 – 2000, President of the Rugby League Players Association from 1985 to 1990 and Director of the South West Sydney PHN from 2021 to date.
Dr Andrew McDonald	MB BS (Hons 2) Sydney University; DCH FRCPCH FRCP FRACP	Consultant Paediatrician in Campbelltown since 1990; currently working at Campbelltown Hospital and Tharawal AMS (since 1993); visiting Paediatrician Karitane 2015 onwards; Conjoint Associate professor UNSW; Conjoint Associate professor WSU; Examiner RACP 1999 – ongoing; MP for Macquarie Fields 2007-15, Parliamentary Secretary for health (2008-2011) and shadow health Minister (2011 – 2014).	Member, SWSPHN Clinical Council
Mr Darryl Wright AM	Diploma in Travel and Tourism and Diploma in Frontline Management	CEO Tharawal Aboriginal Corporation	Director SWSPHN, Member of SWSPHN Community Advisory Committee

Company Secretary

Ms Kristen Anne Short was the Company Secretary until 28 October 2021. 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.

Mr Adam Hood was the Company secretary from 28 October 2021 until 23 June 2022. Mr Hood has held senior positions within SWSPHN for the past 6 years and over 15 years in both the finance and construction sectors. Adam has a Bachelor of Accounting and has completed The Board and the Company Secretary course with the Australian Institute of Company Directors.

Ms Amy Prince was appointed the Company Secretary on 23 June 2022. Amy Prince has 12 years' experience in health care management at various levels from frontline to executive roles. She has served as Director of Planning and Performance since 2017. Amy holds a Master of Public Health and a Master of Management and has 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 2022, 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 the following page.

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


.....
Ms Karen Edwards

Dated 25 August 2022



Auditor's independence declaration

To the Directors of South Western Sydney Primary Health Network Limited

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 Limited for the period ended 30 June 2022, 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

A handwritten signature in black ink, appearing to read "Gede Barone".

Gede Barone
Director

Dated 25 August 2022
Sydney

Statement of Profit or Loss and Other Comprehensive Income

For the year ended 30 June 2022

	Note	2022 \$	2021 \$
Revenue from grants	2(a)	43,224,383	34,684,897
Other revenue	2(b)	177,487	473,875
		<hr/>	<hr/>
Total revenue		43,401,870	35,158,772
Employee benefit expense	8(a)	7,295,149	6,767,497
Finance costs		73	1,008
Occupancy costs		306,957	300,831
Contractors		33,911,745	26,670,474
Training & conferences		293,219	164,578
Other expenses		1,473,828	1,070,487
		<hr/>	<hr/>
Surplus before income tax expense		120,899	183,897
Income tax benefit / (expense)	1(o)	—	—
		<hr/>	<hr/>
Net Surplus for the year		120,899	183,897
Other Comprehensive Income for the year		—	—
		<hr/>	<hr/>
Total Comprehensive Income for the year		120,899	183,897
		<hr/>	<hr/>

The Statement of Profit or Loss and Other Comprehensive Income is to be read in conjunction with the accompanying notes to the financial statements.

Statement of Financial Position

As at 30 June 2022

	Note	2022 \$	2021 \$
Current assets			
Cash and cash equivalents	3	32,569,120	21,085,961
Trade and other receivables	4	149,269	70,207
Other current assets	5	432,821	403,518
Total current assets		<u>33,151,210</u>	<u>21,559,686</u>
Non-current assets			
Property, plant and equipment	6	<u>23,579</u>	<u>39,186</u>
Total non-current assets		<u>23,579</u>	<u>39,186</u>
Total assets		<u>33,174,789</u>	<u>21,598,872</u>
Current liabilities			
Trade and other payables	7	7,589,582	2,232,095
Provisions	8	744,910	575,795
Other liabilities	9	24,050,077	18,056,117
Lease liability	10	<u>-</u>	<u>41,178</u>
Total current liabilities		<u>32,384,569</u>	<u>20,905,185</u>
Non-current liabilities			
Provisions	8	145,698	170,064
Lease liability	10	<u>-</u>	<u>-</u>
Total non-current liabilities		<u>145,698</u>	<u>170,064</u>
Total liabilities		<u>32,530,267</u>	<u>21,075,249</u>
Net assets		<u>644,522</u>	<u>523,623</u>
Equity			
Retained surpluses		<u>644,522</u>	<u>523,623</u>
Total equity		<u>644,522</u>	<u>523,623</u>

The Statement of Financial Position is to be read in conjunction with the accompanying notes to the financial statements.

Statement of Changes in Equity

For the year ended 30 June 2022

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

	Retained surpluses \$
Balance at 1 July 2021	523,623
Net surplus for the year	120,899
Other comprehensive Income for the year	-
Total comprehensive Income for the year	120,899
Balance at 30 June 2022	<u>644,522</u>

The Statement of Changes in Equity is to be read in conjunction with the accompanying notes to the financial statements.

Statement of Cash Flows

For the year ended 30 June 2022

	Note	2022 \$	2021 \$
Cash flows from operating activities			
Receipts from grants and other receipts (inclusive of GST)		54,102,940	42,634,972
Payments to suppliers and employees (inclusive of GST)		(42,555,130)	(40,484,459)
Interest received		139,465	171,164
		<hr/>	<hr/>
Net cash (used in) / provided by operating activities	15	11,687,275	2,321,677
		<hr/>	<hr/>
Cash flows from investing activities			
Payments for property, plant & equipment		(162,938)	(46,430)
		<hr/>	<hr/>
Net cash used in investing activities		(162,938)	(46,430)
		<hr/>	<hr/>
Cash flows from financing activities			
Principal elements of lease payments		(41,178)	(253,361)
Net cash (used in) / provided by financing activities		(41,178)	(253,361)
		<hr/>	<hr/>
Net (decrease) / increase in cash and cash equivalents		11,483,159	2,021,886
Cash and cash equivalents at beginning of the year	15	<hr/> 21,085,961	<hr/> 19,064,075
		<hr/>	<hr/>
Cash and cash equivalents at end of the year	3	<u>32,569,120</u>	<u>21,085,961</u>

The Statement of Cash Flows is to be read in conjunction with the accompanying notes to the financial statements.

Notes to the financial statements for the year ended 30 June 2022

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 – Tier 2 Simplified Disclosures 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 Limited is a not-for-profit Company for the purpose of preparing the financial statements.

South Western Sydney Primary Health Network "SWSPHN" Limited 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 2, 1 Bolger Street Campbelltown NSW, Australia.

The financial statements for the period ended 30 June 2022 were approved and authorised for issue by the Board of Directors on 25th August 2022. 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).

Notes to the financial statements for the year ended 30 June 2022

1 Statement of significant accounting policies (continued)

(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:

<i>Class of Fixed Asset</i>	<i>Depreciation rate</i>
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.

Notes to the financial statements for the year ended 30 June 2022

(e) Leases and Right-of-use assets (continued)

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.

Notes to the financial statements for the year ended 30 June 2022

(f) Financial Instruments (continued)

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.

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.

Notes to the financial statements for the year ended 30 June 2022

(f) Financial Instruments (continued)

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
- 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.

Notes to the financial statements for the year ended 30 June 2022

(f) Financial Instruments (continued)

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.

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.

Notes to the financial statements for the year ended 30 June 2022

(h) Employee benefits (continued)

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.

Notes to the financial statements for the year ended 30 June 2022

(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.

Notes to the financial statements for the year ended 30 June 2022

(p) Critical accounting estimates and judgements (continued)

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

AASB 1060 General Purpose Financial Statements – Simplified Disclosures For-Profit and Not-for-Profit Tier 2 Entities became effective from 1 July 2021. The application of the standard does not materially affect the presentation or disclosures in the financial statements.

New financial reporting thresholds resulting from ACNC legislative review is effective for periods commencing 1 July 2021. SWSPHN remains a large charity as it derived annual revenue of \$3 million or more.

Transition to Australian Accounting Standards – Simplified Disclosures

The Company previously prepared general purpose financial statements under Tier 2 – Reduced Disclosure Requirements. There were no transition adjustments other than a few disclosure changes on the adoption of Australian Accounting Standards – Simplified Disclosures.

The Company has elected not to present comparative information in the notes to these financial statements where comparable information was not disclosed in the company's most recent previous general purpose financial statements.

Notes to the financial statements for the year ended 30 June 2022

	2022 \$	2021 \$
2 Surplus before Income Tax		
(a) Revenue from grants		
Federal grants	41,374,290	33,154,459
Other organisations	1,850,093	1,530,438
	43,224,383	34,684,897
(b) Other Revenue		
Donations	23,149	23,111
Interest	139,465	171,164
Other	14,873	279,600
	177,487	473,875
Total Revenue	43,401,870	35,158,772
(c) Expenses		
Remuneration of the Auditor for:		
Auditing the financial statements	32,500	30,000
Auditing the programme revenue and expenditure statements	19,500	19,500
Depreciation and Amortisation of:		
Property Right of Use Asset	39,186	244,512
Plant and Equipment	139,359	46,430
Total Depreciation and Amortisation	178,545	290,942
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:		
Cash at bank	7,045,497	2,746,233
Short term deposits	25,523,623	18,339,728
	32,569,120	21,085,961
4 Trade and other receivables		
Current trade receivables	149,269	88,389
Provision for impairment of receivables	-	(18,182)
Trade receivables	149,269	70,207

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 \$Nil at 30 June 2022 (30 June 2021 - \$18,182).

Notes to the financial statements for the year ended 30 June 2022

	2022 \$	2021 \$
5 Other current assets		
Prepayments	393,894	396,667
Accrued income	38,927	6,851
	<u>432,821</u>	<u>403,518</u>
6 Property, plant & equipment		
Plant and equipment – at cost as at beginning of the year	358,975	326,525
Additions at cost	134,643	83,445
Disposals	<u>-</u>	<u>(50,995)</u>
Total Plant and equipment at cost	493,618	358,975
Less: Accumulated depreciation	<u>(493,618)</u>	<u>(358,975)</u>
Carrying amount at the end of the year	<u>-</u>	<u>-</u>
Furniture and Fittings - at cost as at beginning of the year	-	-
Additions at cost	28,295	-
Total Furniture and fittings	28,295	-
Less: Accumulated depreciation	4,716	-
Carrying amount at the end of the year	<u>23,579</u>	<u>-</u>
Right-of-use assets		
Right-of-use assets – at cost as at beginning of the year	528,210	528,210
Disposals	<u>(528,210)</u>	<u>-</u>
	-	528,210
Less: Accumulated amortisation	(489,024)	(489,024)
Write back on disposal	489,024	-
Carrying amount at the end of the year	<u>-</u>	<u>39,186</u>
Total Property, plant & equipment at the end of the year	<u>23,579</u>	<u>39,186</u>

Notes to the financial statements for the year ended 30 June 2022

7 Trade and other payables

Trade payables	160,029	35,210
Other creditors and accruals	7,429,553	2,196,885
	7,589,582	2,232,095

8 Provisions for employee benefits

The liabilities recognised for employee benefits consist of the following amounts:

Current

Annual leave	526,302	376,659
Long service leave	218,608	199,136
	744,910	575,795

Non Current

Long service leave	145,698	170,064
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8(a) Employee benefits expense

Expenses recognised for employee benefits are analysed below:

Wages, salaries	5,991,482	5,496,236
Workers compensation insurance	29,786	26,245
Superannuation	633,056	572,467
Employee benefits provisions	640,825	672,549
	7,295,149	6,767,497

9 Other liabilities

Deferred income	24,050,077	18,056,117
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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.

Notes to the financial statements for the year ended 30 June 2022

	2022 \$	2021 \$
10 Lease liabilities		
Maturity analysis – contractual undiscounted cash flows		
Year 1	-	41,251
Year 2	-	-
Total undiscounted lease liabilities at end of the year	-	41,251
Less: Unearned interest	-	73
Lease liabilities included in the statement of financial position at the end of the year	-	41,178
Current	-	41,178
Non- Current	-	-

The property lease expired on 31st July 2021 and the company executed a 2.5 year lease renewal effective from 1st July 2022 with a 3 year option with the landlord. No value for the property lease arrangement has been booked in the financial statements at 30 June 2022.

11 Key management personnel & 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 \$856,742 (period ended 30 June 2021 \$891,341).

The Company has a number of Integrated Health and Mental Health Commissioned Services with an organisation which two directors are key management personnel. The contractual amounts paid/payable amounted to \$3,709,193 (2021: \$1,792,353). The outstanding balance as at the reporting date was \$Nil (2021: \$Nil).

The Company has After Hours General Practitioner Commissioned Services Agreements with one (2021: one) director related entities. The amounts billed were based on normal market rates and amounted to \$406,636 (2021: \$431,640). 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.

Notes to the financial statements for the year ended 30 June 2022

11 Key management personnel & related parties (continued)

In the current financial year the joint venturers contributed \$748,000 (2021: \$732,000) to the project and \$562,133 (2021: \$176,585) was spent on project officer salaries and oncosts, care enabler costs, practice payments, and costs incurred to run the project. In the current financial year, the project enrolled an additional 5 general practices (2021: 5) to pilot the program. Western Sydney University was commissioned in January 2021 to evaluate My Care Partners on the Quadruple Aim of improved patient outcomes, improved patient experience, improved provider experience and system cost savings. The Research Protocol has been completed and ethics approval has been received from South Western Sydney Local Health District Human Research Ethics Committee. The remaining deliverables in relation to data collection and reporting are currently being renegotiated. The evaluation is expected to be completed in 2025.

12 Fair Value measurement

Fair Value estimation

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.

	2022		2021	
	Amortised Cost	Net Fair Value	Amortised Cost	Net Fair Value
	\$	\$	\$	\$
Financial assets				
Current				
Cash and cash equivalents	32,569,120	32,569,120	21,085,961	21,085,961
Trade and other receivables	149,269	149,269	70,207	70,207
Total financial assets	32,718,389	32,718,389	21,156,168	21,156,168
Financial liabilities				
Current financial liabilities measured at amortised cost				
Trade and other payables	7,589,582	7,589,582	2,232,095	2,232,095
Lease Liabilities	-	-	41,178	41,178
Total financial liabilities	7,589,582	7,589,582	2,273,273	2,273,273

Notes to the financial statements for the year ended 30 June 2022

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 2022 (30 June 2021 \$0).

15 Cash flow information

The Company received \$Nil (2021: \$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:

	2022	2021
	\$	\$
Cash and cash equivalents for cash flow purposes	<u>32,569,120</u>	<u>21,085,961</u>

(ii) Reconciliation of cash flow from operations with surplus after income tax

Net Surplus for the period	120,899	183,897
Non-cash flows in net surplus for the period		
Depreciation	139,359	46,430
Amortisation	39,186	244,512
Doubtful debts provision	(18,182)	18,182
Net changes in assets and liabilities		
(Increase)/decrease in receivables	(60,880)	616,505
(Increase)/decrease in other current assets	(29,303)	(103,709)
Increase/ (decrease) in payables	5,357,487	(1,900,461)
Increase/(decrease) in provisions	144,749	5,322
Increase/(decrease) in grants in advance and deferred income	<u>5,993,960</u>	<u>3,210,999</u>
Net cash (used in) / provided by operating activities	<u>11,687,275</u>	<u>2,321,677</u>

Notes to the financial statements for the year ended 30 June 2022

17. Post-reporting date events

Subsequent to 30 June 2022, the company executed a 2.5 year lease renewal effective from 1st July 2022 with a 3 year option with the landlord. No value has been booked in the financial statements as at 30 June 2022.

No other adjusting or significant other non-adjusting event has 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 2022, 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 2022 (2021: 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.

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 *Australia Charities and Not-for-Profits Commission Act 2012*
 - a) comply with Accounting Standards – Simplified 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 2022 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

Ms Karen Edwards - Director

Dated 25 August 2022



INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the financial report of South Western Sydney Primary Health Network Limited (the Company), which comprises the statement of financial position as at 30 June 2022, 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 Limited 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 2022 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards – Tier 2 Simplified Disclosures 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 2022, 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.

LIABILITY LIMITED BY A SCHEME UNDER PROFESSIONAL STANDARDS LEGISLATION

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PHONE 02 9252 5300 | FAX 02 9188 5950 | www.bdhleaders.com.au ABN 84 159 890 552

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 – Tier 2 Simplified Disclosures 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

A handwritten signature in dark ink, appearing to read "Gede Barone".

Gede Barone
Director

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

Dated this 25th day of August 2022

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