



South Western Sydney PHN

Annual Report

2022-2023

phn
SOUTH WESTERN
SYDNEY

An Australian Government Initiative



COVER PHOTO: SWSPHN's new Primary Care Workforce team is focusing on working with and supporting registrars across our region, including registrar and SWSPHN IAR trainer Dr Alex (Yuebin) Zhao (left) GP supervisor Dr Dimuthu Samaranayake (right) at Myhealth Oran Park. See page 19 for full story.

Contents

Our values.....	3	Mental Health and	
Our goals.....	3	Suicide Prevention Plan	33
Our purpose	4	Alcohol and Other Drugs.....	34
Our Board	5	Older persons' health	34
CEO's report	6		
Chair's report.....	7	Working together for the	
Strategic plan	8	health of our community.....	36
Making it easier to get		Community Advisory Committee.....	37
the care you need	9	Clinical Council.....	37
COVID-19	10	My Care Partners	38
Type 2 diabetes	12	Hepatitis C	39
Dementia and Palliative Care	13	Local Health Forums	40
Endometriosis and Pelvic Pain Clinic.....	14	Mental Health Symposium.....	41
Disaster planning and preparedness		MH & AOD Roundtable	42
response	15	Health Alliances	43
After hours healthcare services.....	15	Lumos	44
Online support for carers	16		
Urgent Care Clinics	16	Stronger preventive health	45
		Communications	46
A growing workforce with		Healthy lifestyle	47
more support for health workers	17	Cancer screening.....	48
iRAD	18	Psychoeducation Module Project (AOD) ..	49
Primary Care Workforce	19	Health Literacy Framework.....	49
Service Support	19		
IAR-DST.....	22	A trusted and socially	
Continuing Professional Development ...	23	responsible organisation	50
Provider Connect Australia	24	Employee Value Proposition	51
Strengthening Medicare.....	25	Cyber security.....	52
Health Resource Directory	25	Health and Wellbeing Strategy	53
HealthPathways.....	26	Corporate Charity.....	54
Practice Pulse	26	The year's highlights	55
Telehealth in aged care	27		
		Financial statements	56
Commissioning services to meet			
our community's needs.....	29		
Commissioning	30		
Head to Health	31		
headspace.....	32		
Youth Severe Mental Health.....	32		



Camden Valley Way, Camden

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



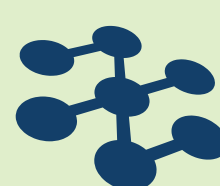
A healthier & more enabled community

2



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

3



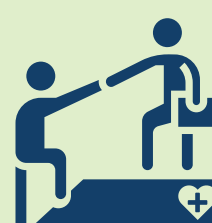
An integrated health system that is fit for purpose

4



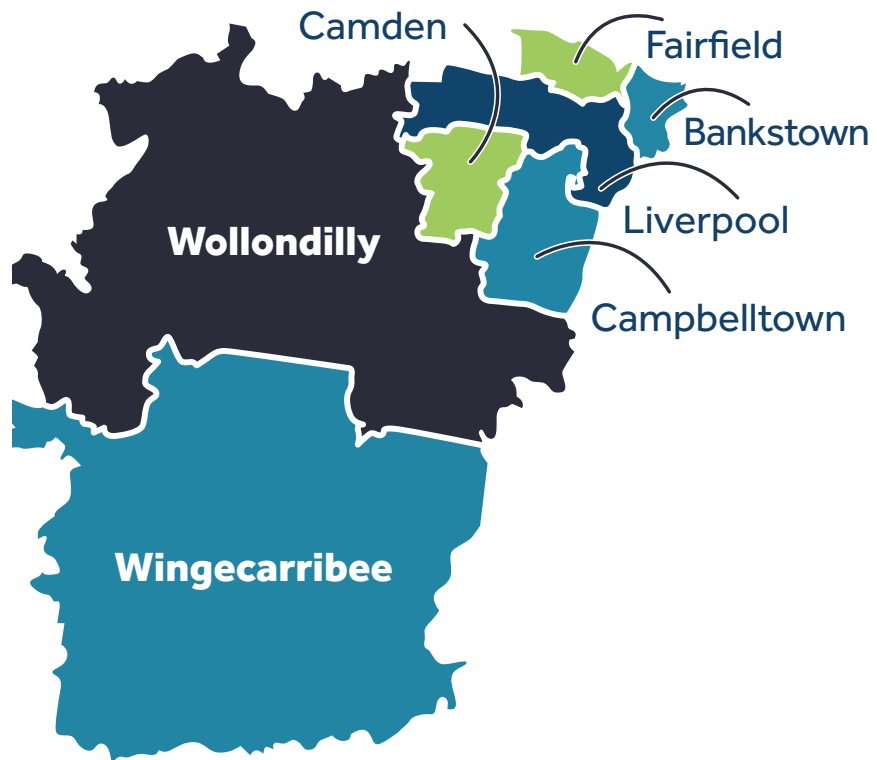
Primary health care that demonstrates value

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

Better health for South Western Sydney.



Our mission

Enhancing and connecting care to meet our local health needs.



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 Board



Dr Matthew Gray
OAM – Chair

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



Ms Karen Edwards
– Deputy Chair

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



Mr John Adam

B.Comm/LLB



Sonia Marshall

MBA, Grad Dip PA, Bsc
(Nursing)
*Commenced
27 October 2022



**Dr Kenneth
McCroary**

BSc (Med), MBBS,
FRACGP



**Dr Andrew
McDonald**

MBBS (Hons) (U Syd)
DCH, FRCP, FRCPCH, FRACP



Dr Michael Tam

BSc(Med) MBBS
MMH(GP) FRACGP
*Commenced
27 October 2022



Prof Jennifer Reath

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



Mr Darryl Wright

AM Hon Fell (WSU)
*Resigned
21 June 2023

CEO's report

Dr Keith McDonald PhD



Remembered for founding the study of geometry, Euclid argued it was physically possible to engineer an output which equated to more than the sum of its individual parts.

We now know this phenomenon is demonstrated repeatedly in nature. Even at the level of single-cell microbes, viruses, bacteria and fungi act and rapidly adapt en masse. We can all cite evidence of human endeavours which are not possible without complex and dynamic group work. Think historic expeditions overcoming implausible odds; major infrastructure which survives many generations; and the artistry of a symphonic orchestra.

Closer to home, our 2022–2023 Annual Report is a chance to reflect on the team work and partnerships which have not only ensured success in our eighth year of operation but have well-positioned primary healthcare in the region for the future. In the face of numerous 'big picture' challenges, this is no mean feat.

We are actively supported by our experienced Chair Dr Matthew Gray and a Board of Directors keen on progressing positive change. In turn, our Board and Executive are well-advised by the Clinical Council, Community Advisory, Governance plus Audit and Risk committees.

This year each level of our organisation participated in a refresh of our Vision and Mission statements. This was to ensure every member of our team is able to easily articulate with any stakeholder what we aim to do, for whom and how – we all own our 'elevator pitch'.

"The whole is greater than the sum of the parts"

Euclid c.300BCE

Ensuring the consistency of our Strategic Plan and service offerings with the 10-year Primary Health Care Plan and contemporary health policies, we are well positioned to respond to this year's Federal Budget adoption of the Strengthening Medicare Taskforce recommendations.

Our clear modus operandi pivots on a '3Cs' approach: commissioning; capacity building; and coordination.

We commission a growing suite of culturally competent place-based services so access to care is easier for those who most need it. We seek to build the capacity of primary healthcare practices through a range of supports, timely communications and workforce development strategies. We leverage a range of collaborative agreements and alliances to benefit the health of the local communities we serve.

Notable themes include complementary pushes for greater patient empowerment applying consultation, health literacy and service navigation; strengthening continuity of team-based care; plus the enhanced use of data to measure value and outcomes.

We have built on a refreshed Health and Wellbeing Strategy for staff with a Workforce Retention Strategy and the formalisation of an Employee Value Proposition (EVP). Organisational upskilling has targeted the design and implementation of a Project Management Framework aimed at reaping benefits from 2023–2024.

We are a socially responsible not-for-profit organisation which diligently delivers on our goals for South Western Sydney. In turn, we also have capacity for innovation, with a dynamic team that explores new opportunities and adapts rapidly to mitigate emergent risks.

Together, we are greater than the sum of our parts.

Chair's report

Dr Matthew Gray OAM

On behalf of the Board and staff team, welcome to the 8th annual report of the South Western Sydney PHN (SWSPHN) for the year ending 30 June 2023.

We are in the midst of a pivotal moment in the development of the Australian health system and SWSPHN is in a pivotal position to embrace the current and future opportunities and challenges associated with shaping the primary care system of the 21st Century.

Primary Health Networks (PHNs) occupy a unique position in the Australian health system having reached a level of robust maturity since the PHN program commenced in 2015. PHNs have deep local insights and are across the breadth of Australia, able to translate national policies into local, nuanced solutions.

SWSPHN has invested heavily in establishing strong community roots, rigorous governance and operational excellence in our service delivery.

We know and understand our communities and the local health system architecture – the needs, the gaps and the challenges. We are local, agile and innovative – we co-design and commission services at scale while responding quickly to Australia's emerging health needs – as evidenced by our role in the COVID-19 pandemic and our response to natural disasters. And we are evidence informed and collect high quality data which helps the Commonwealth analyse, plan and deliver effective health responses.

In summary, PHNs bring unique delivery expertise and experience, through the '3Cs' of our core business: capacity building in primary care, commissioning and system coordination and integration. We implement, we integrate, we innovate.



People are at the heart of what we do and none of the achievements highlighted in the pages which follow would be possible without the commitment and efforts of many.

I would like to thank my colleagues on the Board for their leadership and stewardship of SWSPHN throughout the year. The Board gratefully acknowledges the service and resolve of our CEO, Keith McDonald, Executive and staff team. Many thanks also to our committee members, member organisations and partners who work with us to reach our goals.

Finally, I would like to acknowledge the Australian Government and the Department of Health and Aged Care for their continuing support, funding and confidence in SWSPHN.

I do hope you enjoy reading this Annual Report and I commend it to you as we work together to achieve "Better health for South Western Sydney."

Strategic plan

Road map provides direction for better health outcomes

A focus on improving our community's access to healthcare, and the development of and support for the South Western Sydney healthcare workforce, are two key elements of SWSPHN's 2021-2026 Strategic Plan.

Two years into the five-year road map for supporting general practice and continuing to increase the efficiency and effectiveness of healthcare services in the region, the 2022-2023 Annual Report outlines the advances we've made in the last financial year in achieving our five goals of:

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

The plan's strategies focus on people (enhancing equitable access and care outcomes), providers (support and enable capabilities), and systems (coordinate well-informed planning, co-design, implementation and review of services).

Th Annual Report also highlights how our goals closely align with elements of the Australian Government's Strengthening Medicare themes of:

- **Making it easier to get the care you need:** Investment in Urgent Care Clinics, team-based care, digital health and new Medicare rebates
- **A growing workforce with more support for health workers:** Investment in primary care nurse numbers and upskilling the workforce to better respond to mental health issues
- **Stronger preventive health:** Boosting routine childhood immunisation, increasing the uptake of annual health checks for First Nations people, and alcohol and drug programs

SWSPHN's Strategic Plan is available at swsphn.com.au



Nepean River Cycleway, Camden

Making it easier to get the care you need



Queen Street, Campbelltown

COVID-19

Supporting general practice to keep community safe

Support for general practices in managing COVID-19 remained a key focus for SWSPHN's COVID Response team in 2022-2023.

Personal Protective Equipment

SWSPHN supplied general practices, allied health providers and pharmacies with access to Personal Protective Equipment (PPE) between July 2021 and December 2022. This included masks, gowns, goggles and face shields.

In that time, approximately 1,488 PPE orders were made through SWSPHN and 1,824 kits delivered.

Home Commissioned Visits

Through the Home Commissioned Visits program, SWSPHN facilitated home visits by GPs and practice nurses to patients managing COVID-19 at home.

This included home visits to those in Residential Aged Care Homes (RACHs). The program was available from September 2021 to June 2023.

Between 1 July, 2022 and 30 June, 2023, a total of 1,766 patients were supported through the Australian Government's Living with COVID funding. The types of visits included:

- 441 patients supported in their home
- 1,325 patients supported across 77 RACHs
- 500 COVID positive patients seen
- 1,145 COVID vaccinations delivered
- 108 oral antiviral prescriptions given

Overall, a total of 5,957 patients were supported through this program. The types of visits included:

- 468 patients supported in their home
- 1,562 residents supported in RACHs
- 544 COVID positive patients seen

→ 5,279 patients vaccinated

→ 107 oral antiviral prescriptions given

COVID Monitoring Program

SWSPHN commissioned the COVID Monitoring Program, where registered nurses (RN) employed at five 'keystone' practices in South Western Sydney managed COVID-19 positive patients from across the region.

General practices were able to refer their COVID-19 positive patients to the program for management during the duration of their illness. The project aimed to alleviate the workload on GPs, and promote the skills and capability of RNs to provide telehealth care.

Between July 2022 and June 2023, 983 assessments were completed and throughout the life of the program there were a total of 1,480 assessments for 469 patients.

Grants boost awareness

SWSPHN facilitated COVID-related small grants programs for general practice in 2022-2023.

Grants of \$5,000 per month for two months were available in November and December 2022, to support general practices and pharmacies in ensuring continuity of COVID-19 vaccinations, and increase health literacy among vaccine hesitant patients.

The grants aimed to provide GPs with extra time during routine appointments for conversations about COVID vaccination, and/or vaccinating people from vulnerable population groups.

In total, 3,312 vaccines were administered during the two-month period (1,757 and 1,555 in November and December respectively), by 87 practices (83 in November and an extra four in December).

The total number of conversations in November (3,781) and December (3,984) – 7,765 overall – exceeded the minimum requirement by 1,981 and 1,757 conversations respectively.

A second winter small grants program was open to general practices in Bankstown, Fairfield and Liverpool between April and August 2023 to support access to vaccination for vulnerable groups.

In this period, a total of 11,858 conversations were had with vulnerable patients about vaccines and their benefits, and 16,120 vaccines (3,508 COVID-19, 10,451 flu and 2,307 childhood) were administered.

On boarding

SWSPHN began supporting general practices to provide vaccinations through the COVID-19 vaccine program in July 2021. The program is still underway.

In the two years to 30 June 2023, SWSPHN has onboarded 298 of our region's 398 general practices to deliver COVID-19 vaccinations, including 137 practices for the Novavax vaccine, 115 practices for the Moderna vaccine and 87 as new vaccinating practices.

COVID related training

In 2022, we provided access to N95 training for general practice and RACH staff.

We have also trained registered nurses working in RACHs to administer vaccines without a GP on site. We had a total of 56 registered nurses sign up in 2022 (January to December) and 77 in 2023 (until 30 June).

In August this year, SWSPHN partnered with G-pex to deliver a Long COVID webinar to support primary care practitioners in delivering COVID care.

Long COVID research

In 2022–2023, SWSPHN joined a working group focused on utilising general practice data to establish best practice care for patients with Long COVID.

The working group is considering existing research in areas including the pathology

tests of COVID-19 patients, telehealth uptake during the pandemic and the study of Long COVID patients using electronic general practice data.

Its representatives include GPs, staff from other PHNs and researchers from Macquarie University. SWSPHN's role includes providing feedback on:

- The specific impacts of Long COVID on patients and what can be done in general practice to maximise care or prevent ongoing symptoms post infection
- The role of technologies and digital health in assisting to highlight these issues and to lessening their impact
- A qualitative study of Long COVID perspectives from general practice
- Factors associated with Long COVID. An observational comparative study of Long COVID patients using electronic general practice data in Victoria and NSW

We have also begun developing reports for submission intended for medical journals. This research includes:

- A detailed paper on the classification of Long COVID from diagnosis
- A paper examining pathology tests in COVID-19 patients
- Telehealth uptake and impact on care activities in Australian general practice during the COVID-19 pandemic
- What electronic general practice data tells us about the presentation of Long COVID

Clinic panel established

In 2022–2023, SWSPHN continued to support our region's five GP-led Respiratory Clinics, and helped facilitate the tender process to establish a GP-led Respiratory Clinic Panel to replace those clinics when the current operational model ended on 28 February.

The new GPRC Panel will only be activated during health emergencies to ensure there is sufficient surge capacity in place to respond to subsequent COVID-19 waves or any other future respiratory health emergencies.

Type 2 diabetes

GPs embrace Diabetes Case Conference Clinic days

We have partnered with South Western Sydney Local Health District (SWSLHD) to deliver Diabetes Case Conference Clinic Days at practices, giving people with type 2 diabetes access to a specialist team, including their regular GP.

Outcomes of the Diabetes Case Conference Clinic Days program since December 2022:

Number of clinics held.....	20
Patients seen in telehealth sessions	111
Patients seen in day clinics.....	197
Clinics scheduled for Jul to Dec 2023.....	32
Number of clinics held per week.....	2

Patient feedback from the clinic days has been overwhelmingly positive.

Patient survey respondents who said they were helped a lot by coming to the appointment	79.2%
Patients who said speaking with a diabetes educator helped them with understanding how to manage their diabetes.....	77.4%
GPs who said they felt more confident in medication management after participating in a day clinic	87.5%
GPs who felt more confident delivering lifestyle education and self-management education	75%

The objectives of the Diabetes Case Conference Clinic Days program include:

- ➔ Provide clinical support for diabetes management in the general practice setting
- ➔ Provide learning opportunities and increase confidence in managing type 2 diabetes



L-R: Dr Vipin Goyal demonstrates how to conduct a blood glucose test on nurse Veronica Martins.

- ➔ Develop an integrated approach to diabetes across general practice, allied health, hospital and specialist services
- ➔ Build on local diabetes prevention activities

GPs also benefit from the program, including having access to billing for MBS chronic disease and other items, offering a diabetes specialist service without extra cost to the patient, reducing waiting time for patients to access specialist care, and increased patient satisfaction with a comprehensive, integrated and interdisciplinary management approach in one location.

According to the South Western Sydney Diabetes Framework to 2026:

- ➔ 66,740 people living in South Western Sydney are known to have diabetes (6.9 per cent of the population)
- ➔ 9 per cent of all women have pre-existing diabetes or gestational diabetes during their pregnancy
- ➔ By 2025, there will be up to 122,000 people in South Western Sydney living with diabetes and by 2031, up to 151,000



L-R: Ingrid, SWSPHN's Integration and Priority Populations Coordinator, Kate Noble, and Angus. Carers Ingrid and Angus spoke about their experience as carers of a loved one diagnosed with dementia at the Dementia and Palliative Care Directory launch in May.

Dementia and Palliative Care

New directory guides carers and people living with dementia after the diagnosis

Navigating the world after a dementia diagnosis is often a tricky and daunting task for families, carers and people living with dementia.

In 2023, SWSPHN compiled a Dementia and Palliative Care Directory using local, state and national services to guide families, carers and people living with dementia from diagnoses to end-of-life care.

The directory is available as a webpage on our website and as a downloadable, interactive pdf.

Among the wealth of services and resources available through the directory is information about:

- Advance care planning and directives
- National care services
- Support groups
- Death doulas
- Dementia specific activities
- Transport services
- Food services
- Bereavement counselling services

The directory was developed as part of SWSPHN's Peace of Mind project (POMP), funded under the Commonwealth Greater Choice for at Home Palliative Care measure.

POMP aims to improve the end-of-life journey of people living with dementia, their carers, families and health professionals, through the implementation of its capacity building framework which includes education, information and resources for community.

The directory was launched on 22 May during National Palliative Care Week.

So far, 1,600 copies of the directory have been printed, including 500 each for both Wollondilly and Wingecarribee councils, which are available in libraries, council civic centres, at events and distributed to community groups in those shires.

Between 24 May and 30 June 2023, the directory PDF was downloaded 14 times and the related directory web page was visited 164 times.



Launch attendees browsing the material available on dementia and palliative care.



The team at the The Women's Health Centre Southern Highlands in Mittagong, including Dr Hanady Nasreddine (second from right).

Endometriosis and Pelvic Pain Clinic

Specialised clinic at Mittagong improves patient care

Women across South Western Sydney now have access to a centre specialising in endometriosis and pelvic pain treatment.

The Women's Health Centre Southern Highlands in Mittagong was announced as the site of one of 20 Federal Government-funded Endometriosis and Pelvic Pain Clinics to be established across Australia, in March 2023.

SWSPHN commissioned the Mittagong clinic to provide expert, multi-disciplinary services and care for women with endometriosis and pelvic pain.

The clinics are strengthening what is often the first point of contact in the health system, to reduce diagnostic delays and promote early access to multi-disciplinary intervention, care and treatment.

As well as directly helping patients, the clinics will raise awareness of endometriosis and pelvic pain, build professional knowledge

and skills in this area, and improve access to information and care pathways.

Endometriosis affects at least one in nine Australian women and can have an extensive, devastating impact on the daily lives of sufferers. On average, women may suffer for up to seven years before diagnosis.

Dr Hanady Nasreddine, from the Women's Health Centre Southern Highlands, said endometriosis often presented with undifferentiated symptoms, and pelvic pain could also be much more complex than it seemed.

"With a growing understanding of the complexities of pelvic pain/ endometriosis as well as increased research into areas such as non-surgical diagnosis and management, it is exciting to be involved in this dynamic and evolving landscape," she said.

Disaster planning and preparedness response

Grants part of new role in responding to natural disasters

While no one could have predicted the devastating consequences of the COVID-19 pandemic, a key lesson in the aftermath has been the importance of preparation in a disaster scenario and provision of ongoing support and care during the recovery phase.

To that end, in 2022–2023 SWSPHN took on new responsibilities to support communities in preparation for, during and in their recovery from drought, bushfire, flood and other natural disasters.

In late 2022, SWSPHN rolled out more than \$700,000 in Mental Health Recovery Grants to nine organisations across our region.

The grants were a SWSPHN initiative, funded by the Department of Health and Aged Care, to support recovery and promote good

mental health and wellbeing on the back of floods and the COVID-19 pandemic.

Funded projects included: Resilience First Aid; Restore, Refocus, Replenish You workshops; and Project Restore.

Work also began on 'We Are Open', which focuses on supporting general practice. It incorporates a primary care disaster response register listing volunteers, particularly those from general practice, who are willing to assist in a disaster situation.

We are now in the process of compiling our *Action Plan: Disaster and Preparedness Response*, which focuses on disaster planning, role clarification, relationships and partnerships, workforce wellbeing and resilience, and communication and information systems.

After hours healthcare services

Patients cared for in after hours period

SWSPHN funded three after hours services across our region's seven local government areas in 2022–2023.

After hours medical care is available across South Western Sydney for non-life-threatening injuries or illnesses.

After hours care gives our community greater access to medical care outside normal working hours to help ensure patients are not attending local hospital emergency departments unnecessarily.

Services were face-to-face consultations at home or in a clinic, or via telehealth or video call, depending on the provider.

In 2022–2023, SWSPHN's commissioned services included:

- ➔ My Emergency Doctor
- ➔ Southern Highlands GP After Hours Service
- ➔ Sydney Medical Service Online support for carers

Online support for carers

Supports for carers of people living with mental ill health

SWSPHN has developed an online service directory to provide support for carers of people who are living with mental ill health.

The directory lists all current federal, state, and local non-profit support services, with a focus on NDIS access and planning.

It is important each support service available is researched to find the best support for the individual's needs.

Each carer has different strategies for supporting wellness, safety planning and developing emergency care plans.

Urgent Care Clinics

New clinic to provide culturally safe, accessible care

Campbelltown was selected as the site for one of 14 Medicare Urgent Care Clinics (UCC) to be established across the state – and one of 58 across the country – earlier this year.

SWSPHN managed the Expression of Interest process for the clinic site in early 2023, with seven applications received.

The Medicare UCC service aims to provide short-term, episodic care for non-life-threatening urgent conditions requiring same day assessment or treatment.

These health services also aim to reduce pressure on nearby emergency departments and redirect patients to primary care.

UCCs will have conditional access to MBS to ensure services are sustainable and provided free. The service will be open extended hours, seven days a week.

The Campbelltown Medicare UCC is expected to be open by the end of the year.

Once established, SWSPHN will facilitate connections between Campbelltown Medicare UCC, primary care services, local emergency departments and the local health system to ensure the clinic is integrated with other local health services and meets the needs of the local community.

This will include supporting the establishment of referral pathways to local emergency departments and other healthcare providers.

A growing workforce with more support for health workers



Bingara Gorge, Wilton



SWSPHN's CEO, Dr Keith McDonald PhD, Director of Innovation and Partnerships, Kristen Short, and Digital Health and Data Manager, Nick McGhie, discuss the progress of iRAD during the past year.

iRAD

One in four general practices now utilising our pioneer interoperability solution

SWSPHN's iRAD project, powered by dbMotion, delivers relevant, integrated and trustworthy patient clinical information to drive better patient outcomes across our region.

What information is available?

Clinical information available to clinicians via iRAD includes: medications; allergies; pathology and radiology results; immunisations; conditions; consultation dates; documents; and COVID-19 positive alerts.

Consent is at the heart of iRAD – patients must consent at each care location for their information to be shared with other care providers in the iRAD network.

iRAD is utilised in 25 per cent of primary care locations in South Western Sydney and more than 12,000 patients have consented to share their health information.

2022–2023 milestones

- ➔ Features in Health Advocate and Health Insights
- ➔ Consistent local expansion
- ➔ New version testing
- ➔ HealtheNet integration development

What makes iRAD unique?

- ➔ Organises information into a user-friendly format, rather than healthcare providers having to wade through many individual documents
- ➔ Uploads and updates records automatically when changes occur in the clinical software, eliminating administrative burden for clinicians and practices
- ➔ Supports coordinated care. Patients with complex conditions and multiple comorbidities use services from many providers to manage their care. iRAD enables access to the latest information

and provides longitudinal patient records to the care team (eg patients attending After Hours clinics; complex patients who struggle to recall their clinical history).

Primary Care Workforce

Strategy, engagement, development is focus of new team

SWSPHN established the Primary Care Workforce team in May 2023, recognising the importance of workforce strategy, workforce engagement and workforce development in ensuring general practices across our region are better equipped to deliver quality primary healthcare.

The workforce team is working with all major stakeholders in our region, including public, private and non-government organisations across the health sector, the three tiers of government and alliance members.

This facilitates the collective sharing of evidence, local knowledge and business intelligence by key stakeholders in a bid to counter fragmentation in the health system and assist in developing a strong local healthcare workforce.

The workforce team is also focusing on GP registrars across our region by providing opportunities to engage with their peers and SWSPHN, further develop their skills through Continuing Professional Development (CPD), and fully understand the benefits of practising in South Western Sydney.



Members of our new Primary Care Workforce team. L-R Yin Li, Bianca Lean, and Allison Tran, are excited about their new roles.

SWSPHN developed a welcome pack for registrars in the first half of 2023, which was distributed to the about 90 GP registrars in our region in August this year.

The pack introduces registrars to PHNs and the services available to help them get started, for example HealthPathways, localised commissioned services (such as mental health services), how to set up translation services and where to access LHD referral forms.

Service Support

Programs support delivery of high quality patient care

SWSPHN works closely with general practices to build the capacity of our primary care workforce and support local healthcare providers to deliver efficient, high quality patient care.

In 2022-2023, there were 1,094 GPs and 424 practice nurses employed at 398 employed practices across our region.

We engage with clinicians and general practice staff through Practice Support, Health Systems Improvement and

Clinical Support, which are part of SWSPHN's Service Support team.

We also support general practice by providing quality continuing professional development (CPD) and commissioning services in mental health, alcohol and other drugs, diabetes and hepatitis C care which directly support GPs and practice nurses to deliver the best possible care.

We aim to keep general practice informed through our weekly

Practice Pulse e-newsletters and we regularly seek feedback on our work by engaging local clinicians in the planning, development, implementation and evaluation of our services.

Clinical Support Program

SWSPHN's Clinical Support Program 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.

2022–2023 practice engagements:

GP engagements/practice staff engagements	202
Practice nurse engagements	756
Nurse education sessions	7
Nurses attending sessions	179
Total engagements.....	1,144

New to General Practice Nursing Program

New to General Practice Nursing Program (NewGen) offers support for nurses who are new, returning or transitioning to general practice within South Western Sydney.

The 12-month program aims to upskill the practice nurse workforce by providing access to CPD events, and practical, self-directed online education modules and resources.

The program currently covers seven learning modules which include: immunisation, cold chain/vaccine management; infection prevention and control/sterilisation; chronic disease management; registers, reminders and recalls; preventive health screening and assessment; and clinical activities – spirometry, ECG, wound management, triage, procedures, advanced skills.



L-R: SWSPHN Clinical Support team members, Kristina Allen and Lisa Cerruto, co-ordinate the New to General Practice Nursing Program.

In the financial year up to 30 June 2023, 46 practice nurses enrolled in the program and 99 modules were completed.

SWSPHN's Clinical Support team provided participants with support on 329 different occasions via email, phone and in-practice visits.

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 2022–2023, SWSPHN supported 398 general practices. This included individualised and ongoing support to 573 GPs, 263 practice nurses and 477 general practice staff.

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 PSOs facilitate improvements in one or more aspects of the general practice.

In 2022–2023, 393 general practices worked with their PSO to implement activities to transform their practice, and the reports have been discussed with 353 GPs, 274 practice staff and 101 practice nurses.

Quality Improvement in Primary Care

SWSPHN's Quality Improvement in Primary Care program has entered in sixth year, and in 2022–2023 our Health Systems Improvement team has expanded to enable us to provide more support for practices and to develop more quality improvement resources.

QIPC is a staged (three tiers) approach to improve the quality of patient care

in general practice. This is achieved by focusing on software and reporting.

SWSPHN supports QI in general practice with strategies to embed QI systems, improve data quality, analyse the practice's data and identify areas for improvement, assist with goal setting and improvement activities, provide progress reports and feedback.

Ultimately, quality improvement activities will lead to improved clinical care and patient outcomes in general practice.

As of 30 June 2023, 265 South Western Sydney practices were participating in QIPC

- 20 in Tier 1 (data sharing only)
- 182 in Tier 2 (data quality)
- 63 in Tier 3 (clinical focus).

In 2022–2023, there were 1,170 models for improvement created with 916 models for improvement reviewed.

In South Western Sydney, in the 2022–2023 financial year, there were:

- ➔ 398 general practices
- ➔ 1,094 GPs
- ➔ 424 practice nurses



The team at Walker Street General Practice, at Bowral, embrace the chance use data to deliver better patient care through SWSPHN's QIPC program.

IAR-DST

Tool assists GPs decide appropriate level of mental health support

One in five Australian adults aged 16 to 85 years will experience a mental illness each year and almost half will experience a mental disorder in their lifetime.

Given GPs are often the first contact point when a mental health issue emerges, SWSPHN is rolling out the Initial Assessment and Referral (IAR) Decision Support Tool (DST) across South Western Sydney to improve how patients seeking mental health support are assessed and referred.

In 2022–2023, SWSPHN provided GPs and commissioned service providers with training to use the tool.

This financial year, 165 GPs and GP registrars, in addition to 97 commissioned service providers, completed the two-hour IAR training and are using the tool to improve patient outcomes.

A healthy turnout of 22 GPs also attended the first face-to-face IAR-DST training, held at the Holiday Inn at Warwick Farm in June.

Why the tool was developed

GPs are the most commonly consulted mental health professionals in the country and hold significant expertise in their position as generalists and providers of holistic, lifelong care.

As the first point of contact for many patients seeking mental health support, it is vital GPs are equipped to provide the best possible support and care to those seeking help.

The IAR-DST assists GPs in identifying the most appropriate level of care.

How the tool helps

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



The first face-to-face IAR training in June had a healthy turnout.

These include: low-intensity services, psychological therapies, specialised services for children, young people, people with severe mental illness, Aboriginal and Torres Strait Islander people, among others.

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

Feedback from GPs

SWSPHN has received overwhelmingly positive feedback from GPs who have completed the training, with many recognising the benefits of using the IAR-DST to improve patient outcomes and welcoming the opportunity to learn more about SWSPHN's commissioned mental health services.

What's next

The IAR-DST is being adapted by the Australian Government for different population groups, and will be rolled out when these adaptations become available.

The digital integration of the IAR-DST into general practice software will also be rolled out by the Australian Government.

Continuing Professional Development

Primary care embraces virtual and face-to-face education

SWSPHN is committed to providing Continuing Professional Development (CPD) for healthcare professionals in our region.

Our CPD efforts during the 2022-2023 financial year focused on effectively managing the challenges of COVID-19 and aiding in the recovery from Long COVID.

Across the financial year, we held 84 CPD events, conducting 60 virtual webinars on Zoom and 24 face-to-face events, to ensure safety and flexibility.

Engagement was high, with 1,690 participants, including 1,045 GPs, 61 GP registrars, 360 nurses, 146 managers, and 78 receptionists in attendance. Unique attendance at these events was 746 individuals, including 416 GPs, 48 registrars, 143 nurses, 80 managers and 59 receptionists.

In 2022-2023, the preference for online events was evident, with 60 webinars on Zoom. Most general practice staff preferred online learning for safety, flexibility and convenience. On average, 18 attendees participated in each online webinar.

SWSPHN also held 28 workshops to provide training in using the Initial, Assessment and Referral for mental health care Decision Support Tool (IAR-DST), including one face-to-face session which attracted 22 GPs.

Looking ahead, SWSPHN aims to provide more support to GP registrars through information packs and breakfast meetings, and engage Allied Health practitioners in CPD activities.

Conference focuses on ensuring children have best start in life

SWSPHN held the 'The first 2000 days in a child's life' paediatric conference face-to-face for the first time since 2019, in November 2022.

The conference attracted 39 GPs and 27 practice nurses.

It was opened by Associate Professor Elisabeth Murphy, Senior Clinical Advisor, Child and Family Health, NSW Ministry of Health. Professor Murphy is also the Director for Child Youth and Family Health services in Northern Sydney Local Health District.

The conference included inspiring presentations from speakers, stalls from organisations such as Douglass Hanly Moir, Seqirus, Go4Fun Program and Sanulac Nutritionals, and networking opportunities.

Interested participants were also able to chat with SWSPHN staff about the programs and services we commission.

The conference highlighted the importance of the first 2,000 days, with the aim of ensuring children have the best possible start in life.

Training improves cultural responsiveness

Feedback from South Western Sydney GPs and practice nurses during 2022-2023 has ensured SWSPHN's cultural training content and delivery are on point for general practice.

Cultural Responsiveness Training, with a focus on more practical advice, was delivered for the first time in March 2023 following a review of our former cultural awareness sessions.

Two inaugural face-to-face training sessions were held in Mittagong and Warwick Farm in March and April. The first session had eight attendees, mostly practice nurses, while the second session had 48 attendees and was a mix of GPs and practice staff.

Another event will take place later this year with dates to be confirmed.

In previous years, First Nations cultural awareness training was taught with an historical focus. While this is still relevant and taught in the Cultural Responsiveness Training, there is more

emphasis now on what can be done in a practical sense in general practice.

The training has been approved by RACGP for Cultural Awareness and Cultural Safety.

It highlights the importance of a whole of practice approach to cultural safety, which includes having a friendly welcoming environment. All staff are trained in understanding the issues which prevent Aboriginal and Torres Strait Islander people from accessing services.

At the training sessions, GPs are provided with resources such as flags, identification posters, 715 information and NSW Aboriginal Nation maps.

Cultural Responsiveness Training contributes to three educational hours of CPD for GPs.

Topics include:

- ➔ Historical impacts on First Nations people
- ➔ How to apply a culturally appropriate communication style
- ➔ A whole of practice approach to providing a culturally safe environment
- ➔ Appropriate identification of First Nations people
- ➔ Conducting a 715 health assessment
- ➔ Identifying relevant Medicare items for First Nations people

Provider Connect Australia

Service streamlines business updates, notifications

SWSPHN's Digital Health team worked with the Australian Digital Health Agency (ADHA) during the Provider Connect Australia (PCA) pilot phase, from November 2022 to January 2023.

PCA provides practices with a single place to update business information, including changes to the services provided at a practice or changes with the practitioners who provide those services.

The PCA service reduces duplication and streamlines notifications to registered business partners, including Medicare, secure message providers, hospitals and healthcare directories.

During the pilot phase, SWSPHN provided 32 practices with one-on-one support to register for the service. We also provided the ADHA with feedback and insights from service users to ensure PCA is fit for purpose.

From 1 July, the PCA commenced a broader rollout to all primary care practices and pharmacies.

SWSPHN, in line with our ongoing partnership with ADHA, continues to play an active and pivotal role in communicating the benefits of PCA, assisting with registrations and providing ongoing support for usage of PCA.

Strengthening Medicare

Grants aim to expand access to safe, enhanced primary care services

SWSPHN facilitated the Strengthening Medicare General Practice Grants Program in early 2023.

The grants are a \$220 million investment by the Australian Government over two years to support general practices and eligible Aboriginal Community Controlled Health Organisations (ACCHOs) to expand patient access and improve general practice services.

The grants support investment in innovation, training, equipment and minor capital works in one or more of the three investment streams:

- enhance digital health capability
- upgrade infection prevention and control arrangements
- maintain or achieve accreditation against the Royal Australian College of General Practitioners Standards for General Practices (5th edition)

A one-off grant of \$25,000, \$35,000 or \$50,000 was available to general practice and ACCHOs based on practice size and accreditation status.

As of 30 June, SWSPHN facilitated the payment of 231 grants, worth \$6,127,500.

Health Resource Directory

Website continues to educate community about health conditions

In 2022–2023, SWSPHN encouraged South Western Sydney residents to explore our Health Resource Directory (HRD) website.

HRD aims to help individuals learn more about their new health diagnoses and engage in discussions about health and wellbeing with their GPs.

HRD houses more than 300 webpages, with 69 new webpages developed in 2022–2023, each dedicated to separate health conditions and health information.

The webpages offer patient-friendly explanations about conditions, procedures and where to find local supports, in addition to downloadable factsheets and audio

files available in English, Vietnamese, Simplified Chinese, and Arabic.

An updated HRD website was launched in April 2022.

Between 1 July, 2022, and 30 June, 2023, the site has been visited by 6,851 new users.

HRD is the patient companion site to HealthPathways.

Information and resources on Health Resource Directory mirror the clinical pathways developed and used by local GPs and specialists. All factsheets are reviewed and endorsed local GPs and the SWSPHN Community Advisory Committee.

HealthPathways

Online information portal for GPs continues to expand

GPs had even greater access to locally-relevant, online information during consultations with the growth of HealthPathways South Western Sydney in 2022–2023.

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 2023, there were 640 localised pathways with a further 115 currently in development.

During 2022–2023, HealthPathways localised 54 new pathways and completed 135 reviews and 336 partial updates.

Key highlights from the year include:

- ➔ Transitioned Health Resource Directory as the only “for patient” resource in HealthPathways
- ➔ Continued localisation of the range of abuse, violence and neglect pathways, working closely with the Ministry of Health
- ➔ Obtained a grant from Cancer Institute NSW to localise colorectal pathways
- ➔ Commenced the localisation of mild Traumatic Brain Injury (mTBI) as a lead region pathway, working closely with the Agency for Clinical Innovation

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.

Practice Pulse

Timely and relevant general practice communications a top priority

The stories of our region’s GPs and practice nurses, individual practices which are excelling in a variety of areas, and commissioned services, continued to be told through our weekly general practice e-newsletter, Practice Pulse, in 2022–2023.

In the last financial year, Practice Pulse provided important on COVID-19, winter preparedness and influenza vaccinations, and opportunities to become an Urgent Care Centre or Endometriosis and Pelvic Pain Clinic.

Practice Pulse is distributed to a mailing list of more than 1,830 recipients made up of GPs, practice nurses and practice managers each Wednesday.

In 2022, we introduced the monthly Spotlight on General Practice feature which focuses on stories of practices providing care above and beyond their core business.

Our GP and practice nurse profiles continued to be popular in 2022–2023, and the monthly Under the Microscope feature took

in-depth looks at SWSPHN areas of work including psychosocial health and the New to General Practice Nursing program.

We provided access to resources, learning opportunities including webinars, and information about SWSPHN activities and events, through Practice Pulse.

QIPC Pulse, another e-newsletter, is distributed quarterly to the 265 general practices participating in our Quality Improvement in Primary Care program. Other newsletters include the Baby Monitor, distributed to more than 300 Antenatal Shared Care providers, HealthPathways distributed to more than 1,300 GPs and nurses, and a Friday CPD email distributed to GPs (about 1,200), practice nurses (about 360) and practice managers (about 480) with information about the latest CPD opportunities.

In addition to our e-newsletters, our Communications team engages with general practice through direct mail-outs as needed. We also provide information relevant to general practice about upcoming webinars, learning opportunities, workshops and urgent health information through our Facebook, Twitter and Linked In and Instagram social media platforms, and via our new website.



Jessie Beresford from The Practice at Bundanoon is a hard-working practice nurse and clinic owner/manager. She is among the practice nurses and GPs profiled in Practice Pulse during the past year.

Telehealth in aged care

Aged care homes embrace digital health to access virtual care

Telehealth continues to be a major focus for SWSPHN's Digital Health team, after the COVID-19 pandemic shone a light on the potential of virtual care for healthcare delivery.

During the pandemic lockdowns, telehealth ensured the community had continued access to medical care, and chronic health conditions could be monitored and managed remotely.

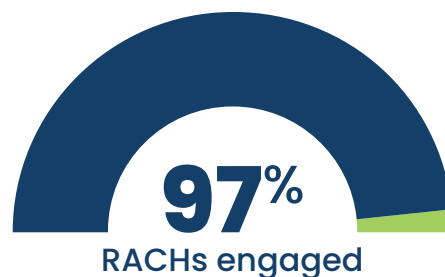
In the past year there has been a big focus on the provision of digital technology to enable telehealth in Residential Aged Care Homes (RACHs) due to key recommendations stemming from the Royal Commission into Aged Care Quality and Safety (2020).

The Royal Commission identified a lack of access to technology, skills and the overall low digital maturity of the aged care sector.

During 2022-2023, the SWSPHN's RACH Digital Health Project continued important work procuring digital technologies, boosting digital maturity and upskilling the workforce in telehealth skills, improving virtual care access across all aged care homes in our region.

The project team conducted an extensive

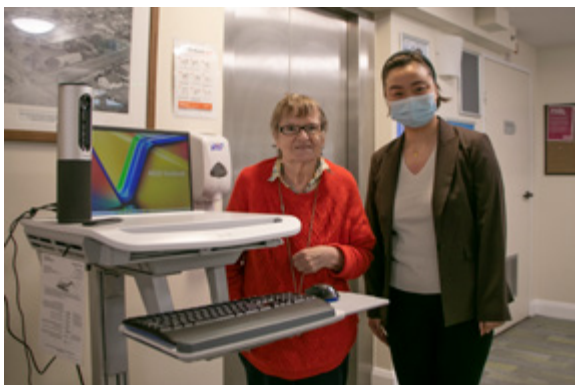
needs assessment with 70 eligible RACHs, and began delivering vital equipment valued at \$9,000 per facility based on the needs and requirements identified.



97% of all eligible RACHs are engaged with the telehealth Project



L-R: SWSPHN Digital Health Officer and Project Lead, Catherine Worsley and SWSPHN Digital Health Officer David Hoang, with the newly installed equipment at Uniting Bernard Austin Lodge Liverpool.



L-R: Margaret Rose and Lin Yan from Uniting Bernard Austin Lodge which was among the more than 90 per cent of local aged care homes to take up SWSPHN's offer of telehealth equipment.

This included two complete telehealth kits comprising a medical cart, laptop and webcam/speaker to provide mobile access plus an enhanced audio and visual experience for residents, staff and healthcare providers.

More than 90 per cent of eligible RACHs in South Western Sydney took up the offer of telehealth equipment before the end of June 2023. A number of facilities still need to be onboarded and we are aiming for 97 per cent engagement by the end of the project.

The goal of the project is to assist RACHs register and use My Health Record for the seamless exchange of information between themselves, hospitals and GPs when the upcoming aged care transfer summary goes live.

Use of telehealth in South Western Sydney in 2022-2023

148 GP clinics have a healthdirect video call account

35 RACHs (recently established and not yet operational) have a healthdirect video call account

39 out of 276 general practice staff used telehealth consultations

774 hours of care were delivered over 1,062 telehealth consultations (averaging 44 minutes per consultation)

340 telehealth consultations have more than two participants (minimum being one patient and one doctor)

Commissioning services to meet our community's needs



Freedom Plaza, Cabramatta

Commissioning

Needs of our community targeted

Commissioning in health is the strategic, evidence-based approach to planning, purchasing and evaluating services using available, limited resources to meet the health needs of a local population.

At SWSPHN, we work with service providers and the community to improve local health and wellbeing outcomes by commissioning programs and services which address these needs.

Some of the areas we commission services for include mental health, alcohol and other drugs, multicultural communities, after hours general practice access, older persons health, Aboriginal and Torres Strait Islander health, cancer screening and diabetes.

In the last financial year, 32 procurements and grants were issued, including two new headspace centres, a permanent Head to

Health centre in Liverpool, the care finder program and access to older persons services, and 11 mental health recovery grants to support communities and individuals impacted by COVID-19.

There were 104 contracts funded, 30 research projects promoted and we were involved in and supported grant applications for 15 research projects.

We completed phase one and a literature review for "Models of Care: Women's Experiences with Accessing Antenatal Care in South Western Sydney", a co-published a paper with Western Sydney University, South Western Sydney Local Health District and Women's Health Initiative Translational Unit.



Staff from Neami National and SWSPHN at the launch of new, permanent Head to Health centre at Liverpool.

Head to Health

Permanent mental health support centre established in Liverpool

Liverpool was selected as the site for a new permanent Head to Health adult mental health centre in South Western Sydney during the 2022–2023 financial year, with the centre on Northumberland Street in the CBD opening in August this year.

SWSPHN commissioned Neami National to establish the centre which is providing short-to-medium term support for people experiencing moderate or heightened mental health problems.

People looking for mental health support can call the Australia-wide Head to Health intake and assessment phone line on 1800 595 212 to be linked with their nearest Head to Health physical service, or other mental health services specific to their individual needs and location.

The Liverpool centre has replaced the Head to Health pop up hubs set up in Liverpool and Bankstown in September 2021 as an interim measure to support access to mental health services during the COVID-19 pandemic.



SWSPHN CEO, Dr Keith McDonald PhD, and Board Chair, Dr Matthew Gray at the launch of new, permanent Head to Health centre at Liverpool.

One Door Mental Health delivered 460 episodes of care through the pop up hubs in the 2022–2023 financial year.

SWSPHN CEO, Dr Keith McDonald PhD, and Board Chair, Dr Matthew Gray, joined Federal Assistant Minister for Mental Health, Emma McBride, community members and staff from Neami National and SWSPHN, for the launch of new, permanent Head to Health centre at Liverpool.



Federal Assistant Minister for Mental Health, Emma McBride (left) joined community members, staff from Neami National and SWSPHN at the launch of new, permanent Head to Health centre at Liverpool.

headspace

Service boost for young people accessing mental health support

Two new headspace centres will begin providing support to young people in our region next year, with SWSPHN's commissioning of Grand Pacific Health to establish centres at Narellan and Edmondson Park in 2024.

headspace is a free (or low cost) health service for young people aged 12 to 25. headspace centres provide support for young people with mild to moderate mental illness, including those associated with physical and sexual health, alcohol and other drugs and vocational and educational needs.

Clients have access to a youth-friendly environment with experienced staff,

including psychologists, counsellors, youth workers and doctors.

Grand Pacific Health is currently the lead agency for seven headspace centres across NSW, including Liverpool headspace, where the not-for-profit healthcare provider became the new lead agency in July 2022. Between 1 July 2022 and 30 June 2023, there were 4,275 occasions of service provided to 963 young people at Liverpool headspace.

All up, at South Western Sydney's three headspace centres – which includes sites at Campbelltown and Bankstown – between 1 July 2022 and 30 June 2023, there were 10,668 occasions of service provided to 2,267 young people.

Youth Severe Mental Health

New service links young people to care which best suits their needs

Holistic Youth Program (HYP), a new service focused on linking young people living with severe mental illness with quality interventions and supports best suited to individual needs, launched in South Western Sydney in May this year.

The program, known as HYP and commissioned by SWSPHN, is being delivered by Grand Pacific Health and a consortium of partners including Community Links Wellbeing, One Door Mental Health and Flourish Australia.

HYP represents a new service model for youth severe mental health in the region and aims to ensure young people with, or at risk of, severe mental illness are linked with local services and interventions appropriate to their needs which support them in their recovery and reduce long-term mental ill-health.

Mental Health and Suicide Prevention Plan

Plan aims to promote, protect and improve mental health and wellbeing

Stakeholders remained committed and focused during 2022–2023 on the implementation of the South Western Sydney Regional Mental Health and Suicide Prevention Plan to 2025.

The plan, initiated through a partnership between SWSPHN and the South Western Sydney Local Health District (SWSLHD), is being implemented by representatives with extensive knowledge and experience in mental health across South Western Sydney.

We facilitated a meeting between working group leads last September, and together created a “success plan”. Since then, there have been face-to-face meetings, improvements with the momentum of the plan and collaboration across working groups.

The inaugural implementation network meeting was held in March and 35 stakeholders, representing working groups covering the seven priority areas of the plan, were invited to participate.

Earlier this year two health management students and a volunteer worked on projects to support progressing actions of the working groups.



SWSPHN brought together 35 key stakeholders from across the region's mental health sector in March for the first South Western Sydney Regional Mental Health and Suicide Prevention Plan Implementation Network meeting.

In other initiatives from the plan, Continued Professional Development (CPD) on the NDIS and psychosocial disability has been provided, and a theatre-based project staged productions in May and June aimed at improving mental health literacy and reducing stigma around mental illness.

The plan intends to ensure people living in South Western Sydney have easy access to high quality, integrated, responsible and consumer-centred mental health services at individual and community levels.

SWSPHN brought together 35 key stakeholders from across the region's mental health sector in March for the first South Western Sydney Regional Mental Health and Suicide Prevention Plan Implementation Network meeting.

Alcohol and Other Drugs

New service provider for culturally diverse communities

Odyssey House NSW began delivering alcohol and other drug (AOD) services for culturally and linguistically diverse communities in South Western Sydney in September 2022, following the closure of the Drug and Alcohol Multicultural Education Centre.

Odyssey House is a well-known and respected service in South Western Sydney, with alcohol and other drug treatment services operating in the region for more than 45 years.

In addition to their residential rehabilitation and withdrawal services, Odyssey House operates community programs in Fairfield, Campbelltown and Bowral, as well as services in Western Sydney and throughout the Greater Sydney region.

In the nine months to 30 June 2023, the SWSPHN-funded Odyssey House Multicultural Program delivered 1,117 occasions of services to 243 people.

Older persons' health

Meeting needs of our ageing population with targeted and innovative programs

In 2022–2023, SWSPHN used the feedback received from consumers, carers and aged care providers during consultations in early 2022, to develop, commission and deliver services to ensure the unique healthcare and other services needs of our community are met as our population ages.

Care finder

As the ageing population grows in South Western Sydney, SWSPHN rolled out a program in 2022–2023 to connect the elderly to services or provide support to enable them to live at home safely for longer.

The care finder program aims to improve the health of our older people by improving participants' understanding of aged care services and how to access them, and improving coordination of and connection to aged care and other services.

Care finders provide vulnerable older people with face-to-face assistance and support to navigate and access a range of aged care services as well as other support.

It provides guidance in navigating the My Aged Care system and connecting people with other relevant supports which they may



Community had a say in the development of our region's care finder program at Local Health Forums in May 2022. The service began rolling out in 2023.

need such as community groups, health services, alcohol and other drugs support, and mental health services for older adults.

This is followed up with regular check-ins with clients to ensure their wellbeing.

SWSPHN opened a tender process for the care finder program in August 2022, following consultation with community through our inaugural Local Health Forums in May and June 2022.

In April 2023, SWSPHN announced the funding of six "care finder" services across South Western Sydney, which are focusing on the specific needs of their communities.

The care finder services have so far:

- supported 282 new cases
- have 217 active cases
- closed 51 cases
- 99.9 per cent of new cases have come from within the target population (which shows how well the target population is being understood and serviced)

Care finder service providers in South Western Sydney

- **CatholicCare Sydney** covers SWS and specialises in older people at risk of homelessness
- **Catholic Healthcare** covers Campbelltown LGA
- **Multicultural Care Limited** covers SWS LGAs and specialises in Hindi and Vietnamese communities
- **Western Sydney Migrant Resource Centre** covers SWS LGAs and specialises in Arabic and Assyrian communities
- **EACH social and community health** covers Camden, Wollondilly and Wingecarribee LGAs
- **Benevolent Society** covers Bankstown, Fairfield, Liverpool and Campbelltown LGAs

Healthy Ageing at Home

Most of us aspire to age gracefully, but healthy ageing should be the real goal.

SWSPHN's 2022–2025 Needs Assessment report has revealed demand for permanent residential aged care services – for people who can no longer live in their own home – is likely to double in the next 15 years. Put simply, demand will exceed supply.

SWSPHN commissioned services during 2022–2023 to support early intervention programs promoting healthy ageing and management of chronic conditions, and increase GP awareness of older people's needs and available services.

We held several forums during 2022 to better understand the needs of older people and support healthy ageing at home. Our Healthy Ageing at Home project tender was finalised in October and Grand Pacific Health was the successful bidder.

Between February and June 2023, the service provider was engaged in the establishment phase, a project team was recruited, and workshops were held with Arabic and Vietnamese communities in Fairfield and Liverpool.

SWSPHN's Healthy Ageing at Home initiative, an early intervention program, is responding to the imbalance by funding services to support the management of chronic conditions, enhance independent living for older community members and delay their need to enter residential aged care.

Through the initiative, SWSPHN is working with community, healthcare providers and local community organisations to co-design services and programs to support healthy ageing at home.

Initiatives may include helping an older person to:

- Increase healthy lifestyle behaviours
- Reduce social isolation and loneliness
- Improve management of chronic disease
- Access and connect to existing services
- Continue to live at home for longer

Ageing and care for older people in South Western Sydney

- By 2031 there'll be a 74 per cent increase (200,000) in the number of people aged 65 and over in SWS
- The current rate of residential care recipients across SWSPHN's footprint is 6.6 per cent
- There are currently 68 RACFs in SWS offering 7,427 places

Source: SWSPHN's 2022–2025 Needs Assessment report

Working together for the health of our community



Haldon Street, Lakemba

Valuable input benefits health of region

Community Advisory Committee

The Community Advisory Committee had a productive year supporting the progress of notable SWSPHN initiatives including the Health Literacy Framework, Local Health Forum consultations, Head to Health Liverpool Centre consultations, and the My Care Partners patient information collateral review.

During the year we had to farewell three valued members who retired as per our Terms of Reference, and subsequently welcomed three new members who bring valuable experience and community perspective.

Our long-standing Chair Cath Brennan was re-elected unopposed to lead the committee for a further 12 months and Kylie Richardson was elected Deputy Chair following the departure of former Deputy Chair Kate McBride.

We also welcomed new Board representatives Dr Matthew Gray and Karen Edwards who share representation duties.

The committee's busy year started with the robust care finder consultation period, review of the SWSPHN Stakeholder Engagement Framework and Clinical Governance Framework, along with expert feedback and direction on the Peace of Mind project and publication of the Dementia Carers booklet.

COVID-19 remained a focus for the year with updates on SWSPHN's contribution to, and participation in, Long COVID research, along with the COVID small grants and COVID monitoring projects review.

The committee continued to receive updates on all SWSPHN steering committees, including the growth and promotion of the Local Health Forums and the Mental Health Symposium, and in June 2023 hosted SWSPHN CEO Dr Keith McDonald for a strategic update and review of progress against the five-year strategic map.

Clinical Council

The SWSPHN Clinical Council continued to provide expert guidance throughout 2022-23 on a plethora of topics, capping off a busy and fulfilling year in primary health.

COVID-19 was a key topic for the year, in particular its resurgence in the winter of 2022, local vaccination rates and ongoing education for GPs.

Discussions and presentations this year focused on SWSPHN-commissioned mental health and alcohol and other drugs services, Urgent Care clinics, Quality Improvement in Primary Care, care finder services, HealthPathways and local health alliances.

Clinical Council members oversaw the Clinical Governance Framework review, progressed action on concerns with discharge summaries, reviewed the SWSPHN Aboriginal Health Strategy and

supported the introduction of SWSPHN's Primary Care Workforce team.

In December 2022, the Clinical Council farewelled its foundation chair Prof Brad Frankum, along with five long-standing GP representatives and community representative Trish Glossop, who also retired in late 2022.

Dr Vince Roche was welcomed as the new chair, along with Deputy Chair Dr Anett Wegerhoff, and five new GP representatives joined the council in early 2023 including Dr Hamshi Singh, Dr Jennifer Martinez, Dr Ranessa Sebastian, Dr Robert Kennedy. Dr Michael Tam replaced Karen Edwards as the Board representative for the council.

My Care Partners

Medical neighbourhood model enhances care for those with complex health needs

Following the successful pilot of the My Care Partners program in 2021–2022, the joint SWSPHN and South Western Sydney Local Health District (SWSLHD) program was refined and began rolling out in February 2023.

My Care Partners adopts the ‘medical neighbourhood’ model of care and has been developed specifically for patients with chronic and complex health conditions to better co-ordinate and enhance their care and ultimately, to reduce unnecessary hospitalisations.

SWSPHN and SWSLHD developed the program, which is unique to our region, in consultation with community and healthcare providers.

My Care Partners has been developed to achieve the Quadruple Aim for healthcare of:

- improved population health
- improved patient experience
- improved provider experience
- reduced healthcare expenditure

It recognises the necessity for GPs, specialists, hospitals and other clinicians to work in partnership to provide complete and coordinated care to patients with chronic and complex health concerns, to:

- Reduce potentially preventable hospitalisations
- Generate cost savings to the acute sector which are then redirected into primary care

How does the program work?

Participating GPs identify patients who may be eligible to participate in the 12-month program. These patients are referred to SWSLHD’s Care Coordinators 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, 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.

How does SWSPHN support My Care Partners practices?

Practices receive support through a 12-week capacity building process which involves:

- nominating practice representatives to participate in training
- establishing processes to incorporate My Care Partners into their workflow
- completing dedicated training on how to refer and enrol patients, and successfully complete program deliverables

As patients are enrolled, practices receive 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.

Communities of practice are also held to bring practices together to share experiences and knowledge, and to problem-solve to ensure the program is continually improving. A recent community of practice discussed case conferencing.

In 2022–2023, the My Care Partners team delivered more than 140 training sessions and provided support in person, online or via phone on 480 occasions. Twenty-eight practices have been recruited with 23 practices onboarded and

actively participating in the program, and the remaining five practices nearing completion of onboarding.

Who is participating in the program?

Ninety-eight patients with chronic or complex conditions were enrolled and received care from 23 practices across Campbelltown, Camden and Wollondilly in Waves 2, 3 and 4 of the My Care Partners program.

In two years, it is hoped 60 general practices across South Western Sydney will be part of the program.

How have general practices and patients responded

Practices and patients have provided positive feedback about their experience of the My Care Partners program.

Patients have described the program as a positive experience, saying they felt cared for and listened to, while general practices have praised the support they receive from the My Care Partners team.

To continually improve My Care Partners, SWSPHN is engaging with expert evaluators to gain insight and feedback on the program.

Hepatitis C

Helping eliminate hepatitis C in NSW by 2028

As part of the NSW Hepatitis C Strategy, 2022 to 2025, general practices were identified as playing a vital role in testing and treating people with or at risk of hepatitis C.

The strategy aims to eliminate hepatitis C as a public health concern in NSW by 2028.

In 2016, 0.83 per cent of people in South Western Sydney, or 7,668 people, were identified as living with chronic hepatitis C (CHC), a systemic disease caused by the hepatitis C virus (HCV).

By 2020, of those 7,668 people living with CHC, 3,225 people had received treatment, while 57.9 per cent (4,443) had not yet received treatment (Viral Hepatitis Mapping Project: National Report 2020).

The South Western Sydney Local Health District and SWSPHN Hepatitis C Clinical Support and Quality Improvement Project is a two-year partnership to support and build the capacity of GPs and nurse practitioners to increase the

level of HCV testing, and treatment of people with, or at risk of hepatitis C.

As part of the project, in February 2023 general practices across South Western Sydney were invited to express their interest in becoming one of the five keystone practices which will support hepatitis C management in our region.

Participating practices are entitled to receive a combined total of up to \$20,000.

Under the program, patients who are not able to access hepatitis C treatment at their existing practices or those without a regular general practice are able to be referred to one of the keystone practices. SWSPHN is providing clinical support to participating practices.

Five practices began delivering the two-year program on 1 August 2023.

Local Health Forums

Community focused on ways to better manage chronic disease

SWSPHN's biannual Local Health Forums entered their second year in 2022–2023, with forums held in February and March 2023 to discuss the barriers, enablers and opportunities to improve chronic disease management in South Western Sydney.

Local Health Forums were developed to gain insights from the community, healthcare providers and local organisations, to help inform where SWSPHN focuses funds and efforts to fill service and health needs gaps in our community.

The forums were held for the first time in May 2022 and highlighted the care finder program and the challenges older people face in accessing healthcare in South Western Sydney.

This year's forums were attended by a total of 73 attendees (Mittagong, 17; Warwick Farm, 24; Campbelltown, 22; and Bankstown, 10) and addressed the key priorities for chronic disease management across our region. Attendees included community members, health professionals, service providers and academics.

The community highlighted the need to make healthcare more affordable, support healthcare providers financially, and enhance public awareness and education about chronic diseases. Specific areas like Bankstown and the Southern Highlands highlighted a particular demand for increased education. Campbelltown and Liverpool were more focused on improving access to care.

The chronic disease Local Health Forums successfully promoted the exchange of ideas and facilitated meaningful conversations between attendees and SWSPHN staff.



Community came together to share valuable feedback about chronic disease at Local Health Forums in February and March this year.

Input collected during the forums is helping us better understand our region's most critical health needs. Alongside these forums, we conducted surveys to allow those who could not attend a face-to-face forum to share their insights in which 27 respondents provided their insight into chronic disease management in South Western Sydney

Another round of forums was held in August and September 2023 focusing on barriers to accessing mental health services.



SWSPHN Acting Director of Planning and Performance, Domenic Zappia, addressing one of the Local Health Forums.

Mental Health Symposium

Participants connect to improve mental health outcomes

After years of screaming from the rooftops, “if you’re in crisis call Lifeline, if you’ve got a problem, please put your hand up and ask for help” we are now seeing people reach out in numbers we’ve never seen before.

Lifeline International President and keynote speaker, John Brogden AM had this positive message for attendees at SWSPHN’s Mental Health Symposium 2022 at Rydges, Campbelltown in October last year.

The symposium aimed to highlight a range of innovative local programs, initiatives and supports to address the needs of South Western Sydney, and work towards improved mental health outcomes.

Mr Brogden joined Anthea Raven, from the Mental Health Access Branch of the Department of Health and Aged Care, as the two keynote speakers for the event.

The former NSW Opposition Leader shared his personal experiences “living” with mental illness and suicidal ideation with an audience of almost 200 attendees.

“After years and years of telling people to reach out, we are now seeing them reach out. We are now seeing them in numbers we’ve never seen before,” he said.

The symposium was held face-to-face for the first time since 2019, due to the COVID-19 pandemic.

The morning session included presentations from commissioned service providers including One Door Mental Health



SWSPHN's Mental Health Symposium 2022, which attracted 200 attendees.

(Connector Hub), Odyssey House NSW (services available for Alcohol and Other Drugs and mental health comorbidity) and headspace Bankstown (Flourish Australia).

The afternoon session included presentations on the You in Mind Peer Support Program, supports for bushfire affected communities, Changing Life Keep Your Balance Bilingual Community Education Program and the Workforce Capacity Building Project at Gandangara Local Aboriginal Land Council.

The event concluded with a panel discussion with experts on suicide prevention and aftercare, a self-care session presented by South Western Sydney Recovery College and a raffle draw.

The symposium attracted participation from across the South Western Sydney community, SWSPHN commissioned service providers and government and non-government mental health-related organisations.

MH & AOD Roundtable

Fostering collaboration between service providers



Stakeholders who support people experiencing mental health and/or alcohol and other drug issues in our community, came together for a SWSPHN-facilitated roundtable in November 2022.

SWSPHN's Mental Health and Alcohol and Other Drugs (AOD) team facilitated the sixth annual Mental Health and Alcohol and Other Drugs Roundtable event at Rydges Campbelltown in November 2022.

Each year, the roundtable brings together key stakeholders who support people experiencing mental health and/or alcohol and other drug issues in our region with the aim of fostering collaboration between service providers and strategising the integration of multidisciplinary care for people experiencing co-morbidity issues.

In 2022, the roundtable attracted 34 participants. It included presentations from Dr Elizabeth Conroy from Western Sydney University who spoke about insights from a research perspective of mental health and AOD co-morbidity. Russell Bickford from Odyssey House NSW and Benjamin Ong from

Head to Health also inspired participants with organisational experience with integration.

Other guest speakers included community members with living experience and Rush Electra from the South Western Sydney Local Health District Drug Health team discussing the role of the Drug Health Consumer Engagement Manager and service integration.

The event concluded with a brainstorming session about the Organisations' Action Plan, where participants talked about how organisations can improve coordination and integration of mental health and AOD support for consumers residing in South Western Sydney.

Health Alliances

Focus on developing healthy communities

SWSPHN's leadership in the three local health alliances continued in 2022-2023.

A key focus early in the year for the Western Sydney Health Alliance was the renewal of the Memorandum of Understanding (2023-2027).

The Western Sydney Health Alliance continues to advocate to integrate health and wellbeing indicators into built environment practice.

SWSPHN is one of 12 partner organisations in the alliance which was formed in 2019 as one of the key priorities of the Western Sydney City Deal. Partners include two PHNs, two local health districts, eight councils in the Western Parkland City, and community sector peak Sector Connect.

Highlights from the year include the progression of the alliance's advocacy agenda and the completion of the Increasing Resilience to the Health Impacts of Climate Change Guidance Paper. The alliance's three working groups have also progressed the advocacy agenda, developing the Greater Western Sydney Health Workforce Recruitment and Retention Statement and the Western Parkland City Healthy Food and Drink Policy.

The Wollondilly Health Alliance underwent a review in 2022-2023, ending the year with a reinvigorated purpose, structure and plan.

The alliance's three partners – SWSPHN, Wollondilly Council and South Western Sydney Local Health District – have worked on the alliance for just short of a decade.

Next steps are for formally adopt the agreed purpose and structure and build

the working groups to support the vision and facilitate the grassroots change.

Fairfield Health Alliance recorded another strong year with work progressing in key priority areas including improving mental health literacy, social prescribing model for Fairfield LGA and improving education on antimicrobials and antibiotic prescribing.

The mental health and wellbeing bilingual community educator project – Changing Life Keep Your Balance – was delivered in five communities with positive feedback and analysis of the pilot phase evaluation still underway.

Next year the alliance will focus on its key priority of reducing gambling harm with a full review of the gambling assessment screening tool and will continue to explore the model for piloting social prescribing.

Lumos

Program shines spotlight on innovative use of data to deliver best patient care

Lumos is a partnership between the NSW Ministry of Health (MoH) and SWSPHN to assist practices to gain a stronger understanding – through data – of their patients' journey across the health system, to enhance patient care.

In Lumos, de-identified data from general practices is linked with other health service data to provide a more comprehensive view of patient pathways. This can help GPs identify opportunities for a more targeted response to their patients' health needs.

Lumos can: generate insights into patient journeys across the healthcare system, identify current and emerging population health issues, improve patient experience and quality of care and inform data-driven quality improvement and system redesign responses.

Some practices using Lumos data have been able to deliver specific targeted services to meet patient needs, including matching their opening hours with types of care, improving triage processes, and increased testing for chronic diseases relevant to their patients.

SWSPHN's Digital Health and Practice Support teams assist general practices in South Western Sydney who want to use Lumos and/or improve their use of data.

As of 30 June 2023, 144 SWSPHN general practices were participating in the Lumos program, the highest in NSW.

The Federal Government funds the Lumos program through the Health Innovation Fund.

Stronger preventive health



Macarthur Bridge, Camden

Communications

Delivering timely, trustworthy and local health insights to our community

SWSPHN's Communications team takes pride in providing the latest, most reliable, and locally relevant health information to our general practices and the broader community. This encompasses a wide range of topics, from health updates to mental wellbeing, healthy ageing, and opportunities for community engagement in healthcare management within our region.

We achieve this through communication channels, including social media platforms, community newsletters, our online consultation platform HealthChat, our website, and collaborations with local media outlets.

Social Media

In 2022-2023, SWSPHN continued its dedication to delivering important information via social media platforms. Our presence on Facebook, Instagram, Twitter, Google Ads, YouTube and LinkedIn promotes effective communication and engagement with community members with our posts reaching 1.1 million people organically during that time. With traditional collateral, from brochures to billboards, reaching millions more.

Notably, we observed significant growth in our online community. Our Facebook page gained 239 new followers with a total of 3,716 followers, Instagram gained 109 new followers with a total of 562 followers, and LinkedIn gained 390 followers with a total of 1,254.

Community Pulse

Our monthly publication, Community Pulse, has expanded its reach, with 279 new subscribers adding to the total of 803 subscribers in the financial year. This e-newsletter centres around our region's priorities and highlights the impactful work conducted by SWSPHN.

New website

Our new corporate website was launched in July 2022 and received 297,525 views for this reporting period. A total of 3,046 files were downloaded from the website since recording began in January this year to 30 June 2023.

Traditional media

In traditional media, SWSPHN maintained an active presence through 16 media releases addressing various subjects such as community wellbeing and resilience grants, the Federal Budget focusing on primary healthcare, the Local Health Forums on chronic disease, South Western Sydney's first permanent Head to Health centre in Liverpool, the care finder program, new headspace centres earmarked for Narellan and Edmondson Park, a new diabetes program, and International Nurses Day. These releases received coverage in community newspapers and websites.



LR: Lisa Cerruto, Kristina Allen, Tracy Higgins, Janet Liang and Kathy Liang – all nurses who work across SWSPHN's Service Support team celebrate International Nurses Day.

Healthy lifestyle

Programs seek to educate and motivate healthy eating and active lifestyles



L-R: SWSPHN's Integration and Priority Populations Team Lead, Anna Dasler, and Suicide Prevention Program Coordinator, Luke Swain, provided information and resources about men's health to footy fans at Campbelltown Sports Stadium during a Men's Health Week event in June.

SWSPHN facilitated or supported a range of healthy lifestyle projects in the 2022–2023 financial year.

Under the Healthy Communities Initiative, SWSPHN began a pilot aimed at identifying and treating patients at risk of developing metabolic syndrome.

This is achieved through case conferencing at general practices and patient participation in the HEAL (Healthy Eating Activity and Lifestyle) program.

Participating practices recruited 10 patients to take part in an eight-week group education, group physical exercise and lifestyle program followed by two follow-up sessions at five months and 12 months.

SWSPHN commissioned a children's health program aimed at educating and empowering children in South Western Sydney to make better food and sleep choices.

Five schools in the region were invited to submit expressions of interest to access a full scholarship with The Root Cause Children's Health Program for 12 months. During the last decade, The Root Cause has educated more than 59,000 children, parents and teachers from almost 260 schools across Australia.

SWSPHN partnered with Western Sydney University to continue Active Breed, a 12-week program in South Western Sydney focused on encouraging people to improve their physical and mental health and lose weight through a series of weekly education and exercise sessions.

The aim of the program was to improve physical and mental health, educate and improve participants health literacy and improve the health and wellbeing of their families.

Cancer screening

Collaborating to improve screening rates

SWSPHN continued to collaborate with general practice, the community and other stakeholders to improve cancer screening rates in our region in 2022–2023.

We developed two factsheets to update

general practices on changes to cancer screening. One factsheet targeted the general population, while the second focused on Aboriginal and Torres Strait Islander individuals and was shared with Aboriginal Medical Services.

Cancer screening changes in 2022–2023 included:

- ➔ the National Cancer Screening Register (NCSR) launched the self-service Healthcare Provider Portal for bowel and cervical screening data submission
- ➔ cervical cancer screening self-collection became available
- ➔ the implementation of the National Bowel Cancer Screening Program (NBCSP) Alternative Access to Kits model

In the last financial year, SWSPHN also partnered with BreastScreen South



Western Sydney, South Western Sydney Local Health District, Cancer Institute NSW and other key organisations, to implement the Arabic-speaking Breast Screening Community Engagement Plan.

SWSPHN was responsible for recruiting Arabic-speaking GP champions to advocate and promote the initiative, with the aim of boosting breast screening among Arabic-speaking women in our region through cultural education and activities.

Other activities in 2022–2023 included: providing financial assistance to Gandangara Health Services and Tharawal Aboriginal Medical Services to support access to breast and cervical cancer screening for local communities; promotion of the NSW BreastScreen van locations; and representation on the Cancer Institute of NSW/PHN Cancer Screening Network.

Psychoeducation Module Project (AOD)

Project supports clients in treatment

SWSPHN had the opportunity to showcase a new project which aims to address issues facing clients in Alcohol and Other Drugs (AOD) treatment, who have complex needs which impact their ability to maintain good health and remain in treatment, at a conference in May 2023.

The Psychoeducation Module Project was presented at the Network of Alcohol and other Drugs Agencies (NADA) Conference.

The project responded to the need for integration and coordination of care between AOD service providers, and other services and agencies.

SWSPHN commissioned AOD service provider St Vincent de Paul Society NSW to co-design and implement a holistic skills building program.

The initial stage of the project identified gaps for clients accessing the Complex Supports Needs Program, and the need to focus on desired outcomes.



SWSPHN's Val Burge (left) and Swati Vir (third from right) join St Vincent de Paul Society (Rendu House) management and staff, and representatives from NDARC at the University of NSW, at the conference.

SWSPHN and St Vincent de Paul Society NSW collaborated with 360Edge to develop psychoeducational modules in areas such as mental health, physical health, relapse prevention, resilience and life skills. The National Drug and Alcohol Research Centre (NDARC) evaluated the project.

The project has enabled clients of Rendu House to set tailored goals and make strides towards better health outcomes.

Health Literacy Framework

Plan aims to guide better outcomes

SWSPHN has developed a Health Literacy Framework and action plan which highlights the organisation's responsibilities to enhance impartial access to healthcare for our community and to build the capacity of local primary healthcare practitioners and commissioned providers.

Developing and implementing the framework aligns with our strategic plan, which highlights the importance of strengthening health literacy to help the community make better informed decisions about their health and wellbeing.

SWSPHN recognises health literacy as an underpinning enabler for improving health outcomes and a key component

to improving access and equity in healthcare for vulnerable populations and all residents living in our region.

Our framework focuses on improving our organisational health literacy responsiveness through improved internal policies, systems and practices to strengthen the health literacy environment.

Through the action plan we will also seek to use our influence and leadership in the commissioning of local health services to improve systems and practices in programs we fund, and to support and build the capacity of local healthcare providers to improve the health literacy of their patients.

A trusted and socially responsible organisation



Bradman Museum, Bowral

Employee Value Proposition

New employer brand tells inspiring story of our people

Ninety-four per cent of staff who took the 2023 Culture and Engagement Survey have told us SWSPHN is a 'truly great place to work' – an increase of 10 per cent since we last took the Best Practice Australia benchmarking survey in 2021.

The staff survey, undertaken during a two-week period in February 2023, had a massive 88 per cent response rate.

Other highlights of the survey told us the organisation:

is focused on meeting the needs of the clients it serves 97 per cent

addresses employee safety issues..... 94 per cent

provides adequate professional autonomy in the workplace..... 93 per cent

has a supportive internal environment..... 93 per cent

provides a good physical working environment..... 92 per cent

In 2022–2023, SWSPHN worked to leverage the extensive work we've already put into cultivating and growing this positive workplace culture by sharing the myriad benefits of working for our organisation with community and prospective employees, through our Employee Value Proposition project.

The project aimed to uncover our new employer brand by understanding what it means to work at SWSPHN, why people should join our organisation and why people stay, with the aim of recruiting and retaining the right people to help our teams thrive.

It tells the story of SWSPHN through our people – **A Healthy Community. A Healthy Career. Right Here, Where You're Really Needed** – in videos and testimonials which highlight:

→ How we impact whole communities through connection and care

"The work we're doing is creating benefit for everyone in our community. We're all really focused on trying to improve health outcomes and improve people's lives in our community and region."

→ Find the support you need to be you and thrive

"The (organisation) values people's personal wellbeing and development to such an exceptional level compared to any other organisation I've come across."

→ Work with kind, talented people who are passionate about primary health

"Knowing we are dedicated and want to improve things for GPs, the practices and, ultimately, the patients is what really motivates me."

→ SWSPHN's workforce is made up of 98 (92 FTE) hard-working and passionate people, delivering a diverse range of services across the region. In the 12 months to 30 June 2023, we welcomed 31 new staff and five babies into the PHN family.

Cyber security

Taking data safety to next level

In the first six months of 2023, SWSPHN took action to strengthen the robust measures we already have in place to protect our organisation's data, systems and reputation.

Between January and March this year, we developed SWSPHN's Cyber Security Strategy 2023-2027.

The strategy aims to ensure we:

- Align with legislative and regulatory requirements, risk management framework and expectations
- Understand, learn from, adapt and respond to the current environment
- Implement effective measures to protect against known threats
- Detect threats which are not able to be protected against
- Rapidly respond to cyber security events and incidents
- Recover to normal operations as soon as feasible and possible

In implementing this strategy we will:

- Monitor our overall risk exposure
- Block known threats
- Build resilience in staff and systems
- Rapidly respond to events and incidents
- Consult with stakeholders
- Mitigate phishing
- Seek external threat intelligence
- Monitor for anomalies
- Monitor systems, endpoints and access
- Benchmark against Australian Cyber Security Centre Essential 8 Framework

In 2023, we have also made progress towards ISO 27001 certification by undertaking an external gap analysis of our cyber security safeguards and controls.



SWSPHN is making progress towards ISO 27001 to ensure the confidentiality and integrity of data and information is maintained.

ISO 27001 is a contractual requirement from the Department of Health and Aged Care for all PHNs. The goal of ISO 27001 is to help organisations ensure the confidentiality, integrity and availability of their data and information is maintained.

Examples of other measures we've taken to strengthen our security posture this year include:

- Cyber security training for staff
- Review of information management and cyber security related policies
- Development of a Cyber Security Incident Response Plan
- Ongoing investment in IT security expertise and software

SWSPHN's cyber security safeguards and controls will continue to improve and evolve as new data becomes available.

Health and Wellbeing Strategy

Strategy serves as an ‘inspiration’ to other organisations

“One of the things we’ve noticed is a real cultural shift, with a genuine focus on our employees’ health and wellness,”

Executive Manager
Corporate Services,
Christine Turner



SWSPHN’s work in managing work-related or psychosocial risk factors was described as ‘inspiring’ by Black Dog Institute webinar host, Dr Kris Kafer, last July.

The webinar, ‘Expert Insights for Workplaces: Managing Psychosocial Risk Factors at Work’, featured SWSPHN Executive Manager Corporate Services, Christine Turner, as one of three panellists who shared insights on successfully implementing health and wellbeing strategies in the workplace.

Christine’s advice to other organisations focused on three key areas including: executive leadership and buy-in; identifying champions in the organisation; staff consultation and engagement – all key elements of SWSPHN’s formal Health and Wellbeing Strategy.

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 2022–2023, initiatives from the Health and Wellbeing project team included:

- Hosting RU OK? Day activities for staff
- Hosting a SafeTea chat in the office during National Safe Work Month
- Staff participation in September, embracing the opportunity for greater physical activity
- Free exercise classes at F45 during lunch breaks
- Purchase of a ping pong table for the office
- Updated policies and procedures to improve workplace culture and staff engagement
- Promotion on our intranet pages of:
 - our Employee Assistance Program provider Benestar’s health and wellbeing webinars
 - flu and COVID vaccination, including an opportunity to receive the COVID booster in the office
 - a series of stories during Mental Health Month in October promoting self-care and the mental health services available in our region



Staff were reminded of the importance of kindness and reaching out to others during presentations from Mental Health team members, Alena Nguyen and Jeswin Jo Joseph, on R U OK? Day last September.

Corporate Charity

Fundraising to support organisations which care for our community

On average, approximately one woman is killed every 10 days by an intimate partner in Australia.

These statistics reinforce the vital role of not-for-profit women's health centres like WILMA (Women In the Local Macarthur Area) run by women, for women.

WILMA is SWSPHN's Corporate Charity to support for 2023.

WILMA provides services including counselling, a women's health nurse, mindfulness skills and building confidence, support with anxiety and menopause and a Lesbian and Bisexual Support Group.

Our fundraising for WILMA has been underway since January.

Dr Vanessa Olsen, from WILMA, thanked SWSPHN staff earlier this year saying: "We have got so many programs we are trying to get off the ground, so every cent counts."

In 2022, SWSPHN staff threw our efforts behind South West Multicultural and Community Centre, raising \$4,347 for the community-based, not-for-profit organisation which delivers tailored-made programs and services specifically for our region's culturally and linguistically diverse communities.

The centre aims to:

Provide a place for the community to develop their personal talents and potential through education, experience and support

Strengthen, build up and contribute to the identity, self-esteem, sense of purpose and culture of all members of the community

Support all community groups (regardless of race, ethno-religious beliefs and practices, sex, marital status, disability, homosexuality, transgender (transsexual) or age, seeking to establish themselves in the community

We raise funds via collection tin donations on mufti day Fridays and a variety of other activities throughout the year, including:

- Staff fundraising morning teas
- Access to a dedicated Go Fund Me page allowing donations directly to our corporate charity
- Charity Team Building activities which support bringing teams together while supporting donations to our corporate charity
- Targeted staff donation drives aligned to WILMA campaigns (eg winter campaign where staff donated craft items, non-perishable food items, sanitary and continence support items etc)



Dr Vanessa Olsen, from WILMA, spoke passionately about the scope of her organisation's work and the importance of approaching women's health in a holistic way, at SWSPHN's March staff meeting. L-R Dr Olsen with SWSPHN's Quality and People Team Lead, Nadine Toscano, and Business Support Officer Ash Budd.

The year's highlights

Staff celebrate, fundraise and participate

A strong workplace culture means SWSPHN staff take great pride in organising and participating in activities which raise awareness of the health and wellbeing of our community, and fundraise for our annual corporate charity. Here are some of the activities we participated in 2022-2023.

Harmony Day



Tracy Higgins celebrates staff diversity.

Staff celebrates Australia's diversity on Harmony Day – 21 March to raise awareness of the contribution of migrants and refugees to Australian society.

Australia's Biggest Morning Tea



L-R: Kate Johnson, Louise Lovell, Pritika Desai, at Australia's Biggest Morning Tea.

SWSPHN staff participated in fundraising activities to help the Cancer Council support people impacted by cancer, and cancer research.

Activities included a competition for flashiest cup, a blind tea tasting challenge and a jelly bean guessing game. More than \$260 was raised during the morning tea.

Staff don t-shirts and lanyards for NAIDOC Week



SWSPHN staff model the news T-shirts. L-R Devendra Sapkota, Lucy Hobbs, Anne Harley, Ben Neville, Michelle Pozo, Chris Aboudib and Swati Vir.

SWSPHN staff were out and about in the community during NAIDOC Week, 2 to 9 July, including at the NAIDOC Week Family Fun Day at Airds High School.

Staff chatted with, and provided information to community members about SWSPHN's work, at a stall at the Tharawal Aboriginal Corporation event, which also included amusement rides and entertainment.

As part of our NAIDOC Week activities, staff were also provided with new corporate t-shirts and lanyards featuring artwork from Danielle Mate, a local Indigenous artist who we commissioned to create the stunning artwork which tells the story of SWSPHN.

The t-shirts highlight our support for First Nations communities and our commitment to closing the gap between the health outcomes of the Indigenous and non-Indigenous communities.

Financial statements

30 June 2023

ABN 74 605 441 067



Macquarie Mall, Liverpool

ABN 74 605 441 067

Annual Financial Report

For the period ended 30 June 2023

Contents

Corporate Information.....	3
Directors' Report.....	4
Directors' Qualifications, Experience & Special Responsibilities	6
Auditor's independence declaration	11
Statement of Profit or Loss and Other Comprehensive Income For the year ended 30 June 2023..	12
Statement of Financial Position As at 30 June 2023	13
Statement of Changes in Equity For the year ended 30 June 2023	14
Statement of Cash Flows For the year ended 30 June 2023.....	15
Notes to the financial statements for the year ended 30 June 2023	16
Directors' Declaration	30
Independent Auditor's Report.....	31

AN INCORPORATED HEALTH PROMOTION CHARITY, LIMITED BY GUARANTEE

Corporate Information

Our Vision

Better health for South Western Sydney.

Our Mission

Enhancing and connecting care to meet our local health needs.

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 2023

Dr Matthew Gray (Chair)
Ms Karen Edwards (Vice Chair)
Mr John Adam
Ms Amanda Larkin (retired 27th October 2022)
Dr Ken McCroary
Dr Andrew McDonald
Professor Jennifer Reath
Dr Vince Roche (retired 27th October 2022)
Mr Darryl Wright (resigned on 21 June 2023)
Dr Michael Tam (appointed 27th October 2022)
Ms Sonia Marshall (appointed 27th October 2022)

Chief Executive Officer

Dr Keith McDonald

Company Secretary

Ms Kristen Short (appointed 23 February 2023)
Ms Amy Prince

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 2023

Your Directors present this report to the members of South Western Sydney Primary Health Network Limited (SWSPHN) for the year ended 30 June 2023.

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.
- Preparation for ISO27001 accreditation

Long-term objectives

Within the next 5 years the SWSPHN will enhance and connect care to meet our local health needs to achieve better health for South Western Sydney. 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 2022/2023, the company continued to focus on supporting its stakeholders and all primary care providers to improve the health of our South Western Sydney community.

Directors' report (continued)

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 eighth year of operations and has performed well against these criteria.

Results

For the year ended 30 June 2023, the company's surplus was \$347,880 (year ended 30 June 2022, \$120,899).

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	7	7
Ms Karen Edwards	29 October 2020	7	6
Ms Amanda Larkin	23 April 2015	2	2
Dr Ken McCroary	28 October 2021	7	6
Ms Sonia Marshall	27 October 2022	5	5
Dr Andrew McDonald	28 October 2021	7	7
Professor Jennifer Reath	29 October 2020	7	7
Dr Vince Roche	23 April 2015	2	1
Dr Michael Tam	27 October 2022	5	4
Mr Darryl Wright	2 December 2021	6	2

A – Number of meetings eligible to attend

B – Number of meetings attended

- Dr Vincent Roche and Ms Amanda Larkin retired on 27 October 2022.
- Dr Michael Tam and Ms Sonia Marshall appointed on 27 October 2022.
- Mr Darryl Wright resigned on 21 June 2023.

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; Director Camden Surgical Hospital; 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 (2013-2022); Deputy Chair, SWSLHD (2019-2022); 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 Community Advisory Committee; Member, SWSPHN Governance Committee; Member, SWSPHN My Care Partners Steering Committee; Member, SWSPHN Population Health Steering Committee.
Ms Karen Edwards	BA Hons (Psych), M Clin Psych, M Health Mgt Grad Cert Adult Ed, GAICD, Cert Governance Practice	Director of Governance and Corporate Services, Karitane (2018-2022). Clinical Director, Gidget Foundation Australia (Current). Clinical Psychologist. MAPS (Australian Psychological Society). GAICD (Australian Institute of Company Directors). AACHSM (Australian College of Health Service Managers).	Member, SWSPHN Governance Committee. Member, SWSPHN Community Advisory Committee.
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.

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.
Ms Sonia Marshall	MBA, Grad Dip Public Service Administration, Bachelor Science (Nursing)	Executive Director Nursing Midwifery & Performance, South Western Sydney Local Health District (2016 to current); Associate Professor WSU School of Nursing & Midwifery (2018 to current); Director Nursing & Midwifery, Wollongong Hospital (2012 – 2016); Manager Leadership & Workforce Development, Murrumbidgee Local Health District (2008-2012).	Member, SWSPHN Audit and Risk Management Committee.
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
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), Chair 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 &	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

Directors' Qualifications, Experience & Special Responsibilities

Name	Qualifications	Experience	Special Responsibilities
		Community Medicine University of New South Wales, Conjoint Lecturer School of Medicine University of Western Sydney, Member Council of General Practice Australian Medical Association AMA (Federal), Member Council of Australian Medical Association AMA (NSW).	Steering Committee, Member SWSPHN Medical Neighbourhood Steering Committee
Professor Jennifer Reath	MBBS, PhD, MMed, FRACGP, DipRANZCOG, GAICD	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 Michael Tam	BSc(Med), MBBS, MMH(GP), FRACGP, AAICD	General Practitioner in Fairfield and Liverpool; Director (2022-) and Staff Specialist (2014-) of the Primary and Integrated Care Unit, South Western Sydney Local Health District; Conjoint Senior Lecturer (2014-), RACGP, ; Board member (2020-) and Deputy Chair (2021-), Sydney South West GP Link Ltd.; Co-Chair (2019-), 'First Do No Harm: A Guide to Choosing Wisely In General Practice' project, RACGP; Member (2018-), RACGP Expert Committee-Quality Care.	Member, SWSPHN Clinical Council; Member, SWSPHN Mental Health Advisory Committee.

Directors' Qualifications, Experience & Special Responsibilities

Name	Qualifications	Experience	Special Responsibilities
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 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.

Ms Kristen Anne Short was the Company Secretary appointed on 23 February 2023. Ms Short has a Master of Business and Technology and has held senior positions with Hunter New England Central Coast Primary Health Network and in both the financial services and technology industries. Kristen has also completed The Board and the Company Secretary course with the Australian Institute of Company Directors.

Transactions with Directors

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

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

Indemnification and insurance of officers

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

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

Member's Guarantee

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

As at 30 June 2023, 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

31st August 2023

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 2023, I declare that, to the best of my knowledge and belief, there have been:

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

BDH Audit & Assurance Pty Limited



Gede Barone

Director

Dated 31st August 2023

Sydney

Statement of Profit or Loss and Other Comprehensive Income

For the year ended 30 June 2023

	Note	2023 \$	2022 \$
Revenue from grants	2(a)	60,038,031	43,224,383
Other revenue	2(b)	1,535,013	177,487
Total revenue		61,573,044	43,401,870
Employee benefit expense	8(a)	9,006,330	7,295,149
Finance costs		-	73
Occupancy costs		327,357	306,957
Contractors		49,760,578	33,911,745
Training & conferences		458,349	293,219
Other expenses		1,672,550	1,473,828
Surplus before income tax expense		347,880	120,899
Income tax benefit / (expense)	1(o)	-	-
Net Surplus for the year		347,880	120,899
Other Comprehensive Income for the year		-	-
Total Comprehensive Income for the year		347,880	120,899

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 2023

	Note	2023 \$	2022 \$
Current assets			
Cash and cash equivalents	3	33,788,189	32,569,120
Trade and other receivables	4	3,519	149,269
Other current assets	5	1,089,847	432,821
Total current assets		34,881,555	33,151,210
Non-current assets			
Property, plant and equipment	6	1,044,681	23,579
Total non-current assets		1,044,681	23,579
Total assets		35,926,236	33,174,789
Current liabilities			
Trade and other payables	7	6,008,403	7,589,582
Provisions	8	828,813	744,910
Other liabilities	9	26,872,082	24,050,077
Lease liability	10	213,439	-
Total current liabilities		33,922,737	32,384,569
Non-current liabilities			
Provisions	8	176,596	145,698
Lease liability	10	834,501	-
Total non-current liabilities		1,011,097	145,698
Total liabilities		34,933,834	32,530,267
Net assets		992,402	644,522
Equity			
Retained surpluses		992,402	644,522
Total equity		992,402	644,522

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 Changes in Equity

For the year ended 30 June 2023

	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	644,522
	Retained surpluses \$
Balance at 1 July 2022	644,522
Net surplus for the year	347,880
Other comprehensive Income for the year	-
Total comprehensive Income for the year	347,880
Balance at 30 June 2023	992,402

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 Cash Flows

For the year ended 30 June 2023

	Note	2023 \$	2022 \$
Cash flows from operating activities			
Receipts from grants and other receipts (inclusive of GST)		69,344,703	54,102,940
Payments to suppliers and employees (inclusive of GST)		(69,196,434)	(42,555,130)
Interest received		1,486,910	139,465
Net cash (used in) / provided by operating activities	15	1,635,179	11,687,275
Cash flows from investing activities			
Payments for property, plant & equipment		(227,410)	(162,938)
Net cash used in investing activities		(227,410)	(162,938)
Cash flows from financing activities			
Principal elements of lease payments		(188,700)	(41,178)
Net cash (used in) / provided by financing activities		(188,700)	(41,178)
Net (decrease) / increase in cash and cash equivalents		1,219,069	11,483,159
Cash and cash equivalents at beginning of the year	15	32,569,120	21,085,961
Cash and cash equivalents at end of the year	3	33,788,188	32,569,120

The Statement of Profit or Loss and Other Comprehensive Income 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 2023

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 2023 were approved and authorised for issue by the Board of Directors on 31st August 2023. 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).

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:

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

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

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

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

(e) Leases and Right-of-use assets

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

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

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

- fixed payments (including in-substance fixed payments), less any lease incentives receivable
- variable lease payment that are based on an index or a rate
- amounts expected to be payable by the lessee under residual value guarantees
- the exercise price of a purchase option if the lessee is reasonably certain to exercise that option, and

- payments of penalties for terminating the lease, if the lease term reflects the lessee exercising that option.

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

(f) Financial instruments

Recognition, initial measurement and derecognition

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

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

Classification and subsequent measurement of financial assets

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

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

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

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

Classifications are determined by both:

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

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

Subsequent measurement financial assets**Financial assets at amortised cost**

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

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

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

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

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

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

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

Impairment of Financial assets

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

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

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

- financial instruments that have not deteriorated significantly in credit quality since initial recognition or that have low credit risk ('Stage 1'); and
- financial instruments that have deteriorated significantly in credit quality since initial recognition and whose credit risk is not low ('Stage 2').

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

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

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

Trade and other receivables

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

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

Classification and measurement of financial liabilities

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

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

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

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

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

Loans and receivables

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

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 payables.

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

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

(g) Impairment of assets

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

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

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

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

Long-term employee benefits

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

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

(i) Provisions, contingent liabilities and contingent assets

Provisions are measured at the estimated expenditure required to settle the present obligation, based on the most reliable evidence available at the reporting date, including the risks and uncertainties associated with the present obligation. Where there are a number of similar obligations, the likelihood that an outflow

will be required in settlement is determined by considering the class of obligations as a whole. Provisions are discounted to their present values, where the time value of money is material.

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

(j) Cash and cash equivalents

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

(k) Goods and services tax (GST)

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

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

(l) Grants in advance

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

(m) Deferred income

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

(n) Trade and other payables

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

(o) Income tax

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

(p) Critical accounting estimates and judgements

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

Impairment

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

Useful lives of depreciable assets

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

Long Service Leave

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

Leases

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

(q) Comparative figures

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

(r) New and amended Australian Accounting Standards that are effective for the current year:

AASB 2022-3 Amendments to Australian Accounting Standards – documents the AASB’s decisions around concessionary leases in the basis of conclusions accompanying AASB 2022-3, to state that:

Not-for-profit private sector lessees – The AASB has decided to retain the accounting policy choice in AASB 16 for the right-of-use assets of concessionary leases to initially be measured at cost or fair value on an ongoing basis, where this will be a permanent option with no plans to reconsider in future.

The Company currently measures the right-of-use assets arising from concessionary leases at cost on initial recognition and will continue to do so in the future given the accounting policy choice has been made permanent by the AASB. Accordingly, the directors of the Company do not anticipate that the application of the Standard in the future will have an impact on the Company’s financial statements.

	2023 \$	2022 \$
2 Surplus before Income Tax		
(a) Revenue from grants		
Federal grants	54,558,086	41,374,290
Other organisations	5,479,945	1,850,093
	60,038,031	43,224,383
(b) Other Revenue		
Donations	19,242	23,149
Interest	1,486,910	139,465
Other	28,861	14,873
	1,535,013	177,487
Total Revenue	61,573,044	43,401,870
(c) Expenses		
Remuneration of the Auditor for: Auditing the financial statements	34,000	32,500
Auditing the programme revenue and expenditure statements	20,000	19,500
Depreciation and Amortisation of: Property Right of Use Asset	206,107	39,186
Plant and Equipment	236,841	139,359
Total Depreciation and Amortisation	442,948	178,545
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	9,143,667	7,045,497
Short term deposits	24,644,522	25,523,623
	33,788,189	32,569,120
4 Trade and other receivables		
Current trade receivables	3,519	149,269
Provision for impairment of receivables	-	-
Trade receivables	3,519	149,269

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 2023 (\$Nil 30 June 2022).

	2023 \$	2022 \$
5 Other current assets		
Prepayments	788,321	393,894
Accrued income	290,688	38,927
Deposit paid in advance	10,838	-
	1,089,847	432,821
6 Property, plant & equipment		
Plant and equipment – at cost as at beginning of the year	493,618	358,975
Additions at cost	227,410	134,643
Disposals	(141,098)	-
Total Plant and equipment at cost	579,930	493,618
Less: Accumulated depreciation	(579,930)	(493,618)
Carrying amount at the end of the year	-	-
Furniture and Fittings - at cost as at beginning of the year	28,295	-
Additions at cost	-	28,295
Total Furniture and fittings	28,295	28,295
Less: Accumulated depreciation	(14,147)	(4,716)
Carrying amount at the end of the year	14,148	23,579
Right-of-use assets		
Right-of-use assets – at cost as at beginning of the year	-	528,210
Additions at cost	1,236,640	(528,210)
Disposals	-	-
Less: Accumulated amortisation	(206,107)	(489,024)
Write back on disposal	-	489,024
Carrying amount at the end of the year	1,030,533	-
Total Property, plant & equipment at the end of the year	1,044,681	23,579

7 Trade and other payables

Trade payables	632,590	160,029
Other creditors and accruals	5,375,813	7,429,553
	6,008,403	7,589,582

8 Provisions for employee benefits

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

Current

Annual leave	565,241	526,302
Long service leave	263,571	218,608
	828,813	744,910

Non Current

Long service leave	176,596	145,698
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8(a) Employee benefits expense

Expenses recognised for employee benefits are analysed below:

Wages, salaries	7,253,779	5,991,482
Workers compensation insurance	33,784	29,786
Superannuation	903,177	633,056
Employee benefits provisions	815,590	640,825
	9,006,330	7,295,149

9 Other liabilities

Deferred income	26,872,082	24,050,077
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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.

	2023 \$	2022 \$
10 Lease liabilities		
Maturity analysis – contractual undiscounted cash flows		
No later than one year	249,378	-
Later than one year and not later than 5 years	893,605	-
Future minimum lease payments	1,142,983	-
Less: Unearned interest	95,043	-
Lease liabilities included in the statement of financial position at the end of the year	1,047,940	-
 Current	 213,439	 -
Non- Current	834,501	-

The company executed a 2.5 year lease renewal effective from 1st July 2022 with a 3 year option with the landlord which has been accounted for in the cost of the right to use asset and related lease liability accounts.

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, Director of Planning and Performance and Executive Manager Corporate Services.

The total compensation paid and payable to the key management personnel including a stipend paid to the Chair and directors, consists of short term benefits of \$1,231,229 (period ended 30 June 2022 \$996,262).

The Company has a number of Integrated Health and Mental Health Commissioned Services with organisations of which four directors are key management personnel. The contractual amounts paid/payable amounted to \$2,757,521 (2022: \$3,709,193). The outstanding balance as at the reporting date was \$Nil (2022: \$Nil).

The Company has After Hours and General Practitioner Commissioned Services Agreements with two (2022: two) director related entities. The amounts billed were based on normal market rates and amounted to \$590,936 (2022: \$406,636). There were no outstanding balances at the reporting dates under review.

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

In the current financial year, one of the joint venturers contributed \$412,788 and the other joint venturer will contribute two years contribution in the 2024 financial year to enable brought forward underspent funds to be utilised (2022: Combined contribution of \$748,000) in the project). The amount of \$782,466 (2022: \$562,133) was spent on project officer salaries and oncosts, care enabler costs, practice payments, and costs incurred to run the project. A total of 27 practices (2022: 5) have been successfully recruited to participate in the program, reflecting a substantial expansion of the initiative.

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.

	2023		2022	
	Amortised Cost	Net Fair Value	Amortised Cost	Net Fair Value
	\$	\$	\$	\$
Financial assets				
Cash and cash equivalents	33,788,189	33,788,189	32,569,120	32,569,120
Trade and other receivables	3,519	3,519	149,269	149,269
Total financial assets	33,791,708	33,791,708	32,718,389	32,718,389
Financial liabilities				
Financial liabilities measured at amortised cost				
Trade and other payables	6,008,403	6,008,403	7,589,582	7,589,582
Lease Liabilities	1,047,940	1,047,940	-	-
Total financial liabilities	7,056,343	7,056,343	7,589,582	7,589,582

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 2023 (30 June 2022 \$0).

15 Cash flow information**(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:

	2023	2022
	\$	\$
Cash and cash equivalents for cash flow purposes	<u>33,788,189</u>	<u>32,569,120</u>
(ii) Reconciliation of cash flow from operations with surplus after income tax		
Net Surplus for the period	347,880	120,899
Non-cash flows in net surplus for the period		
Depreciation	236,841	139,359
Amortisation	206,107	39,186
Doubtful debts provision	-	(18,182)
Net changes in assets and liabilities		
(Increase)/decrease in receivables	145,750	(60,880)
(Increase)/decrease in other current assets	(657,026)	(29,303)
Increase/ (decrease) in payables	(1,581,180)	5,357,487
Increase/(decrease) in provisions	114,801	144,749
Increase/(decrease) in grants in advance and deferred income	<u>2,822,006</u>	<u>5,993,960</u>
Net cash (used in) / provided by operating activities	<u>1,635,179</u>	<u>11,687,275</u>

16. 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 2023, the total amount that members of the Company are liable to contribute if the Company is wound up is \$80.

Directors' Declaration

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

1. The financial statements, comprising the statement of comprehensive income, statement of financial position, statement of cash flows, statement of changes in equity and accompanying notes, are in accordance with the Australia Charities and Not-for-Profits Commission Act 2012
 - a) comply with Accounting Standards – Tier 2 Simplified Disclosures (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 2023 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 31st August 2023

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 2023, 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 2023 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 2023, but does not include the financial report and our auditor's report thereon. Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report and our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Directors for the Financial Report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – 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 31st day of August 2023