



South Western Sydney PHN
Annual Report
2023-2024

phn
SOUTH WESTERN
SYDNEY

An Australian Government Initiative



COVER PHOTO: Dr Josephine Guyer (centre) and nurse Carolina Pickam (right) treat patient Quinn Brown (left) for a sporting injury at Liverpool Medicare Urgent Care Clinic. Urgent care provides episodic treatment for category 4 and 5 cases when a patient's regular GP is unavailable, offering an alternative to hospital emergency departments. Patients are referred back to their regular GP. See page 14 for full story.

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Our values



Trust

Maintain mutual respect for one another and act in good faith



Empathy

Gather insights and understanding of others' experiences



Courage

Strength to lead and innovate



Fairness

Make decisions free from bias and discrimination



Integrity

Behave honestly and accept responsibility for one's conduct



Optimism

Present a positive and constructive approach to future events

Our goals



A healthier and more enabled community



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



An integrated health system that is fit for purpose



Primary health care that demonstrates value



A trusted and socially responsible organisation

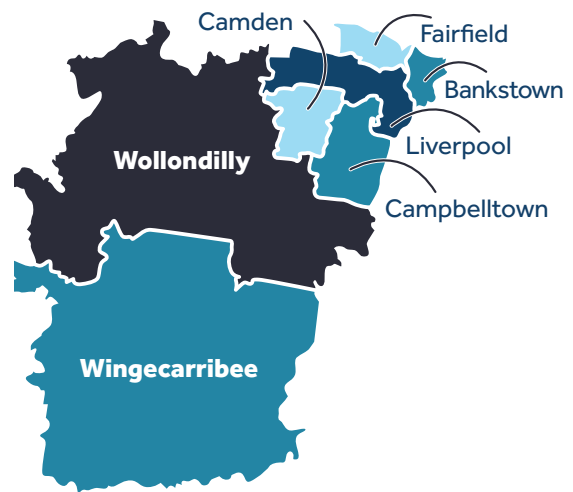
Our purpose

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 region

South Western Sydney at a glance



1,215,435

population



1,594,919

population rise
expected by 2041



6,234km²

7 local government areas



3

our region
encompasses the
Dharawal, Gundungurra
and Dharug nations



49.6% **50.4%**

male female



92%

people attended GP in
the past 12 months



394

general practices



1,332

GPs and registrars
(GPs alone: 1,183)



447

practice nurses



SWS 3%

NSW 4%

First Nations people



SWS 51%

NSW 32%

speak language other
than English at home

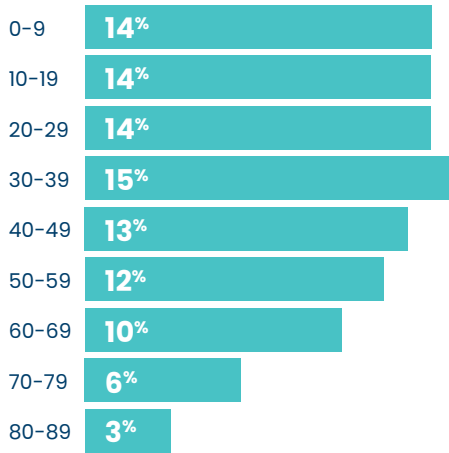


SWS 42%

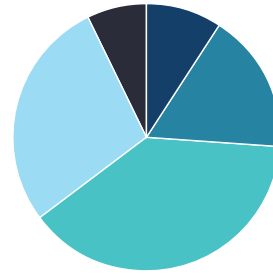
NSW 35%

born outside Australia

Age across our region years



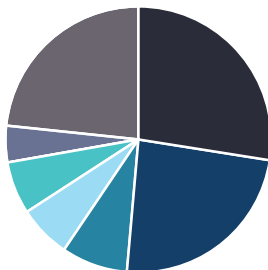
Health concerns



Smoke daily	9%
Drink alcohol at harmful levels	17%
Overweight (BMI 25 to 30)	39%
Obese (BMI =>30)	28%
Diabetes or high blood sugar	7%

Deaths

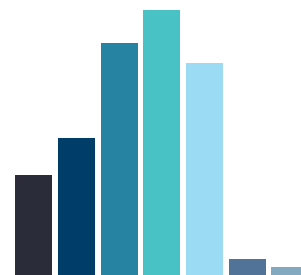
per 100,000



Cancer	145
Cardiovascular	126
Respiratory disease	42
Diabetes related	34
Potentially avoidable	34
Adults with high or very high levels of psychological distress	23
Other causes	122

Languages

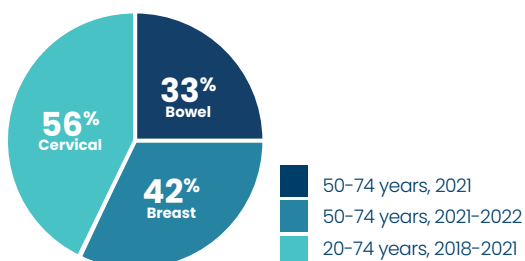
other than English spoken at home per LGA



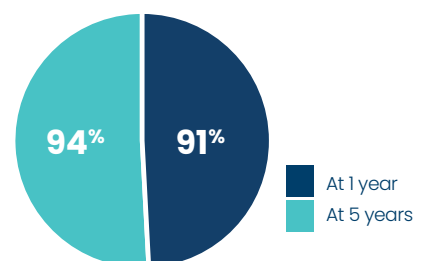
Camden	23%
Campbelltown	36%
Canterbury/Bankstown	59%
Fairfield	70%
Liverpool	54%
Wingecarribee	7%
Wollondilly	6%

Preventative health

Cancer screening



Childhood immunisation



Our Board



Chair
A/Prof Matthew Gray OAM

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



Deputy Chair
Ms Karen Edwards

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



Dr Kenneth McCroary

BSc (Med), MBBS, FRACGP



Ms Sonia Marshall

MBA, Grad Dip PA, Bsc (Nursing)



Mr John Adam

B.Comm/LLB



Dr Andrew McDonald

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



Dr Michael Tam

BSc(Med), MBBS MMH (GP),
FRACGP



Prof Jennifer Reath

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



Report from the Chair

Associate Professor Matthew Gray OAM

It is with pleasure I welcome you, on behalf of the Board and staff team, to the 9th annual report of the South Western Sydney PHN (SWSPHN) for the year ending 30 June 2024.

The report provides an opportunity to look back on the many highlighted achievements contained within, whilst thinking beyond the now in order for the organisation to move forward and evolve.

Primary Health Networks (PHNs) play a vital role in supporting health reform, including the National Health Reform Agreement (NHRA) Addendum and the Australian Government's Primary Health Care 10 Year Plan and Strengthening Medicare measures.

Our Vision is "Better health for South Western Sydney" as we pursue our Mission of "Enhancing and connecting care to meet our local health needs".

We do this by delivering our core functions of:

- Coordinating and integrating local health care services
- Commissioning primary care and mental health services to address population health needs and gaps in service delivery
- Capacity building and support to practices and primary care and mental health providers to enhance the delivery of care.

SWSPHN remains committed to implementing the five goals of our Strategic Plan, guiding decision-making in alignment with our Values, as we recognise the importance of looking over the horizon to prepare for the future.

Realising our aims requires the dedication, efforts, and enthusiasm of many. I would like to thank my colleagues on the Board for the insight, experience, and expertise they bring to the table.

The Board acknowledges and sincerely appreciates the considerable and inspirational efforts of our CEO, Keith McDonald, Executive and staff team.

Many thanks also to our committee members, member organisations, partners, health professionals and providers who strive to improve the health of our unique and growing region.

Finally, I would like to acknowledge and wholeheartedly thank Dr Andrew McDonald, who will retire from the Board at this year's annual general meeting, having provided strong and valuable insights. It has been a privilege and a pleasure working with Andrew and I wish him well in his future endeavours.

I do hope you enjoy reading this Annual Report and I commend it to you.



Report from the CEO

Dr Keith McDonald PhD

“The only constant is change...” - Heraclitus of Ephesus c.500 BCE.

Modelled by Michelangelo, Heraclitus was immortalised two millennia later in Raphael’s renaissance masterpiece “School of Athens”. Heraclitus’ doctrine of flux (constant change) strongly influenced the more famous works of Plato and Aristotle who followed him.

Nicknamed the ‘weeping philosopher’, his concept that the world is constantly in flux, always “becoming” but never “being”, is now pervasive through modern thought.

For us, the major impetus in primary healthcare this year has clearly been driven by the progressive rollout of the Federal Government’s Strengthening Medicare policies. No doubt there will be more to follow on this in 2024-2025.

Governed by our experienced Chair Associate Professor Matthew Gray and the Board of Directors, we are an organisation that embraces progress and flow. In turn this reflects that our Board and Executive are well-informed by the dynamism of our Clinical Council, Community Advisory, Governance plus Audit and Risk committees.

We applied our Employee Value Proposition (EVP) in full swing this year for the first time, with great effect. Further, building on our commitment to sustaining an organisation with quality management systems, we also commenced project planning to address information and cybersecurity certification.

On first glance, I am sure you will recognise familiar work and ask: “so what’s changed?”

Certainly we continue to apply sound needs-based planning built on quality data management and co-design, robust commissioning, reliable service support and quality improvement initiatives with providers. We stay on the case of better coordination for patients’ care across settings through working

partnerships with the LHD, aged care providers, local government and other stakeholders. We ever-champion best practice in digital interoperability, medical neighbourhoods and induction to practice nursing. However I encourage you to look deeper. Here you will see evolution and growth in response to shifting demand and a moving policy landscape.

Peppered throughout are new activities emerging in response to place-based needs. For the first time, we have ventured into the commissioning of both centres and services as diverse as urgent care, adult mental health, healthy ageing, women’s health and domestic violence.

A ‘giant’ capacity building initiative which kicked off this year is the partnership with our neighbouring Western Sydney and Nepean-Blue Mountains PHNs to develop a Greater Western Sydney (GWS) Workforce Strategy.

Closer to home, we partnered with the South Western Sydney Local Health District to produce for the first time a Joint Health Literacy Framework. With critical input from local communities, we also co-designed a number of new approaches to fill service gaps for people in some of the most challenging times of their lives.

Our 2023-2024 Annual Report is a strong reflection of the adaptable and resilient team that the South Western Sydney PHN is becoming in the face of ongoing change through our ninth year of operation.

“Everything flows.”

Making it easier to get the care you need

Making it easier to get the care you need



Lambeth Reserve Picnic Point, Bankstown

Our impact At a glance

Endometriosis and pelvic pain clinic

96 unique patients

45% of clients travel more than 20km to receive care

Type 2 diabetes case conferencing clinics

544 case conference consultations

38 day clinics

31 review clinics

Urgent care

4 urgent care sites

81 6,500 patients accessed care

41% of users would have gone to an emergency department if urgent care wasn't available

Health Resource Directory

21,353
users

100,338
page views

4
views per user

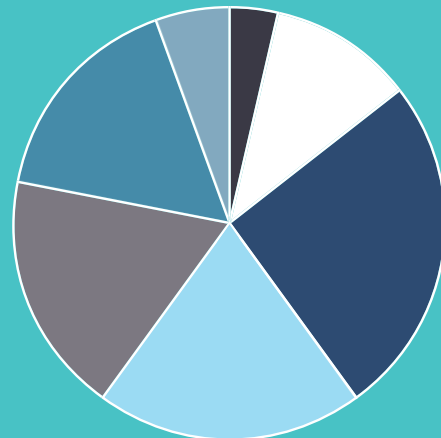
Core palliative care medicines map

55 participating local pharmacies signed the letter of intent to stock the core medicines

28%

702 webpage views

9,000 number of times the map was accessed



Number of pharmacies by LGA

Camden	2
Campbelltown	6
Canterbury/Bankstown	14
Fairfield	11
Liverpool	10
Wingecarribee	9
Wollondilly	3

My Care Partners

Local solution enhances care for chronic disease management

Since it began in April 2021, the My Care Partners program has been instrumental in improving chronic disease management in South Western Sydney.

Developed in collaboration with South Western Sydney PHN and South Western Sydney Local Health District (SWSLHD), the program supports practices in managing complex chronic conditions to help ensure patients receive continuous care and guidance to prevent unnecessary hospitalisations and improve their quality of life.

In just three years, My Care Partners has experienced significant growth and has become an essential part of patient-centred care in our region.

The initial assessment of the My Care Partners program for the Wave 1 cohort included 74 patients. Significant improvements in patient care and health resource utilisation was found, when pre-enrolment and post-enrolment data was compared.

In the 12 months* following enrolment in the program, patient hospital admissions decreased from 165 to 102, reflecting a 38 per cent reduction. Emergency department presentations also saw a reduction of 28 per cent. The program led to a 57 per cent decrease in potentially preventable hospitalisations and a 36 per cent reduction in the length of stay for admissions deemed preventable.

These results indicate the My Care Partners program contributed to notable improvements in managing chronic and complex diseases, leading to reduced emergency department presentations and potentially preventable hospital admissions and hospital lengths of stay.

*Source: Lumos Data Asset, NSW Ministry of Health System Information and Analytics Branch.

Growth and reach

The program has had more than 400 patient referrals since it began. It currently partners with 22 participating practices and has 33 actively referring GPs working across all local government areas in South Western Sydney.

In 2023-2024, the program expanded to include practices from Bankstown, Wingecarribee and Wollondilly.

In June 2023, an Expression of Interest (EOI) invited additional eligible practices to join the program, leading to an expansion of the network and enhanced care delivery.

Communities of Practice

The Communities of Practice (CoP) within the medical neighbourhood model focuses on promoting team-based care through collaborative learning.

During 2023-2024, My Care Partners held four CoP events, two of which were held face-to-face and two held virtually to expand accessibility and allow providers from different areas to participate.

The events aim to improve interdisciplinary coordination and communication among healthcare providers while encouraging peer-to-peer discussions on navigating challenges related to team-based care.

Broadening coordinated care

In May 2024, a request for proposal (RFP) opened as part of the ongoing effort to expand My Care Partners' impact. The initiative invited eligible organisations to apply to deliver care coordination services.

EACH was selected to provide care coordination and navigation services to at-risk patients and assist practices in patient enrolment and engagement in program activities.

Core Palliative Care Medicines project

Map provides timely access to effective end-of-life medication

Select pharmacies across South Western Sydney committed to ensure the availability of NSW core palliative care medicines in the 2023–2024 financial year to support patients who wished to receive end-of-life care at home or in aged care.

The Core Palliative Care Medicines – Building Collaborative Partnerships with Community Pharmacists project was a joint initiative of South Western Sydney PHN (SWSPHN) and the Pharmaceutical Society of Australia.

The project aimed to reduce barriers to access by ensuring the timely prescription and supply of the five core palliative care medicines.

William Clayton, owner of Clayton Pharmacy in Bowral, highlighted the importance of easy access to these medicines for effective home-based end-of-life care.

“The Core Palliative Care Medicines map allows timely access to these core medicines, which is crucial to assisting someone caring for a loved one.

“Even simplifying the process of finding a pharmacy committed to stocking these medicines is a great step,” he said.

Nadim Assaf, owner of Picton Pharmacy, echoed this sentiment, noting the high demand and the value of the Core Palliative Care Medicines map for quick access.

“The map is really helpful; it makes it easy for not only pharmacists, nurses and GPs, but also for patients and caregivers to find and access core palliative care medicines fast,” he said.

In the 2023–2024 financial year, 55 pharmacies across the region, representing 28 per cent of all local pharmacies, signed the Letter of Intent to stock the core medicines.

The SWSPHN webpage, featuring the interactive Core Palliative Care Medicines map, was viewed 702 times, with the map accessed almost 9,000 times.



William Clayton, pharmacist and owner of Clayton Pharmacy in Bowral, said the map allowed timely access to the five core medicines.



Nadim Assaf, pharmacist and owner of Picton Pharmacy in Picton, said the map was helpful to both healthcare providers and patients.

Endometriosis and Pelvic Pain Clinic

Mittagong clinic gives women access to timely and specialised care

The Women's Health Centre Southern Highlands in Mittagong is one of 20 Australian Government-funded clinics providing expert, multi-disciplinary services and care for women with endometriosis and pelvic pain.

Endometriosis affects at least one in nine Australian women and can have a devastating impact on their daily lives. On average, women wait seven years for a diagnosis.

In 2023-2024, the clinic saw 96 unique patients, with 45 per cent of clients travelling more than 20km to receive specialised patient care at the Mittagong clinic.

Since South Western Sydney PHN funding began in March 2023, the centre has provided multi-disciplinary education sessions for patients and is currently developing a pelvic pain network with other health professionals to build capacity in primary care and improve accessibility for our community.

The clinic also acts as a first point of contact in the health system, actively reducing diagnostic delays and promoting early access to multi-disciplinary intervention, care and treatment.

It has access to a nurse practitioner who is involved in endometriosis follow-ups and physiotherapists who specialise in women's health and pelvic physiotherapy.

The clinic currently refers patients to external facilities for procedures which require specialised equipment. However, they aim to invest in specialised equipment to enhance access to care and diagnosis.



Dr Hanady Nasreddine (front) from the Women's Health Centre Southern Highlands has more than 10 years of experience in women's, sexual and reproductive health.

Urgent Care

New level of healthcare a welcome boost

The South Western Sydney community now has access to a new level of urgent medical care, bridging the gap between a visit to a GP and a hospital emergency department.

In December 2023, an Australian Government-funded Medicare Urgent Care Clinic opened in Campbelltown to provide bulk-billed urgent care in a GP setting.

In February 2024, three state-funded Urgent Care Services opened in Bankstown, Gregory Hills and Liverpool to provide episodic care for urgent healthcare needs which were not life-threatening and safe to provide in a healthcare setting outside of an emergency department.

Up until 30 June 2024, more than 6,500 patients had been treated by urgent care sites in South Western Sydney. An average of 41 per cent of the service users surveyed indicated they would have gone to an emergency department if urgent care wasn't available.



SWSPHN Director of Planning and Performance Amy Prince and Workforce Engagement Team Lead Rachael Taylor at the Urgent Care Clinic in Liverpool.

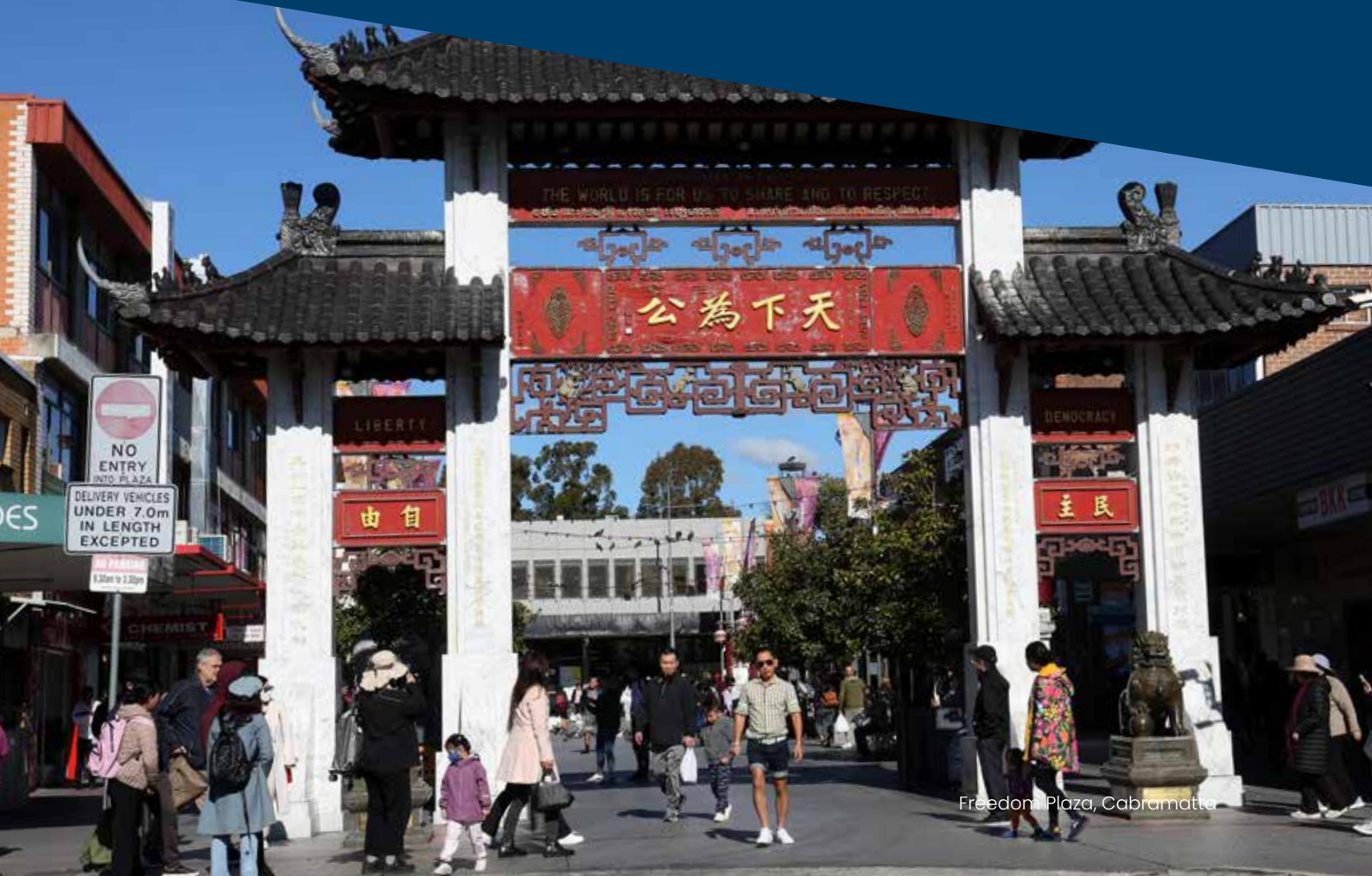
From 1 July 2024, the Urgent Care Services in Liverpool and Bankstown transitioned to Australian Government-funded Medicare Urgent Care Clinics.

A fourth Australian Government-funded Medicare Urgent Care Clinic will open at Fairfield in November 2024.



SWSPHN CEO Keith McDonald (left), Camden MP Sally Quinnell, State Health Minister Ryan Park and South Western Sydney Local Health District Chief Executive Sonia Marshall, join staff at the Urgent Care Service in Gregory Hills.

Greater support for our health workforce



Our impact At a glance

HealthPathways

- 700** localised pathways
- 4** lead region pathways
- 5** top viewed pathways:
 - Antenatal – Initial Consult
 - COVID 19 Medications
 - COVID 19 Management
 - Aged Care Specialist Referrals
 - Non-urgent Gastroenterology Referral

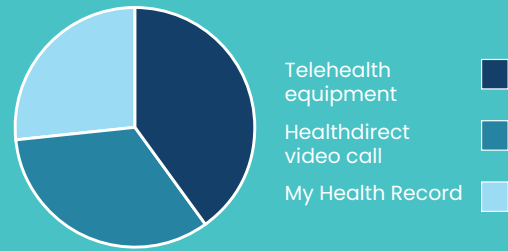
Practice support/clinical support engagements

- 241** GPs/practice staff
- 1,103** nurses
- 8** nurses attending sessions
- 381** remote support sessions
- 47** face-to-face sessions
- 1,722** total

Whole of Practice Capacity Building Initiative for Opioid Dependence Treatment participation

- 34** GPs
- 5** Aboriginal health practitioners
- 34** frontline staff
- 24** nurses

Residential Aged Care Home Digital Health project



90% of eligible Residential Aged Care Homes in South Western Sydney accepted telehealth equipment

64 homes

75% signed up to use Healthdirect video call

48 homes

60% signed up to use My Health Record

39 homes

6 Healthdirect video training webinars held for healthcare professionals

CPD events

81 events

67 unique topics

47 virtual

34 face-to-face

1,928 total attendees

724 unique attendees

Initial Assessment and Referral

62 workshops

360 GPs trained

Greater Western Sydney Workforce Strategy

Partnership to focus on GP shortage and general practice workforce need

The Greater Western Sydney (GWS) region, comprised of 15 local government areas, is one of Australia's fastest-growing regions, facing distinct health challenges due to its rapid development, cultural diversity and peri-urbanisation.

It is predicted the population of GWS will increase by a third in the next decade, as too will the demand for accessible, high-quality healthcare.

South Western Sydney PHN (SWSPHN), Western Sydney PHN (WSPHN), and Nepean-Blue Mountains PHN (NBMPHN) have come together in partnership to address the primary care workforce needs across the GWS region.

The Greater Western Sydney (GWS) Workforce Strategy has been an ongoing discussion for the last few years. The official development of the project began in October 2023, with a Memorandum of Understanding signed by all three PHNs in April 2024. Based on the current timelines, the strategy is expected to be published in mid-2025.

SWSPHN CEO, Dr Keith McDonald PhD, said the partnership with WSPHN and NBMPHN aimed to create a stronger advocacy group which worked together rather than against each other to address these concerns.

"The partner PHNs are sharing intelligence, resources and working together to develop what will be a stronger workforce strategy," he said.

"We will be a stronger advocacy group if we are all on the same page."

The GWS Workforce Strategy is a planned report providing insights into the current landscape of the primary care workforce in GWS, as well as suggestions as to how the quality and quantity of the workforce can be improved both now and in the future.



The partner PHNs are sharing intelligence, resources, and working together to develop what will be a stronger workforce strategy.

Workforce shortages are already experienced across the region, impacting community access to primary care services.

Dr McDonald said the strategy not only focused on increasing the number of GPs in our region but also on increasing the capacity and quality of services.

"Our region is already undersupplied with GPs, and adding to the stress is a decline in GP trainees," he said.

"Even though we are producing more medical graduates in Australia, these numbers are not converting to more GPs. Twenty years ago, about 40 per cent of graduates became GPs, now it's 14 per cent."

Dr McDonald said locally, there was a decline in bulk billing and an increase in longer wait times to see a GP, with some general practices closing their books to new patients.

"These are all lead indicators of a system in distress," he said.

"In our region, we have rapid growth without affluence. We have some of the most intense hotspots of disadvantage in NSW, so our need for healthcare is not average, it's greater than average.

“If we don’t do something now, within a decade we are going to have a crisis the same as what we are now seeing in rural and remote areas of NSW, but on scale.”

Developing a joint workforce strategy will enable a data-driven, evidence-based and strategic approach to identifying and tackling challenges within the primary care workforce specific to the GWS region.

Throughout the 2023-2024 financial year, the GWS Workforce Strategy established working groups, began a comprehensive data collection through the General

Practice Census, and initiated consultations with stakeholders, including GPs, practice managers, allied health professionals, local GWS residents and more.

The data collected will be used to guide the development of the strategy, creating a more coordinated, and community-focused approach to primary workforce planning to meet the growing healthcare needs of the GWS region.



Dr Keith McDonald (second from left) with fellow panellists (left to right) Professor Annemarie Hennessy, Kate Tye (from Nepean-Blue Mountains PHN) and Andrew Newton (from WSPHN) at the Greater Western Sydney Future Health Forum in Penrith.

Residential Aged Care Home Digital Health Project

Project connects aged care to virtual care

More than 90 per cent of eligible Residential Aged Care Homes (RACHs) in South Western Sydney accepted telehealth equipment as part of South Western Sydney PHN's (SWSPHN) Digital Health Project.

The project was designed to upskill digital health technology and access in the South Western Sydney aged care sector. It aims to improve residents' access to virtual healthcare services, enhance their experiences and improve staff support.

The project came about in response to the Royal Commission into Aged Care Quality and Safety (2020), which highlighted the sector's lack of access to technology and skills, and overall low digital maturity.

Telehealth also provides a private platform for residents to seek therapy and counselling without travel or exposure to public spaces,

promoting emotional well-being and early intervention.

Out of the 64 homes which received equipment, 75 per cent (48 homes) signed up to use Healthdirect Video Call, a secure and convenient telehealth service, and 60 per cent (39 homes) signed up to use My Health Record, a secure digital platform for health information.

In the 2023-2024 financial year, six Healthdirect video training webinars were held to enhance the telehealth capabilities of our region's healthcare professionals.

SWSPHN is currently delivering a workshop series presented by a subject matter expert in the practical use of telehealth, ensuring effective clinical questioning in the context of telehealth and clinical appropriateness for GPs and aged care nurses.

Practice Support

Team's evolution enhances support for region's general practices

In March, South Western Sydney PHN's (SWSPHN) Service Support team underwent a significant reallocation to better meet the evolving needs of general practices in our region.

As part of this change, each general practice is now supported by a dedicated Practice Support Officer (PSO) or a new Practice Advancement Officer (PAO) tailored to their specific needs.

The reallocation was carefully planned to ensure a smooth transition. The team provided comprehensive handovers and introductions, primarily conducted face-to-face, ensuring continuity of support.

Practices involved in multiple SWSPHN programs have been allocated to PAOs, who provide additional guidance and help

to navigate these services. Meanwhile, PSOs continue to assist practices with processes like accreditation, significantly improving participation rates in PHN programs.

Both PSOs and PAOs will continue to provide tailored support to practices in a wide range of areas aimed at building capacity in primary healthcare and encouraging ongoing improvements.

Since these changes, feedback from practices has been overwhelmingly positive.

They have expressed satisfaction with the seamless transition and continued high level of support.

We are excited to work even more closely with our practices to enhance patient care and outcomes across South Western Sydney.

NewGen Practice Nurse Training

Training and personalised support empowers practice nurses

NewGen remains dedicated to empowering practice nurses in South Western Sydney, offering free training and personalised support to advance their careers and improve patient care.

In the 2023-2024 financial year, the NewGen Practice Nurse Training program underwent a rebranding and platform upgrade.

The upgrade involved refreshing content, improving user experience and addressing previous platform limitations.

Modules were temporarily taken offline to facilitate these updates, with the new platform designed to be more user-friendly and effective as an evaluation tool.

The upgrade reflects our commitment to enhancing the program's impact on workforce skills and knowledge, aiming to improve the workforce capacity in South Western Sydney.

Currently, the program supports 19 active participants, seven in pre-registration, with 15 individuals having completed modules.



SWSPHN Clinical and Quality Improvement Officer Lisa Cerruto (left) and Clinical Coordinator Kristina Allen support practice nurses participating in NewGen.

iRAD

Innovative tool revolutionises patient information exchange

It has been a year of continued growth for iRAD, our home-grown innovative solution to improving how vital healthcare information is shared between clinicians in real time. Launched by South Western Sydney PHN (SWSPHN) in 2016, with a vendor chosen in 2017, iRAD, which is powered by dbMotion, began its rollout in 2019 at five initial sites.

In 2020, the program rapidly expanded to include more general and specialist practices. More recently, SWSPHN received international recognition when awarded the Best Paper Submission at the Healthcare Information and Management Systems

Society Asia Pacific (HIMSS APAC) 2023 conference in Jakarta, Indonesia.

The award-winning paper 'Real-time health information exchange' highlights the transformative potential of the iRAD tool to revolutionise patient information exchange, especially between hospital clinicians and GPs across South Western Sydney.

"The award is a fitting recognition of SWSPHN's commitment to drive innovation and shape the future of healthcare data management in our region and beyond," Digital Health and Data Manager Nick McGhie said.

Digital Health Maturity Survey

'Check-up' takes the guesswork out of the digital needs of practice

Digital technologies can significantly enhance the efficiency and effectiveness of primary healthcare, ensuring GPs and practice nurses can deliver more efficient, effective and patient-centred care.

In 2023 South Western Sydney PHN (SWSPHN) conducted a comprehensive assessment of digital health maturity in our region.

The assessments used a customisable, survey-based approach to address questions of infrastructure, technology, meaningful use, readiness and willingness for digital change, digital literacy and clinical leadership.

The 'Digital Health Check-up' was open between December 2023 and April 2024. It was completed by 137 (or one in four) practices in our region.

The survey found the average health maturity score of general practices in South Western Sydney was 66.1 per cent.

SWSPHN is using the information gathered to:

- improve our digital health resources, including updating webpages and creating instructional videos
- provide tailored digital health assistance to general practices
- plan and implement a strategic approach to improve the overall digital maturity of the region

Other statistics:

- 81 per cent or 111 of respondents were accredited practices
- 84 per cent or 115 practices use electronic prescribing
- 92 per cent or 126 practices use secure messaging

Survey findings:

- eighty-nine practices (about 65 per cent) of those who completed the survey indicated a readiness to implement digitally enabled models of care. These practices tend to have GPs who are younger than the average respondent
- the use of faxes is still high in our region despite the availability of electronic alternatives such as secure messaging delivery services (126 or 92 per cent of respondents use faxes)
- while webcams are cheap and almost all laptops come equipped with cameras by default, the predominant telehealth platform used is still the telephone – of the 127 (or 93 per cent) practices which are using telehealth, 81 practices (or 64 per cent) are using telephone only. There will be a focus of moving this model to include video especially in the aged care sector
- cyber-security and disaster recovery remains popular among our practices. The interest creates an opportunity to present on this topic to improve knowledge

Continuing Professional Development

New initiatives enhance primary care workforce development

During 2023-2024, South Western Sydney PHN's Workforce Development team successfully delivered and expanded the Continuing Professional Development (CPD) program, providing 81 events covering 67 unique topics.

To cater to the diverse needs of our primary care workforce, 31 events were targeted to GPs and GP registrars, 10 for practice managers, eight for practice nurses, and 18 designed for the collective primary care workforce. Among these CPD events, 47 were conducted virtually through webinars, and 34 were delivered as face-to-face sessions.

Compared to the previous financial year, an additional 14 CPD events were held, with attendance increasing by 510 participants and unique attendees increasing by 75.

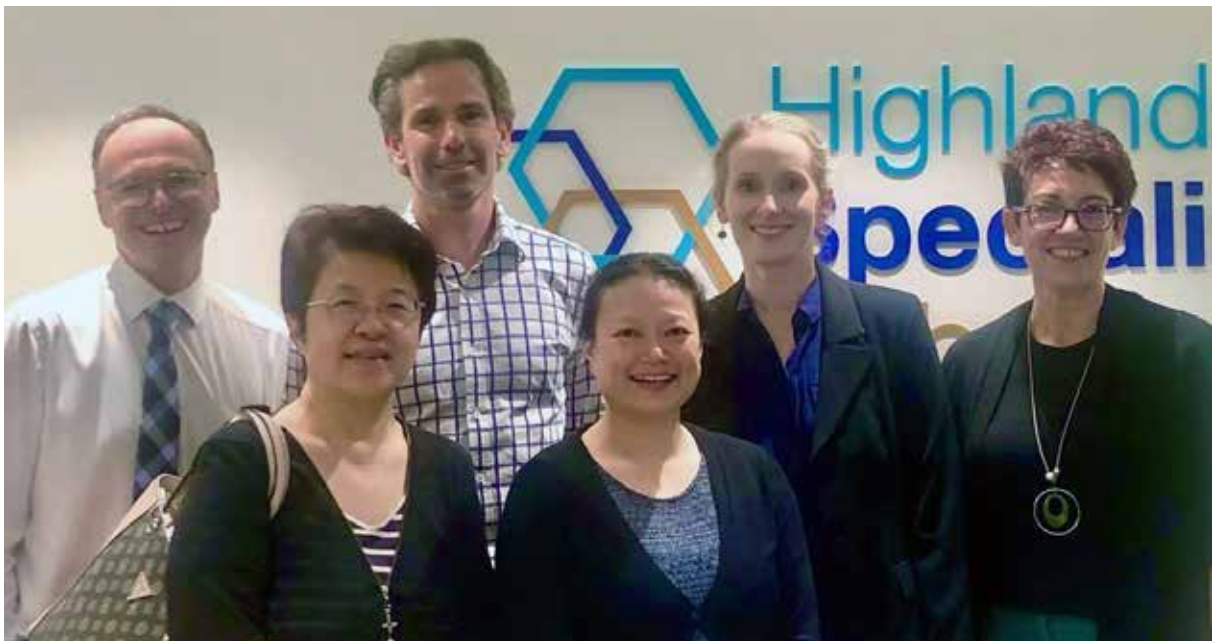
In 2023-2024, the GP Living 101 series was introduced to provide training for non-clinical topics relevant to general practice and holistic support to our GP workforce, aimed at

addressing both professional development and broader challenges faced by the primary care workforce.

The Specialists Unplugged series also recommenced, providing a unique opportunity for GPs to build stronger connections with specialists in their local hospitals. To date, three Specialists Unplugged meetings have been held, with positive feedback from participants.

Additionally, 62 Initial Assessment and Referral (IAR) workshops were conducted, training 360 GPs, approximately 28 per cent of the South Western Sydney GP population, and more than 50 non-GP mental health service providers.

Going forward, the CPD program aims to involve a broader range of clinicians with a strong focus on multidisciplinary teams, and identify and create CPD events tailored to our communities' diverse cultural and linguistic backgrounds in South Western Sydney.



Participants met gastroenterologist, Dr Elizabeth O'Brien (second from right), at the first Specialists Unplugged for 2024 in March.

Commissioning services to meet community need



Our impact At a glance

Commissioning

126	contracts active over the financial year
6	tenders
21	research projects

Digital Health Maturity Survey

137	practices completed survey
66%	average health maturity score
126	fax use high across practices
126	practices use secure messaging

Care finder

955	people accessed services
80	average age of clients
36%	male
54%	female
1,712	support finding aged care help
79%	of clients maintained contact after referral

Head to Health

588	people received support
6,893	hours of support

Mental health

8,292	referrals	88,482	service contacts
10,651	clients receiving a service	7	average service contacts per client
50%	of consults were face-to-face		

New mental health services funded in 2023-2024

- Supporting Recovery – Family Domestic and Sexual Violence program
- Peer Workforce Development (Connector Hub)
- Service Navigator program
- Grants executed under the Targeted Regional Initiatives in Suicide Prevention program

Trends in mental health referrals

Principal diagnosis 2023-2024

anxiety and depression	1,077
anxiety	641
depression	516
post traumatic stress disorder	411
major depression	288
generalised anxiety	278
bipolar disorder	161
schizophrenia	141
other	530

Indigenous status

Aboriginal	697
Torres Strait Islander	13
both	40

As a % of total referrals:

As a % of referrals:

no English	2%
some English	4%

As a % of SWS population: language other than English

45%

Health Needs Assessment

Understanding local need helps build foundation for a healthier community

Mental health, homelessness, multicultural communities and healthcare for older people in our region were among the key focus areas of the annual Health Needs Assessment in the last financial year.

The Health Needs Assessment is submitted to the Department of Health and Aged Care (DoHAC) each November, outlining local health needs, trends and service gap data.

This localised data helps to establish funding priorities and ensure population needs are thoroughly analysed and prioritised.

This information is then used to inform our work through our Annual Activity Workplans, also submitted to DoHAC each year.

The Needs Assessment is one of the core activities to help South Western Sydney PHN (SWSPHN) achieve our aim to improve the efficiency and effectiveness of health services for the community, particularly those at risk of poor health outcomes, and improve the coordination of health services to ensure increased access and quality support for service users.

“We need to have a strong understanding of our region’s geography and people as well as their health issues, the health services which are used, the availability of these services, and the gaps which exist between what is available and what is needed,” Director of Planning and Performance Amy Prince said.

“The Health Needs Assessment delivers this information in one succinct place. All activities included in our Annual Activity Work Plan must reference a demonstrated need in the Health Needs Assessment document.”

The Health Needs Assessment is a continuous process divided into three-year cycles. This year is the first year in the current cycle.

“Every piece of text, data, graphs and tables are being reviewed and updated, new sections added where needed or

removed. Trends are analysed to identify emerging issues. Once all this is done, the issues are prioritised and opportunities for improvement identified,” Ms Prince said.

“To write the Health Needs Assessment we draw on both quantitative (numbers) data and qualitative (what people say) data from a range of sources. This year, we used 21 new (and still counting) quantitative data sources, plus published literature reports.

“Our qualitative data is drawn primarily from our health planning team’s work on health forums and deep-dive consultations with our community and service providers.”

The Needs Assessment provides:

- the foundation on which to build strategic planning for the organisation by the executive and management teams
- the first place to look when planning for projects and services by teams
- a useful resource for smaller organisations looking to commence a health service or submit a commissioning response for funding

SWSPHN also works collaboratively with South Western Sydney Local Health District to produce a joint needs assessment document.

The joint document aims to describe the health of our region noting significant population and demographic changes, identifying the priority health challenges for both organisations, and compiling knowledge and evidence to support current and future service planning.

The first joint document was launched in 2019. Work on the next document will begin in 2024 for release in 2025.

Consultations in the July 2023 to June 2024 period were:

→ **Mental Health Needs Assessment**

Identified issues with service knowledge and navigation, service coordination, workforce capacity, intake processes and lack of services.

→ **Healthcare for older people in Wingecarribee**

High priority needs include care coordination, service accessibility, service provider communication, falls prevention, emergency department presentation, service choice and education.

→ **Homelessness**

Multiple barriers to healthcare, disengagement with health services due to poor experiences, lack of appropriate services, difficulty in navigating services and financial barriers.

→ **Culturally and Linguistically Diverse (CALD) and refugee communities**

Service navigation challenges, lack of culturally appropriate services and chronic disease education.

→ **Primary care workforce**

Issues affecting the primary care workforce affect affordability, waiting times and access to primary care services.



SWSPHN Director of Planning and Performance Amy Prince presenting at the Local Health Forum focusing on our region's primary care workforce in April 2024.

STAR4kids

Service ensures children access to care

Community Links Wellbeing was named new commissioned service provider for the STAR4kids program in Camden, Wollondilly and Wingecarribee local government areas in February 2024.

STAR4kids, offered across South Western Sydney, provides free psychological therapies to children aged three to 12 years with, or at risk of developing, a mild to moderate mental illness, including depression, anxiety or stress disorders.

The service is delivered by different providers across the region and consists of up to 12 hours of free psychological support with a mental health professional (psychologist, mental health nurse or accredited social worker) who has experience working with children.

Other services are delivered by Mission Australia in Liverpool, the Sparrow Centre for Children in Campbelltown and ProActive Psychology Practice in Fairfield and Bankstown.

SWSPHN's Mental Health and Alcohol and Other Drugs Manager Jade Weidner said: "Community Links Wellbeing provides a number of mental health programs, including those commissioned by SWSPHN. It offers holistic and solution-focused mental health and wellbeing services in the region."

In the 2023-2024 financial year, STAR4Kids services delivered 5,848 service contacts to 1,033 people.

Total referrals for the period from July 2023 to June 2024 was 928. May was the busiest month for the combined services with 722 individual session hours.

Mental Health Service Navigator

Connecting clients with the right support

In June this year, South Western Sydney PHN (SWSPHN) commissioned One Door Mental Health to deliver the Mental Health Service Navigator.

The service provides personalised support and connects individuals with local services such as mental health services and GPs, and community support services such as housing, employment, education, family and financial support.

SWSPHN had successfully delivered the service directly during the previous two years.

SWSPHN CEO, Dr Keith McDonald PhD, said the program was crucial in identifying the necessary supports for mental health recovery and making referrals to those supports.

"The Mental Health Service Navigator is a vital part of our dedication to improving the mental health outcomes of our community and addressing the critical gap in accessing appropriate mental health support services, especially for individuals with severe and complex mental illness," he said.

The service can assist with referrals to medical, psychological and social services; information and advice on a wide range of services; and consultations via phone, email or in person.

It can be accessed by individuals with psychosocial disabilities, their caregivers and families, health professionals, and people who are homeless or at risk of becoming homeless.

Care finder

Vulnerable older people connected to services which are right for them

Care finder services, commissioned across South Western Sydney since 2022, continue to give vulnerable older people in our community access to the aged care support they need.

Care finder is a program which resulted from the Royal Commission into Aged Care.

It provides specialist and intensive assistance to older Australians needing help to understand and access aged care and connect with other relevant supports in the community.

Due to the complexity of accessing the system, evidence indicates there is an under-utilisation of aged care services among older Australians.

Indigenous Australians represent only 2.6 per cent of people using aged care services, compared with a population of 3.4 per cent, while in culturally and linguistically diverse populations only 18 to 20 per cent of older people born in non-English speaking countries are using aged care services in South Western Sydney, compared with the NSW average of about 34 per cent.

Care finder services assist eligible older people with their My Aged Care applications, provide guidance on relevant services and attend the assessment where appropriate.

They also aim to work through income/means testing and costs (with support from Services Australia as required), help people connect with relevant services, complete a high-level check-in on a periodic basis and follow up support once services have commenced.

Care finder services in South Western Sydney are delivered by: CatholicCare Sydney, Catholic Healthcare, Multicultural Care Ltd, Western Sydney Migrant Resource Centre, EACH Social and Community Health and Benevolent Society. Each covers set local government areas or has a particular focus.

From 1 July 2023 to 30 June 2024, 955 people accessed care finder services in South Western Sydney.

The average age of clients was 80 years. Of those who sought help, 36 per cent were male and 64 per cent female.

All but one per cent of clients were within the target population.

There were 1,712 occasions of service which supported a client to find the appropriate aged care support services.

Of these, 278 were engagement and rapport building related, there were 680 occasions of high-level check in, follow up and support; there were 926 occasions of support to interact with My Aged Care; and 341 occasions of providing guidance through the assessment process. An impressive 79.5 per cent of clients maintained contact with their service providers once they were referred on.



Consumers, carers and aged care providers joined SWSPHN staff, including Director of Innovation and Partnerships Kristen Short (front right), at Local Health Forums in 2022 to share insights which guided the development of the care finder service.

Healthy Ageing at Home

Program focuses on social, emotional wellbeing for older residents

South Western Sydney PHN (SWSPHN) commissioned Grand Pacific Health to provide the Healthy Ageing at Home program which aims to keep older residents out of residential aged care homes and reduce avoidable hospital stays. The program began in January 2023 and will continue until December 2025.

Older people in South Western Sydney are generally defined as 65 and over (or 50-plus for First Nations people).

The largest distribution of older adults across South Western Sydney is in Bankstown and Fairfield Local Government Areas (LGAs) (both 15 per cent), followed by Liverpool LGA (10 per cent), while proportionally Wingecarribee LGA carries the largest number of older residents at 24 per cent.

The number of older people in South Western Sydney is expected to increase by 74 per cent by 2031, with the number of people aged over 85 expected to increase by 92 per cent by 2031.

The Healthy Ageing at Home program focuses on education and workshops which aim to increase and maintain social and emotional wellbeing and health literacy, along with lifestyle behaviour modification and knowledge of community support.

For the past 12 months, there has been a strong focus on supporting older adults from Vietnamese and Arabic speaking communities within Fairfield and Liverpool.

In addition to the workshops, a community resource directory, 'Healthy Ageing at Home Interactive Service Directory 2024', was developed.

It provides information about a range of services, from Translating and Interpreting Services, to help with mental health, and contact details for support groups and transport services. In 2023–2024, 217 older people benefited from using the service.

Head to Health

Service offers vital mental health support

South Western Sydney welcomed the opening of its first Head to Health Centre in Liverpool in August 2023.

The service, which will transition to be known as a Medicare Mental Health Centre in 2024–2025, offers free, easily accessible support for the growing number of people in the region experiencing mental health concerns. A second Medicare Mental Health Centre will open next year in Campbelltown.

South Western Sydney PHN (SWSPHN) funded Neami National to establish the adult mental health centre in the Liverpool CBD. The centre provides on-the-spot support for people in distress and ongoing care for more complex mental health needs.

It is staffed by multidisciplinary care teams, including social workers, nurses, and peer support workers, who provide wraparound support and care across extended hours.

SWSPHN CEO, Dr Keith McDonald PhD, said since July last year, 588 people had reached out to the Liverpool centre for support, with 6,892.5 hours of support provided.

"This reflects the very real need for this kind of service in our region," he said. "Medicare Mental Health Centres deliver free, easy-to-access, quality mental healthcare for adults with a short or medium-term need. There is no need for people using the service to make an appointment or have a GP referral or Medicare card."

Supporting Recovery from Family, Domestic and Sexual Violence Program

Offering survivors somewhere to find help

A service which opened in May offers support to those who have experienced family, domestic or sexual violence.

The mental health component of the South Western Sydney PHN (SWSPHN)-funded Supporting Recovery from Family, Domestic and Sexual Violence Program is being delivered by Anglicare Sydney and CatholicCare Sydney.

Local Care Teams (LCTs) are another key component of the Supporting Recovery Program Model of Care. Anglicare Sydney and CatholicCare Sydney delivered partial LCT services during the interim period, until the Benevolent Society was commissioned to deliver full LCT services from November this year.

SWSPHN is one of six PHNs across the country funding services as part of the \$67 million Department of Health and Aged Care program.

SWSPHN CEO, Dr Keith McDonald PhD, said the new service was not for people in crisis, but for those needing access to longer term recovery and healing support.

It aims to fill a gap in services to ensure the thousands of people affected by domestic violence-related assault in our region have every support they need to get back on their feet. Services are delivered from hubs based across a range of locations in the region.

The Supporting Recovery program includes access to: a LCT to help clients coordinate and manage their recovery journey and connect them with services such as legal, financial and housing supports; trained psychologists, social workers and counsellors who specialise in providing trauma-informed and client-centred mental healthcare; and holistic, culturally appropriate mental health services which are available at no cost for a period up to two years.

According to NSW Crime Statistics reports there were about 4,038 domestic violence related assault incidents in South Western Sydney between April 2023 and March 2024.

Between May and June this year, the care teams delivered a total of 498 session hours and 60 clients received a service, equating to 259 session hours in May and 239 in June.



Director of Planning and Performance Amy Prince joined CatholicCare Sydney, Anglicare Sydney and FDSV victim-survivors at the Supporting Recovery program launch in May.

Working together for the health of our community

Working together for the health of our community



Wollondilly Shire Hall, Picton

Our impact At a glance

Local Health Forums

85

locals attended our series on mental health in August and September 2023

81

locals attended our series on primary healthcare in March and April 2024

Health Alliances

3

Western Sydney
Fairfield
Wollondilly

Mental Health and AOD Roundtable

43

participants

Journey into Sorry Business

103

downloads

315

webpage views

350

update printed copies distributed

Community Advisory Committee

6

meetings per year

Clinical Council

6

meetings per year

Homelessness and culturally and linguistically diverse focus groups

Homeless consultation

20

people with lived experience engaged in structured interviews

42

people with lived experience surveyed

Culturally and linguistically diverse consultation

16

interviews with GPs, service providers and allied health professionals

2

surveys for consumers and providers



focus groups were conducted with Vietnamese, Arabic, Mandarin-speaking and refugee communities

Health alliances

Partners work together on targeted activities to support healthier community

“Working together makes a difference”, this was the overriding message woven through presentations as members of the Fairfield City Health Alliance celebrated its first showcase in Bonnyrigg in May this year.

The Fairfield Health Alliance is one of three health alliances in which South Western Sydney PHN (SWSPHN) plays a pivotal role.

Locally we partner with the South Western Sydney Local Health District, and Fairfield and Wollondilly Councils to run the Fairfield and Wollondilly Health Alliances respectively.

On a regional level, we partner in the Western Sydney Health Alliance, a collaboration with our neighbouring Nepean-Blue Mountains PHN, our respective Local Health Districts plus eight local councils in the region.

The health alliances provide an opportunity for partners to work together to support a healthier population through a variety of place-based projects which target areas of identified need.

Western Sydney Health Alliance

SWSPHN CEO, Dr Keith McDonald PhD, said the Western Sydney Health Alliance aimed to leverage entities outside of healthcare to broaden healthy public policy.

He said the creation of the Australian-State Government-funded Western Sydney City Deal in 2017 provided an opportunity for SWSPHN to work with the three levels of government to “improve the coordination and effectiveness of health services in the region, and support healthier neighbourhoods”.

Dr McDonald says the alliance focuses on “the long game”, that is trying to influence policy and place-based strategy.

It looks at the broader health of the region’s diverse communities, while recognising access to primary healthcare which is high quality and sustainable is an essential part of their social capital.

In the current financial year, the alliance has recruited a new program manager and is working towards applying the policy framework developed during the previous year.

In the 2023–2024 financial year, the Western Sydney Health Alliance:

- developed resources for planners including: a Social Determinants of Health Framework; Access to Health Services Impact Statement; and Social Connectedness Framework
- committed to develop the Greater Western Sydney Workforce Strategy to increase the number of GPs, and the capacity and quality of healthcare services in our region
- participating councils used WestInvest program funding to invest in parks, pathways, cycleways and other projects to support the community in becoming more active
- developed a resource to provide councils with practical recommendations on taking action to increase community resilience to the health impacts of a changing climate

Fairfield Health Alliance

Representatives from all Fairfield Health Alliance partners and community organisations came together in May 2024 to network and hear about the variety of projects being undertaken to support the health of the Fairfield community.

Attendees heard about the achievements of the alliance's Gambling Working Group and the Health Literacy Working Group, the council's role in addressing the health and wellbeing of residents, and the importance of the Hepatitis C and Gyms in Parks projects.

Dr McDonald spoke about the motivation behind forming the alliance.

"Globally, evidence shows that health alliances provide positive outcomes for communities and by design, they're intended to bring all levels of government together because the outcome will be greater than the sum of the parts," he said.

"We wanted to pull together to do some good for our community. The alliance is all about focusing on community driven care and place-based initiatives – that's what's meaningful to the community.

In the 2023–2024 financial year, the Fairfield Health Alliance:

- continued operating the 'Prayers and More' initiative supporting mental health literacy in culturally and linguistically diverse communities
- commenced a social prescribing pilot targeting Fairfield residents
- undertook necessary upgrades to the health-professional focused gambling screening tool to assist in identifying Fairfield residents experiencing harm due to problem gambling
- participated in research exploring over-prescribing of antibiotics to children

Wollondilly Health Alliance

Wollondilly Health Alliance was relaunched in February 2024, with the signing of a new Memorandum of Understanding (MoU) and a refresh of focus areas.

Dr McDonald said the new MoU reflected the alliance's evolution into a more results-oriented partnership.

"The alliance is focused on identifying what health services are needed to support Wollondilly's growing population, and ultimately, what we need to do to improve the health and wellbeing of local residents," he said.

"The alliance will be looking to better coordinate our preparedness for, and response to natural disasters, and to improve how virtual technologies are used to ensure local health services are working smarter, not harder."

In the 2023–2024 financial year, the Wollondilly Health Alliance:

- commenced a needs assessment into health service gaps currently across Wollondilly and what investment is needed to support the tripling of the shire's population over the next 30 years
- completed the planning stages for virtual outpatient clinics for residents in the Wollondilly Shire
- completed scoping work for a social prescribing pilot co-located within primary care
- developed disaster preparedness resources for the community, with a focus on including considerations for ongoing health needs into their disaster planning

Community Advisory Committee

Committee plays pivotal role in guiding, supporting initiatives

The South Western Sydney PHN Community Advisory Committee made an invaluable contribution again this year under the guidance of our valued Chair Cath Brennan and Deputy Chair Kylie Richardson.

The committee played a pivotal role in guiding and supporting key initiatives throughout the year, participating in robust consultations on the Joint Health Literacy Framework, developed with the South Western Sydney Local Health District; targeted initiatives for regional suicide prevention; the annual Needs Assessment review; Workforce Planning and Prioritisation;

Patient Reported Measures and Needs Assessment into homeless and culturally and linguistically diverse communities.

Members also received updates on the introduction of Voluntary Assisted Dying in South Western Sydney; the Aboriginal Health Program; Diabetes Education through Pharmacy Project; Urgent Care; and empowering aged care through telehealth.

Clinical Council

Timely delivery of discharge summaries a focus this year

The Clinical Council had a productive year in 2023-2024 focusing on strategies with the South Western Sydney Local Health District (SWSLHD) on improving the quality and timely delivery of discharge summaries, ongoing COVID-19 surveillance and the introduction of Urgent Care Clinics and Services.

Dr Vince Roche, a GP in Moss Vale, was again elected Chair and the committee farewelled SWSLHD representative Dr Zinta Harrington, welcoming her replacement Dr Vincent Wong, head of endocrinology at Bankstown Hospital.

The council also welcomed incoming Community Advisory Committee representative Jo Ross and Nurse Practitioner Wendy Patterson.

Discussions and presentations this year focused on the iRAD and Antenatal Shared Care programs, Voluntary Assisted Dying processes for South Western Sydney, Drug Health initiatives, the SWSLHD Menopause Service, Health Alliances, Aboriginal Health and Workforce Planning and Prioritisation priority catchment validation.

With the board's support, the council also took a lead role in advocating the issue of constraints on GPs prescribing stimulants to children to other NSW PHNs, and then collectively on to NSW Health.

Mental Health and AOD Roundtable

Sectors unite to ensure integrated consumer care

Our annual Mental Health and Alcohol and Other Drugs (AOD) Roundtable, which aims to promote integration among service providers, was held in Campbelltown in December 2023.

The annual roundtable attracted 43 participants, including nine South Western Sydney PHN staff, who came together to discuss the theme of creating culturally safe and inclusive spaces for multicultural communities and Aboriginal and Torres Strait Islander peoples.

Jioji Ravulo, the keynote speaker and Professor and Chair of Social Work and Policy Studies at The University of Sydney, highlighted the importance of a holistic approach in responding to diversity.

Key discussions highlighted the importance of safe spaces in shaping identity and community belonging.

Professor Ravulo emphasised the challenge of aligning services with diverse community needs, saying intentions drive the effectiveness of tools.

Guest speaker, Dr Lisa Juckes, clinical lead at YESS Northern Sydney and youth, general and addictions psychiatrist, delivered a presentation called 'I don't have an issue with substance use – just help me with my mental health', focusing on co-occurring mental health and substance use.

The session was followed by a workshop exploring models of intersectionality, concept of cultural, and social and emotional wellbeing.

Gandangara Health Services' presentation stood out during the event, featuring a captivating performance by Jestyn Nand on the didgeridoo, a meditation session using "dadirri", meaning deep listening and quiet stillness, and a Yarning Circle for all participants.



The 7th annual roundtable attracted 43 participants, including SWSPHN staff (left). Mental Health and AOD Manager Jade Weidner (right) presents at the roundtable.

A Journey into Sorry Business

Raising awareness and providing practical resources

South Western Sydney PHN (SWSPHN) staff gathered to mark National Palliative Care Week in May 2024 and celebrate the launch of the updated version of our *A Journey into Sorry Business* booklet.

SWSPHN developed *A Journey into Sorry Business* with local Aboriginal Elders, the Gandangara Local Aboriginal Land Council (LALC) and South Western Sydney Local Health District (SWSLHD). It was first launched in 2021.

The booklet supports First Nations people to share their wishes and preferences for their end-of-life care through 'sorry business' – cultural practices and protocols associated with death.

It aims to provide culturally appropriate, respectful and mindful information to encourage Aboriginal people to yarn about their rights, wishes and how to plan ahead when circumstances change through their lives.

A Journey into Sorry Business' innovative approach has attracted attention from other PHNs from Victoria, Queensland, Western Australia and the Northern Territory, which have started using the booklet as a resource or using it as a basis for developing their own.

It has also attracted attention from the Department of Health and Aged Care which created a video explaining more about the booklet. The video can be found on the department's website.

Following additional consultation earlier in the year, the booklet was updated with information about health literacy, extra support services and links to more resources.

The updated version of *A Journey into Sorry Business* has been distributed to Gandangara LALC (100 copies),



Integration and Priority Populations Coordinator
Kate Noble at the launch of the updated booklet.

SWSLHD (100 copies) and through our GP Registrar Welcome Packs (150 copies).

The *A Journey into Sorry Business* update was downloaded from the SWSPHN website 39 times between 1 May and 31 July 2024. The related webpage was viewed 225 in the same period.

All up, the original and updated versions of the booklet were downloaded 103 times in the period from 1 July 2023 to 30 June 2024, and the webpage was viewed 315 times.

The updated booklet will also be available at community events, like the Advance Care Yarning session held during Advance Care Planning Week in March this year, where SWSPHN staff distributed the original version of the booklet.

Homeless and Culturally and Linguistically Diverse Project **Initiatives aim to fill health service gaps for vulnerable communities**

Embracing opportunities to actively develop innovative projects and activities to improve healthcare access and outcomes for vulnerable communities in our region, is a priority for South Western Sydney PHN (SWSPHN).

In January 2024, we began consultation which aimed to identify health services gaps for homeless, and cultural and linguistically diverse communities (CALD).

Over the course of several months, SWSPHN project team members invited GPs and service providers to share through structured interviews, their experiences of providing care to people who are living with (or at risk of) homelessness.

A total of 20 people with lived experience and 22 providers participated through structured interviews. A further 42 people with lived experience engaged via a survey.

Concurrently, the SWSPHN project team consulted with primary care providers and multicultural and refugee communities to better understand their health needs.

SWSPHN project team members conducted 16 interviews with GPs, service providers and allied health professionals. We also ran a series of focus groups with the Vietnamese, Arabic and Mandarin-speaking, and refugee communities, in addition to conducting two surveys for consumers and providers.

The consultations identified priority areas, including the need for improved access and quality of care, resources to improve health literacy, support for health professionals to deliver culturally safe care and further research and consultation to understand the health and service needs.

SWSPHN took the information gathered during the initial consultations from both homelessness and CALD co-designs to develop three new initiatives:

1. service navigator, a service which seeks to put people from vulnerable communities in contact with healthcare services
2. community chronic disease education sessions for multicultural communities
3. trauma informed care and domestic violence training for healthcare providers



Members of the Vietnamese community provided feedback on local health needs at a focus group in February.

Local Health Forums

Vital community input helps inform healthcare needs in region

The importance of finding out exactly what our community wants – or needs – from health services in our region, inspired South Western Sydney PHN (SWSPHN) to hold Local Health Forums to hear the experiences of participants and discuss how the health of our region can be improved.

The forums are held twice a year and began in 2022 as an expanded take on our long-running Local Health Councils.

They have focused on topics ranging from chronic care to co-design of the care finder program.

In 2023-2024, the community was invited to help us better understand the gaps in mental health services in our region and the challenges facing our primary care workforce.

During both rounds of forums, community members, health professionals and service providers came together at several locations across the region, including in the Southern Highlands, Campbelltown, Liverpool and Bankstown.

A total of 85 locals attended our series of forums focusing on mental health in September and August 2023.

Information gathered during the forums helped to: identify and understand the mental health needs of the community; identify where existing services can be improved to better serve the community; and develop and implement future activities which will benefit the community.

Eighty-one locals attended our series of forums in March and April 2024 to talk about primary healthcare.



Local Health Forums focusing on mental health services.

Key priorities for further consideration which came out of the forums included: increasing support for primary care health professionals, including improving general practice support and referral pathways for allied health; supporting patients to access primary healthcare services through educational communications campaigns and improving accessibility; and improving regional directories to provide a clear view of all services.

SWSPHN CEO, Dr Keith McDonald PhD, said the Local Health Forums explored service and health needs gaps in our community and were essential in better understanding how SWSPHN could ensure the delivery of quality healthcare to our community.

“Each forum reinforces the importance of engaging and collaborating with our community to identify areas for improvement and develop solutions to help enhance healthcare services in our region,” he said.

Workforce Capacity Building Program

Program boosts skills in providing culturally sensitive care

The success of South Western Sydney PHN's (SWSPHN) Workforce Capacity Building program in 2021-2022 saw the expansion of the program from two Aboriginal health services to five services, including three mainstream services, in the last financial year.

The program is available to primary healthcare staff and trainees at Tharawal AMS, Gandangara Health Service, Grand Pacific Health, Neami and Rendu House (St Vincent de Paul Society NSW), and aims to build participants' skills and knowledge in providing culturally sensitive primary care for Indigenous people.

Trainees undertake NSW TAFE Certificate IV courses in Aboriginal and/or Torres Strait Islander Primary Health Care or Mental Health.

Participants in the Aboriginal and/or Torres Strait Islander Primary Health Care course gain practical, onsite experience in starting 715 Aboriginal Health Assessments by taking weight, height, blood pressure, oxygen and blood sugar levels, supporting patients to complete paperwork and ensuring follow up appointments are booked.

Trainees from both Tharawal AMS and Gandangara were employed after graduating from the first program.

Tharawal Operations Manager Lachlan Wright said: "Our organisation is very proud of the fact that both Amanda Smith and Taylah Hansen have been employed fulltime after completing a Certificate IV in Mental Health and Drug and Alcohol.

"The Workforce Capacity Building program was a great entry point into Tharawal and something we are keen to replicate with other staff in the future."

The current program began on 1 July 2023 with 13 trainees, and will end on 31 December 2024.

Tharawal AMS' Progress Report 2024 said their trainees had the opportunity to interact with more than 100 clients through the practical component of the course.

"These students have developed a lot of confidence within themselves and have been able to implement the theory side of the course into their work onsite here at Tharawal.

"They have applied a positive approach to all the work they are completing and show initiative towards furthering their knowledge."

Rendu House's trainee has a caseload of 10 to 12 clients, with positive feedback including:

"We are receiving significant interest in the role, and it has allowed Rendu House to reach the wider First Nation's community" and;

"Clients of the service have reported positive feedback on how respectful, kind, empathetic and person-centred the trainee presents to each appointment, and report this is why they feel comfortable and safe in remaining engaged in the service."



Trainees at Tharawal AMS receive practical experience in clinical areas like taking blood pressure.

Stronger preventative health

Stronger preventative health



Georges River, Liverpool

Our impact At a glance

Early Breast Cancer Survivorship Shared Care

54

women in program

12

GPs signed up in first week of program in December 2023

52

GPs currently involved

The Root Cause

6

schools participating

2,565

students participating

Diabetes in Pharmacy HEAL program

2

general practices participating

29

patients participating *initial case conference to 8-week HEAL program

18

patients currently participating *from 6-month case conference follow up

National Cancer Screening Register

106

practices integrated into software via PRODA

Hepatitis C Clinical Support and Quality Improvement project

2021–2023

South Western Sydney hepatitis C prevalence
7%↑
above national average

South Western Sydney treatment uptake
11%
which was lower than the national average

Campbelltown hepatitis C prevalence
53%↑
above NSW average

Fairfield hepatitis C prevalence
31%↑
above NSW average

2022

7,669

number of people living in South Western Sydney with hepatitis C

September 2023

3,958

people living in South Western Sydney with hepatitis C who have been treated

48%

of those treated were treated by a GP

November 2023 – January 2024

16

practices focused on hepatitis C as the QI activity

February 2024 – April 2024

16

practices focused on hepatitis C as the QI activity

May 2024 – July 2024

14

practices focused on hepatitis C as the QI activity

Hepatitis C Clinical Support and Quality Improvement Project **Strategy aims to eliminate major public health concern**

General practices are playing a vital role in testing and treating people with, or at risk of hepatitis C, and South Western Sydney PHN (SWSPHN) is supporting them in their goal.

The NSW Hepatitis C Strategy, 2022 to 2025, aims to eliminate hepatitis C as a public health concern in NSW by 2028.

Between 2021 and 2023 South Western Sydney had a 7.4 per cent higher prevalence of hepatitis C than the national average. Campbelltown and Fairfield Local Government Areas (LGAs) have consistently higher rates with 53 per cent and 31 per cent above the NSW average. In 2022, an estimated 7,669 people were living in South Western Sydney with hepatitis C.

Between 2021 and 2023, our region had lower treatment uptake than the national average at 10.9 per cent, which is one of the lowest in the state.

The South Western Sydney Local Health District (SWSLHD) and SWSPHN Hepatitis C Clinical Support and Quality Improvement Project is a two-year partnership which began on 1 August 2023. It aims to support and build the capacity of GPs and practice nurses to increase the level of hepatitis C testing, as well as the treatment of people with hepatitis C.

An important part of the strategy has been to establish five keystone practices which offer the highest level of support and treatment in the region.

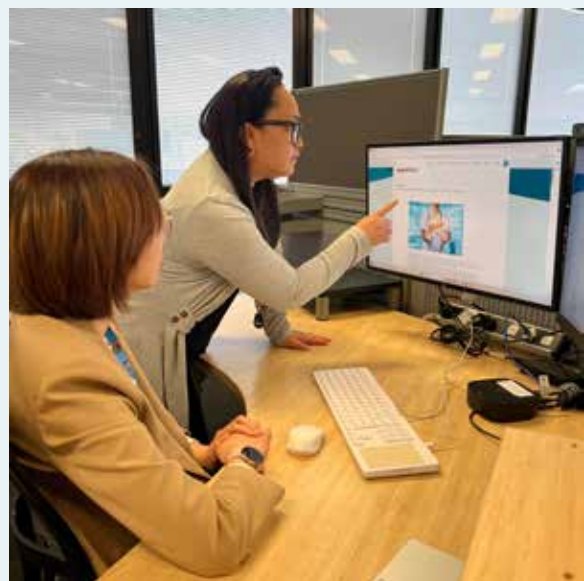
Under the program, patients who are not able to access hepatitis C treatment with their own GP, or those without a regular general practice, can be referred to one of the keystone practices. These practices work to increase access and testing for people at risk of a hepatitis C infection, while linking newly acquired and existing infections into treatment and care.

To support GPs in treating hepatitis C positive patients, SWSPHN has developed a GP brochure which provides easy-to-refer-to information and supports capacity building in primary practice. The brochure also provides a referral pathway to keystone practices.

The GPs are supported by a hepatitis C Clinical Nurse Consultant (CNC) funded by SWSPHN, and a Clinical and Quality Improvement (CQI) Officer to recall, screen and treat at-risk populations as well as existing or newly acquired hepatitis C cases.

The CQI team works with the CNC to identify potential hepatitis C quality improvement (QI) activities which could assist practices in improving hepatitis C screening and treatment for their patients.

Since November 2023, the CQI team has actively encouraged Tier 3 practices - which are the highest QI engagement practices - to focus on hepatitis C as their QI activities.



Clinical and Quality Improvement Team Lead Grace Tam and Improvement Officer Vencelle Pamonagand work to identify potential hepatitis C quality QI activities which could assist practices in improving screening and treatment.

The key performance indicator (KPI) is to have at least eight Tier 3 practices focusing on hepatitis C through the QI activities, and that goal was almost doubled each quarter.

In November 2023 to January 2024 there were 16 practices focused on hepatitis C as the QI activity. This was repeated in the period February 2024 to April 2024. In May 2024 to July 2024 there were 14 practices focused on hepatitis C as the QI activity.

The key performance indicator is to have at least eight Tier 3 practices focusing on hepatitis C through the QI activities, and that goal was almost doubled each quarter.

The CQI team also prepared a hepatitis C QI newsletter and distributed it to all QIPC practices in Tiers 1, 2 and 3 to increase the awareness of hepatitis C and ensure practices can get support from SWSPHN. A hepatitis C QI toolkit is also under development for use in general practice.

The project between SWSPHN and SWSLHD aims to increase treatment uptake by people with hepatitis C within the general practice setting.

The community hepatitis CNC works in collaboration with keystone practices to: provide onsite education for GPs and other health professionals on clinical issues/practices pertaining to hepatitis C; provide expert client-centred hepatitis C consultancy in the community; support assessment and triage of patients; and provide clinical support for GPs for hepatitis C treatment initiation.

They also act as a link between GPs and the SWSLHD Gastroenterology and Liver Department for patient follow-ups; facilitate referrals and capacity building with selected GP practices; follow up GP hepatitis C notifications; and provide intensive support for selected GPs.

With an eight-to-12-week course of hepatitis C treatment now easily accessible – and 95 per cent successful – SWSPHN has been involved in several projects aiming to encourage at-risk community members to be tested.

As well as our work with the Public Health Unit, and in general practices, SWSPHN also supports Motivate C, a University of Sydney project which aims to find out if an offer of a cash reward will encourage people with hepatitis C to seek treatment by community treatment providers.

Other supports available for GPs to treat patients in their practice include:

- ➔ Liverpool Hospital's Project ECHO supports GPs to screen, manage, and treat chronic liver disease and viral hepatitis B and C patients

- ➔ Beyond the C is part of the national hepatitis C project, the 50,000 Project, which aims to find the estimated 50,000 people living with hepatitis C who have not accessed treatment, support or care. The partnership program with general practice hopes to engage these people and connect them with care

- ➔ ASHM develops and delivers education and training to support the HIV, viral hepatitis and sexual health workforce. They have also developed a series of profession-based booklets for allied health workers and other professionals who may come into contact with blood-borne viruses and sexually transmissible infections

Early Breast Cancer Survivorship Shared Care

Program supports GPs to play a greater role in after care

South Western Sydney GPs have embraced the Early Breast Cancer Survivorship Shared Care Program.

The program began in December 2023 with 12 GPs signing up to take part in its first week. Today an impressive 52 GPs are involved in the program which offers a tailored approach to shared care through a breast cancer Clinical Nurse Consultant (CNC).

The innovative pilot program was developed in response to the challenges faced within public cancer services to maintain high quality survivorship care, with South Western Sydney PHN (SWSPHN) commissioning South Western Sydney Local Health District to jointly fund a breast cancer CNC.

The CNC helps survivors transition from specialist to primary care, serving as

the primary liaison between the GP, the oncologist and early breast cancer survivors eligible for shared care.

After identifying, and gaining consent from suitable patients, the CNC establishes a shared care arrangement which allows the patient to have some of their routine care take place with the GP instead of the oncologist.

This collaborative process ensures seamless patient follow-ups with the CNC providing ongoing support and serving as an escalation point for any medical complications.

There are currently 58 women taking part in the program which will run until November 2025.

Diabetes Education Through Pharmacy

Project takes practical approach to engaging community to improve health

Ensuring people with type 2 diabetes receive the right advice on managing their condition is critical to staying healthy.

But a program funded by South Western Sydney PHN (SWSPHN) and delivered by the South Western Sydney Local Health District (SWSLHD) is hoping to make that easier.

The Diabetes Education Through Pharmacy project offers a practical approach to engaging the community in diabetes education. The program – trialled at Pharmacy Focus in Rosemeadow – saw diabetes patients receive the offer of a free education session when they dropped in to pick up their medication. They were given information about the session and the opportunity to sign up on the spot.

The sessions were held at a local community centre and aimed to show people with type 2 diabetes how to live a healthy lifestyle while successfully managing their condition.

The small group setting allowed opportunities to ask questions, meet others with type 2 diabetes and share experiences. Phase 1 of the pilot program received a 78 per cent sign up rate. Phase 2 of the pilot received a 74 per cent sign up rate.

The success of the pilot has also resulted in SWSPHN receiving funding from the Fairfield Health Alliance to conduct diabetes education sessions for three Vietnamese groups and three Arabic groups in their own language.

Joint Health Literacy Framework

Helping community make right choices

Following the lead of other primary health networks and local health districts in developing a framework to guide improvements in health literacy, South Western Sydney PHN (SWSPHN) partnered with South Western Sydney Local Health District (SWSLHD) to create a Joint Health Literacy Framework during 2023-2024.

Consulting with several key stakeholders, including community members and working groups, we have worked together to develop a single framework with five key priority areas for improving health literacy.

The framework aims to support and implement evidence-based activities which help people make health-based decisions.

The framework will focus on enhancing workforce capacity, meeting the needs of diverse communities, improving access, navigation and improving communication, as well as our organisational leadership in this space. Improving health literacy will be front of mind when involving our community in the co-design of services.

We effectively use our communications platforms – as well as the HealthPathways and Health Resource Directory websites – to improve health literacy within our region.

SWSPHN maintains HealthPathways in partnership with SWSLHD. It serves as the clinical and referral information portal GPs can use to support the treatment of health issues, and includes a range of up-to-date tools and information.

Health Resource Directory is a tool GPs can use to support patients to better understand their health conditions, and find local services and supports. The directory offers web pages and audio files in Arabic, English, Mandarin and Vietnamese. SWSPHN also translates resources where relevant.

The health literacy framework will include recommendations for primary care providers to ensure they provide a culturally safe and appropriate service to non-English speakers and for people of various cultural backgrounds.

The framework will be implemented early 2025.

The Root Cause

Healthy food choices make happier kids

Encouraging children to “make friends with food” and choose healthier options is the aim of a program introduced in six South Western Sydney primary schools.

South Western Sydney PHN (SWSPHN) contracted the services of The Root Cause to deliver the program – titled “Making Friends with Food” – which educates students, teachers and parents about the importance of building a positive relationship with food. So far 2,565 students in the region have taken part.

The program, which began in October last year, is centred around four key activities:

in-person workshops for students, parents and staff; a range of classroom resources; professional development; and an online portal for families to use from home.

Students learn life skills such as how to read packet labels and discover how foods grown in nature provide longer lasting energy for their bodies than food made in a factory.

An interesting aspect of the program is it produces a food and waste report for schools which also looks at the nutritional quality of lunch boxes and compares them to statewide data.

Living our values: being a trusted and socially responsible organisation



Employee Value Proposition

Passionate staff celebrate positive workplace culture

South Western Sydney PHN's (SWSPHN) positive workplace culture was leveraged to attract high numbers and top-quality candidates to our team in the last financial year.

In 2023-2024, we advertised 33 positions which attracted 1,638 applications, with completed applications up more than 42 per cent on the previous year.

The jump follows the launch of SWSPHN's Employee Value Proposition (EVP) in July 2023.

An EVP highlights the unique benefits, development and experience employees can expect from an organisation. It is a celebration of our organisation and the people who play an integral role in our success journey.

This may include opportunities for personal growth and career development; a sense of belonging and feeling supported; flexible work arrangements; a good physical working environment; or challenging projects.

Our EVP was developed with feedback from staff about what it means to work at SWSPHN, why people should join our organisation and why people continue to choose us as their employer of choice.

At the EVP launch event, our CEO Dr Keith McDonald PhD told staff: "Today we are here to share our new employer branding. But this is really a celebration of our people. Our people are our brand".

SWSPHN's workforce is made up of 89 (FTE) hard-working and passionate people, delivering a diverse range of services across the region. In the 12 months to 30 June 2024, we welcomed 17 new staff and four babies into the PHN family. We also celebrated five internal promotions, seven internal secondment opportunities and 12 short-term acting appointments as part of our ongoing commitment to support our employees in their career development.



SWSPHN CEO Keith McDonald addresses staff at the launch of our EVP.

Staff tell the story of South Western Sydney PHN through our communications channels

SWSPHN website Careers pages

Our people are kind, talented and passionate about primary health – the kind of real people you genuinely enjoy working with. Bringing diverse skills, expertise and perspectives, they achieve remarkable things every day – for our communities and each other. Meet some of our team.

Bianca Lean says she has always loved a challenge, and since joining SWSPHN in October 2020, she's achieved so much.

Coming on board as a Practice Support Officer, she's already been promoted twice and is now in the strategic role of Primary Care Workforce Manager.

Bianca said: "Generally speaking, everyone is here because they're passionate about making a difference at a local level.

"Rather than working somewhere that focuses more on policy, here, you're able to implement things directly for your local community.

"I'm excited to be working here. We have some great projects up and running now that will help vulnerable communities. There's so much work being done, it is good to see."

Jonathan Stucken brings a wealth of 'techspertise' to his role as Data Team Lead. He also brings a strong desire to help others, which Jonathan says is part of the reason he's chosen to work at SWSPHN. And since joining our team in 2022, Jonathan has found behind the scenes, he can play an important role in improving healthcare outcomes across our communities.

Jonathan notes the positive culture at SWSPHN is unlike any he's experienced.

"Coming from the teaching world where the culture was quite critical, I was really surprised in a good way by the open, positive culture here. You feel really welcome and part of the team. I've worked in jobs where Monday morning arrives and your heart sinks. But I can honestly say that here, I'm pretty keen to get into the week!"

LinkedIn 'Behind the Teams'

Each month, we go behind the scenes with a 'Behind the Teams' social post on LinkedIn to capture what it means to work at SWSPHN, why people should join our organisation and why people stay, with the aim of recruiting the right people to help our teams thrive.

The posts feature staff profiles and successes, staff events and other behind the scenes content about what we do and who we are.

In one post, our Mental Health and Psychosocial Program Coordinator Damien Burke said: "I am truly lucky to have such a great workplace and culture that supports and nurtures personal and professional growth".

In another, our Procurement and Contracts Coordinator Laura Murphy said: "I didn't come into SWSPHN with a set idea of where I wanted my career to go, so I'm very open to trying something new. And I feel like here, I'm being offered a career path".

Through these monthly posts, followers have learnt more about our Integration and Priority Populations, Primary Care Workforce, Communications and HealthPathways teams.

Corporate charity

Fundraising offers hope and a hand to cope with heartbreak from loss of a baby

Each year South Western Sydney PHN (SWSPHN) staff vote on which charity will receive the proceeds of our Corporate Charity fundraising activities.

Staff chose Bears of Hope, which provides support and care for families who experience the loss of their baby during pregnancy, birth or infancy, as our Corporate Charity for 2024.

The not-for-profit organisation is managed by a dedicated team of bereaved parents, offering counselling, grief workshops, grief wellness groups and other resources.

SWSPHN staff raise funds for our charities through a dedicated Go Fund Me page, via collection tin donations on mufti Fridays and other activities throughout the year.



Cornhole and table tennis were among the activities staff enjoyed while fundraising for our Corporate Charity on World Family Day 2024.



WILMA's Vanessa Olsen (third from right) joins our Corporate Services team to accept a donation.

In May 2024, we held our first big fundraiser for the year, a 'family picnic' on World Family Day. Staff enjoyed a potluck lunch and a variety of games, and made donations to participate in both.

Bears of Hope Support Services Coordinator Kelly Merchant joined a staff meeting earlier this year to thank SWSPHN staff for their support.

Kelly said Bears of Hope had a small, but "mighty" and hard-working team which continued to provide support to families at no cost through donations from larger organisations like ours.

WILMA (Women In the Local Macarthur Area) was our 2023 charity. During the year we collected almost \$2,600 for the not-for-profit women's health centre.

If you'd like to donate to Bears of Hope go to: gofundme.com/swsphn-2024-corporate-charity

ISO 9001 and ISO 27001

Commitment to quality and security reflected in robust plans and processes

Quality management processes and information security have been front of mind for South Western Sydney PHN (SWSPHN) during the past 12 months, with our ISO 9001 three-year re-certification due in October 2024, and planning and implementation of ISO 27001 well underway.

Our Quality Management System (QMS) provides SWSPHN with a formal process to review and continually improve our processes and procedures. ISO 9001 is an internationally recognised standard for QMS' and ensures our products and services consistently meet customer and regulatory requirements.

ISO 27001 is an Information Security Management System (ISMS) standard which focuses on managing and protecting our data from breaches and unauthorised access by ensuring their confidentiality, integrity and availability.

ISO 9001

SWSPHN first achieved ISO 9001 certification in December 2018.

Each October we complete an annual surveillance audit, which gives staff the opportunity to share with external auditors the scope of our work and the robust processes we have in place to ensure this work is conducted at a high standard across all levels of the organisation.

In October 2023, the external auditor identified no nonconformities and no opportunities for improvement, noting SWSPHN already has a strong ongoing commitment to internal review and continuous improvement, supporting a strong management system which is well positioned to support the organisation's objectives.

Strengths noted by auditors included:

- the Quality Management System continues to improve with dedicated support from management and staff of SWSPHN

- the organisation maintains a strong commitment to continuous improvement constantly reviewing its policies and procedures with improvements reflected in the management system

- the audit determined the management system has the ability to ensure SWSPHN meets identified applicable statutory, regulatory and contractual requirements relevant to the scope of certification

- the management system is effective in ensuring the organisation has reasonable expectations to achieve defined objectives

- the organisation has determined the risks and opportunities which may influence the quality management systems intended results. Effective risk management and continuous improvement has been planned, implemented and evaluated

Our ongoing certification demonstrates the contribution of all staff into our organisation's quality management system - our registers, audits, policies, forms, standard operating procedures, communication strategies and stakeholder engagement to highlight a few areas.

We look forward to integrating ISO 27001 into our management system structure in the coming year and integrating both standards into our business-as-usual operations.



ISO 27001

ISO 27001 is a contractual requirement from the Department of Health and Aged Care for all PHNs by 30 June 2026.

In the financial year to 30 June 2024, we made significant progress towards ISO 27001 certification by:

- commencing the development of an integrated ISMS incorporating ISO 27001 requirements and working towards Essential Eight Maturity Level Two with a focus on identifying and managing information security risks and vulnerabilities, ensuring a proactive approach to mitigating potential threats
- widening the scope of the Data Governance Committee to become the Information Security Management Committee (ISMC), focusing on data, privacy and cybersecurity risks, management and policies to raise awareness on the importance of information security for protecting personal information and privacy
- implementing a password management tool for employees to keep their passwords safe
- working towards implementing further cybersecurity controls for the use of personal devices, public Wi-Fi, software applications, encryption and data classification
- implementing online monthly staff cybersecurity training to ensure continuous awareness and skill development

This year's highlights

Staff champion good mental and physical health through variety of activities

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.

Here are some of the activities we participated in in 2023-2024.

Continuing to champion the R U OK? message

About 25 staff gathered to hear from our Mental Health team about the importance of, and how best to ask: 'R U OK?' as part of our R U OK? Day activities in September 2023.

Improving our understanding of mental health and supporting employees living with mental health conditions, are two key components of our organisation's Health and Wellbeing strategy.

Staff learnt a lot from the R U OK? presentation and committed to championing the R U OK? message in the workplace and at home.



STEPtember is marked by lots of steps and lots more friendly competition at SWSPHN each year.

Stepping up to support an important cause

STEPtember is one of SWSPHN's favourite events. Last year six teams of four put on their comfy walking shoes and stepped up for STEPtember to raise funds for life-changing research, treatment and services to help people with cerebral palsy live their best life.



Staff presentation focused on importance of asking R U OK? and the steps which could help change a life.

Course helps develop healthy workplace

Fourteen additional SWSPHN staff joined the more than one million Australians who have now been trained in Mental Health First Aid, following a two-day course in September 2023.

The course aimed to provide evidence-based training to equip people with: practical skills and knowledge about the different types of mental illness; confidence to listen, connect and support someone experiencing mental ill health; decreasing stigmatising attitudes; increased awareness of the amount of support and types of support available.

SWSPHN staff lace up for mega City2Surf

A SWSPHN team laced up to join 60,000 runners for last year's City2Surf.

The City2Surf is not only the world's largest fun run but has raised more than \$50 million for charities in need since 2008 (when the fundraising tally was first recorded).



SWSPHN staff showed heart, joining in the 14km City2Surf from Sydney's CBD to Bondi in 2023.



The Mental Health First Aid course gave 14 SWSPHN staff the knowledge and practical skills to support people experiencing mental ill health.

Financial statements

30 June 2024

ABN 74 605 441 067

ABN 74 605 441 067

Annual Financial Report

For the period ended 30 June 2024

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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 2024

Dr Matthew Gray (Chair)
Ms Karen Edwards (Vice Chair)
Mr John Adam
Dr Ken McCroary
Dr Andrew McDonald
Professor Jennifer Reath
Dr Michael Tam
Ms Sonia Marshall

Chief Executive Officer

Dr Keith McDonald

Company Secretary

Ms Kristen Short
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 2024

Your Directors present this report to the members of South Western Sydney Primary Health Network Limited (SWSPHN) for the year ended 30 June 2024.

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 and more enabled community;
- A better health system experienced by General Practitioners and primary care providers;
- An integrated health system that is fit for purpose;
- Primary health care that demonstrates value; and
- A trusted and socially responsible organisation.

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

- The development of robust operational systems, including continuous improvement supported by ISO9000 certification and preparation for ISO27001 cybersecurity certification
- Alignment of our work with the PHN National Priority areas
- Effective infrastructure
- Fostering high performance through reward and recognition, professional development and fostering a supportive, transparent and productive culture which is committed to service of our communities.

Long-term objectives

Within the next 5 years the vision of the SWSPHN is to attain better health for South Western Sydney with a mission to enhance and connect care to meet our local health needs.

We will enable our team to deliver our strategic initiatives that address the Quadruple Aim 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; integrated place-based initiatives through formal health alliance agreements with local government and state-based agencies; implementing the agreed scope of works of the collaboration agreement with the SWSLHD; and enabling new models of care and modes of operation.

Review of operations

During 2023/2024, 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 2024, the company's surplus was \$288,473 (year ended 30 June 2023, \$347,880).

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	6
Ms Karen Edwards	29 October 2020	7	6
Dr Ken McCroary	28 October 2021	7	6
Ms Sonia Marshall	1 November 2022	7	5
Dr Andrew McDonald	28 October 2021	7	6
Professor Jennifer Reath	29 October 2020	7	6
Dr Michael Tam	2 November 2022	7	7

A – Number of meetings eligible to attend

B – Number of meetings attended

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 1988 to 2024, Consultant from 2024 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.
Ms Sonia Marshall	MBA, Grad Dip Public Service Administration,	Chief Executive, South Western Sydney Local Health District (Jan 2024 – Current), Executive Director Nursing	Member, SWSPHN Audit and Risk

Directors' Qualifications, Experience & Special Responsibilities

Name	Qualifications	Experience	Special Responsibilities
	Bachelor Science (Nursing)	Midwifery & Performance, South Western Sydney Local Health District (2016 to 2023); 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).	Management Committee. Member, Notre Dame School of Nursing and Midwifery External Advisory Board. Board member of the Ingham Institute of Applied Medical Research please.
Dr Andrew McDonald	MB BS (Hons 2) Sydney University, DCH FRCPC 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 & 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).	Member SWSPHN Audit and Risk Management Committee, Member SWSPHN Clinical Council, Member & Clinical co-chair SWSPHN Mental Health Advisory Committee, Member & Clinical co-chair SWSPHN Aged Care Committee, Member SWSPHN Palliation & Primary Care After Hours Steering Committee, Member SWSPHN Medical Neighbourhood Steering Committee

Directors' Qualifications, Experience & Special Responsibilities

Name	Qualifications	Experience	Special Responsibilities
Professor Jennifer Reath	MBBS, PhD, MMed, FRACGP, DipRANZCOG, GAICD	Foundation Peter Brennan Chair of General Practice, Western Sydney University (2010- end July 2022); General Practitioner working mostly in Aboriginal Community Controlled Aboriginal Health Services since 1983 including at Tharawal Aboriginal Corporation 2017-2022; Foundation Deputy Chair of RACGP National Aboriginal and Torres Strait Islander Health Faculty from 2010 and Chair Education Committee until 2015, continuing as an invited member of the Council; founding director of the Nepean Blue Mountains Local Health District and Chair Health Care Quality Committee 2010 – 2020; invited member of the Aboriginal Health and Medical Research Council Ethics Committee 2008-17; 2016 Associate Member of the Year, Australian Indigenous Doctors Association.	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 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-), UNSW Sydney; RACGP Board member (2020-) and Deputy Chair (2021-), Sydney South West GP Link Ltd.; Co-Chair (2019-2023), '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.

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 2024, 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

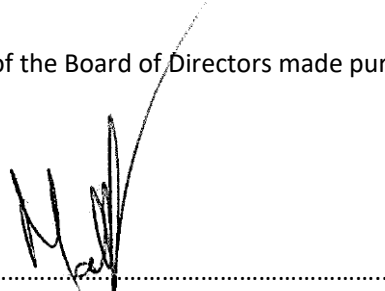
A copy of the auditor's independence declaration as required under section 60-40 of the Australian Charities and Not-for-Profits Commission Act 2012 is set out on the following page.

Directors' signatures

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

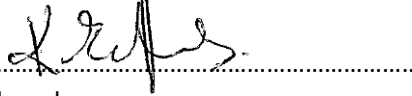
On behalf of the Directors:

Chairperson

A handwritten signature in black ink, appearing to read 'M. Gray', written over a horizontal dotted line.

Dr Matthew Gray

Director

A handwritten signature in black ink, appearing to read 'K. Edwards', written over a horizontal dotted line.

Ms Karen Edwards

Dated

29th August 2024

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 2024, 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
BDH Audit & Assurance Pty Limited



Gede Barone

Director

Dated 29th August 2024

Sydney

Statement of Profit or Loss and Other Comprehensive Income For the year ended 30 June 2024

	Note	2024 \$	2023 \$
Revenue from grants	2(a)	59,013,700	60,038,031
Other revenue	2(b)	2,177,507	1,535,013
		<hr/>	<hr/>
Total revenue		61,191,207	61,573,044
Employee benefit expense	8(a)	10,287,806	9,006,330
Finance costs		-	-
Occupancy costs		289,253	287,461
Contractors		48,362,188	49,760,578
Training & conferences		503,000	458,349
Other expenses		1,460,487	1,712,446
		<hr/>	<hr/>
Surplus before income tax expense		288,473	347,880
Income tax benefit / (expense)	1(o)	-	-
		<hr/>	<hr/>
Net Surplus for the year		288,473	347,880
Other Comprehensive Income for the year		-	-
		<hr/>	<hr/>
Total Comprehensive Income for the year		288,473	347,880

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 2024

	Note	2024 \$	2023 \$
Current assets			
Cash and cash equivalents	3	53,793,823	33,788,189
Trade and other receivables	4	34,427	3,519
Other current assets	5	910,722	1,089,847
Total current assets		54,738,972	34,881,555
Non-current assets			
Property, plant and equipment	6	826,966	1,044,681
Total non-current assets		826,966	1,044,681
Total assets		55,565,938	35,926,236
Current liabilities			
Trade and other payables	7	5,217,382	6,008,403
Provisions	8	904,210	828,813
Other liabilities	9	47,216,991	26,872,082
Lease liability	10	202,856	213,439
Total current liabilities		53,541,439	33,922,737
Non-current liabilities			
Provisions	8	111,979	176,596
Lease liability	10	631,645	834,501
Total non-current liabilities		743,624	1,011,097
Total liabilities		54,285,063	34,933,834
Net assets		1,280,875	992,402
Equity			
Retained surpluses		1,280,575	992,402
Total equity		1,280,875	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 Changes in Equity

For the year ended 30 June 2024

	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	<u>347,880</u>
Balance at 30 June 2023	<u>992,402</u>
	Retained surpluses \$
Balance at 1 July 2023	992,402
Net surplus for the year	288,473
Other comprehensive Income for the year	-
Total comprehensive Income for the year	<u>288,473</u>
Balance at 30 June 2024	<u>1,280,875</u>

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 2024

	Note	2024 \$	2023 \$
Cash flows from operating activities			
Receipts from grants and other receipts (inclusive of GST)		87,224,571	69,344,703
Payments to suppliers and employees (inclusive of GST)		(69,116,632)	(69,196,434)
Interest received		2,141,956	1,486,910
		<hr/>	<hr/>
Net cash (used in) / provided by operating activities	15	20,249,895	1,635,179
		<hr/>	<hr/>
Cash flows from investing activities			
Payments for property, plant & equipment		(30,823)	(227,410)
		<hr/>	<hr/>
Net cash used in investing activities		(30,823)	(227,410)
		<hr/>	<hr/>
Cash flows from financing activities			
Principal elements of lease payments		(213,438)	(188,700)
Net cash (used in) / provided by financing activities		(213,438)	(188,700)
		<hr/>	<hr/>
Net (decrease) / increase in cash and cash equivalents		20,005,634	1,219,069
Cash and cash equivalents at beginning of the year	15	<hr/> 33,788,189	<hr/> 32,569,120
Cash and cash equivalents at end of the year	3	<hr/> 53,793,823	<hr/> 33,788,189

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 2024

1. Statement of material 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 2024 were approved and authorised for issue by the Board of Directors on 29th August 2024. 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 material 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

1. Statement of material accounting policies (continued)

- 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.

1. Statement of material accounting policies (continued)

Subsequent measurement financial assets

Financial assets at amortised cost

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

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

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

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

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

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

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

Impairment of Financial assets

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

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

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

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

1. Statement of material accounting policies (continued)

'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.

1. Statement of material accounting policies (continued)

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

1. Statement of material accounting policies (continued)

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

1. Statement of material accounting policies (continued)

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 2021-2 amends a number of accounting standards to improve accounting policy disclosures and clarify the distinction between changes in accounting policies and accounting estimates.

AASB 2021-6 makes consequential amendments to a number of Australian-specific standards.

AASB 2021-2 and AASB 2021-6 require the disclosure of material (previously titled significant) accounting policy information and clarifies how entities should distinguish changes in accounting policies from adjustments made due to changes in accounting estimates.

The application of the amendments did not have a material impact on the Company's financial statements

	2024 \$	2023 \$
2 Surplus before Income Tax		
(a) Revenue from grants		
Federal grants	51,311,578	54,558,086
Other organisations	7,702,122	5,479,945
	<u>59,013,700</u>	<u>60,038,031</u>
(b) Other Revenue		
Donations	23,000	19,242
Interest	2,141,956	1,486,910
Other	12,551	28,861
	<u>2,177,507</u>	<u>1,535,013</u>
Total Revenue	<u>61,191,207</u>	<u>61,573,044</u>
(c) Expenses		
Remuneration of the Auditor for:		
Auditing the financial statements	35,800	34,000
Auditing the programme revenue and expenditure statements	21,000	20,000
Depreciation and Amortisation of:		
Property Right of Use Asset	224,844	206,107
Plant and Equipment	23,694	236,841
Total Depreciation and Amortisation	<u>248,538</u>	<u>442,948</u>
3 Cash and cash equivalents		
Cash at the end of the financial year as shown in the statement of cash flows is reconciled in the Statement of Financial position as follows:		
Cash at bank	7,801,422	9,143,667
Short term deposits	45,992,401	24,644,522
	<u>53,793,823</u>	<u>33,788,189</u>
4 Trade and other receivables		
Current trade receivables	34,427	3,519
Provision for impairment of receivables	-	-
Trade receivables	<u>34,427</u>	<u>3,519</u>

Current trade receivables are non-interest bearing. A provision for impairment is recognised when there is objective evidence that an individual trade receivable is impaired. An impairment of \$Nil at 30 June 2024 (\$Nil 30 June 2023).

	2024	2023
	\$	\$
5 Other current assets		
Prepayments	284,236	788,321
Accrued income	603,498	290,688
Deposit paid in advance	22,988	10,838
	910,722	1,089,847
6 Property, plant & equipment		
Plant and equipment – at cost as at beginning of the year	579,930	493,618
Additions at cost	28,637	227,410
Disposals	(198,469)	(141,098)
Total Plant and equipment at cost	410,098	579,930
Less: Accumulated depreciation	(400,075)	(579,930)
Carrying amount at the end of the year	10,023	-
Furniture and Fittings - at cost as at beginning of the year	28,295	28,295
Additions at cost	2,186	-
Total Furniture and fittings	30,481	28,295
Less: Accumulated depreciation	(19,228)	(14,147)
Carrying amount at the end of the year	11,253	14,148
Right-of-use assets		
Right-of-use assets – at cost as at beginning of the year	1,236,640	-
Additions at cost	-	1,236,640
Disposals	-	-
Total Right-of-use assets	1,236,640	1,236,640
Less: Accumulated amortisation	(430,951)	(206,107)
Write back on disposal	-	-
Carrying amount at the end of the year	805,689	1,030,533
Total Property, plant & equipment at the end of the year	826,966	1,044,681

	2024	2023
	\$	\$
7 Trade and other payables		
Trade payables	130,604	632,590
Other creditors and accruals	5,086,778	5,375,813
	<u>5,217,382</u>	<u>6,008,403</u>
8 Provisions for employee benefits		
The liabilities recognised for employee benefits consist of the following amounts:		
Current		
Annual leave	549,436	565,241
Long service leave	354,774	263,571
	<u>904,210</u>	<u>828,813</u>
Non Current		
Long service leave	<u>111,979</u>	<u>176,596</u>
8(a) Employee benefits expense		
Expenses recognised for employee benefits are analysed below:		
Wages, salaries	8,304,098	7,253,779
Workers compensation insurance	41,923	33,784
Superannuation	1,101,320	903,177
Employee benefits provisions	840,465	815,590
	<u>10,287,806</u>	<u>9,006,330</u>
9 Other liabilities		
Deferred income	<u>47,216,991</u>	<u>26,872,082</u>

Deferred income consists of government grants received for services to be rendered by the Company.

Deferred income and grants in advance are amortised over the life of the contract.

	2024 \$	2023 \$
10 Lease liabilities		
Maturity analysis – contractual undiscounted cash flows		
No later than one year	228,597	249,378
Later than one year and not later than 5 years	665,008	893,605
Future minimum lease payments	893,605	1,142,983
Less: Unearned interest	59,104	95,043
Lease liabilities included in the statement of financial position at the end of the year	834,501	1,047,940
Current	202,856	213,439
Non- Current	631,645	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 Director of 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 \$1,324,276 (period ended 30 June 2023 \$1,231,229).

The Company has a number of Integrated Health and Alcohol and Other Drugs and Mental Health Commissioned Services with organisations of which three directors are key management personnel. The contractual amounts paid/payable amounted to \$2,651,176 (2023: \$2,757,521). The outstanding balance as at the reporting date was \$Nil (2023: \$Nil).

The Company has Mental Health and General Practitioner Commissioned Services Agreements with one (2023: two) director related entities. The amounts billed were based on normal market rates and amounted to \$22,599 (2023: \$590,936). 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 order to further scale the program to more practices and patients; the company will introduce a commissioned service provider (separate to SWSPHN and SWSLHD) to deliver the care coordination, care navigation and care enabling components of the My Care Partners program.

In the current financial year, one of the joint venturers contributed \$374,000 (2023: \$412,788). The brought forward underspent funds were utilised with the current year contribution to meet cash flow requirements of the project. The amount of \$701,443 (2023: \$782,466) was spent on project officer salaries and oncosts, care enabler costs, practice payments, and costs incurred to run the project. A total

of 23 practices (2023: 27) remain active participants in the program and expansion expected in the coming year when the care coordination role is commissioned to an external service provider.

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.

	2024		2023	
	Amortised Cost	Net Fair Value	Amortised Cost	Net Fair Value
	\$	\$	\$	\$
Financial assets				
Cash and cash equivalents	53,793,823	53,793,823	33,788,189	33,788,189
Trade and other receivables	34,427	34,427	3,519	3,519
Total financial assets	53,828,250	53,828,250	32,718,389	32,718,389
Financial liabilities				
Financial liabilities measured at amortised cost				
Trade and other payables	5,217,382	5,217,382	6,008,403	6,008,403
Lease Liabilities	834,501	834,501	1,047,940	1,047,940
Total financial liabilities	6,051,883	6,051,883	7,056,343	7,056,343

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 2024 (30 June 2023 \$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:

	2024	2023
	\$	\$
Cash and cash equivalents for cash flow purposes	<u>53,793,823</u>	<u>33,788,189</u>
(ii) Reconciliation of cash flow from operations with surplus after income tax		
Net Surplus for the period	288,473	347,880
Non-cash flows in net surplus for the period		
Depreciation	23,694	236,841
Amortisation	224,844	206,107
Doubtful debts provision	-	-
Net changes in assets and liabilities		
(Increase)/decrease in receivables	(30,908)	145,750
(Increase)/decrease in other current assets	179,124	(657,026)
Increase/ (decrease) in payables	(791,021)	(1,581,180)
Increase/(decrease) in provisions	10,780	114,801
Increase/(decrease) in grants in advance and deferred income	20,344,909	2,822,006
Net cash (used in) / provided by operating activities	<u>20,249,895</u>	<u>1,635,179</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 2024, 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:

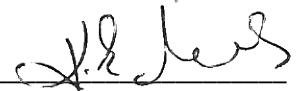
1. The financial statements, comprising the statement of comprehensive income, statement of financial position, statement of cash flows, statement of changes in equity and accompanying notes, are in accordance with the Australia Charities and Not-for-Profits Commission Act 2012
 - a) comply with Accounting Standards – Tier 2 Simplified Disclosures (including the Australian Accounting Interpretations) and the Australian Charities and Not-for-profits Commission Regulation 2022; and;
 - b) give a true and fair view of the company's financial position as at 30 June 2024 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 29th August 2024

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 2024, 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 material 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 2024 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 2022*.

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 2024, 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:

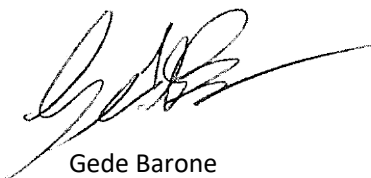
- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a 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 & Assurance

BDH Audit and Assurance Pty Ltd



Gede Barone
Director

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

Dated this 29th August 2024

Our members

As at July 2024.

Full members

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

Associate members

- Obion Holdings Pty Ltd
- Hepatitis NSW
- Quest for Life Foundation
- Qualitas Australia Pty Limited
- Grow residential rehabilitation program
- Oxley Home Care
- Regal Home Health
- Bovec Pty Ltd t/a The Foot Company
- Completely Aligned Pty Ltd
- Walder Road Pty Ltd
- Bernard Chiropractic
- Guiding Light Psychology
- Waypoint Counselling
- Unbound Minds
- Chapel Street Pharmacy

Friends of SWSPHN

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

South Western Sydney PHN

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phn
SOUTH WESTERN
SYDNEY

An Australian Government Initiative

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