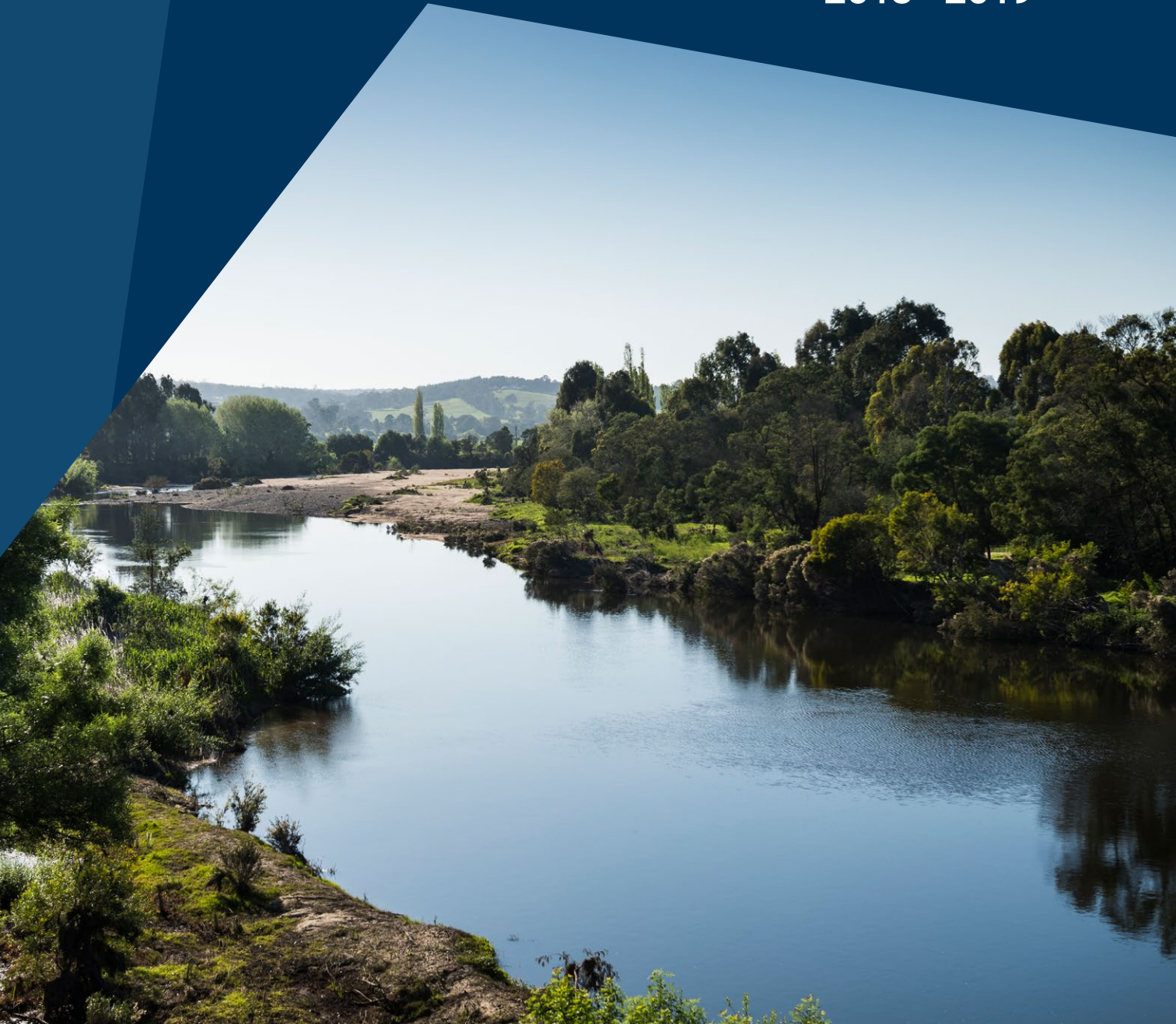




An Australian Government Initiative

## Annual Report 2018–2019



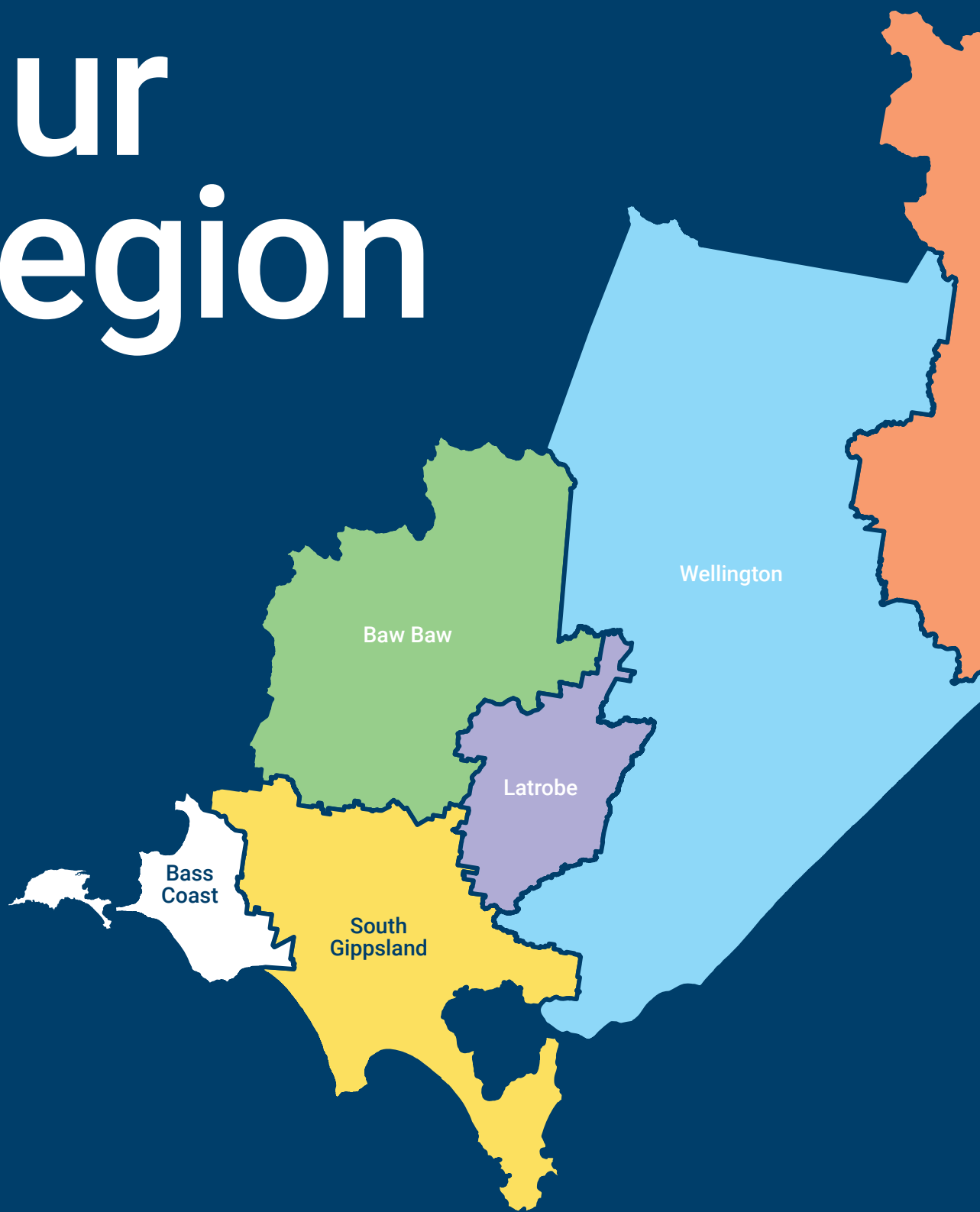


**Gippsland PHN's** vision is for a measurably healthier **Gippsland**. We recognise we must think beyond health to achieve this vision and have an impact at a population health level.

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# Our Region





## East Gippsland

Gippsland is located in the south-eastern part of the state. It covers an area of 41,556 square kilometres, and lies to the east of the eastern suburbs of Greater Melbourne, to the north of Bass Strait, to the west of the Tasman Sea, to the south of the Black-Allan Line that marks part of the Victorian/New South Wales border, and to the east of the southeast of the Great Dividing Range that lies within the Hume region and the Victorian Alps.

Gippsland has six local government areas: East Gippsland, Wellington, South Gippsland, Bass Coast, Latrobe and Baw Baw.

Gippsland PHN respectfully acknowledges the traditional owners and custodians of the land on which we live and work, and pay our respect to their elders past, present and emerging.



# Message from the Chair.



I am pleased to present the 2018-19 Annual Report for Gippsland Primary Health Network (PHN).

Once again, this has been a busy year and it has been a privilege to serve in the role of Gippsland PHN Chair.

This is my final report as my term as Chair ends and it is with pleasure that I share highlights and reflections of another important year for Gippsland PHN.

The 2018-19 financial year has provided an opportunity to consolidate the role of Gippsland PHN as a key player in the primary health sector for the region of Gippsland.

Primary Health Networks (PHNs) have proven themselves as an essential platform for health reform. The Australian Government has recognised this critical role and responded by providing multi-year funding agreements, ensuring sustainability for Gippsland PHN and the service providers we commission.

More federal primary health programs are being commissioned through PHNs every year. The expansion of the mental health and suicide prevention portfolio has increased significantly. Innovative projects such as the place-based suicide prevention trials are underway in Gippsland.

With a focus on robust research and evaluation, PHNs continue to take on key roles in identifying best practice and testing new approaches to health service commissioning and delivery. These kinds of trials will continue to be a significant part of our PHN's activity and reflect the government's trust and confidence in the calibre of the work of Gippsland PHN.

Gippsland PHN's vision is for a measurably healthier Gippsland. We recognise we must think beyond health to achieve this vision and have an impact at a population health level.

This requires leveraging our knowledge to address social determinants of health, also recognising these make up the whole picture of our communities' health and wellbeing.

I earnestly believe by building strong connections, prioritising integration and harnessing the skills, resources and capacity within our region, we can break down barriers for individuals and make a measurable difference to our community.

I look forward to this continued pursuit. I am grateful for the wonderful work started by Marianne Shearer who ended her term as Chief Executive Officer in September 2018; I acknowledge and thank Marianne, noting part of this year is a testament to her.

I particularly acknowledge the courageous and innovative leadership of our new executive and senior leadership teams as they have embraced the work to be done towards achieving demonstrable impacts in the health and wellbeing of our much loved communities of Gippsland.

**Sinead De Gooyer**  
Chair, Gippsland PHN

# Message from the CEO.



This year has been a positive year of change and growth for Gippsland Primary Health Network (PHN). The launch of the new team design in July 2018 positioned the PHN teams to better support the work across this beautiful region.

This annual report provides a snapshot of just some of our achievements this year; achievements made possible through wonderful collaborations with the Gippsland community, General Practice, health services and agencies, all committed to better health outcomes.

The work to refocus primary mental healthcare programs and services to support a stepped care model has been a significant piece of reform to support better outcomes in which the PHN teams have been committed to, in partnership with providers.

Strategic health planning to inform commissioning decisions continues to become more refined and sophisticated as does the progressive work in partnership with providers to ensure we are working towards demonstrable impacts and outcomes.

Our commitment to and recognition of General Practice as the cornerstone of primary healthcare in their communities remains steadfast. The work this year internally has been to build teams with experienced staff to work closely with general practitioners and their teams.

Evidence from both Australia and overseas suggests that general practice will have a stronger role in healthcare to prevent and manage chronic disease and our teams are now in place to support this already high performing part of our health system in a more tangible way than ever before.

I want to acknowledge and thank members of the Clinical Councils and Community Advisory Committee for their generous assistance and wise advice, their leadership and guidance throughout the year, and I also acknowledge the support from my hard-working and inspiring Executive colleagues.

Most importantly I acknowledge our incredible staff who have worked with passion, agility, resilience, determination and kindness and the inimitable leadership of our Chair, Dr Sinead De Gooyer and Directors of Gippsland PHN.

They provide a solid platform to drive our strategic priorities forward and secure a robust platform for collaborative partnerships for the pursuit of our vision - a measurably healthier Gippsland.

**Amanda Proposch**  
Chief Executive Officer, Gippsland PHN

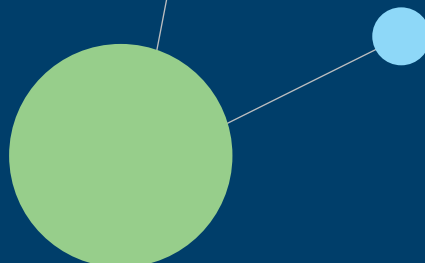


# 1 / Governance





● **Gippsland PHN's** vision is for a measurably healthier **Gippsland** and we achieve this through strategic health planning, commissioning services, practice support and system integration.



# Our Strategic Direction

Gippsland Health Network Limited, trading as Gippsland PHN, is a charitable organisation and has rapidly matured as a leading organisation in the primary health sector. Today we play a vital role at local, state and national levels.

Gippsland PHN's strategic direction is defined in our vision, core functions (mission), objectives, principles, enablers, values and behaviours.



*Coordinator of Regional Services Bass Coast-South Gippsland, Bernie Heaton-Harris is pictured with Gippsland PHN Board Director, Dr Nola Maxfield.*

## Our vision is for a measurably healthier Gippsland.

### Our Mission and Core Functions



Health Planning



Commissioning Services



Practice Support



System Information

### Our Enablers

- ▶ Technology
- ▶ Financial
- ▶ People
- ▶ Data
- ▶ Governance

### Our Objectives

- ▶ Improved health outcomes for people with chronic disease and those patients at risk of poor health outcomes
- ▶ Improved coordination of care that ensures patients receive the right care in the right place at the right time
- ▶ Lower prevalence of national and locally prioritised conditions
- ▶ Increased efficiency and effectiveness of medical services and other primary health services

### Our Principles

- ▶ A long-term, whole system perspective
- ▶ Performance, efficiency and value
- ▶ Leading innovation and evidence-based practice
- ▶ Collaborative local leadership
- ▶ Equitable access
- ▶ Consumer self-determination and empowerment

# Our Values

Working together with our community, we are respectful and accountable, showing quality-focused and innovative approaches to achieve our vision of a measurably healthier Gippsland.

## Community centred

We seek and listen to viewpoints about the health and wellbeing of local communities.

## Ethical and respectful

We are honest, trustworthy and respectful of others.

## Innovative

We encourage new ideas and create opportunities to improve our work.

## Accountable

We believe in a culture of accountability, always putting our people first.

## Committed to quality

We strive for excellence .

# Our Health Priorities

Gippsland PHN's vision is for 'a measurably healthier Gippsland'.

We aim to ensure our community gets the right care in the right place at the right time.

After collecting and evaluating data and talking to a lot of people, we have developed health priority areas where we will focus our work.



*Gippsland PHN holds current accreditation against the Quality Improvement Council Standards.*

# Gippsland PHN Priorities

SUPPORTING PEOPLE	MAIN HEALTH ISSUES	BETTER HEALTH SERVICES
Children (0-14 years) People with disabilities Indigenous people People with social and financial worries People 65 years and over Young people (12-25 years)	Alcohol and other drugs Cancer Heart related issues Ongoing lung related issues Diabetes Immunisation Mental health Reproductive/sexual health	Access to services Better use of technology Services working together High quality care Enough trained health professionals
PREVENTION		
Community connectedness	Family violence	Lifestyle factors

# Community Snapshot

● Gippsland ● Victoria

**7% 5%**

need help with daily core activities

**2% 1%**

are Aboriginal or Torres Strait Islander

**1% 13%**

travel to work using public transport

**3% 2%**

use homeless services

**19% 17%**

have high or very high social isolation

**6% 22%**

born in a non-English speaking country

**13% 12%**

provide unpaid disability assistance

**29% 23%**

volunteer their time

**10% 10%**

identify as LGBTQI+

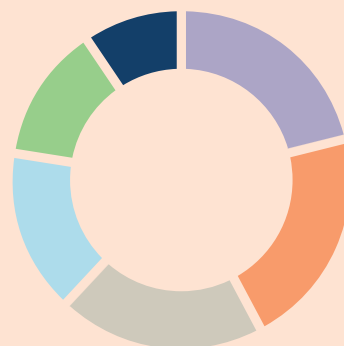
## Education and employment

Household median weekly income	\$1048	\$1419
ATSI household median weekly income	\$986	\$1200
Unemployment rate	1.5%–7.9%	4.8%
Bachelor degree or above as highest education	12.0%	24.3%
Children in low income or welfare dependant families	28.8%	19.3%
People not engaged in employment, education or training	45.7%	30.1%

## Top industries of employment

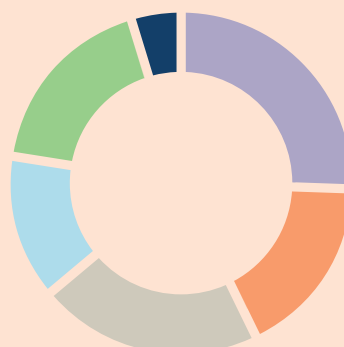
### Gippsland

- Health and social care (13.2%)
- Construction (13.0%)
- Retail trade (12.2%)
- Food and accommodation (9.7%)
- Education and training (8.1%)
- Agriculture, forestry, fishing (5.7%)



### Victoria

- Health and social care (13.1%)
- Construction (8.8%)
- Retail trade (10.7%)
- Food and accommodation (6.9%)
- Education and training (9.1%)
- Agriculture, forestry, fishing (2.3%)





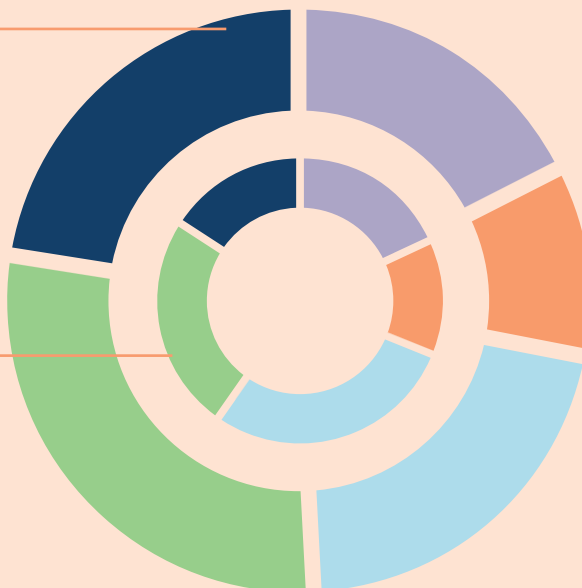
## Age of population

### Gippsland

- 0–14 years (17.6%)
- 15–24 years (10.7%)
- 25–44 years (21.3%)
- 45–64 years (28.5%)
- 65+ years (22.4%)

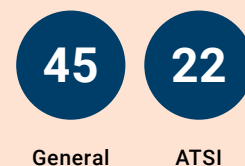
### Victoria

- 0–14 years (18.3%)
- 15–24 years (13.0%)
- 25–44 years (28.6%)
- 45–64 years (24.6%)
- 65+ years (15.6%)

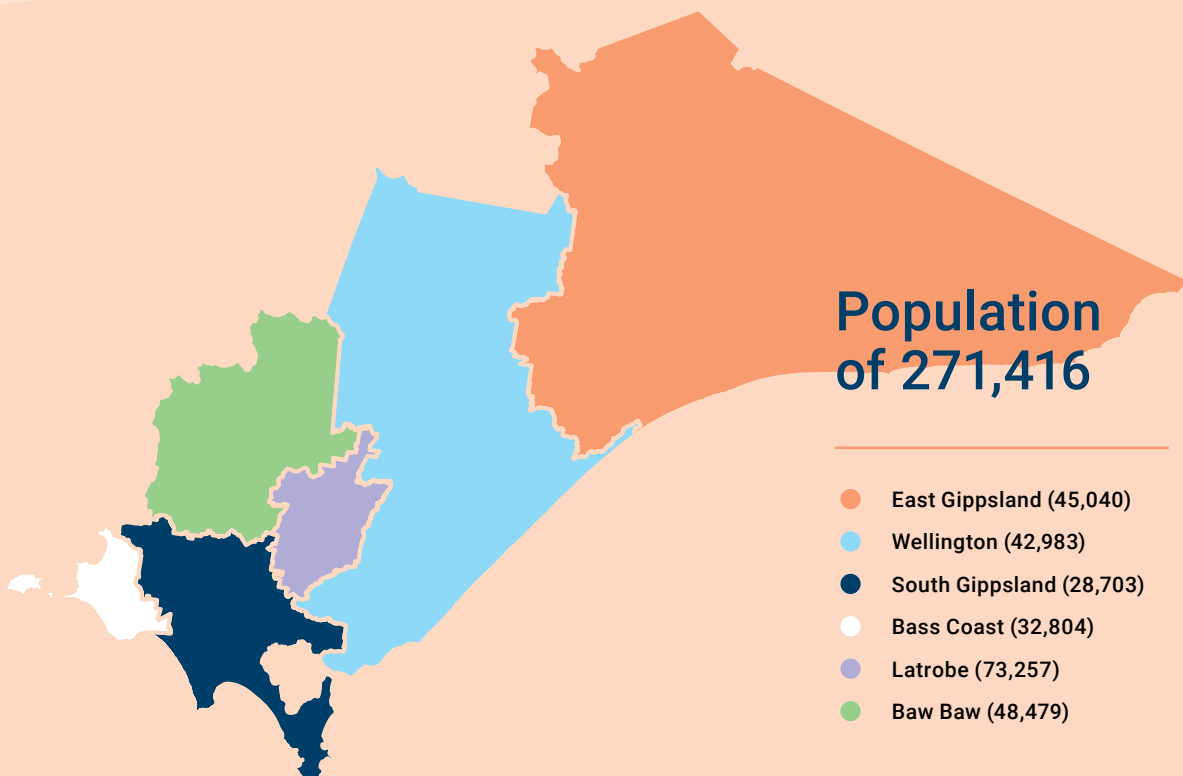


## Median age

### Gippsland



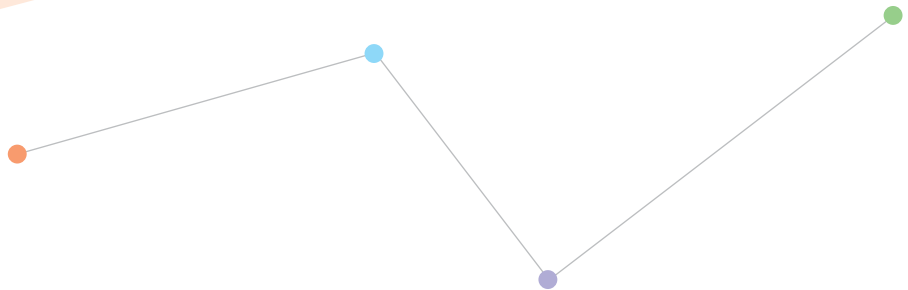
### Victoria



Population  
of 271,416

- East Gippsland (45,040)
- Wellington (42,983)
- South Gippsland (28,703)
- Bass Coast (32,804)
- Latrobe (73,257)
- Baw Baw (48,479)

# Our Board of Directors



**Dr. Sinead De Gooyer**  
*Chair*

Dr Sinead de Gooyer is an Inverloch general practitioner with an interest in adolescent, women's and mental health. Sinead has worked in rural and regional communities, and is strongly committed to improving access to primary health services in these communities. She is a graduate of the Australian Institute of Company Directors and is a board member of the Piano Project.



**Julie Rogalsky**  
*Deputy Chair*

Ms Julie Rogalsky has more than 20 years' experience in the Gippsland health sector, having worked in the General Practice, hospital, community health, government and GP training sectors. Born and educated in the Latrobe Valley, Julie supports strong local primary health care. Julie is a graduate of the Australian Institute of Company Directors and a graduate of the Gippsland Community Leadership Program.



**Duncan Malcolm AM**

Mr Duncan Malcolm is a director with 35 years experience, having served on the Gippsland Coastal Board and Victorian Coastal Council, Gippsland Water, East Gippsland Shire Council (Commissioner), Lakes and Wilderness Tourism and the Monash University Gippsland Advisory Council. He has also chaired several boards in the natural resource sector, at state and national level. Duncan is a strong consumer advocate for primary health care in Gippsland.



**Dr. Nola Maxfield**

Dr Nola Maxfield is a procedural general practitioner in Wonthaggi and has more than 20 years' experience in health-related organisations, spanning all levels of government. Nola has worked closely with rural nursing, allied health and consumer groups, within the Rural Doctors Association and on the National Rural Health Alliance Board. She sits on the Board of Eastern Victorian GP Training



**Mark Biggs**

Mr Mark Biggs is principal at MBK Consulting and was a psychologist for more than 20 years in Gippsland. He has extensive senior management experience in health and community services, and expertise in strategic planning, policy, risk and business management. Mark is the Chair of Latrobe Community Health Service Ltd, is on the Board of Lyrebird Village for the Aged and previously served for nine years on the Board of Latrobe Regional Hospital.



**Murray Bruce**

Mr Murray Bruce is a commercial lawyer, specialising in strategic planning, project management, risk management and governance. Murray has been a senior executive at the Victorian Department of Health and Human Services and a director of the 2009 Australian Red Cross Bushfire Appeal Fund. He has worked across all levels of government, with private and not-for-profit organisations, and local community groups, to deliver effective and efficient health services to communities.



**Kellie O'Callaghan**

Ms Kellie O'Callaghan is widely respected in Gippsland for her strong leadership in health, community services and governance. Kellie served for many years as the Chair of the Latrobe Regional Hospital Board and is a long-serving councillor and former mayor of Latrobe City. She serves on the board of Better Care Victoria, where she is Chair of the Consumer Advisory Committee. Kellie is a member of the Australian Medical Council's Recognition of Medical Specialties Sub Committee.



**Therese Tierney**

Ms Therese Tierney has had more than 40 years' experience in the health sector, including in CEO and senior management roles in both metropolitan and regional settings across the private and public health sectors. During her time as CEO of Bairnsdale Regional Health Service, Therese was appointed to the Health Innovation Reform Council and the Victorian Expert Panel on Aboriginal Health. She also serves on the boards of the Continence Foundation of Australia, East Gippsland Water Corporation and East Gippsland Marketing Inc.



**Anne Peek**

Ms Anne Peek has served as a Chief Executive Officer and non-executive director in the public and private health care sectors for more than 30 years. In the 1990s, she worked with a group of GPs to establish the Dandenong District Division of General Practice which became the South Eastern Melbourne Medicare Local in 2012. Anne is experienced in driving change and has a track record in building strong stakeholder relationships and developing partnerships through meaningful collaboration with the community.

# Our Executive Team



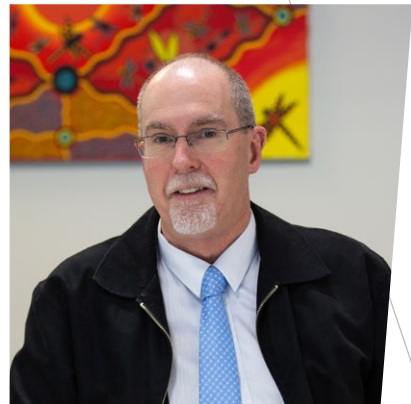
**Amanda Proposch**  
*Chief Executive Officer*

Ms Amanda Proposch is a healthcare management professional with 15 years' experience in general practice management and more than 10 years' experience in private and public hospital nursing roles, including senior management and healthcare redesign. Amanda has a track record of substantial contribution in the application of improvement methodology in healthcare, coaching and developing high performing teams, and elevating operational efficiency, productivity and consumer experience. She won leadership and innovation awards at Cabrini Health for her commitment to measurable and sustainable outcomes. Amanda serves on the Board of the Latrobe Health Assembly.



**Marg Bogart**  
*Executive Manager Operations*

Ms Marg Bogart has more than 20 years' experience managing primary healthcare programs and projects, reinforced from a Diploma of Business Management, qualifications as a Registered Nurse and other professional development certifications supporting leadership, systems improvement and performance management. Marg has strong facilitation and negotiation skills, and experience in managing complex projects that rely on expertise to engage and partner with Commonwealth, state and local government departments and community organisations to achieve successful outcomes. Marg serves on the Board of the Bunyip and District Community Bank Branch and is the outgoing Chair of the Garfield Recreation Reserve Committee of Management and Life Member and former president of the Garfield Netball Club.



**Steve Morgan**  
*Executive Manager  
Corporate Services*

Mr Steve Morgan is an accountant with more than 25 years' experience in senior management roles, including chief financial officer in not-for-profit and commercial organisations in Victoria, South Australia and NSW. Steve's most recent role was Financial Services Manager at Castle Personnel Services, a disability employment provider in NSW. He also served on the Board of Rural and Remote Medical Services (NSW).



Gippsland PHN Board Directors pictured are (from left) Chair, Dr Sinead De Gooyer, Murray Bruce, Julie Rogalsky, Kellie O'Callaghan, Anne Peek, Mark Biggs and Duncan Malcolm.



Gippsland PHN Chief Executive Officer, Amanda Proposch is pictured (centre) with Executive Manager Operations, Marg Bogart and Executive Manager Corporate Services, Steve Morgan.



Board Director, Kellie O'Callaghan.



# Our Members

**Gippsland PHN is both a charity and a public company limited by guarantee. This means it does not have shares or shareholders, instead it has members. Its governance is carried out by a Board of Directors, and members have the opportunity to be involved in the organisation.**

Gippsland PHN's membership has increased in the past year and comprises a broad range of individual and organisational members.

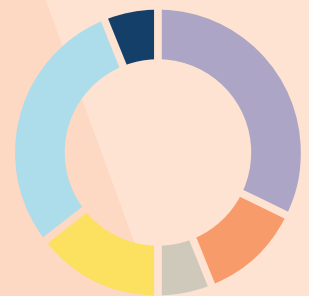
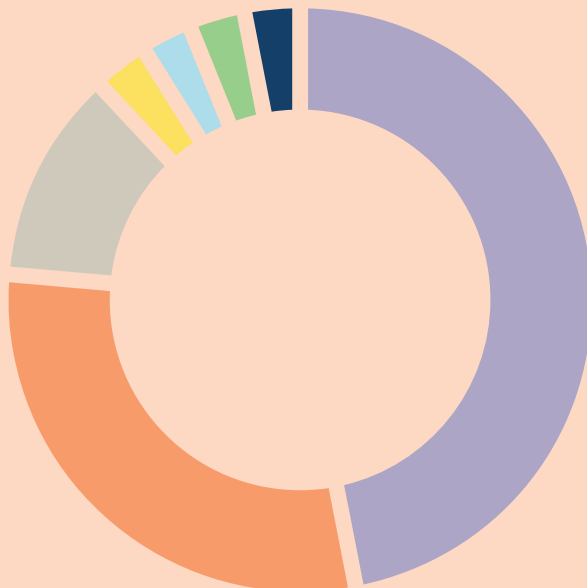
To be eligible for membership, an individual or organisation must engage in, or have a legitimate interest in, the provision of primary healthcare in Gippsland, for example, by being involved in the delivery, coordination, management, or capacity building of primary healthcare.

Benefits of becoming a member of Gippsland PHN are:

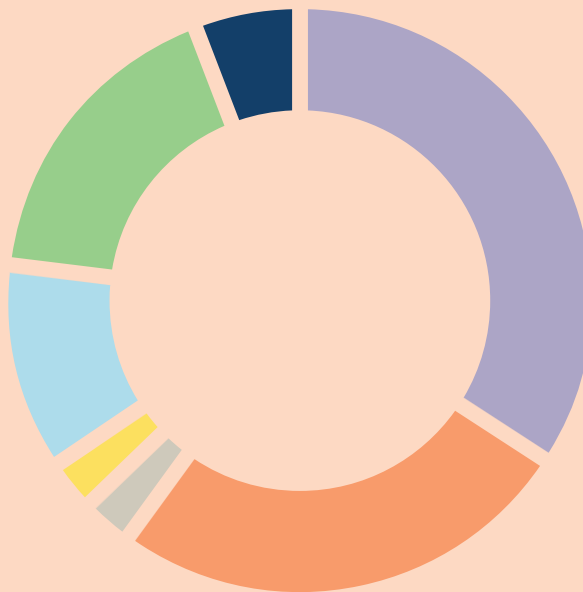
- ▶ Voting rights for nominated individuals at board elections
- ▶ Invitation to attend the Annual General Meeting

At 30 June 2019, Gippsland PHN has 69 current members, including 34 individual members and 35 organisational members.

## Individual Members

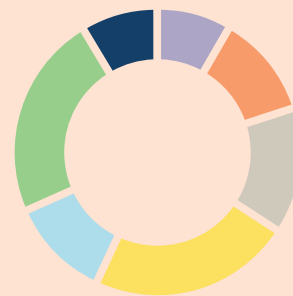


- |                             |                       |
|-----------------------------|-----------------------|
| General Practitioner (16)   | Bass Coast (11)       |
| Nurse (10)                  | Baw Baw (4)           |
| Psychologist/Counsellor (4) | East Gippsland (2)    |
| Pharmacist (1)              | Latrobe (5)           |
| Podiatrist (1)              | South Gippsland (10)  |
| Radiographer (1)            | Wellington (0)        |
| Medical Practitioner (1)    | Outside Gippsland (2) |



- General Practice (12)
- Health Service (9)
- ACCHO (1)
- Bush Nursing (1)
- Community Health (4)
- Mental Health (6)
- Aged Care (2)

## Organisational Members



## Current Membership



Individual Members



Organisational Members

- Bass Coast (3)
- Baw Baw (4)
- East Gippsland (5)
- Latrobe (8)
- South Gippsland (4)
- Wellington (8)
- Outside Gippsland (3)

# Engaging Our Stakeholders

*Dr Gal Wong addresses the medical cannabis forum in Traralgon.*



Gippsland PHN relies on strong evidence and data, together with crucial input from primary health professionals and the community to make decisions.

We listen to and work with our communities to make sure funded services meet their expectations.

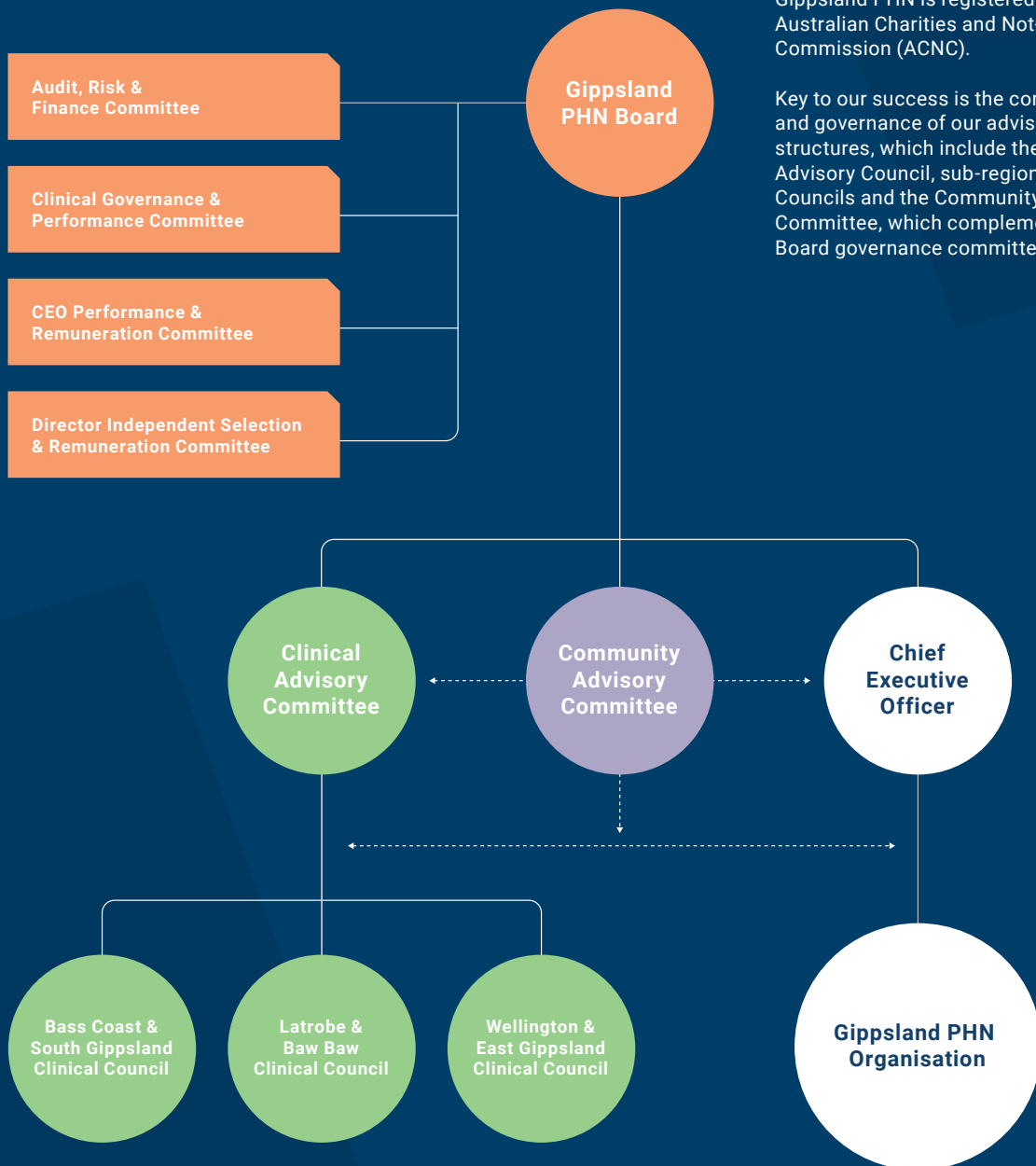
Our Community and Stakeholder Engagement and Communication Governance Framework guides the way we involve our stakeholders in decisions as we deliver on our core functions: health planning, system integration, commissioning, and support to General Practice and other health professionals.



*Pictured at the completion of the first of three workshops around the implementation of a Smoking Cessation Clinic model for Latrobe were (from left) Phil Thompson, Gippsland PHN; Dr Jasmine Just, Cancer Council; Naomi Griffiths, LCHS; Angela Scully, LRH; Michael Murphy, MM Research; Jo Grzelinska, Larter Consulting; Ian Needham, Latrobe Health Assembly; Nilay Kocaali, Gippsland PHN; Vaughan Reimers, Federation University; Joanne Porter, Federation University; and Michelle Ravesi, LCHS.*



# Governance Structure Chart



## Our Advisory Structures

Gippsland PHN is registered with the Australian Charities and Not-for-profits Commission (ACNC).

Key to our success is the composition and governance of our advisory structures, which include the Clinical Advisory Council, sub-regional Clinical Councils and the Community Advisory Committee, which complement our four Board governance committees.



*Pictured are members of the Wellington and East Gippsland Clinical Council, Owen Connelly from Latrobe Regional Hospital (left) and Brendan Moar, a Bairnsdale pharmacist.*

## Sub-Regional Clinical Councils

Each Clinical Council comprises health professionals from the region they service, each group works with the Gippsland PHN Board Sponsor and Executive team members to advise on issues specific to their region across many disciplines.

Their role is to:

- ▶ Support the community, general practitioners and other health professionals to be actively engaged in Gippsland PHN programs/projects.
- ▶ Be involved in activities associated with Gippsland PHN commissioning (advising on health needs, service design and evaluation).
- ▶ Support and advise on community and organisational health literacy.
- ▶ Participate in developing and promoting Gippsland Health Pathways designed to improve quality, streamline services and use resources effectively.
- ▶ Identify risks and opportunities for innovation and improvement in local, regional and national health priorities.
- ▶ Support and advise on building a sustainable workforce.

Chair of the Bass Coast and South Gippsland Clinical Council, Dr Sue Comerford.



## Bass Coast and South Gippsland Clinical Council

Bass Coast has a population of 32,804 and South Gippsland has a population of 28,703 (2016). Like other Gippsland local government areas, it has a high proportion of people over the age of 60. There is a high satisfaction rate for facilities and services, with the rate of resident local volunteers being the highest in Gippsland and above the Victorian average.

### Members

**Sue Comerford**  
(Chair) (General Practitioner)

**Nola Maxfield**  
(General Practitioner)  
Gippsland PHN Board

**Alice Bradley**  
(Nurse Practitioner)

**Anna Langley**  
(Accredited mental health social worker)

**Anne Gleeson**  
(Pharmacist)

**Carlene Hurst**  
(Credentialed mental health nurse)

**Francis Sullivan**  
(Radiographer / Sonographer)

**Gayle Bloch**  
(GP Practice Manager)

**Kristen Yates-Matthews**  
(Executive Officer, Health  
and Community Services)

**Mike Fitzgerald**  
(General Practitioner)

**Paul Greenhalgh**  
(Executive Director, Health  
Services) July 2018

**Rhett McLennan**  
(Chief Executive Officer - Residential  
Aged Care) July-November 2018

**Samantha Park**  
(Director Community Health)

**Selina Northover**  
(Hospital Rep - Director of  
Primary Health)

**Soetkin Beerten**  
(Paediatric and Mental Health  
Occupational Therapist)

**Tania Findlay**  
(GP Practice Nurse)

### Key achievements:

- ▶ Improved mental health service gaps, education and mental HealthPathways
- ▶ Increased service integration, collaboration and resource awareness
- ▶ Greater support for family violence and establishment of family violence HealthPathways
- ▶ Continued Primary Health Liaison and knowledge of health/hospital services

## Latrobe and Baw Baw Clinical Council

Latrobe has a population of 73,257 and Baw Baw has a population of 48,479 (2016). People who live in these areas receive the highest median income in Gippsland however Latrobe also has the highest unemployment rate. These regions have higher population density rates than other areas of Gippsland and most people live close to public transport.



Letitia Clark, Chair of the Latrobe and Baw Baw Clinical Council.

### Members

**Letitia Clark**  
(Chair) (General Practitioner)

**Kellie O'Callaghan**  
(Gippsland PHN Board)  
December 2018 - Current

**Alison Snell**  
(Facility Manager Registered Nurse)

**Audra Fenton**  
(Executive Director)

**Elizabeth Plunkett**  
(Pharmacist/Pharmacotherapy Coordinator)

**Fred Edwards**  
(General Practitioner)  
July 2018 - May 2019

**Helen Rawlings**  
(General Manager Community Mental Health)

**Leanne Coupland**  
(Paediatric Social Worker & Child safe Family Violence Project Manager)

**Murray Bruce**  
(Gippsland PHN Board)  
July 2018 - December 2018

**Rhiannon Weber**  
(Psychologist)

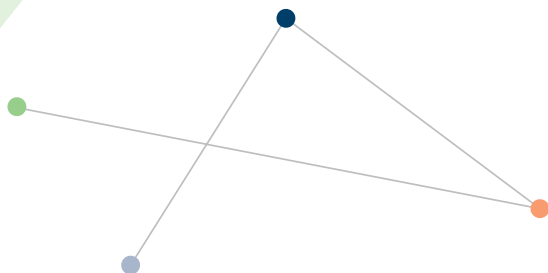
**Sonya Moncrieff**  
(General Practitioner)

**Stuart Jillings**  
(Nurse Practitioner)

### Key achievements:

- ▶ HealthPathways and development of reliable referral options
- ▶ Latrobe Health Innovation Zone and QUIT Initiatives
- ▶ Gippsland PHN CPD, education and training planning process
- ▶ Improved access and HealthPathways for family violence and reproductive health
- ▶ Increased support and GP education on National Disability Insurance Scheme (NDIS)
- ▶ Pathways and referral services for aged care (pharmacy and dementia)
- ▶ Focus on youth mental health and digital health





*Dr Patrick Kinsella, Chair of the Wellington and East Gippsland Clinical Council.*

## Wellington and East Gippsland Clinical Council

The Wellington region has a population of 42,983 and the East Gippsland region has a population of 45,040 (2016). These regions have the highest fertility rate in Gippsland, which is also higher than the Victorian average. The population density is low and about one-third of the population is aged over 60 years.



### Members

**Patrick Kinsella**  
(Chair) (General Practitioner)

**Julie Rogalsky**  
(Gippsland PHN Board)  
July 2018 - December 2018

**Therese Tierney**  
(Gippsland PHN Board)  
December 2018 - Current

**Brendon Moar**  
(Pharmacist)

**Cassandra Mayman**  
(Practice Management)

**Daniel Becker**  
(Chief Executive Officer)  
July 2018 - June 2019

**Elisabeth Wearne**  
(General Practitioner)

**John Burnett**  
(Psychologist)

**Margaret Griffiths**  
(Hospital Pharmacist)

**Myles Chapman**  
(General Practitioner)

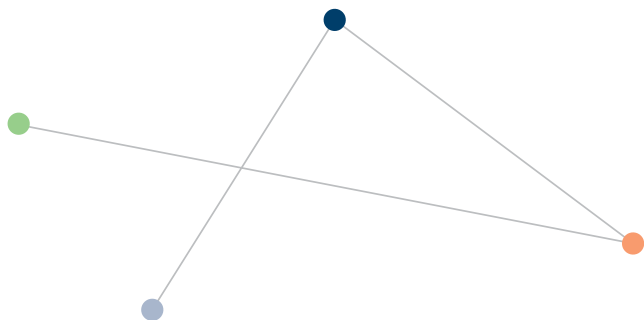
**Owen Connolly**  
(Mental Health Nurse Practitioner)

**Paula Morgan**  
(Executive Officer)

**Sophie Wilson**  
(Secondary School Nurse)

### Key achievements

- ▶ Continued work towards innovative health workforce solutions
- ▶ Increased focus on health literacy and education
- ▶ Raising awareness through social media marketing
- ▶ Increased resources for Gippsland's ageing population for home-based care
- ▶ Increased access to mental health, alcohol and other drug services, pathways and workforce.



## Community Advisory Committee

Gippsland PHN's Community Advisory Committee is a central part of our community engagement strategy and members represent the geographic, cultural and population diversity of Gippsland.

*Pictured are three members of the Gippsland PHN Community Advisory Committee (from left) John Lawrence, Julie Hocking and Patricia Bryce.*



Anne Peek, Chair  
(Chair) (Gippsland PHN Board)

John Lawrence  
(East Gippsland)

Mr John Lawrence has 40 years' experience in executive positions in community health, children's services, mental health and vocational education. He has held a variety of board roles in health and community services organisations and for 20 years, has been an advisor to Lake Tyers Health and Children's Services. John has a particular interest in Aboriginal health, oral health, mental health, governance and evidence-based planning.

Dr Dianne Goeman  
(Bass Coast)

Dr Di Goeman is a health sociologist whose work has focused on the development of relationship-centred models of health and social care through the inclusion of 'consumer voices'. She has a particular interest in the needs of older people, elder abuse, mental health, homelessness, chronic illness, dementia and diversity.

Manfred Krautschneider  
(Latrobe City)

Mr Manfred Krautschneider has lived and worked in Gippsland for more than 20 years and has a lived experience of physical and mental health issues, both personally and through family and friends. He has a particular interest in men's health, poverty and health, workforce shortages, suicide prevention, early mental health intervention, engagement of socially isolated, aged care and identifying gaps in service.

Robyn Profitt  
(Latrobe City)

Ms Robyn Profitt has worked across the welfare, mental health and disability sectors for the past 30 years. She has been a volunteer sexual assault counsellor in a rural community health organisation, a Lifeline telephone counsellor and youth mentor. Robyn's particular areas of interest include mental health, aged care, suicide prevention and disability.

Duncan Malcolm  
(Gippsland PHN Board)

Sue Gaffney  
(East Gippsland)

Ms Sue Gaffney lives in Paynesville and is passionate about community development, volunteering her time and assistance to raise funds for local community groups while learning to navigate the complexities of ageing and deteriorating mental and physical health. Sue has previously worked in the fields of youth services, infant and disability. She has a particular interest in aged care, young people and Aboriginal health.

Cheryl Drayton  
(Baw Baw)

Ms Cheryl Drayton is a Kurnai Elder of the Kurnai Tribe of Gippsland who has a passion for positive outcomes for the Indigenous community of Gippsland. Cheryl has worked in the Aboriginal sector for 40 years where she has established an understanding of health in the Indigenous community. She has an extensive background in Indigenous Affairs, and has a great understanding of employment, education and training. Cheryl is Chair of the Inner Gippsland Family Violence Committee and Chair of Best Start Committee working with West Gippsland Healthcare Group.

Catriona Knothe  
(South Gippsland/Bass Coast)

Ms Catriona Knothe is retired from the paid workforce, and a carer of a son with a disability. She is an advocate in her local community on disability issues, especially NDIS, disability housing and refugee support. She has a professional background in community development and population health planning.

Marion Byrne  
(Baw Baw)

Ms Marion Byrne is retired after working in administration. While caring for her husband, Marion formed the 'Latte set', a carer support group in the Baw Baw Shire which has been active for 10 years. Marion is a volunteer with a number of organisations and has a keen interest in all health matters, particularly matters on aged, dementia, carers and mental health.

Jeanne Van Der Geest Dekker  
(South Gippsland)

Ms Jeanne Van Der Geest Dekker works in partnership with her husband on a dairy farm where she manages the business and day to day operations. She is a registered nurse in her local community and has a special interest in farmer health and wellbeing. Jeanne is currently involved in the Leongatha Football Netball Club as president of netball operations. She is a current member of the Australian Dairy Farmers People and Human Capacity Policy Advisory Group and the National Farmers Federation Telecommunications and Social Policy Standing Committee.

Dante D'Amelio  
(East Gippsland)

Mr Dante D'Amelio is a social worker at Bairnsdale Secondary College who has a passion and reputation for helping people to change and get their lives on track. He has a strong knowledge of the industry sector and has spent many years of running his own Rooming House.

Kirstin Fox  
(Baw Baw)

Ms Kirstin Fox has dedicated her career to the health sector, first joining the industry as a nurse and progressing to become a Residential Care Manager at Baptcare Abbey Gardens Community. Kirstin is passionate about creating genuine community connection and is invested in providing students with real-world experience in their training.

Patricia Bryce  
(East Gippsland)

Ms Patricia Bryce has had an extensive career in both public and private health, from clinical nursing and management, through to projects and research. She has qualifications and experience in nursing, midwifery, sexual and reproductive health, women's health, and education. She has worked at major public hospitals, such as the Royal Women's Hospital and Mercy Hospital for Women, and not-for-profit organisations, and has a Bachelor of Education.

## 2 / What We Do



We work with communities, general practice, allied health, hospitals and other primary and community health providers to drive, support and **strengthen primary health in Gippsland.**





Gippsland PHN's Kashif Sheikh and Stephanie Germano engaging with a General Practice on #myhealthrecord.



Promoting #myhealthrecord are Gippsland PHN staff (from left) Liz Porter, Phoebe Hicks, Kelly Abbott and Stephanie Germano.

## Health Planning

Gippsland PHN gathers data to determine the unique health priorities of our region, we direct funding to health priorities. We support general practice and other health professionals and we work with health professionals to create efficiencies and connectedness in our health system.

We plan the delivery of services using evidence and data gathered with support from health professionals and the community to analyse and understand Gippsland's local health needs.

General practice, other health professionals and consumers are actively involved in planning health solutions, and our Clinical Councils and Community Advisory Committee play a key role.

A comprehensive, ongoing needs assessment helps us to determine health priority areas, so we can invest in the appropriate services, which build on, complement and add value to other health planning in the region. Our health planning activities are guided by our Population Health Planning Governance Framework.

The **Gippsland PHN Needs Assessment 2019-22** identified multiple complex priorities for Gippsland's health system. It identified population groups requiring support, major health issues, ways to improve health services, and areas needing preventative measures.

Gippsland PHN's research and evaluation activities are governed by our Ethics and Research Governance Framework and Evaluation and Monitoring Governance Framework.

## Commissioning Services

Over the past year, some of our priority health issues included alcohol and other drugs, cancer, diabetes, heart-related issues, immunisation, mental health, ongoing lung-related issues and reproductive and sexual health.

We work with partners to research and evaluate both the health of our community and the success of our programs.

Once we identify our community health needs, Gippsland PHN invests in health services to address these needs.

We commission these services in line with our strategic goals and to improve the efficiency, effectiveness and coordination of primary healthcare in Gippsland.

Our commissioning activity is guided by our Commissioning and Procurement Governance Frameworks, in line with funder requirements. The commissioning cycle covers the development and implementation of services based on needs assessment, planning, co-design, procurement, monitoring and evaluation.

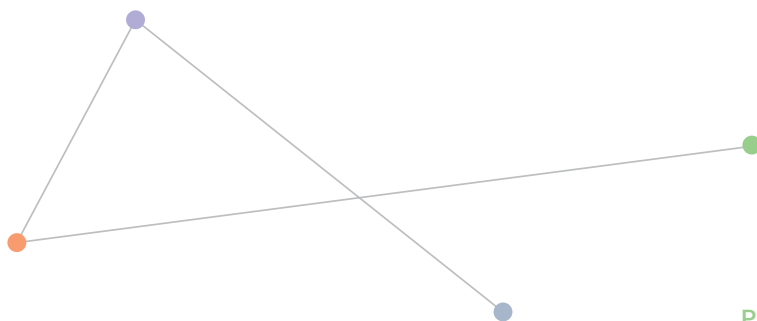
In the past year, we have commissioned 65 local providers to deliver services across Gippsland's six local government areas.

These providers report regularly so we can monitor and evaluate service delivery and outcomes. They provide evidence, including quantitative and qualitative data, showing the performance and effectiveness of their health programs, which we assess for consumer access, service management, service promotion, and quality and safety.

Gippsland PHN has been involved with seven research and evaluation activities of existing programs and advisory groups, the publication of four research papers, and two presentations at health conferences in the past year.

We are continuing to embed evaluation in all our programs and activities, including through the collection and analysis of data collected through POLAR software, which is now being used by 70 per cent of Gippsland's general practices.

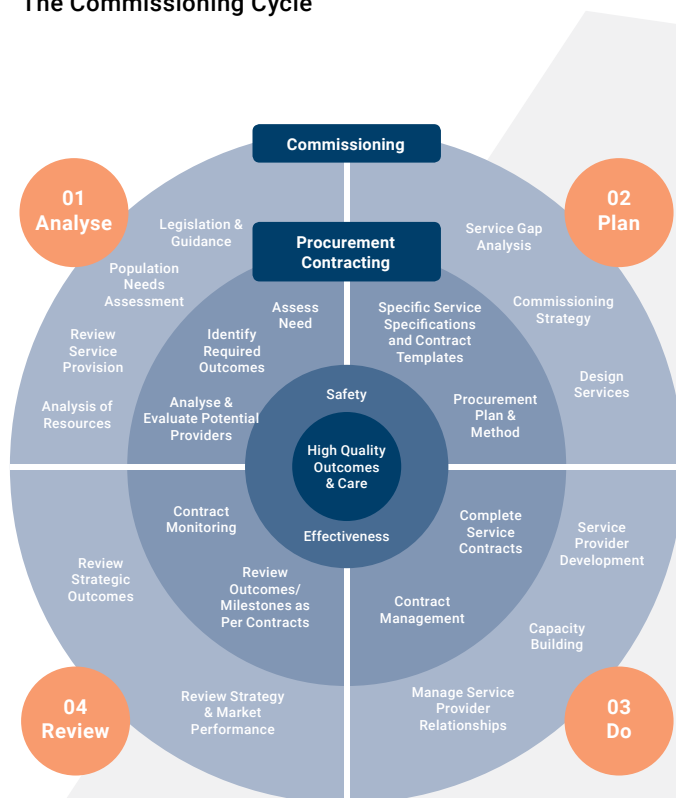




## Our Mission and Core Functions



## The Commissioning Cycle



## Primary Mental Health And Suicide Prevention Stepped Care Program

Gippsland has a higher than average rate of people with mental health conditions when compared with the Victorian average.

In Gippsland, 14.3 per cent of adults have high or very high psychological distress, compared with 12.6 per cent in Victoria. Around 15 people per 1000 are mental health clients in Gippsland, compared with 11.9 per 1000 statewide.

Similarly high mental health rates apply to children, with 7.4 per cent of children diagnosed with emotional or behavioural problems in Gippsland compared with 4.6 per cent across Victoria. Anti-depressant prescribing rates for children are up to twice as high for some Gippsland local government areas, compared with the state average.

While service providers and the community recognise mental health is a priority health issue in Gippsland, access to mental health services is challenging and stigma among health professionals remains common.

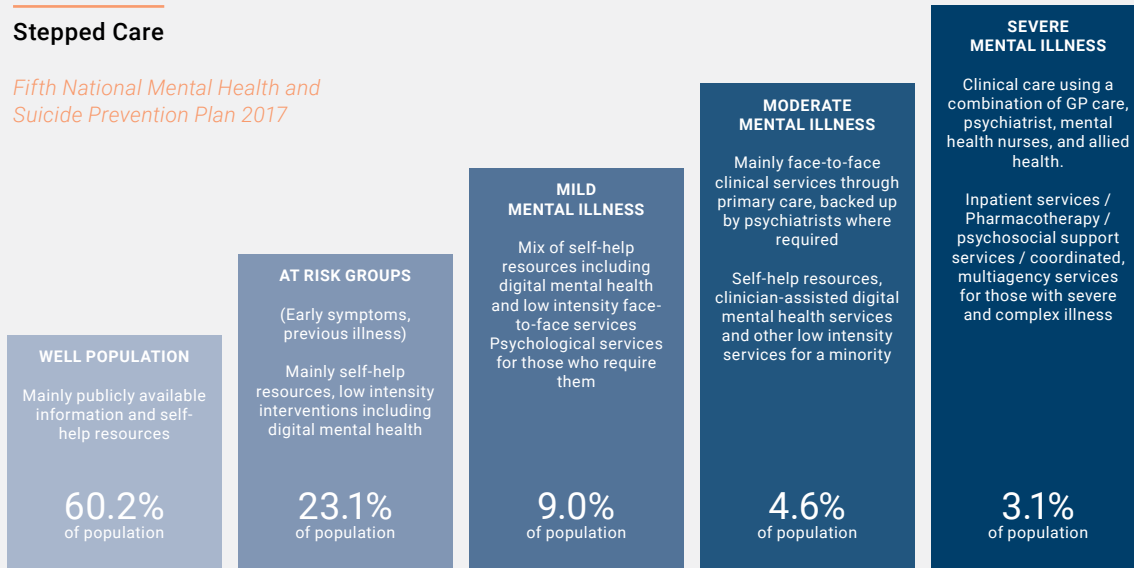
In the past financial year, Gippsland PHN has invested \$4.775 million to support and improve primary mental healthcare across the region.

Importantly, we introduced a stepped care model for mental health, which is an evidence-based staged system, comprising a hierarchy of interventions from the least to the most intensive, matched to individual needs. While there are multiple levels within a stepped care approach, they do not operate in silos or as one directional steps, but rather offer a spectrum of service interventions. The aim is to start at the lowest intensive level that meets their needs, but people can move up and down the levels as required.

Gippsland PHN's **Primary Mental Health and Suicide Prevention Stepped Care Program** aims to increase the efficiency and effectiveness of primary mental health and suicide prevention services, improve access to and integration of services to ensure people receive the right care, in the right place, at the right time, and to complement existing services.

## Stepped Care

*Fifth National Mental Health and Suicide Prevention Plan 2017*



## 9 Facts About Our Youth

- 1 Gippsland's young people identify mental health, bullying, alcohol, family violence and sexual health as their major concerns.
- 2 77.7 per cent of young people in Gippsland identify mental health as their primary concern compared with a national average of 76.9 per cent, based on headspace data.
- 3 Five Gippsland secondary schools have referred students to the Enhancing Mental Health Support in Secondary Schools program.
- 4 288 people have joined Calm Kid Central, including 177 parents or caregivers and 111 health professionals in the past year.
- 5 Six general practices provide clinical services to nine schools in Gippsland through the Victorian Government's Doctors in Secondary Schools program.
- 6 In Gippsland, 17 per cent of children have speech or language problems when they start school, compared with a Victorian average of 14 per cent.
- 7 Data from the Paediatric Symptom Checklist shows children of parents or caregivers who have accessed Calm Kids Central report a significant reduction in child distress symptoms over four months.
- 8 In Gippsland there is a higher number of teenage births, with 14 births per 1000 girls aged 18 years or younger, compared with 9.5 per 1000 in Victoria.
- 9 Gippsland has double the prescribing rates of ADHD medications for children aged 17 and under compared with the state average.



Pictured at the opening of headspace in Wonthaggi is Gippsland PHN Chair, Dr Sinead De Gooyer (second from left) with Gippsland PHN staff (from left) Jade Sarna, Alyce Cuman, Alecia Brown and Phoebe Hicks.



Gippsland PHN has commissioned a range of programs to address identified needs, covering low-intensity mental health services, youth mental health services, psychological services, severe and complex services, and suicide prevention.

For example, we support people with or at risk of mild mental illness in Heyfield, Maffra and Stratford through our **Low Intensity Mental Health Services Program**, an investment of \$100,000. This supports a mental health clinician to work with local general practice to improve access and support.

Gippsland PHN commissions a range of other low intensity mental

health programs, including Calm Kids Central, a free online support program for Gippsland families experiencing behavioural, emotional, social or mental health challenges with their children.

We also commission the Butterfly Foundation to support young people diagnosed with eating disorders through counselling and group therapy.

The health and wellbeing of young people is critical to ensuring healthy adult lives and Gippsland PHN invested around \$1.8 million in our **Youth Mental Health Services Program** in the past year to support their physical, emotional, behavioural and psychological wellbeing.

This program includes three headspace centres, operating in Bairnsdale, Wonthaggi and Morwell.

Gippsland PHN also supports partnerships and integration between health services, education providers and other relevant support services, including drug and alcohol, social, and vocational support.

For example, we partner with the Victorian Department of Education and Training and headspace to deliver general practice and mental health services in secondary schools across Gippsland.

"headspace Wonthaggi is a welcoming community of people dedicated to helping youth. They do their best to make your experience fun and calming"  
—Anna, 16 years of age.

## The Past Year in Numbers

6836

headspace service sessions were delivered across Gippsland

4615

Psychological therapies service sessions were delivered across Gippsland

574

Low Intensity Mental Health Services Program sessions were delivered in Wellington

5263

Severe and complex mental health service sessions were delivered across Gippsland

85

Referrals were made to suicide prevention services in Gippsland

888

Medical presentations across nine secondary schools in Gippsland through the Doctors in Secondary Schools Program

In the past year, Gippsland PHN invested around \$740,000 in the **Psychological Therapies Program**, delivered by 11 providers. This program supports people with mild to moderate mental illness by providing face-to-face or telehealth appointments with a psychologist or an allied health professional with specialist training.

To support people with severe and complex mental health needs, Gippsland PHN has invested \$590,000 through our **Severe and Complex Mental Health Program**. We have commissioned three organisations to provide mental health nursing services, available across Gippsland in general practice. The mental health nurses are trained to support severe mental health conditions. They also coordinate clinical care, supporting the role of general practitioners and private psychiatrists.

Suicide prevention is a complex social issue that requires a whole-of-community approach, including building capacity in people to support those facing a suicide

crisis and helping local communities to be better informed and connected.

Gippsland PHN is coordinating and commissioning place-based suicide prevention interventions in the Bass Coast and Latrobe Valley. A place-based approach recognises that people and places are interrelated, and the places where people live and spend their time can affect their health and wellbeing.

Our **Place Based Suicide Prevention Program** harnesses local skills, expertise and resources to implement tailored, evidence-based initiatives in local communities. Organisations, services and the community work together at each site to develop a plan to reduce suicides and to deliver effective suicide prevention at a local level.

We also support people with lived experience to talk about suicide in their local communities and reduce stigma.

The place-based sites are guided by the Black Dog Institute's LifeSpan model for suicide prevention.

The suicide prevention trials follow the LifeSpan model, a new evidence-based approach to integrated suicide prevention that incorporates health, education, frontline services, business and community in a community-led approach.

Over the past year, Gippsland PHN has established relationships with, and gathered information from, health services providers, community members and people with lived experience of suicide. This has shaped the planning and development of activities to roll out at the trial sites over the next year.

We have commissioned two providers to support and implement parts of the program.

Statistics show that people who identify as lesbian, gay, bisexual, transgender, gender diverse, intersex and queer (LGBTQI+) are up to five times more likely to attempt suicide than their heterosexual peers across Australia.



## Mental Health Facts

96,666

By 2026, Gippsland is expected to have 96,666 residents aged over 60, up from 74,205 residents in 2018-19.

2.7%

An estimated 2.7 per cent of people living in Gippsland experience an eating disorder, with binge eating disorder being the most common.

LifeSpan is an evidence-based, innovative and integrated model for suicide prevention. It aims to:

21%

Help prevent 21% of suicide deaths

30%

Help prevent 30% of suicide attempts



Improve individual resilience and wellbeing; and; to improve the system to prevent suicide in an ongoing way

*The team from Wellways provides a valuable contribution to the Place-Based Suicide Prevention trials in Latrobe and Bass Coast.*



During the Place-Based Suicide Prevention trials in Latrobe and Bass Coast, Wellways, the lived experience workforce, made valuable contributions including: consultation, education; co-design of information cards and videos in the community and the presentation of lived experience talks during mental health training workshops.

Wellways foundational training offers three days with a peer facilitator, in which participants can write and share their lived experience stories while practising in front of an empathetic audience of peers. This process is designed to be therapeutic by helping to reduce the blame and emotional pain, and changing the story into one that promotes healing, hope and recovery.

**Gippsland data shows that the average suicide rate in Gippsland is higher than Victorian and Australian averages**

**84%**

84 per cent of suicides in Gippsland are by males



Females are more likely to present to hospital for intentional self-harm than males



In Bass Coast and Latrobe, men aged 35 to 64 and over 85 are most at risk.

Key achievements:

- ▶ Established two advisory groups comprising senior stakeholders and community members from across two sites.
- ▶ South Coast Inclusion Network launched an activity plan for LGBTQI+ inclusion in general practice.
- ▶ Developed a primary school education package in partnership with Lifeline Gippsland, Department of Education and Training and local schools.
- ▶ Delivered training to local media about safe language and positive stories of hope and recovery through Mindframe.

Gippsland PHN supports the LGBTQI+ community through a range of initiatives, including through affirmative practice education to general practice and support for sporting and targeted community events, such as roller derby tournaments and AFL Gippsland's Pride and Mental Health rounds.

Supporting Gippsland's ageing population is another key priority for Gippsland PHN, with an increase of 30 per cent of people aged over 60 expected in the region by 2026. Dementia, including Alzheimer's disease, is the top cause of death for females in some parts of our region and the prevalence is projected to increase. Gippsland PHN supports StepUp for Dementia Research, a research participation and engagement service designed to connect individuals both with and without dementia, with researchers conducting studies into dementia prevention, diagnosis, treatment, care and cure.

We also support a range of aged care initiatives, including a homestead program for four residents with advanced dementia, mental health services for people living in residential aged care facilities, and by increasing awareness of best practice in psycho-gerontology among local clinicians, nursing staff and general practitioners.

## In the past year

# 878

sessions of AOD Treatment Services delivered by three programs across Gippsland

# 3919

care coordination sessions delivered across Gippsland

## Most used

**podiatry**  
**dietician**  
**diabetes educator**

Three most used allied health services

**respiratory**  
**endocrinology**  
**ophthalmology**

Three most used specialist services

## Fast Facts

**Mental health and substance use disorders** are leading contributors to disease among **Aboriginal and Torres Strait Islander** people in Gippsland.

In Latrobe, **24.4% of the population are current smokers**, compared with 13% statewide.

## Alcohol and Other Drugs

The use of alcohol and other drugs is a significant health problem in Gippsland and the fourth most common health issue, particularly among young people, Indigenous people and for families.

In Gippsland, 20 per cent of the population are current smokers, compared with 13.1 per cent of Victorians. The alcohol-related death rate is almost three times higher than the Victorian average in some local government areas. Gippsland residents also are over-represented as clients of alcohol and other drug services, and for their involvement in alcohol-related family violence incidents.

Gippsland PHN has invested \$743,000 to commission three services to deliver the **Alcohol and Other Drugs Program**, which gives community-based health services greater flexibility in the range of alcohol and other drugs services they offer in Gippsland.

These include a Place Based Youth Outreach Service for young people, a Family and Carer Support Service providing family education and peer support, and a 'Breaking the Cycle'

program, also for young people. Reducing the harms associated with drug and alcohol use will improve the overall health and wellbeing of Gippsland residents and Gippsland PHN has commissioned three health services to deliver the **SMART Recovery Program** (Self-Management and Recovery Training) across the region.

SMART is a free group program designed to assist with problematic behaviours, including addiction to drugs, alcohol, cigarettes, gambling, food, shopping, internet and others. It enables community members to help themselves and each other using cognitive behavioural therapy tools, and other motivational tools and techniques, under the guidance of trained peers and professionals.

"I can't tell you how much SMART Recovery has helped me."  
—Jane, 45, attended SMART Recovery to help overcome alcohol addiction and problematic behaviours related to gambling and shopping.

We also are working to reduce the use of alcohol and other drugs through a variety of programs and commissioned services. For example, Gippsland PHN is working with QUIT Victoria and the Latrobe Health Assembly to reduce smoking rates in Latrobe through the **Smokefree Gippsland** initiative.

Smokefree Gippsland aims to reduce smoking rates by reinforcing the role of general practitioners in helping patients to quit smoking and by reminding smokers to seek advice from their general practitioners if they want to quit. This ensures they have access to best practice support, a combination of pharmacotherapy and behavioural intervention.

This initiative is supported by qualitative research, face-to-face brief intervention training with general practitioners, quality improvement through Plan, Do, Study, Act cycles, the development of best practice, evidence-based clinical guidelines through the Gippsland Health Pathways for smoking cessation and the transition of training into an online module.





*Gippsland PHN Chief Executive Officer, Amanda Proposch, at the QUIT launch for the Smokefree Gippsland Campaign.*

## Aboriginal Health

Aboriginal people in Gippsland experience far higher rates of chronic diseases such as diabetes, cardiovascular disease and mental health issues, with hospital admissions and emergency department presentations almost twice as common for Aboriginal residents compared with non-Aboriginal residents. They are 20 times more likely to be hospitalised for renal dialysis, compared to non-Aboriginal people.

Around 10 per cent of Victoria's Aboriginal population lives in Gippsland and their health is a key priority. In the past year, Gippsland PHN has invested \$370,000 to commission four Aboriginal services to deliver the **Integrated Team Care Program**, designed to improve health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions.

As part of the program, qualified health workers, including specialist nurses and Aboriginal health workers, provide care coordination and outreach support to ensure patients are accessing services consistent with the care plan prepared by their general practitioner.

The support includes providing clinical care, arranging services as required, assisting patients to attend appointments, ensuring medical records are complete and current, and ensuring a patient's primary care providers regularly review their needs.

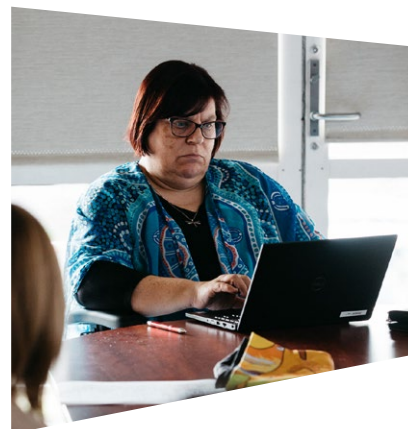
We also support Indigenous communities in other ways, including through cultural training for health professionals, supporting Aboriginal women having mammograms through the Aboriginal Shawl Project, and with Black Pages, an online health directory of Aboriginal-specific services in Gippsland.

"By participating in cultural training, I got lots of new information and strategies to consider implementing in my workplace. AJ's personal story and insights were very powerful and very thought-provoking. It's helped me to understand the medical impacts, and how and why I need to ask all patients if they or their family identifies as Aboriginal or Torres Strait Islander."  
—Hospital patient intake worker, Sale.



*Aboriginal Health Liaison Officer, Gail Mounsey with Merinda Harrison-Drake from Ramahyuck, choosing artwork for the Aboriginal Shawl Project.*

*Aboriginal Liaison Officer for the Cancer Council Victoria, Andrea Casey.*





Bev Kerrigan from the Moe After Hours Medical Service.

### Psychosocial Support Services

Gippsland PHN has invested over \$2.26 million to support the needs of people with severe and persistent mental illness with complex needs through two programs, **Partners in Recovery** and the **National Psychosocial Support Measure**.

Gippsland PHN commissioned four health services to deliver Partners in Recovery, linking high needs patients and their carers with health and community support services in Gippsland. Partners in Recovery ended on 30 June with the establishment of the National Disability Insurance Scheme (NDIS).

To support people who are not eligible to transition to the NDIS, Gippsland PHN has commissioned a service to deliver the **National Psychosocial Support Measure** across Gippsland. The program offers comprehensive care and coordination, including one-on-one and group-based supports.

### After Hours Primary Health Care Program

Gippsland PHN is committed to commissioning high quality, innovative, local, relevant and effective after-hours primary health care to improve the health and wellbeing of people living in rural and remote locations.

Gippsland PHN has invested \$330,000 in six general practices through the **After Hours Primary Health Care Program**, which improves patient access to appropriate and timely health advice and medical care after normal business hours.

Use of the Latrobe Community Health Service After Hours medical service in Moe is consistently strong, with an increase in patients during winter flu season.

In April 2019, Gippsland PHN ran a media campaign to increase community awareness about how to make the appropriate choice when accessing non-critical after-hours medical support.

### Partners in Recovery

Partners in Recovery uses a community-centred recovery model which underpins clinical and community support. It is based on the understanding that successful recovery requires a comprehensive response from a range of sectors.

In Gippsland, 57 per cent of referrals to Partners in Recovery came from public clinical mental health, community mental health support or community health services while 50 per cent of clients identified a general practitioner as being their principal clinical mental health service provider.

"Mental illness should not preclude a person from leading a meaningful and fulfilling life, based on their individual values and goals" – within Australia, provider of the National Psychosocial Support Measure.



*This visual was part of the campaign about after-hours medical support.*

In this past year

**937**

Partners in Recovery participants supported to test for NDIS eligibility

**252**

Psychosocial Support sessions delivered across Gippsland

**13,202**

primary health services were delivered across Gippsland through the Place Based Flexible Funding Program.

**13,708**

After Hours primary health services delivered across Gippsland

### Place Based Flexible Funding Program

Gippsland has a higher than average incidence of several chronic diseases, including diabetes, asthma, heart disease and lung disease, and the risk factors that contribute to these diseases.

Almost 30 per cent of adults in Gippsland report high blood pressure, which is the most common diagnosis for patients visiting their general practitioner, especially for people aged 40 and over, compared with 25.9 per cent of Victorians. There are high rates of smoking and obesity, with 54.6 per cent of people in Gippsland either overweight or obese.

To assist with chronic disease management across the region, Gippsland PHN invests \$1.6 million in seven health services to improve community access to allied health and primary health care through the **Place Based Flexible Funding Program**.

The program gives Gippsland residents free access to allied health services, such as dietetics, physiotherapy, podiatry and occupational therapy. It also supports access to nurses working in specialist roles, such as community nursing, chronic disease management and women's and men's health.

# Supporting General Practice

## Supporting General Practice

There are 81 general practices operating in Gippsland, with an estimated 422 general practitioners, including registrars. Each local government area has general practitioner obstetricians and anaesthetists working in general practice and a skin speciality is also common.

Around 235 practice nurses also work in Gippsland general practices, providing primary care services, immunisation, women's health care, maternity and chronic and preventative care.

Gippsland PHN recognises general practice as the cornerstone of primary healthcare and supporting them is essential to improving health and wellbeing in our region. We work closely with general practitioners to build capacity to deliver high quality patient-centred care and improve health outcomes.

We provide a range of programs to support best practice and improve safety and quality through research and evidence, by assisting general practices to use digital health systems, improving the collection and use of clinical data, and integrated health pathways.

## POLAR

POLAR (Population Level Analysis and Reporting) is Gippsland's preferred data analysis for general practice and is used by general practitioners for quality improvement, clinical and business auditing, and population health planning.

The POLAR platform provides insight and assists with planning across the areas of clinical, business and accreditation for general practice. It enables general practitioners to meaningfully analyse their own patient data, which is presented in an easy to use graphical format.

POLAR also assists Gippsland PHN by analysing de-identified clinical information from general practice and Victorian hospital admission data sets. This supports advanced population health analysis and planning and helps us to benchmark health services and systems.

Gippsland PHN works closely with general practices and other primary health providers to support and encourage participation in research relevant to Gippsland, particularly where it supports best practice and professional development.

More than 70 per cent of Gippsland general practices have signed up to use POLAR.

The POLAR HARP risk profile was developed to highlight patients at risk of hospitalisation within a 12 month period based on data available in general practice.

## POLAR HARP Risk Stratification Tool

POLAR is a data analysis tool for general practice quality improvement and population health planning. The program uses de-identified information to support advanced population health planning across the region.

A POLAR HARP risk score is calculated for active patients with at least one visit to hospital in the previous 12 months. The score is calculated based on a modified Western HARP Chronic Condition Risk Calculator.

The risk score includes:

- ▶ Chronic conditions including cardiac, respiratory, dementia, diabetes and mental health.
- ▶ Risk factors including obesity, smoking status and high blood pressure.
- ▶ Additional factors including disability, Aboriginal and Torres Strait Islander status and pension status.

Within general practice, the POLAR HARP risk profile can be used to identify patients who may benefit from additional management support. For example, patients who score in the 'Urgent' category can be identified and reviewed.

At the population level, the POLAR HARP risk profile can be used to inform planning based on the risk profile by geography or population group.





## Education and Training

Gippsland PHN supports general practice and allied health providers to participate in education and training opportunities through the [Gippsland PHN Education and Training Program](#), supporting them to maintain professional standards, influence clinical practice, and develop skills and expertise.

Health professionals and others working in Gippsland's general practices and health services can access education and training opportunities through the program, which coordinates educational opportunities in formats such as face-to-face, workshops, small group learning, network meetings, forums and webinars.

Many also carry continuing professional development (CPD) accreditation, to help ensure general practitioners, nurses, practice staff and other medical professionals achieve competence of practice, with the latest knowledge, skills and practical experience.

It means many primary health care workers can achieve their CPD requirements without travelling to Melbourne or interstate.

Gippsland PHN delivered 88 education and training events in 2018-19, attended by 1904 health professionals and community members.

## Digital Health Guide

Digital health apps can significantly improve the accessibility, efficiency, safety and sustainability of healthcare for health professionals, but poorly designed and executed digital health apps can make healthcare worse through poor advice, over-diagnosis, and the creation of additional consumer data silos that healthcare providers can't access.

In March 2019, Gippsland PHN offered all Gippsland general practitioners and allied health professionals a two-year subscription to the online Digital Health Guide free of charge, via the Gippsland HealthPathways portal.

There are now more than 250 health and medical apps available for patients, carers and healthcare providers. The Digital Health Guide assists healthcare

providers navigate this and provides up-to-date information on commonly used digital health solutions, mobile health apps and digital health communities.

The Digital Health Guide enables new models of care by supporting self-management, improving health literacy and encouraging prevention by supporting people to play an active role in staying healthy.

In 2019, 521 Gippsland general practitioners and allied health professionals were subscribed to the Digital Health Guide.

The Digital Health Guide supports more than 700 digital health solutions, with new content added each week.



Kashif Sheikh from Gippsland PHN (right) demonstrates the Digital Health Guide to Dr Zafar Iqbal at the Latrobe Medical Centre in Traralgon.



*Gippsland PHN staff Bernie Heaton Harris (left) and Michelle Baxter at a Practice Managers Master Class.*

### SafeScript

Gippsland PHN developed resources and delivered training and education sessions across Gippsland to assist health professionals with medication management.

The resources supported the implementation of the Victorian Government's real-time prescription monitoring system, SafeScript, which aims to reduce harm and deaths from prescription medicine misuse and abuse.

Delivered to Gippsland general practitioners and pharmacists, the training gave an overview of the SafeScript system, high-risk medicines misuse in the community, best practice for prescribing and dispensing high-risk medicines, and explored ways of managing people at risk of medicine misuse.

Gippsland PHN's medication management training sessions were attended by 162 general practitioners and pharmacists, including nine who attended via webinar.

### Immunisation

Gippsland PHN supports general practice with early intervention programs, including to reduce the incidence of vaccine-preventable disease in Gippsland. General practitioners have significant contact with children aged under seven and their support is essential to improving childhood immunisation levels.

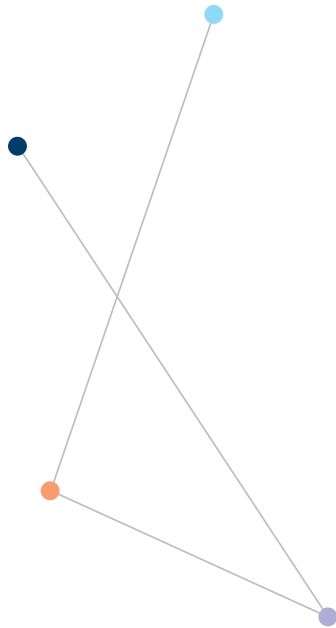
Gippsland PHN keeps general practitioners and immunisation nurses up to date with new immunisation information and schedules and has introduced webinar facilities to help improve access and participation in education and training events.

Gippsland PHN ran five nurse immuniser network meetings across Gippsland, attended by 142 people.

### Nurse and mental health scholarships

Gippsland PHN offered scholarship grants of up to \$10,000 to four general practices in Gippsland to assist their practice nurses to undertake further study. The scholarships supported nurses to complete a Graduate Certificate of Primary Care Nursing (four subjects), a single unit subject of the Graduate Certificate of Primary Care Nursing or a short course to enable a nurse to practise as a nurse immuniser. A certificate in Medical/General Practice Administration was also offered.

Scholarships of up to \$10,000 were also awarded to four organisations to support seven clinicians to complete additional mental health training to increase range of skills and/or scope of practice. The courses being completed include RACGP mental health education for three general practitioners and Masters level mental health training for four clinicians.



Health professionals attend a palliative care forum in Traralgon.

### Emergency Response Planning Tool

Gippsland PHN supported local general practice to receive fully subsidised access to an online emergency response planning tool, which assists them to prepare for, respond to and recover from the impacts of emergencies and pandemics. Developed by the Royal Australian College of General Practice, the tool includes access to webinars, personalised training and a help desk. It is subsidised under a Victorian Government funded pilot program focused on rural and regional general practice.

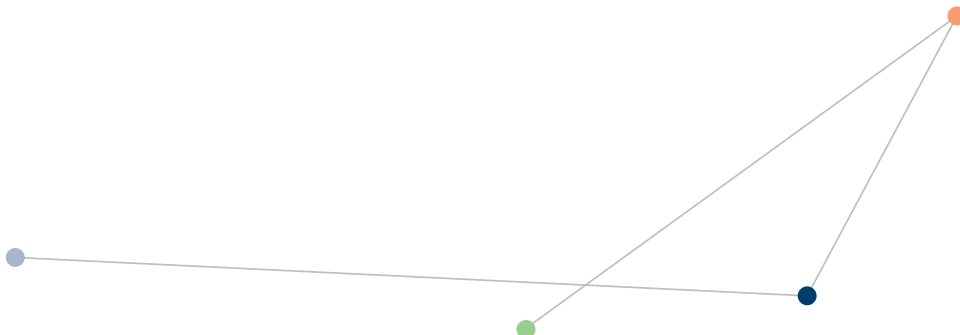
### Advance Care Planning, Voluntary Assisted Dying, Palliative and End of Life Care

Gippsland PHN has completed three projects to evaluate and assist clinicians and consumers with advance care planning. The projects help clinicians to support patients to complete an Advance Care Directive that best controls and informs medical decision-making if they are unable to verbalise their own medical treatment decisions.

We also partnered with Gippsland Region Palliative Care Consortium to provide education and training for general practitioners and other health professionals ahead of a change in Victorian law, which allows voluntary assisted dying to Victorians who meet strict eligibility criteria.

Advance Care Planning enables patients to plan for their future health and personal care should they lose their capacity to make or verbalise decisions.

Gippsland PHN ran a half-day palliative care forum for health professionals in Traralgon, in partnership with Safer Care Victoria's Palliative Care Clinical Network and the Gippsland Region Palliative Care Consortium. It looked at local challenges and identified areas and ideas for improvement.





# Digital Health and System Integration

## Digital Health And System Integration

A well-integrated health system helps to engage and empower communities to support their own health while making it easier for healthcare service providers to deliver what patients need.

This requires successful coordination of factors both within and beyond health, including education, workforce, private and public sector.

Gippsland PHN works to integrate health care providers within and across health care settings.

We provide resources and empower health providers to better align their services to meet local needs at a consistently high standard.

We do this through a range of measures, supported by our [Digital Health Strategy](#), which explores the way in which digital technology can be harnessed to deliver better health outcomes for the residents of Gippsland.

Gippsland PHN recognises that by improving health literacy, enabling engaged patients and supporting new and emerging models of care using digital technology, we can reduce the rate of growth in demand for health services and the burden on the health system.

Digital health gives us a toolbox of technologies and techniques – including secure messaging, referrals, health service directories, telehealth, data analytics and My Health Record – that support the development of new, innovative patient and caregiver-centred models of care.

Used wisely, digital technologies can support and drive greater quality, safety, accessibility, transparency and efficiency in health service delivery.

## My Health Record

Gippsland PHN continues to actively engage with consumers and health professionals for the My Health Record expansion opt-out period, guided by the Australian Digital Health Agency.

The Gippsland PHN digital team has presented information sessions about My Health Record across Gippsland, including sessions targeting culturally and linguistically diverse and vulnerable communities, consumer and provider network groups, and service clubs.

Gippsland PHN has provided information, resources and training to pharmacists and general practice clinics across Gippsland to help them understand the registration process and support their discussions with patients. We worked closely with allied health professionals.

The top 10 pathways viewed by Gippsland health professionals in April 2019:

- 1 Asthma in Children
- 2 Iron Deficiency Anaemia
- 3 Advance Care Planning
- 4 IV Iron Infusion
- 5 LGBTQI+ Sexual Health
- 6 Chronic Hepatitis C
- 7 Hepatitis C Screening
- 8 Cancer Supportive Care
- 9 Suicide Risk
- 10 Low Acute Abdominal Pain in Young Women



Chief Executive Officer of the Digital Health Agency, Tim Kelsey, is pictured with Dr James Brown from the Trafalgar Medical Clinic and Phoebe Hicks from Gippsland PHN.





## Gippsland HealthPathways

Gippsland PHN developed the Gippsland HealthPathways project as the primary mechanism whereby clinical, referral pathways and associated resources can be reviewed and redesigned by consensus and collaboration between expert advisors, hospital clinicians and general practice teams.

The HealthPathways methodology allows local health services and providers to come together in clinical working groups to analyse and assess existing clinical and referral pathways, and to agree on a local care pathway.

The agreed pathway is then made available to regional health professionals on the Gippsland HealthPathways website, guiding best-practice assessment and management of common medical conditions, including when and where to refer patients.

It is also available to medical specialists, nurses, allied health and other health professionals, for use within their scope of practice in Gippsland.

Clinical working groups also provide advice to Gippsland PHN about actions requiring financial investment, resources or change to existing systems and services.

This year Gippsland PHN convened and facilitated a Regional Reference Group for Melanoma Pathways, resulting in the completion and publication of four clinical and two referral pathways. A suite of sexually transmitted disease clinical and referral pathways was also developed.

Gippsland health professionals now have access to a range of localised pathways, including clinical and referral pathways for optimal care, alcohol and other drugs, outpatient, breast and cervical screening.

### Key achievements:

- ▶ Adoption of the Optimal Care Pathways under the statewide Melanoma Project.
- ▶ Development of locally responsive clinical and referral HealthPathways for Sexual Health in collaboration with Melbourne HealthPathways and establishment of a local working group with health professionals.
- ▶ Four clinical and referral HealthPathways developed and published for IV Iron Infusion.
- ▶ Localisation and publication of Termination of Pregnancy, ENT suites, Urology suites, Vascular suites, Medicinal Cannabis and Cardiology referral pages.

A 70-year-old man was taken by ambulance to Alfred Health, after presenting to Bairnsdale Regional Health Service (BRHS) with an inferior myocardial infarction (heart attack). Once his condition was stable, the Alfred Health Cardiology Unit performed an angiogram and completed a percutaneous implant. He was discharged after three days as an inpatient. The follow-up review was completed via telehealth four weeks later, supported by BRHS. In addition to an ECG, a nurse performed an assessment that found his pulse rate was low. As a result, the patient was referred to his general practitioner for medication management and required changes. This telehealth appointment saved the patient approximately six hours 40 mins (510 kms) in return travel to The Alfred. As an additional benefit, the BRHS nurse-supported telehealth service meant that changes to his care could be managed in a timely and coordinated way between Alfred Health, BRHS and his local general practitioner.

Spreading the #screenforme message are (from left) Gippsland PHN Chair, Dr Sinead De Gooyer, Latrobe Health Advocate, Jane Anderson and Gippsland PHN Chief Executive Officer, Amanda Proposch.



## Telehealth Conferencing

Gippsland PHN is supporting Gippsland general practitioners to access and use telehealth videoconferencing facilities to better connect patients in rural and remote areas with specialist health care providers elsewhere. Telehealth can be a cost-effective, real-time and convenient alternative to traditional face-to-face primary health care.

In one such program, Gippsland PHN and Bairnsdale Regional Health Service have partnered with Alfred Health to offer an educational series for East Gippsland general practitioners, which will help them facilitate neurology and cardiology consultations for their patients.

Alfred Health specialists visit Bairnsdale three to four times a month but are unable to travel more frequently to meet community needs. Telehealth was identified as a way of providing more timely access to cardiology and neurology services while reducing patient travel.

By January this year, the program had saved cardiologist and neurology patients in East Gippsland nearly 35,000km in travelling distance, a cost saving of nearly \$23,000.

## Ambulance Victoria and General Practice – Nurse-Led Care

Gippsland PHN supported three general practices in South Gippsland to introduce a nurse-led model of care and coordination for patients with chronic and complex conditions who were identified as having a moderate to high risk of using ambulance and hospital services.

The Ambulance Victoria South Gippsland Enhancing Nurse-Led Care Project set out to see whether a nurse-led care coordination model could better support these patients.

Gippsland PHN identified Foster, Leongatha and Korumburra as the areas of focus, due to the population health profile of people aged 65 years and over with chronic and complex conditions, general practice capacity, competency and readiness to participate and alternative transport options to Ambulance Victoria.

An evaluation report found patients who took part in the pilot had greater confidence in assessing their need for emergency care following intervention, had less contact with general practitioners due to increased use of self-management resulting in more appropriate use of general practitioner services, and their clinical risk was significantly reduced following intervention.

## Latrobe Health Innovation Zone

Gippsland PHN is supporting Latrobe residents to improve their long-term health and wellbeing as part of a three-year project funded by the Victorian Government through the Latrobe Health Innovation Zone (LHIZ).

Gippsland PHN is leading the LHIZ – Early Detection and Screening including Tobacco Initiative, which aims to support people to prevent illness before it occurs, detect illness early and ensure those who need treatment and support services, including to quit smoking, can access them locally.

Through this project, we work with the community and local health providers to help people quit smoking, increase participation in screening for breast, bowel and cervical cancers, and increase the use of opportunistic screening to better identify and assist people at risk of developing chronic disease.

The work is guided by a project management plan and overseen by a project control group, with representatives from the Gippsland PHN, the Department of Health and Human Services, Latrobe Health Assembly, local health providers and peak health organisations.



Health professionals and community members attend a Medicinal Cannabis Forum in Inverloch.



Teachers and students from Warragul Primary School's Healthy Eating Lunch program.

In the past year, Gippsland PHN has launched a range of initiatives as part of the project. These include a visit to Latrobe by the BreastScreen bus, establishment of the Latrobe Cancer Screening Collaborative to better engage general practitioners in opportunistic cancer screening, and establishment of the Chronic Disease Forum to build a better understanding of care pathways for chronic disease such as kidney disease, type 2 diabetes, heart disease and stroke.

We also developed and launched the Screen For Me social marketing campaign designed to increase population-based cancer screening rates in Latrobe, where cancer screening rates are low.

The six-month campaign aims to reach identified target groups by photographing community members holding placards that encourage people to complete cancer screening for breast, bowel and cervical cancers, raising awareness about three national screening programs and the importance of early detection.

## Medicinal Cannabis Forums

In March 2019, Gippsland PHN partnered with Cann10 to offer forums about medicinal cannabis in Inverloch, Bairnsdale and Traralgon for health professionals and the community. The forums gave people information about the benefits of medicinal cannabis including access to medications for eligible patients. Health professionals and pharmacists were invited to sessions, providing research and information to help them navigate the topic with their patients.

"The medicinal cannabis forum was informative and gave opportunities for questions to be answered, people felt heard. This was important for some people and I was pleased they had the opportunity." – Community member, Medicinal Cannabis Community Forum, Inverloch

The Gippsland PHN received nine submissions to the Ideas Bank in the past year. Three were accepted and Gippsland PHN is now working closely with the lead agencies to support implementation of the idea.

## Ideas Bank

Gippsland PHN has launched an Ideas Bank to encourage and promote innovative ideas and proposals that respond to local health needs, national and state priorities, and Gippsland PHN's strategic directions.

The initiative seeks ideas from health services, community organisations, community groups and individuals. Ideas evaluated as innovative and well-developed progress to the Gippsland PHN Ideas Bank.

From there, Gippsland PHN will then work with partners and the community to seek funding to implement the ideas. We also may fund projects that meet required selection criteria or may recommend alternative partners or community funding sources.

"What a great idea! The Healthy Eating Lunch program." Ideas Bank recipient case study, Warragul Primary School

The Healthy Eating Lunch program is run by Warragul Primary School staff and parents with support from Gippsland PHN's Ideas Bank and the West Gippsland Healthcare Group's health promotion team. The 20-week program was initiated by parents and involves children helping to prepare a weekly 'one pot' lunch for the school community. It aims to encourage children to try new nutritious foods and lunch recipes will be shared in the school newsletter and on social media.

# 3 / Our People



*Gippsland PHN staff (from left) Linda Schmidt, Sarah Humphrey and Kashif Sheikh.*

**Gippsland PHN** is part of a national network of 31 Primary Health Networks across Australia focused on **coordinating health services** and **supporting general practice**.





Gippsland PHN staff (from left) Kate Zee, Elisabeth Wearne, Cass Morrell and Belinda Panagiotopoulos with Sarah Clarke (front).



# Our Team

Gippsland PHN's 45 employees across three sites in Bairnsdale, Traralgon and Wonthaggi take part in an annual satisfaction survey.

Almost all employees completed the survey this year, reporting a 24 per cent increase in employee satisfaction and a 'culture of success' within our organisation, indicating employees are positive and focused with a 'can do' mentality.

Employees reported improvement in a number of areas including:

- ▶ A strong sense of purpose and direction;
- ▶ Optimism about Gippsland PHN's future; and
- ▶ A strong sense of success and achievement.

*Senior Manager Health Planning, Research and Evaluation, Liz Craig.*



*Manager of Digital Health and Integration, Alyce Cuman.*

In the past year

45

Headcount as of 30 June 2019 = 45 staff (40.34FTE), an annual increase of 10 staff members.

100%

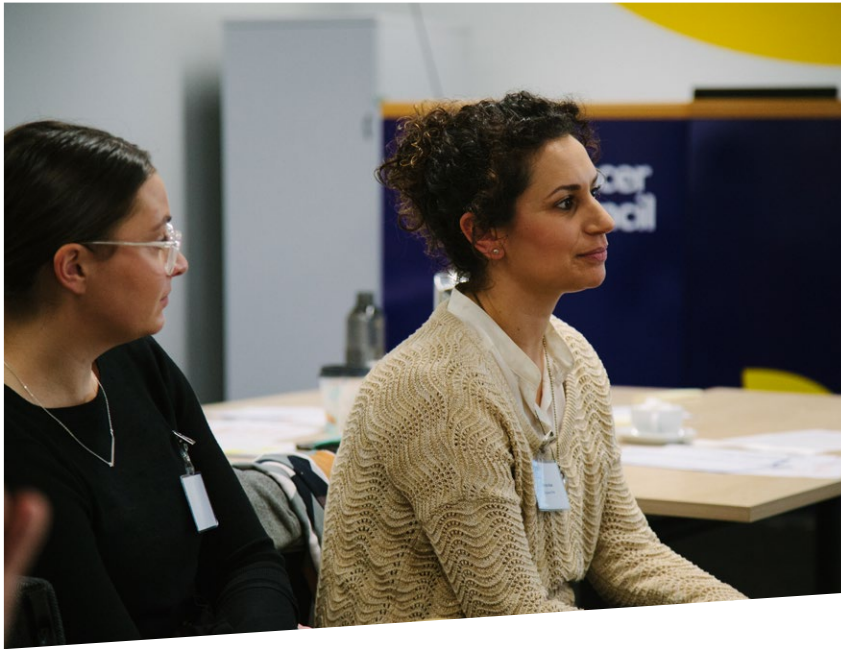
Participated in professional development activities during 2018-19.

97.5%

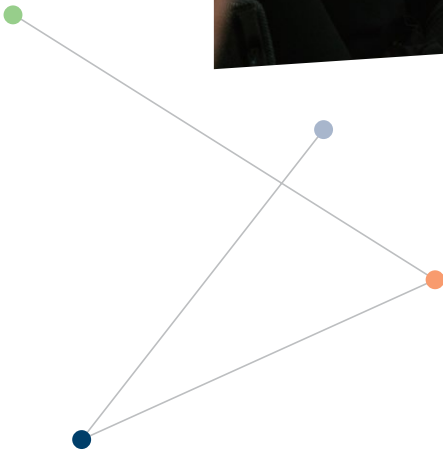
Participated in the employee satisfaction survey.

24%

increase in employee satisfaction and a 'culture of success' within our organisation



*Gippsland PHN's  
Lauren Sewell (left) and  
Denise Azar.*



### **Board and Staff Awards Night**

Gippsland PHN recognises employee achievements with an annual awards event, giving our employees and Board an opportunity to reflect on our achievements and acknowledge the commitment of staff. This year, awards were presented to our team for the following achievements:

#### **Brooke Carlesso**

Community Centred: Listening to viewpoints of local communities and focusing on local priorities.

#### **Alyce Cuman**

Innovative: Encouraging new ideas, creating opportunities, solutions and improvements.

#### **Jenny Whyte**

Accountable: Taking responsibility for actions and decisions, producing accurate, timely, high-quality work, and demonstrating persistence to achieve.

#### **Linda Schmidt**

Quality focused: Striving for excellence, extending knowledge, skills, experience and relationships.

#### **Kashif Sheikh**

Ethical and respectful: Honest, trustworthy and respectful of others, building supportive relationships.



*Gippsland PHN's Phil Thompson  
and Megan Barnes at a Smokefree  
Latrobe Innovation Workshop.*



Pictured (from left) are Gippsland PHN Chair Dr Sinead De Gooyer, Gippsland PHN Chief Executive Officer Amanda Proposch, former Gippsland PHN Chief Executive Officer Marianne Shearer with Dr Nola Maxfield and Gayle Bloch from Wonthaggi Medical Group.



## Gippsland Primary Health Awards

The Gippsland Primary Health Awards were established to recognise and honour individuals and teams who work together to bring better health to our Gippsland region.

The inaugural awards were presented at the Gippsland PHN annual general meeting in November 2018 to recognise and celebrate innovation, integration and partnerships, improved access to health services and cultural appropriate support for Indigenous and other diverse communities.

## 2018 Gippsland Primary Health Award winners

### Innovation:

Winner: Australian Community Support Organisation for its work supporting families and carers who provide support for people challenged by drug and alcohol issues. The organisation has supported more than 300 clients across Gippsland.

### Integration and partnerships:

Winner: South Coast Youth Clinic Partnership for its work supporting young people across South Gippsland and the Bass Coast, including through the development of local Youth Assist/Access Clinics, an innovation in youth health service delivery.

Honourable mention: West Gippsland Healthcare Group for the I.CAN Survivorship Program which included exercise and nutrition, one-on-one, group and combination therapies and support.

### Improved access to health services:

Winner: Wonthaggi Medical Group and Bass Coast Health for establishing the local Pharmacotherapy Clinic, which supports up to 50 clients and holds permits for methadone and suboxone.

### Cultural appropriate support for Indigenous and other diverse communities:

Winner: Relationships Australia Victoria and headspace Bairnsdale for the Unique but United project, which provides a culturally sensitive support group for LGBTQI+ young people, who wish to meet other sexually and gender diverse young people and allies in a safe and supportive space.

Honourable mention: Merinda Harrison-Drake from Ramahyuck for her care coordination work in Baw Baw Shire, working closely with the local general practitioner and other support staff to reach her Indigenous community.



*Pictured (from left) are Gippsland PHN Chair Dr Sinead De Gooyer, Gippsland PHN Chief Executive Officer Amanda Proposch, Jenny Svoboda from Australian Community Support Organisation (ACSO), former Gippsland PHN Chief Executive Officer, Marianne Shearer and Charlotte Anderson from ACSO.*



*Pictured (from left) are Gippsland PHN Chair Dr Sinead De Gooyer, Gippsland PHN Chief Executive Officer Amanda Proposch, former Gippsland PHN Chief Executive Officer Marianne Shearer and Jo Huggins from Relationships Australia Victoria and headspace, Bairnsdale.*



*Pictured (from left) are Gippsland PHN Chair Dr Sinead De Gooyer, Gippsland PHN Chief Executive Officer Amanda Proposch, former Gippsland PHN Chief Executive Officer Marianne Shearer and Merinda Harrison-Drake from Ramahyuck.*





# 4 / Financials

*Gippsland PHN  
Board Director,  
Therese Tierney.*



Gippsland PHN gratefully  
acknowledges the financial  
and other support from the  
**Australian Government.**

# Financial Report

The 2018-19 financial statements of Gippsland Health Network Limited were prepared by McLean Delmo Bentleys Audit Pty Ltd and were completed in accordance with the applicable Australian Accounting Standards, reduced disclosure requirements of the Australian Accounting Standards Board, and the Australian Charities and Not-for-profit Commission Act 2012.

Gippsland Health Network Limited utilises accrual accounting based on historical cost, modified where required.





## Summary Statement of Profit / Loss

	2018-19		2017-18	
	\$	\$	\$	\$
Total Income from all sources		21,254,391		17,282,683
Total Expenditure for all programs		20,826,751		16,885,707
<b>SURPLUS/(DEFICIT)</b>		<b>427,640</b>		<b>396,976</b>

### *Total income comprised*

Government grants	20,080,294	16,061,013
Other grants	424,868	715,684
Other income	749,229	505,986

## Statement of Financial Position

	2018-19		2017-18	
	\$	\$	\$	\$
<b>Assets</b>				
Current	14,782,892		13,687,989	
Non-Current	489,209	15,272,101	353,950	14,041,939
<b>Liabilities</b>				
Current	13,356,500		12,591,550	
Non-Current	107,213	13,463,713	69,641	12,661,191
<b>NET ASSETS</b>		<b>1,808,388</b>		<b>1,380,748</b>

### Equity

<b>RETAINED EARNINGS</b>	<b>1,808,388</b>	<b>1,380,748</b>
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## Auditor's Report



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### INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF GIPPSLAND HEALTH NETWORK LIMITED

#### Opinion

We have audited the financial report of Gippsland Health Network Limited, which comprises the statement of financial position as at 30 June 2019, 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 to the financial statements, including a summary of significant accounting policies and other explanatory information, and the directors' declaration.

In our opinion, the financial report of Gippsland Health Network Limited is in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

- (a) giving a true and fair view of the Entity's financial position as at 30 June 2019 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards – Reduced Disclosure Requirements, and Division 60 of the Australian Charities and Not-for-profits Commission Regulations 2013.

#### Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Entity 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.

In conducting our audit, we have complied with the independence requirements of the Australian Charities and Not-for-profits Commission Act 2012, which has been given to the directors as at the time of this auditor's report.

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

#### Responsibilities of the Directors for the Financial Report

The Directors of the Entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Act 2012 and for such internal control as the directors determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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



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### INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF GIPPSLAND HEALTH NETWORK LIMITED (CONTINUED)

#### 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.

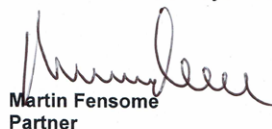
As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgment and maintain professional scepticism throughout the audit. We also:

- 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 Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- 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 Entity'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 Entity 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 those charged with governance 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.



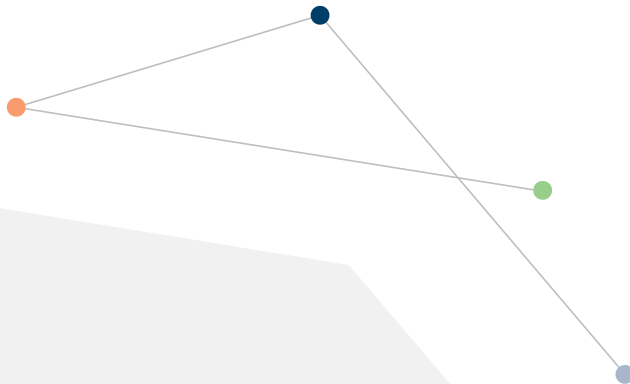
McLean Delmo Bentleys Audit Pty Ltd



Martin Fensome  
Partner

Hawthorn  
18 September 2019

# Notes



## Endnotes

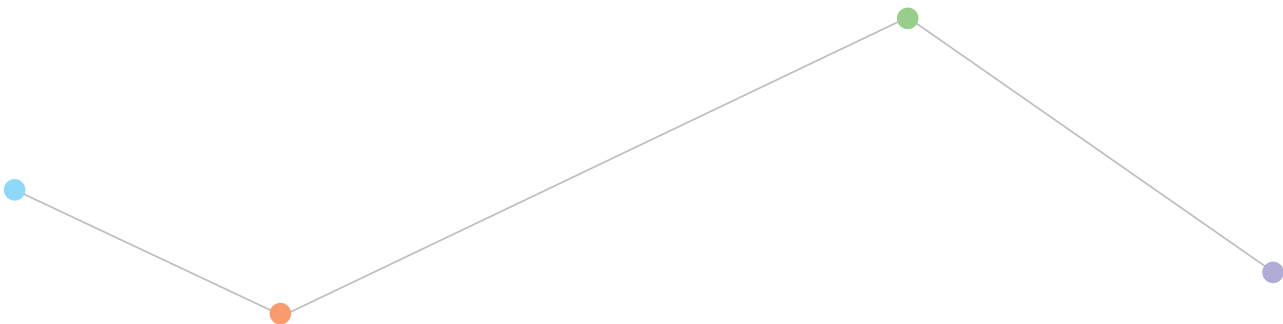
- 2 Commonwealth of Australia as represented by the Department of Health. The Fifth National Mental Health and Suicide Prevention Plan. 2017. P.22



# Notes



# Notes





## OUR LOCATIONS

11 Seymour Street  
Traralgon VIC 3844  
(Main office)

13 McBride Avenue,  
Wonthaggi

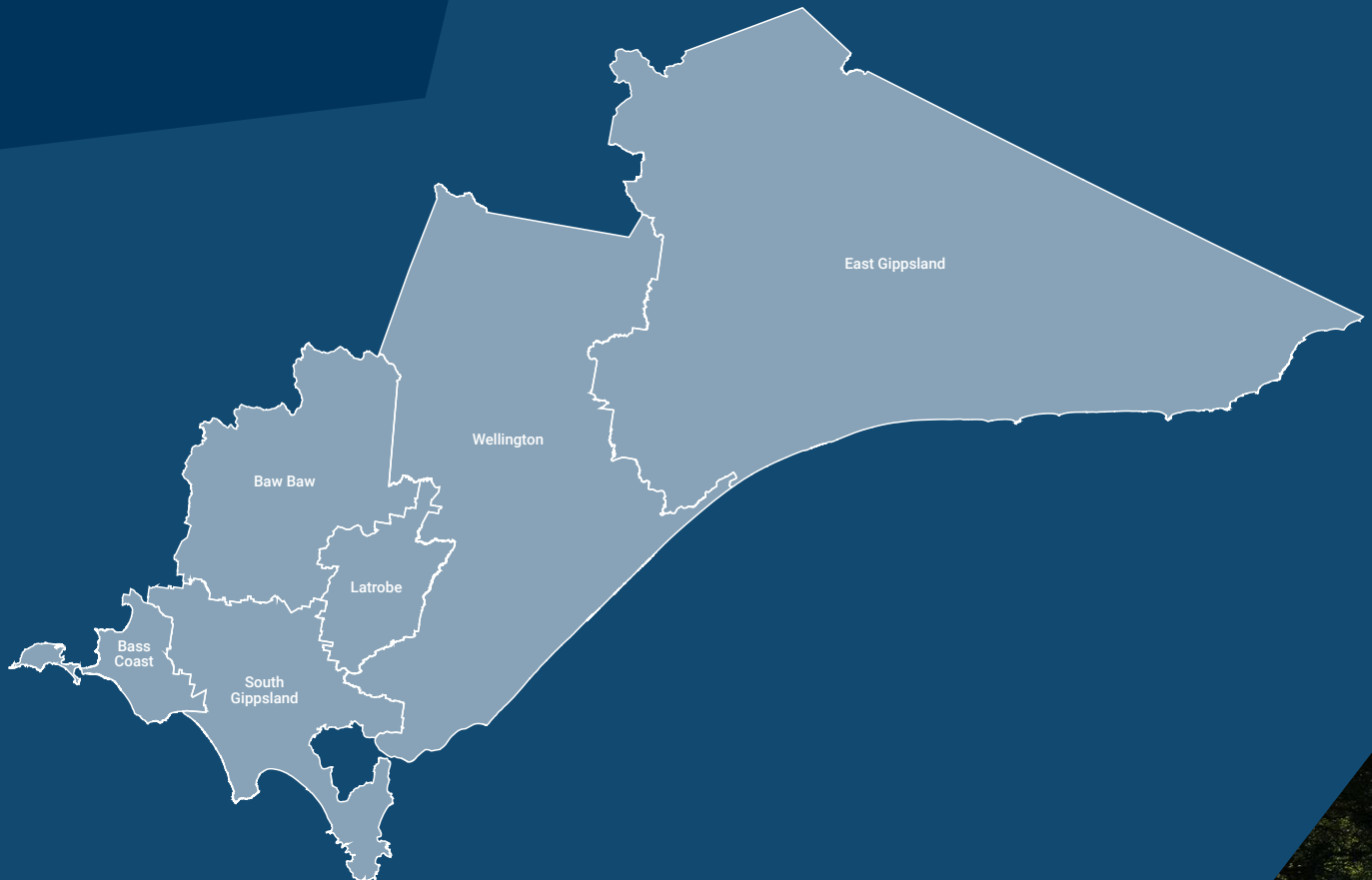
183 Main Street,  
Bairnsdale

## CONTACT US

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**phn**  
GIPPSLAND

An Australian Government Initiative