



Annual Report

2018–19

firsthealth limited
trading as
Murrumbidgee Primary
Health Network

Murrumbidgee Primary Health Network acknowledges the Traditional Custodians of the land in the Murrumbidgee region. We pay respect to past and present Elders of this land: the Wiradjuri, Yorta Yorta, Baraba Baraba, Wemba Wemba and Nari Nari peoples.

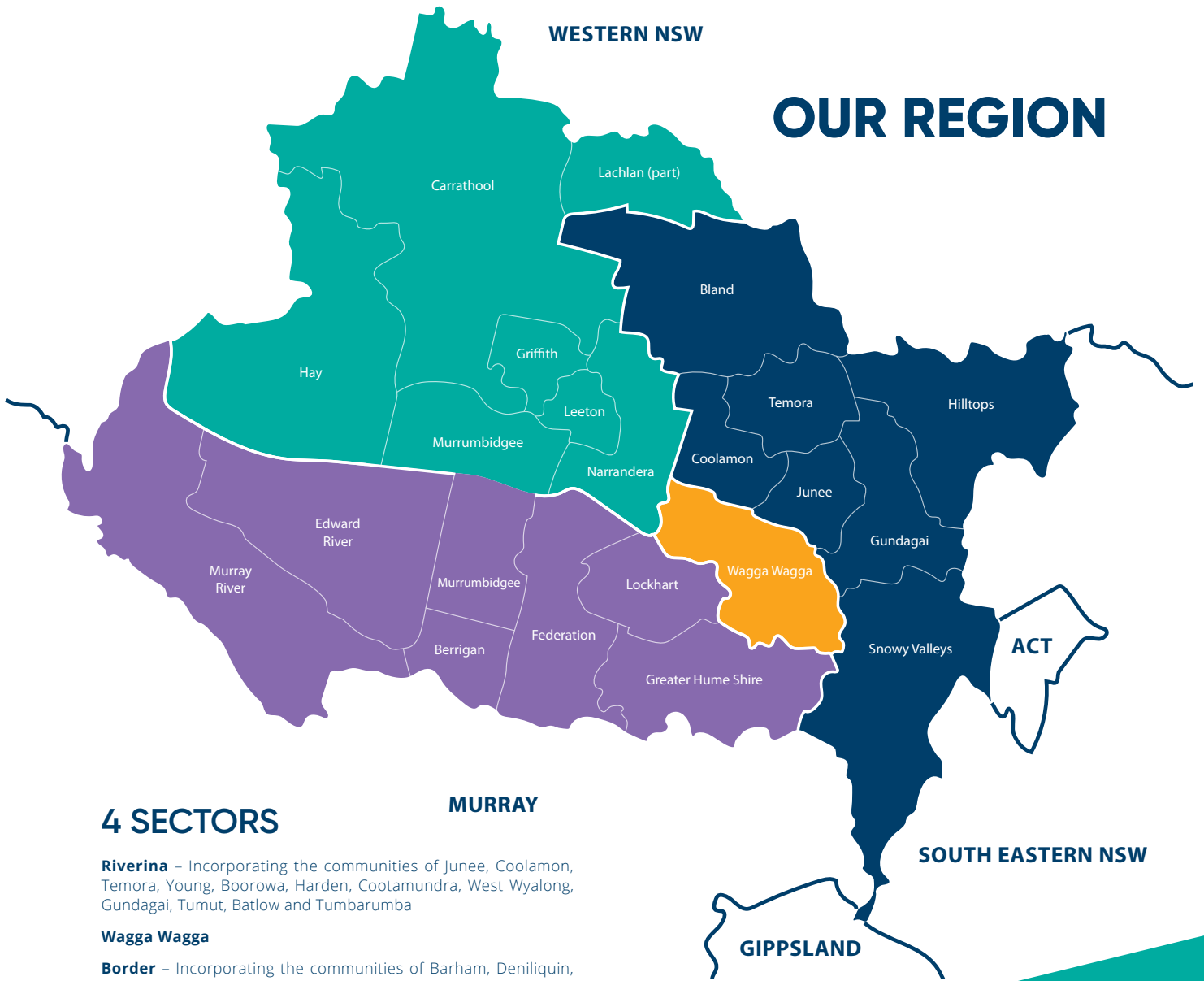
Murrumbidgee Primary Health Network gratefully acknowledges the financial and other support from the Australian Government Department of Health. The Primary Health Networks Program is an Australian Government Initiative.

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WESTERN NSW

OUR REGION



4 SECTORS

MURRAY

Riverina – Incorporating the communities of Junee, Coolamon, Temora, Young, Boorowa, Harden, Cootamundra, West Wyalong, Gundagai, Tumut, Batlow and Tumbarumba

Wagga Wagga

Border – Incorporating the communities of Barham, Deniliquin, Finley, Jerilderie, Berrigan, Tocumwal, Corowa, Culcairn, Henty, Holbrook, Lockhart and Urana

Western – Incorporating the communities of Griffith, Leeton, Narrandera, Hay, Hillston and Lake Cargelligo

MENTAL HEALTH



ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH



POPULATION HEALTH



HEALTH WORKFORCE



eHEALTH



AGED CARE



OUR PRIORITIES

OUR PHN

POPULATION
242,962




TOWNS
514





TOTAL BIRTHS
2,411 2.4%



LAND AREA
136,898 KM²

POPULATION DENSITY
0.1-16.3 PERSONS/KM²





AGE, GENDER & LIFE EXPECTANCY

		
POPULATION	119,829 49%	121,782 51%
LIFE EXPECTANCY	83.0 YEARS	78.5 YEARS

OVER 65 YEARS OF AGE

 **46,958** 19.3% 

ABORIGINAL & TORRES STRAIT ISLANDER

			
TOTAL 12,350 6.1%	OVER 55 YEARS 1,583 9.1%	MEDIAN AGE AT DEATH 66 YEARS	

HEALTH & LIFESTYLE

OBESE  SMOKERS 
38.9 PER 100 PEOPLE **23.6** PER 100 PEOPLE

36.9 PER 100 PEOPLE  **15.1** PER 100 PEOPLE 

 INACTIVE
73.6%

PSYCHOLOGICAL DISTRESS 
11.1 PER 100 PEOPLE

 CONSUME ALCOHOL AT RISKY LEVELS
19.9 PER 100 PEOPLE

AREA PROFILE


31 PUBLIC HOSPITALS

3 ABORIGINAL MEDICAL SERVICES




87 GENERAL PRACTICES

247 GENERAL PRACTITIONERS




147 PRACTICE NURSES



The past 12 months has seen MPHN mature and become more established in its role as a commissioning organisation. As a result, more opportunities for innovation and collaborative co-design involving healthcare providers, community and MPHN to work collaboratively together have been afforded.



CHAIR REPORT

I'm pleased to provide my first report as Board Chair of Murrumbidgee Primary Health Network (MPHN) having taken on the role six months ago. The circumstances of this Chair change was unfortunate, after Sue McAlpin's resignation due to serious illness. However, Sue's long-term and capable leadership meant I inherited a strong, passionate and motivated board, and we are forging ahead to deliver on the vision of 'Well People, Resilient Communities' across the region.

Sue McAlpin has served many years as an MPHN member, director and chair, always ensuring a strong focus on local service delivery in response to local health need. Sue's experience in health management and involvement on other boards and advisory councils of professional bodies and peak state and national organisations has been instrumental in having needs of Murrumbidgee people have been represented at the highest level. Her passion for ensuring people living in rural Australia have the same or better health outcomes of those living in the cities has been the consistent benchmark by which the Board and MPHN strive to achieve. Sue's contribution to the organisation will be greatly missed and we wish her well with her health.

The past 12 months has seen MPHN mature and become more established in its role as a commissioning organisation. As a result, more opportunities for innovation and collaborative co-design involving healthcare providers, community and MPHN to work collaboratively together have been afforded. The ideas brought to the table from clinicians and community, combined with our Health Needs Assessment data has enabled some exciting programs to commence such as the inaugural winter wellness program. The willingness for health providers to be involved, often after hours and despite such busy schedules, really highlights their passion for health improvement in their communities.

Workforce around the Murrumbidgee region continues to challenge MPHN, clinicians and communities, as it does in most of rural and regional Australia. The Board and MPHN continue to provide strong representation to the workforce agencies and were pleased to take the initiative

to invite the National Rural Health Commissioner, Professor Paul Worley to a special dinner for members in Griffith in June. It was encouraging to hear about progress on the Rural Generalist Pathway and his emerging work on a rural allied health workforce. The members present participated in some active and vigorous conversations about the state of services in their own towns and regions which I am sure have further helped to inform his work and advice to the federal government.

This year MPHN committed to a unique and important long-term partnership with Rural Doctors Network and Murrumbidgee Local Health District (MLHD) to work together on innovative workforce solutions for our region. This project is in its infancy, but the collaboration and contribution so far has been encouraging.

To conclude, I extend thanks to my fellow directors over the past year, especially during my time as Chair. I would especially like to acknowledge the dedication and hard work of David Friedlieb who is retiring from our Board after many years of service to the organisation. His financial and business acumen has been invaluable as well as his measured and considered input to board discussions. His support and encouragement of new directors as they come on board will also be missed and we wish him well in his future endeavours.

Thanks also to MPHN CEO Melissa Neal who has continued to capably guide the organisation in ensuring government funding and service obligations are met, while steering a talented and dedicated executive and staff to be innovative, strategic and accountable to the health needs of people living across the Murrumbidgee. There is more work to do, but I'm confident MPHN is well placed to continue delivering positive health outcomes for the people in which it serves.

Dr Jodi Culbert

CEO REPORT

Preparing an annual report always provides an opportunity to reflect on our achievements over the past 12 months and consider our future direction. While our funding for the financial year increased by \$2 million, to \$22 million, central to our many successes detailed within this report are people. Sometimes in health it's easy to take a conditions approach to delivering services. Yet, each condition is about people – the person with the condition, their family, friends and carers, their health professionals, and their communities. Taking a person-centred approach to our work means we are listening to what people are telling us, engaging with key partners, and collaborating with the right people to ensure we are designing the right services and supports for people in our region.

This year we've progressed two major reviews into how we are funding allied and mental health services, which together represent more than \$6 million dollars in investment to 2021. The allied health review considered consultation feedback from 22 service providers and more than 200 survey responses from community informed the development of the Murrumbidgee Wellness and Resilience Model. The review itself identified the most important considerations in improving access include affordability, workforce development, improving consumer understanding the role of allied health, and improved coordination of allied health services.

Our mental health review included consultation with many people from across our region about their experience accessing mental health services we fund. This feedback, together with a review of stepped care mental health services have informed a new approach where we will bundle some of our services into a program named MyStep to Mental Wellbeing which will be delivered locally through two service hubs into the future.

We are also reaching many of our vulnerable communities affected by drought through our Empowering Our Communities funding with community grants, training and resources to support wellbeing and foster long-term resilience. Our steering committee has been pivotal to

helping us make decisions about activities to ensure maximum impact and meaningful support for those living through this drought. The community grants alone have reached 10,000 people through 80 grants totalling \$635,000, and we have forged strong partnerships with key partners to help reach our farming communities.

Last year's Health Needs Assessment identified the need for a region-wide maternal and child health strategy to ensure health services were effective as well as identifying any areas of unmet needs for our communities. In partnership with MLHD we commissioned a provider to develop a joint region wide strategy to improve health outcomes for women, children and families across the Murrumbidgee region. The final strategy will be delivered in late 2019 after which the MPHNS will work with partners to identify the priorities to be delivered across the region.

After feedback from our health professionals, we commenced a more strategic approach to delivering our Continuing Professional Development (CPD) opportunities by scheduling more events outside of Wagga Wagga. We are pleased to report, of the 52 CPD events held, 21 of those were held in locations other than Wagga Wagga. We also continued to support our health workforce with the My Health Record expansion and were pleased to learn our efforts were rewarded with Culcairn being identified as Australia's second town fully connected.

Finally, none of the work we've achieved would be possible without the dedication, flexibility and enthusiasm of our staff. Late last year, the team participated in a workshop to help develop our values, which were launched early this year. Since then we have really worked on fostering a strong organisation culture underpinned by our values.

All of these achievements are a reflection on how we are continuing to bring our vision of 'Well People. Resilient Communities' to life.



Melissa Neal



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Taking a person-centred approach to all our work means we are listening to what people are telling us, engaging with key partners to address concerns raised, and collaborating with the right people to ensure we are designing the right services and supports for people in our region.

OUR BOARD



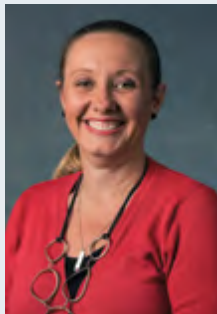
David Friedlieb, Treasurer

The Albury raised chartered accountant has practised in Wagga Wagga since 1989. David has specialised in family businesses and the stakeholders involved, together with individuals and community organisations. He has a strong interest in social equity and the effective delivery of targeted health services.



Donna McLean

Donna is a practice nurse, working in primary healthcare, with a Masters in Gerontology. Donna has 30 years' nursing experience and is proud to be a nurse leader facilitating preventive health programs to improve health outcomes for all age groups.



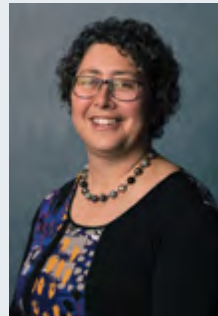
Dr Faye McMillan

A proud Wiradjuri woman, Dr Faye McMillan is Australia's first registered Aboriginal pharmacist. She holds academic posts at Charles Sturt University and has a strong health research background. She has sound governance skills, developed in a number of Aboriginal organisations and is an inaugural Atlantic Fellow for Social Equity for the Asia-Pacific region.



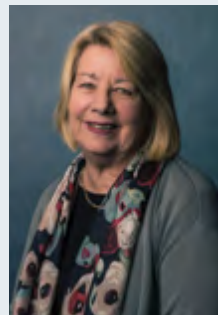
Dr Jacques Scholtz

A GP obstetrician in Cootamundra for 14 years who's also interested in family health and a strong voice for palliative care provision. Participates on MLHD and MPHN committees, is principal/owner of a large general practice. He stands for equitable healthcare across all segments of society and works towards an integrated primary healthcare model.



Dr Jodi Culbert, Chair

Dr Jodi Culbert was a physiotherapist before returning to study and qualifying as a GP in 2011. Her interests include musculoskeletal medicine, mental health, preventative health and medical student education. Jodi is a strong advocate for the role of general practice in primary care and is currently researching physical activity promotion for adolescents at UNSW Rural Clinical School.



Sue McAlpin

Sue has worked most of her professional life in regional Australia, in community health, management and academia. She has been involved on boards of professional bodies and peak state and national organisations. Her passion has been to ensure people living in rural Australia, have the same or better health outcomes than those living in cities.



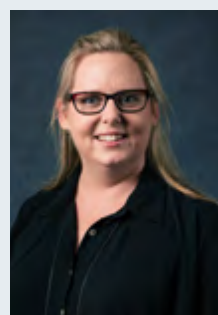
Dr Alam Yoosuff

Dr Alam Yoosuff is a rural GP from Finley NSW with particular interests in public health, palliative care and emergency medicine. Alam has been working as the principal GP at Finley Regional Care and GP/VMO at Finley Hospital since 2008. He is passionate about providing better health outcomes to rural remote communities in the region.



Michael Rowan

Michael has lived and worked in regional NSW since 1991. Having roots in rural areas, he has an acute understanding of the benefits of health, education and support to the community. He endeavours to ensure meaningful health outcomes for those living within the Murrumbidgee increasing their overall quality of life.



Peta Larsen

Peta Larsen, an Accredited Practising Dietitian, and has held senior health management positions across acute, primary health and community settings providing leadership to health professionals. With a passion to improve health and wellbeing, Peta contributes to clinical quality and safety as a member of the LiveBetter Clinical Governance Committee and the LikeMind Wagga consortium.

OUR SENIOR MANAGERS



Melissa Neal
Chief Executive Officer

Melissa Neal is an experienced executive and has held a number of senior roles in the non-profit sector. She has post graduate qualifications in business and human resources, specialising in industrial relations. Melissa has spent most of her life working and living in regional and rural areas where she has developed an understanding of the challenges faced by communities. She commenced working in primary healthcare in 2012 and joined the primary health network in 2015.



Julie Redway
Chief Operations Officer

Julie Redway is a health manager with 30 years' experience in rural health. Commencing her career in medical science, Julie became interested in primary healthcare research in Bourke in the 1990's. Julie has a Bachelor's in medical science, Masters in health service management and is a graduate of the Australian Institute of Company Directors (AICD).



Narelle Mills
Senior Manager, Commissioning and Procurement

Narelle Mills has more than 20 years' experience in primary health program development and implementation with interests in quality improvement, chronic disease management, integrated care, aged and palliative care. Narelle has an Honours Degree in Applied Science and Graduate Certificate in Public Sector Management.



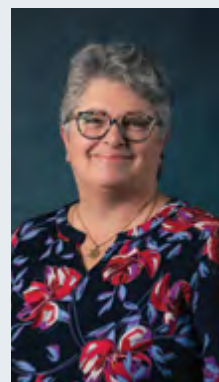
Andrew Heap
Senior Manager, Primary Care Engagement

Andrew Heap has spent the last nine years providing support to general practices and has particular interest in digital health and continuous quality improvement. Andrew holds degrees in medical science (pathology) and music and also spent a couple of years as the practice manager of a large general practice.



Anita McRae
Senior Manager, Mental Health, Drug and Alcohol

Anita McRae joined MPHNS in 2013 as manager of the Partners in Recovery program after working in mental health support worker and community development positions. A strong belief in lived experience informing and driving service design and delivery is the foundation of Anita's working life, which she feels privileged to support.



Dr Alison Koschel (PhD)
Senior Manager, Population Health Planning and Data

Ali Koschel has an extensive background in health research and population health planning with expertise and qualifications including epidemiology, biostatistics, nursing and health promotion. Her PhD is secondary prevention in cardiovascular disease. Ali is responsible for health needs assessment, data monitoring and service planning, and is passionate about supporting vulnerable communities.



Troy Sutherland
Senior Manager, Finance

Troy Sutherland graduated from Charles Sturt University in 1997 and was advanced to the status of Certified Practising Accountant of CPA Australia 15 years ago. After having worked in public practice accounting firms in Wagga Wagga and Albury, Troy joined MPHNS in 2013 when it was then known as Murrumbidgee Medicare Local.

YEAR IN REVIEW

MENTAL HEALTH

2,883
CLIENTS

376
ABORIGINAL &
TORRES STRAIT
ISLANDER

19,980
SERVICES

177
66+ YRS

1,410
25-65 YRS

992
12-24 YRS

304
0-11 YRS

30%
TELEPHONE

52%
FACE TO FACE

2,950
EPISODES

421
EPISODES
SUICIDE FOCUS

39.5%
MALE

59.9%
FEMALE

7,190
OCCASIONS
OF SERVICE

2,297
PODIATRY

1,091
DIABETES
EDUCATION

1,234
PHYSIOTHERAPY
+584
IN GROUP WORK

ALLIED HEALTH

5,610
PATIENT
CONSULTATIONS

379
HOME VISITS

61
GPS FROM
12
PRACTICES

GP
AFTER
HOURS

**EMPOWERING OUR
COMMUNITY**

\$635,000
CONTRIBUTED VIA 80 GRANTS

to help support the mental health and wellbeing of nearly 10,000 people in our region living with the impacts of drought.

PITCH NIGHT DELIVERED
\$106,800
TO 3 PROGRAMS



31
WAGGA WAGGA
CPD EVENTS

660
GPS, PRACTICE NURSES AND
ALLIED HEALTH PROFESSIONALS

WORKFORCE



807
ATTENDED
CPD EVENTS

21
OUTSIDE WAGGA WAGGA
CPD EVENTS



58%
BREAST SCREENING

58.7%
CERVICAL SCREENING

37.6%
BOWEL SCREENING

CANCER SCREENING

UNDERSTANDING OUR REGION'S HEALTH NEEDS

MPHN is committed to continually monitoring, assessing and analysing the health needs of our region. Through our health needs assessments we are able to ensure our commissioned services address the health needs of people in our community. Key to understanding these needs is the invaluable feedback and guidance of our Clinical Councils, Community Advisory Committee, and Local Health Advisory Committees.

4 CLINICAL
COUNCILS

33 LOCAL HEALTH
ADVISORY
COMMITTEES

14 COMMUNITY
ADVISORY
COMMITTEE
MEMBERS





Community Advisory Committee (CAC)

The Community Advisory Committee (CAC) provides the Board with a community perspective to ensure decisions and investments are patient-centred, to ensure a good patient experience and value for money. Members include people from diverse backgrounds to inform decisions relating to planning and delivery of primary care services. There are 33 Local Health Advisory Committees (LHAC) across the Murrumbidgee, with each sector having a representative at the CAC. There is also a mechanism for each LHAC to raise issue directly to the CAC.

Following a discussion regarding the prevalence of family violence across the region, the CAC initiated a Family Violence Initiative which aims to develop a deeper understanding of family and domestic violence occurring in communities across MPHNS footprint and to identify appropriate models of care that will provide support for women and families in communities known to have higher than average incidences of family and domestic violence.

Findings from this research initiative will be available in late 2019.

”

The Community Advisory Committee (CAC) brings to life the statistics, programs and health services that the Murrumbidgee Primary Health Network provide. The opinions, thoughts and ideas of the Murrumbidgee communities are essential for improving services.

Clinical Councils

MPHN has four Clinical Councils, one located in each of the Border, Riverina, Wagga Wagga and Western sectors. The GP led Clinical Councils include members from a range of clinical disciplines, providing MPHN's Board with relevant, local clinical perspectives on regional issues.



Dr Rachael Fikkers, Chair, Wagga Wagga

During this financial year, Dr Jane Goddard resigned as Chair and two medical students joined the clinical council. We thank Jane for her dedicated service and I hope to fulfil the role with as much passion and drive.

There has been an emphasis on access to mental health services, presentations from LikeMind and Wellways, as well as discussion among members to address drought related mental health issues.

Oral health was identified as a knowledge gap with its addition to HealthPathways and future CPD events, and community

promotion of the Child Dental Benefits Scheme was discussed. Local pharmacy trials of iHealth monitoring and home sleep apnoea testing in collaboration with local respiratory and sleep specialists continues.

Rural Doctors Network (RDN) attended to discuss our region's critical GP workforce shortage, and members discussed recruitment strategies for the GP After Hours Service.

Moving forward, we hope to achieve better community access to allied health and mental health services and further collaboration to address CPD needs and workforce shortages.



Dr Marion McGee, Chair, Border

The Riverina MPHN Clinical Council has been focussing on:

- the changing mental health support landscape in the wake of the NDIS, helping primary healthcare providers negotiate the new map;
- identifying, and responding to CPD needs for primary healthcare providers;
- supporting the development of community-led pro-active health forums/groups;

- the development and constant upgrading of the HealthPathways; and
- the development of the 'Map My Recovery' mental health access website.

The great joy for us as clinicians at the coal face, is to be able to come to the table with problems, work together on solutions, and then to see the implementation of those solutions in a very timely, and useful fashion.



Dr Damien Limberger, Chair, Western

The Western Sector Clinical Council has been focused on health issues affecting our local communities. Priority areas include access to health services, mental health services, health workforce and support services that strengthen our local health systems.

The Clinical Council has provided advice to MPHN regarding commissioning of services to meet the health needs of the local community. We have supported the implementation of HealthPathways to coordinate and streamline local health services. Members heard from the Rural

Doctors Network (RDN) regarding strategies to support the rural and remote medical workforce, and the Council is developing a local Health Expo to support access and integration of local health services for health providers and consumers. We were also pleased to support MPHN's inaugural Pitch Night in Griffith, which saw innovative local health services funded by the community.

The Western Sector Clinical Council consists of multidisciplinary health providers that are committed to enhancing health services for our rural and remote communities.



Dr Daniel Fry, Chair, Riverina

The Riverina Clinical Council has met regularly and contributed to MPHN's planning and delivery of primary health services.

We have been active in providing clinical input into the delivery of mental health services in our region including the commissioning and practical delivery of these services in our communities and outlining ongoing needs for the future.

Our council met with the NSW Rural Doctors Network (RDN) to discuss regional health workforce priorities. We have been informed of the HealthPathways project and are able to encourage its use in the region.

We have also been proactive in highlighting opportunities for MPHN to support existing services in the region with CPD events and clinical tools for use in service delivery.

We continue to look forward to participating in our role with MPHN.

Local Health Advisory Committee (LHAC)

MPHN works with 33 individual LHACs, providing an integral link to our communities. Each LHAC helps MPHN disseminate information at the local level, and provides us with valuable information about the health of their area. The feedback received, helps us understand the health of our region and informs our annual Health Needs Assessment.

Both MPHN and MLHD representatives attend LHAC meetings providing an opportunity to both impart information and to learn about current issues and achievements. Early in 2019, MPHN and MLHD executives took to the road, meeting with LHACs to support them in their plans for the upcoming year and to provide an opportunity for LHACs to talk directly with senior staff from both organisations.

In early May MPHN co-hosted with MLHD the LHAC Forum in Griffith and heard from guest speakers and participants about the great work being done in primary healthcare, and learnt where we can provide more support. Part of the forum included the launch of MPHN's inaugural Pitch Night and tours of the Sikh Temple and Griffith's Renal Unit.

MPHN continues to support the great work of our LHACs across the region and value their enthusiasm, dedication and support for working towards improving health outcomes in their communities.



We consider the liaison with MPHN of great assistance in our endeavour to maintain community wellness.

– Syd Dudley, Finley LHAC

LHAC Forum

LHAC forums are held twice a year, hosted by MPHN and MLHD and attended by more than 100 community representatives. Topics discussed at the May LHAC forum included:

- My Health Record
- At home palliative care initiative
- Domestic violence
- National Disability Insurance Scheme (NDIS)
- CEO presentations (MLHD and MPHN)
- Panel discussion
- Research innovation

ENGAGING OUR COMMUNITIES

Engaging with our local communities helps much of our work which underpins our Health Needs Assessment. Our communities are more willing and empowered to be involved in various feedback opportunities from online surveys, to in-depth interviews, focus groups and co-design of services. It helps ensure we are delivering the right health services and improving health for our local communities.



It's important that services are accessible, and the right service is given at the right time.

Conversations on the Couch

Conversations on the Couch is how MPHN consults with communities within the Murrumbidgee region to gain community views on health, and how they think we can improve health into the future.

In August 2018 we visited the communities of Berrigan, Deniliquin, Griffith, Lake Cargelligo, Hillston, Hay, Wagga Wagga, Young and Gundagai talking to community members in coffee shops and on footpaths. Community views ranged from having great support and great health services to having few services and poor experiences with health services. The most significant issues raised were access to mental health services, and a lack of awareness of how to and where to access mental health services. We heard of the shortages of general practitioners and other allied health professionals in the community and in the hospital setting.

The information gathered supports and informs our annual Health Needs Assessment and allowed us to plan commissioned services and other initiatives to address the issues and concerns raised by community.





Learning from our communities

HNA Live takes the pulse on health services across the Murrumbidgee region. The aim is to hear from consumers of healthcare services or carers of people using healthcare services and health professionals about what's working well and what's not working well. We want to know what's important about health and what we can do to improve health across the region.

We had hundreds of responses from community during the first half of 2018 where we focussed on youth, older people, alcohol and other drugs, women's health and migrant refugee health.

In February we had great response to issues for youth, the most important issue reported by community and health professionals was that of mental health. Overwhelmingly respondents reported better access was the most important thing to improve health in their community for youth.

Access was also very important for older people across the region. Community responders raised concerns about isolated older people who lived alone in the region.

Respondents with alcohol and other drug misuse suggested the need for programs aimed at people taking responsibility for their health and again noted access to and awareness of how to access services were key issues to address.

Similarly to other groups above, respondents for women and children's health also reported a need for easily accessible and affordable health services locally so there was limited need for travel for healthcare.

The knowledge gained from the respondents to HNA Live allows MPHNS to make sure any new and emerging needs are captured and responded to. The knowledge also lets us know how to plan health services and initiatives that address the issues community are experiencing.

What our communities are telling us is important for health

"Ensuring accessibility of services in rural and remote communities. Focus on youth mental health resourcing and reducing the stigma associated with accessing support"

"That services are of a high quality and are readily available, that consumers are treated with dignity and respect and are heard"

"Advising family members on what to look out for in regards to someone contemplating suicide, giving advice on what to say to prevent self-harm"

"I would love to see more things put in place to reconnect elderly with society. It would also be great to see these elderly maybe teaching or showcasing things that maybe they used to do and still can. Maybe a buddy system with the younger generation to teach old school skills or be invited to more social events."

"Maintaining my health to the extent where I can continue to lead an independent life. As such being able to fully access health services to meet my needs (current and emerging)."

"Equitable safe and affordable access to quality care."



Allied health review

Over the past year, MPH N conducted market sounding and impact assessments of its current allied health service. This work was to build on previous recommendations and assist and inform the commissioning of allied health programs and services in the future.

The review was well received by providers and the community. Our approach included individual, and follow up interviews with our 22 service providers, 200 survey responses from community and providers, and four workshops with community and providers in Wagga Wagga, Griffith, Finley and Young.

The review identified the most important considerations in improving access include affordability, workforce development, improving consumer understanding the role of allied health, and improved coordination of allied health services.

We have used these principles to develop a new approach to the delivery of allied health services, which will focus on wellness and resilience among the target populations and conditions. The model will also aim to support and develop the allied health workforce through establishing communities of practice and exploring the use of alternative service providers such as allied health assistants.



Engaging with our stakeholders

Late last year MPH N commenced research to understand how people viewed our communications and where we could improve. This feedback helped inform our external communications strategy to ensure we operate with a more planned and coordinated approach to engaging with our many stakeholders.

Our overall aim is to facilitate awareness and understanding of MPH N's role in primary healthcare, further support and engage with general practice, and build effective relationships with our health

professionals and communities. We will achieve this by targeting our strategies under the three main pillars of stakeholder engagement, media relations, and marketing and public relations.

During the past financial year, MPH N undertook staff training in stakeholder engagement and media training to ensure we are well equipped to improve our external communications, foster meaningful stakeholder engagement, and implement creative ways to tell our story.

Mental health review

MPHN commissioned the Centre for Rural and Remote Mental Health (CRRMH) to undertake a review of MPHN's stepped care model of mental health service provision and central intake system in the first quarter of 2018. A recommendation of this review was to conduct an extensive review of the way MPHN commissions mental health services within a stepped care model, and in November 2018, MPHN re-contracted CRRMH to undertake a further review of the current commissioning model. This involved surveys and consultations with the community and stakeholders, including clients and carers who had first-hand experience with MPHN had commissioned

mental health services, and both commissioned and non-commissioned Murrumbidgee mental health services providers. A co-design workshop was also conducted, with the results from all surveys, consultations and workshop included in a final report with recommendations to assist in designing an improved MPHN stepped care mental health services model.



Child and maternal health consultations

The 2018 Health Needs Assessment conducted by the MPHN identified the need for a region-wide maternal and child health strategy to ensure health services were effective as well as identifying any areas of unmet needs for our communities. The aim of the strategy is to improve health outcomes for women, children and families across the Murrumbidgee region. To facilitate the development of this strategy consultants were engaged in February to conduct service mapping, consultations and then the development of the strategy. The local communities where obstetrics services are offered were targeted for stakeholders and consumer consultations to ensure the strategy reflected what services were currently available, and what were the needs of our local communities. In total 157 people were engaged

in the consultations either via face to face or surveys in Wagga Wagga, Griffith, Young and Deniliquin.

The final strategy will be delivered in late 2019 after which MPHN will work with its partners on identifying the priorities to be delivered. Through the consultation process it was evident how communities value the maternal and child health services provided in their communities. It was also evident awareness around existing services needs improvement, better care coordination between services is required, there is a need to investigate using telehealth to deliver services, and to look at innovative workforce strategies.

SUPPORTING OUR COMMUNITIES

Many of our programs and projects have had a very clear focus on collaborating with our communities to support community-led initiatives aimed at helping to improve the health outcomes our communities. From delivering more than \$600,000 in community grants to our regions to support mental health and wellbeing of our drought affected communities, to training more than 900 Year 9 students in Youth Aware of Mental Health, to helping people to be supported to die at home. These programs are making a difference and improving the health of our communities.





Empowering our drought affected communities

As announced on 5 August 2018, the Australian Government took immediate steps to roll out additional mental health support to help farmers and rural communities deal with the uncertainty, stress and anxiety of conditions as a result of the worst drought on record. This support is known as the Empowering Our Communities (EOC) initiative. MPHNS is one of nine PHNs to be funded under the EOC initiative to provide additional support over two years throughout the Murrumbidgee region.

Steering committee

The EOC steering committee was established for the period of the program to provide leadership, guidance and structure to the development and implementation of initiatives funded under EOC. Each of the key stakeholders have provided guidance and advice to ensure MPHNS's response is well coordinated and targeted to those in need across the Murrumbidgee region.

The steering committee bring a wealth of knowledge and expertise from a wide range of backgrounds and organisations such as Rural Financial Counselling Service, Local Land Services for both Riverina and Murray, NSW Farmers, Ricegrowers' Association of Australia, Premier and Cabinet, Rural Doctors Network, Murrumbidgee Local Health District, Griffith Aboriginal Medical Service, Riverina and Murray Joint Organisation, Riverina Eastern Regional Organisation of Councils (REROC), relevant MPHNS staff, and most importantly, people with lived experience of mental health and drought.



Murrumbidgee Community Grants

The Murrumbidgee Community Grants were launched in December 2018 in Wagga Wagga and again in Deniliquin with Federal Member for Farrer, The Hon. Sussan Ley MP. Grants are for activities to support communities living with the impacts of drought with a focus on mental health and wellbeing.

In consultation with the EOC steering committee the grant process was made simple and easy to ensure everyone is able to apply.

From the launch in December to 30 June 2019, applications were received with more than \$635,000 approved funding for various activities and community events. It's anticipated these activities have reached in excess of 10,000 people throughout the Murrumbidgee region.



Angangu Ngangkari healers for National Sorry Day

Wagga Wagga City Council received a grant to invite the Angangu Ngangkari healers to Wiradjuri country in Wagga Wagga for National Sorry Day on 26 May 2019. The 60,000 year old Aboriginal traditional healing and cultural event was attended by more than 100 people.

Mik Maks perform at Wakool Preschool

The Wakool Preschool Committee received a grant for a family and children concert, bringing in the Mik Maks to perform in the town of Wakool. With the medium family income 38 per cent lower than the rest of NSW (ABS 2016) combined with the pressures of the current drought a free family concert was well received.



12-week Empowered Challenge – building strong bodies and resilient minds

This community-led initiative in Coolamon supported participants to develop all components of their health: physical, mental, social and emotional wellbeing. The challenge was targeted to rural women of all ages with the emphasis on participation and involvement. A total of 82 women participated in the 12-week challenge.



Local Landcare complete Accidental Counsellor training

Local Landcare in the Murrumbidgee work closely with community members and groups, but the trained agricultural and environmental practitioners typically have limited skills in mental health or counselling work. A grant to provide Accidental Counsellor training for 15 staff and volunteers provided participants with necessary skills when interacting directly with people feeling the impacts of the prolonged drought.

Mental health diary

On very clear advice from the EOC steering committee, MPH N released a new undated financial year diary and a 2019-2020 wall calendar, which are free to people in the Murrumbidgee region. The diaries contain helpful information about mental health and wellbeing, as well as tips for managing stress, practising self-care, how to identify if someone might need support and most importantly where to go to seek help.

To help get the diaries to those most in need and impacted by the drought, MPH N partnered with several businesses.

The initial print run of 20,000 diaries were distributed by early August, and a second print run was ordered.



Tell it well

Harnessing the power of story

In an effort to support others by letting them know they are not alone on their journey, MPH N commenced work on developing a storytelling series. The eight stories of people from our region with a lived experience with either mental health or drought were approached to share their story.

Stories connect people by helping build relationships and start conversations. The stories aim to inspire people living with impacts of drought by offering practical tips to support their mental health and wellbeing, and foster long-term resilience. These stories were officially launched in July 2019 as the Tell it Well series.

Diary supporters

- Hutcheon and Pearce
- Ag N Vet
- NSW Farmers
- Riverina Joint Organisation
- Riverina and Murray Joint Organisation
- Ricegrowers' Association of Australia
- Local Land Services – Murray and Riverina
- Rural Financial Counselling Service
- MLHD
- IK Caldwell
- Rabobank
- Henty Machinery Field Days

”

There has never been a more important time to band together and stand by our rural communities. The wellbeing of our farming families is paramount and we see the MPH N initiative as a strong catalyst for changing the way we deal with mental health in the rural sector. By sparking the conversation through story telling, printed calendars and diaries, we are confident that this is just one more positive step to strengthen our community's resilience and mental health.

– Dean Kinlyside, Communications Manager
Delta Agribusiness

”

If you're feeling a bit down, go and fix the worst set of gates on the farm. It's one thing you can do to get your mind off the dry times and give you the satisfaction of getting those gates in order and swinging properly.

– Ross Edwards

Vicarious trauma training

The rural workforce supporting people experiencing drought-related distress and trauma are not typically trained in mental health. This workforce could benefit from additional support and training to ensure their own safety and wellbeing. MPHNSW engaged with the Blue Knot Foundation to develop a training program specifically for the rural workforce to be a half day of interactive professional development that explores the nature, dynamics and risks of vicarious trauma.

MPHNSW hosted a week of training in May in five locations throughout the region; Wagga Wagga, Griffith, Deniliquin, Young and West Wyalong and saw 120 participants. The response and feedback was fantastic from the rural workforce and the EOC funding will re-run the training in September 2019.

Collaboration with other PHNs

MPHNSW established a monthly teleconference with the other eight EOC funded PHNs across New South Wales, Queensland, Victoria and South Australia. The meetings have been valuable in sharing ideas, resources as well as opportunities to partner and work together.

In partnership with other EOC funded PHNs, and under the leadership of Western Queensland PHN, one of the early intervention activities being progressed in the last financial year has been the

adaptation of the Aboriginal and Torres Strait Islander mental health app called Stay Strong. Various working group meetings took place to take the foundation of Stay Strong to develop an app specifically for drought affected communities. It's known at the Weathering Well app and has been developed with the involvement from a wide range of relevant backgrounds, then customised and beta-tested by a range of likely end users. Its launch will take place early in the next financial year.



Supporting Aboriginal and Torres Strait Islander health

Work It Out

To help support Aboriginal and Torres Strait Islanders, the Work It Out employment initiative was commissioned to address community needs and complement other drug and alcohol support services available to people in the Murrumbidgee region.

The program aims to help young people at risk of losing employment or dropping out of education due to drug or alcohol use, regardless of how much or how frequently they use. The team at Pathways Murrumbidgee (Directions Health) have been supporting people (mostly young Aboriginal men) in Wagga Wagga, Griffith, Leeton and Narrandera to access employment opportunities and remain employed, or stay engaged with their study.

The Pathways Murrumbidgee case managers work closely with clients as well as their partners in job networks, vocational educators and local employers to ensure the program meets the needs of participants.

We know participating in work or education has positive benefits for people, their families and communities, ultimately improving health and social outcomes.

Since the launch of Work It Out last year, around 60 people have been helped by the program. The team has been working hard to build trust within the local Aboriginal community, and word is getting out, which is seeing an exponential increase in client numbers.



Integrated Team Care

The Integrated Team Care (ITC) program provides support for Aboriginal and Torres Strait Islander people with chronic disease to navigate the health system and improve self-management in partnership with their GP. The ITC program provides the patient with access to a range of support including care coordination, outreach workers and direct access to funding. Care coordinators support patients in making and attending medical appointments, provide health coaching and promote health literacy. Care coordinators can also access funding to pay for specialist appointments, some medical aids

and transportation to enable the patient to access healthcare when it is needed. Outreach workers provide non-clinical support to ITC patients. Outreach workers may provide travel assistance to specialist appointment, collect prescriptions from the pharmacy or provide referrals to local culturally appropriate services. The program is available to Aboriginal and Torres Strait Islander people with chronic disease through both mainstream general practices and Aboriginal medical services across our region.

How ITC is helping

A 59 year-old Aboriginal woman was living alone in Wagga Wagga and experiencing a range of complex health conditions, including diabetes, arthritis and cardiac issues. The woman's diabetes was uncontrolled and unstable when she was referred into the Integrated Team Care (ITC) Program by her GP. She had a history of not attending her health appointments, and of appearing disorganised and uninterested in her healthcare.

With the support of her care coordinator, the woman was encouraged to attend her appointments with reminders provided the day before. She was provided with financial assistance through the supplementary services to support the costs of specialist appointments, podiatry, endocrinology, equipment aids and glasses. The care coordinator enrolled the woman with a diabetes educator, who helped her understand her diabetes.

The woman now sees the diabetes educator on a regular basis, has regular blood tests and her diabetes is under control. She has a 12 month podiatry plan in place. The care coordinator is working with the woman to encourage her to take more responsibility for her own healthcare.

”

The woman now sees the diabetes educator on a regular basis, has regular blood tests and her diabetes is under control.

Supporting well mental health

Well Connected

Well Connected is a psychosocial support program for people who experience severe mental illness. The program provides non-clinical, community-based support for those who are not being

supported by the National Disability Insurance Scheme (NDIS) funding. Well Connected promotes the importance of connection, wellbeing and inclusion while providing practical support to participants.

Supporting at home independence

An elderly lady with a diagnosis of anxiety and depression residing in a nursing home in Deniliquin was referred to Well Connected by Community Mental Health who had noticed a significant decline in her mental health since she moved into the nursing home.

During the initial stages of participating in Well Connected, it was identified the participant

wanted to live independently in her own home. The Well Connected recovery and rehabilitation worker worked with the participant and relevant stakeholders to recognise that with aged care support, this would be possible.

Well Connected is supporting the participant to liaise with her Power of Attorney, has been advocating with aged care services and been looking at rental opportunities for her.

It is hoped she will move into her own home within the next few months, after she has recovered from a recent surgery.

Supporting aged care assessments

An Aboriginal woman, over the age of 65, who cares for a number of her great grandchildren was referred to the Well Connected program with a diagnosis of depression, anxiety and post traumatic stress disorder (PTSD).

She identified needing support for an Aged Care Assessment Team (ACAT) assessment and implementing aged care services to help her around the home. Once she was accepted into the program, the Well Connected recovery and rehabilitation worker assisted her with navigating the aged care system. The recovery and rehabilitation worker was able to confirm the participant had already had an ACAT assessment completed a number of years ago and was deemed eligible to receive support from aged care services. The recovery and rehabilitation worker assisted the participant to receive domestic support and garden maintenance through the aged care system. This has assisted her a great deal as she had been finding it difficult to complete these tasks due to her physical health concerns.

What Well Connected participants are saying:

"Everything with Wellways, my support and support workers is going really well and I have nothing but a positive attitude towards the Wellways Well Connected Program."

– Karina

"I have only been receiving support from Wellways for a short time however everything is going really well with the support that I have been getting."

– Shannon

"Well Connected has been positive and supportive of me and the help I need. When I need help, my worker is very quick to say come on lets go and get it done now."

– Tracey

"Well what do I say, very happy with my support worker and the support I am getting."

– Rhonda

"This has been fantastic, to be able to get help and support for someone like me, to help and encourage me to achieve things I find difficult to do alone."

– Camille

Partners in Recovery

The Partners in Recovery (PIR) program continued to provide support to people with severe and persistent mental illness with complex needs throughout the year. MPH N PIR staff provide support to 152 people across the Murrumbidgee region with a focus on supporting clients to test their eligibility for the National Disability Insurance Scheme (NDIS). The PIR program was due to cease on 30 June 2019, however further funding was provided by the Australian Government to ensure community mental health clients, including PIR clients, who have not yet tested their eligibility for support under the NDIS, or are waiting to receive an access decision or plan from the NDIS, continue to receive support.

MPHN PIR staff will continue to provide support for people engaged in the program on 30 June 2019 for up to 12 months while they test their eligibility for supports under the NDIS and transition to appropriate ongoing supports either under the NDIS or the Continuity of Support (CoS) program.

”

MPHN PIR staff provide support to 152 people across the Murrumbidgee region with a focus on supporting clients to test their eligibility for the National Disability Insurance Scheme (NDIS).





MindFrame, Murrumbidgee LifeSpan, and BlackDog Institute teams ready to delivery Mindframe Plus training.

Suicide prevention

LifeSpan is an evidence-based approach to suicide prevention which combines nine strategies with strong evidence for suicide prevention into one community led approach.

During the past 12 months many LifeSpan strategies have progressed including supporting young people's mental health with 806 Year 9 students undertaking the Youth Aware of Mental Health (YAM) program. An additional 1400 Year 9 students are to complete YAM by the end of 2019.

To help support the general community, the online suicide prevention training Question. Persuade. Refer. (QPR) has been made available for free across the Murrumbidgee. The training helps participants to recognise signs someone might be contemplating suicide, how to talk to them and how to support them to get them to the right help. The two-day, interactive workshop Applied Suicide Intervention Skills Training (ASIST) in suicide first-aid is also supporting communities with necessary skills is also available for free to Murrumbidgee LifeSpan LGAs. A total of 842 community members have completed either QPR or ASIST.

“
This course (QPR) is thought provoking, positive, and helpful. It relieved my hesitancy about approaching individuals who are suicidal.
– Community Gatekeeper

- Murrumbidgee LifeSpan community LGAs are:**
- Bland
 - Gundagai
 - Griffith
 - Hay
 - June
 - Leeton
 - Snowy Valleys
 - Wagga Wagga
 - Hilltops

Mindframe Plus training was offered across the Murrumbidgee to support local mental health spokespeople, first responders, communications personnel, social media writers, and people who talk about suicide and suicide prevention. The training was held in various locations across the region and was well received.



Supporting women in crisis

Research shows women in regional and remote areas report a higher incidence of domestic violence than women in metropolitan areas, and that during times of stress, such as drought, existing services can be stretched beyond capacity.

The Wagga Women's Health Centre (WWHC) has been providing free counselling and crisis support services for women in the Wagga Wagga district for almost 40 years. MPHN funding extends these service into the weekend after hours period when other support services may be closed. In addition, a telehealth service will be launched in October to provide after-hours telephone counselling and support to women within the broader Murrumbidgee region on Thursday and Saturday evenings from 6pm until 9pm.



MPHN has also funded WWHC to produce a series of webinars that are now available on their website. Topics include healthy relationships, domestic violence, managing anxiety and stress, trauma and vicarious trauma, and trauma informed practice. The webinars feature the centre's counsellors explaining key concepts for each topic and are aimed at the general community.



Towards reducing obesity and overweight rates

This year the Murrumbidgee Lifestyle and Weight Management Program (MLWMP) continues to support our communities. With renewed funding, the program is now in more than 20 per cent of our general practices in the Murrumbidgee region.

MLWMP was co-designed locally and uses nutritional, physical activity and psychological levers to support the patient through behaviour change towards improved sense of wellness and improved health outcomes. The program is based on five sessions delivered to patients in general practice usually by a practice nurse. Practices track patient's progress, and implement strategies to increase the practice's recoding of Body Mass Index (BMI) and waist measurements. Practices and staff have ongoing access to support services from a dietitian and health coaching expert. Workshops are held regularly to support the community of practice, deliver targeted training and provide problem solving opportunities. Practices are encouraged to modify delivery of the program to fit their practice systems and processes whilst being supported to establish nurse led weight management clinics that are financially sustainable.

University of Notre Dame is evaluating the program across four components including; patient outcome measures, patient satisfaction survey, and staff interviews and focus groups during and after

implementation. The interim evaluation found there was an increasing trend of recording BMI and waist measures across general practice. There were significant reductions in BMI figures and improvements in quality of life measures for patients completing the program.

The MLWMP implemented in general practice had a positive effect on both practices and individual participants. Research supports the role of general practice in the management of obesity and GPs' role in managing this condition. Long term funding and support has enabled the program to be implemented and evaluated in a timeframe that enables identification of sustainable behaviour change in patients and real process change in general practice.

638 PARTICIPANTS

33% REPORTED SIGNIFICANT IMPROVEMENT TO THEIR QUALITY OF LIFE

27% OF THOSE WHO HAVE COMPLETED THE PROGRAM HAVE ACHIEVED AT LEAST 5% WEIGHT LOSS

32% HAVE REDUCED THEIR WAIST CIRCUMFERENCE BY AT LEAST 5CM

Supporting older Australians

Helping halt frailty

This year the Vitality Passport program continued to deliver services to older and frail people across the Murrumbidgee region. With the program reaching the milestone of 985 participants, since the program commenced in 2016.

The Vitality Passport is tasked with halting or reversing frailty for older people living in the community. The program uses a multi-component approach to halt and reverse signs of frailty. The Vitality program is delivered via a range of allied health therapies including dietetics, occupational therapy, and physiotherapy. Both objective clinical data, and patient reports indicate this program has been successful in reducing or arresting frailty. There was a significant reduction in frailty as measured using Edmonton Frailty Score for patients with follow-up data.

This year the program reached more locations, including Temora and West Wyalong. With the positive results from the evaluation of the model, the program was expanded in January to pilot the program into residential aged care facilities, with an added focus of mental health support.



”

It's so easy to do things now that the program made me aware.

– Vitality Passport program participant





Compassionate Communities

MPHN has been supporting the Culcairn and Griffith LHACs and their associated communities to adopt a public health approach to death, dying and bereavement. Compassionate Communities is a public health approach that aims to build community capacity to support people approaching the end of their lives.

The LHACs formed local working groups and have hosted four free community development workshops in their towns in 2019. The La Trobe University supported these workshops through the provision of resources from their Healthy End of Life Project (HELP) Framework.

These workshops have been well attended and received positive feedback from the local communities. Evaluations undertaken at the workshops have shown community members are now more likely to offer, ask for and accept help when caring for someone at home. The working groups are now undertaking community development activities to address some of the local gaps in support that have been identified in the workshops.

”

Thank you for the workshop. I look forward to the next. I like where this could be leading, and the thought that Culcairn can be another great town in supporting each other.

– Workshop attendee

Above (left to right): Karen Snaidero, Lucinda Gidlow (Griffith LHAC members), Stacey Heer (MPHN Project Manager) and Margaret King (Griffith LHAC chairperson)

Pitch Night

MPHN's inaugural Pitch Night, a new initiative, providing grassroots funding for activities aimed at improving community health and wellbeing, was held in early May. The evening saw three organisations pitch their projects to more than 100 people, who pledged \$106,800 in total funding. Providing one-off grant funding for organisations to establish innovative projects could act as a catalyst for implementation in other communities across the region. The three projects funded through Pitch night are Live Life Get Active, Giz a Break, and Exceptional Ageing.

Left to right: Natalie O'Leary and Sharon de Valentin from Exceptional Ageing; Daniel Tompson from Giz a Break; Alex King from Live Life Get Active; and Soenke Tremper from Giz a Break.



Giz a break by Balance Up Nutrition

To help support young people aged between 14 and 16 years from farming families, the Giz a break program will provide participants an outdoor experience program in Kosciusko National Park including camping, cooking, hiking and fishing. Four, two-night program will be undertaken and are designed to help participants develop positive coping strategies and socially engage with peers in similar situations.





Exceptional Ageing by Western Riverina Community College

Based in Leeton, the Western Riverina Community College will implement a five-week program for seniors living in the communities in and surrounding Griffith, Leeton, Narrandera, Hay, Hillston and Lake Cargelligo. Sessions will have participants involved in exercise and healthy food preparation to help support their physical and mental health.

Live Life Get Active

The tailored Live Life Get Active health and wellness program will be implemented in Griffith and Wagga Wagga to specifically address obesity, diabetes, poor mental health, and social disconnection. Ability aside, fully qualified trainers facilitate cross training, boxing and yoga sessions will be available over a 40-week period of four, 10-week terms. Participants receive a tailored nutrition plan and achievement reports.



#YouCanQPR

LifeSpan

LifeSpan

LifeSpan

phn.org.au

phn
MURRUMBIDGEE
An Australian Government

DOSE TO YOU
DIFFERENTLY?
YOUR WAY?

SOMEONE CLOSE
ACTING DIFFERENTLY?
LOST YOU

Help is available to STAY ON TRACK

STAY ON TRACK

phn.org.au

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An Australian Government



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Community Grants

phn MURRUMBIDGEE

An Australian Government Initiative

Well People, Resilient Communities across the Murrumbidgee

Wellw...

Better

Problems
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is a program
supporting young
and Torres Strait
people

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ctionshealth.com
murrumbidgee

Giz & Break

phn.org.au

SUPPORTING OUR GPs AND HEALTHCARE PROVIDERS

Core to our work is to support the development of a local sustainable healthcare workforce through providing quality improvement and professional development for our primary healthcare workforce of GPs, pharmacists, allied healthcare professional and specialists. Equally important is working with our health workforce to ensure the efficient and effective delivery of high quality patient-centred care and improve health outcomes, particularly for those at-risk or vulnerable populations.





From a health perspective, having details like your medicines, allergies, test results and medical conditions housed in the one place can provide people with peace of mind that current health information is available to healthcare providers in an emergency.

– Ruth Silvester, Tocumwal

My Health Record expansion

The My Health Record (MyHR) expansion program was very successful with a two-fold approach, firstly to engage, inform and educate as many consumers across as many communities as possible and secondly, to create further awareness, and to support registration and the use of the system with health professionals.

By the end of June 2019, the MyHR team attended 164 face-to-face events, discussing MyHR with many thousands of individuals. These events varied from street stalls, disability advocacy support groups, local shows, sheep dog trials, University of the Third Age (U3A) groups, community markets, library sessions, NAIDOC celebrations and the Henty Field days just to name a few.

Engagement with health professionals was also effective, with more than 90 per cent of general practices and pharmacies supported to go-live with MyHR, and more than 200 allied health professionals educated and supported, as well as numerous medical specialists and residential aged care facilities.

At its core, the My Health Record expansion program provided a unique grassroots approach to engaging with our local communities, forming meaningful relationships, creating improved networks among local community groups and organisations while increasing awareness of MPHNS across our region.



Educational activities and CPD

In 2018-19, MPHN continued delivering high quality educational activities and continuing professional development (CPD) opportunities for GPs, practice nurses, practice staff, and allied health professionals across the region. At the start of 2019, MPHN adopted a more strategic approach to providing CPD events and training opportunities aligned with the Health Needs Assessment for the Murrumbidgee region. Importantly, we also adopted feedback around having more opportunities for CPD in communities outside of Wagga Wagga.

Throughout the year, practice staff have had various opportunities to build on existing knowledge and skills, improve the efficiency, effectiveness and integration of care they deliver, and ensure patients receive safe, high quality care that leads to better health outcomes.

Of particular note are two highly received and well attended events:

- The ninth antenatal shared care orientation and update training, held in March, provided GPs with an opportunity to update their skills and knowledge on the delivery of appropriate standardised care for pregnant patients, following the current Riverina antenatal shared care program guidelines.

- In February, MPHN hosted a series of events on Medicare Benefits Schedule (MBS) chronic disease items and appropriate billings. These events, held in Wagga Wagga, Griffith and Young, were presented by Kim Pointer from Medicoach, who educated GPs and practice managers on using chronic disease MBS item numbers to develop patient management goals and create appropriate quality care plans. These events were well attended by many GPs and practice managers across the region and also recorded for those who couldn't attend.

MPHN would like to thank all of our presenters from the past year who have generously shared their knowledge and time with the GPs, practice nurses and allied health professionals in our region. Their commitment to shared learning of the latest clinical research and evidence is instrumental in ensuring the valuable and successful delivery of our CPD program.





”

I found it very helpful and rewarding attending the face-to-face session where we could ask questions that were relevant to our individual practice.

– Lorraine Robertson, Berrigan Medical Practice



58 CPD EVENTS

807 ATTENDEES

21 CPD EVENTS DELIVERED OUTSIDE OF WAGGA WAGGA

252 ATTENDEES AT EVENTS OUTSIDE OF WAGGA WAGGA

Some of the CPD topics covered:

- Cardiopulmonary resuscitation (CPR)
- Orthopaedics
- Emergency medicine education and training
- Mental health and suicide prevention
- Chronic obstructive pulmonary disease (COPD)
- Thyroid disease
- Implanon
- Dementia
- Pain management
- Digital health and My Health Record
- Heart failure
- MBS billings training
- Antenatal shared care
- Trans and gender diverse healthcare

Immunisation

The immunisation program has had a productive year continuing to support general practices and primary care staff to maintain high immunisation coverage for children in the region and value whole of life immunisation. MPHNS works closely with MLHD in all aspects of what the program offers to our providers and we value this partnership.

A new childhood immunisation resource was developed for practices together with MLHD. The poster provides information and guidance regarding recommended sites for childhood vaccinations in NSW. The resource received great reviews from practice staff, and since development, other PHNs have adopted this resource.

MPHNS childhood immunisation rates continue to trend high remaining above the national average. With a focus on data cleaning to ensure all immunisation encounters are being captured correctly and sent to the Australian Immunisation Register, future rates should continue to increase.

Cold chain management is one of many key focus areas, and maintaining relationships with practices and extending individual support during practice visits leads to good outcomes for the community with vaccine efficacy.

In partnership with MLHD practice nurses attended six face-to-face immunisation updates to help increased their awareness around current immunisation topics and provide tools for quality improvement in their practices.

APRIL 2019 SCHEDULE

Recommended sites for childhood vaccinations in NSW

6 MONTHS
 Rotarix® (ORAL)
 Infanrix Hexa® (IM)
 Prevenar 13® (IM)

9 MONTHS
 At risk children require an additional dose of Prevenar 13® (pneumococcal)
 Infanrix Hexa® (IM)
 Influenza vaccine is available:
 - 6 months and over with medical risk conditions
 - All children 6 months to under 5 years
 - Aboriginal people 6 months and over

12 MONTHS
 Menomune® (IM)
 Prevenar 13® (IM)
 MMAR II (IM or SC) or Pflanzel® (IM or SC)

18 MONTHS
 ActHIB® (IM)
 Infanrix® (IM) or Topacore® (IM)
 Proquad® (IM or SC) or Proquad® (IM or SC)

24 MONTHS
 At risk children require a dose of Pneumovax® 23 (pneumococcal)
 Infanrix® (IM) or Topacore® (IM)

INTRAMUSCULAR (IM) Deltoid & Antero-lateral Thigh
 Angle of needle 90° to skin plane
 22 - 25G, 25mm needle
 23 - 25G, 16mm needle may be used in very small infants

SUBCUTANEOUS (SC) Deltoid
 Angle of needle 45° to skin plane
 25 - 27G, 16mm needle

ADMINISTERING 3+ VACCINES AT ONE VISIT
 Ensure 2.5cm between injections in the same muscle. If child is 12 months or greater and deltoid muscle mass is inadequate give third injection into the antero-lateral thigh. If this site used the last neovaccine (e.g. MMR) should be used.

Before Vaccination

- Adrenaline kit readily available
- Cold chain maintained
- Pre-vaccination checklist attended
- Check child's history (all)
- Informed consent obtained and documented
- Check if the vaccine needs to be reconstituted
- Correct child and correct vaccine

Post Vaccination

- Child remains in clinic for 15 minutes
- Advise parent/carer on possible side effects e.g. Handout
- Add recall reminder for next visit

For further details refer to the current online edition of The Australian Immunisation Handbook. Resource developed April 2019. Murrumbidgee PHN has developed this resource based on collateral from Tamworth PHN, Hunter New England Local Health District, and Central and Eastern Sydney PHN.

phn Murrumbidgee
NSW Health Murrumbidgee Local Health District



Our region has 96% of children fully immunised and 97.13% of Aboriginal and Torres Strait Islander children



I look forward to the face-to-face immunisation session each year.

– Lorraine Robertson, Berrigan Medical Practice



Cancer screening

Cancer screening helps protect people's health through early detection, even when symptoms of the disease are not present. Cancer screening initiatives rolled out within general practice and through LHACs and pharmacies have seen bowel, breast and cervical screening rates continue to increase in our region. MPHN continues to collaborate with the Cancer Institute of NSW, BreastScreen NSW and the National Bowel Screening Program with the aim of ensuring these trends continue. By participating in state networks, MPHN has been able to provide resources to health providers and relay important

information via our newsletters and website. Many of the initiatives and activities implemented in previous years continues to raise awareness and promote screening today. Television advertising and social media developed a few years ago are still in circulation, supporting the uptake of screening and reinforcing the national advertising campaigns.

Data driven quality improvement is a key focus of MPHN's Primary Care Engagement team, who provide participating general practices with benchmark reports and support in setting up and maintaining systems to increase promotion and uptake of cancer screening.

Healthcare in the after hours

The Wagga GP After Hours Service continues to be well utilised and valued by the communities of Wagga Wagga and surrounding towns. Patient demand resulted in an additional 300 clinic consultations and 60 home visits. In total 5,610 consultations in the clinic and 379 home visits were provided during the 12 months. The clinic is staffed by 61 general practitioners from 12 general practices. After using the same branding since the establishment of the service this underwent a refresh during the year which resulted in new promotional material being developed.

The success of this service would not be possible without the involvement of Wagga Wagga general practices. Their support ensures the ongoing viability of this critical after-hours health service.

”

Our practice has been participating in the Wagga GP After Hours Service since its inception 16 years ago. It enables participating general practices to provide care for our patients in the after hours period for clinical conditions that cannot wait until the next day. This valuable service is well supported by the community with the number of consultations increasing again this year.

– Dr Joanne Osborne
GP, Blamey Street Surgery

Participating practices:

Blamey Street Surgery
Central Wagga Medical
Estella Medical and Dental Centre
Glenrock Country Practice
Kincaid Medical and Dental Centre
Koorungal Medical Centre
KRS Health Family Practice
Morgan Street HealthCare Clinic
Peter Street Medical Centre
Riverina Family Medicine
Trinity Medical Centre
Wagga Wagga Medical Centre

Workforce - supporting our doctors

MPHN continues to provide workforce support in primary health with the aim of developing sustainable rural and regional general practice. Our efforts are to bring about improvement to doctor population ratios within our local communities and to provide support to maintain a healthy workforce. Twenty doctors commenced in the Murrumbidgee region during this reporting period.

Activities undertaken include:

- working in collaboration with practice staff and doctors to develop a detailed recruitment plan;
- meet, greet and touring with doctors to towns with vacancies;
- assistance to practices and individual doctors to navigate the complex recruitment process;

- providing a comprehensive orientation for doctors that are new to primary health ensuring local content as relevant; and
- enhancing links with the local community and local government to ensure a whole of family approach to doctor recruitment.

Following the detail of the Department of Health Stronger Rural Health Strategy initiatives, in practice workforce support activities have ensued to guide non-vocationally recognised doctors in achieving Fellowship (Specialist GP status).

MPHN continues to network and collaborate with our workforce partner organisations such as NSW Rural Doctors Network, GP Synergy, Remote Vocational Training Scheme, Murrumbidgee Local Health District, Local Government, Regional training hubs and rural clinical schools.

HealthPathways

The Murrumbidgee HealthPathways is a collaboration between MPHN, MLHD, local specialists, general practitioners and health professionals. The free online portal allows clinicians in the Murrumbidgee region to access evidence-based information on the assessment and management of common clinical conditions including local referral guidance.

Each pathway is developed by MPHN's team of GP clinical editors with support from local GPs, specialists and other subject matter experts. With three clinical working groups undertaken to focus on pathways for aged care, depression, suicide, and alcohol and other drugs. Pathways are in the categories of child health, palliative care, pregnancy, respiratory, cardiology, diabetes, surgery and gastroenterology.

To help support our healthcare professionals use HealthPathways, one-on-one demonstrations, presentations at CPD events and the development of a promotional video are some of the tools MPHN uses to encourage and promote the use of Murrumbidgee HealthPathways.

Feedback indicates a great value is placed on accessing HealthPathways, especially those clinicians or locums new to the area.

In efforts to support collaboration and a seamless delivery of health services across the region, MLHD has a link to Murrumbidgee HealthPathways on its Intranet, and Murray, and ACT and Southern HealthPathways reflect the referral pathways for those residing in our border regions.



Celebrating the release of 50 HealthPathways in October 2018

858 USERS **2,826** SESSIONS

15,712 PAGE VIEWS

120 ASSOCIATED PAGES **70** CLINICAL PATHWAYS

126 PAGES UNDER DEVELOPMENT

86% OF GENERAL PRACTICES HAVE HEALTHPATHWAYS INSTALLED

124 PHARMACY AND PRACTICE TRAINING SESSIONS COMPLETED

Palliative care

Five general practices, located at Young, Hay, Cootamundra, Tumbarumba and Corowa have been co-designing local models of palliative care service provision, as part of this federally funded project. These practices are passionate about excellence in palliative care in their local communities.

These general practices are the first in Australia to implement the Palliative Care Outcome Collaborative (PCOC), which is a national patient outcome measurement and benchmarking program, which facilitates improved patient outcomes.

Some significant achievements from this project include:

- the commencement of new local multidisciplinary palliative care team meetings, ensuring patients and families receive the best health outcomes possible;
- the first home death in a small country town; and
- early data is showing most patients of these practices are now achieving their preferred place of death.



Palliative Care General Practice Meeting October 2018 at MPH



No one else can die for us but we don't have to die alone, that is why we're taking this project on. Our patients' journeys are our journeys too.

– Hay Medical Centre

University of Wollongong Graduate Medical Program

Five post-graduate students completed their longitudinal 12 month placement in the Murrumbidgee as part of their third year studies for their Medical Degree (MD) at the University of Wollongong (UOW).

During their placement, students undertake parallel consults with patients under the guidance of a qualified doctor in local general practices located in Griffith, Leeton or Narrandera. Students consulted at Griffith Medical Centre, Your Health Griffith, Kookora Surgery, Leeton Medical Centre, Murrumbidgee Medical and Primary Care Centre and Narrandera Medical Centre. Students also undertook shifts in local emergency departments and other ward rotations, while at St Vincent's Private Community Hospital Griffith (SVPCHG) there were opportunities with various visiting specialists for theatre and consultations. Students attend weekly sessions with Dr Marion Reeves, Regional Academic Leader for UOW in the Murrumbidgee Hub.

MPHN is contracted by the UOW to facilitate and coordinate placements for the Murrumbidgee Hub based at SVPCH. The UOW Medical Program has been operating in the Murrumbidgee for more than 10 years in partnership with three local councils, four hospitals and seven medical centres.

Left to Right: Kelly Dal Broi – Placement Facilitator, Joshua Page (Leeton), Jaimi Daniels (Griffith), Dr Marion Reeves, Bransen Noel-Gough (Griffith), Jonathon Holt (Narrandera) and Mathew Ghodsian (Griffith).





Our awards

The 2018 Primary Healthcare Awards were an opportunity to recognise the valuable work in primary care across the Murrumbidgee region.

This includes those who are committed to delivering not only quality services to improve the health of the Murrumbidgee community, but also those who go above and beyond to show leadership, innovation and excellence in their field.

”

I'm so honoured to have received this award, and I should thank my family for all their support and understanding – I'm often doing my best work at the supermarket and down the street.

– Jean Woods, Outstanding Contribution to Community winner





2018 award winners

Outstanding Contribution to Rural Health

Dr Kenneth Mackey OA

A general practitioner in Lockhart, Dr Mackey has been serving his community 28 years. Having held various positions on various health organisations and peak bodies, Dr Mackey's vision for quality and safety in healthcare is evidenced by his role in the establishment of the MPHNS clinical governance committee in 2009. Ken has chaired this committee since inception until 2018. On Australia Day 2016, Dr Kenneth Mackey was awarded the Member of the Order of Australia Medal 'for significant service to rural and remote medicine through leadership roles of professional medical organisations, and to general practice'.

Primary Healthcare Provider of the Year

Lakeside Medical Centre, Finley

Through its promotion of holistic, patient centred care, Lakeside Medical Centre engages patients to take ownership of their own health and wellbeing by improving health literacy and encourages healthy lifestyles which aims to reduce hospital admissions and promote better patient self-management of chronic disease. This is being achieved by using medical assistants and nurse-led clinics for chronic disease management including asthma, chronic obstructive pulmonary disease (COPD) and diabetes and weight management, giving the practice the ability to screen more patients, and improve integration and referral to allied health services.

Outstanding Contribution to Community

Jean Woods, Hay

Jean Woods' passion for ensuring Hay locals can access the healthcare they need, when they need it, meant she has helped drive a shift to easily accessible and culturally appropriate health services in the Hay, Hillston and Deniliquin communities. Working with GPs and Aboriginal and Torres Strait Islander people with chronic health conditions, such as diabetes or cancer, Jean has helped navigate services, specialists, referrals, diagnostic testing, and transportation. By building rapport and trust Jean has supported many people who would not normally seek medical care if they didn't have a person they know to support them.

Innovation

LiveBetter Lifestyle and Weight Management Program, various locations through the region

To reduce the impact of chronic disease, the LiveBetter Lifestyle and Weight Management Program used a co-design and testing process to design a multi-component approach delivering nutrition, physical activity and psychological approaches to support behavioural change and to upskill the general practice teams. Trained staff delivered health coaching sessions and provided participants with information about community resources walking groups, community gardens, activity and hobby groups. After six months, one third of participants had lost at least five per cent of their initial weight and reduced their waist circumference by at least 5cm.

Improving Outcomes for Vulnerable Populations or Communities

C.A.R.E.S. Youth Service, Griffith

The C.A.R.E.S (Coordination, Advocacy, Referral, Education and Support) Youth Services provides holistic support (or early intervention) to young people experiencing or at risk of experiencing severe mental illness. Young people involved in C.A.R.E.S have been supported to reduce anger, depressive feelings and self-harm, whilst increasing and independently maintaining their engagement in education, relationships, physical and mental health appointments and their community. Of the people being supported, engagement by Aboriginal and Torres Strait Islander youth has been encouraging and positive and outcome reports indicate they are now able to manage their mental health and engage in the community.

OUR PARTNERS

We are proud of the depth and breadth of our meaningful and mutually beneficial partnerships we have again nurtured and fostered this financial year. Our valuable partners help us work towards our goal of improving integration of local services and systems, and to improve the coordination of care for our community. We are also able to address specific issues facing our communities in a coordinated manner which all goes to improving health outcomes for people, minimising duplication and helps forge a seamless health system.



Murrumbidgee Mental Health Drug and Alcohol Alliance

The Murrumbidgee Mental Health Drug and Alcohol (MHDA) Alliance is a formal arrangement between leading partners in services for people with mental health and/or drug and alcohol issues.

Founded in June 2015, the Alliance reflects a commitment for services to work together to improve outcomes of the Murrumbidgee population.

In November 2016, the Alliance was awarded funding as part of a \$4 million allocation to drive innovation and improve mental health services across NSW, known locally as the Integration Project.

Funding awarded for the Integration Project was linked to the investigation and consultation phase. Alliance members agreed to continue the work of implementing the findings and progressing outcomes from the project within the capacity and funding of the Alliance members.

Integration activities this year included the creation of the Murrumbidgee MHDA common referral form to assist referrers to connect people to services in a simple and seamless way. In addition the complimentary common consent to share information form was also adopted.

A significant piece of ongoing work is the design of an online resource called MapMyRecovery. The resource includes information about mental health conditions and where to find local supports with an interactive service directory. The intended audience for MapMyRecovery includes General Practitioners, community service and health staff and the broader Murrumbidgee community, including people with lived experience of mental health and drug and alcohol issues.



Alliance members:

Aftercare
Calvary Healthcare
Centacare South West NSW
Directions
Flourish Australia
headspace
Intereach
Karralika

Lambing Flat Enterprises
Marathon Health
Murrumbidgee Local Health District
Murrumbidgee Primary Health Network
One Door
Relationships Australia
Riverina Medical and Dental
WellWays

The DVproject:2650

Supporting domestic and family violence

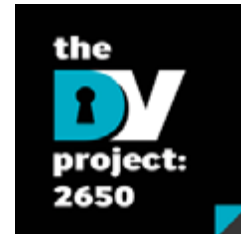
Wagga Wagga's recorded rate of domestic and family violence is 29 per cent higher than the NSW average. It has increased 40 per cent in the last five years, while the NSW average has remained stable (Bureau of Crime Statistics and Research).

In 2018 MPHN were pleased to partner with Wagga Wagga City Council and the Wagga Women's Health Centre for the DVproject:2650 project which focuses on changing attitudes and beliefs, recognising rigid gender stereotypes and norms, and gender inequality are the main drivers of domestic and family violence and create a violence-supportive environment.

The DVproject:2650 is a whole of community primary prevention program designed to change the attitudes, social norms and structure that drive domestic and family violence; and increase support for gender equality.

The project aims to educate the community on the drivers of domestic and family violence, promote gender equality and respect for women, and challenge rigid gender roles and stereotypes. The committee supporting this work was established in early 2019 with a wide range of representative from across the Wagga Wagga community.

Part of our partnership for the DVproject:2605, MPHN supported the My Story. Our Story. event with Ray Martin in early June this year. The event, hosted by Ray Martin, included a panellists starting the conversation about changing our community attitudes, social norms and stereotypes towards domestic and family violence.



Members

The Hon. Michael McCormack MP
Deputy Prime Minister
Federal Member for Riverina

Dr Joe McGirr
State Member for Wagga Wagga

Mayor Greg Conkey
Mayor, Wagga Wagga

Jenny Rolfe
Wagga Women's Health Centre

Gail Meyer
Wagga Women's Health Centre

Phil Malligan
Local Area Command, NSW Police

Melissa Neal
Murrumbidgee Primary Health Network

Andrew Crakanthorp
Riverina Water

Stacey Jenkins
TAFE

Kerrie Gale
NSW Department of Education

Belinda Crain
Wagga Wagga Multicultural Council

James Bolton
Premier and Cabinet

Mark Calverley
Southern Sports Academy

Janice Summerhayes
Wagga Wagga City Council

Fiona Piltz
Wagga Wagga City Council





Key roundtable contributors:

- Wellways
- headspace
- Relationships Australia
- NSW Police
- Murrumbidgee Local Health District
- Murrumbidgee Primary Health Network
- Centacare South West NSW
- Department of Education NSW
- Federal Member for Farrer
- Federal Member for Riverina
- Riverina and Murray Joint Organisation
- Riverina Medical and Dental Aboriginal Corporation

Suicide prevention and postvention roundtable

On Friday, 30 November 2018, the first roundtable discussion with key stakeholders around suicide prevention in the Murrumbidgee region was held. During the roundtable discussion attendees shared current initiatives, challenges and gaps in suicide prevention and postvention strategies. The group considered existing responses to suicide and other critical incidents within the community and how the region and its emergency services and mental health services could improve localised support.

Roundtable discussions highlighted key a number of key themes:

Communications protocol and postvention support

All participants acknowledged the importance of pulling together local networks after a suicide to support families and communities. The importance of centralised information gathering and communication was noted as being critical to informing responses.

Community capacity building

The importance of initiatives around suicide prevention to build capacity in communities to identify people in need of support and how to best support them was noted by attendees. Other considerations under this key priority area related to communication using safe language, how suicide is reported in the media, and how to support first responders.

Awareness building

Attendees considered how help seeking behaviours can be increased within communities and the importance of building awareness. The primary focus under this area was the potential to share and coordinate campaigns across the region to promote mental health services, reduce stigma and encourage help-seeking behaviour.

There were a number of actions documented in the Murrumbidgee suicide prevention and postvention priority action plan to achieve the roundtable identified actions from the key themes and they continue to be the focus of proactive and coordinated suicide prevention and postvention activities across the Murrumbidgee. Several actions implemented included the establishment of a mental health resources page for organisations in the Murrumbidgee to access useful supports to promote where and how people can seek help, and to help reduce stigma.

Murrumbidgee Executive Collaborative

The Murrumbidgee Executive Collaborative works towards one health system for the Murrumbidgee region with the aim of achieving an integrated and sustainable Murrumbidgee Health system that uses data and evidence led innovation to continually improve population health outcomes, reduce inequalities and enhance consumer experience. MLHD and the MPHNS collaborative have agreed to the following priority health areas for 2018:

- workforce;
- seasonal planning;
- leading better value care pathways; and
- mental health and drug and alcohol.

The MLHD and MPHNS collaborative work to identify key issues which form the basis of a cooperative approach to health service delivery in the Murrumbidgee. The collaborative also provides a forum to support planning, implementation and evaluation of joint initiatives developed between the organisations. The work of the collaborative builds on our strong partnership approach and our history of working together for better outcomes for people in our communities.

”

Wellbeing means not just the physical health of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their community.

Aboriginal Health Consortium

The Murrumbidgee Aboriginal Health Consortium's purpose is 'to work together and with the community to coordinate action that improves the wellbeing of Aboriginal People living in the Murrumbidgee. Wellbeing means not just the physical health of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their community.'

The Consortium is made up of Aboriginal community participants, Riverina Aboriginal Medical and Dental Corporation, Griffith Aboriginal Medical Service, Viney Morgan Aboriginal Medical Service, Riverina Murray Regional Alliance, Local Aboriginal Land Council, MLHD, MPHNS and representatives of non-government agencies delivering Aboriginal wellbeing initiatives.

The Consortium is currently undertaking development of a Murrumbidgee Regional Health Plan for Aboriginal and Torres Strait Islander people.



Murrumbidgee Aged Care Consortium

The Murrumbidgee Aged Care Consortium continues to provide an opportunity for stakeholders working with older people across our region to collaborate and work together in what can be a complex and challenging environment. MPHNS worked with consortium partner Charles Sturt University to support and provide scholarships for aged care workers to attend the 2018 Australian Association of Gerontology (AAG) Regional

Symposium held for the first time in Wagga Wagga and were able to showcase some of the innovative work happening in the aged care across our region. Working with the MLHD and Dementia Australia, MPHNS were able to bring the exciting virtual training program Educational Dementia Immersive Experience (EDIE) to Wagga and Griffith, with 60 healthcare providers working with older people able to participate in the training.



Asthma Collaborative

Each year MPHNS partners with stakeholders, including MLHD, Charles Sturt University (CSU), Asthma Australia, and Ambulance NSW, to raise awareness and encourage preparation for the spring thunderstorm season for those in the Murrumbidgee who have breathing difficulties related to asthma and hay fever. The group is referred to as the Asthma Collaborative, and in 2018, the group worked together to develop a new campaign targeting the Thunderstorm and Asthma season.

A 15 second television commercial (TVC) and 15 second radio commercial were produced to raise awareness of the danger period during spring where high pollen counts and thunderstorms can trigger asthma and breathing difficulties without warning, encourage people to prepare now by seeing their GP for a review of their asthma action plan and medications, and promote registration to receive CSU asthma alerts when risk is elevated.

A 30 second TVC was also produced to reinforce the messaging of the 15 second TVC and included additional instruction in the delivery of asthma first aid.

Social media tiles and digital posters were produced using visuals and messaging from the TVCs. The tiles were consistently incorporated in social media posts and also in newsletters. This consistent look and feel in conjunction with key wording promotes recognition and linking and reinforcement of messaging across all communication channels.

The campaign ran from September to mid-November.



SPRING THUNDERSTORM

ASTHMA ALERT

HOW TO PREPARE YOURSELF:

If you **SNEEZE** and **WHEEZE** in Spring, please

- See your doctor for an Asthma Action Plan
- Use inhaled Asthma preventer medication for all the weeks of Spring, and use a reliever (Blue Puffer) if breathing problems occur
- If you have difficulty breathing go to Hospital immediately

CALL 000 FOR AN AMBULANCE

To register for alerts, go to science.csu.edu.au/asthma

Murrumbidgee Asthma & COPD Collaborative

A message from the Asthma Community Collaborative Committee

The poster features a dark blue background with a lightning bolt graphic. At the bottom, there is an illustration of a man and a woman sitting on a bench in a park, with trees and a path. The Murrumbidgee Asthma & COPD Collaborative logo is also present.



Keeping communities well in winter

To help reduce inevitable demand on the health system during the winter period, MPHn, together with MLHD, general practice and NSW Ambulance, have worked to better respond to the surge in healthcare during this time. Adapted from the North Coast PHN and Northern NSW Local Health Districts strategy. The project goals were to:

- promote community awareness through two advertising campaigns using television, radio and social media platforms; and
- support general practices to keep their most vulnerable patients well and reduce their likelihood of being hospitalised in winter. There are 11 general practices from Border, Riverina and Wagga Wagga participating and attended an initial workshop in May to help practices localise the Winter Strategy to suit their communities.

Pivotal to the success of this approach were the partnerships with MLHD, general practice and NSW Ambulance, the coordinated messaging and programs from all our health organisations has helped minimise the impact on our health systems – both at the acute and primary levels.





Understanding our refugees

Charles Sturt University (CSU), Three Rivers University Department of Rural Health continue to partner with MPHn, the Multicultural Council of Wagga Wagga and the University of Notre Dame to undertake the 'Community Perspectives on health and wellbeing for people from refugee-background resettled in regional areas' project. This exciting project trains community members as researchers to work with local refugee communities to gather community perspectives about some of the issues affecting the health and wellbeing of refugee-background people living in rural areas.

In May 2019, the research project was launched in Wagga Wagga with many conversations on the day citing language, traditional customs and beliefs, and complexities of Australia's health system as some of the barriers for refugees.

To date CSU have supported training of community members who are now working with communities to gather information that may assist with developing services specific to this cohort for the future.

Substance Use in Pregnancy and Parenting (SUPPs)

MPHN, MLHD, University of New South Wales partnered to host a two-day workshop on substance use in pregnancy and parenting (SUPPs) in the countryside on the 25 and 26 of October 2018.

The first day was focused for carers, families and grandparents caring for someone affected by Foetal Alcohol Spectrum Disorder (FASD), or Neonatal Abstinence Syndrome (NAS). This allowed people with caring responsibilities for children and young people affected by FASD to connect with other carers and also to learn about current research, programs and techniques to support their loved ones. The second day was focused for workforce from health and related disciplines who would benefit from learning about contemporary research and practices and working effectively with people with FASD and NAS.

There were 18 carers, family and loved ones who attend the first day and 115 workforce attended the second day.

Participants travelled far and wide to attend this inaugural conference, including some attending from interstate and New Zealand. The feedback from the conference was overwhelmingly positive with attendees saying they would like the conference to continue annually. Attendees also provided ideas for inclusion for future conferences to continue building on the inaugural SUPPs in the countryside conference of 2018.



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The feedback from the conference was overwhelmingly positive with attendees saying they would like the conference to continue annually. Attendees also provided ideas for inclusion for future conferences to continue building on the inaugural SUPPs in the countryside conference of 2018.

OUR PEOPLE

Our work would not be possible without our dedicated team of people who strive every day to improve the health outcomes of our communities. This year we have seen a consolidation of defining who we are, what we do, why we do it, and how we communicate internally. Team members have undertaken training in LGBTI awareness training, media interviewing techniques, and stakeholder engagement. MPHNS also signed the National Communication Charter to pledge our commitment to always communicating appropriately and sensitively about mental health and suicide.



What our people think

In mid-2018 we participated in the annual PHN Benchmarking Study, conducted by Best Practice Australia, which involves a survey of all employees in invited PHNs. Our results are then benchmarked against other participating PHNs who take up this annual invitation. Fifty-six employees completed the survey with a response rate of 95 per cent indicating the commitment of employees to providing feedback on MPHNS working life.

Results from the survey indicated MPHNS remains in a culture of success, and achieved the highest level of engagement at 64.5 per cent since the commencement of the survey process in 2010. This was achieved while operating within a challenging external environment. Eighty per cent of respondents agree MPHNS is a truly great place to work.

96% AGREE MPHNS PROVIDES ADEQUATE FLEXIBILITY IN WORK HOURS

89% AGREE MPHNS IS FOCUSED ON PERFORMANCE, RESULTS AND ACHIEVING GOALS

82% AGREE MPHNS IS VERY EFFECTIVE AT CREATING STRONG PARTNERSHIPS, NETWORKING, AND LIAISING WITH OTHER GROUPS AND ORGANISATIONS

76% HAVE A STRONG SENSE OF BEING IN CONTROL OF THEIR WORK CHOICES

I enjoy working for the PHN for a range of reasons; flexible work patterns, supportive leadership and a great team.

– Employee survey respondent

”

Enhancing our internal communications

One area for improvement identified in the Employee Survey was how we communicate within our organisation. Late last year we workshopped as a group our thoughts and ideas about our internal communications, what we liked, what we didn't like and ideas for new innovations.

We engaged an external agency to help develop an internal communications strategy which was guided by feedback provided in these workshops and the survey. Since then we have launched a new intranet, are now utilising an internal social media style system for organisations called Yammer, and commenced monthly lunch 'n' learn sessions to help employees understand the many areas of our business that often operate in silos. We will continue to improve and enhance our internal communications and further develop key actions from the agency strategy.





Our values launch

In April we officially launched our organisational values, which clearly state the core principles of our organisation. They guide our actions and decisions, encompass appropriate workplace behaviours, and foster strong organisational culture. At the highest level, our organisational values underpin our communications and provide clarity about who we are, what we do and how we work towards our vision of Well People, Resilient Communities across the Murrumbidgee.

Our employees developed these values as part of a workshop in late in 2018.

Work together

- We are inclusive and work together to achieve the best outcomes for our community
- We work in partnership with health service providers, consumers, and communities to improve the health of all people in the Murrumbidgee
- We value teamwork and share knowledge and information to help us to achieve MPHNS's vision

Be honest

- We conduct ourselves with complete and open transparency
- We are open and honest in our communication with each other, our partners and our clients
- We are accountable for our actions and decisions and we welcome feedback to help us to continuously improve

Value everyone

- We treat each other, our partners, and the people of the Murrumbidgee communities with kindness and humility
- We value each member of our team equally for their skills, experience and contribution to MPHNS and our communities
- We respect and embrace diversity among all those we engage with

Learn from others

- We listen to each other and to our community
- We regularly engage our partners and community members to better understand their health needs
- We invest in quality healthcare services that make a real difference to the people of the Murrumbidgee
- We value feedback and the involvement of others

Aim to inspire

- We are passionate about our work
- We strive to provide best practice in primary care
- We have a culture of continuous improvement
- We are committed to finding new solutions to improve the health and wellbeing of our community now and into the future

Our success

Throughout the past 12 months, our achievements were recognised through awards and opportunities to present at conferences. Recognition of our work demonstrates the innovative, collaborative and result-driven work we are delivering is contributing to improved health outcomes for people across our region. Some highlights of our successes include:

- In October, MPHN was awarded, with Juntos Marketing, winners of the 2018 Australian Marketing Institute Awards for the After Hours Crisis Support campaign to increase awareness among people across the Murrumbidgee about the services and pathways to information at

the time of a mental health crisis, particularly after hours. The campaign was a joint initiative of the Murrumbidgee Mental Health Alliance and was built on community engagement, consultation and strategy.

- MPHN presented at the Australian Practice Nurse Association (APNA) conference about the Lifestyle and Weight Management program.
- Our Vitality Passport initiative continues to achieve clinical acclaim with MPHN presenting a at the 15th National Rural Health Conference in Hobart.







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Revenue from funders has increased by 11 per cent from the prior year to \$20.7 million, which has all been applied for the provision of services throughout the Murrumbidgee, in accordance with the funding agreements.



TREASURER'S REPORT

I am pleased to present the highlights of the 2018-19 financial report for firsthealth Limited.

The company's major activity remains the conduct of MPHNS under contract with the Australian Government Department of Health. This contract requires that services be delivered through commissioned providers. The company also delivers some health-related services directly and under separate contracts.

Revenue from funders has increased by 11 per cent from the prior year to \$20.7 million, which has all been applied for the provision of services throughout the Murrumbidgee, in accordance with the funding agreements.

At 30 June 2019, the company held an additional \$5.8 million in hand to fund future services. It is pleasing that unspent grant funding has reduced since the prior year, reflecting the significant effort undertaken during the

year to address delays in achieving service delivery, while maintaining the effectiveness of services provided.

Please refer to the graphics on the next page which show the sources and applications of funding.

The company operates on a not-for-profit basis and is precluded from making any profit on government funded services. In 2018-19 the company made a profit of \$38,760 from management of its own members' funds.

Full financial statements are available on the company's website. I particularly draw your attention to Note 1 Basis of Preparation, Note 2 Summary of Significant Accounting Policies, and Note 3 Critical Accounting Estimates and Judgements.

David Friedlieb

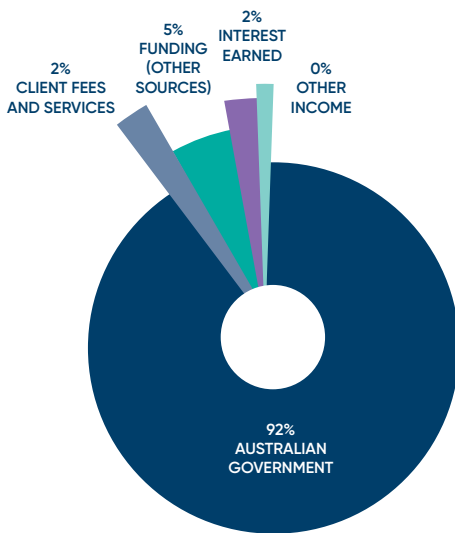
The financial statements and notes have been compiled in accordance with Australian Accounting Standards and the Corporations Act 2001. Full financial statements are available at www.mphn.org.au/mphn-reports

Revenue

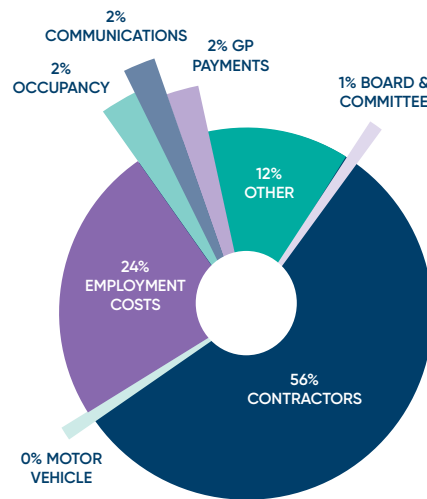
SOURCE

AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH
PROJECT FUNDING (OTHER SOURCES)
CLIENT FEES AND SERVICES
INTEREST EARNED
OTHER INCOME
TOTAL

2018-2019	2017-2018
\$19,673,370.98	\$17,508,407.45
\$1,004,844.21	\$1,181,623.72
\$407,483.83	\$389,047.45
\$360,881.48	\$320,991.20
\$44,209.50	\$88,315.18
\$21,490,790.00	\$19,488,385.00



Revenue



Expenses

Expenses

SOURCE

CONTRACTORS
EMPLOYMENT COSTS
BOARD AND COMMITTEE COSTS
GP PAYMENTS
OCCUPANCY COSTS
COMMUNICATIONS
MOTOR VEHICLE EXPENSES
OTHER EXPENSES
TOTAL

2018-2019	2017-2018
\$12,103,775.85	\$12,361,842.66
\$5,190,839.85	\$4,961,357.47
\$216,502.46	\$226,559.84
\$326,307.86	\$345,197.11
\$359,244.85	\$352,299.46
\$529,010.99	\$436,854.35
\$86,702.02	\$75,590.80
\$2,639,646.12	\$781,488.31
\$21,452,030.00	\$19,541,190.00

CLINICAL COUNCIL MEMBERS

Clinical leadership is important in shaping health service delivery and improving the effectiveness of healthcare outcomes. MPHN has four clinical councils which reflect the diversity of healthcare needs across the region. Membership includes a range of clinicians including GPs, allied and mental health professionals, nurses and pharmacists.

Adam Reinhard

Alam Yoosuff

Amanda Shand

Jeremy Carr

Karen Solah

Laura Ross

Lourene Liebenberg

Dr Marion Magee

Dr Ken Mackey

Brett Causer

Dr Daniel Fry

Joanne Garlick

Lee Francis

Luke Peacock

Dr Nang Win

Dr Thomas Douch

Dr William Meagher

Dr Jacques Scholtz

Dr Ayman Shenouda

Brendan McCorry

Eamonn Purcell

Dr Jane Goddard

Dr Jodi Culbert

Dr Jonathan Ho

Kimberley Aylward

Luke van der Rijt

Martin Finnegan

Meleseini Tai-Roche

Michael O'Reilly

Paul Colenso

Dr Rachael Fickers

Sandra Skaf

Tom Shumack

Belinda Guest

Dr Damien Limberger

Elizabeth Dixon

Emma Kelly

Irene Grigoris

Karen Ingram

Leanne Kennedy

Sally Hill

Sandra Royal

Carrie Stewart

Graham Clarke

Dr Sultan Noormolideen

Donna McLean

COMMUNITY ADVISORY COMMITTEE

The Community Advisory Committee (CAC) provides a local, relevant and diverse perspective on health-related issues to MPHN's Board. Consumers, carers and representatives from at-risk populations collaborate, helping to develop programs and services for the community alongside MPHN. The CAC is informed by 33 Local Health Advisory Committees (LHAC) from across the Murrumbidgee region. Four LHAC chairs from each of the geographic regions sit on the CAC, representing their local health bodies.

CAC Members

Gayle Murphy	Stan Warren
Pam Ellerman	Pat Lawson
Linda Swales	Beth Lucas
Kerry Geale	Dr Jodi Culbert
Sue McAlpin	Julie Mecham
Genevieve Fleming	Margaret King
John Moi	Heather Ritchie

LOCAL HEALTH ADVISORY COMMITTEES

Adelong-Batlow	Gundagai	Moulamein
Barham	Murrumburrah-Harden	Narrandera
Berrigan	Hay	Temora
Boorowa	Henty	Tocumwal
Coolamon-Ganmain	Hillston	Tooleybuc
Cootamundra	Holbrook	Tumbarumba
Corowa	Jerilderie	Tumut
Culcairn	Junee	Urana
Deniliquin	Lake Cargelligo	Wagga Wagga
Finley	Leeton	West Wyalong
Griffith	Lockhart	Young

COMMISSIONED PROVIDERS

Assisting Drug Dependants Inc.	Impact Collaborative Pty Ltd	Richmond PRA Ltd
Australian National University	Ingrained Nutrition	Riverina Family Medicine
Back On Track Physiotherapy	Intereach Limited	Riverina Medical and Dental Aboriginal Corporation
Balance Up Nutrition	Martin Alster	Riverina Paediatrics
Beacon Strategies Pty Ltd	Karralika Programs Incorporated	Roths Corner Medical Centre
Beyond Blue Ltd	Kincaid Medical and Dental Centre	Royal Far West
Black Dog Institute	Kookora Surgery	Shepparton Foot Clinic
Blamey Street Surgery	Lake Cargelligo Family Practice	St George Family Medical Centre
Bland Medical Centre	Lakeside Medical Centre	Swan Hill District Health
Border Dietitians	Lambing Flat Enterprises	Tatton Medical Centre
Calvary Healthcare Riverina	Leeton Medical Centre	Temora Medical Complex
Centacare South West NSW Ltd	Leeton Medical Practice	Temora Podiatry
Charles Sturt University	Live Life Get Active Pty Ltd	CBT Institute
Chris Shipway Consulting Pty Ltd	LiveBetter Services Ltd	The University of Wollongong
Coolamon Regional Medical Centre	Marathon Health Ltd	Trail Street Medical Centre
Cootamundra Medical Centre	Medicoach	Trinity Medical Centre
Corowa Medical Centre	Melbourne Primary Care Network	Tumbarumba Medical Practice
Echuca Moama Family Medical Practice	Moama Health Clinic	University of Notre Dame Australia
Finley Medical Centre	Murrumbidgee Local Health District	Wagga Wagga Medical Centre
Footsteps Podiatry - Griffith	Murrumbidgee Medical and Primary Care Centre	Wagga Women's Health Centre Inc
Glenrock Country Practice	Murrumbidgee Nutrition	Wellways Australia Ltd
Grand Pacific Health Limited	Narrandera Medical Centre	West Wyalong Medical Centre
Griffith Aboriginal Medical Service Inc.	Pamela Ling	Western Riverina Community College
Griffith Medical Centre	Peter Street Medical Centre	Young District Medical Centre
Gundagai Medical Centre	Procure Mental Health Services	Your Health Griffith
Hay Medical Centre	Rao Medical Centre	
	Relationships Australia Canberra and Region Inc	

firsthealth limited trading as Murrumbidgee Primary Health Network (ABN 15 111 520 168).

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An Australian Government Initiative

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