

Annual Report 2016/17

A photograph of a man and a young child looking up at a blue butterfly in a garden. The man is on the left, wearing a blue and white checkered shirt, and the child is on the right, wearing a white fuzzy hat. They are both looking up at a blue butterfly with black markings on its wings, which is perched on a green leaf. The background is a blurred garden with green foliage.

Supporting
Patient-Centred Care



We respectfully acknowledge that we work on the traditional lands of the Kulin Nation and Boon Wurrung. We acknowledge the Wurundjeri people who are the traditional custodians of these lands. We pay respect to community members and elders past and present.



Australian Government

phn
SOUTH EASTERN
MELBOURNE

An Australian Government Initiative

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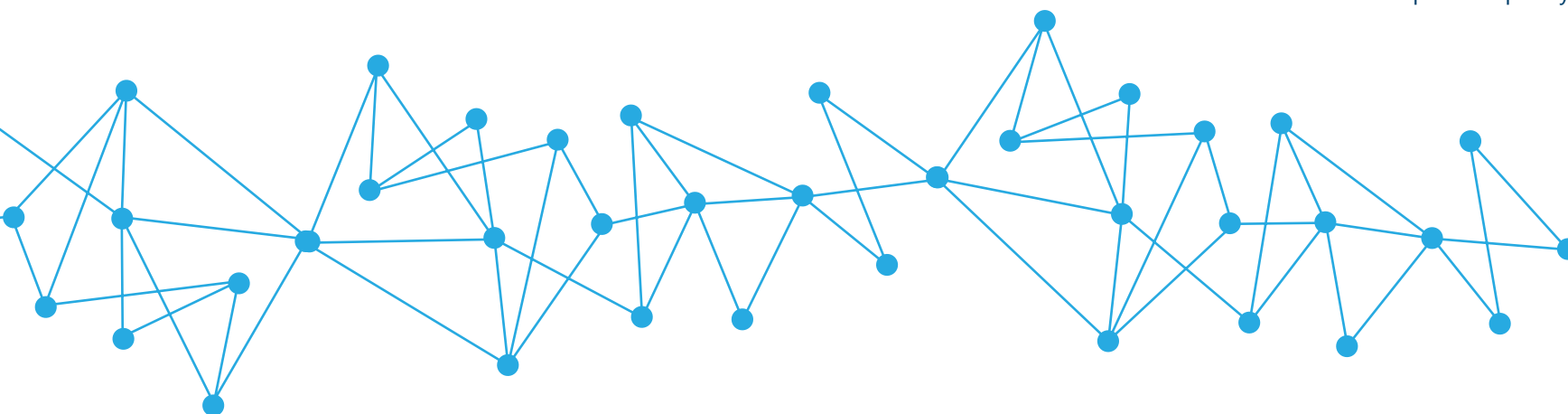
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South Eastern Melbourne Primary Health Network (SEMPHN) works on behalf of the Australian Government to improve local health care.

SEMPHN aims to ensure that our community has access to the right care, in the right place, at the right time. We are working to achieve this by improving access to existing services, commissioning new services to improve health outcomes and encouraging general practitioners and others to innovate and further improve local health care.

With consumers at the forefront, we support general practitioners, other primary health care providers, hospitals and local communities to ensure improved health outcomes for our region's population.

We support patient-centred care and encourage community members to play an active role in their health, so they can stay out of hospital and enjoy an improved quality of life.



About SEMPHN

Established July 2015

Commenced commissioning of health services in July 2016

**Program
funding
\$43m**

across six
priority areas

Mental Health 2/3
of program funding (66%)

Stakeholders

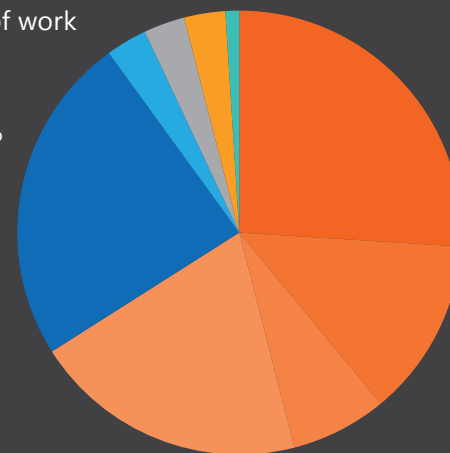
- » 2,000 general practitioners and approximately 500 practices
- » Three major public hospital networks (*Alfred Health, Monash Health and Peninsula Health*)
- » Six community health organisations (*StarHealth, Connect Health, Peninsula Community Health, Monash Health, Central Bayside and Link Health & Community*)
- » Two indigenous health organisations (*DDACL and Ngwala Willumbong Ltd*)
- » Allied health professionals

Key areas of work

- » Reforming mental health services
- » Enhancing Chronic Disease Management
- » Reducing drug & alcohol misuse
- » Driving uptake of digital health
- » Promoting immunisation and cancer screening
- » Enhancing after hours access to primary care
- » Supporting priority populations

Funding across key areas of work

- General Mental Health 26%
- Partners in Recovery (PIR) 13%
- Headspace 7%
- Early Youth Psychosis 20%
- Population Health 24%
- Health Workforce 3%
- Digital Health 3%
- ATSI 3%
- Aged Care 1%



Initiatives in 2016/17

- » Introducing major reform in mental health funding
- » Driving uptake of digital health
- » Improving Chronic Disease Management through capacity building



\$43m
in funding

distributed across
all six priority areas



80+
events

held for education,
training and
information



300+
new contracts

including
variations
issued



1100+
visits to GPs

by the SEMPLHN
provider support
team



1000+
clients assisted

by Partners in Recovery
(mental health) and
SECADA (AOD) services



27
contracts

awarded for
GP capacity
building



137
GP sign ups

to POLAR software for
better clinical and business
management data



1000+
registered users

of the Practice Coaching
software (up five fold from
previous year)



100+
Newsletters

published and
distributed to
6000+ recipients



50%
increase

in SEMPLHN website traffic
since redevelopment and
relaunch in January 2017

Our Catchment

SEMPHN is one of 31 Primary Health Networks created by the Australian Government in 2015. It replaced three former Medicare Locals covering Bayside, South Eastern Melbourne and Frankston-Mornington Peninsula.



1.5m
diverse residents
live in the South Eastern
Melbourne catchment

SEMPHN catchment:

- » Extends from St Kilda to Sorrento to Bunyip;
- » Includes ten Local Government Areas with major population hubs in Clayton, Dandenong, Moorabbin, Caulfield, Cranbourne, Frankston and Pakenham; and
- » Includes three South Eastern Melbourne PHN offices in Heatherton, Dandenong and Mornington.



OUR VALUES

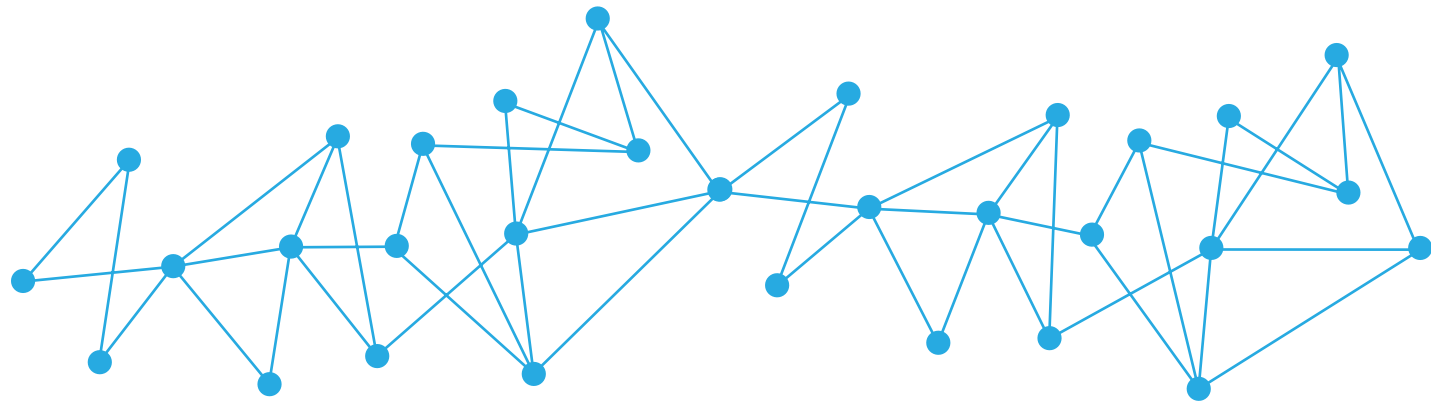
Collaboration
Community-
focused
Accountability
Respect
Excellence
Solution-
focused

OUR VISION

Become a trusted facilitator that is able to build strong productive relationships across the primary health system. These relationships will allow us to work together to build healthier lives in our community and make the best use of limited public and private resources to improve the quality of services available to health care providers.

OUR PURPOSE

The South Eastern Melbourne Primary Health Network exists to build the capacity and understanding of the primary health system to enable improved health outcomes for individuals within its region.



Chairperson Report



Graeme Samuel

Graeme Samuel
Chair



Click **here** to
watch the Chair
video report

CEO Report



A stylized, handwritten signature of Elizabeth Deveny in white ink.

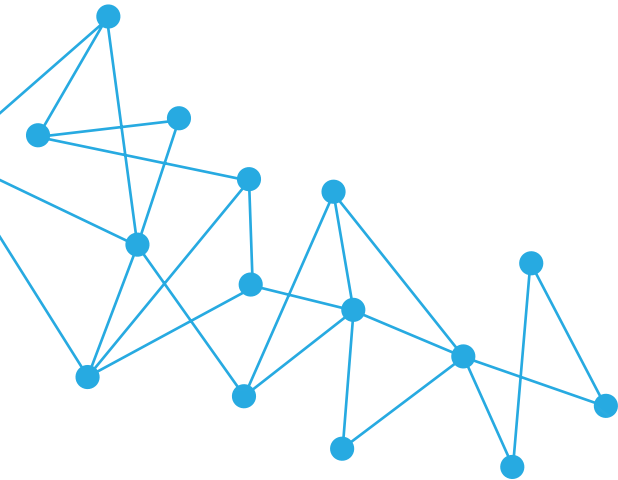
Elizabeth Deveny
Chief Executive Officer



Commissioning

From 1 July 2016, as directed by the Commonwealth Government, Primary Health Networks (PHNs) moved from delivering health services directly to the community, to delivering health services through third parties using a commissioning framework.

Commissioning is the strategic purchasing, monitoring and evaluation of health and related services for the purpose of coordinating population health needs to deliver quality services.



Commissioning cycle

Our commissioning cycle involves five key stages:

1. Assessing needs and priorities

Determining the needs and priorities of the SEMPHN catchment.

2. Strategic planning and specifying services

Data is used to determine the types of services to be commissioned, then an approach to market and target audience will be determined.

3. Contracting and procurement

SEMPHN uses an online tendering service, Tenderlink, to manage its tender submission process. SEMPHN then works with the preferred providers to develop and agree on the contract.

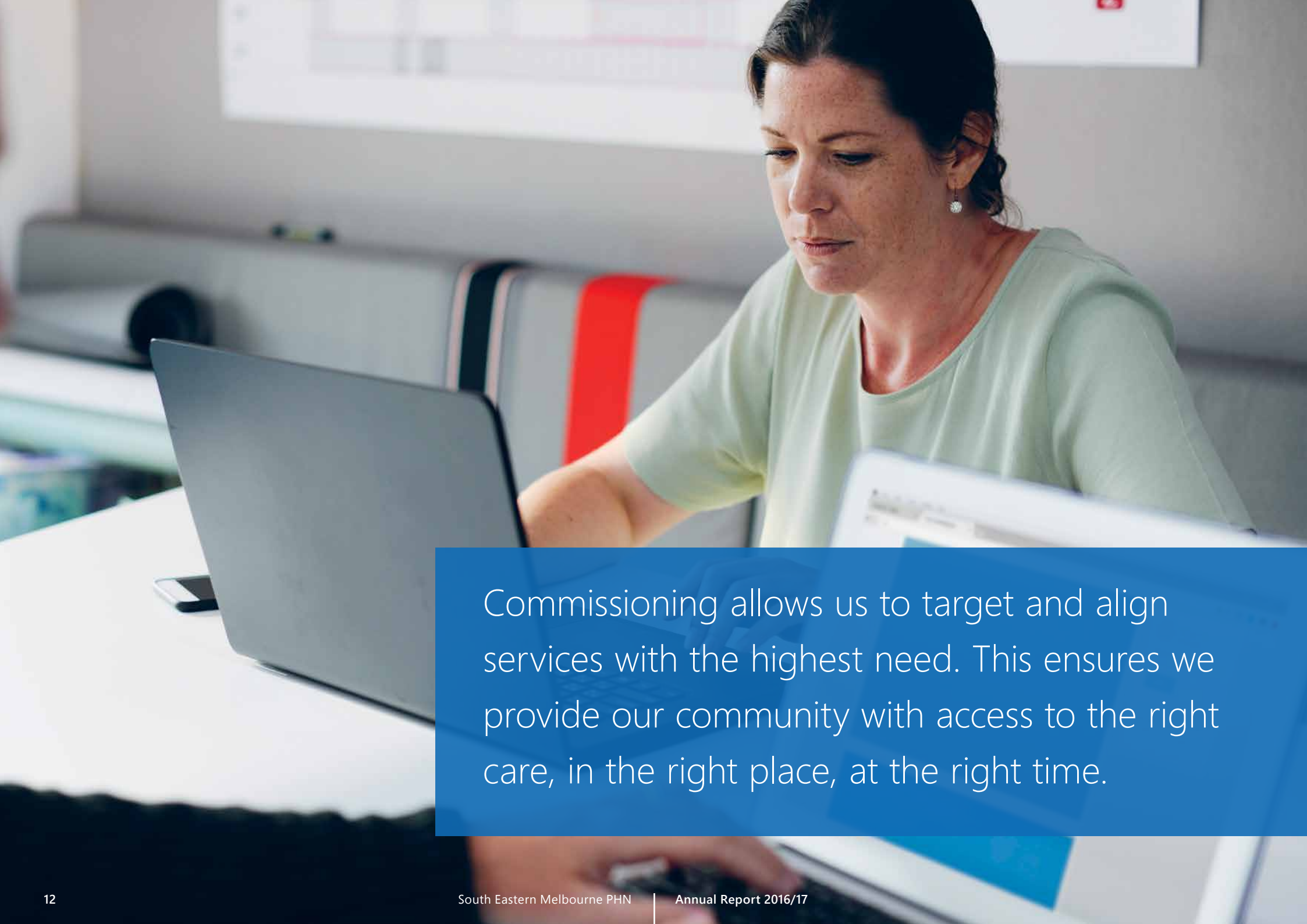
4. Monitoring and managing performance

SEMPHN identifies performance indicators that will be used to measure the intended outputs and outcomes.

5. Reviewing services

Review of the procured services to determine if outcomes/outputs achieved. The identified opportunities and challenges guide the procurement of future services.





Commissioning allows us to target and align services with the highest need. This ensures we provide our community with access to the right care, in the right place, at the right time.

Stakeholder Engagement

General Practice Engagement

As the frontline of primary care, GPs are one of SEMPHN's key stakeholder groups. SEMPHN is committed to providing support to staff who work in general practice, including General Practitioners, Practice Nurses, Practice Managers, Practice Owners and Administration staff.

General practice is central to good health outcomes and system reform. We engage with general practice via a range of activities including:

Practice Networks

SEMPHN runs bi-monthly Practice Network Groups across the Frankston, Dandenong and St Kilda regions for Practice Managers and Practice Nurses. The sessions provide peer support, training and networking opportunities. SEMPHN also offer an online network for GPs, practice managers and nurses. Training topics include practice technology/programs, maximising payments, suicide prevention, asthma education, cancer screening and care planning.

Face to Face Engagement

SEMPHN Provider Support Officers (PSOs) made more than 1,000 general practice visits during 2016/17. The PSOs also provide information on SEMPHN's activities and services, support practices and primary health care services. They also assist GPs to enhance their clinical services and business practices.

Events

In 2016/17, SEMPHN conducted more than 80 education, training and information sessions, with 1,478 GPs, Nurses, Pharmacists and allied health professionals registered to attend. These events support and improve clinical services and business practices.

Information

SEMPHN keeps practices up to date with essential primary care and commissioning news. More than 6,000 recipients receive SEMPHN's weekly online newsletter - Network News, and commissioning newsletter - SEMaphore.

SEMPHN also offers practice staff a range of clinical and business supports including;

Practice Coaching

SEMPHN offers free online self-audit and tailored eLearning programs to support general practice with chronic disease care and health promotion activities. Practices are able to streamline chronic disease processes, optimise workload distribution throughout the practice team and encourage a focus on patient-centred care, as per best practice principles.

Technology Support

SEMPHN assists practices to use key clinical software programs such as POLAR GP (Population Level Analysis & Reporting). The software enables general practices to analyse their patient data (See page 38 - Digital Health).

Clinical Support

Map of Medicine clinical pathways - online tools which create a clear picture of the entire patient journey, making it easier for health professionals to make decisions; and information dissemination (i.e. immunisation, screening), educational seminars (i.e. CPR, diabetes, asthma).



In 2016/17



83
events

held for
education, training
and information



1478

registered
to attend



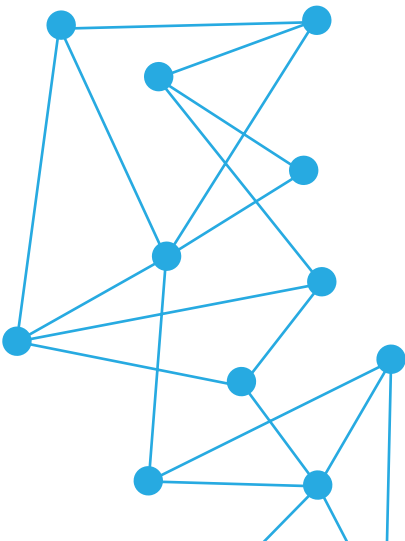
6000⁺

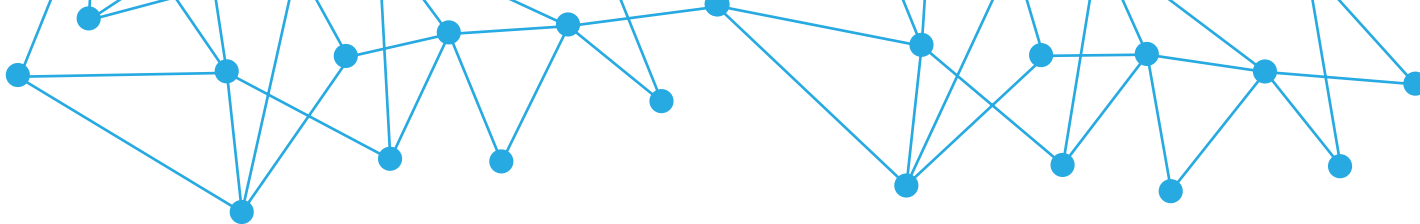
received our
online news



Other Stakeholder Engagement

In addition to GPs, SEMPHN also engages regularly with a range of other health professionals and organisations including:

- » Local hospital networks;
 - » Allied health professionals;
 - » Community health organisations;
 - » Peak professional and consumer bodies;
 - » Federal, State and local governments;
 - » Social service agencies;
 - » Not for profit organisations; and
 - » Indigenous health organisations.
- 



Community Engagement

SEMPHN regularly consults with consumers and engages with the wider community to inform and involve them in decisions regarding health services in our catchment.

We also work with organisations that represent consumers and carers such as the Consumer Health Forum of Australia.

It is essential that consumers are involved as partners in health policy development and health service design and improvement.

Consumer participation is encouraged because:

- » Consumers have a basic human right to be involved in decisions regarding their health services;
- » Meaningful participation is necessary to deliver the best service possible; and
- » Co-design – using human centred design principles gives consumers a voice.

Our consumer and community activities include:

- » We actively engage with community members via a Community Council who provide recommendations and advice on primary and community-based healthcare from a community perspective to the SEMPHN Board;
- » A consumer reference pool where members of the public can register their interest to be involved in or commenting on SEMPHN's work; and
- » Holding forums and consultations on particular areas of work or planned changes.

Strategic Planning

SEMPHN's Strategic Framework has embedded consumer participation in two pillars:

Co-design

1. Work with local communities and consumers to develop health and wellbeing activities that support enhanced self-care
2. Co-design with consumers and stakeholders
3. Enhance community capacity to stay well and healthy, through co-designed health promotion activities

Health System Alignment

1. Guide consumers, carers and the community through the primary health care system
2. Develop a shared commitment to proprietorship of system sustainable solutions
3. Work with all stakeholder groups to increase the use of meaningful care planning tools





Key areas of work

Mental Health

Chronic Disease

Alcohol and Other Drugs

Digital Health

Early Intervention

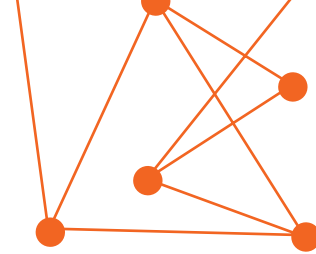
Priority and At-risk Populations

After Hours



Mental Health

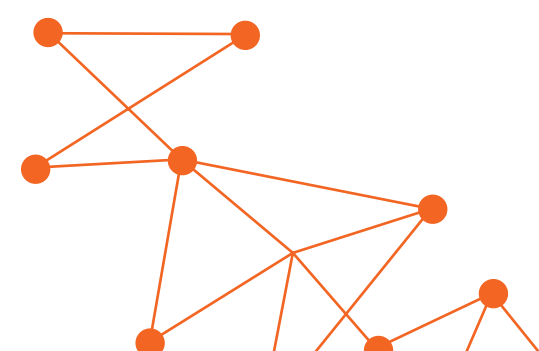
A greater emphasis on primary mental health is important to help meet the needs of the community, addressing service gaps and achieving better local health outcomes.

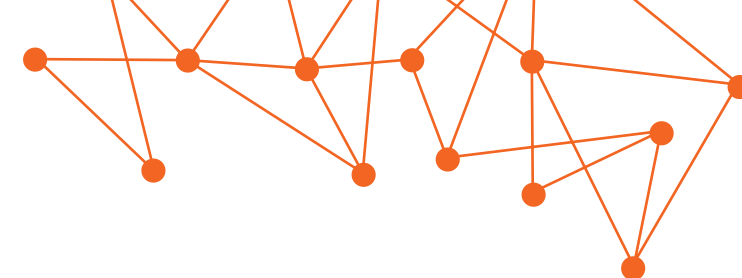


The Federal and State government funded approximately \$200 million on mental health services in our region during 2016/17. Of that, SEMPHN funded approximately \$28 million on general mental health services, Partners in Recovery (PiR), headspace and Early Youth Psychosis programs.

While we play a small but important role in primary mental health, SEMPHN is committed to reforming service delivery in line with the National Mental Health Commission’s review of programs and services.

This will ensure a greater emphasis is placed on meeting the needs of the local community, addressing service gaps and achieving better local health outcomes as individuals with mental illness will be able to access a broader range of treatment and support services.





Stepped Care Model

Through 13 forums, SEMPHN consulted with a range of stakeholders including health professionals, consumers, current service providers and mental health experts over a period of 18 months to develop the first part of its Mental Health Stepped Care Model.

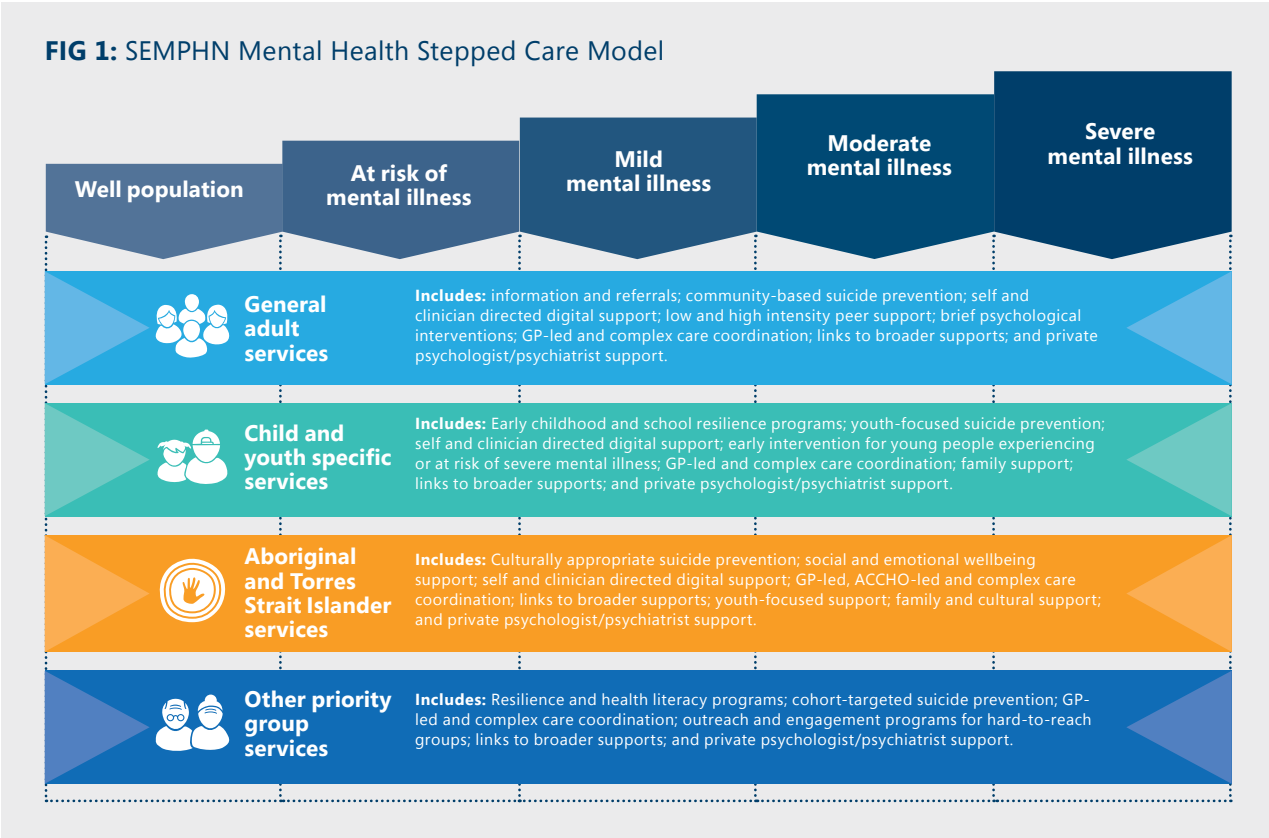
The model is designed to provide patient-centred ‘stepped’ care for people with mental illness and is central to the Australian Government’s mental health reform. SEMPHN has contracted several organisations per Local Government Area (LGA) to provide services to those with mild/moderate and severe/complex needs.

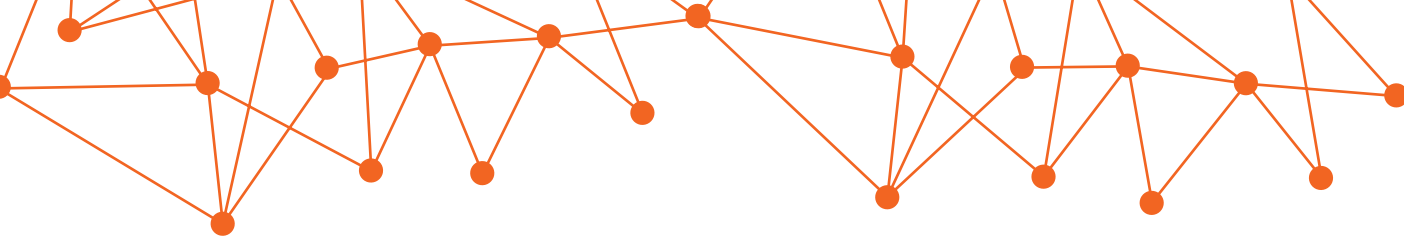
The Mental Health Stepped Care Model will be the over-arching structure for a range of services that will address local mental health needs. These will help general practitioner staff support their patients and manage their mental health care and treatment. There are six key principles to the Mental Health Stepped Care Model;

- ✓ Person-centred
- ✓ Effective
- ✓ Flexible
- ✓ Efficient
- ✓ Timely
- ✓ Coordinated

The six principles seek to shape a regional mental health system. The Stepped Care Model describes a continuum of key service elements that are required to most efficiently provide needs-based support to people with, or at risk of, mental illness.

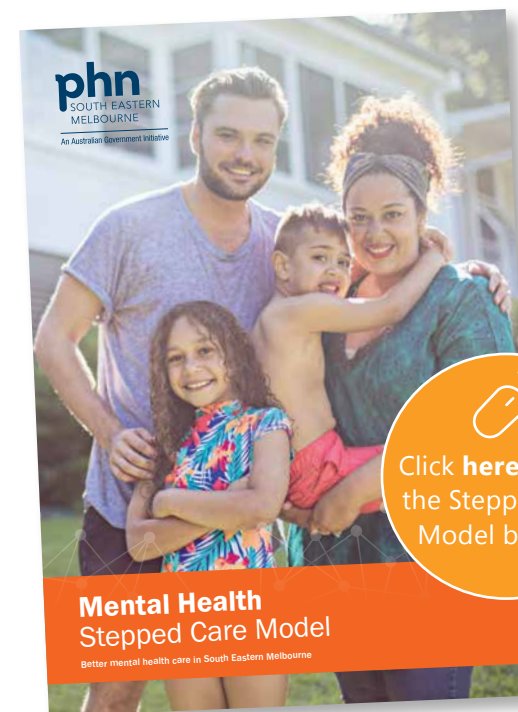
The model groups areas of common need along the spectrum of mental health disorders, ranging from low intensity short-term issues to complex and enduring mental illness. Services and interventions are then matched to the areas of need they best respond to.





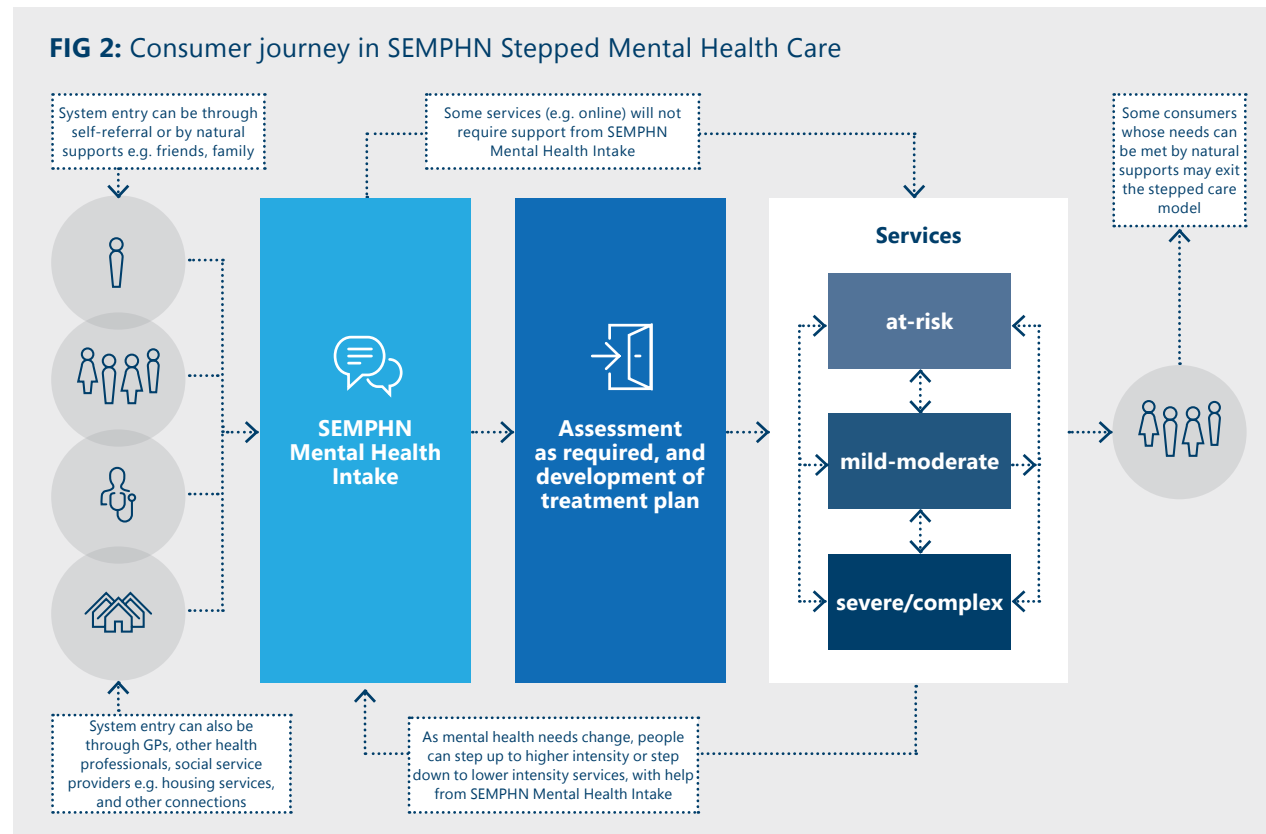
SEMPHN has established a new Mental Health Intake service (1800 862 363) and is phasing out the Access to Allied Psychological Services (ATAPS) and Mental Health Nurse Incentive Program (MHNIP) services.

The key benefits of the new model allow fairer, more equitable access to services and better co-ordination of care, especially for people with severe/complex needs. There will also be a greater range of treatment options and a more efficient use of health resources with tracked outcomes.



Click [here](#) to read the Stepped Care Model booklet

The Stepped Care Model's new funding and services are matched to illness severity and local need.



Transitioning services

In 2016/17 SEMPHN began planning the transition of existing mental health programs to the new services for those with both mild/moderate and complex/severe mental health conditions.

Access to Allied Psychological Services (ATAPS)

The ATAPS program has offered short term psychological interventions for eligible clients with mild to moderate mental health illness. The program reached vulnerable target groups including children, people at low risk of suicide, people who identify as Aboriginal or Torres Strait Islander and people with perinatal depression. It was designed for people on low incomes who are unable to access community based mental health support. SEMPHN contracts a range of private mental health providers to deliver community based mental health services under the ATAPS guidelines.

Accessible Psychological Interventions (API)

From late 2017, API (Accessible Psychological Interventions) will replace the ATAPS program. The API model was developed to align with the Mental Health Stepped Care Model is in line with Australia-wide changes in mental health services. API are flexible services for consumers with a mild-moderate mental illness who will benefit from individual, family and/or group psychological services from allied health professionals. The range of interventions is in line with those available under the Commonwealth Better Access to Mental Health Care program. API will be available for population groups that are harder to reach or underserved. It will also be available for people cannot currently afford or access private psychological services.

Mental Health Nurse Incentive Program (MHNIP)

The MHNIP supports community-based general practices, private psychiatric practices and other associated organisations. The MHNIP provides funding for mental health nurses to assist in coordinated clinical care for people with severe mental disorders. Mental health nurses work with psychiatrists and general practitioners to provide services like monitoring a patient's mental state, managing their medication and improving links to other health professionals and clinical service providers. These services are provided in a range of settings, like clinics or patients' homes, at no cost to the patient.

Mental Health Integrated Complex Care (MHICC)

In late 2017, MHICC will replace the Mental Health Nurse Incentive Program (MHNIP). MHICC services are also part of our Mental Health Stepped Care Model and are in line with Australia-wide changes in mental health services. The MHICC services are designed to support consumers with a severe mental illness who have complex needs and will benefit from improved coordination of their care over long periods. The main parts of the service are clinical nursing services, family support and liaison, care co-ordination and liaison (clinical and non-clinical services) and improving access to psychiatrist and psychological care. MHICC services will be available for population groups that are harder to reach or underserved and who can't currently access the National Disability Insurance Scheme (NDIS) or Partners in Recovery (PiR).



Suicide prevention

SEMPHN is one of six PHNs partnering with the Victorian Department of Health and Human Services (DHHS) on a joint initiative to implement a place-based approach to suicide prevention. SEMPHN is engaging with local communities, the wider population, health practitioners, emergency services, local governments, schools and the media to contribute to the reduction of suicide rates.

The Victorian suicide prevention framework 2016-2025 was released in July 2016. The goal is to halve Victoria’s suicide rate by the year 2025 and is supported by the investment of \$27 million over four years. The objective of the framework will support people and families after a suicide attempt and provide the resources for a place-based suicide prevention trial in various regions across Victoria.

SEMPHN’s new place-based sites are in Frankston/Mornington Peninsula and Dandenong. The locations of the trial sites were selected based on suicide rates and hospital presentations. Suicide prevention encompasses a range of interventions and activities, including health promotion, early intervention, crisis support and ongoing intervention for people experiencing suicidal thoughts and behaviour, and responding to and supporting families and communities impacted by suicide (Suicide Prevention Australia).

SEMPHN is funding Roses in the Ocean (RITO), a lead organisation for lived experience of suicide in Australia, to deliver the Lived Experience program. The Lived Experience program will commence in December, 2017 and will include workshops and mentoring programs.

To learn more about RITO click [here](#).



At the launch of a local Suicide Prevention partnership with Roses in the Ocean from left to right: Laurencia Grant - Manager Suicide Prevention, Alison Asche – Manager Suicide Prevention, Georgia Hocking – Lived Experience, Elizabeth Deveny – SEMPHN CEO, The Hon. Martin Foley MP, Layne Stretton – RITO Executive Coach

Other Mental Health activities

Low Intensity Mental Health Services Pilot

SEMPHN commissioned beyondblue to deliver the pilot called *beyondblue Connect*, to address low intensity Mental Health needs. The pilot is delivering a multifaceted support service to people with, or at risk of, experiencing mild mental illness. The pilot commenced on 1 March 2017, covering the Dandenong region.

The objectives of the program are to:

- » Increase the evidence base of peer support interventions;
- » Promote the prevention of mental illness through increasing ease of access to services early;
- » Improve the services currently available, increase the scope of service options and enable more effective targeting of services within a stepped care approach;
- » Help to address discrimination associated with mental health; and
- » Help target and reach typically harder to engage population groups.

In 2016/17 South Eastern Melbourne commissioned



\$500,000

for beyondblue to deliver low intensity Mental Health services in Dandenong

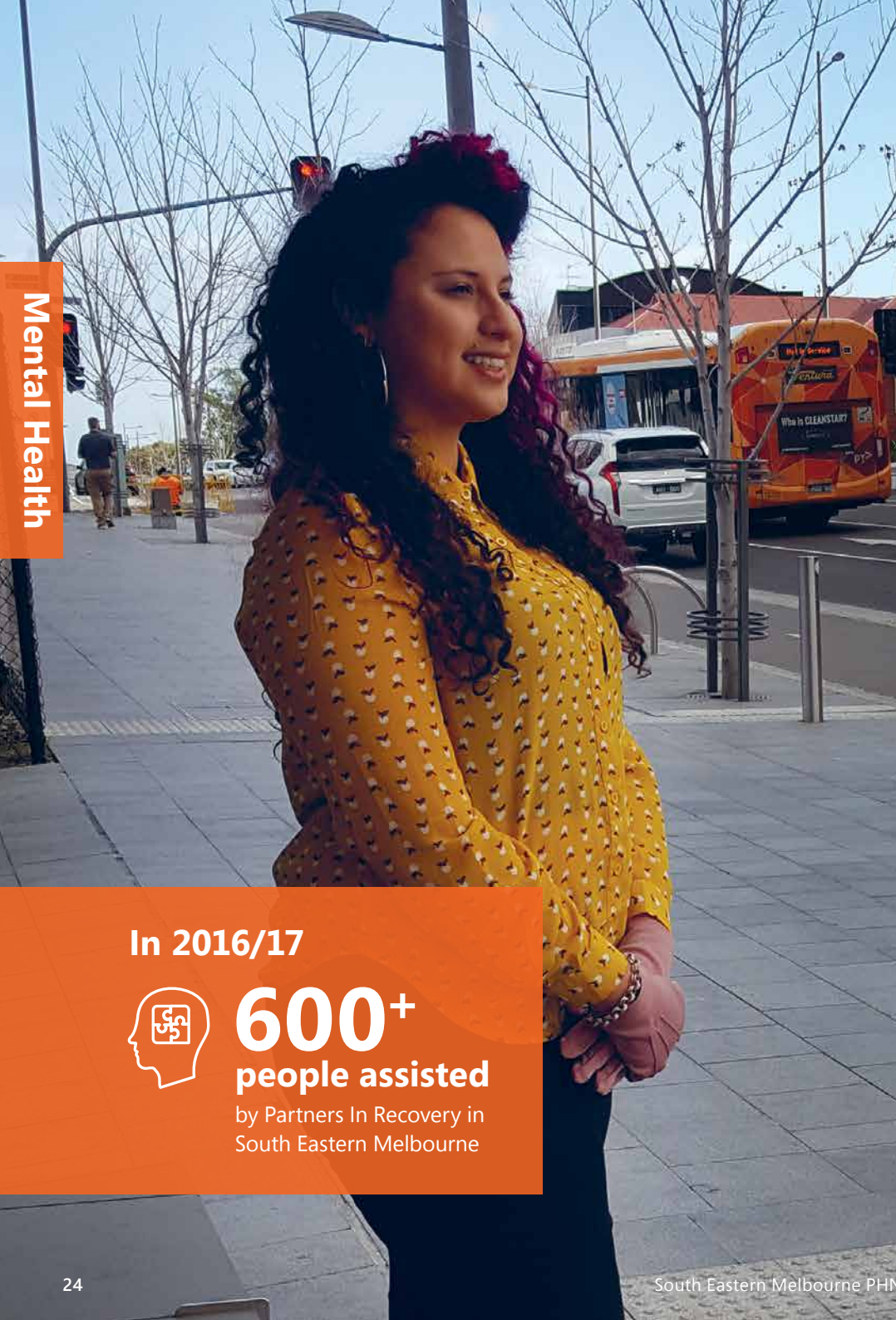
Click [here](#) to read about *beyondblue Connect* page

Partners In Recovery (PIR)

South Eastern Melbourne Partners in Recovery (SEMPIR) is a program that coordinates support services in Dandenong, Casey, Cardinia, Frankston and Mornington Peninsula for people living with severe and persistent mental health conditions who have complex needs. PIR assists people who have 'fallen through the gaps' by building and then coordinating care teams. PIR puts people's needs first and supports our 'person centred care' philosophy. SEMPHN is the lead agency for SEMPIR and leads a consortium of the following organisations - Care Connect, Dandenong District Aborigines Co-operative Limited, Ermha, Launch Housing, Mental Illness Fellowship Victoria, Mission Australia, Mind Australia, Monash Health, South Eastern Health Providers Association, South Eastern Drug and Alcohol Service, Southern Migrant and Refugee Centre, Stepping-Up Consortium and WISE Employment.



Click [here](#) to read more about SEMPIR



CASE STUDY

Elenya's story

Twenty-nine year old university student, Elenya, lost her father as well as her grandparents. She found herself in a carer role at the age of 23, caring for her mother who was diagnosed with major depression. Adjusting to the sudden changes took a toll on Elenya, she felt alone.

"I lost friends, felt isolated and I was struggling to deal with all the changes"

Between studying, working and caring for her mum, Elenya said she had "lost herself" and even though she knew she needed support she did not know what else to do or where to go. Elenya eventually came across information about the Carers Hub run by Life Assist in Hampton Park. Over time, she became actively involved in art and gardening, which are now her favorite hobbies. The Carers Hub available through Partners in Recovery had a significant positive impact on Elenya's health and wellbeing. She was able to be herself again; coping with her carer role, improving her studies and dealing with regular day to day activities. For more information click [here](#).

In 2016/17



600+
people assisted
by Partners In Recovery in
South Eastern Melbourne

Other Mental Health activities

headspace

SEMPHN currently contracts three lead agencies who operate the four headspace centres at Elsternwick/Bentleigh, Frankston, Dandenong and Narre Warren in our region.

SEMPHN has partnered with headspace to strengthen key components of the headspace model, in particular, enhanced access and family and friend participation.

In addition to the regular health services offered to 12-25 year olds, SEMPHN funded the following two programs in 2016:


- » headspace Narre Warren was funded to pilot services for youth aged 12 – 16 years with severe anxiety and depression who have disengaged with their learning environment. The program uses assertive outreach, including youth in the under-served area of Cardinia and family inclusion models and other interventions.
- » headspace Frankston was funded to pilot services for young people aged 12 – 25 years, who have complex Post-Traumatic Stress Disorder (PTSD) and/or severe depression, and are resistant to treatment. This service delivers outreach using the Emotional Regulation and Impulse Control (ERIC) model developed by Deakin University. This includes single session family consultation and other interventions. Funding has been extended to June 2018, with a focus on improved integration of services with other mental health programs.



Featured in this image: Federal Minister for Health - the Hon. Greg Hunt MP (holding headspace sign), SEMPHN CEO Elizabeth Deveny, SEMPHN Chair Graeme Samuel

Youth Early Psychosis Program (YEPP)

The YEPP service provided by headspace offers early intervention and specialist support services to young people experiencing or at risk of psychosis. SEMPHN is working with headspace, in collaboration with Alfred Health, on the continuation of care for clients currently in the program. We are also working with the community and consumers in the future development of models of care in both early psychosis and more broadly the wider reform affecting youth mental health and alcohol and drug services.



Chronic Disease

An ageing population and increasing levels of chronic disease are having a significant impact on our health system.

Chronic Disease Management

In 2016/17, three major programs were funded to improve chronic disease management in the region.

In 2016/17

 **\$3m** in grants awarded

to  **42** general practice recipients

across  **10** local government areas (LGAs)

1. Building general practice capacity

In June 2017, about \$3 million in grants was awarded to 34 general practices across the region with the aim of building the capacity in primary health care to manage the health and wellbeing of people who experience chronic or complex conditions. The program's objectives are to:

- » Improve health system, service and health literacy of patients and their families;
- » Enhance patients ability to manage their own health needs through self-care strategies;
- » Improve health outcomes for patients with poorly managed chronic conditions;
- » Increase efficacy of care coordination strategies to better manage chronic and complex conditions and to improve the patients quality of life; and
- » Improve the sustainability of the practice by improving systems and quality to accommodate more clients.

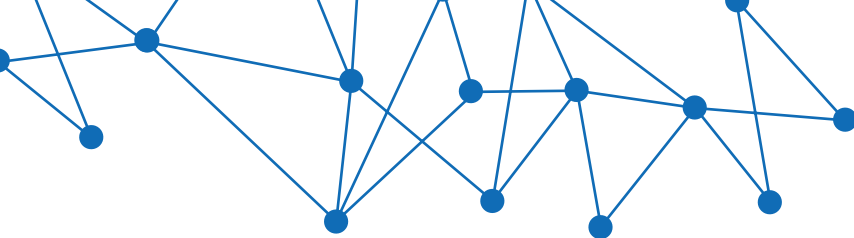
[Click here](#) from more information.

2. Reaching priority population groups

In April 2017, eight health care providers received funding to deliver a suite of initiatives to improve health outcomes for priority population groups with complex and chronic conditions within the South Eastern Melbourne region. Each provider is delivering services based on the above objective to at least 100 patients between June 2017 and June 2018 to:

- » Improve access for at risk population groups to primary care services for the management of their complex and chronic conditions; and
- » Reduce the rate of Potentially Preventable Hospitalisations (PPH) for chronic conditions in the SEMPHN region.

 **330,000+**
people have chronic health needs in South Eastern Melbourne



3. Creating better links with primary care

In April 2017, Peninsula Health, Monash Health and Alfred Health were successful in receiving funding to create better links to primary care through their community health services. The total funding allocated was around \$600,000, with initiatives to run from May 2017-2018.

- » Peninsula Health – Peninsula Health Community Care After Hours Care Diversion Project, which aims to support patients that frequently utilise hospital and/or at risk of presenting to the Emergency Department;
- » Monash Health – Redesign of Residential In Reach (RIR) After Hours Model, which aims to reduce potentially avoidable hospital admissions to Monash Health Emergency Departments by 30 percent, and their length of stay during the after-hours period by 30 percent; and
- » Alfred Health – Type 2 Diabetes Better Integrated Care, aimed at optimising the ability of patients with Type 2 diabetes to self-manage their condition in the community particularly in the After Hours period.

The following table is the proportion of people suffering from a chronic or complex condition within the South Eastern Melbourne catchment as at June 2016.

FIG 3:

Tier level	Estimated number	Proportion of the population
Tier 1 - Multiple chronic conditions	166,231	11.7%
Tier 2 - Multi-morbidity and moderate needs	149,608	10.5%
Tier 3 - High risk chronic and complex needs	16,623	1.2%
Total	332,462	23.3%

Click [here](#) for more information on the chronic and complex conditions initiative.



Potentially preventable hospitalisations account for around 10% of hospital stays and 14% of hospital bed days

Health Care Homes

In 2016, the Government announced its plan to introduce stage one of a Health Care Home (HCH) model to improve care for patients with chronic and complex conditions. Health Care Homes Stage One is designed to ensure those with chronic conditions receive 'wrap around' care, with a local health care team acting as the home base for a patient's co-ordination, management and ongoing support. Under this model, eligible patients will voluntarily enrol with a participating medical practice known as their Health Care Home.

SEMPHN is one of the 10 Health Care Homes trial sites around Australia.

We have a team of experienced staff who have both clinical and management skills to recruit and support general practices selected by the Department of Health as Health Care Homes.

Approximately 50 practices submitted applications to become Health Care Homes with 20 initially making the Department shortlist in May 2017. The program commenced in October 2017, now with a total of 27 practices participating.

With the use of technology and the support of a multi-disciplinary health care team, SEMPHN is looking at ways to help patients, families and carers maximise their knowledge, skills and confidence for better health outcomes. It is expected that Health Care Homes will also enhance practitioner satisfaction, reduce costs and positively impact population health.

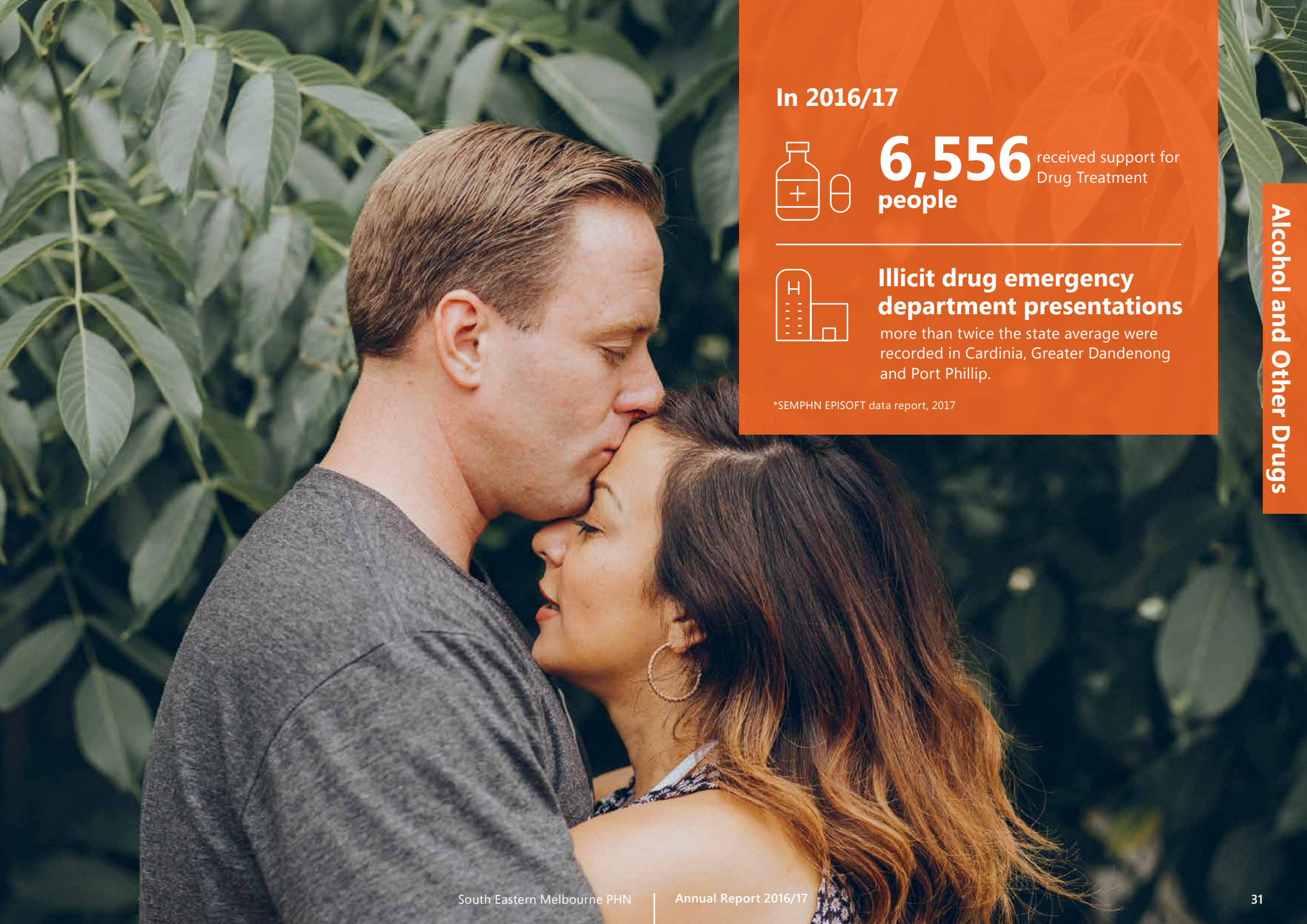


Click [here](#) to read more about Health Care Homes

A decorative graphic at the top of the page consisting of a network of orange dots connected by thin orange lines, forming a web-like structure.

Alcohol and Other Drugs (AOD)

SEMPHN recognises that alcohol and drug use has the potential to impact on many areas of an individual and their family's life.



In 2016/17



6,556 people received support for Drug Treatment



Illicit drug emergency department presentations

more than twice the state average were recorded in Cardinia, Greater Dandenong and Port Phillip.

*SEMPHN EPISOFT data report, 2017

Tailoring AOD projects

One of SEMPHN's aims is to identify and address system integration and capacity issues to ensure a well-coordinated and functional drug and alcohol service system capable of responding to the needs of the community.

SEMPHN is working with health care providers to maximise effective treatments and focusing on early intervention that seeks to prevent the need for long term treatment. We are commissioning a mix of service interventions and specialist Alcohol and Other Drug (AOD) services to ensure improved access for clients and take a place based approach consistent with findings in our needs assessment.

Some of our AOD projects in 2016/17 were designed to:

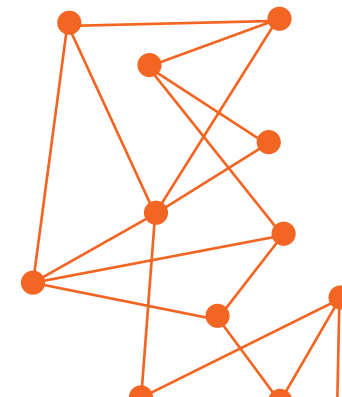
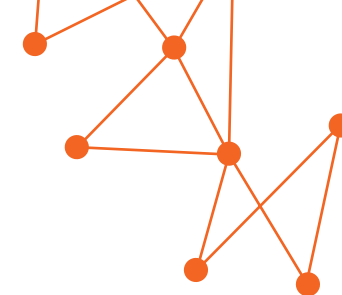
- » Reduce adolescent use of alcohol within Bayside, Cardinia and Mornington Peninsula regions;
- » Improve access to AOD treatment options and drug use in Port Phillip and Greater Dandenong regions;
- » Improve the system response for at risk populations involved in illicit drug use and address Hepatitis C rates in Port Phillip, Greater Dandenong and Frankston regions; and
- » Provide early intervention and diversion services for young people relating to ongoing substance abuse across the SEMPHN catchment.

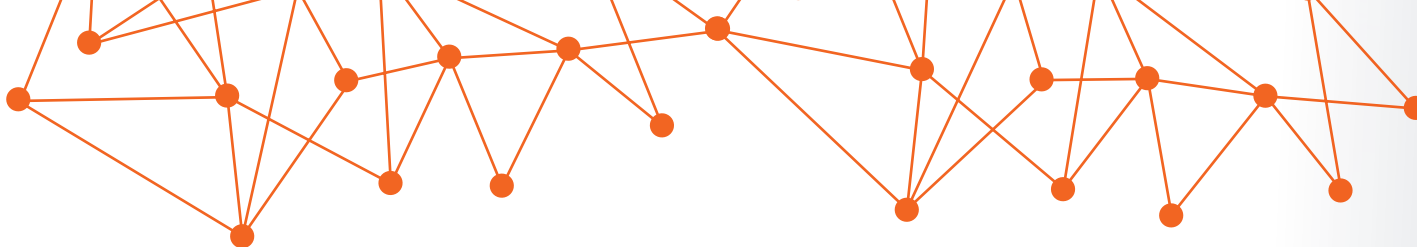
Methamphetamine (ICE)

Methamphetamine use continues to increase with the highest rates in the South Eastern catchment being in Port Phillip, Frankston and Greater Dandenong. Often dual hospital presentation is seen with AOD/ICE and mental health needs. To address this, SEMPHN is currently evaluating an innovative approach to treatment which combines individual treatment, family support and relapse prevention groups. While ICE usage is high profile, there is greater misuse of alcohol and other drugs in our catchment leading to physical and mental health issues, family violence and homelessness.

New AOD contracts

During 2016, the Commonwealth transitioned the management of 13 new AOD contracts (delivered by eight providers) to SEMPHN from 1 July 2017. As the programs are recontracted there will be a greater emphasis on service delivery outcomes across areas such as mental health and homelessness, dual diagnosis, young parents and parenting support.





A4 Pharmacotherapy Network (State-funded)

Opioid dependence is a growing public health concern affecting a wide variety of patients including users of illicit, prescription and over-the-counter opioids. Pharmacotherapy, also known as Opioid Replacement Therapy (ORT), is an effective evidence-based treatment for opioid dependence. Recovery and reduction in harm to the individual and wider community are some of the many benefits of pharmacotherapy.

As part of the A4 Pharmacotherapy Network, SEMPHN focuses on capacity building services by:

- » Supporting GPs in the management of patients with opioid dependence;
- » Supporting pharmacists in the provision of pharmacotherapy through education and training;
- » Building Community of Practice (CoP) for networking and professional development;
- » Working with Alcohol and other Drug (AOD) services for improved service integration; and
- » Increasing awareness of opioid dependence, treatment options and referral pathways.

South Eastern Consortium of Alcohol and Drug Agencies – SECADA

SECADA is a consortium of six organisations in Melbourne's South East that are contracted to provide specialist alcohol and drug (AOD) services for voluntary and correctional clients. SEMPHN is the lead agency with services operating from a number of sites in the Dandenong, Springvale, Narre Warren, Pakenham and Cranbourne areas.

There are a number of services and resources available if a patient has alcohol or other drug issues, or wants to access specialist services. SECADA is a single point of contact for a large network of specialist services which support people aged 16 years and over with a range of alcohol and drug concerns. This includes people who may also have physical and mental health problems, family and social needs or been involved with the courts or police. SECADA also provides support to their families, friends and carers. Available services include:

- » Counselling;
- » Care and recovery coordination; and
- » Home based withdrawal.





Digital Health

SEMPHN plays a pivotal role in supporting general practice, other service providers and consumers to adapt to innovative technology and ultimately improve health outcomes within our community.

My Health Record

My Health Record is a digital online health record with the aim to improve the health outcomes of all Australians. Patients' important health information like medicines, conditions, treatments, allergies, test or scan reports, and advance care planning documents, can be available online and in one place. Healthcare providers (doctors, specialists or hospital staff) may be able to see a patient's My Health Record anywhere at any time.

From mid-2018, every Australian will have a My Health Record and SEMPHN will play a key role in educating consumers and supporting primary health providers.

In an accident or emergency, healthcare providers connected to the My Health Record system can see patient health information immediately and provide best possible care on the spot. Patients using My Health Record do not need to remember their health history including medications and previous test results.



My Health Record

Simple Telehealth - Nellie

Simple Telehealth is a United Kingdom-based innovation brought to Australia by SEMPHN. It is a digital system that promotes self-care by helping patients to engage with their health team and better manage their condition. The technology is simple and smart, but it is mainly effective because of how it uses psychology, a central component of which is the persona we call Nellie.

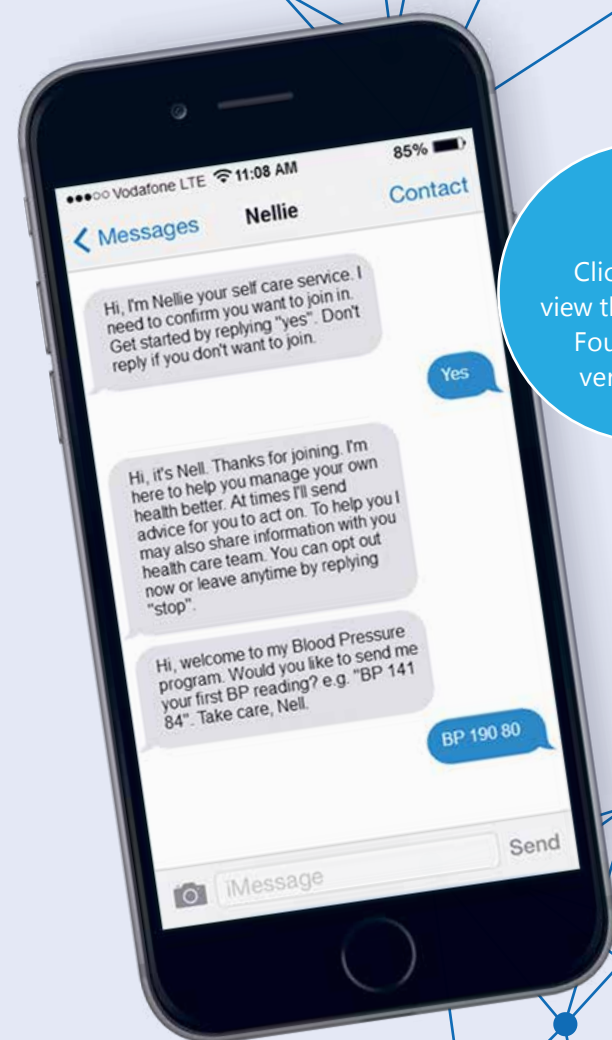
Patients engage with Nellie through their mobile phone via SMS messages, helping them to take an active role in their health, with their care team intervening if necessary. Nellie uses predefined and customisable protocols, which doctors can easily use in a regulated and consistent way to monitor patients and engage with them and others in the care team. Nellie is driven by protocols that specify what texts to send and when, and how to deal with the responses (including measurements).

For example, Nellie monitors a patient's blood pressure to check for possible hypertension. The GP customises for each patient's needs. A text message is sent each morning at 8.00am, asking for the patient's BP reading. If no reading comes in, the protocol sends a reminder.

If the reading is high, a text is sent saying "Your blood pressure is high today. Follow the advice in your management plan, and take the readings again at your usual time. Thanks, Nell".

This smart technology can manage an almost unlimited range of scenarios, responding in different ways, including being able to switch to different protocols.

SEMPHN will be using a world-first upgraded version of the Simple Telehealth technology which is currently being trialled by three local GPs, with a wider roll-out throughout the region planned for 2018.



Click [here](#) to view the UK Health Foundation's version 'Flo'



CASE STUDY

Dr Ratnavelar's story

Dr Gowri Ratnavelar is one of the first general practitioners in the South Eastern Melbourne catchment to trial Nellie and after two months, she already sees the benefits.

Nellie is particularly effective in helping people with chronic conditions to better manage their health.

"We encourage our patients at risk of or diagnosed with diabetes or asthma to use Nellie as I can regularly monitor blood pressure and blood sugar levels. My patients can now receive alerts and prompts via mobile SMS to take their medication or take that daily walk," said Dr Ratnavelar.

The Dandenong-based GP also identifies how useful Nellie is for patients with varying conditions, "It is helpful for the older age group and equally beneficial to patients who are forgetful and have short term memory loss," adds Dr Ratnavelar.

Should a patient's indicators show their condition is worsening, Nellie alerts the practice staff who can then contact the patient to discuss their situation and if necessary schedule

a visit or further tests. This can potentially avoid their condition from worsening and ultimately reduce the burden of chronic disease in our community.

While doctors only have a set time to see patients, Nellie also acts as the carer between scheduled visits. "I only get 15 minutes with my patients. Our practice nurse then spends time educating, providing counselling if needed, and signs the patient up to use Nellie. It's then Nellie's job to regularly monitor symptoms with the patient's active participation," she said.

The Dandenong-based GP appreciates life gets busy and at times we all need that extra push. "Everyone should have someone like Nellie. We have many nuclear families and no one to remind us of the things we need to do for ourselves on a daily basis. We consider a nagging mum a bother but Nellie is a better compromise," Dr Ratnavelar said.

Dr Ratnavelar is already looking to the future and how she can encourage more patients to adopt Nellie into a daily health regime, "Soon we'll look at encouraging patients to become more physically active through changes in their lifestyle and exercise," she said.

Health literacy

We all need to find, understand and use information relating to our health. Health Literacy is the ability to understand and explain the meaning of health information. It impacts on whether people can make informative decisions on the health and wellbeing of their or someone else's life.

SEMPHN commissioned Deakin University to measure the health literacy of the local community and the results are assisting SEMPHN in the development of interventions, information and collateral to improve overall health literacy across the region.

One of these interventions has been the development of a men's health presentation targeting men over the age of 65 who are amongst those with the lowest health literacy. The presentations are made in community settings such as Men's Sheds and social clubs and stress the importance of having an annual health check with a GP.

1 in 6 Australians



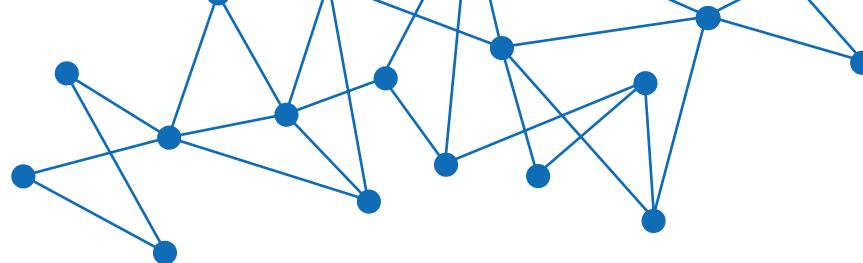
might not be able to access, understand, evaluate and communicate health information in a way that helps them to maintain and improve their own health.



Presenter (right corner) - Dell Lovett, Nurse Practitioner and men's health expert presenting to the members of the Peninsula Men's Shed.

[Click here for more information.](#)

POLAR GP



Population Level Analysis & Reporting for General Practice (POLAR GP) is a software package used for insight and planning across the areas of clinical, business and accreditation. It enables meaningful analysis by general practices of their own identified patient data, which is presented in an easy to use graphical format.

Examples of the data Polar GP reports on include total and active patients, patient demographics and attendances, diagnosis and medications and immunisations, tests and screening and risk factors, MBS item searches, and patient demographic and clinical data quality.

SEMPHN provides POLAR GP and support free to all general practices of any size within our catchment. The de-identified patient data is securely stored in the POLAR Data Warehouse for use only by SEMPHN for population health planning across our catchment.



137
GP sign ups

to POLAR software
for better clinical and
business management
data

POLAR GP allows SEMPHN to:

- » Work more closely with and better understand general practice;
- » Identify community health care needs; and
- » Design better health care services.

POLAR GP allows the general practice to:

- » Access and review patient data;
- » Undertake quality improvement and data cleansing;
- » Improve planning capabilities including internal service needs and health campaigns and patient education;
- » Inform patient-centred care and improve patient health outcomes;
- » Identify 'at-risk' patients on a range of clinical indicators;
- » Replace 'out of license' data analysis software;
- » Make evidence-based decisions on resource allocations, such as education and training, workshops and seminars, and small grants to incentivise identified service needs; and
- » Feed back to general practices about identified activity and gaps.

[Click here for more information.](#)

POLAR



From left: Meaghan Pejcinovski and Sharon Hills - St Kilda Medical Group

CASE STUDY

St Kilda Medical Group

POLAR GP (Population Level Analysis & Reporting) is a tool designed for GPs, practice managers, and nurses. The software collects and presents clinical data to inform quality improvement in practices. St Kilda Medical Group's Practice Nurse, Sharon Hills and Practice Manager, Meaghan Pejcinovski have been using POLAR since late 2016 and share their insight.

"We're using POLAR as a quality improvement tool. A big thing we realised in gathering data, is the coding. Knowing where to put information and we've also recognised the need for training across the Group," - Practice Manager,

Meaghan Pejcinovski

Sharon and Meaghan discovered that changing how they manage work outputs will have a positive outcome on their practice. "We identified that improving how we record information will have a direct impact on the service and quality of care for our patients," added Sharon.

POLAR also provides the practice with a more accurate view of patients. "We did a big data cleanse of inactive patients, which gave us a more active representation of what our population is really like," said Sharon.

The software allows practices to identify patient cohorts and track outcomes. "We're capturing information more accurately and noticed that we haven't in the past managed to capture our full Aboriginal and Torres Strait Islander population. With POLAR, we're able to see who those patients are and can now offer the right health assessments. This has a direct impact on access to a variety of allied health services," Sharon said.

Building on the success so far, Meaghan and Sharon now plan to incorporate the program in every aspect of practice management. "It has been very helpful as we focus on improving patient care and look forward to being able to use POLAR to its full potential," added Meaghan.



Early Intervention

SEMPHN funds a range of early health interventions to ensure best community health outcomes.

Children

Childhood immunisation

In December 2016, there were 1,108 children within the SEMP HN region between the age groups of 12-15 months, 24-27 months and 60-63 months, who were not fully immunised. This was associated with an overall childhood immunisation rate of 92.5% within the SEMP HN region, which was slightly lower than the Victorian rate of 92.9% as well as the national immunisation coverage target of 95%.

Improving childhood immunisation rates, particularly within identified low rate areas or 'hotspots' or 'at risk' groups, is a key priority of SEMP HN. An increase in immunisation rates will work towards improving the overall health and wellbeing of children within our community. The Immunise Australia program is a State and Commonwealth initiative developed to increase immunisation rates and has been associated with substantial reductions in the occurrence of diseases in children. In order to provide 'herd immunity' and prevent the transmission of vaccine preventable diseases the national aspirational target has been set at 95%.

Through its commissioning process, SEMP HN has contracted lead organisations to support immunisation providers within these identified 'hotspot' areas by providing a range of effective interventions to address possible barriers to childhood vaccinations.



92.5% childhood immunisation

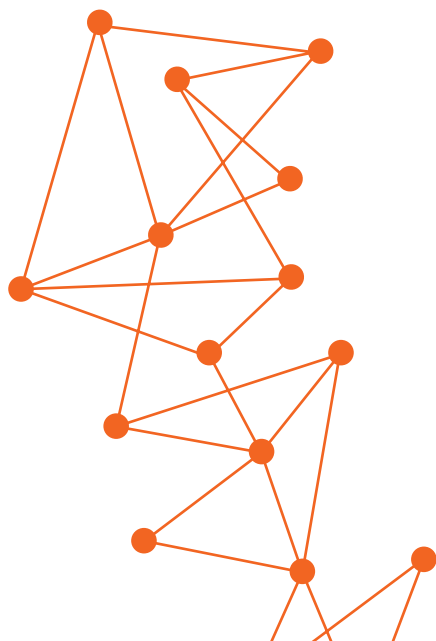
overall within the South Eastern Melbourne region, 2.5% under national target of 95%

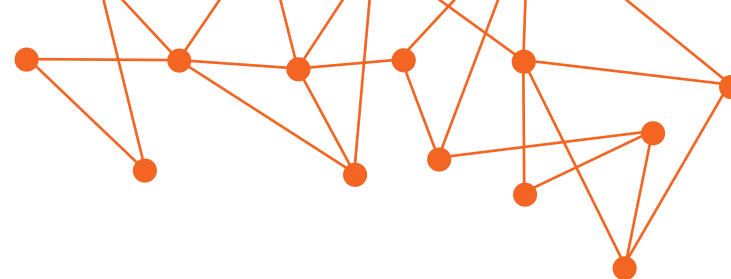
Adult

Influenza

Influenza is a potentially fatal disease that results in more than 18,000 hospitalisations each year in Australia and estimated to cause 1,500-3,500 deaths. In addition to extensive promotion of the seasonal influenza vaccination through general practice, SEMPHN also delivered the Pharmacy Paper Bag Initiative which promoted vaccination and partnered with Monash Immunisation for the VaxReach - Mobile Immunisation Service.

[Click here](#) from more information on immunisation.





Cancer screening

SEMPHN is committed to improving breast, bowel and cervical cancer screening participation rates across the catchment, particularly within regions and population groups with low screening participation rates. SEMPHN has identified through its Needs Assessment that cancer screening participation rates need to be improved and has commissioned Cancer Council Victoria to improve those rates. It has also committed to identifying and addressing barriers to accessing cancer screening.

Key commissioning activities include:

- » Implementing a systematic approach to cancer screening in general practice;
- » Increasing bowel cancer screening participation rates;
- » Increasing awareness of cancer prevention and cancer screening within unscreened communities;
- » Maintaining a watching brief on changes to National Cervical Cancer screening; and
- » Increasing cancer screening (bowel, breast and cervical) in Aboriginal and Torres Strait Islander communities.

Breast screening rates Port Phillip and Stonnington

and _____

Bowel screening rates Casey and Frankston

both _____

were among the five lowest in the state

FIG 4: Cancer screening participation rates in SEMPHN region

Local Government Area (LGA)	Two-year cervical cancer screening participation (1 st January 2012 – 31 st December 2013)	Two-year breast cancer screening participation (1 st July 2010 – 30 th June 2012)	One-year bowel cancer screening participation (1 st July 2013 – 30 th June 2014)
Victoria	59.2%	54.0%	37.6%
SEMPHN *	61.1%	51.7%	34.9%
Bayside	72.7%	53.8%	38.2%
Cardinia	57.6%	55.1%	35.6%
Casey	56.1%	52.7%	32.8%
Frankston	54.3%	49.4%	32.2%
Glen Eira	62.9%	53.8%	33.2%
Greater Dandenong	54.9%	51.2%	33.7%
Kingston	61.8%	53.3%	36.4%
Mornington Peninsula	64.2%	54.6%	38.6%
Port Phillip	61.9%	45.2%	34.1%
Stonnington	65.0%	48.3%	35.1%

*SEMPHN participation rate is calculated on an average of the 10 listed LGAs.

Note: These rates reflect participation in national cancer screening programs and do not include other screening.



After Hours

SEMPHN is funding practices to support After Hours primary care and make it more accessible to people with limited access to services.

After Hours

To support practices to extend their opening hours, the After Hours grant program was introduced to increase effective, affordable and accessible general practitioner care in the evening and on weekends and public holidays. Funding allows for additional costs associated with practice nurses, administration and recruitment/retention of registrars.

In the first round of funding, SEMPHN awarded grants totaling \$450,000 to five organisations who implemented new initiatives designed to improve After Hours primary care services and/or reduce avoidable after hours demand on both general practitioners and hospital emergency departments.

The successful applicants were:

- » Atticus Health Carrum;
- » Berwick Healthcare;
- » RDNS Homecare;
- » National Home Doctors Service; and
- » StarHealth (formerly Inner South Community Health Services).

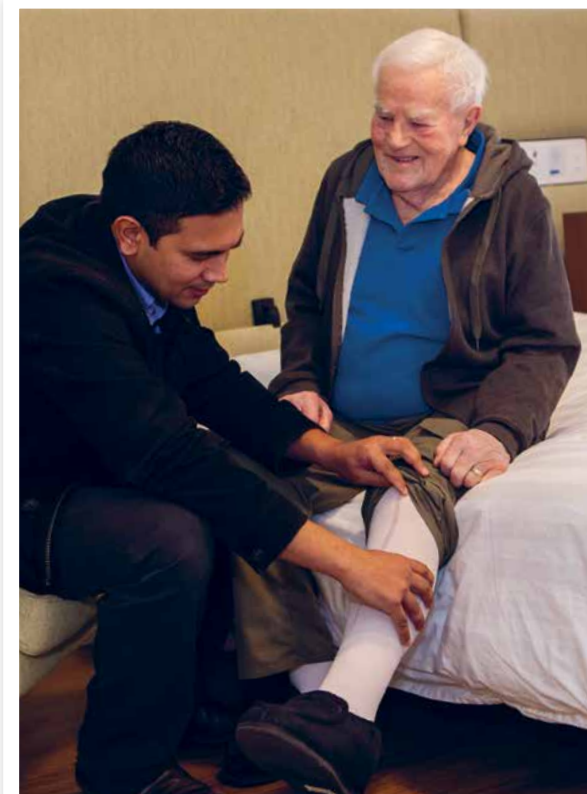
In the second round of funding, a further five organisations were successful:


- » Peninsula Health;
- » Genesis Medical Centre;
- » First Health Medical Centre;
- » Hero HQ; and
- » South East Palliative Care.

In the third round, seven local clinics were successful, committing to extend their opening times by at least 12 hours each week outside business hours and at least 2 hours on Saturday afternoon or Sunday. The total amount awarded was \$685,000 and grants were decided through an open tender process that looked at areas of greatest need.

The successful applicants were:

- » Bunyip Medical Clinic;
- » Carrum Downs Doctors;
- » Edithvale Family Medical Practice;
- » Officer Medical Centre;
- » Pakenham Family Health;
- » Seaford Beach Family Clinic; and
- » Total Care Medical Management (Frankston).





Priority and At-risk Populations

SEMPHN identifies priority and at-risk population groups and determines health priority areas to ensure equitable health outcomes.

Older Australians

Better Health Care Connections (BHCC) – Multidisciplinary Care Coordination and Advisory Services

SEMPHN is one of nine sites across Australia selected to run the Commonwealth funded BHCC program. This program aimed to improve the quality of health care for aged care recipients by:

- » Increasing access to appropriate; coordinated, multidisciplinary care for older people with complex health needs;
- » Improving access to primary health care; and
- » Improving access to referrals/supports to avoid preventable hospitalisations.

The BHCC program focused on Residential Aged Care Facilities (RACFs) in the Peninsula Health catchment. The services were completed on 30th June, 2017.

Residential Aged Care Facilities

This project aims to reduce the incidence and severity of vaccine preventable diseases in 'at risk' populations in the SEMPHN catchment resulting in a reduction in avoidable hospitalisations, Emergency Department presentations and reduced morbidity and mortality. There are approximately 12,000 licenced Residential Aged Care Facility beds in the Southern Metro region of Victoria. Certain risk factors make people more 'at risk' of vaccine preventable diseases, advancing age being one of these. Along with age, older people have a high prevalence of chronic disease placing them at additional risk. The objectives of this program is to:

- » Enhance health literacy;
- » Improve RACF immunisation rates; and
- » Reduce preventable infections and hospitalisations.

[Click here for more information.](#)

In 2016/17



6

Residential Aged Care Facilities (RACF) supported



12

General practitioners engaged



100

Patient consultations conducted

Child and youth

Doctors in Secondary Schools

The Doctors in Secondary Schools initiative aims to provide school-based health services for 100 Victorian secondary schools most in need. SEMPHN is implementing the program across 18 schools in the South Eastern catchment and our role is to recruit general practices and provide contract management and support.

The State-funded initiative will build modern clinical facilities onsite at schools and fund a general practitioner (4 hours per week) and nurse (7.6 hours per week). They will provide both primary care for students and contribute to the schools existing student wellbeing programs, which aims to help increase health literacy and preventive health.

The objectives of the program are to:

- » Make primary health care more accessible to students and help reduce unmet needs;
- » Provide assistance to young people to identify and address any health problems early; and
- » Reduce the pressure on working parents and community-based general practitioners.

The program roll out began in April 2017, with the first clinic opening in June at Rosebud Secondary College. By the end of September, SEMPHN had seven operational doctors in school clinics from Pakenham to Patterson Lakes. The program will continue throughout 2017/18.

Click [here](#) from more information.



Refugees and Asylum Seekers

SEMPHN is committed to the values of acceptance and equitable access to healthcare and supports community members, frontline staff, healthcare providers and general practice staff who work with refugees and asylum seekers.

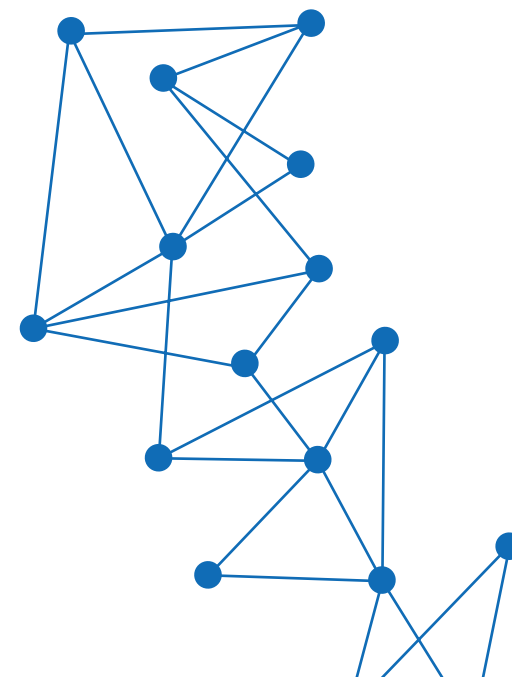
The cultural diversity in the South Eastern Melbourne catchment has been boosted by high rates of refugee and asylum seeker settlement, with the highest rate of refugee settlement within Victoria (City of Greater Dandenong, 2014). In recent years there has been a significant increase in the number of asylum seekers living within the community while their asylum claims are determined. Support is available upon arrival in Australia and during the transition to long-term care.

The City of Greater Dandenong is recognised as the most culturally diverse municipality within the State of Victoria with approximately 60% of residents born overseas (City of Greater Dandenong, 2012).

SEMPHN has funded the Tamil Refugee community Champions project via enliven – an organisation supporting health and wellbeing and reducing health inequalities between different population groups. The objective of this project is to build knowledge and skills within the local Tamil community to understand and use health information and services for their health and wellbeing.

By building the capacity of a select number of well-respected and connected members of the Tamil community, the project aims to empower community members to deliver health and health service information to their fellow community members.

SEMPHN has also provided funding to enliven for the Afghan Strengthening Communities project, which is driven by the needs of the South Eastern Melbourne Afghan Community. Enliven works in partnership with Afghan community organisations, members, leaders, bi-cultural workers and volunteers, ensuring priority issues are identified and addressed.





In the Greater
Dandenong Region
there are

27,000

people from refugee backgrounds

and

3,000

people
seeking
asylum

from



160

different
countries

speaking



400⁺

different
languages

Aboriginal and Torres Strait Islanders

SEMPHN commissions services aimed at improving Aboriginal and Torres Strait Islander people's access to high quality and culturally appropriate care. This includes care coordination, mental health, alcohol and drugs, and suicide prevention services.

Some of the services SEMPHN supports include;

Integrated Team Care (ITC)

SEMPHN awarded funding to StarHealth (formally Inner South Community Health) and the Dandenong and District Aborigines Co-operative Limited (DDACL) as lead agencies for Integrated Team Care (ITC), as part of the Indigenous Australians' Health Program.

The program commenced on 1 January 2017, providing effective and coordinated services across the SEMPHN catchment for Aboriginal and Torres Strait Islander people. The program promotes a team approach to support patients across the full pathway of care, including encouragement and assistance; accessing health care; and the provision of care by a variety of health professionals. This program allows greater flexibility to tailor the mix of workforce positions within Indigenous teams. It replaces the Care Coordination and Supplementary Services (CCSS) and the Indigenous Access to Mainstream Primary Care (IIAMPC) activities.

StarHealth (in partnership with The Salvation Army), and DDACL (in partnership with Peninsula Health), work with a range of agencies to deliver the ITC Program.

Practice Incentive Payment

SEMPHN supports general practice with the Practice Incentive Payment Indigenous Health Incentive (PIP IHI), which aims to provide better health care for Aboriginal people.

AOD Services

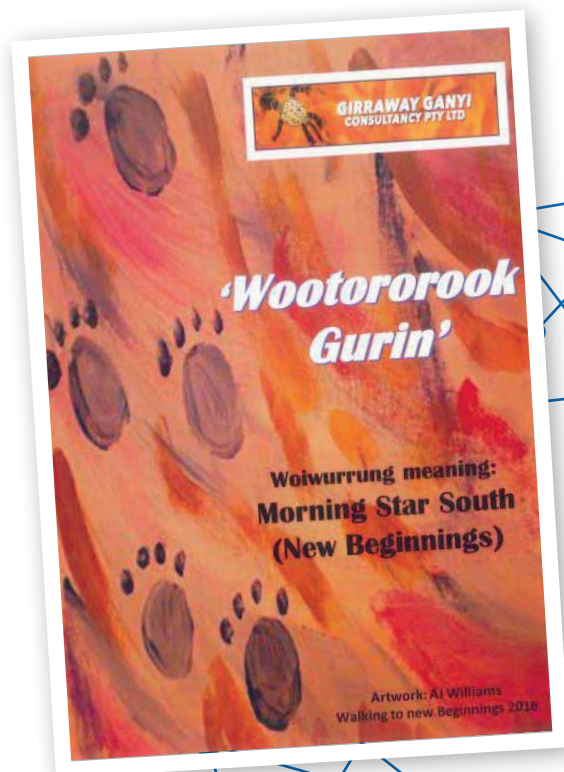
Ngwala Willumbong deliver alcohol and other drug services in Greater Dandenong, Port Phillip and Stonnington by providing interventions and single session counselling and coordination including case management support to clients seeking community-based treatments for alcohol and other drug issues.

Dandenong and District Aborigines Co-operative Ltd (DDACL)

By improving youth social and emotional wellbeing, DDACL provides support to Aboriginal and Torres Strait Islander people residing in the Frankston and Mornington Peninsula region. They also provide support on physical, sexual and mental health as well as alcohol and other drugs, vocational and educational needs for people aged 12 – 25 years.

Wootororook Gurin Programme

The Wootororook Gurin Programme is an initiative to raise awareness and gain a better understanding of Aboriginal & Torres Strait Islander cultures and the social and health challenges facing their community. SEMPHN staff are participating in the 18 month program which includes a mix of cultural appreciation workshops, various monthly activities related to Indigenous issues and use of reference and reading materials.



7,281* Indigenous Australians

living within the SEMPHN region,
of which 94% were aged under 65.

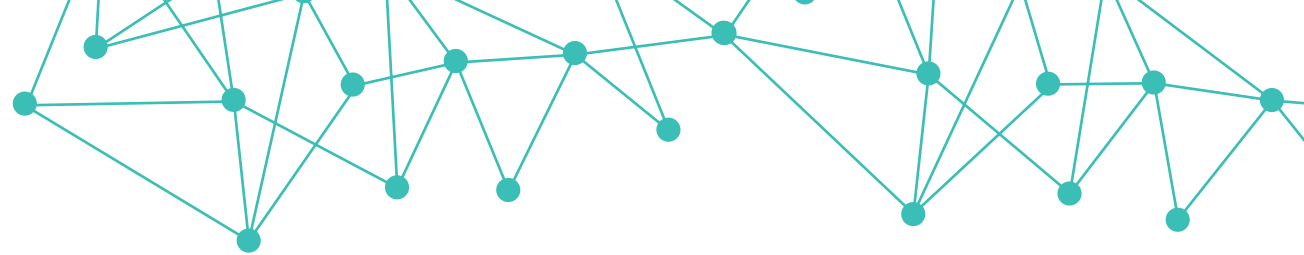
*2016 Census



Leadership and Governance

SEMPHN's Board of Directors provides strategic leadership and advice, set direction and monitors performance. This enables better community health outcomes throughout the South Eastern Melbourne region.

SEMPHN Board



Professor Graeme Samuel (Chair)

Professor Graeme Samuel AC is the inaugural Chair of South Eastern Melbourne PHN. His current roles include Dementia Australia (President), the NHMRC National Institute for Dementia Research (Chair), NHMRC Health Innovation Advisory Committee (Chair), Aged Care Financing Authority (Member), Data Governance Australia (Chair), Airlines for Australia and New Zealand (Chair) Lorica Health, a CMCRC company (Chair) and Professorial Fellow in the Monash Business School and co-Director of the Monash Business Policy Forum at Monash University.



Craig Bosworth

Craig Bosworth is a senior executive in various sectors across Primary Care, Mental Health, Compensable and Private Health Insurance, Aged Care and the National Disability Insurance Scheme (NDIS). He graduated as a Physiotherapist, becoming Director of Olympic Park Sports Medicine Centre. He worked for TAC and Worksafe, Medibank Private, Healthways and Healthdirect Australia. He also held position of Chief of Staff to the Federal Minister for Health, Aged Care and Sport. He was interim CEO for Aged and Community Services Australia (NSW, Qld and ACT).



Dr. Alison Roberts

Dr Alison Roberts is a pharmacist, and holds a PhD in change management. Dr Roberts is currently Executive Director, Policy, Advocacy and Innovation. She is also on the Board of the Parenting Research Centre, the Raising Children Network and was formerly on the Board of Bayside Medicare Local. Alison has also received Ministerial appointments to the Professional Programs and Services Advisory Committee and the Programs Reference Group providing advice around the Fourth and Fifth Community Pharmacy Agreements respectively.



Prof. Danielle Mazza

Professor Danielle Mazza is the Head of the Department of General Practice at Monash University. Widely published in academic journals, she is the author of the GP textbook 'Women's health in general practice'. Throughout her career Danielle has made significant contributions as a researcher and educator to advance general practice and primary health care in Australia in the fields of preventative care, women's sexual and reproductive health and the early detection of cancer.

SEMPHN Board



Dr. Hung Nguyen

Dr Hung Nguyen is a GP in an Aboriginal Community Controlled Health Service. He is the inaugural Censor for the RACGP National Aboriginal and Torres Strait Islander Health Faculty. Dr Hung is a Councillor on the AMA Victoria Council and the Victorian Clinical Council where he is also on the Executive Committee.



Dr. Michael Cross

Dr Michael Cross has worked as a general practitioner at Mornington for three decades. Dr Cross chaired both the former Frankston-Mornington Peninsula Medicare Local and its predecessor, the Peninsula GP Network, and served on the Board of Governance for The Bays Hospital in Mornington. He has a long-standing commitment to the improvement of general practice and primary care in general. His three decades as a Mornington GP gives him a clear understanding of the primary health needs of the Frankston and Mornington Peninsula region.



Dr. Julie Thompson

Dr Julie Thompson is a general practitioner with more than 20 years' experience as a director on health-related boards, including community health, hospital, aged care and divisions of general practice. She has broad experience in health service reform, including mental health, chronic disease management and primary care, including three years as Chair of Australian Divisions of General Practice. Dr Thompson is currently a Director of HealthDirect Australia and Chair of The National Quality Management Committee for BreastScreen Australia.



Dr. Michael Nolan

Dr Michael Nolan has been a general practitioner and a practice owner for more than 20 years, serving on the boards of health organisations at local, state and national level. Dr Nolan's experience of several iterations of locally-focused health organisations gives him great understanding of primary health in the region and potential enhancement to primary care performance. He advises on governance, change management, team building and primary health care funding strategies.

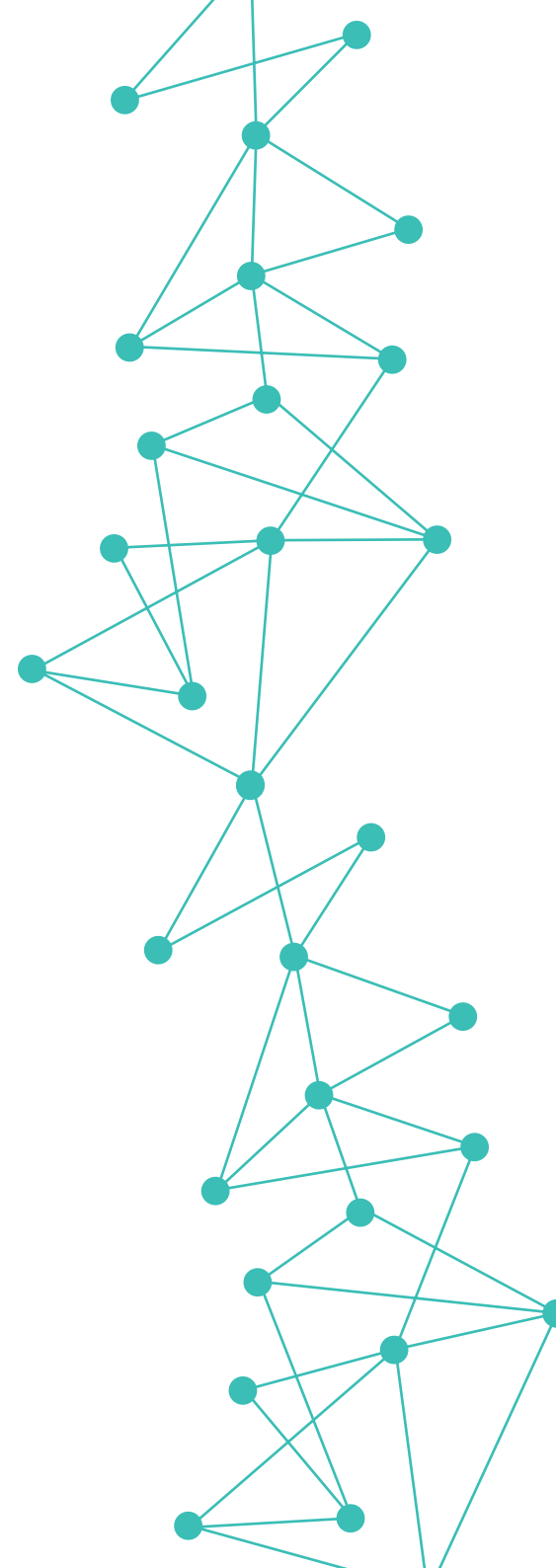


Dr. Pradeep Philip

Dr Pradeep Philip is founder of the boutique advisory house, Ergo Consilium, advising CEOs and executives as they navigate uncertainty. In 2015 Pradeep was the founding CEO of LaunchVic – a company he established for the Victorian Government to invest in the infrastructure required to support entrepreneurs, startups and scaleups. Most recently he served as the Secretary of the Department of Health and Human Services, Secretary Department of Health and Deputy Secretary Policy and Cabinet for the Department of Premier and Cabinet. Pradeep worked with the Commonwealth Treasury and as Director of Policy - Office of the Prime Minister.



Click **here** to
watch the Board
video report



Executive Team



Elizabeth Deveny - Chief Executive Officer

Elizabeth Deveny is an experienced and well-respected senior executive with a strong commitment to providing sustainable health outcomes for all Australians, and a demonstrated ability to build and maintain positive, productive partnerships with key stakeholders and the broader community. Elizabeth is an accomplished communicator with excellent

interpersonal skills and the ability to engage and collaborate with stakeholders and cross-sectoral organisations, including justice enforcement agencies, members of parliament, senior public servants, healthcare organisations and non-government organisations (NGOs). Before her appointment at SEMPHN, Elizabeth was Chief Executive of Bayside Medicare Local (BML) from its formation in 2012. Elizabeth holds a Masters degree in vocational health education and a PhD in Medicine (clinical decision making), both from Melbourne University.



Cam Battaglia - Chief Operating Officer

Cam Battaglia joined SEMPHN as Chief Operating Officer in July 2016 and is responsible for System Outcomes, Service Design and Workforce Development. Holding a Bachelor of Business (Accounting), he brings to the role extensive senior management experience in both the commercial and Not For Profit sectors. Most recently he was CEO of St Vincent de Paul where he was responsible

for all strategic, governance and operational matters, including the oversight of program delivery, more than 10,000 members and volunteers and an annual turnover of some \$40 million. From 2007-11, Cam was CEO at ProVision Eyecare, Australia's largest membership group of independent optometrists, with a focus of promoting patient care.



Kiera Mansfield - General Manager, Service Innovation

Kiera Mansfield joined SEMPHN in November 2016 as General Manager Service Innovation. Kiera plays a key role in ensuring SEMPHN achieves its mission to improve access to key primary health care services across the region, including bringing the commissioning principles of SEMPHN to life through

the activities of the Service Innovation team. Kiera has 25+ years' experience in leadership roles in sectors such as banking, telecommunications and most recently as National Manager of Stakeholder Engagement and Compliance at headspace National Office.



Melissa Le Mesurier – General Manager, Strategic Relations

Melissa Le Mesurier joined SEMPHN as General Manager Strategic Relations in April 2016 and is responsible for stakeholder engagement, communication, events, media relations and issues management. Originally trained as a newspaper

journalist, Melissa has 25+ years' experience in corporate communications, having held senior leader roles at Medibank Private, Kraft Foods and Link Group. She has a Bachelor of Arts and is the former Chair of the Royal Children's Cystic Fibrosis Research Trust (1999-2009).



Chris Wood – General Manager, System Outcomes

Chris Wood joined SEMPHN in December 2015 as System Redesign Analyst. A qualified actuary, he was previously Director, Performance Measurement and Improvement with the National Health Performance Authority. In this role, Chris is responsible for data collection and analysis, and ensuring SEMPHN delivers its services through evidence.



Andrew Hanson – General Manager, Workforce Development

Andrew Hanson joined SEMPHN as GM Workforce Development in June 2016 and is responsible for provider support, eHealth, Health Care Homes, and the SECADA, Partners In Recovery (PIR) and Area 4 Pharmacotherapy Network consortia. Andrew has extensive operational, management and consultancy experience in a range of healthcare settings. He has held senior leadership roles with Alfred Health, Rural Ambulance Victoria and several private companies. He holds a Bachelor of Business and is an Associate Fellow of the Australasian College of Health Service Management.



Tony James- General Manager, Human Resources

Tony James joined SEMPHN in July 2015 as General Manager Human Resources and is responsible for Human Resources and Occupational Health & Safety. Holding an Advanced Diploma of Business (Human Resources), he brings to the role HR experience in health and higher education sectors. Most recently he held senior HR roles for the Bayside Medicare Local and RMIT University.



Richard Langley – General Manager, Corporate Services

Commenced 25th September 2017

General Manager, Corporate Services

Steve Timmerman – 12th Aug 2015 – 4th May 2017

David Collier (Acting) – 28th April 2017 – 30th September 2017

Clinical Council

The Clinical Council provides recommendations and advice on health and primary and community-based healthcare from a clinical perspective to the SEMPHN Board.



Anne Doherty

Anne is a mental health professional and an experienced senior health executive and board member. She has held a range of senior positions at Monash Health since 2007 and is currently General Manager, Monash Sector.



David Shap

David is a GP and has been a partner in a Hampton general practice for two decades. David received his Fellowship from the RACGP in 1993. David is actively involved in teaching both medical students and GP registrars. His particular areas of interest are geriatrics and aged care, as well as asylum seeker health. David was previously a Board Member of Bayside Division of General Practice, as well as Head of the GP Education Committee of the Bayside Medicare Local.



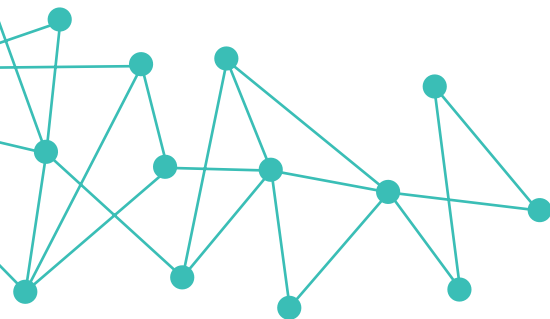
George Somers

George is Principal GP and owner of Emerald Medical Centre. He was instrumental in the establishment of the Sherbrooke and Pakenham Division of General Practice, and set up the Disaster and Emergency Medicine Program (DEMP). He is an Adjunct Associate Professor at Monash University School of Rural Health and helped set up the Gippsland Medical School as the Coordinator of Clinical Skills. He sits on the RACGP Expert Committee, General Practice Advocacy and Funding, and the RACGP Working Party on the Medical Home.



Iain Edwards

Iain is physiotherapist and Director, Integrated Care and Dental at Peninsula Health. He is Chair of Guide Dogs Victoria's Consumer Advisory Council and the Peninsula Model Chronic Disease Alliance and sits on Monash University's Physiotherapy Course Steering Committee.





Jagdeesh Singh Dhaliwal

Jag is a GP in South Eastern Melbourne and GP Adviser in Healthcare Technology and Strategy to East Melbourne Primary Health Network. He has over twenty years' experience as a GP partner and served as Deputy Director of Postgraduate Medicine at Keele Medical School, Honorary Associate Professor in Health Services Management at the University of Warwick and as a Consultant Medical Adviser in Healthcare Technology Strategy to global companies. Jag was awarded an MSc in Health Care Management with distinction from the University of Warwick.



Michelle Lynch

Michelle is a pharmacist with over 20 years of experience in public and private hospitals pharmacy operations and management, community pharmacy, and consultancy in the wider health space. Michelle is a board director of The Pharmaceutical Society of Australia, and is currently the National Vice-President. Michelle currently works for the Ramsay Pharmacy Group and is responsible for Ramsay Pharmacy National Hospital Pharmacy Operations.



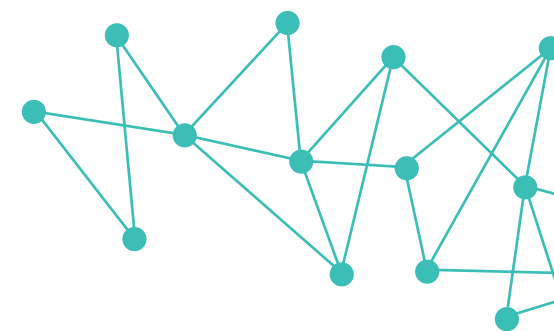
Sue White

Sue is General Manager, Community and Clinical Care, at StarHealth (formally Inner South Community Health). She has 25 years' experience working with disadvantaged communities both in Australia and overseas. Sue has held management positions since 1999 in both the health and welfare sectors and has a passion for reducing inequity in health by addressing the factors that create disadvantage. Sue is a registered nurse and holds a Graduate Diploma in Community Health and a Masters in Public Health.



Kim Wong

Kim is head of nephrology at Peninsula Health and has served on clinical governance committees with an IT focus.



Community Council



Debra Reidel

Deb Riedel has worked at Andrew Kerr Care Ltd since May 2007 as Quality Manager and Lifestyle Coordinator. Deb is a presenter on the positives of quality residential care and benefits of a diverse lifestyle program for residents. She won the inaugural 2011 Provider Assist State Scholarship for outstanding achievements in the aged care industry. Deb has an Associate Diploma of Business through Monash University and a Graduate Certificate in Management through Victoria University.



Janette Donovan

Jan is a consumer advocate who represents health consumers. She is a member of the Chronic Illness Alliance in Melbourne and has substantial governance experience as a board director of several organisations. Jan is a member of the Board of the Consumers Health Forum of Australia and chairs the Finance, Audit and Risk committee. Jan focuses on health service needs of people with chronic illness including people with mental illness. She has a strong interest in maternal and child health and the health and social issues affecting all marginalised people.



Diane Kerr

Aunty Diane Kerr is a respected Elder of the Wurundjeri Tribe. She has devoted many years to her local community as a mentor and foster carer. She has worked in various fields including child care, education, native title, stolen generation support, and other community work but her passion lies in the area of social and emotional wellbeing of the Aboriginal communities. She enjoys guiding younger generations and focuses on upholding Aboriginal law in a modern, urbanised world.



Marlene Dalziel

Marlene is a Health Promotion Practitioner with a background in social planning and community development across local government and the primary health care sector. Marlene has been a member of a health service Board of Management (Koo Wee Rup Regional Health Service), with an understanding of both aged care services and acute hospitals, in addition to her primary health care work.



Muhammad Khalid (resigned)

Muhammad Khalid has been in an executive management role at an Aboriginal Cooperative in South East Melbourne since 2009. He managed health programs at the Aboriginal Health Service in Townsville and studied Business Management at the James Cook University where he received his MBA degree. He also completed his Diploma of Practice Management from the UNEpartnerships and was the recipient of the Barbara Meredith Memorial Award in 2009. He now owns and manages a medical practice in Mornington Peninsula.



Marita Scott

Marita Scott has 30 years' experience in a diverse range of community and health services including aged, child, youth, family, disability, mental health and asylum seekers. She has held a range of executive and sector leadership roles including Primary Care Partnerships, Community Health Service Board, Executive Committee Case Management Society of Australia and Board member Centre for Excellence in Child and Family Welfare. Key areas of interest include influencing public policy and reform focused on better outcomes.

Thank you to
our clinical and
community council
members for
their invaluable
contributions



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