

# A year like no other

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## 2020 REPORT TO THE COMMUNITY



Leadership



Collaboration



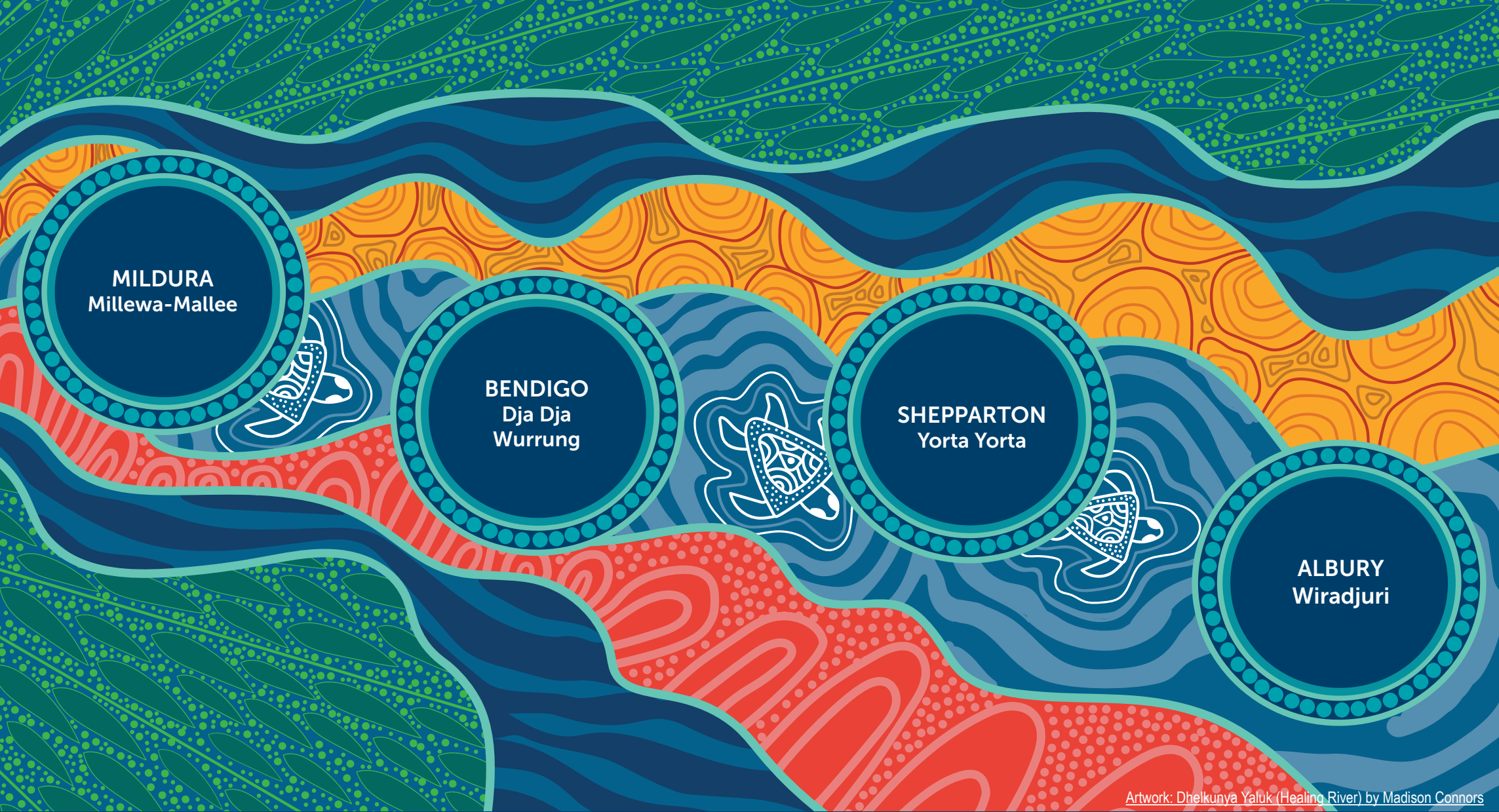
Knowledge



Innovation



Accountability



Artwork: Dhelkunya Yaluk (Healing River) by Madison Connors

Murray PHN acknowledges the Traditional Owners of the land on which we work and live. We recognise, celebrate and respect Aboriginal and Torres Strait Islander people as the First Australians.

We acknowledge their unique cultural and spiritual relationships to the land and waters, as we strive for healing, equality and safety in health care.

We pay our respects to their elders past, present and emerging, and extend that respect to all First Nations peoples.

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# 2020

## A year like no other

In a year like no other, Murray PHN is pleased to publish a report quite unlike those of previous years. To mark 2020, our Report to the Community is a digital, video-rich snapshot of our year. It offers professional and corporate highlights, along with first person insights into the experiences of our team in a very busy, very unusual year.

The devastating bushfires that began 2020 were followed by COVID-19 and its all-consuming impact on our lives and work. But both of these disasters demonstrated clearly that it is the quality of your work that matters; not where you do it.

Since March, most of our team members have worked exclusively from their homes. They have handled a greatly increased workload, with disaster and pandemic responsibilities on top of "business as usual". Yet they kept their focus on our overarching health priorities, including chronic illness, mental health, First Nations health, digital health and aged care. In many cases, this work overlapped and amplified their efforts.

In a matter of a day or two, our teams moved from office-based work to home-based; adjusting to online meetings, juggling home and work experiences, often working alongside partners also working from home. Many of our team members also supervised home schooling for their families – something very new and challenging.

For staff living in or close to border communities, the NSW and South Australian border closures that followed Victoria's second wave caused major disruptions. Regional living also means patchy internet quality, so we have had to make allowances for different qualities of video in our report.

From mid-August, Victoria's six PHNs moved virtual mountains to establish 15 HeadtoHelp mental health hubs across the state by mid-September. These hubs began providing vital support for people in Victoria and its border communities, some of whom were experiencing mental ill-health for the first time in their lives.

We hope you will take the time to hear from our Board, our executive and some of our 100-plus staff through the pages of this year's Report to the Community. It can be viewed online, with rich video commentary and links to additional resources, or printed, as a short 2020 overview, with QR code links to the same videos.



## Message from the Chair

As our Report to the Community so aptly describes – this has been a year like no other.

I dedicate this Chair's report to the team at Murray PHN and the hard-working and inspiring primary care providers across our region in their efforts to address the health needs of our community.

Murray PHN has a very important role in supporting our health system to improve health outcomes and to help our communities receive the care they require and deserve. As a consequence of COVID-19, and the bushfires that preceded the pandemic, the needs of our communities have increased and changed.

We know that the mental health burdens associated with disaster and extended social restrictions are growing, with people requiring more medium to high intensity care. Murray PHN's development of two HeadtoHelp Hubs in Wodonga and Bendigo was a highly significant development to address these specific needs in those communities.

We also know that cancer screenings have dropped dramatically during 2020 and we will be working hard to address this gap and to support the health system to respond to the major deferred care issues in Victoria.

Meanwhile, our chronic disease needs persist, and Murray PHN will continue to support health system enhancements such as telehealth to improve access and coordination of care for those in need.

I would like to thank the Murray PHN Board, our CEO Matt Jones and our team for their dedication and commitment to our communities and health system during this very challenging year. I commend this 2020 Report to the Community of the work and achievements of Murray PHN over this "year like no other".

**Fabian Reid - Chair**



*A conversation with Fabian Reid - Board Chair*

*"I would like to thank the Murray PHN Board, our CEO Matt Jones and our team for their dedication and commitment to our communities and health system during this very challenging year."*

# Our Board

[Click here](#) for more information on our Board

**Fabian Reid - Chair**



An experienced Chair and Board director, Mr Reid has extensive knowledge of regional Victorian communities. He holds tertiary qualifications in agricultural science and education. He is a Director of Bendigo Access Employment and has served as Chair of the Bendigo Regional Advisory Board for La Trobe University.

*"Regional communities are a really good place to respond to natural disasters and things like COVID-19. There is a connection between people that's different to big cities; we know each other. The community want to help. That's why the response to local outbreaks in Rochester, Shepparton and Kilmore was so successful."*

**Leonie Burrows**



Ms Burrows is a management consultant and company Director, with 25 years' experience in local government. With extensive experience in regional development, agriculture, education and strategic planning, Ms Burrows is also Chair of Sunraysia Community Health Services, and the Mallee Regional Innovation Centre.

*"2020 has meant a lack of access to important health services for myself and our community, also disruptions through border closures. On a positive note, the development of key and sustainable partnerships between health providers to provide services such as Respiratory Clinics and COVID Screening Clinics, as well as COVID response and recovery planning for our local communities."*

**Dr Talitha Barrett**



Dr Barrett is a private general practitioner and GP associate with Eaglehawk Medical Group since 1994. She has 22 years' experience as a Director, with 14 years as Chair of a number of Boards. Dr Barrett is a GP supervisor of GP registrars and in 30 years of general practice, Dr Barrett has worked in community health, prison health and Indigenous health.

*"2020 has been an unforgettable year of change and adaptation. We have learned so much about pandemics, virus transmission, risk to individuals and communities, how to protect our patients, our staff and community. The work of the PHN to quickly assess and efficiently act to support communities and health services to keep us safe, has been impressive. It is a great example of our purpose."*

**Dr Alison Green**



Dr Green has been a GP associate in Wodonga since 1991. A GP obstetrician providing maternity services to Albury Wodonga Health for 25 years, Dr Green has also been a GP supervisor educating medical students, GP registrars and GP obstetric registrars. She has more than 10 years' experience on Boards and committees.

*"For me 2020 has been a year of gardening, cooking, reconnecting with my adult children, interminable Zoom meetings, border permits and a whole new way of working in general practice, supporting my patients though this pandemic and the effects on them, their families and our community."*

**Professor Hal Swerissen**



*A conversation with Hal Swerissen - Chair of Programs and Quality Committee*

An expert on health policy and program development, Professor Swerissen has researched extensively in the design and development of primary health and community services. He is a research fellow at the Grattan Institute and emeritus professor of public health at La Trobe University, having published more than 150 books, articles, reports and conference papers.

*"Professionally, I've spent a lot of time analysing and writing about the impact of COVID, particularly for older people. After a career spent thinking about chronic disease, suddenly infectious disease has made a spectacular comeback! Personally, country living in a small community has been a great buffer from the impact of COVID. Paradoxically, the virus virtual revolution has reduced the tyranny of distance, and that may have a lasting, positive impact."*

# Our Board

[Click here](#) for more information on our Board

## Victor Hamit



*A conversation with Victor Hamit - Chair of Governance Committee*

Lawyer and Director of Wentworth Lawyers in Echuca and Melbourne, Mr Hamit practises in commercial and taxation matters. He also sits on the Board of Vasey RSL Care Ltd and previously sat on the Boards of SBS Community Board, Rural Ambulance Victoria and the Riverine Herald group.

*"Working remotely has taken a rapid move forward. I doubt we would have been making these sorts of advances in remote technology if it hadn't been for COVID-19. Now that's a tough way to make advances. If anything can also come out of this, given Murray PHN's diverse geography, it's that people outside provincial and capital cities are entitled to adequate telecommunications and internet."*

## Matt Sharp



The Chief Executive at Goulburn Valley (GV) Health, a position he has held since 2018. During his time with GV Health, Mr Sharp has focused on improving access to health and wellbeing services in the Goulburn Valley region and has forged strong professional relationships in the community and with governments at a local, State and Federal level.

## Dr Manisha Fernando



Dr Fernando is a Rural GP and holds fellowships in General Practice and Rural General Practice, a Masters of Public Health, a Certificate of Clinical Education, and a Diploma in Obstetrics and Gynaecology. Her professional areas of interest include rural and remote medicine, primary health care research, child and adolescent health, women's health and mental health.

## Joanne Kinder



The Operations Manager at the University of Melbourne, Shepparton Medical Centre, Ms Kinder has extensive experience in the strategic planning, management and governance of a primary health service. Ms Kinder also has 13 years' experience in the higher education sector, contributing to the expansion of courses, programs and partnerships across regional Victoria.

## Ted Rayment



Ted Rayment, the former CEO of Swan Hill District Health, is now working as Director of Public Health Services and Government, and Chief Medical/Health Advisor to the St Helena Government. *Mr Rayment resigned from the Board 18 January 2020*

## Yvonne Wrigglesworth



Director of Governance and Strategy and Regional Strategic Planning Consultant at Bendigo Health. A former City of Greater Bendigo councillor, Ms Wrigglesworth also has 20 years' experience in the health sector. *Ms Wrigglesworth resigned from the Board 23 March 2020*

*"2020 has been a year that's pushed us past the structural barriers of bricks and mortar, creating space to become more adaptive, reflective and responsive. Connection, collaboration and community have been pivotal in our response to these challenges, producing a year of significant growth."*

Joanne Kinder

## Message from the CEO

At the time of writing this report, we have officially eliminated COVID-19 from Victoria. This is an incredible achievement that all Victorians can rightly own, after enduring a high of more than 700 daily cases, hundreds of deaths and eight months of stringent social restrictions and physical distancing requirements that were unimaginable at the start of the calendar year.

The 100-plus individual Murray PHN staff members have spent eight months working from home and we feel we now all possess the equivalent of master's degrees in Microsoft Teams, Zoom, WebEx and other videoconference capabilities.

COVID-19 has tested the Australian health system like nothing in our living memories.

To combat a global pandemic, we have had to develop community-based responses. Murray PHN has contributed to the coordination of outbreak responses, while supporting the primary care system through the distribution of masks, goggles and gowns from the national PPE stockpile. We also sourced and distributed face shields to primary care providers, to increase their protection.

Murray PHN developed specific COVID website pages that were information and resource-rich to assist, and link with, local, regional, state and national communication efforts. We also helped develop and coordinate the COVID-19 testing capability in our region through the establishment of five Federal Government General Practice Respiratory Clinics.

All the while, Murray PHN continued to provide our important and successful mental health, chronic disease, alcohol and drug, and Indigenous health models of care across our region. Our health system has stood up to a very challenging year. So too has Murray PHN. Our work continues, but our resilience and capability have grown, and I am very proud of our staff, work and achievements that are reflected in this year's Report to the Community.

**Matt Jones - CEO**



*A conversation with Matt Jones - Chief Executive Officer*

*"Our health system has stood up to a very challenging year. So too has Murray PHN. Our work continues, but our resilience and capability have grown, and I am very proud of our staff, work and achievements."*

# Our executive and leadership teams

[Click here](#) for more information on our Executive Team

## EXECUTIVE TEAM



### **Matt Jones - Chief Executive Officer**

Matt Jones is the inaugural CEO of Murray PHN. Previously he was the CEO of Loddon Mallee Murray Medicare Local, the Murray-Plains Division of General Practice and Central Victoria GP Network. Matt has worked in quality management in the Victorian acute health system, as a senior public health policy officer with the Victorian Department of Human Services and in Indigenous health in the Northern Territory, Queensland and Western Australia.



### **Elizabeth Clear - Chief Corporate Officer**

Elizabeth Clear has more than 30 years' experience in organisational development, change management, finance, quality and risk management and governance, with leadership roles in the public, private and not-for-profit sectors. She is a CPA with a Bachelor of Commerce and a Graduate Diploma of Applied Corporate Governance.

*"Unlike many companies during the COVID-19 crisis, our revenues actually increased, because additional health services were needed in our communities. As a company, we took that responsibility very seriously, using that additional revenue to make sure we could get services where they needed to be."*



### **Thomas Hatvani - Chief Operations Officer**

Thomas Hatvani has worked in the broader health sector for more than 25 years. He has held roles in acute care, disability and aged care, telehealth services for nurse triage and mental health, as well as roles in the pharmaceutical sector and with the Victorian Government. His qualifications include a Bachelor of Science, Master of Science and a Master of International Business.

*"COVID-19 had been a paradox – both a disruptor and an enabler. It has shown up weaknesses in a health system that operates at multiple levels. But it has also meant the system has had to work together in ways that have not been seen or needed previously. In some areas we have made changes and progress that otherwise would have taken years."*

## LEADERSHIP TEAM



### **Janice Radrekusa - Director of Coordination**

Janice Radrekusa has 30 years' experience in the health sector, spending many years in management at Bendigo Health in a variety of roles, including clinical, across inpatient, outpatient and community care.



### **Penny Wilkinson - Director of Commissioning**

Penny Wilkinson has worked in both the private and public sectors shaping the development of civic spaces, and has consulted for local and state governments. Penny is also Chair of the Community Foundation for Central Victoria.

*"In 2020, I have learned the importance of working together and pooling resources to respond effectively to challenging situations - first with bushfire emergency and recovery, then with COVID-19 to ensure ongoing access to primary care, and support for the prevention and management of outbreaks. But what I have learned most is the commitment of our staff to our stakeholders and our communities."*

Janice Radrekusa





A conversation with Thomas Hatvani - Chief Operations Officer



A conversation with Elizabeth Clear - Chief Corporate Officer



A conversation with Aida Escall - Innovation Lead

## Making a difference to health outcomes in our communities

Murray PHN is an organisation committed to primary health system improvement and change. We work across the health system to integrate networks and services that can make a difference to the health outcomes of the people in the communities in which we live and work.

Australia's 31 PHNs are viewed by their government funders as independent agents, working to create change at a grassroots level, while supporting and collaborating with local hospitals, health services and community service providers.

We understand the service system challenges posed by an ageing population, increasing rates of chronic illness and mental ill-health,

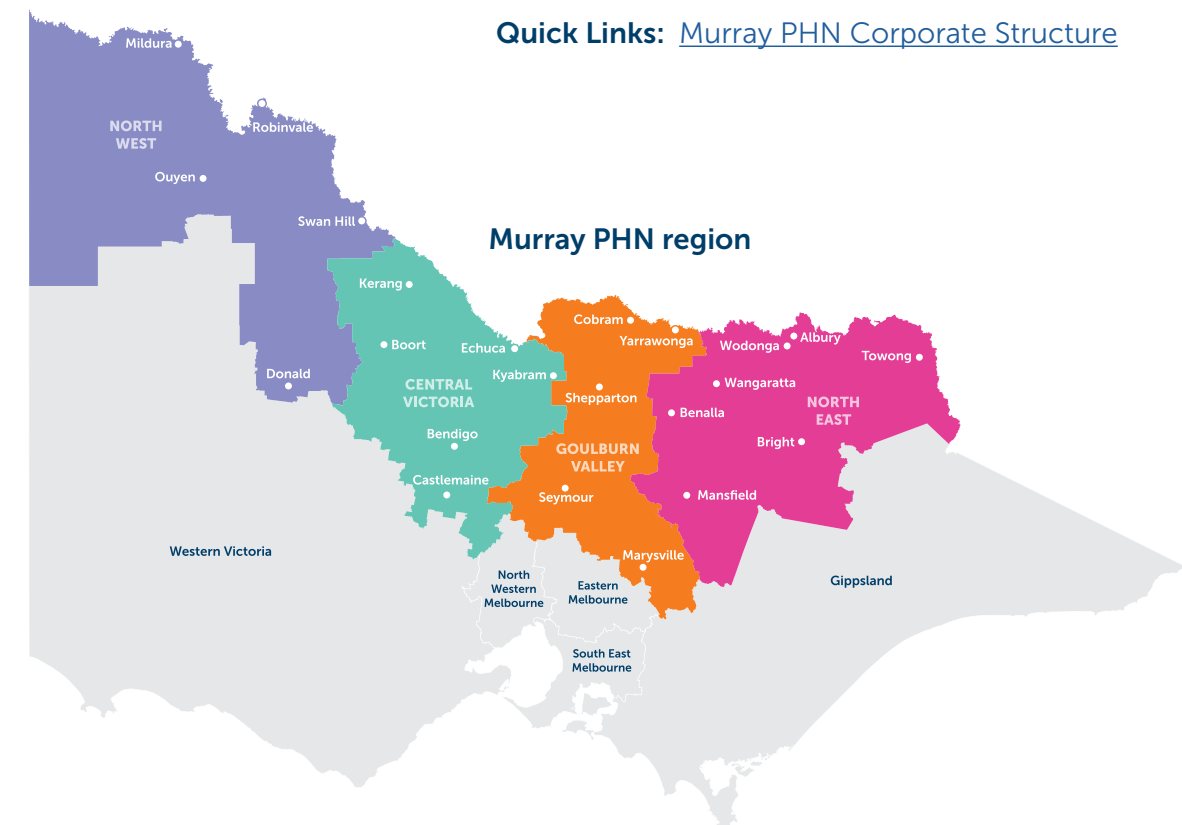
underserved groups, workforce shortages and lack of health equity in regional areas.

Through 2020, the COVID-19 pandemic has been both a disrupter and an enabler – while many primary health services (such as cancer screening and other preventative measures) have seen a marked decline, there has been progress and change (including telehealth options) that might otherwise have taken years to achieve.

To respond to these challenges, and to meet the demands created by the sustained growth in our funding, Murray PHN's operations have continued to evolve this year. We have committed to strengthening leadership training for key staff, including Self as Leader training

and the Williamson Community Leadership program. We have restructured to reflect our twin operating roles of commissioning (funding services that can improve the health system) and coordination (supporting quality improvement in primary health care), alongside our corporate work (ensuring high quality reporting, governance and alignment to our strategic plan).

Murray PHN's executive leadership is now comprised of Chief Executive Officer Matt Jones, Chief Operating Officer Thomas Hatvani, and Chief Corporate Officer Elizabeth Clear. The organisation employs more than 110 people across its 100,000 sq km region, in both full and part-time roles.



# Our staff perspective

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A YEAR LIKE NO OTHER





A conversation with the Population Health Team

## Understanding our communities

The capture of health data and information alone is inadequate to determine plans and priorities. Through genuine consultation, we can also understand and work to address the health gaps and needs of our communities. Murray PHN encourages local participation through a range of mechanisms including our online platform [Murray Health Voices](#) and [advisory council structure](#).

Our [Needs Assessment](#) continues to evolve to ensure it accurately reflects local emerging and changing issues year-on-year. By regularly identifying these priorities, we can use funding to commission services that support health service delivery, access, equity and management of health conditions efficiently and effectively.

Murray PHN has also strengthened its future capability in knowledge management, with the ongoing development of the interactive population health evidence base, [PHN Exchange](#). Both resources are updated regularly and are publicly available to encourage others to draw on our extensive work.

Because we know many factors influence health outcomes, this year we've focused on expanding our health indicators to include risk factors, social determinants of health and the burden of disease. Our commissioned activities have also moved from a focus on outputs to outcomes, which aims to show that our investments are making a real difference to the lives of people living in our region.

## Together: Regional mental health planning

In partnership with the four main regional hospitals in our catchment, we are developing a [local regional mental health and suicide prevention plan](#). Carers, consumers, interest groups, alliances and services are coming together to determine priorities, populations and planning approaches. Inclusive participation ensures that future services will provide better care by being targeted, accessible and safe.





A conversation with Lynsey Blackshaw - Bushfire Coordination/COVID-19 Recovery Lead

## Supporting bushfire affected communities

The 2019–20 bushfires had a devastating impact on the North East region of the Murray PHN catchment, with six of its eight local government areas declared as bushfire affected.

As a first step, water and medical supplies were donated to communities in need and communications were fast-tracked by establishing a bushfire incident coordinator and a 24/7 support line.

To ensure efforts were integrated and tailored to each community, Murray PHN developed an emergency protocol to coordinate information sharing about service arrangements, issues and needs at a local, state and national level.

Each general practice, pharmacy and health service was regularly contacted to convey and collect information and aid in keeping them operational.

Government departments and local HealthPathways were often updated daily with the latest information on health and medication issues, workforce requirements, and service, evacuation and relief centre impacts.

Bushfires can be extremely devastating, causing a range of physical, mental, emotional and behavioural reactions. We recognised the immediate need for not only a localised burns injuries pathway to be developed during this time, but for mental health support to be rapidly commissioned and available in affected communities.

With Federal funding, we were also able to commission service providers to employ more mental health nurses. Murray PHN employed a bushfire trauma coordinator and delivered grassroots community grants to strengthen social connectedness and support mental health and healing.

Murray PHN will continue to play an important role in supporting providers and communities in the recovery and post-recovery phase - as well as in bushfire risk, as we approach another bushfire season.

### Quick links:

[Information and resources for health professionals](#)

[Bushfire location and severity map](#)



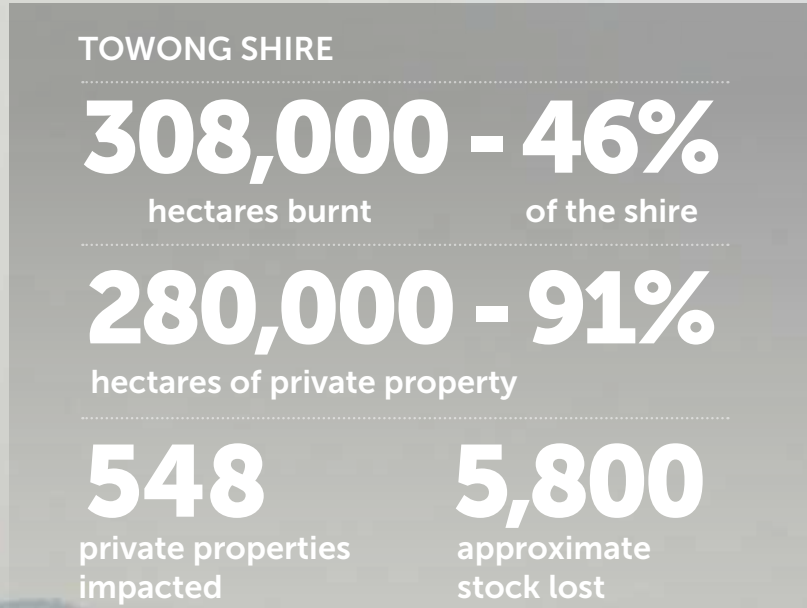
Matt Jones Murray PHN CEO, Helen Haines Independent member for Indi, Sandi Grieve Walwa Bush Nursing Centre CEO and Dominic Sandilands Corryong Health CEO.



A conversation with Alice Bishop-Ebiember - Emergency Coordinator



A conversation with Dr Wendy Connor - Medical Advisor

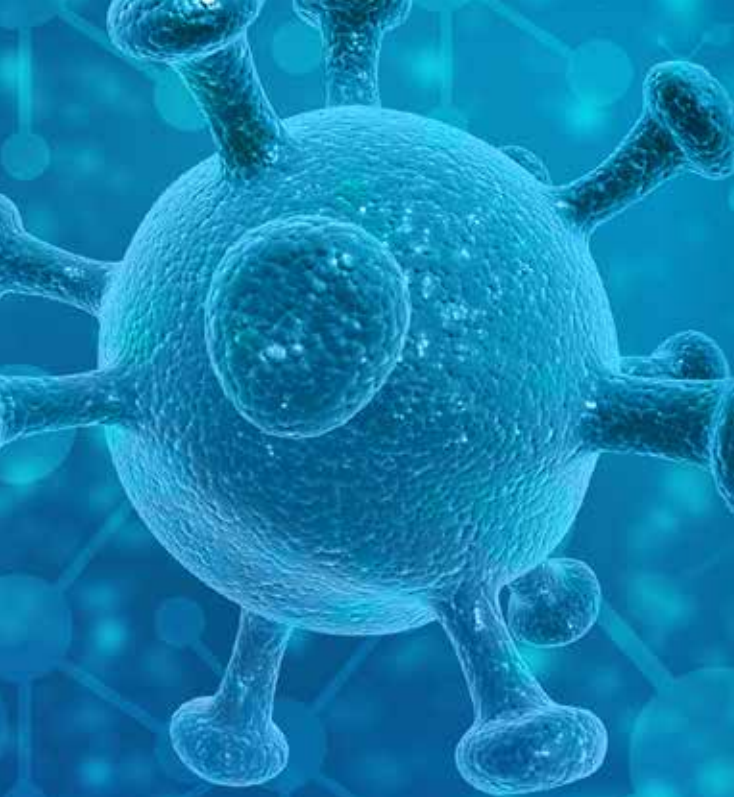


Throughout the bushfires, the opportunity for digital health solutions, particularly for displaced community members and stranded travellers, emerged.

Our Community Advisory Council members seized the opportunity to have conversations with their networks about emergency health plans; making sure people were aware that systems, such as My Health Record, help health professionals to access valuable health information in times of crisis.

The report can be seen [here](#).





A conversation with Matt Jones - Chief Executive Officer



## Responding to the COVID-19 pandemic

Pandemics have significant implications on health care systems, particularly on service delivery and the workforce. Murray PHN's pandemic response was swift, with the development of a COVID-19 response plan in early March and the appointment of incident coordinators to lead the local response in each of our regions.

Murray PHN helped link local stakeholders and state and Commonwealth authorities, while monitoring the local service system and sector readiness for the pandemic. The development of COVID response protocols for primary care services including general practice and pharmacy,

support to implement telehealth options in general practice, pharmacy, aged care facilities and our commissioned entities were key activities to support community access to primary health services.

Daily internal meetings allowed us to identify and respond to issues in individual communities, including border closures, PPE supply and outbreaks. We coordinated collaborative health sector meetings to identify and develop shared responses to access issues.

In early April, we helped establish a Commonwealth funded GP-led respiratory clinic in Mildura, followed by Bendigo, Wodonga and Shepparton

later that month. With the Goulburn Valley outbreak in October, we supported the Shepparton clinic to become the first Commonwealth clinic to offer asymptomatic testing, increasing testing options at the height of the outbreak.

*"Murray PHN helped link local stakeholders and state and Commonwealth authorities, while monitoring the local service system and sector readiness for the pandemic."*



A conversation with Kate McIntosh - Population Health and Evaluation Lead



A conversation with Dr Ewa Piejko - Medical Advisor



A conversation with Lynsey Blackshaw - Bushfire Coordination/COVID-19 Recovery Lead



Margaret Jennings from MARJEN Education Services conducted several Infection Control update webinars

## Aged care and COVID-19

The first wave of COVID-19 posed considerable challenges for aged care services and providers, but more particularly, support staff who found themselves in difficult and urgent situations.

While PHNs are provided with limited resourcing for aged care, Murray PHN wanted to support local facilities as part of a system-wide response and so sought feedback on their state of readiness, in order to understand capacity and preparedness in responding to an outbreak.

Murray PHN developed an aged care community of practice and facilitated community forums in each of our four regions, bringing together key stakeholders across the health sector to ensure a structured approach to supporting staff and residents in aged care facilities.

'Recommended steps to testing' were developed by our medical advisors, and our clinical editors created HealthPathway guidelines for the management of a resident with suspected COVID-19.

Telehealth education was delivered, and a telehealth pilot with general practitioners was undertaken with five facilities to provide increased access to care, and establish best practice guidance, management, communication and funding pathways.

One-on-one infection control training, several webinars and an audio-visual 'toolbox', complete with a staff observational audit, were also made available - resulting in almost 600 views.

## Responsive and timely communications

At the start of the pandemic, Murray PHN developed detailed COVID-specific website pages, regularly adding updates on clinical resources, testing clinics, government advice and more. Our COVID-19 pages were viewed in excess of 16,000 times, with COVID-19 assessment and respiratory clinics the most accessed individual page.

We distributed more than 60 COVID-19 email updates to more than 1000 health professionals across general practice, pharmacy, ACCHOs and allied health. Our stakeholder newsletter eNews, published weekly instead of fortnightly, provided COVID information as a high-priority to almost 3000 subscribers.

Our weekly COVID snapshot showed local cases compared with state, national and international figures, in an easy-to-read, accessible format.

Murray PHN also used social media to reach health professionals and community members, particularly to encourage people to get tested, to continue to see their GP and to alert them to outbreaks. More than 40,000 Facebook users saw our "it's safe to visit the GP" campaign and separately, "stay home and isolate to flatten the curve".

### Quick links:

[www.murrayphn.org.au/coronavirus](http://www.murrayphn.org.au/coronavirus)

[Social media animations](#)

## COVID-19 Health Voices



A total of 30 per cent of our Health Voices reported they had visited their GP "less than usual" before the pandemic.

Of those who had visited a GP, 36 per cent had done so via telehealth, with 58 per cent saying that they still preferred face-to-face consultations and 21 per cent saying they would like to use it again.

[Click here](#) for more information.



# A multi-faceted approach to support general practice during COVID-19

The early focus of COVID-19 was on the ability of our hospitals and intensive care units to cope with the most seriously unwell COVID patients. However, around 80 per cent of all people who contract the virus recover without needing special treatment and can be cared for at home, with the support of general practice and other primary health care.

General practice was able to adapt and think innovatively in a constantly changing environment, where the health of the community and the primary health care workforce was paramount. Murray PHN surveyed general practice in April, to understand the impact and risks the pandemic had caused. Concerns about the lack of personal protective equipment (PPE) to keep health workers and patients safe, and the dangers of vulnerable populations not accessing services were common across our region.

In the immediate pandemic period, regional and rural practices were highly self-sufficient and used intensive screening and structured waiting rooms to ration their limited PPE and ensure they could stay open, some as the only practice in town.

Most clinics commenced telehealth services for routine consultations where appropriate, and provided face-to-face service for antenatal patients, people with complex chronic disease, and complex and frail older persons. Many clinics also increased or initiated home visits.

We developed a telehealth guideline that explained when to use telehealth, how practices can set up for phone and computer-based consultations and patient information.

We developed a regional primary health response protocol which, in the event of a local outbreak, would support a coordinated local health response. In this protocol, cases are managed outside the hospital system, with the aim of avoiding potentially preventable hospitalisations. The protocol, created in response to identifying this gap in service planning, was adopted and used by health services in partnership with Murray PHN.



A conversation with Darryn Young - Governance Lead

We also created an outbreak guide to assist general practice, pharmacy and allied health clinics with simple steps to act quickly and appropriately when notified that a staff member or patient has potentially exposed a health service to COVID-19.

Feedback from our survey showed that general practices adapted well by using internal resources such as staffing, creative approaches and existing skills.

The supply of PPE to primary care health services has been a critical issue throughout the pandemic. Like all PHNs around Australia, Murray PHN stepped up to distribute PPE released from the National Medical Stockpile for general practice, Aboriginal Community Controlled Health Organisation (ACCHOs), pharmacy and allied health professionals. By November, we had delivered more than 178,000 items of PPE including face masks, respirators, goggles and disposable examination gowns. A Murray PHN – university partnership also allowed us to provide high-tech, 3D-printed protective face shields to help GPs and other medical professionals stay safe while taking COVID-19 swabs from people with respiratory illnesses.



A conversation with Emma Healion - Workforce Development & Systems Coordinator

Our education team rapidly adapted to delivering CPD events online, enabling content to be delivered more widely to rural and remote areas and reach more health professionals than ever before. We facilitated 24 webinars to 939 attendees during the pandemic period, including sessions on infection control, workplace collaboration and coordination in the COVID context, and self-care. These webinar recordings have been viewed more than 2000 times.

During the 2019/20 financial year:

**82** events  
58 face-to-face, 24 webinars

**2083** attendees

**78%** of attendees said learning needs were entirely met

**1360** views of recorded webinars

*"Best infection control presentation I have seen in a long time. Very practical and applicable. I will change some of our practices."*

Webinar attendee



A conversation with Dr Ann-Marie McKinnon - Clinical Advisor

As Murray PHN's HealthPathways team monitored the pandemic closely, they also collaborated with international and national HealthPathways teams to support the rapid development of COVID HealthPathways. Fourteen COVID-specific pathways were developed and updated regularly to reflect best practice changes in care. HealthPathways, our free online portal of evidence-based, locally accessible patient pathways, has been a key resource for clinicians, with more than 100,000 pathway views from March to October.

**1437** COVID-19 Assessment and Management pathway views

**770** COVID-19 Practice Management pathway views

**508** Antenatal - First consult pathway views

**432** Hyperlipidaemia pathway views

**412** Inflammatory Arthritis pathway views





# Responding to the need for mental health services

Victoria was dealt a double blow when coronavirus brought about tough lockdown measures while the state was still dealing with the devastating impacts of bushfire.

COVID-19 has had a profound effect on our thoughts, emotions and behaviour.

The uncertainty surrounding the possible spread and impact of the virus has meant many people – some of whom have never experienced mental health issues before – have lived in a heightened state of anxiety for a prolonged period.

The pandemic has increased feelings of isolation, loneliness and depression and caused ongoing financial hardship for countless individuals and their families.

The combination of these vulnerabilities, and a spike in alcohol and drug use, have also created a heightened risk of family violence and suicide.

All disasters and major weather events create long-lasting impacts on communities.

Murray PHN made an additional \$1 million of funding available in March this year, to support our most vulnerable populations - children, Aboriginal and Torres Strait Islander people and those at risk of suicide.

While we know that not everyone who needs help can access it, the pandemic has shown that solutions such as telehealth and a central intake service such as HeadtoHelp, can expand the range and availability of services to people.



A conversation with Emma Reid - Mental Health and AOD Lead

PART A: Program guidelines MURRAY PHN Psychosocial Recovery Services, Primary Mental Health Services, Alcohol and Other Drug Services		
PART B: Program specific information		
<b>PSYCHOSOCIAL RECOVERY SERVICES</b> <ul style="list-style-type: none"> <li>Continuity of Support (CoS)</li> <li>Extended Transition Arrangements (ETA)</li> <li>National Psychosocial Support Measure (NPSM)</li> </ul>	<b>PRIMARY MENTAL HEALTH SERVICES</b> <ul style="list-style-type: none"> <li>Psychological Treatment Services (PTS)</li> <li>Clinical Care Coordination (CCC)</li> <li>Youth Enhanced Services (Youth Severe)</li> <li>Services For Older People</li> </ul>	<b>ALCOHOL AND OTHER DRUG SERVICES</b> <ul style="list-style-type: none"> <li>Drug and Alcohol Treatment Services – NIAS (National Ice Action Strategy) Operational and Mainstream Funding</li> <li>Drug and Alcohol Treatment Services – NIAS (National Ice Action Strategy) Aboriginal and Torres Strait Islander People Funding</li> <li>Drug and Alcohol Treatment Services – Core AOD and Operational Funding (Transitional Services)</li> <li>Increasing Access to Drug and Alcohol Treatment Services in Regional, Rural and Remote Areas.</li> </ul>
PART C: Data Reporting Specifications		

## Primary mental health service guidelines updated

The primary mental health service guidelines (Primary mental health services - Murray PHN) were updated this year to include information for alcohol and other drug services and for all primary mental health services on data capture and reporting.

The guidelines are informed by feedback and ongoing collaboration with commissioned health services, consumers and other partners of Murray PHN, as well as by priority areas and PHN funding guidance from the Australian Government.

Our service guidelines include relevant state and national practice and accreditation standards, clinical governance, service frameworks and legislative requirements.

Importantly, they have been developed to help to ensure that the services we fund are accountable for delivering health services that are safe, effective, integrated, high quality and continuously improving.

[Click here](#) to view the guidelines.



In rural and regional Australia, the challenges to attract and retain a skilled workforce remain. While the COVID-19 pandemic meant the cancellation of many planned face-to-face workshops, it also provided opportunity for providers who may not have been able to get to the usual workshops due to geography or working schedules to attend online.

Murray PHN funded premium 12-month subscriptions to Mental Health Academy for 200 mental health clinicians in our catchment and workshops on self-care, narrative therapy and how to facilitate and develop groups.

*"The training opportunities provided by Murray PHN have been amazing. I enjoyed and got the most out of the group facilitation training, however the Mental Health Academy courses have also been brilliant."*

– Rose Sesto, Nexus Health Psychosocial Support Outreach Worker

*"I attended the Online Mental Health Academy Super Summit in October. I found the presentations extremely relevant and useful to a generalist clinician. The clinical tools will now be included in our practice."*

– Lyn Walder, East Wimmera Health Service Senior Counselling and Wellbeing Clinician



# Working swiftly and collaboratively to launch HeadtoHelp

As the second wave of COVID flared in Victoria, with more than 700 cases being reported per day at the pandemic's peak, Victoria's six PHNs recognised the impact on the mental health of the state. Widespread lockdowns, home schooling, job losses and travel restrictions affected almost every Victorian, with significant disruption to those living in border regions.

Encouraged by the Commonwealth, the PHNs suggested a clinic-based approach within communities, integrated with local primary health care services and Victoria's area mental health agencies.

Funding announced by the Prime Minister underpinned the launch of 15 HeadtoHelp centres across Victoria, to increase mental health support capacity and help people navigate the mental health system during a challenging time.

While mental health services can often take six to nine months to establish in a community setting, the 15 HeadtoHelp hubs were able to be set up within four weeks – in part because of the unique role that PHNs play in the commissioning of mental health and other primary care services in their regions.

More importantly, the collaborative work of PHNs meant that callers can now access a central intake service that helps them navigate an often complex mental health system, at a local level.



Callers to HeadtoHelp receive a consistent quality of support, through a standardised, best-practice assessment and review process. The hubs' multi-disciplinary teams can include mental health nurses, allied health workers, peer workers, AOD workers and psychologists who then work together with a person's usual GP. Services are free to all Victorians and border community residents of any age.

In the Murray PHN region, the first two hubs are in Bendigo (Bendigo Community Health Services) and Wodonga (Gateway Health), with a third service opening in Mildura in late December. We would like to thank our partner agencies for their work in helping us set up HeadtoHelp and for their support of their communities through the COVID-19 pandemic.

**Quick Links:** [Social media animations](#)



*A conversation with Matt Jones - Chief Executive Officer*



*A conversation with Elizabeth Clear - Chief Corporate Officer*



*A conversation with Alistair Bonsey - Strategic Projects Lead*



# Improving alcohol and other drug services during a pandemic

The consumption of alcohol, tobacco and other drugs is a major cause of preventable disease and illness. Rural Australians demonstrate higher rates of risky health behaviour, including risky alcohol and illicit drug use.

Alcohol and other drug issues have been prominent throughout the COVID-19 pandemic, with one in five people aged 18 years and over with reported increased alcohol consumption (AIHW 2020).

This year, Murray PHN has worked with service providers to ensure a coordinated approach to AOD services across our region.

Victorian Alcohol and Drug Association Inc. (VAADA) was commissioned by Murray PHN to build a hub of AOD expertise. In response to COVID-19, VAADA facilitated

regular online meetings with AOD managers from health services in the Murray PHN region, providing the opportunity for peer support and sharing of information and innovative practice ideas on working in a pandemic environment.

For the first time, AOD program-specific information has been incorporated in Murray PHN's program guidelines alongside primary mental health and psychosocial recovery services. The document provides guidance for health services commissioned by Murray PHN and was informed by feedback and ongoing collaboration with commissioned health services, consumers, other partners of Murray PHN and by priority areas and PHN funding guidance from the Australian Government.



A conversation with Lisa Walklate - Mental Health and AOD Coordinator

## Investing in AOD treatment services: priority areas

1. Specialist roles in primary care settings to embed screening and brief intervention
2. Supporting Opiate Replacement Therapy (ORT) delivery
3. Early intervention for young people with risky AOD use and their families
4. Pre and post treatment support
5. Dual diagnosis capable services
6. Building a hub of AOD expertise
7. Culturally appropriate and integrated models of care for Aboriginal and Torres Strait Islander people.



*"Here I am graduating from a program that 12 months ago, I would never have imagined ever stepping a foot into... I'm going to work, I'm going to study. There's all these goals that never would have happened unless I first stepped into that office."*

Program participant

**Quick links:** [Program guidelines: Psychosocial recovery and alcohol and other drug services](#)



*A conversation with Pauline Nolan - First Nations Health and Healing Lead*



*A conversation with Werner Vogels - Evaluation Coordinator*

## Walking alongside community to deliver First Nations Health and Healing

First Nations Peoples' views of health are holistic and relational. Health encompasses relationships to Country, culture, spirituality, community and family.

To address First Nations health issues requires a health system that is culturally safe, strengths-based and transformative.

For system improvements to be successful, it takes shared commitment; walking alongside community and other stakeholders in the development and delivery of programs - to ensure that we are addressing what the community see as priorities – with a focus on respect, responsibility and reciprocity.

In our region, the Aboriginal Community Controlled Health Services (ACCHOs) offer comprehensive health care services. The importance of their

leadership to ensure the health and wellbeing of Aboriginal and Torres Strait Islander Peoples in our region was made clearly visible in their response to COVID-19. Their skills, expertise and knowledge in providing for and keeping community safe and well, and in knowing what their communities needed, resulted in very few case numbers among First Nations Peoples. This was also an amazing example of what can be achieved through a self-determination approach.

To ensure that the broader primary health care sector within our region adds to and complements the services that ACCHOs provide, Murray PHN is reviewing our health indicators, so that they reflect the needs, priorities and gaps for First Nations communities. Understanding First Nations health

and wellbeing is crucial if we are to address, heal and improve outcomes. It's only through mutual understanding that we can work together and move forward.

The 'First Nations Health and Healing Indicators' have been selected by Murray PHN to inform future assessment and monitoring of health needs for, and outcomes of, Aboriginal and Torres Strait Islander communities across the region.

These new indicators incorporate a view of health that is more closely aligned to Indigenous worldviews, centring on the importance of connection to culture, Country and community. In addition, challenging race-based stereotypes within datasets will highlight the impacts that colonisation, dislocation, racism and intergenerational trauma

have had and continues to have on our First Nations Peoples.

Murray PHN is also working closely with our non-Aboriginal and Torres Strait Islander health sector in improving the cultural safety and appropriateness of service delivery. Understanding that importance of having access to timely, culturally safe health care across the sector that addresses the priorities and needs of First Nation communities is what is needed to improve outcomes.

### **Quick Links:**

[Subscribe to eNews](#) to receive the 2021 Needs Assessment when it is released. The assessment will outline the First Nations Health and Healing Indicators.



A conversation with the Suicide Prevention team

## Strengthening local systems to prevent suicide

Suicide can affect anyone, regardless of their personal characteristics and family background. It is estimated that each suicide impacts at least 135 people, including family, friends and colleagues. Preventing suicide is much more than a health sector issue; it requires a whole of community response.

Towards this, our Mildura and Benalla suicide prevention trial sites have continued to use evidence-based approaches to strengthen local systems and reduce suicide in the local community.

In Benalla, community members took significant steps towards independently managing prevention activities. Following consultation with community and service providers, a sustainability

plan was created. As a key action on the plan, Alpine Valleys Community Leadership Program delivered leadership training to network members. The skills and knowledge developed during the training will support the network of community members to lead ongoing suicide prevention activity.

In Mildura, our commissioned research with Monash and La Trobe Universities towards 'Improving Emergency and Follow Up Care for Suicidal Crisis in Mildura LGA' was completed. In response to one of the research findings, to improve support for people in the critical months after a suicidal crisis, we commissioned The Way Back Support Service designed by Beyond Blue, and delivered by Wellways and Mildura Base Public Hospital. The service

supports people during the critical three-month period following a suicidal crisis and includes the person's family and other support networks. Participants are assigned a support coordinator who helps to link the person with supports to address the factors in their life that lead them to be suicidal. As at the end of October, more than 54 people have been supported by the new Mildura service since it launched in July 2020.

*"One of the real focus areas of trials is building up the abilities, strength and knowledge of people in the community to identify and respond to people who are in suicidal crisis or even before they get to that point."*

Merryl Whyte



In February, Victoria's Minister for Mental Health Martin Foley MP visited Mildura to announce funding to extend the 12 suicide prevention trials across the state for an additional year, including the Murray PHN-led Mildura trial.

Pictured L-R: Michelle Kelly - Murray PHN, Keith Sutton - Monash University, Merryl Whyte - Murray PHN, Evelin Spelten - La Trobe University, Kathryn Telfer - advisory group member, Minister for Mental Health Martin Foley, Matt Jones - Murray PHN, Simone Benham - advisory group member, David Kirby - Mildura Base Public Hospital

### Quick Links:

[Suicide prevention training](#)

[Suicide prevention](#)

[Media release: Benalla suicide prevention resources](#)

[Media release: Way Back announcement](#)

[Media release: Benalla community meeting](#)

[Mental Health Support For Drought Affected Communities | Premier of Victoria](#)

# Focusing on aged care and older person's health

In the Murray PHN region, 22.1 per cent of the population is aged over 65 years and quarter of these people live alone.

An ageing rural population places increased pressure on access to health resources. With finite funding, limited access to geriatricians and GPs in aged care - especially areas where general practices do not manage patients in a facility or provide home visits - it's a complex situation requiring a coordinated response.

**22%** of our population is aged over 65 years

**25%** of these people live alone



## Mental health and older people

While older people tend to have poorer mental health literacy, they also experience higher levels of stigma - with the assumption that mental illness is a normal part of the ageing process. They're less likely to seek help and if left untreated, mental ill-health can lead to increased hospital admissions and an earlier transition into residential aged care.

Murray PHN recently commissioned a pilot program to help identify whether a new model of care would address the lack of services specialising in mental health care for older adults in residential aged care facilities.

The program assisted staff in identifying residents with behaviours of concern and a process for informing the nurse in charge. The nurse was then responsible for referring

the resident to the qualified mental health clinician for short-term focused psychological therapy - both the nurse and clinician worked together to keep the resident's GP and family informed.

Results have shown that through dedicated understanding and action, some behaviours that appear as physical conditions can have an underlying mental health issue. For example, one resident was complaining of abdominal pain and once it was thoroughly investigated, it was felt that it was actually a symptom of her anxiety. Another resident's depression was treated with cognitive behavioural therapy techniques, improving her mood and outlook on residential life, resulting in increased participation and enjoyment from group activities.

# Happy, healthy students do better in school



Dr Kelechi and nurse, Mel Vandenberg at Irymple Secondary College



A conversation with Suezanne Martin - Integration Coordinator

Young people are less likely than any other age group to seek professional help.

Many rural and regional students face additional barriers with working parents, significant distances to travel to school and limited access to health providers in their own community.

The [Doctors in Secondary Schools Program](#) gives younger people the opportunity to see a GP during school hours and at no cost to them or their families.

The program aims to provide students with comprehensive primary care, including preventative health care and medical advice. Health professionals link-in with school wellbeing services, which enables the delivery of more inclusive health care, while also ensuring minimal disruption to a young person's education.

Addressing health concerns at an early age can help prevent more complex and costly health care needs. It can also equip young people to learn 'self-care' and feel more confident in navigating the health care system in future.

Of the 100 schools selected for this program, 22 are in the Murray PHN region. The Doctors in Secondary Schools Program equips around 50 local health providers, including GPs, nurses and nurse practitioners with specialist training, to provide onsite services to students each week.

**100**  
schools  
selected

**22**  
in our  
region

**50**  
local health  
services

*"The Doctors in Secondary Schools Program has a focus that allows young people to start building their health literacy around attending a GP, addressing any health or wellbeing needs early."*

Suzanne Martin



*“Twenty-eight providers make up the six clusters, which are sharing \$6.4 million of funding to deliver multidisciplinary team-based care, service planning and coordination activities tailored to the local context and capacity, patient education and increased support for self-management.”*



## Collaborating to better respond to chronic disease

Diabetes, heart failure and chronic obstructive pulmonary diseases are significant contributors to potentially preventable hospital admissions in our region.

Collaborative design workshops were held with commissioned providers earlier this year, to discuss new and integrated strategies to respond to, and manage chronic disease in local and regional areas.

Bringing together multiple stakeholders helped to harness a range of views, ideas and experiences to inform and support future commissioning of chronic disease management.

The workshops resulted in the establishment of six chronic disease clusters across our

catchment, to drive collaboration, strengthen health system integration and deliver a sustainable approach to the challenges experienced in rural areas.

Each cluster is supported by individual communities of practice to enable greater connectivity and longer-term contract periods have been introduced to allow for improved workforce and program stability.

Twenty-eight providers make up the six clusters, which are sharing \$6.4 million of funding to deliver multidisciplinary team-based care, service planning and coordination activities tailored to the local context and capacity, patient education and increased support for self-management.



Patient Reported Experience Measures and Patient Reported Outcomes Measures have been introduced into the local chronic disease services that we fund. This helps us to understand service delivery from the patient's point of view and to monitor and implement any areas for quality improvement. So, next time you're asked to complete one of these confidential surveys, know that you're helping to deliver safer and more effective care to our communities.

### Case study:

Mick's a middle-aged man living in the Moira shire, who's passionate about his local sport but not his Type 2 Diabetes. "Mick" was referred to Indigo North Health (INH) following the surgical removal of a foot ulcer. It was apparent that his poor understanding of his disease and bad lifestyle choices had led him to receive INH's care.

INH, which is funded by Murray PHN, teamed Mick up with a chronic disease coordinator, who supported him to see an endocrinologist, diabetes educator, dietitian and podiatrist. They also helped to aid his recovery by organising district nurses and the loaning of mobility equipment.

Mick was grateful to have received help close to home and has since improved his understanding of diabetes risks. While he's still working on improving his diet, he is regularly taking his blood glucose readings and has even committed to a daily exercise regime. Mick said, "Initially my goal was just to heal this ulcer and return to work, but now I want to continue to improve my health and make sure this never happens again."



## Maintaining a healthy headspace

The impact of bushfires and COVID-19 in our region have both added to the many usual issues that young people may face. A [national report](#) released by headspace National, showed that 74 per cent of the young people surveyed reported that their mental health had been negatively impacted during the pandemic. Impacts to work and school also rated high, while greater connections with family and friends were reported as a positive outcome.

Murray PHN has been working around this year's challenges to support the establishment of two new headspace centres in Echuca and Wangaratta, with both centres on track for their official openings in 2021. The two new centres, which were selected with the input of young people present on a tender evaluation panel, will join the existing network of five headspace centres across the Murray PHN region ([headspace - Murray PHN](#)) which are located in Albury, Bendigo, Swan Hill, Shepparton and Mildura.

The participation of young people is a key driver of the headspace model, ensuring that the centres are genuinely youth-centric and responsive to young people's needs and preferences.

Earlier this year, more than 1000 young people had their say on the types of services they would like to access locally in Wangaratta, including mental health, alcohol and other drug support, and information on bullying. Consultation also took place with local businesses to help build an integrated support network and broaden the local services available to young people.

Wangaratta Youth Council has been involved in the centre's establishment and has worked to implement a low-carbon footprint building design.

Stephanie Grant, a member of the Wangaratta Youth Council, said the driving force behind the sustainable design choice was climate change. "Preserving the environment is arguably the biggest issue facing my generation. If we don't take small steps towards dealing with climate change now, we could be facing bigger issues in future."

"headspace's commitment in allowing us to create the design we wanted, has shown their genuine care and support for young people."

Left to right: Haylee Kennedy (Community Engagement), Adrian Woodhouse (Mental Health and AOD Coordinator), Millee Rice (Mental Health Occupational Therapist), Naomi Nebauer (Reception), Lindsay Rose (Manager).

Earlier this year, Murray PHN Mental Health and AOD Coordinator Adrian spent two weeks during the school holidays working at headspace Bendigo.

Adrian found the experience inspirational, saying that the centre demonstrated integration in action. "I sat in the team meeting led by the manager and onsite GP, with attendance from the consortium members and staff. Each contributed their awareness of the broader health system to determine the best pathways for young people to access support."

Above left: headspace Mildura's Jemma and Georgia promoted exercise as important for both body and mind.

Above centre: headspace Bendigo Youth Reference Group Member, Belle said learning a hobby is good. "Whenever I've had a harder than normal day, I pick up my trusty guitar and it always leaves me feeling better than I did before."

Above right: headspace Swan Hill distributed decals with mental health and self-care messages, to remind everyone of the many ways to stay positive.



# Our financial performance

Murray PHN prides itself on accountability and transparency, and on delivering improved health outcomes to the communities we serve. We operate an activity-based costing financial structure that ensures transparency to the work we commission.

Revenue of \$43.4 million in FY20 grew from \$38.9 million in FY19, with \$55.6 million forecast for FY21. The FY20 focused on commissioned services for health priorities including mental health, alcohol and drugs, chronic disease and Indigenous health. The Department of Health increased funding in response to bushfires and COVID-19.

We are proud that at least 69 per cent of our money goes straight to commissioned services, with 24 per cent spent on our own people working across our large catchment, just six per cent in corporate governance costs and one per cent operating surplus. All funding is approved within Activity Work Plans (AWP), which are re-forecast monthly, to ensure we have met our funding objectives. Activities are reported against AWP's and evaluated to ensure the community gains from the work we have commissioned.

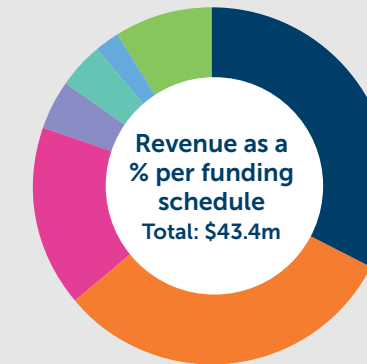
The unearned grant figure of \$15.3 million in the Statement of Financial Position is money received by Murray PHN in FY20 to be expended against the agreed purpose in FY21.



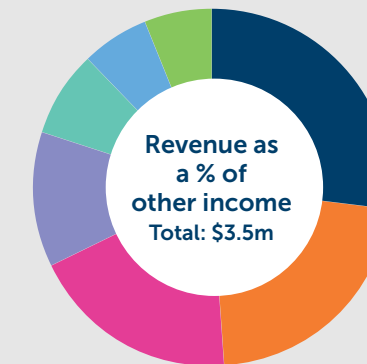
A conversation with Rebecca Robertson - Finance and Reporting Lead

## \$43.4m TOTAL REVENUE FY2020

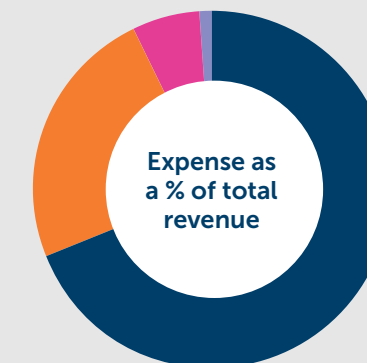
Core	\$12.5m	Our People	\$10.5m
Primary Mental Health Alcohol and Other Drugs	\$15.7m	The work we Commission	\$29.9m
National Psychosocial Support Measure Partners in Recovery	\$7.1m	Corporate Governance	\$2.5m
Integrated Team Care	\$1.9m	Our Operating Surplus	\$0.5m
After Hours	\$1.9m		
Bushfire Relief	\$0.8m		
Total Department of Health	\$39.9m		
Other income	\$3.5m		
<b>Total</b>	<b>\$43.4m</b>		



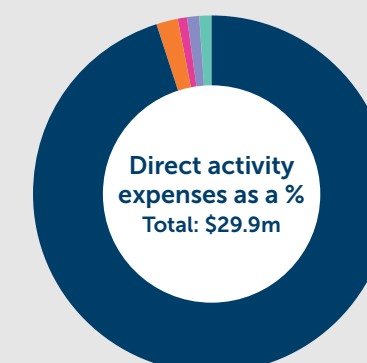
- 36%** Primary Mental Health & Alcohol and Other Drugs
- 29%** Department of Health Core
- 17%** National Psychosocial Support Measures and Partners in Recovery
- 4%** Integrated Team Care
- 4%** After Hours
- 2%** Bushfire Relief funding
- 8%** Other income



- 27%** State funding - Department of Health and Human Services
- 22%** Other PHN Funders
- 19%** State funding - Department of Education
- 12%** Interest
- 8%** PHN Exchange
- 6%** Federal funding - Australian Digital Health Agency
- 6%** Other income



- 69%** Direct activity
- 24%** Employee expenses
- 6%** Corporate governance
- 1%** Operating surplus



- 95%** Commissioned services
- 2%** Direct integrated team case activity costs
- 1%** Building capacity and capability
- 1%** Needs Assessment, planning and evaluation
- 1%** Direct patient costs

## Limited Statement of Profit or Loss and Other Comprehensive Income

	FY20 (\$)	FY19 (\$)
<b>Income</b>		
Revenue	43,357,117	38,859,401
<b>Total income</b>	<b>43,357,117</b>	<b>38,859,401</b>
<b>Expenditure</b>		
Employee benefits expense	10,453,095	9,247,551
Depreciation, amortisation and impairment expenses	560,381	43,734
Financial costs	68,331	-
Rental and occupancy expenses	209,502	636,333
Program expenses	29,929,920	26,460,337
Motor vehicle expenses	69,476	178,866
Administration	1,143,332	1,383,099
Other expenses	426,321	457,302
Loss on disposal of asset	27,201	-
<b>Total expenditure</b>	<b>42,887,559</b>	<b>38,407,222</b>
<b>Surplus before income tax</b>	<b>469,558</b>	<b>452,179</b>
Income tax expense	-	-
<b>Surplus for the year</b>	<b>469,558</b>	<b>452,179</b>
Other Comprehensive Income	-	-
<b>Total Comprehensive Income for the year</b>	<b>469,558</b>	<b>452,179</b>

## Statement of Cash Flows

	FY20 (\$)	FY19 (\$)
<b>Cash flows from Operating Activities</b>		
Grants revenue and other receipts	45,161,493	41,005,572
Interest received	426,086	604,946
Payments to employees, directors and suppliers	(45,863,969)	(36,254,598)
Interest paid on lease liabilities	(68,331)	-
<b>Net cash provided by/ (used in) operating activities</b>	<b>(344,721)</b>	<b>5,355,920</b>
<b>Cash flows from Investing Activities</b>		
Payments for plant and equipment	(11,246)	(254,109)
Payments for intangibles	-	(157,674)
<b>Net cash used in investing activities</b>	<b>(11,246)</b>	<b>(411,783)</b>
<b>Cash flows from financing activities</b>		
Repayment of lease commitments	(403,906)	-
<b>Net cash provided by/(used in) financing activities</b>	<b>(403,906)</b>	<b>-</b>
Net increase/(decrease) in cash held	(759,873)	4,944,137
Cash and cash equivalents at the beginning of the financial year	22,601,136	17,656,999
<b>Cash and cash equivalents at the End of the Financial Year</b>	<b>21,841,263</b>	<b>22,601,136</b>

## Statement of Financial Position

	FY20 (\$)	FY19 (\$)
<b>Current assets</b>		
Cash and cash equivalents	21,841,263	22,601,136
Trade and other receivables	365,550	207,742
Other assets	1,400,532	458,236
<b>Total current assets</b>	<b>23,607,345</b>	<b>23,267,114</b>
<b>Non-current assets</b>		
Intangible assets	77,915	157,674
Property, plant and equipment	171,534	234,440
Right of use assets	1,088,228	-
<b>Total non-current assets</b>	<b>1,337,677</b>	<b>392,114</b>
<b>Total assets</b>	<b>24,945,022</b>	<b>23,659,228</b>
<b>Current liabilities</b>		
Employee entitlements	935,712	796,005
Lease liability	428,556	-
Trade and other payables	2,604,377	5,534,675
Interest bearing liabilities	6,431	4,403
Grants refundable	263,785	263,785
Unearned grants	15,293,428	12,905,158
<b>Total current liabilities</b>	<b>19,532,289</b>	<b>19,504,026</b>
<b>Non-current liabilities</b>		
Employee entitlements	420,539	322,003
Provisions	90,000	90,000
Lease liability	689,437	-
<b>Total non-current liabilities</b>	<b>1,199,976</b>	<b>412,003</b>
<b>Total liabilities</b>	<b>20,732,265</b>	<b>19,916,029</b>
<b>Net assets</b>	<b>4,212,757</b>	<b>3,743,199</b>
<b>Members' equity</b>		
Retained surplus	4,212,757	3,743,199
<b>Total members' equity</b>	<b>4,212,757</b>	<b>3,743,199</b>

## Statement of Changes in Equity

	Retained surplus (\$)	Total equity (\$)
<b>Balance at 1 July 2018</b>	<b>3,291,020</b>	<b>3,291,020</b>
Surplus for the year	452,179	452,179
Total other comprehensive income for the year	-	-
<b>Balance at 30 June 2019</b>	<b>3,743,199</b>	<b>3,743,199</b>
<b>Balance at 1 July 2019</b>	<b>3,743,199</b>	<b>3,743,199</b>
Surplus for the year	469,558	469,558
Total other comprehensive income for the year	-	-
<b>Balance at 30 June 2020</b>	<b>4,212,757</b>	<b>4,212,757</b>

# Partner organisations

We would like to thank all of our service provider partners, their staff and leaders, for the support that they have provided to Murray PHN and our communities in 2020, a year like no other.

Albury After Hours Care	Cobram District Health	Kerang District Health	North East General Practices	Sunraysia Medical
Albury Wodonga Aboriginal Health Service	Cohuna District Hospital	Kilmore District Health	Northern District Community Health	Swan Hill District Health
Albury Wodonga Health	Corowa Medical Centre Pty Ltd	Kyabram Regional Health	Northeast Health Wangaratta	Tallangatta Medical Centre
Alexandra District Health	Corryong Health	Kyneton Medical Centre	North Western Melbourne PHN	The Baudinet Centre Pty Ltd
Alpine Health	Coster Street Medical Practice	La Trobe University	Numurkah District Health	The Foot Centre
Anglicare Victoria	Daintree Medical Centre	Larter Consulting	On The Line	Tristar Medical Group
APMHA Healthcare	East Wimmera Health Service	Lime Medical Clinic	Ontario Medical Centre	University of Melbourne Shepparton Medical Centre
Australian General Practice Accreditation Limited	Eastern Melbourne PHN	Loddon Mallee Housing Services (Haven)	Ovens Podiatry	Victoria University
Balance Up Nutrition	Echuca Moama Family Medical Practice	Lung Foundation Australia	Primary Care Connect	Victorian Aboriginal Community Controlled Health Organisation
Ballarat Community Health	Echuca Regional Health	Lynette Flavel	Quinn Street Medical Clinic	Victorian Alcohol and Drug Assn Inc (VAADA)
Beechworth Health Service	Elizabeth McDonald	Mallee District Aboriginal Service	Ramsay Health Care Australia Pty Limited	Victorian and Tasmanian PHN Alliance
Beechworth Surgery	Euroa Family Medical Practice	Mallee Family Care Inc	Rich River Health Group	Walwa Bush Nursing Centre Inc
Benalla Church Street Surgery Pty Ltd	Family Doctor Pty Ltd	Mallee Track Health and Community Service	Robinvale District Health	Wangaratta Rural City Council
Benalla Health	Federation Clinic Administration Unit Trust	Mansfield District Hospital	Rochester and Elmore District Health Service	Wellways Australia Limited
Bendigo and District Aboriginal Corporation	Flinders University	Marong Medical Practice	Rumbalara Aboriginal Cooperative	Wesley Community Services
Bendigo Community Health Services	Gateway Health	Michelle's Diabetes Education Service	Seymour Health	Western Victoria PHN
Bendigo Health Care Group	Gippsland PHN	Mildura Base Public Hospital	Seymour Medical Clinic	White Hills Medical Practice
Bendigo Primary Care Centre	Golden City Support Services Inc	MIND Australia	South Eastern Melbourne PHN	Wodonga West Medical Centre
Boort District Health	Goulburn Valley Health	Monash University	St John of God Outreach Services	Woodend Medical Centre
BPAC Informatics Pty Ltd	HALT (Hope Assistance Local Tradies)	Mt Beauty Medical Centre	St Vincent's Hospital Melbourne	Yackandandah Health Medical Centre
Calder Counselling and Psychotherapy Services	Heathcote Health	Mt Hotham Alpine Resort Management	Standish Street Surgery	Yarrowonga Denis Medical Group
Campaspe Family Practice	Hospital Street Doctors	Mungabareena Aboriginal Corporation	Sunraysia Community Health Services Limited	YSAS Pty Ltd
Castlemaine District Community Health Limited	Indigo Family Medical Centre	Murchison Medical Clinic		
Castlemaine Health	Indigo North Health Inc	Murray Valley Aboriginal Corporation		
Centacare South West NSW Ltd	Inglewood & Districts Health Service	My Emergency Doctor		
Central Medical Group Wodonga	Irymple Foot Clinic	National Heart Foundation of Australia		
Cobaw Community Health Services Limited	Janette Tregenza	NCN Health		
	JS & JP Donnelly	Nexus Primary Health		
	Karen Bulman	Njernda Aboriginal Corporation		
	Kelly Creamer Podiatry			

*For further information on any topic, or to provide feedback on this report, please email [communications@murrayphn.org.au](mailto:communications@murrayphn.org.au)*

[murrayphn.org.au](http://murrayphn.org.au)



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