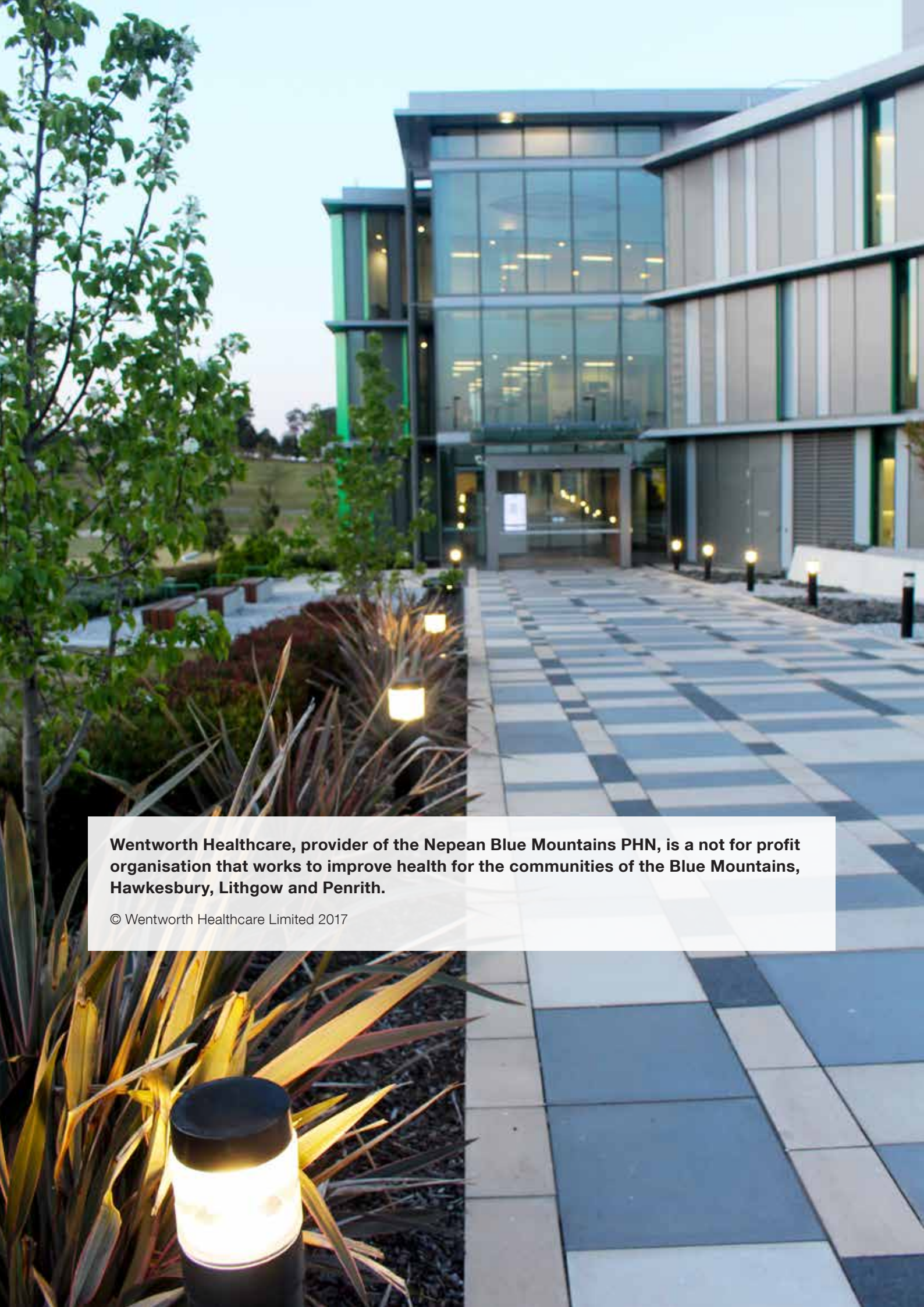
ANNUAL REPORT 2017

Improving health for the communities of the Blue Mountains, Hawkesbury, Lithgow & Penrith

phn
NEPEAN
BLUE MOUNTAINS
An Australian Government Initiative

Wentworth Healthcare
Blue Mountains | Hawkesbury | Lithgow | Penrith



Wentworth Healthcare, provider of the Nepean Blue Mountains PHN, is a not for profit organisation that works to improve health for the communities of the Blue Mountains, Hawkesbury, Lithgow and Penrith.

Contents

Who We Are

Wentworth Healthcare is a not for profit organisation dedicated to improving health for our local community in a region that covers the Blue Mountains, Hawkesbury, Lithgow and Penrith.

Wentworth Healthcare is the provider of the Nepean Blue Mountains Primary Health Network (NBMPHN) programme.

We work closely with GPs and other healthcare providers to identify health needs, and coordinate or commission the delivery of local health services so our community has the right care in the right place at the right time.

Wentworth Healthcare has a commitment to consult and engage with healthcare professionals, stakeholders and the community to better understand what works well, where there are gaps and to design solutions together. This guides our work and helps us to prioritise the key health needs in our region.

In early 2017, we collated all our current knowledge and published an in-depth health Needs Assessment Report. This is available at **www.nbmphn.com.au/NeedsAssessment**

Vision

Improved health for the people in our community.

Mission

Empower local general practice and other healthcare professionals to deliver high quality, accessible and integrated primary healthcare that meets the needs of our community.

Values

- Respect
- Ethical Practice
- Quality
- Collaboration
- Continuous Improvement

Wentworth Healthcare Board

- Dr Andrew Knight (Chair)
- Ms Gabrielle Armstrong
- Ms Diana Aspinall
- Mr Paul Brennan AM
- Ms Jillian Harrington
- Ms Jenny Mason
- Dr Shiva Prakash OAM
- Dr Tony Rombola
- Mr Tony Thirlwell OAM

Membership

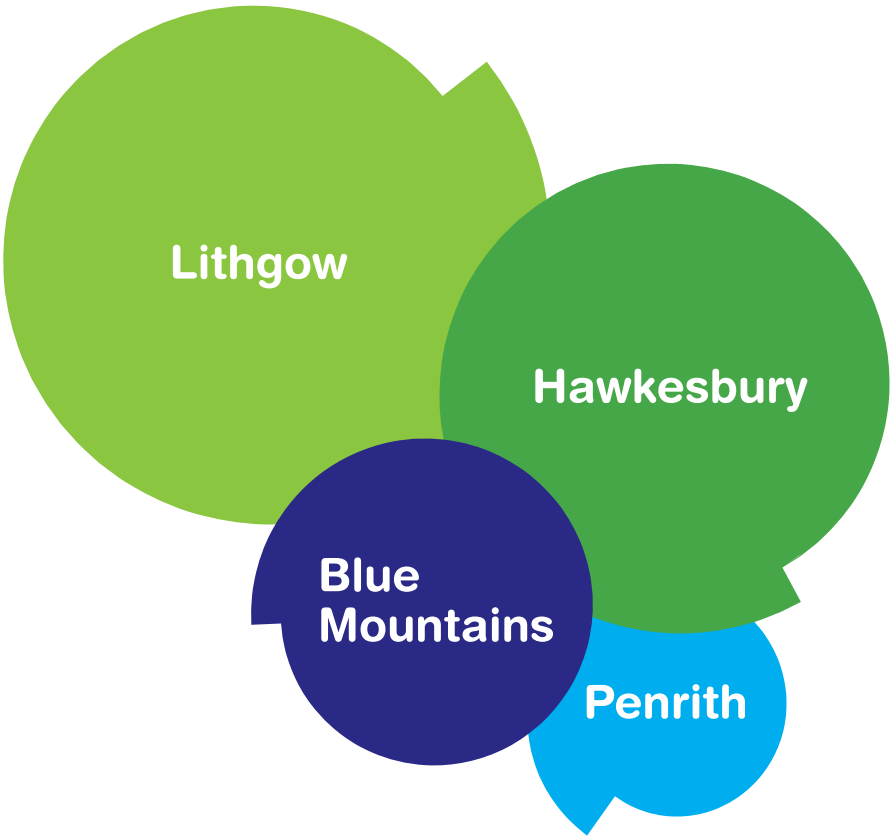
Our member organisations include:

- Allied Health Profession Australia
- Australian Primary Health Care Nurses Association
- Blue Mountains GP Network
- Lithgow City Council
- Nepean GP Network
- Western Sydney Regional Organisation of Councils

Our History

Wentworth Healthcare was founded by Nepean Division of General Practice, Blue Mountains GP Network and Hawkesbury-Hills Division of General Practice in 2012. Since 2015 we have held a contract with the Commonwealth Department of Health to deliver the Primary Health Networks (PHNs) programme in the Nepean Blue Mountains region.

Currently, we employ over 70 talented professionals and are governed by a skills based board of nine directors. Our head office is located at Penrith and we have a regional office in Katoomba.



Our Region

The Nepean Blue Mountains region is located in NSW, approximately 60km west of Sydney. Comprised of urban, semi-rural and rural areas, the region covers over 9,000 square kilometres, from St Marys in the east to Portland in the west, and two thirds sits within a designated World Heritage Area.

There is a large Aboriginal population in the region, representing 2.6% of the total population, as well as a culturally and linguistically diverse population. The Dharug, Gundungurra and Wiradjuri people are acknowledged as the traditional owners of the land.

The region is serviced by just under 500 GPs within 138 general practices. There are over 1,200 allied health providers in the region.

Nationally, Primary Health Networks' priorities are in the areas of mental health, Aboriginal & Torres Strait Islander health, population health, the health workforce, digital health and aged care.

Due to many reasons, including the large size of land the region spans and the relatively low population density (particularly in the Blue Mountains, Hawkesbury and Lithgow), accessing healthcare services has been identified as a significant issue in our region by consumers.

GP Representation across the Region

LGA	Number of GPs	Population	GP per 100,000
Lithgow	33	20,160	143.8
Blue Mountains	112	75,942	104
Hawkesbury	94	62,353	113.9
Penrith	249	178,467	99.2
Total	**488**	**336,922**	**105.7**

Source: Chilli Database – Nepean Blue Mountains PHN (2011).

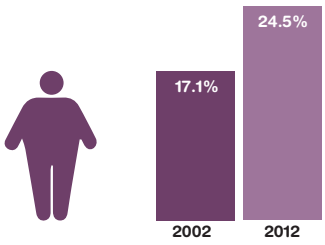
National Average (GPs per 100,000 population)	138.9
NSW Average (GPs per 100,000 population)	134.9

Population

LGA	Population	Population Density People per hectare	Land Area (km²)
Blue Mountains	78,705	0.55	1,432
Hawkesbury	66,136	0.25	2,776
Lithgow	21,524	0.05	4,567
Penrith	201,400	4.98	405
TOTAL	**367,765**		**9,180**

Census data, 2016

Adult Health



Obesity in adults increased more than 43% across a 10 year period

32.1%

Cardiovascular disease the leading cause of death, representing 32.1% of all deaths

4.7%

Cardiovascular disease hospitalisations 4.7% of overall hospitalisations

7.6% Diagnosed with diabetes

13.8% Diagnosed with asthma

Youth Health

1 in 3
are overweight or obese

More than 3 in every 20 youth smoke

1 in 3
drink at risky levels

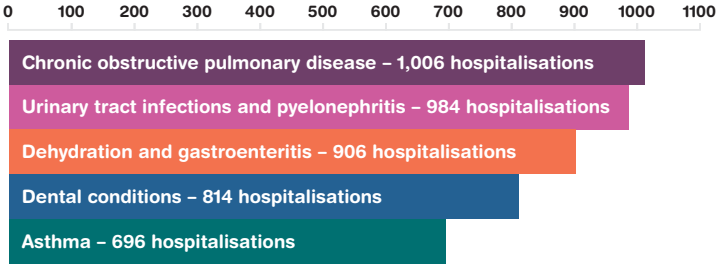
1 in 4
youth have a mental disorder

Males make up more than 7 in every 10 deaths

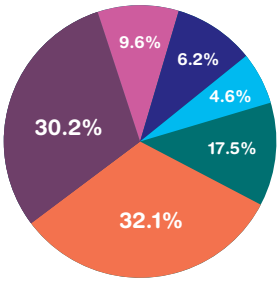
Almost 1 in 3
have been diagnosed with asthma

Preventable Hospitalisations

The highest number of potentially preventable hospitalisations were for:



Leading Causes of Death



Cardiovascular Diseases
629 deaths (32.1% of deaths)

Injury and Poisoning
122 deaths (6.2% of deaths)

Cancer
592 deaths (30.2% of deaths)

Mental Disorders
91 deaths (4.6% of deaths)

Respiratory Diseases
188 deaths (9.6% of deaths)

Other Causes
(17.5% of deaths)

Page 6-8 data sourced from Nepean Blue Mountains Needs Assessment 2016/2017

What We Do

Below are just a few statistics that show how we have supported the healthcare workforce and people in our community this year through services we commission or provide.

18,492
Shared Health Summaries uploaded by GPs

15% increase
breast cancer screening in Lithgow Aboriginal & Torres Strait Islander women

21,492
funded After Hours consultations

26,475
Mental health consultations

1,458
General Practice Support activities

1,085
Continuing Professional Development Education Event attendances

1,141
Specialist Outreach clinical consultations

In addition, we helped to recruit 5 GPs, 5 practice nurses, 14 administrative staff and 6 allied health professionals to serve the region's growing population.

Message from the CEO

Lizz Reay

The last year has been an exciting one, marked by many highlights for our organisation that tangibly support and progress our vision of improved health for the community.

A major focus has been on commissioning new services for our region, particularly in the areas of drug and alcohol treatment services and mental health. We are proud of the extensive consultation undertaken as part of this work. We have taken the time to identify service gaps and community needs; to consult with stakeholders and develop relevant advisory groups to inform and guide our approach; to consider best practice in service delivery and design appropriate service specifications with others; to implement robust and culturally appropriate tendering and procurement processes guided by advice from our Aboriginal Advisory Committee.

One of the more difficult changes associated with this new mode of service delivery was saying goodbye to a number of staff during the year, some who had worked for Wentworth Healthcare (or its predecessor organisations) for many years. Penrith Doctors is now managing the Penrith After Hours Service, our longstanding Closing the Gap program transitioned to Nepean Community & Neighbourhood Services, and the Department of Health awarded the Healthy for Life program contract to Wellington Aboriginal Corporation Health Service. Thanks to the staff who have been so committed to providing these services.

Other significant highlights include commencing the HealthPathways program, initiatives to improve cancer screening, support COPD management, data quality improvement programs in general practice, our extensive continuing professional development program, expansion of specialist outreach services and the successful roll out of the My Health Record opt-out trial.

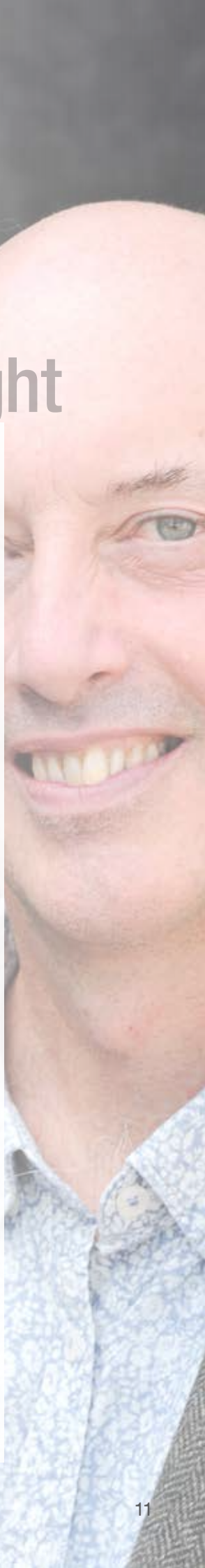
A huge thank you to all our wonderful staff, with a special mention to those that work behind the scenes and keep the organisation functioning. From finance, to communications, administration services, data and health planning, workforce support and stakeholder engagement, you are the foundations that enable our successes to be achieved.

Lastly, thank you to the Board for your strategic vision and support this year and into the future.

Lizz Reay

Message from the CHAIR

Dr Andrew Knight



The last 12 months has been a period of significant achievement for Wentworth Healthcare Ltd. We have expanded our delivery of programs and services across a range of new health areas, as well a continuing our high level of coordination and support for ongoing initiatives. As an indication the increasing recognition NBMPHN is receiving we have been chosen to lead in nationally significant projects such as the opt off trial for the My Health Record and the Health Care Homes trial.

We have been successful in winning state level contracts such as those with the Cancer Institute of NSW. We are delighted with the early impacts of these programs, such as a 15% increase in breast screening rates amongst Aboriginal & Torres Strait Islander women in Lithgow.

The company has been very active in commissioning. For example in Drug and Alcohol, and Mental Health we will have 13 new services in place for our local community by the end of this year. For many areas this is the first time they will have access to such services locally. Our mental health team is now conducting a review of our existing mental health programs in line with the recommendations from the Government's Mental Health Review that has led to the phased introduction of a Stepped Care Model which will further provide more individually tailored care.

Our partnership with the Nepean Blue Mountains Local Health District has deepened and borne fruit as we work together on common priorities. HealthPathways has commenced, greatly enhancing collaboration between health professionals across the community. Before the end of the year, our HealthPathways website will launch with over 60 locally-developed pathways and many more under development.

Following our successful opt-out trial of the My Health Record, 98% of residents in our region have an electronic My Health Record and within general practice, the number of shared health summaries uploaded to it each month has risen from below 100 before the trial to approximately 2,000 by June 2017.

I must recognise our CEO Lizz Reay and her team for a year of very hard work and very strong achievement. On behalf of the board thank you.

I would like to thank the GPs, practice staff, allied health professionals, clinical advisors, advisory committees, and partner organisations that have worked closely with us this year to help us bring about improvement to the connectivity within the healthcare system in our region. And finally a big thank you to the many consumers who give so much of themselves to improving health across the region through participation at every level.

Without you all, the work to achieve our vision and mission would not be possible.

Dr Andrew Knight

Programs and Services

After Hours

After hours services are vital to assist the people in our region when medical care may be needed outside of normal business hours.

This year, through our funding initiatives we have been able to support provision of a 24 hour pharmacy (Penrith), two After Hours GP Clinics open seven days a week (Hawkesbury & Penrith) and one After Hours GP Clinic open weekends and public holidays (Lithgow). These three GP clinics have provided more than 15,000 consultations this year.

Three medical deputising services have assisted Residential Aged Care Facilities, and we have actively campaigned to promote awareness of after hours services to the people in our community. Our achievements have included:

- Increasing after hours service coverage in the Hawkesbury LGA
- Transitioning the Penrith After Hours Doctor Service to a new location
- Broadening the provision of Medical Deputising services in our region

www.nbmphn.com.au/AfterHours

184,825
after hours consultations
(↑ nearly 30% from last year)

Nearly 12%
of these consultations have been funded under the PHN program (21,492)

"I went to the After Hours Clinic on a Sunday to bring my daughter who was very concerned with a health issue. I was surprised that the wait wasn't very long; the nurse was lovely and reassuring; the GP was very thorough and took time to explain the issue so that my daughter could understand it. I would go back to the AH Clinic again."

Resident of Penrith

98%
of the people in our region have a My Health Record

82% increase in practices registered for My Health Record

800% increase in hospital eDischarge summaries uploaded

My Health Record

My Health Record is a secure online summary of a person's health information such as allergies, significant history, medications and immunisations that is controlled by the patient and can be accessed by registered healthcare practitioners.

Our digital health team works with computerised general practices, specialists, allied health, pharmacies and dental surgeries to support and enhance their use of the My Health Record system.

We were one of only two PHNs involved in the national My Health Record opt-out trial. We set the benchmark in terms of communication strategies and stakeholder engagement, and during the trial directly reached more than 106,000 consumers to raise awareness and provide information about My Health Record.

Our region's general practices are increasingly uploading Shared Health Summaries to My Health Record. Before the trial, an average of less than 100 per month were uploaded, compared with approx. 2,000 per month uploaded by June 2017. The number of practices in the region uploading Shared Health Summaries increased from 15% prior to the trial, to 70%.

As a result of the trial, there are now plans to expand the My Health Record opt-out model throughout the rest of Australia in 2018, and we are in the process of producing a comprehensive learnings report for publishing, that can be used by other Primary Health Networks.

www.nbmphn.com.au/MyHealthRecord

26,475
occasions of service

Mental Health, Alcohol and Other Drugs

Primary mental healthcare service delivery is moving towards a stepped care approach as part of the reforms implemented by the Commonwealth Department of Health. This approach will support people to access services based on their needs, when they need it.

Wentworth Healthcare coordinates a number of different mental health programs that support people with mental illness at different levels of intensity through contracts with healthcare providers or organisations.

This includes services for people with mild to moderate mental health such as Access to Allied Psychological Services (ATAPS) and the Penrith youth focused headspace service, as well as services for people with more severe and persistent mental illness such as the Partners in Recovery (PIR) program, access to a credentialed mental health nurse

and the headspace Youth Early Psychosis Program. These services form part of a stepped care approach which is congruent with the outcomes of reforms announced by the Commonwealth Department of Health in 2015 following a review of primary mental healthcare services.

We will continue to review, design and develop services as part of the reform work to implement a stepped care model for our region including promoting low intensity services and more services for people with persistent mental illness.

Psychological Services – ATAPS

The Access to Allied Psychological Services (ATAPS) program allows GPs to refer patients with mild to moderate mental health issues for subsidised psychological intervention.

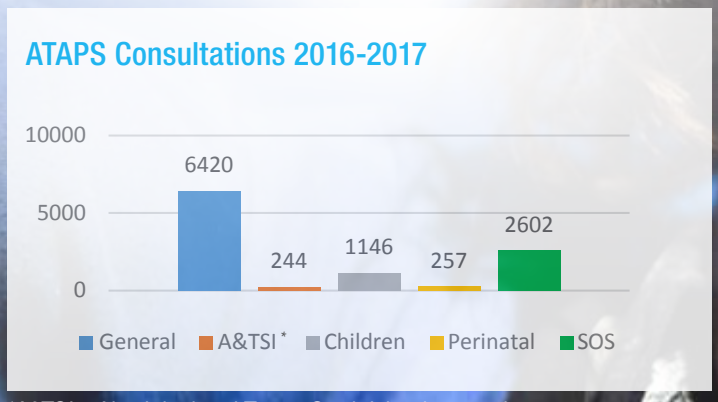
ATAPS programs are available for adults (general), children, Aboriginal & Torres Strait Islander peoples, new mothers (perinatal) and suicide prevention (SOS).

This year saw an increase from previous years in the demand for the Suicide Prevention Service (SOS), with a 33% increase in referrals and a 23.5% increase in sessions.

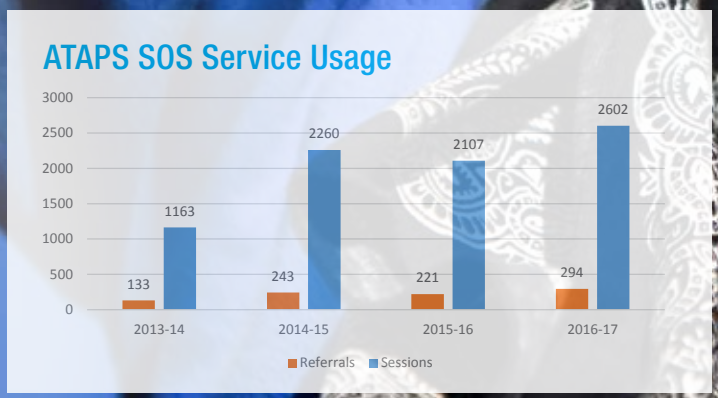
A review of the ATAPS service will commence with stakeholder consultations in July 2017.

10,669
consultations by 89
mental health professionals

www.nbmphn.com.au/ATAPS



A&TSI – Aboriginal and Torres Strait Islander peoples



44,296
page views

5,548 sessions

3,784 users

Mental Health Help Website

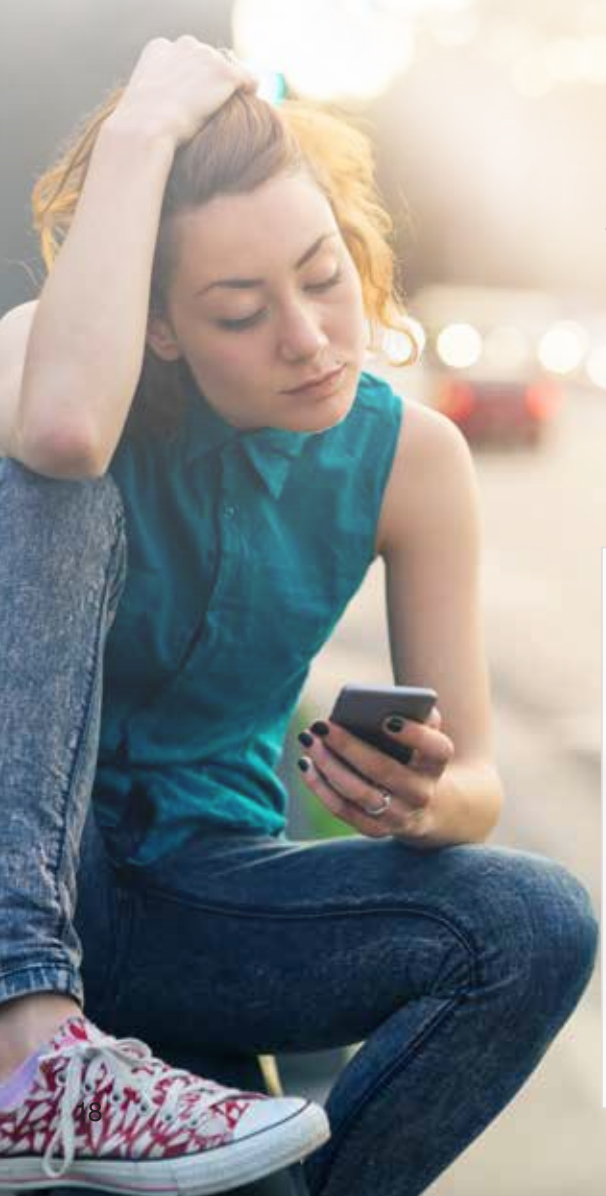
Helping our community to find the right mental health support.

Last year, we launched a website co-designed with consumers to provide information about the local mental health services available and how to access them.

The site is being used equally as a source of information for carers as well as people seeking mental health assistance for themselves. Some of the top areas of interest are the Service Directory, the 'Who Can Help?' page and the resources section.

www.mentalhealthhelp.com.au

1,404
occasions of service delivered by 7 Mental Health Nurses



Mental Health Nurse Incentive Program (MHNIP)

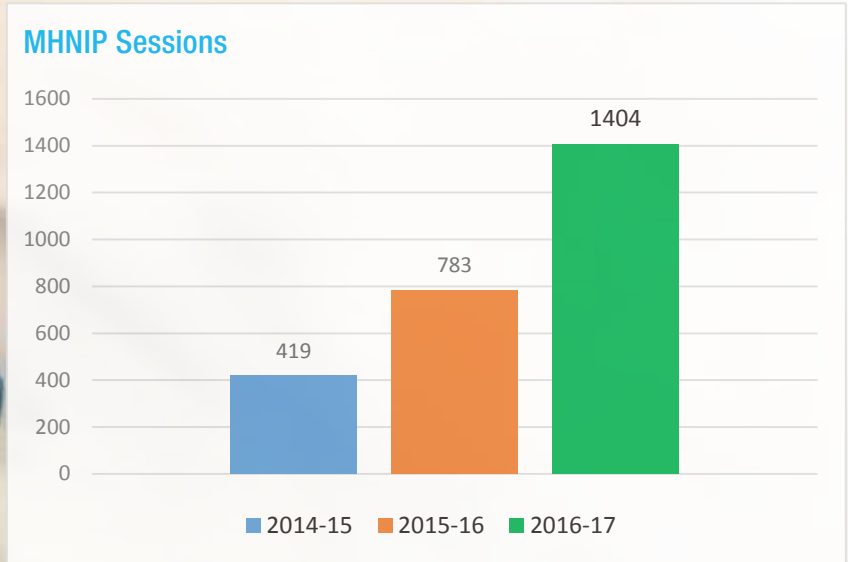
A community based mental health service provided by credentialed mental health nurses that offers coordinated clinical care and support for people with severe and persistent mental illness.

Services are provided free of charge to the client in a range of settings including a patient's home, or the nurse or GP office.

In July 2016, funding for this program transitioned to PHNs. Previously it was funded via the Department of Human Services in which GP practices and other organisations could directly engage the services of a mental health nurse and claim session funding through Medicare.

The result has seen an increase in the level of services commissioned by the PHN from previous years, and better distribution of services with all LGAs in the region now having access to a credentialed mental health nurse providing the service. Co-location of the MHNIP service at the LikeMind facility in Penrith has been a beneficial partnership, improving access to services for mental health customers.

www.nbmphn.com.au/MHNIP



headspace

Mental health services for young people (aged 12-25).

We coordinate funding for headspace's early intervention service for young people at ultra-high risk or with first episode psychosis, and their families. headspace provides a holistic approach to their care and support in every aspect of their lives, such as education, employment and relationships.

headspace also improves mental health outcomes for young people with or at risk of mild to moderate mental illness, offering a highly accessible, youth friendly integrated service that responds to mental health, general health, alcohol and other drug and vocational concerns.

Partners in Recovery

The Partners in Recovery (PIR) program is transitioning to the National Disability Insurance Scheme (NDIS). Support Facilitators continue to support existing participants in the program who have severe and persistent mental illness with complex support needs, helping them to access the NDIS.

For clients that are ineligible for the NDIS, PIR provides continuity of support until alternative arrangements are in place.

Notable achievements include:

- Over 30 Occupational Therapist assessments completed to support NDIS applications
- 70 NDIS applications submitted
- 45 consumers eligible for the NDIS and 15 pending a decision
- Over 40 National Disability Insurance Agency Local Area Coordinators educated on the PIR Program and Psychosocial Disability

Over 250 people have attended our NDIS education sessions including GPs, AHP, Consumers and Carers, Mental Health Clinicians and NGOs.

As part of Mental Health Month in October we coordinated a 'Day' of activities supporting mental health well-being and recovery in our community.

www.nbmphn.com.au/PIR

14,402
PIR support facilitation occasions of service

427
consumers supported

PIR staff attending the Mental Health Month event at the Mondo in Penrith.

Providers attending our new Alcohol and Other Drugs and Mental Health services showcase.

Alcohol and Other Drugs

This year we launched our program to commission treatment services that reduce the harm associated with drugs and alcohol – including Indigenous-specific services – with a focus on methamphetamine use in the community.

As a new initiative, work this year has been focused on identifying treatment services most needed in our region and service providers who can deliver these services. Key to our success has been the significant consultation with providers and the community. On advice from our Aboriginal Advisory committee, indigenous specific services address both drug and alcohol and mental health treatment

In April, the Dianella Cottage Lithgow Outreach service was launched. Operated by Lyndon Community, this is a service that provides non-residential treatment for women with drug and alcohol and mental health issues and specialises in post-traumatic stress and complex trauma.

Newly commissioned Alcohol and Other Drugs and Mental Health Services

This year we have also identified and commissioned new services relating to Alcohol and Other Drugs, and Mental Health that will be available by the end of the year:

Education/professional development

- Education and training to healthcare professionals regarding low intensity mental health options for people with emerging or low to moderate mental illness. Delivered by Black Dog Institute.
- Professional development for general practice staff regarding alcohol and other drugs. Delivered by Lyndon Community.
- Suicide prevention education and training for specific identified people who may have a gatekeeper role (eg. from receptionists to Meals on Wheels providers) in the community; and a suicide prevention ‘train-the-trainer’ program. Delivered by Wesley Community Services.
- Development of a skilled Aboriginal workforce as an important precursor to culturally secure services. Delivered by The Poche Centre for Indigenous Health (Sydney Medical School, The University of Sydney).

Early Intervention/Prevention

- An early intervention for Young Aboriginal people at-risk of mental illness and alcohol and other drugs addiction, focussing on connection to culture to address the rising prevalence of crystalline methamphetamine (ICE) and the increasing risk of suicide and mental illness. Delivered by the Blue Mountains Aboriginal Culture and Resource Centre.

- Targeted early intervention for alcohol and other drug use in young people (with a particular focus on crystalline methamphetamine use). Delivered by the Ted Noffs Foundation.

Care Coordination

- Care coordination service for Aboriginal people with a dual diagnosis of alcohol and other drugs addiction and mental illness. Delivered by the Nepean Community & Neighbourhood Services.

Capacity Building & Support

- Individual capacity building for clients of the Partners In Recovery (PIR) program. Delivered by Aftercare.

Relapse prevention (aftercare)

- Alcohol and other drugs aftercare and relapse prevention assessment and one-on-one aftercare for clients recovering from alcohol and/or other drugs addiction (Penrith/Windsor). Delivered by One80TC.
- Alcohol and other drugs aftercare and relapse prevention – after release from WHOS, Nepean Detox and residential treatment placements for clients recovering from alcohol and/or other drugs addiction. Delivered by WHOS (we help ourselves).
- Alcohol and other drugs aftercare and relapse prevention – assessment and one-on-one aftercare for clients recovering from alcohol and/or other drugs addiction (Katoomba/Lithgow). Delivered by The Lyndon Community.
- A women's drug & alcohol program that support coexisting drug, alcohol and mental health issues, including PTSD and complex trauma. For women at all stages of addressing their substance use (Katoomba/Lithgow). Delivered by Dianella Cottage, a program of the Lyndon Community.

www.nbmphn.com.au/AOD

17,576
occasions of service

Population Health

Aboriginal Health

The Closing the Gap (otherwise known as Integrated Team Care) program supports Aboriginal & Torres Strait Islander people to access the health services they need.

This year, 315 Aboriginal & Torres Strait Islander clients were visited, with Care Coordinators facilitating 254 clients to access specialists and 191 to access allied health services.

Aboriginal Outreach Workers provided 2,196 occasions of service. The Indigenous Health Project Officers promoted the program to general practices, with 70 practices being registered for the Indigenous Practice Incentive Program.

We supported over 40 cultural and networking events across the region, including: NAIDOC Jamison Park, NAIDOC Cup, Sorry Day events, National Reconciliation Week and Flag Raising Ceremonies, and the Aboriginal Chronic Health Forum.

In May 2017, we transitioned the Integrated Team Care program and staff to Nepean Community & Neighbourhood Services who continue to deliver the program. This year, we also appointed an Aboriginal Liaison Officer to provide operational and strategic support in developing effective healthcare models and service delivery activities to improve the health and well-being of Aboriginal & Torres Strait Islander communities across the region.

Following six years of managing the Healthy for Life program – which supported the Aboriginal community in the Blue Mountains – new Department of Health funding arrangements meant the funding and contract for this program were awarded to the Wellington Aboriginal Corporate Health Service. We thank everyone involved this program while it was under our umbrella, as well as the healthcare providers who were so committed to this initiative.

www.nbmphn.com.au/AboriginalHealth

Older Persons Health

Due to the impact a growing ageing population has on health services, understanding the health needs of Older Persons Health in the region and being innovative in managing these needs (including avoiding unnecessary hospitalisations) is one of our priorities.

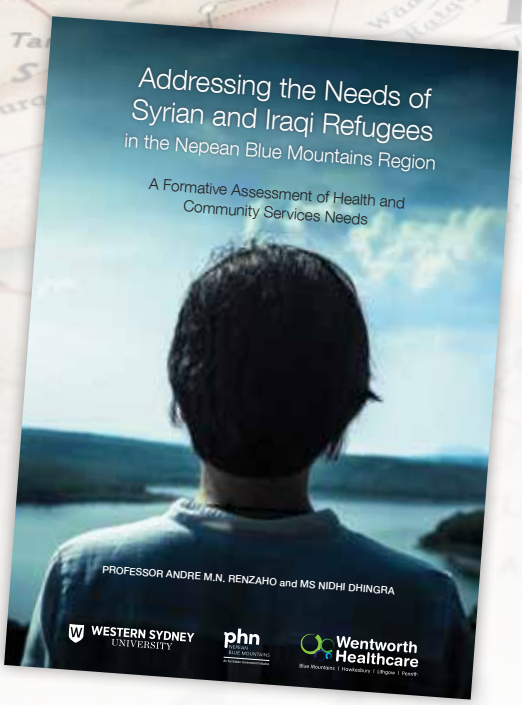
In late 2016, we launched a poster and mobile-friendly website to help inform the decision process for Residential Aged Care Facilities and GPs in managing the declining health of an older person (**www.agedcarewentworth.com.au**). This was developed as an outcome of our Older Persons Care Consortium (2015).

In addition, we are part of a partnership with Penrith City Council, Nepean Blue Mountains Local Health District, Community Junction, Westcare, and Uniting Ability Links, that has established our region's first Village Café. This innovative 'pop-up' style Café is located at North St Marys, appearing every fortnight in the Village Green, and addressing health topics such as active ageing, influenza vaccination, safety at home, falls prevention and heart health.

In late 2017, we will launch a campaign to educate our older community on the appropriate use of antibiotics, to reduce antibiotic resistance.

www.nbmphn.com.au/AgedCare

The Village Cafe initiative has a focus on improving the health literacy and social connection of older residents within the North St Marys area.



Migrant Health

Our Migrant Health initiative is about improving access to primary care services for migrants and refugees by ensuring practices provide culturally safe environments.

A relatively new project for our organisation, we have kick-started it by commissioning 100 licenses for a Cultural Competency Training Program delivered online for practice nurses and practice staff.

This program provides practice nurses with 8 CPD points on completion and has been developed by SBS through a rigorous process of consultation and engagement with cultural experts.

A research project identifying the health needs of Syrian and Iraqi Refugees in our region was undertaken, with the results being published in the report *Addressing the Needs of Syrian and Iraqi Refugees in the Nepean Blue Mountains Region. A Formative Assessment of Health and Community Services Needs*.

www.nbmphn.com.au/reports

Health Transport

Consultation with the local community has clearly identified a major need in relation to accessing health services. The issues relate not just to the availability of transport to health services but also to a lack of awareness within the community of what transport options are available.

Through community input, we were able to publish information about local health transport options on our website. We have now undertaken a process to translate the current health transport information we offer into a dedicated Health Transport website for our region.

The new, mobile friendly website will outline transport options within each LGA using a ‘decision tree’ to help identify the transport services an individual is eligible for, with the aim to connect people in our community with the most suitable health transport option for them.

The website is due to go live in October 2017, giving us the opportunity to continue our community consultation so that this online tool can grow and improve over time.

www.nbmhealthtransport.com.au

Immunisation

We provide support to primary healthcare providers and raise awareness in the community to assist in reducing the rate of vaccine-preventable diseases in our region. This year our childhood immunisation rates have continued to rise, with an increase of nearly 7% in Aboriginal child immunisation rates since 2013.

Our Practice Support team has assisted with Cold Chain (vaccine storage) training in practices across the region and educational publications, such as Closing the Gap on Immunisation.

Our Immunisation Update Workshops offer ongoing healthcare provider education, which we present in conjunction with the Public Health Unit.

We are partnering with the University of Technology Sydney (UTS) and National Centre for Immunisation Research & Surveillance (NCIRS) in a research project into the vaccination attitudes of Blue Mountains residents and complementary and alternative medicine providers, where immunisation rates are the lowest in the region.

97.5%
of Aboriginal children and 94.7% of non-Aboriginal children fully immunised by the age of 5

Aboriginal child immunisation rates
5% above the national average

What is Commissioning?

Commissioning is a structured and planned process to support the development and delivery of healthcare services. Ultimately, it ensures health gaps are filled in the most effective and efficient ways possible.

It involves identifying and prioritising health needs, planning and developing workable solutions, implementing or purchasing the required services from others, and evaluating and monitoring the outcomes to ensure objectives are met or opportunities for ongoing improvement are identified.

The Department of Health requires PHNs to fund other organisations to provide any patient or clinical services rather than provide them directly ourselves – unless of course there is no other alternative.

Health Planning & Integration

This area focuses on ways to achieve a better connected and integrated system of healthcare to provide a seamless patient journey and improve health outcomes for individuals as well as the entire region.

It involves collaboration between healthcare system providers in all sectors at all levels that affect a patient's journey.

It also demands a rigorous process of reviewing data and feedback from key stakeholders, including consumers, so the development of new health services contributes toward or addresses local needs. Planning for health services is an integral part of our commissioning process (see box left).

In 2016, we published a 'Needs Assessment' report which documented the basis of our health service planning. The outcomes of this report have helped us to determine key priorities addressing chronic and complex conditions, mental health, drug and alcohol, the needs of older people, access to health services including after hours, and cultural and demographic considerations affecting primary healthcare.

The Needs Assessment is an ongoing process to inform and shape future health planning in our region.

81
pathways developed

HealthPathways

HealthPathways is an online decision support tool that provides GPs and other healthcare providers with clinical information and referral options to support point of care assessment and management of their patients.

We work jointly with Nepean Blue Mountains Local Health District to facilitate a collaborative approach to the co-design of clinical information and referral options between GPs and secondary care specialists in our region.

A local team of clinical leads, comprising of six clinical editors and other representatives from general practice, in conjunction with subject matter experts from acute care, has drafted the initial round of pathways in areas that include Assault or Abuse, Child Health, Diabetes, Endocrinology, Gynaecology, Infectious Diseases, Mental Health, Palliative Care, Pregnancy, Sexual health, Sleep, and Urology.

This active, collaborative process has had a significant impact on how the different sectors of health work together to effectively develop improved patient journeys.

The HealthPathways website is due to be launched in late 2017.

www.nbmphn.com.au/HealthPathways

Cancer Screening

Cancer is the leading cause of death across the world and estimated to be the leading cause for burden of disease in Australia. Our region's bowel, breast and cervical screening rates are below the state average, in some cases by more 10%, which is a driving factor behind our cancer screening program.

In partnership with the NSW Cancer Institute, our Cancer Screening program works with general practices to create sustainable practice systems that improve patient access and increase bowel, breast and cervical cancer screening rates throughout the region.

Although the program was only introduced this year, we are already seeing improvements to systems and services delivered, and during 2017/2018 will be able to access the results of the measures of 'quality improvement' as part of this initiative.

In tandem, the cultural needs of the Aboriginal and Culturally and Linguistically Diverse communities have also been prioritised. In February 2017, we commissioned Community Health Worker, Elly Chatfield – also a member of the Lithgow Aboriginal community – to support health literacy with breast-screening and to provide encouragement and support for Aboriginal women in Lithgow to undertake breast cancer screening.

Elly has been building relationships and trust with this community through well-being and cultural workshops that focus on breast screening.

www.nbmphn.com.au/CancerScreening

15%

improvement in Aboriginal & Torres Strait Islander breast screening rates in Lithgow

"Highly-respected Aunties had the most impact because other ladies will follow... My work is immensely important for the community because Aboriginal women forget that they need to take care of themselves before they can take care of their family."

Elly Chatfield

Elly Chatfield (L) visiting the local community.

Chronic Obstructive Pulmonary Disease (COPD)

Respiratory disease, including Chronic Obstructive Pulmonary disease (COPD), accounts for 7.1% of the burden of disease (deaths and hospitalisation) in Australia.

In our region, respiratory disease is the third leading cause of death (on average 188 deaths per year) and 4.9% of hospitalisations (6,488 people).

In partnership with Nepean Blue Mountains Local Health District, we formed a 'COPD collaborative' to address these high presentation rates, focusing on improving the identification, assessment and management of patients with COPD within general practice, where the majority of care should occur. Fifteen general practices are participating in this initiative.

At the same time, we are working to map gaps in service connectivity, and pathways of care to help patients with COPD to stay out of hospital. This will take place over the next 12 months, when we will be able to measure some of the outcomes from this project.

www.nbmphn.com.au/COPD

1,141
consultations

Services include:

- speech pathology
- psychiatry
- paediatric
- endocrinology
- diabetes

Outreach Clinics

Our outreach health services are located in Lithgow, Portland, Katoomba and Windsor. Aboriginal & Torres Strait Islander people and those experiencing difficulty in accessing health services are given priority. We receive funding from the NSW Rural Doctors Network (NSWRDN) to develop and coordinate these clinics.

This year, we established a bulk-billed multi-disciplinary diabetes clinic in Windsor under the NSWRDN's Medical Outreach – Indigenous Chronic Disease Program, in response to a lack of specialist diabetes services in the Hawkesbury area. An endocrinologist and a diabetes educator provide fortnightly diabetes services at the clinic.

We also have temporarily expanded our existing outreach paediatric clinic, to provide comprehensive developmental assessments and reports for eligible children in the Blue Mountains and Lithgow areas.

www.nbmphn.com.au/outreach

Practice Support

General Practice Support

Our General Practice Support team works collaboratively with primary care providers in the region, to maintain and build the capacity of their systems and services supporting the delivery of quality patient care.

Some of the ways we help primary healthcare are through:

- Continuing Professional Development and educational opportunities
- Workforce and recruitment support
- Guidance and support with practice Accreditation processes
- Data Management and Quality Improvement tools and expertise, including data cleansing, recall and reminder systems, and chronic disease clinical audits
- Provision of a health news and information service
- Facilitating opportunities for networking and professional collaboration
- Supporting practice nurses in areas such as immunisation, chronic disease management, wound management, and health prevention and screening

Our Practice Management and Practice Nurse Networks have both increased in size this year. In addition to our regular face-to-face meetings, members of these networks are supported by online forums to allow collaboration and discussion 24/7, and during the next year, we will be forming a Nurse Leadership group within the region.

Accreditation is a significant process for any general practice to undertake, and of the 132 practices in the region, 77% of eligible computerised practices are accredited. Our team assists with many

1,458
activities across 132 practices

"NBMPHN was exceptionally supportive when our practice recently undertook re-accreditation. Georgina provided me with enough information on how to access data required and how to format notes. Georgina was a great reference source for our recent accreditation.

In fact, all the PHN staff we deal with have been very polite and helpful."

Lakes Drive Family Practice, Glenmore Park

(L to R) Dr Fermin Tabasuarez, Georgina McHugh and Julie Welsh.

What is Primary Healthcare?

GPs, dietitians or physio therapists are just some of the health professionals that provide **primary healthcare**.

Primary healthcare is the part of Australia's health system that people use the most.

It includes first point of call services for prevention, diagnosis and treatment of ill-health, and ongoing management of chronic disease.

A strong primary healthcare system is crucial to ensuring that people can get the healthcare they need, when they need it, where they need it. It helps people better manage their health and plays an important role in preventing disease.

aspects of accreditation, including MOCK surveys in preparation for the accreditation survey and practice training for administration staff.

In terms of data management and quality improvement, as at the end of June 49% of eligible (computerised) practices are using the software tool, PENCS, which we provide. This allows practices to more easily access and analyse their patient data, ultimately helping them to deliver better care to their patients. Our team offers expertise in mining de-identified data and we work with practices to uncover what the trends in their data mean and how their practice can best use this information to enhance the healthcare management for their patients.

We are running two Clinical Audit Programs in the areas of Cancer Screening and Chronic Obstructive Pulmonary Disease, each of these programs running over a 9 to 15 month period to support earlier diagnosis and improvements in the management of patients.

This year, we were chosen as one of ten PHNs nationally to implement stage one of the Health Care Home model. A Health Care Home is a General Practice "home base" that coordinates comprehensive care for patients with chronic and complex conditions. There are 17 practices within our region shortlisted for Health Care Homes, which is likely to begin rolling out in December 2017.

www.nbmphn.com.au/PracticeSupport

326 workforce support consultation (across **64** practices and **41** job seekers)

129
job vacancies advertised for **52** practices

236
healthcare job seekers' resumes through our job matching service

Workforce

Our Workforce Program helps to develop a sustainable and skilled primary healthcare workforce, through the provision of workforce support and development.

Workforce consultations dealt with enquiries relating to District of Workforce Shortage (DWS), Area of Need (AoN), General Recruitment, Locum, Deputising Service, Outreach services and Buying/Selling practices.

We helped to recruit 5 GPs, 5 practice nurses, 14 administrative staff and 6 allied health professionals to serve the region's growing population.

We also have been working closely with Regional Training Organisation, GP Synergy, to attract a steady number of GP Registrars into the region.

www.nbmphn.com.au/workforce

CPD & Education

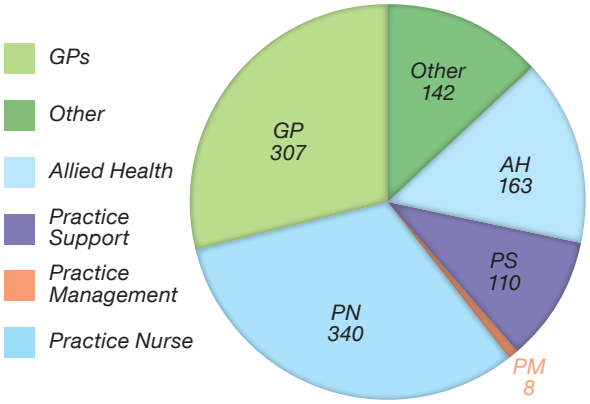
We partner with training organisations, professional bodies, the Local Health District and local clinicians to deliver relevant, high quality professional development free of charge to health professionals working in the region.

Our professional development program provides Continuing Professional Development (CPD) events for GPs and other health professionals. These educational activities offer information on local health services and referral pathways as well as opportunities for professional peer networking.

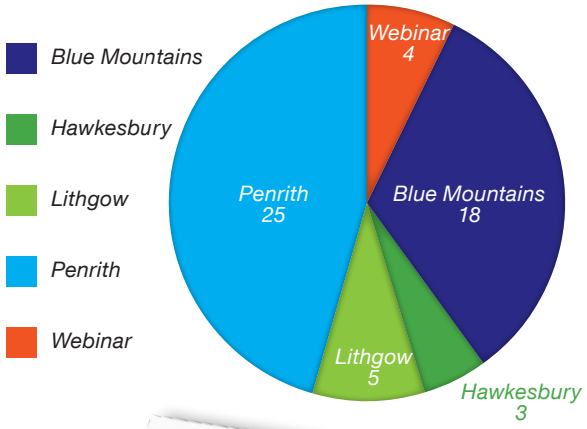
56 educational events held

1,085+ health professional attendances

Event Attendance by Discipline – 2017/16



Events by LGA



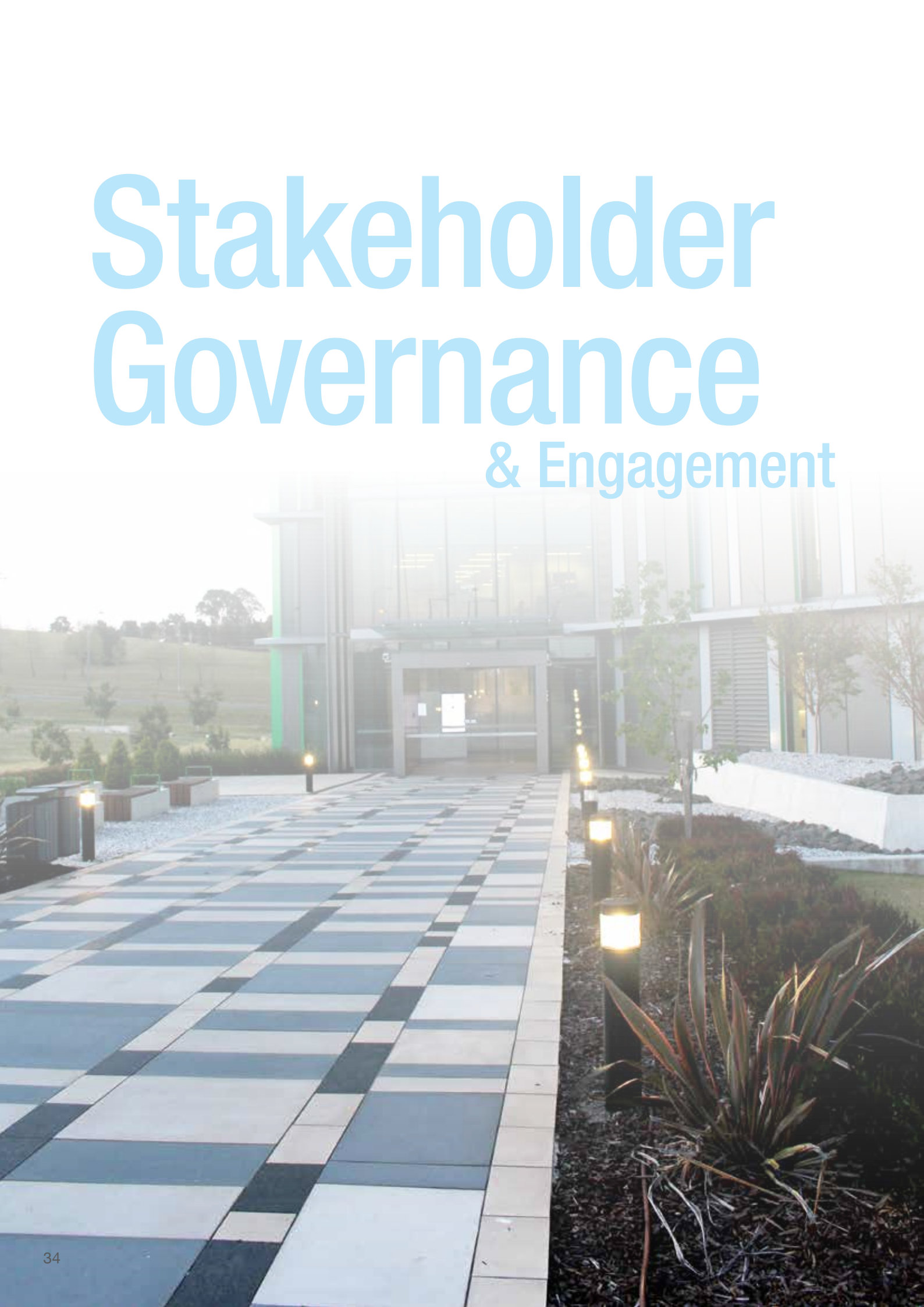
Highlights this year have included:

- Partnering with the Australian Primary Health Care Nurses Association to provide three, two-day workshops for practice nurses.
- A mini-conference on Clinical Paediatrics that was attended by 77 GPs, specialists, nurses and allied health professionals.
- Co-designing and delivering regionally-tailored workshops for GPs and nurses on the topic of *Domestic Violence: How to Respond, Where to Refer* and *Preparing for a Disaster: Is Your Practice Ready?*
- Supporting the Nepean GP Network's regular lunchtime CPD for GPs program.
- Supporting the Blue Mountains GP Network's Evidence Based Medical Journal Club.

www.nbmphn.com.au/events

Paediatric Day 2017

Stakeholder Governance & Engagement



Engagement with stakeholders is fundamental to how we understand and deliver solutions for the health needs of our region.

Identifying local needs and collaborating with healthcare providers and consumers to deliver the highest standard of care cannot be achieved without an effective governance framework.

This includes four advisory bodies to guide the work we do: **a Clinical Council; GP Advisory Group; Community Advisory Committee; and Allied Health Advisory Committee**.

We also produce a suite of publications to keep the health professional community informed about relevant health initiatives and source feedback from these stakeholders, allowing us to maintain our focus on continuous improvement in the work we do.

Clinical Council

The multidisciplinary Clinical Council advises our Board on clinical issues – helping inform their decisions about health priorities and healthcare system improvements as part of our strategic planning.

The 17-strong membership features four GPs, two allied health providers, a practice nurse, a community pharmacist, specialist hospital clinicians from Nepean Blue Mountains Local Health District and Hawkesbury District Health Services, a health consumer representative, a university/research expert and ex-officio members (the Nepean Blue Mountains Local Health District CEO and CE).

This year, the Clinical Council provided advice on key areas such as the formation of a chronic care collaborative (to reduce the number of people presenting to hospital), after hours services in our region, and mental health reform in primary care.

Members also helped guide the development of an integration framework to support a seamless healthcare journey for patients and reduce the fragmentation of care.

In addition to our four advisory bodies, we also have a number of program specific clinical and community advisory committees that guide our work. Some of these include”

- joint PHN/LHD Alcohol and Other Drugs and Mental Health Aboriginal Advisory Committee
- Alcohol and Other Drugs, and Mental Health Advisory Committee
- Mental Health consumer and career committee
- COPD Advisory Committee
- Cancer Screening Advisory Committee

Almost 80%
of clinical leaders trained in health system transformation

11% GPs
formally engaging through advisory/ leadership role

"The GP Orthopaedic Advice Line is invaluable. It's really great to have a source of specialist advice at your fingertips – only a phone call away. The patients benefit too because when I've used the Line, in about 50% of cases, patients can be cared for by me without the need to go to hospital or to a specialist."

Dr Jennifer Daws, Balance Health Clinic Springwood

GP Advisory Committee

The GP Advisory Committee (GPAC) represents GPs in our four Local Government Areas, advising the Board and management on strategies to address region-wide issues facing GPs, while also considering the unique needs and concerns of the community.

This year the 11 members provided strategic advice on the development and implementation of a Health Care Home model across the region, and how we could develop a vision of integration of care with Nepean Blue Mountains Local Health District to help drive our work.

Members also provided input on the HealthPathways program and on ways GPs could be further supported with My Health Record.

GPAC's advice on how best to support and develop GPs in our region to build up the current pool of GP Clinical Advisors has led to a growing number of GPs who share their knowledge and provide direction about areas including cancer screening, alcohol and other drugs, mental health, HealthPathways, aged care, professional development and data quality.

As a result of GPAC's input, a GP Orthopaedic Advice Line was launched this year – a joint initiative with Nepean Blue Mountains Local Health District which receives up to 25 calls a week. GPs are able to discuss the patient's presentation details and receive quick and easy advice from an orthopaedic specialist on options for follow on care. The Advice Line has been a big success, resulting in more patients being cared for by GPs and less patients waiting in our busy Emergency Departments.

190%

increase in engagement with non-GP primary health professionals

Allied Health Advisory Committee

The Allied Health Advisory Committee (AHAC) represents Allied Health professionals from across the region, ensuring all providers 'have a voice' to share their concerns and ideas, regardless of their location in urban, outer urban or rural communities.

The Committee's 13 members includes representation from nine allied health disciplines. This year, through an allied health lens, they focused on a broad range of issues including workforce capacity and capability building, the National Disability Insurance Scheme, My Health Record workflow improvement and participation, Continuing Professional Development planning and the Health Care Homes initiative.

Community and Consumers

Our joint health consumer engagement program with Nepean Blue Mountains Local Health District includes more than 30 health consumers and community representatives.

These dedicated individuals contribute their experiences and those of their networks to help improve the health system. The goal is to create a more connected, "whole" system, in which GPs, the hospital system, other health professionals and consumers work together.

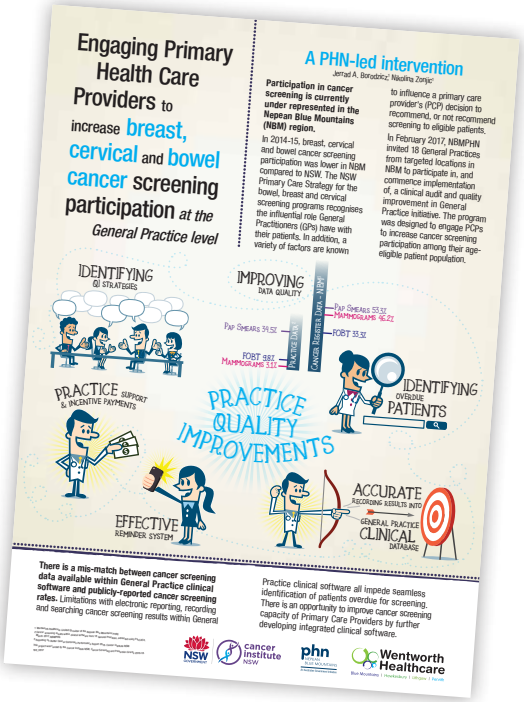
At the heart of the program is the Community Advisory Committee (CAC), with members helping to ensure decisions and innovations are patient-centred, high-quality, cost-effective and responsive to local community needs.

While CAC primarily works at a regional level, it connects in with the local Health Consumer Working Groups from each of our Local Government Areas and their networks.

www.nbmphn.com.au/Governance

Lizz Reay (PHN), Alan Stoneham (Penrith City Council) and Kay Hyman (LHD) signing the Principles of Collaboration Agreement for the Penrith Health Action Plan.

Research, Evaluation and Promotion



This year we have commissioned and/or partnered in several research and evaluation activities with Western Sydney University. This is giving the organisation valuable knowledge to help guide us in reaching our vision of improved health for the people in our community. These activities include:

- Reducing the impact of diabetes and its complications in the greater Western Sydney community.
- Addressing the needs of Syrian and Iraqi refugees.
- Understanding cancer screening in women and men from CALD communities.
- Evaluating of Wentworth Healthcare's cancer screening program.

We have contributed to publications, published articles and presented at numerous scientific and health sector events, including:

- Australian National Digital Health Agency (My Health Record & Digital Health)
- Three abstracts accepted for presentation at the International Mental Health Conference, to be held in August 2017 (Mental Health Navigation Tool, Lessons Learnt in implementation of CIMS in Mental Health programs and NDIS Resources and Tools)
- Two abstracts accepted for presentation at the Primary Health Care Research Conference in August 2017 (My Health Record and Mental Health Navigation Tool)
- Abstract accepted for presentation at the 2017 Health Informatics Conference in August 2017 (My Health Record)
- Poster presentation at 2017 NSW Rural Health & Research Congress (Lithgow Aboriginal women's breast screening project)
- Contributed to Special Issue on Primary Health Networks in The NADA Advocate – a publication from the Network of Alcohol and other Drugs Agencies (NADA)
- Publication on joint Nepean Blue Mountains PHN and LHD consumer strategy: Blignault Ilse, Aspinall Diana, Reay Lizz and Hyman Kay (2017) "Realisation of a joint consumer engagement strategy in the Nepean Blue Mountains region." *Australian Journal of Primary Health*. www.publish.csiro.au/PY/PY16103

- Publication on cancer service evaluation: Blignault Ilse, McDonnell Louise, Aspinall Diana, Yates Robyn and Reath Jennifer (2017) “Beyond diagnosis and survivorship: findings from a mixed-methods study of a community-based cancer support service” *Australian Journal of Primary Health* 23(4) 391-396. www.publish.csiro.au/PY/PY16067

We continue to actively promote awareness and education about the health projects we are involved in. This year we have achieved more than 50 mentions in the media, commenced a new electronic PHN bulletin for our stakeholders and introduced the #CEOdesk – a blog that provides regular, topical news from our CEO Lizz Reay.

www.nbmphn.com.au/Reports

Financial Report

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

FINANCIAL REPORT

FOR THE YEAR ENDED
30 JUNE 2017

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2017

Your directors submit their report for the year ended 30 June 2017.

1. DIRECTORS IN OFFICE AT THE DATE OF THIS REPORT

Dr Andrew Knight
Dr Shivananjaiah (Shiva) Prakash OAM
Gabrielle Armstrong
Diana Aspinall
Paul Brennan AM
Jillian Harrington
Dr Tony Rombola
Tony Thirlwell OAM
Bruce Turner AM

2. PRINCIPAL ACTIVITIES

The principal activities of the company during the year were to provide support to primary healthcare providers and to perform an integral role in identifying healthcare needs, facilitating and implementing healthcare initiatives and improving patient service in the Nepean-Blue Mountains region.

3. TRADING RESULTS

The net deficit after tax of the company for the year ended 30 June 2017 was $470,174 (2016: $579,273 surplus). The current result reflects the timing of the recognition of grant income, some of which relates to items released to the profit and loss whilst some relates to items which are recorded on the statement of financial position. The items recorded on the statement of financial position are expected to be released to the profit and loss in future periods.

4. DIVIDENDS

No dividend was declared or paid during the year. The company's Constitution prohibits the payment of dividends.

5. SHORT AND LONG TERM OBJECTIVES

The overall objective of the company is to improve the health for people in our community. The company mission is to empower general practice and other healthcare professionals to deliver high-quality, accessible and integrated primary healthcare that meets the needs of our community.

The guiding principles for the operation of the company are to provide:

- A continuing effective relationship between a patient and their preferred primary care provider; and
- A care model that ensures people receive care in the right place at the right time.

6. STRATEGIES FOR ACHIEVING OBJECTIVES

The company undertakes a number of strategies enabling it to achieve the above objectives:

- Increasing capacity and influence of Primary Care;
- Establishing a culture of quality improvement and outcome focus;
- Coordinating services within and across sectors;
- Engaging consumers in all we do with a demonstrated focus on communities with greatest need;

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2017

6. STRATEGIES FOR ACHIEVING OBJECTIVES (continued)

- Striving for excellence in governance, systems and staff; and
- Growing organisational sustainability and impact.

7. MEASUREMENT OF PERFORMANCE

Financial and operational performance is measured using the following key indicators:

- Monitoring outcomes against strategic plans and funding requirements
- Monitoring program outcomes against contractual requirements
- Monitoring progress against annual needs assessment plans
- Monitoring the number of healthcare providers receiving assistance from the company
- Trading performance against budget
- Cash flows

8. CHANGES IN THE STATE OF AFFAIRS

No matters or circumstances have arisen since the end of the financial year which significantly affected, or may significantly affect, the operations of the company, the results of those operations or the state of affairs of the company in financial years subsequent to 30 June 2017.

9. DIRECTORS' REMUNERATION

No director of the company has received or become entitled to receive a benefit by reason of a contract made by the company with the director or with a firm of which he is a member or with a company in which he has a substantial financial interest other than benefits disclosed in Note 13 to the financial statements

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2017

10. INFORMATION ON DIRECTORS

INFORMATION ON DIRECTORS, MEETINGS AND ATTENDANCES

There were 10 full board meetings held during the financial year 1 July 2016 to 30 June 2017. Attendance by the directors at board meetings and at the Finance, Audit & Risk Management and Governance & Nominations Board sub-committee meetings was as follows:

	Full Board meetings held while on Board	Full Board meetings attended	Finance and Risk Committee meetings held	Finance and Risk Committee meetings attended	Governance and Nominations Committee meetings held	Governance and Nominations Committee meetings attended
Dr Andrew KNIGHT Chairman Director since 2012 (General Practitioner)	10	10	-	-	5	3
Dr Shiva PRAKASH OAM Director since 2012 (General Practitioner)	10	7	-	-	5	5
Gabrielle Armstrong Director since 2012 (Company Director)	10	10	2	1	2	2
Diana Aspinall Director since 2012 (Pensioner/Consumer Advocate)	10	10	-	-	-	-
Paul Brennan AM Director since 2012 (Managing Director)	10	9	5	5	5	5
Jillian Harrington Director since 2012 (Psychologist)	10	10	3	1	3	2
Jennifer Mason Director since 2012 Resigned 5/10/2016 (Company Director)	1	1	1	1	-	-
Tony Thirlwell OAM Director since 2012 (Company Director)	10	8	5	5	-	-

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2017

10. INFORMATION ON DIRECTORS (continued)

INFORMATION ON DIRECTORS, MEETINGS AND ATTENDANCES (continued)

	Full Board meetings held while on Board	Full Board meetings attended	Finance and Risk Committee meetings held	Finance and Risk Committee meetings attended	Governance and Nominations Committee meetings held	Governance and Nominations Committee meetings attended
Dr Tony Rombola Director since 2013 (General Practitioner)	10	9	-	-	-	-
Bruce Turner AM Appointed 26/7/17 (Company Director)	-	-	-	-	-	-

11. AUDITOR'S INDEPENDENCE DECLARATION

The lead auditor's independence declaration for the year ended 30 June 2017 has been received and can be found following this report.

On behalf of the board

Dr Andrew Knight
Director

Dr Shiva Prakash OAM
Director

Penrith
20 September 2017

berger piepers
CHARTERED ACCOUNTANTS

Partners
P A Berger B Com FCA
W J Piepers FCA CPA CTA
T D Millard B Com CA

Associates
T Costa B Bus CA
C Legh B Com CA

AUDITOR'S INDEPENDENCE DECLARATION TO THE MEMBERS OF WENTWORTH HEALTHCARE LIMITED

I declare that, to the best of my knowledge and belief, in relation to the audit of Wentworth Healthcare Limited for the year ended 30 June 2017 there have been:

(i) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; or

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

berger piepers
Chartered Accountants

20 September 2017
Penrith

PA Berger FCA
Partner
Reg'n No: 4354

Summit House 286 High Street (PO Box 999) Penrith NSW 2751
Telephone (02) 4721 8552 Facsimile (02) 4731 4469
www.bergerpiepers.com.au Email: bp@bergerpiepers.com.au

berger piepers
CHARTERED ACCOUNTANTS

Partners
P A Berger B Com FCA
W J Piepers FCA CPA CTA
T D Millard B Com CA

Associates
T Costa B Bus CA
C Legh B Com CA

INDEPENDENT AUDIT REPORT TO THE MEMBERS OF
WENTWORTH HEALTHCARE LIMITED

SCOPE

Report on the Financial Report

We have audited the accompanying financial report of Wentworth Healthcare Limited, which comprises the statement of financial position as at 30 June 2017 and the statement of comprehensive income, statement of cash flows and statement of changes in equity for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the directors' declaration as set out on schedules 1 to 6.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Act 2001. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on our judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, we consider internal controls relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an audit opinion on the effectiveness of the entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

Summit House 286 High Street (PO Box 999) Penrith NSW 2751
Telephone (02) 4721 8552 Facsimile (02) 4731 4469
www.bergerpiepers.com.au Email: bp@bergerpiepers.com.au

Independence
In conducting our audit we have met the independence requirements of the Corporations Act 2001. We have given the directors of the company a written auditor's independence declaration, a copy of which is included in the financial report. We have not provided any other services to the company which may have impaired our independence.

Auditor's Opinion
In our opinion, the financial report of Wentworth Healthcare Limited is in accordance with the Corporations Act 2001, including:

(a) giving a true and fair view of the financial position of Wentworth Healthcare Limited as at 30 June 2017 and of its performance for the year ended on that date; and

(b) complying with Accounting Standards in Australia and the Corporations Regulations 2001.

berger piepers
Chartered Accountants

20 September 2017
Penrith

PA Berger FCA
Partner
Reg'n No: 4354

Schedule 1

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

STATEMENT OF FINANCIAL POSITION

AT 30 JUNE 2017

	NOTE	2017 $	2016 $
CURRENT ASSETS			
Cash and cash equivalents	4	7,312,120	5,084,189
Trade and other receivables	5	128,413	81,704
Other	6	722,833	823,300
TOTAL CURRENT ASSETS		8,163,366	5,989,193
NON-CURRENT ASSETS			
Property, plant and equipment	7	427,453	696,407
TOTAL NON-CURRENT ASSETS		427,453	696,407
TOTAL ASSETS		8,590,819	6,685,600
CURRENT LIABILITIES			
Trade and other payables	8	1,101,509	930,463
Provisions	9	791,635	839,263
Other	10	5,496,939	3,210,039
TOTAL CURRENT LIABILITIES		7,390,083	4,979,765
NON-CURRENT LIABILITIES			
Provisions	9	22,489	37,414
TOTAL NON-CURRENT LIABILITIES		22,489	37,414
TOTAL LIABILITIES		7,412,572	5,017,179
NET ASSETS		1,178,247	1,668,421
EQUITY			
Accumulated surplus		1,178,247	1,668,421
TOTAL EQUITY		1,178,247	1,668,421

The accompanying notes form an integral part of these financial statements.

Schedule 2

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

STATEMENT OF COMPREHENSIVE INCOME

FOR THE YEAR ENDED 30 JUNE 2017

	NOTE	2017 $	2016 $
Revenue			
Operating income	3(a)	14,581,172	12,536,162
Finance income	3(b)	223,516	169,992
TOTAL REVENUE		14,804,688	12,706,154
Expenses			
Depreciation and amortisation	3(c)	(345,016)	(448,907)
Employee benefits	3(d)	(5,816,801)	(5,519,422)
Consultants and contractors		(7,477,427)	(3,993,745)
Other expenses	3(e)	(1,655,618)	(2,164,807)
TOTAL EXPENSES		(15,294,862)	(12,126,881)
SURPLUS/(DEFICIT) BEFORE INCOME TAX		(490,174)	579,273
Income tax expense	2(k)	-	-
SURPLUS/(DEFICIT) AFTER INCOME TAX		(490,174)	579,273
OTHER COMPREHENSIVE INCOME		-	-
TOTAL COMPREHENSIVE INCOME/(LOSS)		(490,174)	579,273

The accompanying notes form an integral part of these financial statements.

Schedule 3

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 30 JUNE 2017

	2017 $	2016 $
CASH FLOWS FROM OPERATING ACTIVITIES		
Funding and other operating revenue received	18,503,499	13,493,434
Payments to suppliers and employees	(16,417,501)	(13,036,489)
Interest received	223,516	169,992
NET CASH FLOWS FROM OPERATING ACTIVITIES	2,309,514	626,937
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds on disposal of property, plant and equipment	530	1,548
Purchase of property, plant and equipment	(82,113)	(836,190)
NET CASH FLOWS USED IN INVESTING ACTIVITIES	(81,583)	(834,642)
NET INCREASE/(DECREASE) IN CASH HELD	2,227,931	(207,705)
CASH AT BEGINNING OF THE YEAR	5,084,189	5,291,894
CASH AT END OF THE YEAR	7,312,120	5,084,189

(a) Reconciliation of cash
For the purposes of the statement cash flows, cash comprises the following:

Cash and cash equivalents (Note 4)	7,312,120	5,084,189

(b) Reconciliation from the net surplus/(deficit) to the net cash flows from operating activities:

Net surplus/(deficit)	(490,174)	579,273
Adjustments for:		
(Profit)/loss on disposal of assets	5,521	3,194
Depreciation of non-current assets	345,016	448,907
Changes in assets and liabilities:		
Trade and other receivables	(46,709)	(32,128)
Other current assets	100,467	(119,721)
Trade and other payables	188,443	(70,303)
Provisions for employee entitlements	(79,950)	54,991
Other current liabilities	2,286,900	(237,276)
Net cash from operating activities	2,309,514	626,937

The accompanying notes form an integral part of these financial statements.

Schedule 4

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDED 30 JUNE 2017

	Accumulated Surplus $	Reserves/ Capital $	Total Equity $
As at 1 July 2015	1,089,148	-	1,089,148
Surplus for the period	579,273	-	579,273
Other comprehensive income	-	-	-
As at 30 June 2016	1,668,421	-	1,668,421
Deficit for the year	(490,174)	-	(490,174)
Other comprehensive income	-	-	-
As at 30 June 2017	1,178,247	-	1,178,247

The accompanying notes form an integral part of these financial statements.

Schedule 5

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2017

1. CORPORATE INFORMATION

The financial report of Wentworth Healthcare Limited was authorised for issue in accordance with a resolution of the directors on 20 September 2017.

Wentworth Healthcare Limited is a company limited by guarantee with each member of the company liable to contribute an amount not exceeding $20 in the event of the company being wound up.

The principal activities of the company during the year were to provide support to primary healthcare providers and to perform an integral role in identifying healthcare needs, facilitating and implementing healthcare initiatives and improving patient service in the Nepean-Blue Mountains region.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of preparation
The financial report is a general purpose financial report, which has been prepared in accordance with the requirements of Australian Accounting Standards. The financial report has also been prepared on a historical cost basis and, except where stated, does not take into account current valuations of non-current assets.

The financial statements have been prepared on the going concern basis. The ability of the entity to continue operating as a going concern is dependent upon continuing government funding for its programs, in particular Commonwealth Government Funding from the Department of Health.

(b) Statement of compliance
The financial report has been prepared in accordance with the Mandatory Accounting Standards applicable to entities reporting under the Corporations Act 2001.

(c) Significant accounting judgments, estimates and assumptions
The preparation of the financial statements requires management to make judgments, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgments and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgments and estimates on historical experience and other various factors it believes to be reasonable under the circumstances, the results of which form the basis of the carrying values of assets and liabilities that are not readily apparent from other sources.

Details of the nature of these assumptions and conditions may be found in the relevant notes to the financial statements.

(d) Property, plant and equipment
Property, plant and equipment is stated at cost less accumulated depreciation and any impairment in value. Depreciation is calculated on a straight-line basis over the estimated useful life of the asset as follows:

- Furniture and equipment 3-5 years
- Motor vehicles 7 years
- Leasehold improvements Term of lease

Schedule 5/2

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2017

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(d) Property, plant and equipment (continued)
An item of property, plant and equipment is derecognised upon disposal or when no future economic benefits are expected to arise from the continued use of the asset. Any gain or loss arising on derecognition of the asset (calculated as the difference between the net disposal proceeds and the carrying amount of the item) is included in the statement of comprehensive income in the year the item is derecognised.

Impairment
The carrying values of property, plant and equipment are reviewed for impairment when events or changes in circumstances indicate that the carrying value may not be recoverable. If any such indication exists and where the carrying value exceeds the estimated recoverable amount, the assets are written down to their recoverable amount. The recoverable amount of property, plant and equipment is the greater of fair value less costs to sell and value in use.

Impairment losses are recognised in the statement of comprehensive income.

(e) Recoverable amount of assets
At each reporting date, the company assesses whether there is an indication that an asset may be impaired. Where an indicator of impairment exists, the company makes a formal estimate of recoverable amount. Where the carrying value of an asset exceeds its recoverable amount the asset is considered impaired and written down to its recoverable amount.

The recoverable amount is the greater of fair value less costs to sell and value in use. It is determined for an individual asset, unless the asset's value in use cannot be estimated to be close to its fair value less costs to sell and it does not generate cash inflows that are largely independent of those from other assets or groups of assets, in which case, the recoverable amount is determined for the group of assets.

(f) Cash and cash equivalents
Cash and cash equivalents in the statement of financial position comprise cash at bank and on hand and short-term deposits readily convertible to cash.

For the purposes of the statement of cash flows, cash consists of cash and cash equivalents as defined above, net of outstanding bank overdrafts.

(g) Provisions
Provisions are recognised when the company has a present obligation (legal or constructive) as a result of a past event, it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation.

If the effect of the time value of money is material, provisions are determined by discounting the expected future cash flows at a pre-tax rate that reflects current market assessments of the time value of money and, where appropriate, the risks specific to the liability.

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2017

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(h) Employee entitlements

Wages, salaries, time in lieu and annual leave

Liabilities for wages and salaries, time in lieu and annual leave are recognised and are measured as the amount unpaid at the reporting date at current pay rates in respect of employees' services to that date.

Long service leave

A liability for long service is recognised and is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date.

Superannuation

Contributions to defined superannuation plans are expensed as incurred.

Entitlements which are expected to be settled within twelve months are measured at their nominal values using current remuneration rates. Liabilities which are expected to be settled after twelve months are measured at the present value of estimated future cash outflows in respect of services provided up to reporting date.

(i) Leases

Finance leases, which transfer to the company substantially all of the risks and benefits incidental to ownership of the leased items, are capitalised at the inception of the lease at the fair value of the leased property or, if lower, at the present value of the minimum lease payments.

Lease payments are apportioned between the finance charges and reduction of the lease liability so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are charged directly to the statement of comprehensive income.

Capitalised leased assets are amortised over the shorter of the estimated useful life of the asset or the lease term.

Leases where the lessor retains substantially all of the risks and benefits of ownership of the asset are classified as operating leases. Operating lease payments are recognised as an expense in the statement of comprehensive income on a straight line basis over the lease term.

(j) Revenue

Revenue is recognised to the extent that it is probable that the economic benefits will flow to the company and the revenue can be reliably measured. The following specific recognition criteria must also be met before revenue is recognised:

Grant income

Grants are recognised at their fair value where there is reasonable assurance that the grant will be received and all attaching conditions will be complied with.

When the grant relates to an expense or an item recorded on the statement of financial position, it is recognised as income over the periods necessary to match the grant on a systematic basis to the costs and capital items that it is intended to compensate.

Schedule 5/4

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2017

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(j) Revenue (continued)

Grant income (continued)

Any excess of grant income over expenditure is set aside as a provision for future use in accordance with the company's purposes and the purposes of the funding body.

Rendering of services

Control of the right to receive payment for the services performed has passed to the company.

Interest

Control of the right to receive the interest payment has passed to the company as the interest accrues.

(k) Taxes

Income tax

The company is exempt from income tax under section 50-45 of the Income Tax Assessment Act 1997.

Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST except where:

- the GST incurred on a purchase of goods and services is not recoverable from the taxation authority, in which case the GST is recognised as part of the cost of acquisition of the asset or as part of the expense item as applicable; and
- receivables and payables are stated with the amount of GST included.

Operating cash flows are included in the statement of cash flows on a gross basis and the GST component of cash flows arising from investing and financing activities, which is recoverable from, or payable to, the taxation authority is classified as part of operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the taxation authority.

Schedule 5/5

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2017

	2017 $	2016 $
3. REVENUES AND EXPENSES		
(a) Sale of goods and services		
Program funding	14,217,740	12,066,804
Fees for services	316,263	455,257
Sponsorship	7,291	3,600
Other income	39,878	10,501
	14,581,172	12,536,162
(b) Finance income		
Interest received	223,516	169,992
(c) Depreciation and amortisation		
Depreciation of non-current assets	345,016	448,907
(d) Employee benefits		
Salaries and wages - staff	5,263,425	4,842,542
Salaries and wages - directors	148,445	158,459
Employee entitlements	(79,950)	54,990
Superannuation	484,881	463,431
	5,816,801	5,519,422
(e) Expenses included in other expenses		
Operating lease rental - premises	254,197	282,977
Net loss on disposal of plant and equipment	5,521	3,194
4. CASH AND CASH EQUIVALENTS		
Cash on hand	600	600
Cash at banks	1,011,520	783,589
Term deposits	6,300,000	4,300,000
	7,312,120	5,084,189

Terms and conditions
Term deposits are taken out for periods of up to three months and earn interest at rates fixed for the term of the deposit.

Cash at banks earns interest at variable rates. At 30 June 2017 the weighted average interest rate on cash at banks and term deposits was 2.2% (2016: 2.7%).

Schedule 5/6

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2017

	2017 $	2016 $
5. TRADE AND OTHER RECEIVABLES		
Trade and other receivables	89,140	81,489
Provision for doubtful debts	-	-
	89,140	81,489
Other debtors	39,273	215
	128,413	81,704
6. OTHER CURRENT ASSETS		
Prepayments	469,559	730,326
GST receivable	158,705	-
Security deposits	94,569	92,974
	722,833	823,300
7. PROPERTY, PLANT AND EQUIPMENT		
Office furniture and equipment-at cost	800,725	774,453
Less accumulated depreciation	(511,231)	(381,545)
	289,494	392,908
Medical equipment-at cost	8,153	10,143
Less accumulated depreciation	(5,411)	(4,395)
	2,742	5,748
Motor vehicles-at cost	15,000	15,000
Less accumulated depreciation	(11,932)	(10,705)
	3,068	4,295
Leasehold improvements-at cost	622,354	585,445
Less accumulated depreciation	(490,205)	(291,989)
	132,149	293,456
	427,453	696,407

Schedule 5/7

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2017

	2017 $	2016 $
7. PROPERTY, PLANT AND EQUIPMENT (continued)		
Reconciliations		
Work-in-progress		
Carrying amount at beginning of year	-	29,862
Transfers to leasehold improvements	-	(21,988)
Transfers to office furniture and equipment	-	(7,874)
	-	-
Office furniture and equipment		
Carrying amount at beginning of year	392,908	269,303
Additions	42,509	275,430
Transfers from work-in-progress	-	7,874
Disposals	(5,004)	(4,742)
Depreciation	(140,919)	(154,957)
	289,494	392,908
Medical equipment		
Carrying amount at beginning of year	5,748	7,777
Disposals	(1,046)	-
Depreciation	(1,960)	(2,029)
	2,742	5,748
Motor vehicles		
Carrying amount at beginning of year	4,295	6,013
Depreciation	(1,227)	(1,718)
	3,068	4,295
Leasehold improvements		
Carrying amount at beginning of year	293,456	911
Additions	39,603	560,760
Transfers from work-in-progress	-	21,988
Depreciation	(200,910)	(290,203)
	132,149	293,456
8. TRADE AND OTHER PAYABLES		
Trade creditors	672,118	467,497
GST payable	-	22,555
Other creditors and accrued expenses	429,391	440,411
	1,101,509	930,463

Schedule 5/8

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2017

	2017 $	2016 $
9. PROVISIONS		
Current		
ATAPS liabilities	293,385	275,988
Annual leave	308,596	363,519
Time in lieu	13,569	10,744
Long service leave	176,085	189,012
	791,635	839,263
Non Current		
Long service leave	22,489	37,414
10. OTHER CURRENT LIABILITIES		
Deferred income in advance	5,496,939	3,210,039
11. LEASE COMMITMENTS		
Operating leases		
Not later than one year	260,859	258,316
Later than one but not later than two years	57,395	244,043
Later than two but not later than five years	-	57,395
Aggregate lease expenditure contracted but not provided for at balance date	318,254	559,754

12. CAPITAL EXPENDITURE COMMITMENTS

Capital expenditure of $Nil (2016: $9,847) has been contracted at balance date but not provided in the financial statements.

13. RELATED PARTY TRANSACTIONS

Directors
The following persons held office as a director of the company for the duration of the financial year unless otherwise indicated:

Dr Andrew Knight
Dr Shiva Prakash OAM
Gabrielle Armstrong
Diana Aspinall
Paul Brennan AM
Jillian Harrington
Jennifer Mason (resigned 5 October 2016)
Dr Tony Rombola
Tony Thirlwell OAM
Bruce Turner AM (appointed 26 July 2017)

Schedule 5/9

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2017

	2017 $	2016 $

13. RELATED PARTY TRANSACTIONS (continued)

Remuneration of directors
Income paid or payable, or otherwise made available, in respect of the financial year to all directors of the company:

	162,857	172,189

The number of directors of the company whose remuneration, including superannuation contributions, falls within the following bands:

	2017 Number	2016 Number
$0 - $9,999	1	-
$10,000 - $19,999	6	7
$20,000 - $29,999	1	2
$30,000 - $39,999	1	-

Transactions with Director Related Entities
During the year the company received services from Southern Cross Psychology, an organisation in which Jillian Harrington has a financial interest, amounting to $122,666 (2016: $136,409). These services were provided under normal commercial terms and conditions.

During the year the company received services from Kable Street General Practice, an organisation in which Dr Tony Rombola has a financial interest, amounting to $860 (2016: $Nil). These services were provided under normal commercial terms and conditions.

During the year the company received services from A & T Rombola Pty Ltd trading as Rombola Medical Trust, an organisation in which Dr Tony Rombola has a financial interest, amounting to $13,304 (2016: $Nil). These services were provided under normal commercial terms and conditions.

14. ECONOMIC DEPENDENCY

The company is dependent upon the continued provision of funding by various government departments, primarily the Department of Health.

15. SUBSEQUENT EVENTS

No matters or circumstances have arisen since the end of the financial year which significantly affected, or may significantly affect, the operations of the company, the results of those operations or the state of affairs of the company in financial years subsequent to 30 June 2017.

Schedule 6

WENTWORTH HEALTHCARE LIMITED
A.B.N. 88 155 904 975

DIRECTORS' DECLARATION

In accordance with a resolution of the directors of Wentworth Healthcare Limited, we state that:

In the opinion of the directors:

(a) the financial statements and notes of the company are in accordance with the Corporations Act 2001, including:

(i) giving a true and fair view of the company's financial position as at 30 June 2017 and of its performance for the period ended on that date; and

(ii) complying with Accounting Standards and Corporations Regulations 2001; and

(b) there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

On behalf of the board

Dr Andrew Knight
Director

Dr Shiva Prakash OAM
Director

Penrith
20 September 2017

Wentworth Healthcare

Blue Mountains | Hawkesbury | Lithgow | Penrith

Wentworth Healthcare Offices

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For more information about Wentworth Healthcare
or Nepean Blue Mountains PHN visit
www.nbmphn.com.au

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Wentworth Healthcare Limited (ABN 88 155 904 975) provider of the Nepean Blue Mountains PHN.