



# ANNUAL REPORT 2016

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



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# Who we are

**Wentworth Healthcare** is a not for profit organisation dedicated to improving health for our local community.

The Nepean Blue Mountains includes:

- Blue Mountains Local Government Area
- Hawkesbury Local Government Area
- Lithgow Local Government Area
- Penrith Local Government Area

Since 2012, Wentworth Healthcare (WHL) has been working to improve the health of people living in the Nepean Blue Mountains region.

WHL initially traded as the Nepean-Blue Mountains Medicare Local (NBMML) until 30 June 2015 when the Federal Government replaced Medicare Locals with the Primary Health Network Programme.

After a competitive tender process, WHL was selected to operate the region's new Primary Health Network commencing 1 July 2015.

Central to our role is the identification and prioritisation of local health needs and service gaps. In conjunction with healthcare professionals, consumers and other stakeholders we work to identify solutions and coordinate or commission local health services to ensure consumers receive the right care in the right place at the right time.

The following organisations are members of Wentworth Healthcare:

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

Wentworth Healthcare board members are:

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

## Our 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.

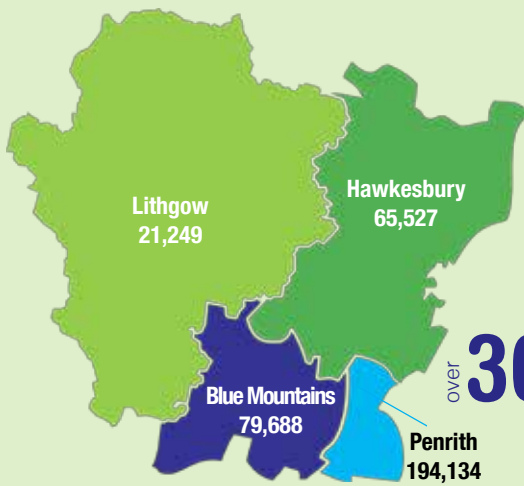
## Our Vision

Improved health for the people in our community.

## Our Values

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

# Our Region



over **360,000** people live in our region → over **1 MILLION** catchment population by 2025

Our region is 9,100km<sup>2</sup>, covering three different categories of remoteness: Major Cities (RA1), Inner Regional (RA2) and Outer Regional (RA3)

**9,212**  
IDENTIFY AS BEING  
**ABORIGINAL OR TORRES STRAIT ISLANDER**  
(2.7% of the population)

## LIFE EXPECTANCY

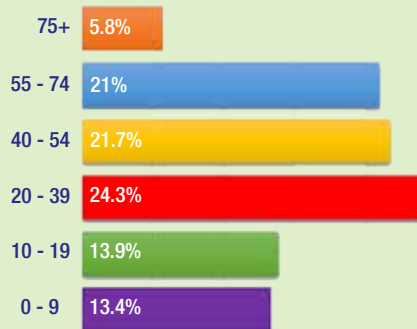


Life expectancy is about the same as the State average, which is 82.5 years for females in NSW and 78.7 for males.

Life expectancy in NSW for the Aboriginal population lowers to 74.6 years for females and 70.5 for males.

People with a severe and persistent mental illness have a life expectancy of 25 to 30 years less than the general population.

## AGE OF OUR REGION



1 in 10 adults report high or very high psychological distress



There are 4 correctional centres in our region

In NSW, 76% of prisoners and 21% of young people in custody smoke



**15.4%**

Aged 12-17 report high psychological distress (NSW, 14%)

## HEALTH BEHAVIOURS



**59%**  
**OBESE OR OVERWEIGHT**  
in adults compared to the State average (53%)



**93%**  
**DON'T EAT ENOUGH FRUIT & VEG**



over **50%**  
**DON'T GET ENOUGH EXERCISE**



**15.7%**

Smoking rates on par with the state average. (NSW, 15.6%)

In NSW, 37% of Aboriginal adults aged 16 years and over smoke

Smoking rates for those with severe and persistent mental health are 3 to 4 times higher than the general population

## SCREENING

29% women 50-69 never screened for breast cancer (NSW, 22%)

55% screened every two years for cervical cancer (NSW, 57.7%). But this drops to less than 54% in Lithgow and Penrith.

Bowel screening participation is close to State average, 31.2% to 32.8%.



Leading causes of death in the NBM region:

1. Circulatory diseases
2. Cancers
3. Respiratory diseases

over **10,000** PEOPLE  
FIND IT DIFFICULT OR UNABLE TO ACCESS  
**TRANSPORTATION TO HEALTH SERVICES**



# HEALTHCARE WORKFORCE

**2.7 MILLION** CONSULTATIONS EACH YEAR  
with GPs and specialists at a cost of **\$142 MILLION**



**448**

**GPs & training registrars**

This means in our region we have **1 fulltime GP per 1,196 people**

**85% of adults visit a GP** each year

**16.5% see their GP 11+ times** each year, the highest visitation rate of all similar regions

**92.9% of GP consults are bulk-billed** the highest of all similar regions



over **1,200** **ALLIED HEALTH PROFESSIONALS**



**145** **PRACTICE NURSES**



**75.9%**

**BABIES FULLY BREASTFED ON DISCHARGE FROM HOSPITAL**

Nationally, exclusive breast-feeding reduces to 39% within the first 4 months.



over **800** **GP & Allied Health PRACTICES**

**36,748**

**POTENTIALLY PREVENTABLE HOSPITALISATIONS**

1. Urinary tract infections
2. COPD
3. Cellulitis
4. Dental conditions

**114,000**

**ANNUAL VISITS TO EMERGENCY**

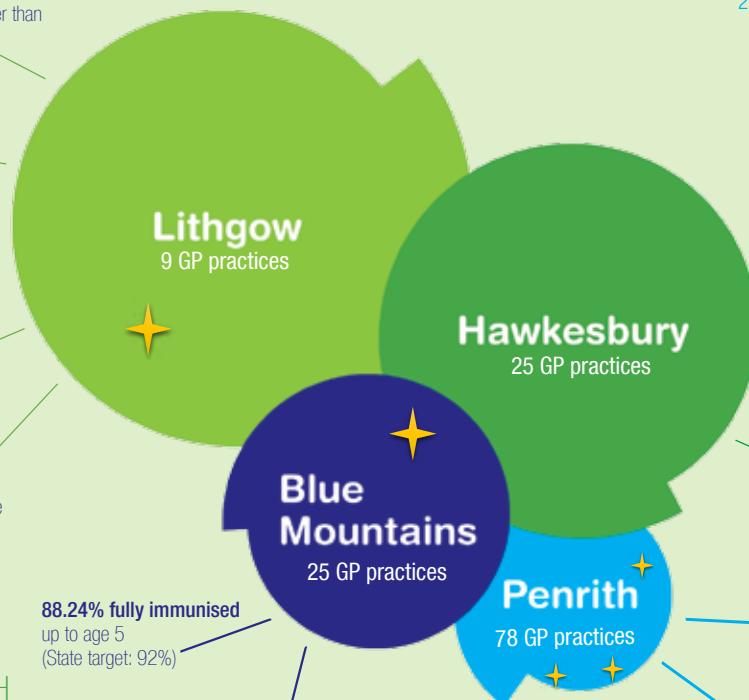
Unhealthy levels of alcohol consumption are higher than the State average

30.9% of mothers smoke during pregnancy, more than double the regional rate

24.3% of 15 - 19 yo are neither learning nor earning (NSW, 18.6%)

40.2% breast screening is more than 10% below State average (NSW, 50.9%)

Aboriginal population 4.45%, higher than State average (NSW, 2.5%)



88.24% fully immunised up to age 5 (State target: 92%)

Rates of suicide and self-inflicted death are higher than the State average

Road traffic injury is the highest cause of avoidable deaths

Unhealthy levels of alcohol consumption are higher than the State average

60.3% cervical screening, above State average (NSW, 57.7%)

Aboriginal population 3%, higher than State average (NSW, 2.5%)

Domestic violence occurs at a rate of 588.4 per 100,000 (NSW, 396.4 per 100,000)

50.4% cervical screening, below State average (NSW, 57.7%)

**✦ SUBURBS WITH A HIGH LEVEL OF DISADVANTAGE**

- Bowenfels
- Kingswood
- Lithgow
- St Marys
- Katoomba
- Cranebrook



# Message from the CHAIR

**This has been a year of consolidation, hard work and achievement.**

**Our refreshed mission is clear. Our job is to empower general practice and other providers to deliver high quality, accessible, integrated primary care that meets the needs of our community.**

Under this mission we now have an aligned three-year strategic plan based on our needs analysis, stakeholder input and a lot of work from our board. All this information and more is available on our website and I encourage you to visit it at [www.nbmphn.com.au](http://www.nbmphn.com.au).

During the year, Wentworth Healthcare celebrated our new PHN role and our move into a new state-of-the-art building on the Western Sydney University campus. This new site is proving highly functional. We have also moved our branch office to Katoomba which has particularly enhanced its IT integration.

In March, Nepean Blue Mountains PHN (NBMPHN) hosted the official launch of the Federal Government's My Health Record with the Minister for Health, Sussan Ley. We were delighted to be selected as one of two sites nationally to trial the roll out of this key government initiative in primary healthcare reform.

Almost all of our 360,000 residents now have an online health record and, with unprecedented numbers of GPs, allied health practitioners and hospital clinicians using the online health information, these records are already facilitating improved integration of health services.

In the last twelve months our advisory groups have settled down to hard work that is guiding and driving the PHN activity.

A big thank you to all who serve on the Clinical Council, the consumer advisory groups, the general practice and allied health groups and the Aboriginal Health Coalition. Your feedback and advice is central to what we do and essential to our success.

Thank you also to our regional acute care partners, the Nepean Blue Mountains Local Health District (NBMLHD) and Hawkesbury District Health Service (HDHS), with whom we have excellent relationships which are being expressed in strategic joint work.

I have been particularly struck by this year's Boyer lectures in which Sir Michael Marmot outlines the importance of the social determinants in health. I encourage you to have a listen to the podcasts. Our region is one of great disparity and huge health needs. We look forward to another year of building capacity towards meeting them.

*Dr Andrew Knight*

# Message from the CEO



**2016 marked the fourth year of operation for Wentworth Healthcare and the first year as the provider of the Nepean Blue Mountains PHN (NBMPHN).**

Primary health is undergoing significant reform and we are proud to work alongside other healthcare providers on this journey.

We are delighted with the significant uptake of My Health Record among general practices, pharmacy and consumers and will continue to support healthcare providers to embed this into their practice.

Everything we do is guided by a dedicated team of healthcare providers and consumers. Our long term Consumer Advisory Committee transitioned to a Community Advisory Committee and continues to work proactively with both the NBMPHN and the Nepean Blue Mountains Local Health District (NBMLHD) to identify local healthcare gaps, needs and solutions. This commitment to working with consumers extended to development of a co-designed mental health navigation tool as part of the Partners in Recovery initiative that helps people navigate their way through mental health programs, services and supports within our region quickly and easily.

Our GP Advisory Committee, Allied Health Advisory Group and multidisciplinary Clinical Council provide the opportunity for primary care providers to contribute to the governance and direction of the organisation. We also worked with many other providers through specific topic advisory roles, our GP leaders program, practice support initiatives, CPD opportunities and workforce support to name a few.

I am in awe of the commitment of these consumers and healthcare providers who work with us in a variety of different ways to

shape local healthcare and guide us through our important task of building a stronger, more coordinated local healthcare system.

We have continued to work to address service gaps in our rural regions. In addition to the paediatric and psychiatry specialist clinics we fund in Lithgow and Blue Mountains, we also facilitated the establishment of a new speech pathology service and additional ENT consultations and surgery in Lithgow. All these services prioritise access for Aboriginal and Torres Strait Islander clients.

The rise in the number of clients we support through the Closing the Gap and Healthy for Life programs is testament to the excellent work and support the staff in these programs provide for Aboriginal community members in conjunction with their GP. We continue to work with the community to address specific health needs identified through the sharing and learning consultations conducted last year.

But we have a long way to go. Health inequities are rife in our region and we have some of the highest rates of chronic diseases and lowest rates of cancer screening in the country. Behind the scenes we constantly review and assess data and prioritise our efforts based on needs and funding available.

With the commitment and vision of our incredible staff and Board, dedicated healthcare providers, passionate consumers and inspiring partners we will be able to make a difference to achieve better health for the Blue Mountains, Hawkesbury, Lithgow and Penrith communities.

*Ms Lizz Reay*





# Highlights at a glance

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**143,000**

**after hours GP consultations**  
across the region

**350,000+**

**My Health Records**  
1 of only 2 PHNs selected for My Health Record Opt-out trial

**25,283**

**mental health consultations**  
for local community members

**94%**

**fully immunised**  
under 5yo (non-Aboriginal children)

**270+**

**workforce consultations**  
to increase the number of GPs and practice staff in our region.

**94.7%**

**fully immunised**  
under 5yo (Aboriginal children)

**1,461**

**attendances**  
by primary healthcare professionals at our educational events

**21,029**

**Aboriginal Health**  
occasions of service to our Aboriginal & Torres Strait Islander community

**1,850**

**activities provided**  
to general practice

**30 Consumer & Community Representatives**

guide the work of NBMPHN



# The year in review

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Wentworth Healthcare plays a vital role in planning and coordinating primary healthcare services across the region.

We do this by working with the local community, clinicians, health and other services to identify gaps and develop solutions that will work in our region.

While our effort to improve the health of our region is an ongoing commitment, it is important to recognise the activity and achievements of our organisation during the last 12 months.

Following are just some of the highlights from July 2015 to June 2016.





# Our Programs and Services

## After Hours

**143,000 after hours GP consultations**

**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 we have added two more 24/7 pharmacy and medical deputising service providers to the areas where there were shortages, bringing the total to seven now operating across our region.

We provide financial and practical management support to the Hawkesbury After Hours GP Clinic, as well as fully operating the Nepean After Hours GP Clinic. Across both facilities, over 12,000 consultations took place in the last 12 months.

*“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**

# Aboriginal Health

21,029 occasions of service

## Healthy for Life

4,196 occasions of service

The Healthy for Life Program supports the Aboriginal community members in the Blue Mountains and has been operating since 2011.

Client registrations to the Healthy for Life program increased by 21% this year. 32% (424) of the Blue Mountains Aboriginal population are now linked with the five Healthy for Life sites. Due to the concerted engagement efforts of the Healthy for Life team, 4196 occasions of service were provided for clients. Males registered with the program increased by 25% this year.

According to the Online Services Report by the Australian Institute for Health and Welfare, for the period 2014-2015, the program is tracking very well on a national basis.

This year, we coordinated a health prevention and education initiative in partnership with Aboriginal students at Katoomba High School, which culminated with them writing a song with a strong health message linking spiritual and physical wellbeing. A video featuring their song "Stand Up, Stay Strong" was completed.

Community programs were also run to promote smoking prevention, men's health and to support families with babies and young children.

## Closing the Gap

16,833 occasions of service

**The Closing the Gap (CTG) program supports Aboriginal and Torres Strait Islander people access the health services they need.**

The program assists people to seek healthcare early, to have regular health checks and navigate the healthcare system.

The CTG team supported 278 Aboriginal and Torres Strait Islander clients this year with 84% being referred by local GPs.



*Koori Playgroup (run by ACRC) and supported by Healthy for Life*

Our Care Coordinators facilitated 276 clients to access Specialists and Allied Health services, with 10,915 occasions of services provided, including Renal, Ophthalmology, Psychiatric, Sleep Physicians, Cardiologists and Neurologist services.

Our Aboriginal Outreach Workers supported patients with accessing Aboriginal health checks, subsidised pharmaceuticals, consultations with specialists and transport to appointments, providing 5,528 occasions of services.

The Indigenous Project Officers promoted the program to 183 practices and provided 390 occasions of services, presenting to 2,227 people at over 40 cultural and networking events, including the Penrith Sharing and Learning Circle, Homeless Hub Forum and NSW Nurses Conference.

## Recounting the inspiring journey of a Healthy for Life client:

*From living in a local nursing home feeling isolated and disconnected from his community, Fred\* improved his health, re-connected with his culture and returned to his home country. With the help of a Healthy For Life Aboriginal Outreach Worker (AOW), Fred was linked with the Blue Mountains Aboriginal and Cultural Resource Centre to attend cultural events. His AOW attended his GP and Specialist appointments and through regular ongoing discussions, was able to assist him to improve his mental wellbeing and ultimately, be removed from being under the care and protection of the Public Guardian.*

\* Not his real name

# Mental Health

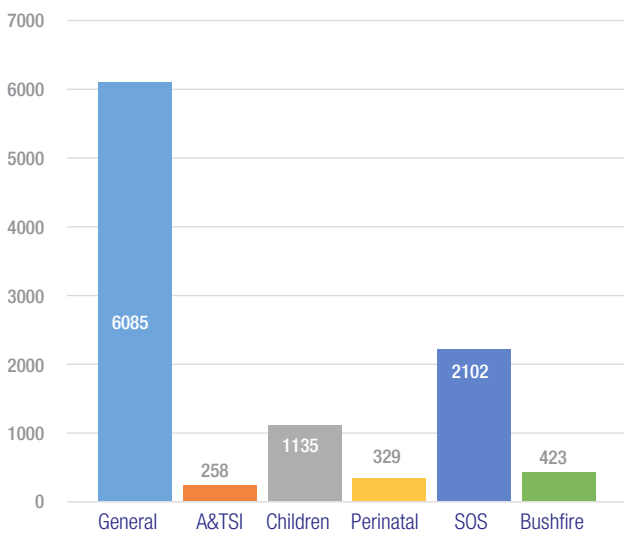
## 25,283 occasions of service

### Access to Allied Psychological Services (ATAPS)

10,332 consultations by 92 mental health professionals

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

ATAPS consultations 2015-2016



A customer satisfaction survey was conducted in 2015 with a sample of 80 ATAPS customers. The results indicated an overwhelming satisfaction with the service including: location and access to the mental health professional; waiting times; and treatment. Most customers were made aware of the ATAPS service by their GP (67.5%) with the remainder being informed by their mental health professional.

Question	Very Satisfied /Satisfied
How satisfied were you with the waiting time for your initial appointment with the ATAPS mental health professional?	96.2%
How satisfied were you with the location where you saw your ATAPS mental health professional?	100%
How satisfied were you with the treatment you received from your ATAPS mental health professional?	97.5%

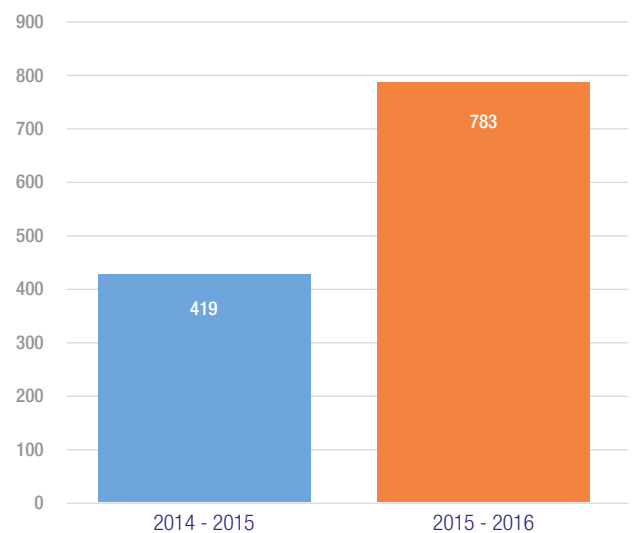
### Mental Health Nursing Incentive Program (MHNIP)

783 occasions of service by 4 Mental Health Nurses

The Mental Health Nurse Incentive Program (MHNIP) is a community based mental health service provided by credentialed mental health nurses. It provides coordinated clinical care for people with severe and persistent mental disorders. These services are provided free of charge for providers in a range of settings, like clinics or patients' homes.

This year saw an expansion of the service to Lithgow and the Blue Mountains and growth in the Penrith and Hawkesbury areas. 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.

MHNIP Occasions of Service



### Partners in Recovery

14,252 occasions of service

Partners in Recovery (PIR) assists people who have severe and persistent mental illness with complex needs. The program reaches people who normally "fall through the gaps", including frequent presenters at hospital mental health units, and people experiencing homelessness, drug and alcohol addiction, complex family circumstances and extreme financial or legal difficulties.

PIR provides a care coordination service to its consumer group, to help them access the services and supports needed to reach their recovery goals.



The program was developed and is governed by a local consortium of agencies comprising Nepean Blue Mountains PHN (lead agency), NBMLHD (Mental Health and Drug & Alcohol Services), NSW Department of Family and Community Services, Aftercare, Flourish, Uniting Recovery and a consumer representative.

In 2015/16 the program supported 542 consumers, more than the previous two years combined. PIR continued to form partnerships and strengthen the links between various clinical and community support organisations. In support of this activity, PIR also delivered over 40 integration and capacity building projects during the year.

Just a small selection of the projects we worked on include:

- **the employment of sector liaison officer**, to identify and address barriers and system gaps for Aboriginal and Culturally and Linguistically Diverse people in accessing appropriate mental health care
- **an extensive training program**, with over 600 clinicians and community workers attending 20 courses and workshops.
- **an online navigation tool** developed in response to a significant need in the region for consumers and carers to be able to access the right mental health services to meet their needs quickly and easily.
- **wallet-sized mental health service cards** for the local region, with a generic version and customised versions for Aboriginal and Culturally and Linguistically Diverse communities.
- **wellness libraries** with over 10,000 resources established in 25 locations across the region, including hospital inpatient units, community mental health offices and neighbourhood centres.

*“When I first met the Support Facilitator I was feeling isolated with no-one to talk to and didn’t know there was help out there. He has connected me to many services and the continuity has been helpful. I still have stresses but knowing that there is someone who knows my circumstances is invaluable. I cannot praise this service enough - it probably saved my life.”*

**- Stuart**



## Outreach Clinics

### 857 individual consultations

**Nepean Blue Mountains PHN manages specialist paediatric outreach clinics that provide affordable services to Aboriginal families and families from low socio-economic backgrounds.**

Both the number of outreach services and the number of patient consultations this year tripled (94 clinics were provided with 854 patient attendances) in response to regional health workforce shortages.

We established an additional fortnightly paediatrician clinic at Lithgow, a weekly speech pathology clinic at Portland Central School and Ear Nose and Throat consultations and surgery at Lithgow. These services complement our existing fortnightly psychiatrist clinic in Katoomba and paediatrician clinic in Lithgow.

All outreach services give priority access to Aboriginal children and adults and their families. They are made possible through partnerships with Lithgow Hospital and private specialists, with funding from the NSW Rural Doctors Network.

We continue to identify service gaps for specialist and allied health services, and work in partnership with local clinicians and health services to meet these needs.

## Disaster Planning

Since the October 2013 Blue Mountains bushfires, Wentworth Healthcare has been seen as a leader in developing the role of the GP in emergency management.

Nepean Blue Mountains PHN (NBMPHN) has worked with Dr Penny Burns (GP working in disaster medicine) and local GPs to develop a draft Discussion Paper titled Emergency Management: The Role of the GP. The paper was tabled at the General Practice Roundtable in July.

Our organisation has developed policies and procedures to support GPs to respond to disasters. Our participation in a mock disaster planning exercise undertaken by NSW Health provided the opportunity to trial these processes and procedures.

NBMPHN participates in the Nepean Blue Mountains Local Health District emergency management committee to ensure a region wide response.

We presented our work in disaster planning at the National Primary Healthcare Conference in November 2015 and localised policies have been shared with other PHNs.







## Older Persons Health

### Older Persons Consortium

Nepean Blue Mountains PHN (NBMPHN) along with Nepean Blue Mountains Local Health District (NBMLHD), NSW Ambulance, Anglicare and NSW Agency for Clinical Innovation established a localised Older Persons Consortium. This has enabled partnerships with a variety of health service providers who care for older people in the Penrith region.

Key issues were identified from comprehensive feedback obtained at a consultative forum involving 70 participants and covering the perspectives of carers and 18 areas of service.

## Immunisation

**94% of non-Aboriginal children and 94.7% of Aboriginal children fully immunised by age 5**

**The Immunisation program is designed to play a role in reducing the incidence of vaccine-preventable diseases and complications within our region.**

This year, 94% of non-Aboriginal children and 94.7% of Aboriginal children were fully immunised by age 5, which is above the 92% full immunisation rates set by NSW Health. The immunisation rate for one year old children increased to 91% placing the Nepean Blue Mountains region in the top third of PHNs nationally on this measure.

The St Marys local area in particular enjoyed a 2.9% increase in the immunisation rate from 87.2% in 2013-14 to 90.1% in 2014-15.

Nepean Blue Mountains PHN Practice Support and the NBMLHD Public Health Unit administered a cold chain audit with General Practice. Over 85% of practices participated in the audit and associated training.

NBMPHN's continued and strengthened engagement with the NBMLHD Public Health Unit is evident in an agreement to share resources and provide joint CPD programs aimed at immunisers in the LHD and general practice. A joint research project, in collaboration with the University of Technology Sydney and the University of Sydney's National Centre for Immunisation Research and Surveillance (NCIRS), will examine vaccination attitudes in a local region with low immunisation coverage in children.



# Practice Support

**1,850 practice support activities were provided to 133 practices across our region**

## General Practice

Our General Practice Support (GPS) team provides support in areas of:

### Practice Management & Practice Nurses Network

Peer support networks and education meetings are held throughout the year to assist non-clinical staff in addressing business challenges and training requirements, and support Practice Nurses in key areas such as immunisation, chronic disease management, health prevention and screening and wound management.

### Digital Health

The GPS team has worked closely with computerised practices across the region to facilitate the uptake of secure messaging and eDischarge summaries from the acute care sector. Our region has also been one of only two to pilot the My Health Record opt-out trial in Australia (see more detail below).

## Data Management and Quality Improvement

Data collection and analysis in general practice is an important tool in helping to monitor and manage better patient outcomes. We provide guidance on usage, data cleansing, recall and reminder management systems and chronic disease clinical audits.

Nepean Blue Mountains PHN (NBMPHN) has provided PEN clinical software licences to all interested practices across the region. Over 40% of practices are providing de-identified data to NBMPHN for region-wide quality improvement initiatives and benchmarking. Practice support officers are working with interested practices to support clinical and business opportunities.

## Accreditation

Our GPS team provides guidance to general practices through the accreditation and re-accreditation process as defined by the RACGP Standards. Of the 138 practices across the region, 89 are accredited to the 4th Standard of General Practice. This represents more than 76% of the 116 computerised practices. The GPS team assists general practice by conducting mock surveys in preparation for the Accreditation Survey, in-practice training for administration staff such as Triage, Cold Chain and Infection Control.

## Workforce

### 270 workforce recruitment consultations

**Workforce shortage is one of the key challenges of delivering primary care services in our region.**

In the past year we helped to recruit more than eight GPs, and 12 practice staff, one specialist and three allied health professionals to serve the region's growing population.

In February 2016, the entire Blue Mountains LGA and large parts of the Penrith LGA were re-classified as District of Workforce Shortage (DWS). This is significant, as the DWS classification attracts more doctors to work in our area and assists us in filling some of the workforce shortage gaps we have in the provision of primary healthcare care services.

Nepean Blue Mountains PHN (NBMPHN) provides extensive services to local healthcare providers and practices to assist them in recruiting and retaining primary healthcare workforce. The services offered by the workforce program includes free listing of primary health care job vacancies on the NBMPHN website and also providing relevant advice regarding recruitment processes.

## CPD & Events

### 1,461 attendees across 64 events

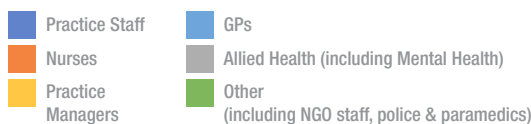
**We work collaboratively with key education providers, peak bodies and primary healthcare professionals to develop and coordinate an ongoing program of accredited Continuing Professional Development (CPD) events for healthcare professionals across the region.**

This year saw a more focused approach, with topics and themes tailored to our region's health priorities and needs. We partnered with agencies such as the Local Health District, Registered Training Providers, universities and peak bodies to design and deliver events.

There was a significant focus on mental health education. Through the Partners in Recovery program we rolled out extensive high quality mental health training for a wide ranging audience.

In addition, we connected the health workforce to a wide range of externally-provided continuing professional development events and activities through our website and regular publications.

### CPD Event Attendances by Profession



*"My journey in becoming a general practitioner in Australia would have been so much harder if it hadn't been for the Workforce team's ongoing support and continuous advice. From my examinations to my provider number, they were always available for advice with unambiguous answers".*

**– Dr Sandeep Goyal,  
Leura Medical Centre**

## Allied Health

**The Allied Health Stakeholder Engagement program aims to enhance and strengthen communication and collaboration between allied health and other healthcare professionals.**

Throughout the year our focus has been on strengthening networks and communication channels between service providers. We use a variety of social media platforms to communicate with allied health including an online community with more than 60 local members, Twitter and regular news updates.

We have established formalised mechanisms for consultation and knowledge exchange through an Allied Health Stakeholder Group. The group meets up to four times a year, and the members are regularly called on to attend functions and events as allied health "Ambassadors".

Allied health professionals are a highly mobile population, often working across multiple regions and sites, and in a variety of settings.

We have begun a workforce mapping project to provide health planners with a deeper understanding of workforce distribution and the extent of our region's workforce capacity to support local health needs in each LGA. This initiative involves significant provider consultation and partnership with peak bodies and various health services.

In partnership with Australian Health Professionals Australia, we presented a Digital Health Education Series for allied health providers, with more than 130 participants.

## My Health Record

**350,000 people in the NBM region have a My Health Record.**

**My Health Record, is a secure online summary of a person's health information such as allergies, treatments, medications and adverse reactions that can be accessed by healthcare practitioners chosen by the patient.**

The Nepean Blue Mountains PHN (NBMPHN) region was selected as one of two PHN's across Australia to trial a new approach to how people can get a My Health Record. Residents automatically had a My Health Record created for them unless they chose to opt-out. Federal Health Minister, Sussan Ley, launched the My Health Record at NBMPHN in March.

NBMPHN provided forums, online training and practice visits to support GPs and healthcare providers to connect and become conversant with uploading information to the record. 85% of accredited practices in our region are now able to upload information.

A phased community education campaign raised awareness of My Health Record especially among selected population groups such as older people, people with chronic disease and new parents. Face-to-face forums at local clubs and libraries as well as advertising and training sessions contributed to low opt out rates.

NBMPHN staff are working with pharmacists, specialists and allied health professionals to be able to access My Health Record. Work has also begun to connect residential aged care facilities to the record to ensure a seamless transmission of health information across healthcare providers to enhance the patient journey.

*A decade of travelling vast distances and rugged terrain both in Australia and overseas has taught Ray & Lorraine Gardner to be prepared. Before setting off, their motorhome is checked for mechanical issues, food and water supplies are stocked, their phones are charged and their My Health Record information is up to date.*

*The retired couple from North Richmond signed up for the Personally Controlled Electronic Health Record (PECHR) as it was then known in 2012. Since then, they have shared the record with their local GP, Dr Michael Crampton, so he can add health information that can assist GPs or healthcare professionals in other states.*

*Now known as the My Health Record, the online health information is on the top of their travel preparations checklist. With a myriad of chronic health conditions between them ranging from diabetes to melanoma, a back fusion, a nerve operation and a penicillin allergy, they know that their health records are the key to other healthcare professionals being able to treat them effectively when they're away from home. Their My Health Record is almost as valuable as taking their long-time trusted GP on holidays with them!*

*'Dr Crampton is a fabulous GP but we can't take him with us. My Health Record means he is never far away,' says Ray.*

*From as far away as Fremantle when a rash broke out, to Sale where Lorraine needed intravenous antibiotics to Albany where blood tests were required, the online health information summary means information can be viewed securely online, anywhere, anytime.*

*"You don't need to worry about having to remember and repeat your health history like medicines, details of conditions and so on when you go to other doctors," Lorraine says.*

*"Our health history travels with us. It gives us peace of mind so we can get on with enjoying the journey."*

**- Ray & Lorraine Gardner**





# Stakeholder Governance

## Advisory Committees

### Community & Consumers

More than 30 dedicated health consumers and community representatives contributed to the design and delivery of programs and services across the region as part of our organisation's joint health consumer engagement program with the Nepean Blue Mountains Local Health District (NBMLHD).

Health Consumer Working Groups in the Blue Mountains, Hawkesbury, Lithgow and Penrith areas continued to grow in strength, with volunteer members helping us better understand the local community's health needs.

Consumer representatives have been supported to attend training and conferences and new members are mentored by more experienced consumers.

The Working Groups link into a Community Advisory Committee (CAC). Up to 13 members from across the region contribute their experiences and those of their networks to help create a more connected, "whole" system in which GPs, the hospital system, other health professionals and consumers work together.

Members contribute to key initiatives, including our region's My Health Record trial, mental health reforms, needs assessments and the Health Care Home trial.

### Clinical Council

A Clinical Council has been established to guide the work of Wentworth Healthcare. The membership includes four General Practitioners, two Allied Health providers, a Practice Nurse, a Community Pharmacist, and specialist hospital clinicians from NBMLHD and Hawkesbury District Health Service.

The committee also includes a health consumer representative and a university/research expert. The Nepean Blue Mountains PHN CEO and NBMLHD CE are ex-officio members of the committees.

The Clinical Council is chaired by a GP and focuses on the "whole of region level" in regards to population health planning, needs assessment, prioritisation, commissioning of services and the development of clinical pathways.

### General Practitioners

GPs play a central role in our work to improve the health of our communities. The GP Advisory Committee (GPAC) provides advice to our organisation to ensure GPs are supported in their day-to-day work and issues affecting General Practice in our region are addressed. Members from across the region raise and address issues relating to hospitals, after-hours GP services, GP education and training and key Government initiatives or changes impacting General Practice.

In addition to GPAC's valuable work, NBMPHN has a number of other GP Clinical Advisors who share their knowledge and provide direction in many areas including Data Quality in General Practice, Aged Care, Mental Health and Alcohol and Other Drugs.

### Allied Health Stakeholder Group

We work with the Allied Health Stakeholder Group to identify ways of increasing integration between allied health general practices. The group comprises eight members from a number of disciplines and representation from each LGA.

# Health Planning & Integration

Drawing on previous reports, consultations and data, Wentworth Healthcare developed a needs assessment to identify health needs and service gaps. This was enhanced by new health statistics and further in depth analysis focusing on mental health and drug and alcohol.

The engagement of a joint health planner position by the Nepean Blue Mountains PHN (NBMPHN) and the Nepean Blue Mountains Local Health District (NBMLHD) has enabled better sharing of data and will continue to facilitate more coordinated health planning across the primary and acute care sectors.

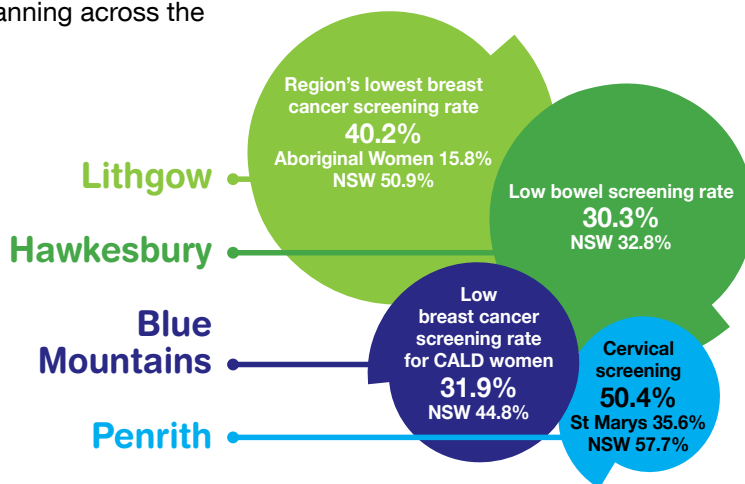
## Cancer Screening

### Cancer Screening plays an important role in the prevention and detection of cancer

Our 2016 population health needs assessment found that cancer screening participation is low in the Nepean Blue Mountains region compared to National and State screening rates.

NBMPHN is currently developing three cancer screening projects which will target LGAs and population groups with lowest screening rates.

NBMPHN was also successful in its grant applications to the Cancer Institute NSW to undertake two additional cancer screening and prevention projects in 2016-18. One project aims to improve access to colonoscopy services within NBMLHD public hospitals. The second aims to build capacity and systems that support cancer screening in primary care.



## Research and Evaluation

**Research plays an increasingly important role for the organisation. It informs how we identify and address health priorities and enables us to evaluate the success and efficacy of our programs.**

We are excited to be partnering with local universities and health services on the research projects outlined below.

Research Project		Other Partners
<b>Joint Consumer Engagement Strategy</b>	This qualitative research project investigates the experience of the NBML & NBMLHD Joint Consumer Engagement Strategy 2012-2015. Findings will contribute to knowledge on 'how' Australian health services and consumers work together in the design and delivery of health services	NBMLHD & Western Sydney University
<b>Syrian and Iraqi Refugee Health</b>	To examine the mental health and general health experiences and needs of Syrian and Iraqi families settling in the PHN's region. Findings will inform future initiatives to support the re-settlement of refugees in the area.	Western Sydney University
<b>Immunisation and Complementary and Alternative Medicine practitioners</b>	To investigate whether there is an opportunity for the PHN to utilise Complementary and Alternative Medicine Practitioners to influence positive immunisation outcomes.	University of Technology, Sydney, University of Sydney, NBMLHD's Public Health Unit.







# Financial Report



# berger piepers

CHARTERED ACCOUNTANTS

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

Associates  
T Costa B Bus CA  
C Leigh B Com CA

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

### FINANCIAL REPORT

FOR THE YEAR ENDED  
30 JUNE 2016



Summit House 286 High Street (PO Box 999) Penrith NSW 2751  
**Telephone (02) 4721 8552** Facsimile (02) 4731 4469  
[www.bergerpiepers.com.au](http://www.bergerpiepers.com.au) Email: [bp@bergerpiepers.com.au](mailto:bp@bergerpiepers.com.au)  
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WENTWORTH HEALTHCARE LIMITED  
A.B.N. 88 155 904 975

## DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2016

Your directors submit their report for the year ended 30 June 2016.

### 1. DIRECTORS IN OFFICE AT THE DATE OF THIS REPORT

Dr Andrew Knight	Jillian Harrington
Dr Shivananjaiah (Shiva) Prakash OAM	Jennifer Mason
Gabrielle Armstrong	Dr Tony Rombola
Diana Aspinall	Tony Thirlwell OAM
Paul Brennan 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 surplus after tax of the company for the year ended 30 June 2016 was \$579,273 (2015: \$292,169). 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 of the region through patient centred health care and primary care integration.

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

- Promote and facilitate a continuing effective relationship between a patient and their preferred primary care provider;
- Provide a care model that facilitates patients receiving care from the right level of the health system at the right time; and
- Facilitate a smooth journey from primary care to acute care and back to primary care for optimal health care in the community.

### 6. STRATEGIES FOR ACHIEVING OBJECTIVES

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

- Working in collaboration with local consumer and community groups to ensure their engagement and representation in the provision of primary health care;
- Working closely with the Local Health District to plan and deliver coordinated services;
- Supporting professional education and training to ensure an evidence based approach to primary care;

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

## DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2016

### 6. STRATEGIES FOR ACHIEVING OBJECTIVES (continued)

- Building on the existing strengths within local primary healthcare to continue the work that has been successfully undertaken in general practice and expand to other primary health care providers; and
- The identification of local health issues and the development of local solutions.

### 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 2016.

### 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.

### 10. INFORMATION ON DIRECTORS

#### INFORMATION ON DIRECTORS, BOARD MEETINGS AND ATTENDANCES

There were 12 full board meetings held during the financial year 1 July 2015 to 30 June 2016. Attendance by the directors was as follows:

		Full Board Meetings Held While on Board	Full Board Meetings Attended
Dr Andrew KNIGHT Chairman (General Practitioner)	Director since 2012	12	12
Dr Shiva PRAKASH OAM (General Practitioner)	Director since 2012	12	11
Gabrielle Armstrong (Company Director)	Director since 2012	12	10

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

DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2016

10. INFORMATION ON DIRECTORS (continued)

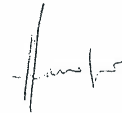
**INFORMATION ON DIRECTORS, BOARD MEETINGS AND ATTENDANCES (continued)**

		Full Board Meetings Held While on Board	Full Board Meetings Attended
Diana Aspinall (Pensioner/Consumer Advocate)	Director since 2012	12	12
Paul Brennan AM (Managing Director)	Director since 2012	12	12
Jillian Harrington (Psychologist)	Director since 2012	12	11
Jennifer Mason (Company Director)	Director since 2012	12	11
Tony Thirlwell OAM (Company Director)	Director since 2012	12	11
Dr Tony Rombola (General Practitioner)	Director since 2013	12	9

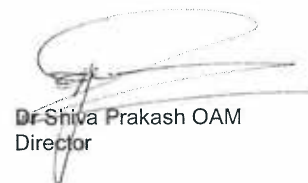
11. AUDITOR'S INDEPENDENCE DECLARATION

The lead auditor's independence declaration for the year ended 30 June 2016 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  
21 September 2016



# berger piepers

## CHARTERED ACCOUNTANTS

### 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 2016 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.

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

Associates  
T Costa B Bus CA  
S Singh B Com CA

21 September 2016  
Penrith

**berger piepers**  
Chartered Accountants

PA Berger FCA  
Partner  
Reg'n No: 4354



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## CHARTERED ACCOUNTANTS

INDEPENDENT AUDIT REPORT TO THE MEMBERS OF  
WENTWORTH HEALTHCARE LIMITED

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

Associates  
T. Costo B.Bus CA  
C. Leigh B.Com CA

### 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 2016 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.



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**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.

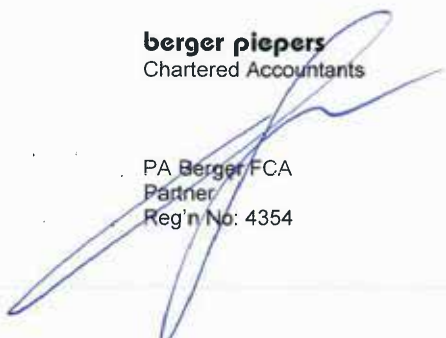
**Auditor's Opinion**

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 2016 and of its performance for the year ended on that date; and
- (b) complying with Accounting Standards in Australia and the Corporations Regulations 2001.

21 September 2016  
Penrith

**berger piepers**  
Chartered Accountants



PA Berger FCA  
Partner  
Reg'n No: 4354



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

## STATEMENT OF FINANCIAL POSITION

AT 30 JUNE 2016

	NOTE	2016 \$	2015 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	4	5,084,189	5,291,894
Trade and other receivables	5	81,704	49,576
Other	6	<u>823,300</u>	<u>703,579</u>
<b>TOTAL CURRENT ASSETS</b>		<u>5,989,193</u>	<u>6,045,049</u>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	7	<u>696,407</u>	<u>313,866</u>
<b>TOTAL NON-CURRENT ASSETS</b>		<u>696,407</u>	<u>313,866</u>
<b>TOTAL ASSETS</b>		<u>6,685,600</u>	<u>6,358,915</u>
<b>CURRENT LIABILITIES</b>			
Trade and other payables	8	930,463	1,038,243
Provisions	9	839,263	735,655
Other	10	<u>3,210,039</u>	<u>3,447,315</u>
<b>TOTAL CURRENT LIABILITIES</b>		<u>4,979,765</u>	<u>5,221,213</u>
<b>NON-CURRENT LIABILITIES</b>			
Provisions	9	<u>37,414</u>	<u>48,554</u>
<b>TOTAL NON-CURRENT LIABILITIES</b>		<u>37,414</u>	<u>48,554</u>
<b>TOTAL LIABILITIES</b>		<u>5,017,179</u>	<u>5,269,767</u>
<b>NET ASSETS</b>		<u>1,668,421</u>	<u>1,089,148</u>
<b>EQUITY</b>			
Accumulated surplus		<u>1,668,421</u>	<u>1,089,148</u>
<b>TOTAL EQUITY</b>		<u>1,668,421</u>	<u>1,089,148</u>

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

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

Schedule 2

STATEMENT OF COMPREHENSIVE INCOME  
FOR THE YEAR ENDED 30 JUNE 2016

	NOTE	2016 \$	2015 \$
<b>Revenue</b>			
Operating income	3(a)	12,536,162	12,432,096
Finance income	3(b)	<u>169,992</u>	<u>223,570</u>
<b>TOTAL REVENUE</b>		<u><b>12,706,154</b></u>	<u><b>12,655,666</b></u>
<b>Expenses</b>			
Depreciation and amortisation	3(c)	(448,907)	(223,930)
Employee benefits	3(d)	(5,519,422)	(5,667,910)
Consultants and contractors		(3,993,745)	(4,646,784)
Other expenses	3(e)	<u>(2,164,807)</u>	<u>(1,824,873)</u>
<b>TOTAL EXPENSES</b>		<u><b>(12,126,881)</b></u>	<u><b>(12,363,497)</b></u>
<b>SURPLUS BEFORE INCOME TAX</b>		<b>579,273</b>	<b>292,169</b>
Income tax expense	2(k)	<u>-</u>	<u>-</u>
<b>SURPLUS AFTER INCOME TAX</b>		<b>579,273</b>	<b>292,169</b>
<b>OTHER COMPREHENSIVE INCOME</b>		<u><b>-</b></u>	<u><b>-</b></u>
<b>TOTAL COMPREHENSIVE INCOME</b>		<u><u><b>579,273</b></u></u>	<u><u><b>292,169</b></u></u>

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

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

## STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 30 JUNE 2016

	2016 \$	2015 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Funding and other operating revenue received	13,493,434	13,657,622
Payments to suppliers and employees	(13,036,489)	(13,847,576)
Interest received	<u>169,992</u>	<u>223,570</u>
<b>NET CASH FLOWS FROM OPERATING ACTIVITIES</b>	<u>626,937</u>	<u>33,616</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Proceeds on disposal of property, plant and equipment	1,548	1,861
Purchase of property, plant and equipment	<u>(836,190)</u>	<u>(61,627)</u>
<b>NET CASH FLOWS USED IN INVESTING ACTIVITIES</b>	<u>(834,642)</u>	<u>(59,766)</u>
<b>NET DECREASE IN CASH HELD</b>	(207,705)	(26,150)
<b>CASH AT BEGINNING OF THE YEAR</b>	<u>5,291,894</u>	<u>5,318,044</u>
<b>CASH AT END OF THE YEAR</b>	<u>5,084,189</u>	<u>5,291,894</u>
<b>(a) Reconciliation of cash</b>		
For the purposes of the statement cash flows, cash comprises the following:		
Cash and cash equivalents (Note 4)	<u>5,084,189</u>	<u>5,291,894</u>
<b>(b) Reconciliation from the net surplus to the net cash flows from operating activities:</b>		
Net surplus	579,273	292,169
<i>Adjustments for:</i>		
(Profit)/loss on disposal of assets	3,194	(838)
Depreciation of non-current assets	448,907	223,930
<i>Changes in assets and liabilities:</i>		
Trade and other receivables	(32,128)	231,855
Other current assets	(119,721)	(305,444)
Trade and other payables	(70,303)	(202,555)
Provisions for employee entitlements	54,991	40,563
Other current liabilities	<u>(237,276)</u>	<u>(246,064)</u>
<b>Net cash from operating activities</b>	<u>626,937</u>	<u>33,616</u>

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

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

STATEMENT OF CHANGES IN EQUITY  
FOR THE YEAR ENDED 30 JUNE 2016

	Accumulated Surplus \$	Reserves/ Capital \$	Total Equity \$
<b>As at 1 July 2014</b>	796,979	-	796,979
Surplus for the period	292,169	-	292,169
Other comprehensive income	<u>-</u>	<u>-</u>	<u>-</u>
<b>As at 30 June 2015</b>	1,089,148	-	1,089,148
Surplus for the year	579,273	-	579,273
Other comprehensive income	<u>-</u>	<u>-</u>	<u>-</u>
<b>As at 30 June 2016</b>	<u>1,668,421</u>	<u>-</u>	<u>1,668,421</u>

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

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

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2016

1. CORPORATE INFORMATION

The financial report of Wentworth Healthcare Limited was authorised for issue in accordance with a resolution of the directors on 21 September 2016.

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 |

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

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2016

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 2016

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.

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

NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2016

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.



WENTWORTH HEALTHCARE LIMITED  
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## NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2016

	2016 \$	2015 \$
<b>3. REVENUES AND EXPENSES</b>		
<b>(a) Sale of goods and services</b>		
Program funding	12,066,804	11,902,786
Fees for services	455,257	500,344
Sponsorship	3,600	26,651
Other income	10,501	2,315
	<u>12,536,162</u>	<u>12,432,096</u>
<b>(b) Finance income</b>		
Interest received	<u>169,992</u>	<u>223,570</u>
<b>(c) Depreciation and amortisation</b>		
Depreciation of non-current assets	<u>448,907</u>	<u>223,930</u>
<b>(d) Employee benefits</b>		
Salaries and wages - staff	4,842,542	4,997,838
Salaries and wages - directors	158,459	157,855
Employee entitlements	54,990	40,564
Superannuation	463,431	471,653
	<u>5,519,422</u>	<u>5,667,910</u>
<b>(e) Expenses included in other expenses</b>		
Operating lease rental - premises	282,977	252,406
Net loss on disposal of plant and equipment	<u>3,194</u>	<u>1,029</u>
<b>4. CASH AND CASH EQUIVALENTS</b>		
Cash on hand	600	600
Cash at banks	783,589	1,841,294
Term deposits	<u>4,300,000</u>	<u>3,450,000</u>
	<u>5,084,189</u>	<u>5,291,894</u>

**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 2016 the weighted average interest rate on cash at banks and term deposits was 2.7% (2015: 2.4%).

WENTWORTH HEALTHCARE LIMITED  
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## NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2016

	2016 \$	2015 \$
<b>5. TRADE AND OTHER RECEIVABLES</b>		
Trade and other receivables	81,489	25,468
Provision for doubtful debts	<u>-</u>	<u>-</u>
	81,489	25,468
Other debtors	<u>215</u>	<u>24,108</u>
	<u>81,704</u>	<u>49,576</u>
<b>6. OTHER CURRENT ASSETS</b>		
Prepayments	730,326	648,708
GST receivable	-	-
Security deposits	<u>92,974</u>	<u>54,871</u>
	<u>823,300</u>	<u>703,579</u>
<b>7. PROPERTY, PLANT AND EQUIPMENT</b>		
Work-in-progress-at cost	<u>-</u>	<u>29,862</u>
Office furniture and equipment-at cost	774,453	500,089
Less accumulated depreciation	<u>(381,545)</u>	<u>(230,786)</u>
	392,908	269,303
Medical equipment-at cost	10,143	10,143
Less accumulated depreciation	<u>(4,395)</u>	<u>(2,366)</u>
	<u>5,748</u>	<u>7,777</u>
Motor vehicles-at cost	15,000	15,000
Less accumulated depreciation	<u>(10,705)</u>	<u>(8,987)</u>
	<u>4,295</u>	<u>6,013</u>
Leasehold improvements-at cost	585,445	141,018
Less accumulated depreciation	<u>(291,989)</u>	<u>(140,107)</u>
	<u>293,456</u>	<u>911</u>
	<u>696,407</u>	<u>313,866</u>

WENTWORTH HEALTHCARE LIMITED  
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## NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2016

	2016	2015
	\$	\$
7. PROPERTY, PLANT AND EQUIPMENT (continued)		
<b>Reconciliations</b>		
<i>Work-in-progress</i>		
Carrying amount at beginning of year	29,862	-
Transfers to leasehold improvements	(21,988)	-
Transfers to office furniture and equipment	(7,874)	-
Additions	-	29,862
	<u>-</u>	<u>29,862</u>
<i>Office furniture and equipment</i>		
Carrying amount at beginning of year	269,303	383,782
Additions	275,426	27,858
Transfers from work-in-progress	7,874	-
Disposals	(4,742)	(1,023)
Depreciation	(154,957)	(141,314)
	<u>392,908</u>	<u>269,303</u>
<i>Medical equipment</i>		
Carrying amount at beginning of year	7,777	8,404
Additions	-	1,210
Depreciation	(2,029)	(1,837)
	<u>5,748</u>	<u>7,777</u>
<i>Motor vehicles</i>		
Carrying amount at beginning of year	6,013	8,419
Depreciation	(1,718)	(2,406)
	<u>4,295</u>	<u>6,013</u>
<i>Leasehold improvements</i>		
Carrying amount at beginning of year	911	76,587
Additions	560,760	2,697
Transfers from work-in-progress	21,988	-
Depreciation	(290,203)	(78,373)
	<u>293,456</u>	<u>911</u>
8. TRADE AND OTHER PAYABLES		
Trade creditors	467,497	341,004
GST payable	22,555	38,574
Other creditors and accrued expenses	440,411	658,665
	<u>930,463</u>	<u>1,038,243</u>

WENTWORTH HEALTHCARE LIMITED  
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## NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2016

	2016 \$	2015 \$
<b>9. PROVISIONS</b>		
<b>Current</b>		
ATAPS liabilities	275,988	238,511
Annual leave	363,519	354,969
Time in lieu	10,744	23,646
Long service leave	<u>189,012</u>	<u>118,529</u>
	<u>839,263</u>	<u>735,655</u>
<b>Non Current</b>		
Long service leave	<u>37,414</u>	<u>48,554</u>
<b>10. OTHER CURRENT LIABILITIES</b>		
Deferred income in advance	<u>3,210,039</u>	<u>3,447,315</u>
<b>11. LEASE COMMITMENTS</b>		
<b>Operating leases</b>		
Not later than one year	258,316	245,578
Later than one but not later than two years	244,043	248,409
Later than two but not later than five years	<u>57,395</u>	<u>286,980</u>
Aggregate lease expenditure contracted but not provided for at balance date	<u>559,754</u>	<u>780,967</u>

**12. CAPITAL EXPENDITURE COMMITMENTS**

Capital expenditure of \$9,847 (2015: \$500,882) 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  
Dr Tony Rombola  
Tony Thirlwell OAM

WENTWORTH HEALTHCARE LIMITED  
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NOTES TO THE FINANCIAL STATEMENTS

AT 30 JUNE 2016

	2016	2015
	\$	\$

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:

<u>172,189</u>	<u>172,851</u>
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The number of directors of the company whose remuneration, including superannuation contributions, falls within the following bands:

	2016	2015
	Number	Number
\$10,000 - \$19,999	7	6
\$20,000 - \$29,999	<u>2</u>	<u>3</u>

**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 \$136,409 (2015: \$127,533). 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 \$Nil (2015: \$39,933). 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 2016.

WENTWORTH HEALTHCARE LIMITED  
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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 2016 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  
21 September 2016





Blue Mountains | Hawkesbury | Lithgow | Penrith

## **Wentworth Healthcare Offices:**

### **KINGSWOOD (Head Office | Penrith & Hawkesbury Office)**

Level 1, Suite 1, Werrington Park Corporate Centre,  
14 Great Western Highway Kingswood NSW 2747  
T 4708 8100 F 9673 6856

### **KATOOMBA (Blue Mountains & Lithgow office)**

Parke Street (TAFE Building) NSW 2780  
T 4708 8200 F 9673 6896

### **HEALTHY FOR LIFE OFFICE**

Parke Street (TAFE Building) NSW 2780  
T 4708 8300 F 9673 6896

### **POSTAL ADDRESS**

WHL, Blg BR, Level 1, Suite 1, Locked Bag 1797, Penrith NSW 2751

For more information about Wentworth Healthcare or Nepean Blue Mountains PHN visit  
[www.nbmphn.com.au](http://www.nbmphn.com.au)

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