BETTER HEALTH
FOR NORTH COAST
COMMUNITIES

NORTH COAST PRIMARY HEALTH NETWORK

ANNUAL REPORT 2016/2017

phn
NORTH COAST
An Australian Government Initiative

CONTENTS

REFLECTIONS FROM THE BOARD CHAIR

BY DR TONY LEMBKE

In a Person Centred Health System, every person and their family can access the care team they need to manage their health. That care is of high quality and they experience one system - care is 'joined up'.

Access, Quality and Integration are the key strategic goals of the North Coast Primary Health Network (NCPHN). Owned by our community and clinicians, partnering with the Local Health Districts, Aboriginal Medical Services, GPs, Allied Health Professionals, Specialists, nurses and other providers, we aim to deliver better health to our region. We intend North Coast NSW to be a Person Centred Health System - the best place in Australia to receive care, and the best place in Australia to deliver care.

The role of the PHN - commissioner and system integrator - is a new one. The NCPHN acknowledges that to be successful in supporting better delivery of care, we need to listen to our community and clinicians. We need to foster innovation. We need to measure outcomes. We need to reflect and be continual learners. We need to document what we do, share success and be open to what is happening elsewhere.

NCPHN is therefore determined to be an 'Improvement Organisation'. We are learning to do things better.

To help in this learning, the PHN with other partners has been able to bring international experts and scholars to our region to assist us in establishing international best practice. Our Centre for Healthcare Knowledge and Innovation has auspiced a number of events including the highly regarded 'Transformers' conference last year, and has plans to continue to bring the benefit of international experience to the North Coast.

Decision making in NCPHN is informed by our Clinical Councils and Community Advisory Groups. We are privileged to have so many people who generously share their expertise and experience through these groups. We can see each group establishing its own identity and way of working, and we will continue to learn to make most use of their contributions. The Board thanks the chairs of these bodies – Dr John Vaughan, Dr Adrian Gilliland and Dr Peter Silberberg (Clinical Councils) and Ms Anne O'Donoghue and Ms Janine Reed (Community Reference & Advisory Groups).

Much of our work program has been determined by a landmark Needs Assessment which was undertaken earlier this year. This drew responses from 2420 members of our community and 1250 clinicians. It provides a unique picture of our regional health needs and I commend it to you. Information on the Needs Assessment is at: ncphn.org.au/needs-assessment-2016

The PHN improves access and equity through a process of commissioning. This involves developing local solutions to local problems. This is a key point of difference in the way PHNs work when compared to the one-size-fits-all way in which nationally funded health services have been rolled out previously. Our role in commissioning begins with co-design - bringing together community and clinicians to decide on what they need. We then work with the services that are subsequently contracted to support them in demonstrably improving access, quality and integration. We learn how to do achieve better outcomes together.

Reflecting the highest priority area identified in the Needs Assessment, our focus this year has been on commissioning Drug and Alcohol and Mental Health Services. A total of $10,813,069 has been invested, and the diversity of solutions can be seen in our summary at: ncphn.org.au/commissioned-services

As a learning organisation, the PHN has developed three manuals to steer people through the commissioning process which has been adopted nationally. These are also available at: ncphn.org.au/commissioned-services

Commissioning will remain a key activity next year. In addition to more investment in Mental Health, services will be commissioned in Aged Care and Indigenous Health.

NCPHN has a focus on improving quality and safety. Dr Dan Ewald heads a team of Clinical Leads to help guide this activity. There are now 387 localised Health Pathways that provide clinicians with evidence-based guidelines and local support services to assist them in caring for their patients. The Patient Centred Medical Home and Quality Improvement Support Teams are assisting general practice and other providers to improve their systems for delivering care. Local practices have embraced the opportunity to participate in a Women's Cancer Care Collaborative. A number of local Clinical Societies are supported to enable providers to come together across disciplines to explore subjects relevant to them. More clinical societies will be established next year. Better management of chronic pain and better end of life care are two key projects that have come out of these meetings.

To create a health system that works 'as one' the PHN works closely with our two partner Local Health Districts. Safe transfer of care and more timely and accurate discharge summaries have been a focus. EHealth is an important enabler of integration and the PHN supports MyHealthRecord and is a partner in the shared care planning tool Orion. The Winter Strategy, which aims to improve the care of nominated high risk patients over winter, has been an excellent project. This is a grass roots approach to allowing NSW Health Staff and general practice teams to work more closely in proactive and systematic care, and we hope to deploy an improved program next year across our region.

My personal thanks go to the NCPHN Board for their endless enthusiasm and wisdom. We are fortunate to have such a diverse set of skills and expertise. Malcolm Marshall retires from the Board this year having been with us since before day one and I thank him especially for his role as Chair of the Finance Audit and Risk committee.

Vahid Saberi is an outstanding CEO for our organisation. He has led the team with success through unprecedented change where the path was not always clear. He has a clear vision for better health that inspires us all. The whole Executive Team have been excellent leaders of change and have responded to the pace of activity with amazing calmness.

This year Michael Carter and Chris Clark have left our organisation to work with some of our partners. They have both been with us since before Medicare Local days - Chris since early Division days - and they have both been instrumental in establishing a strong organisation. The NCPHN has a staff with a diverse skill set and I applaud their professionalism and effectiveness.

I believe that NCPHN is well positioned to achieve its mission of Better Health for North Coast Communities and I thank all our members, partners, staff and contributors.

MY PERSONAL THANKS GO TO THE NCPHN BOARD FOR THEIR ENDLESS ENTHUSIASM AND WISDOM. WE ARE FORTUNATE TO HAVE SUCH A DIVERSE SET OF SKILLS AND EXPERTISE

CHIEF EXECUTIVE REFLECTIONS

BY VAHID SABERI

We began our life as North Coast Primary Health Network on 1 July 2015. This annual report reflects our achievements in the second year of our life. During the year we gained greater clarity about our work - in summary to address the inequities and gaps in health care through commissioning new services; and gluing the health care system together by improving coordination and integration.

We started our work by undertaking the largest survey of our clinicians and community on the North Coast. This allowed us to hear the local voices, their perception of health care and the gaps they identified. This community and clinician voice gave us a sound foundation to focus our activities and our commissioning work.

During the year we were given responsibility to commission new services for mental health, alcohol and other drugs and Aboriginal health. We were also asked to cease health service delivery which meant that we had to transition and decommission a large portfolio of services – in an unexpected way commissioning and decommissioning at the same time. It is much credit to our staff that we transitioned and decommissioned a large number of services without disruption or complication.

We invested considerable thinking and resources in building our clinician and community engagement approach, model and structures. We can take pride in what we have achieved.

Much effort went into linking up the acute and primary health sectors and improving and transforming the health care system. This involved both enhancing the quality of primary health care and integrating the system. We implemented many innovative programs to glue the system together and reduce the chasm between primary and secondary care. Examples of programs included NCPHN Patient Centred Medical Home, the Winter Strategy, Safe Transition of Care, HealthPathways, NNSW Health Literacy, Musculoskeletal project and Primary Health Care Pain Management.

As it is often said, it is not enough to do better what we have always done, rather we have to do things differently if we are to achieve the transformation the system requires. We established the Centre for Health Care Knowledge and Innovation to bring international and national scholar to share their knowledge and experience

with us. This Centre has proven instrumental in bringing about new ideas, innovation and change.

There are many things that contributed to our achievements in 2016-17, too many to mention. I am grateful to our partners; the Local Health Districts, the Aboriginal Community Controlled Organisations, the Community Service Organisations, local government and our Tertiary Education partners. They all embraced us and our agenda with openness and optimism. The NCPHN Board during the year demonstrated confidence in the management team and continued to give us encouragement, support and guidance - especially at times of great uncertainty and difficulty. Our mandate would have been impossible to achieve without the patronage of the Commonwealth Department of Health and the flexibility they have demonstrated. Above all, our success was achieved on the shoulders of the NCPHN staff. The changes NCPHN has been subjected to in its current and previous iteration has been relentless, demanding and exhausting. NCPHN senior management has been exemplary in the way it has managed and led the organisation, modelling values of humility, service and drive. Every staff member, awake to the burden of work we carried, went beyond what was required of them to ensure the organisation's success. In the final analysis, these staff are the reason for every milestone achieved, every project completed and every victory won.

SECTION 1

ABOUT US

OUR VISION

Better Health for North Coast Communities

ABOUT NORTH COAST PRIMARY HEALTH NETWORK

In July 2015, the Australian Government introduced Primary Health Networks (PHNs) across Australia with the key objectives of increasing the efficiency and effectiveness of health services.

North Coast Primary Health Network (NCPHN) focuses on people in our community at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place, from the right team.

NCPHN works directly with general practitioners, other primary health care providers, secondary care providers, hospitals and the community to ensure improved outcomes for patients.

NCPHN'S SIX KEY PRIORITIES FOR TARGETED WORK ARE:

1. Mental health
2. Aboriginal and Torres Strait Islander health
3. Population health
4. Health workforce
5. eHealth
6. Aged care

QUICK FACTS

OUR REGION

NCPHN services a region from Tweed to south of Port Macquarie, around 35,570 square kilometres. The region is comprised of 12 Local Government Areas (LGAs), four Federal and seven State electoral divisions. It aligns with two Local Health Districts – Northern NSW Local Health District and Mid North Coast Local Health District.

With a population of 516,000, the North Coast is characterised by a rapidly growing and aging population and one that has high Aboriginal population and disadvantage. A total of 56% of North Coast residents are older than 40 years of age, compared to 47% throughout NSW. The North Coast has a large Aboriginal population, from 4.0% to 10.2% in various areas. This is significantly higher than the average of 2.2% in NSW.

The NCPHN footprint provides a microcosm of the national population profile and includes locations with rural, regional and metropolitan classifications.

Demographically, the region is home to a range of communities that are hard to reach due to lack of transport, social disadvantage, ageing, geographic isolation and Aboriginality. The population experiences a considerable social and economic challenges that negatively impact on people's mental and emotional wellbeing. All LGAs in NCPHN's footprint have an Index of Relative Socio-economic Disadvantage (IRSD) below the NSW average.

SECTION 2

OUR ACHIEVEMENTS

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CLINICIAN ENGAGEMENT

NCPHN worked in partnership with more than 4,000 primary health care professionals to bring about meaningful improvements to health care services delivered on the North Coast.

To make the health system work well, the consumers and health professionals need to be actively involved in designing, implementing and reviewing initiatives. The meaningful engagement of patients, families, their carers and clinicians is anticipated to lead to reduced hospital readmissions, clinical effectiveness, improved patient safety and better models of care and service design, leading to better patient outcomes.

In 2016/2017 NCPHN worked to embed GP, allied health and other health workers' perspectives into NCPHN's strategy and programs. This included:

- 237 co-design and professional development events being held with more than 3,800 health professionals in attendance.
- 48 Practitioner Newsletters distributed to over 4,000 health professionals across four regions to inform and engage clinicians regarding NCPHN priorities, programs and events.
- Three editions of the *HealthSpeak* magazine were distributed to provide in-depth analysis of health issues relevant to North Coast clinicians.
- A team of five part-time GP Clinical Advisers influenced NCPHN's priorities by driving quality improvements, acting as change agents for health system improvement and strengthening relationships with health professionals. Initiatives included leading the establishment of localised clinical societies, facilitating workshop sessions, providing advice on strategies and plans and building relationships with Local Health District clinicians.


Northern Rivers/Clarence Valley Practitioner Newsletter | May 18 View this email in your browser

North Coast Primary Health Network
Northern Rivers / Clarence Valley
Practitioner Newsletter

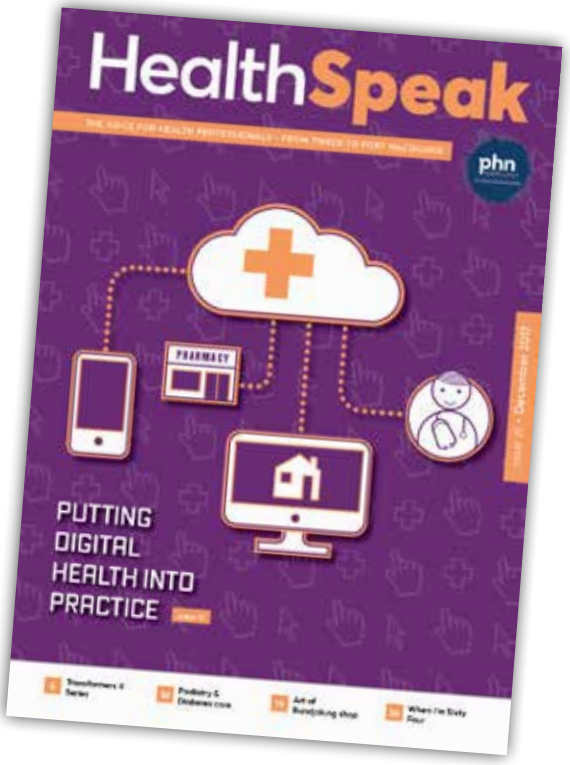
NCPHN establishing Primary Health Care Nurse Networks

We are listening to primary health care nurses! In partnership with APNA, NCPHN is establishing four professional nurse networks for the North Coast. Primary Health Care Nurse Networks will launch in the Hastings Macleay, Mid North Coast, Northern Rivers and Tweed regions in May 2017.

Read more

Winter is coming and we have a plan!

Every winter there is a surge in hospital admissions as colds and flus impact our community. This winter, NCPHN and NNSWLHD will be offering funding and support to general practice to increase their care of at-risk patients as part of our joint 'Winter Strategy'.



CLINICAL COUNCILS

NCPHN maintains three GP-led Clinical Councils in recognition of the breadth and diversity of our region and as a result of clinician feedback:

1. Northern Clinical Council (Tweed, Byron, Ballina, Lismore, Richmond Valley and Clarence Valley local government areas) - Chaired by Dr Peter Silberberg
2. Mid North Coast Clinical Council (Coffs Harbour, Bellingen and Nambucca local government areas) - Chaired by Dr Adrian Gilliland
3. Hastings Macleay Clinical Council (Port Macquarie–Hastings and Kempsey local government areas) - Chaired by Dr John Vaughan

Seventy-six GPs, allied health professionals, nurses and specialists were members of NCPHN's Clinical Councils in 2016/2017. Clinical Council membership is regularly reviewed using the Clinical Council membership matrix.

The matrix monitors representation in terms of discipline, geography and Aboriginal and Torres Strait Islander representation. Efforts are made by Clinical Councils to recruit members where there are gaps.

NCPHN's three Clinical Councils met six times each during the reporting period. At each meeting Clinical Council input was sought and provided on NCPHN direction, strategy and program design.

The Clinical Councils increasingly influenced NCPHN's strategy and operations during 2016/2017. For example, the Clinical Councils provided 208 pieces of advice and actions. This included 86 pieces of advice to management, 61 internal actions, eight recommendations to the Board and seven requests for information.

COMBINED NORTHERN NSW CLINICAL COUNCIL DINNER

2016 NCPHN JOINT CLINICAL COUNCIL SYMPOSIUM, DARLINGTON PARK, ARRAWARRA.

NORTH COAST ALLIED HEALTH ASSOCIATION (NCAHA)

NCPHN provided NCAHA with probity, governance, administrative, communications and capacity building support to ensure the organisation's long term effectiveness and sustainability. NCAHA held speed networking events, distributed 12 newsletters and connected allied health professionals to health system improvement initiatives via social media and face to face engagement activities.

HEALTH WORKFORCE

AN NCPHN NURSE NETWORKING EVENT AT LINDENDALE IN MAY 2017.

NCPHN is committed to increasing the capacity of the primary health care workforce to deliver quality care. NCPHN achieves this is by delivering face to face multidisciplinary learning and development opportunities that build skills, foster integration and build relationships between clinicians and service providers.

NCPHN delivered 168 learning and development events in 2016/2017.

An NCPHN Nurse Networking event at Lindendale in May 2017.

All learning and development events were aligned with NPCHN goals and priorities including: (see Figure 1):

- Mental Health - 16 mental health and drug and alcohol events
- Aboriginal Health - 15 cultural awareness training events
- Population Health - 19 immunisation updates, cancer screening collaborative and other events
- Aged Care - 13 aged care CPD events and workshops
- Health Workforce - 105 events on chronic care, patient centred medical home, pain management and antenatal care

NCPHN developed and published the Events Toolkit and Learning and Development Framework in 2016/2017. Three clinician consultative mechanisms - sub groups of the Clinical Councils - were established to engage clinicians and stakeholders on regional learning and development needs. These groups provided valuable advice on NCPHN's learning and development strategies ensuring that events are locally relevant, well targeted and well attended.

2016/2017 events: Priority area

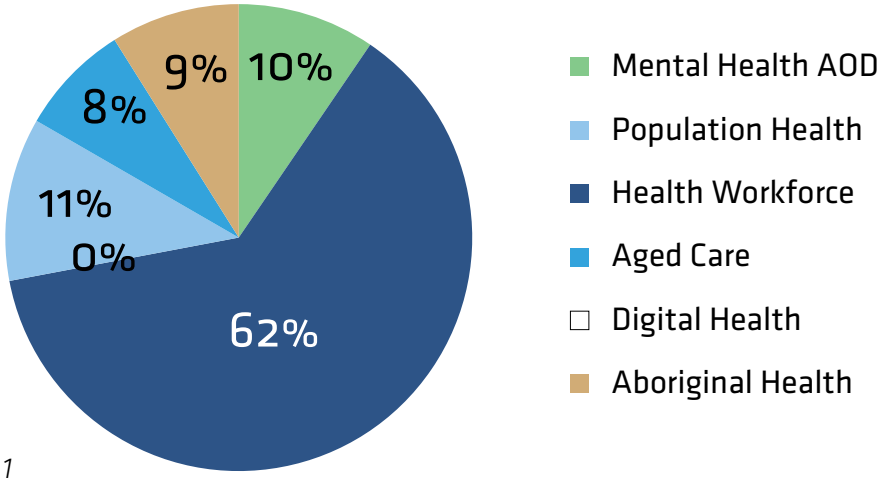


Figure 1

2016/2017 events: Attendee type

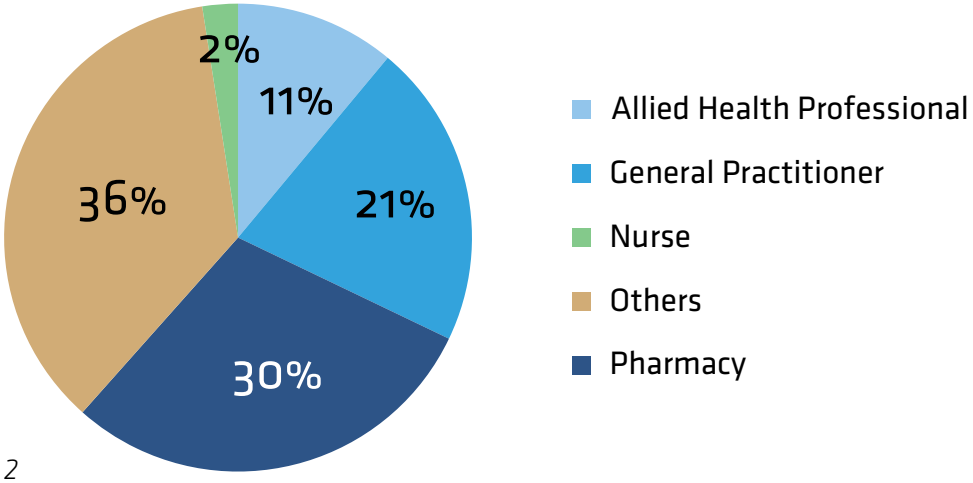


Figure 2

Event attendees included a wide range of health professionals (see Figure 2).

Allied Health Professional:	424
General Practitioner:	808
Nurse:	1130
Others:	1380
Pharmacy:	94
Total:	**3836**

QUALITY IMPROVEMENT SUPPORT

During 2016/17 general practices received regular and ongoing support from NCPHN's General Practice Quality Improvement (QI) Support Team. For the 175 practices within our footprint, the team completed 1,933 face to face practice visits and emailed or phoned practices on 6,860 occasions.

Support was provided for a broad range of QI activities including:

- Improving data collection through NCPHN's Measuring for Improvement Program
- Flexible Funding QI initiatives such as the Women's Cancer Screening Program and the Patient Centred Medical Home Program. In the Cancer Screening Collaborative 22 practices were recruited to take part. And in the Patient Centred Medical Home Program 21 practices were recruited. QIs were made in the area of patient-centredness, comprehensive and coordinated care, and quality and safety.
- The Orion Shared Care Planning tool pilot - more than 25 GPs took part in the trial run by the Northern NSW Local Health District in partnership with NCPHN.
- The Winter Strategy – 30 practices were recruited in June this year to be part of the Northern NSW Winter Strategy.
- Resources and information were distributed to practices during monthly practice visits and through our fortnightly electronic Practitioner Newsletter, website and *HealthSpeak* magazine. Topics covered included digital health, disease management, MBS and PBS changes and the benefits of accreditation.
- At 20 June 2017, 87% of practices were accredited, with another two part-way through the process. All practices have been afforded support to develop and implement QI Plans to achieve or maintain accreditation.
- Digital health, specifically My Health Record (MyHR), was a major area of focus during the reporting period. Our team members were given training and upskilling to support practices in setting up and navigating MyHR. We also did a MyHR readiness assessment of all practices. Other Digital Health activities included:
    - Design and development of an NCPHN Digital Health webpage to share information and resources with health care providers
    - Monthly updates to practices and ongoing help to embed the uploading of shared health summaries into daily work practices.
    - At 30 June, 2017 every practice in our footprint had been offered Digital Health readiness support. 146 (84%) of practices had registered for MyHR.
    - A total of 17,655 Shared Health Summaries were uploaded during 2016/17 with 60% of practices submitting a summary on a monthly basis
    - Professional Development opportunities - NCPHN hosted 237 professional development events, including educational and networking evenings with more than 800 GPs and a total of 3800 health professionals attending.

COMMUNITY & CLINICAL SUPPORT & ENGAGEMENT

In 2016/2017 NCPHN made significant investment in building community advisory structures and relationships. We work closely with health consumers, carers and the broader community to improve health outcomes for people living on the North Coast. Consumers provided valuable input into the assessment of health needs and the design of new services, particularly in relation to the mental health and alcohol and other drugs reform work.

A COMMUNITY CONVERSATION HELD AT MURWILLUMBAH.

COMMUNITY ENGAGEMENT

Community Advisory Committees

NPHN has four regionally based Community Advisory Committees that play a critical role in contributing to our annual Needs Assessment and providing local knowledge and experience into commissioning and other projects to meet local community needs.

These Advisory Committees are comprised of a broad range of people from across the region with a variety of skills and capabilities including healthcare consumers, carers and representatives from community, community organisations, and the education and health care sectors. Each Committee meets four times a year and their advice has contributed to many projects and commissioning activities including mental health reform and suicide prevention, Aboriginal health, digital health, health literacy and population health.

We acknowledge and express our thanks to our Community Advisory members for their generous advice and guidance.

Community Engagement

While the Community Advisory Committees are essential to our work, they are one of many engagement mechanisms for involving health consumers, carers and the broader community. Health consumers with lived experience have shared their personal stories at forums, symposiums and showcases describing the reality of living with their condition(s) and having to navigate their way through a health care system which at times is far from ideal. These stories highlight the human side of the healthcare system like no other and help us improve available care.

We acknowledge the courage and commitment of those who have shared their stories both privately and publically to make a better healthcare system for all.

Engaging rural and isolated communities

Rural and isolated communities make up a significant portion of the NCPHN region. While they have magnificent scenery and a sense of tranquillity, people living in these communities experience challenges in accessing relevant and timely health care. Some communities can wait over an hour for Ambulance services. The Community Voices Program works with community members to build capacity and social capital to improve health and wellbeing.

Community Voices

The Community Voices program is designed to foster empowerment and connectedness in small towns and isolated communities across the North Coast. The program aims to build the capacity of people living in towns and with limited access to health and social services and was run in 30 small towns. Community initiatives included working with NSW Ambulance to provide first responder training, grant writing skills workshops, and connecting people to services where gaps have been identified by the community. First aid training was provided to more than 500 community members across the region.

THE ISOLATED COMMUNITY OF BUNDAGEN ON THE MID NORTH COAST IS BENEFITING FROM BEING PART OF OUR COMMUNITY VOICES PROGRAM.

OUR HEALTHY CLARENCE

During the year NCPHN and Northern NSW Local Health District worked alongside community members, Clarence Valley Council, community services and health professionals to further develop the Our Healthy Clarence (OHC) Plan launched in February 2017.

NCPHN initiated, coordinated and chaired the Our Healthy Clarence Committee which steered the development and implementation of the Our Healthy Clarence Plan. This grassroots group supports residents of Grafton, Yamba and Maclean (the Clarence Valley) in their mental health and wellbeing. It was established following an unusually high number of suicides in the community.

NCPHN commissioned funding to support the delivery of the objectives of the Our Healthy Clarence Plan. New Services established for the Clarence Valley include:

- Improved access to psychiatry, including a child and adolescent psychiatrist and an increase in adult psychiatry services.
- Suicide prevention training including mental health first aid and applied suicide intervention skills.
- Aboriginal mental health and suicide prevention training.
- Post-suicide support.
- headspace youth mental health service.

FEDERAL HEALTH MINISTER GREG HUNT MEETING WITH OUR HEALTHY CLARENCE MEMBERS IN GRAFTON IN FEBRUARY 2017.

DIGITAL HEALTH

CONSUMERS

During 2016/17 NCPHN worked hard to increase the uptake and meaningful use of eHealth systems, especially My Health Record (MyHR).

The target was a 50% increase in consumer registration and NCPHN actually achieved a 74% increase, far exceeding the national growth rate of 30% for the same period.

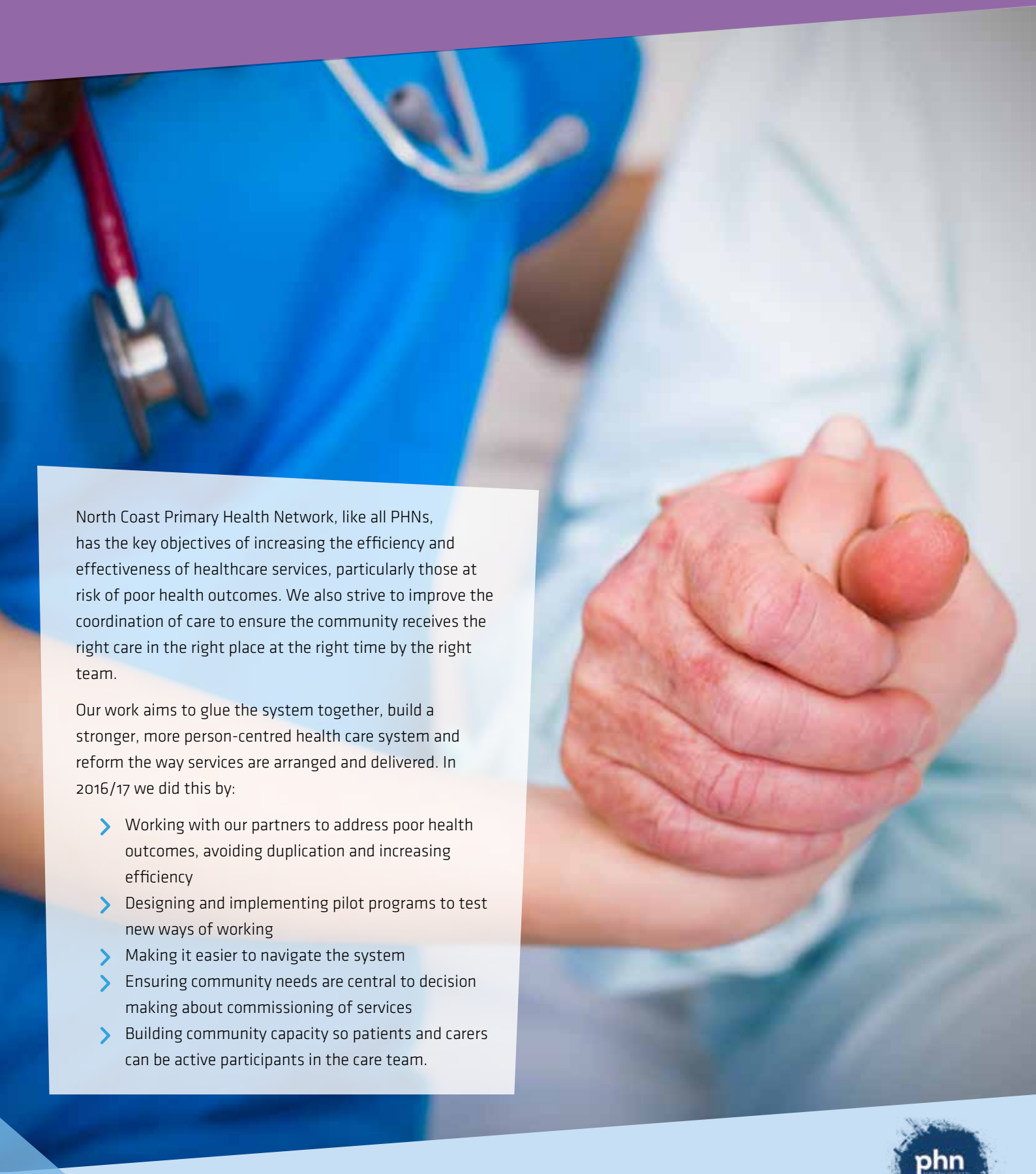
GENERAL PRACTICES

Only accredited general practices can register for MyHR. Of the 175 eligible general practices, 83% are now registered.

OTHER HEALTH PROVIDERS

We achieved a 50% increase in registration of other primary health care providers for MyHR – 97 primary health care providers or 10% are registered. Our results were affected by the lack of urgency or incentives for pharmacies. NCPHN made contact with more than 50 pharmacies and collaborated with the Australian Digital Health Authority and the Pharmacy Guild to organise pharmacy events, and while pharmacists were generally receptive, this did not result in much uptake.

INTEGRATION & REFORM



North Coast Primary Health Network, like all PHNs, has the key objectives of increasing the efficiency and effectiveness of healthcare services, particularly those at risk of poor health outcomes. We also strive to improve the coordination of care to ensure the community receives the right care in the right place at the right time by the right team.

Our work aims to glue the system together, build a stronger, more person-centred health care system and reform the way services are arranged and delivered. In 2016/17 we did this by:

- Working with our partners to address poor health outcomes, avoiding duplication and increasing efficiency
- Designing and implementing pilot programs to test new ways of working
- Making it easier to navigate the system
- Ensuring community needs are central to decision making about commissioning of services
- Building community capacity so patients and carers can be active participants in the care team.

MENTAL HEALTH REFORM

In 2016/17 NCPHN commenced its new role implementing locally-led mental health reform. Our mental health responsibilities are shaped by the National Mental Health Commission's Review of Mental Health Programmes and Services and its six priority reform areas[1]:

The mental health reform agenda asks us, and our health and welfare sector partners, to work differently. Our priorities were:

- Developing seamless pathways of care that wrap the appropriate services around an individual in a coordinated fashion to support their recovery
- Working in partnership with consumers, carers and providers for service planning and design
- Commissioning services with different levels of intensity to support a stepped up model of care
- Evaluating success based on the client and system outcomes along with consumer experience.

Our first year of mental health reform has been a transition year, allowing us time to evolve into our role as system reform agent and commissioner.

Examples of how we have assumed this role include the transition of Lismore and Tweed Heads headspace centres to a new lead agency (Social Futures); transition of the Medicare-managed Mental Health Nurse Incentive Program into NCPHN's mental health nursing services; and a review of the Healthy Minds program to determine the best investment in psychological services for the region.

Our responsibilities within mental health reform represent a long term commitment for system and service improvement in mental health, a journey that has just begun.

[1] *Low intensity mental health services for early intervention; Psychological therapies provided by mental health professionals to underserviced groups; Primary mental health services for people with severe mental illness; Regional approach to suicide prevention; Aboriginal mental health services and child and youth mental health services*

IMMUNISATION

Childhood Immunisation rates for both the general population and Indigenous children increased in the 12 months to 30 June 2017 and reached the performance target for each cohort. The exception to this being 2-year-old children in the Richmond Coast, Tweed Valley and Clarence Valley areas, a cohort that was below target.

NCPHN has contributed to ensuring immunisation rates were maintained and increased in our region by supporting general practices with Immunisation Updates, resources and information.

Relevant information is communicated via practitioner newsletters, practice support officers and Quality Improvement packs. We disseminate 'quarterly packs' to practices to ensure they have the latest information and data.

As we are committed to supporting the long-term sustainability and growth of the primary care nurse workforce, NCPHN, in partnership with the Australian Practice Nurse Network, established Primary Care Nurse Network Meetings across the region.

To further support professional development opportunities for clinicians we invite registered nurses working in general practice to apply for the 'Immunisation for Registered Nurses' course scholarship. This course enables practice nurses to become Accredited Immunisation Providers. Priority is given to nurses working in areas of low rates of immunisation.

Additionally, during 2016/17 NCPHN provided assistance on reviewing overdue immunisation reports and conducting data audits to ensure that the quality of data is continually improving.

SAFE TRANSITION OF CARE

The Safe Transition of Care Program is a joint initiative with Mid North Coast Local Health District to increase timely access to standardised clinical information for patient treatment and follow-up where multiple providers are involved.

Expected key outcomes include improved patient handover and increased provider satisfaction through reduced hospital readmissions. Phase One of the program brought together key clinical representatives from regional hospitals, general practices, aged care facilities and pharmacies to identify inadequate or ineffective transfer processes which might be improved or automated.

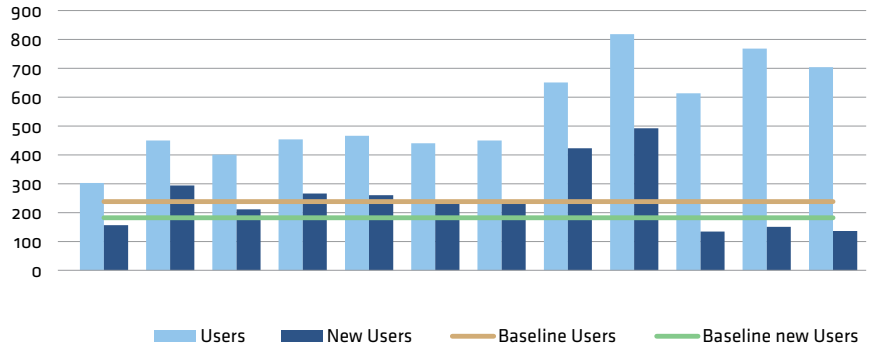
Foundational solutions to these issues have been agreed upon and will be jointly progressed in Phase Two. It's expected that these transfer improvements will result in more timely admissions and appointments and better informed GP care.

MID AND NORTH COAST HEALTHPATHWAYS

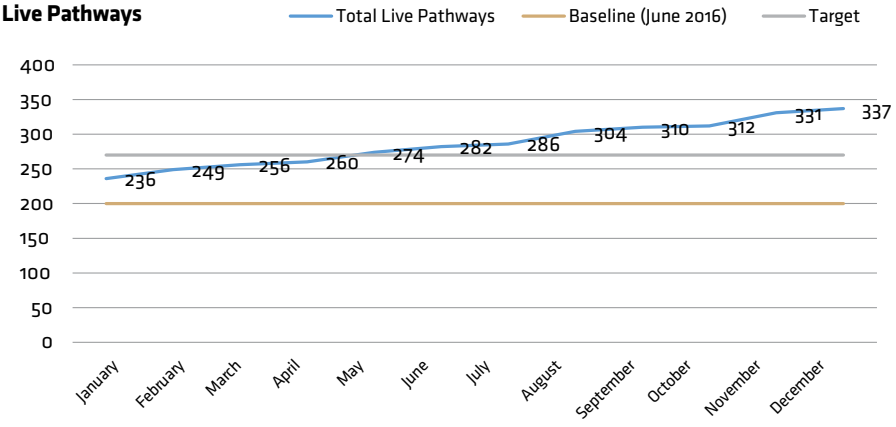
This program is delivered in collaboration with the NSWLHD and the MNCLHD. The program achieved 337 live pathways, well exceeding the annual target of 270 and listed 2018 individual services. Over the last 12 months 131 new HealthPathways were developed and published. There is evidence that usage of the program continues to increase, with a 70% increase in users and an 86% increase in pages viewed at June 2017 when compared to June 2016.

Work commenced on developing a system to allow the automatic transfer of HealthPathways provider directory information to the National Health Services Directory. When complete this will ensure that service listings in our region are expanded and up to date information is available to the community.

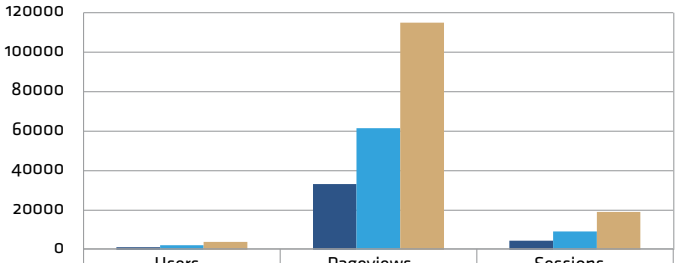
Mid and NorthCoast HealthPathways Users



Live Pathways



Google Analytics Activity Comparison



	Users	Pageviews	Sessions
1 July 2014 - 30 June 2015	1354	33302	4649
1 July 2015 - 30 June 2016	2309	61528	9275
1 July 2016- 30 June 2017	3967	114,960	19181

AFTER HOURS

During 2016/2017 NCPHN's After Hours Program was funded to reduce potentially preventable hospital admissions. To do this the program worked to improve access to primary health care by working with stakeholders across the NCPHN in the areas of health literacy and avoidable hospital admissions.

The program highlights were:

- The Community Pain Management Program - upskilling 18 general practice and allied health clinicians in facilitating low intensity pain management workshops and funding for 90 patient places in workshops across eight locations.
- Pain Management education sessions for Chronic Pain Management in general Practice; 133 attendees across seven education sessions held in Kempsey, Port Macquarie, Tweed, Lismore, Mullumbimby, Coffs Harbour and Grafton.
- The distribution of Health Direct After Hours GP helpline information to 154 pharmacies in January 2017 and to 23,309 Households in 66 small and or disadvantaged communities in June 2017.
- The provision of information and support resources to clinicians and community around access to primary health care and to improve consumer health literacy.
- Improving clinician access to CPR training and emergency management training.

PAIN CLINICS

In early 2017 the NCPHN After Hours Program commissioned the Community Pain Management Program pilot, developed by the Agency for Clinical Innovation (ACI), in General Practices and Community across the North Coast. The program improved the ability of people living with low intensity, non-complex chronic pain, to manage their pain using a proven skills-based approach.

The program commissioned workshops for people with low level chronic pain across the footprint. Additionally, workshops were provided to general practices and allied health professionals. Webinar training (ten hours) was led by Professor Michael Nicholas from Royal North Shore Pain Management Clinic and was attended by general practices and allied health professionals. Arrangements are completed for the University of Wollongong to evaluate the program.

HEALTH LITERACY

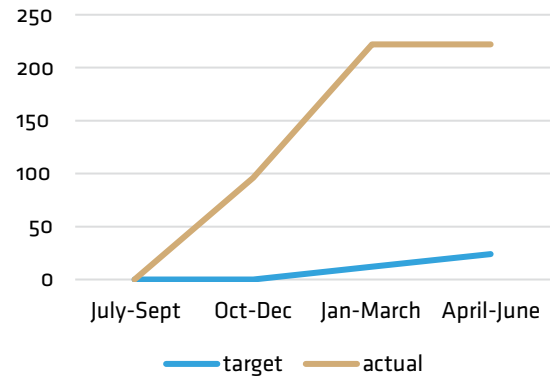
Health Literacy Northern NSW

The Northern NSW Health Literacy Project is a joint initiative between Northern NSW Local Health District and North Coast Primary Health Network. The project commenced in the third quarter of 2016 and was officially launched in December 2016. The project focused on five key areas:

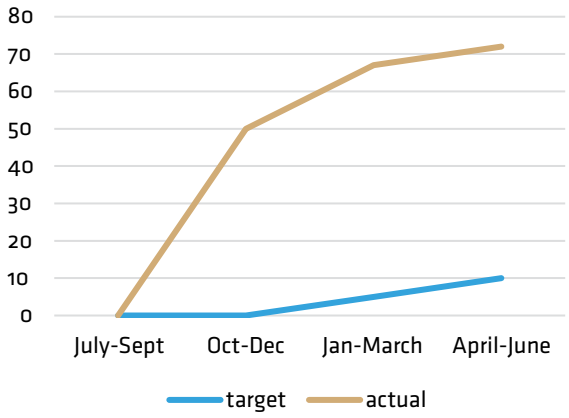
1. Health Literacy Website - the website has been launched and is used to support training of clinicians and consumers and to share health resources that are health literacy friendly.
2. Involve consumers and carers – consumers and carers have been consulted extensively and involved in co-design processes for health information.
3. Health professionals' health literacy skills - Health Literacy Workshops have been held across Northern NSW, with over 400 health professionals attending from NNSW LHD, NCPHN and Primary Care. The workshops have been rated highly and show a clear increase in health literacy knowledge and skills.
4. Health policy – health literacy has been embedded in a number of health policies and new projects include health literacy KPIs.
5. Patients empowered to be partners in their care – consumer participation and consultation in the project itself has increased empowerment of consumers involved. The health literacy strategies implemented by health professionals as part of this project are also designed to lead to greater consumer empowerment.

In addition, a number of health literacy projects were implemented with the objective of improving and developing health information and signage.

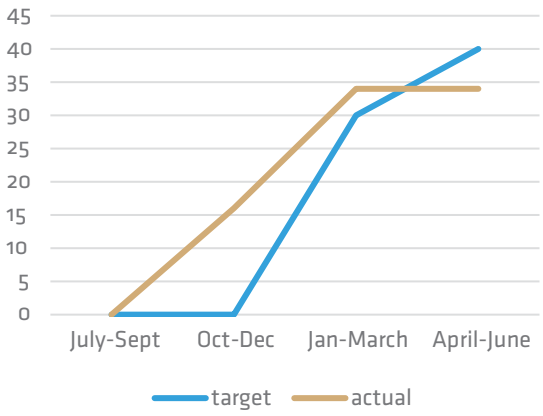
Clinicians trained in Health Literacy



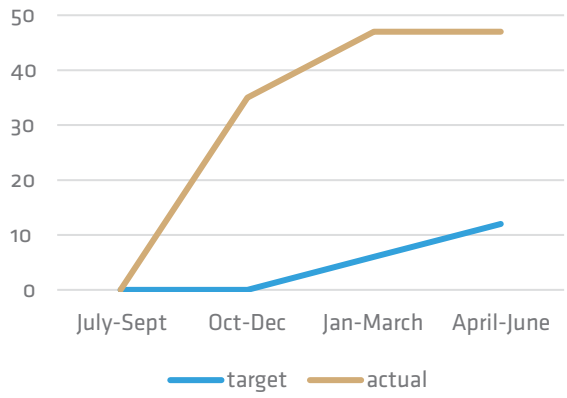
Consumers trained in Health Literacy



Resources produced



Health Literacy Projects Underway



CANCER SCREENING

In September 2016 NCPHN established the Women's Cancer Screening Collaborative. This two-year initiative is jointly funded by NCPHN and by Cancer Institute New South Wales.

Through the initiative, we improved the rate of cervical and breast cancer screening in our footprint by

- **addressing primary care infrastructure and data limitations** - supporting pilot practices to use proven general practice quality improvement processes and tools, such as Plan, Do, Study, Act cycles, to trial and embed change
- **Improving access and equity** - using the Northern NSW Health Literacy Framework and consumer research processes to assess and address environmental and individual health literacy barriers to screening.

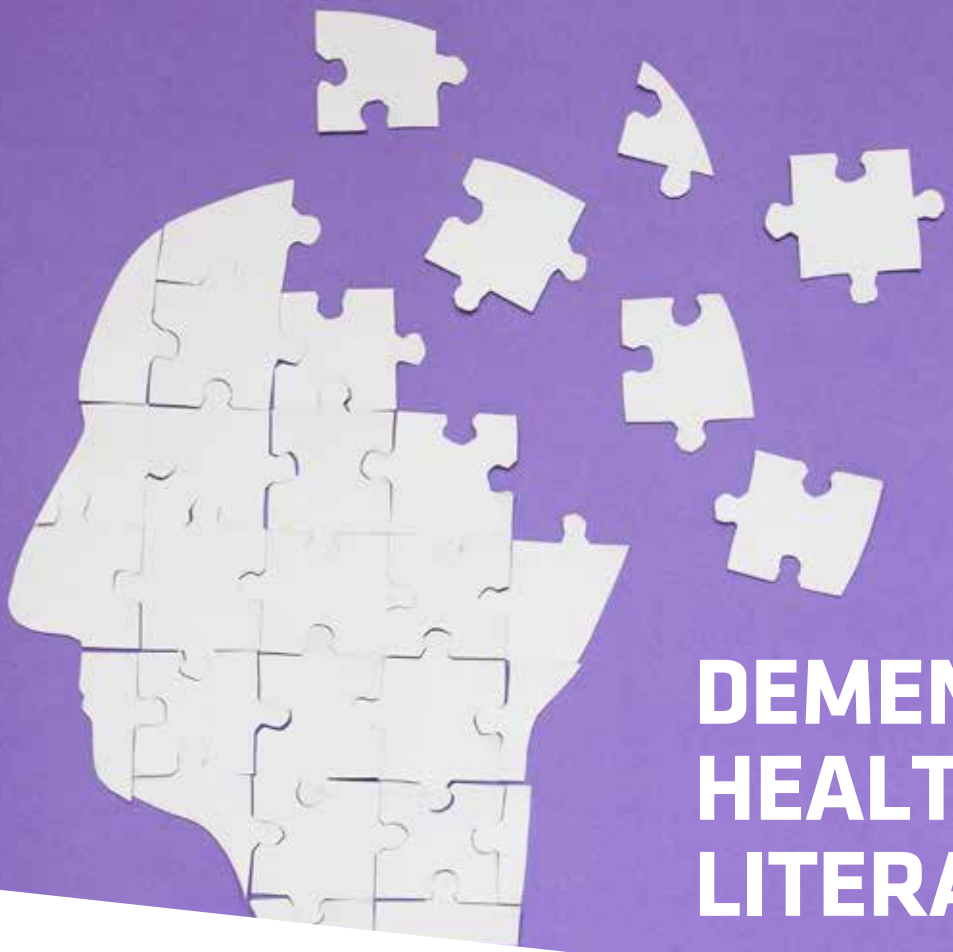
Twenty-five general practices and Aboriginal Medical Services participated in the program. The project demonstrated positive results in primary care led improvements to participation in population cancer screening programs.

DEMENTIA SERVICE MAPPING

This project aimed to provide local information on dementia services that is up to date and easily accessible by people with dementia, their carers, families, service providers and health agencies.

One hundred and fifty organisations and services were surveyed between 27 February and 12 April 2017. Prior to the project, the National Health Services Directory reported there were only 11 organisations and services identified as delivering dementia services in our footprint.

The project mapped services in the region and subsequently shared information to allow a database update of the National Health Service Directory (NHSD). This resulted in the listing expanding to 53 unique services responding to the search criteria dementia. There are now 366 entries in the NHSD for our region.



DEMENTIA HEALTH LITERACY

In consultation with stakeholders we identified that people with dementia (and their support networks) required additional help to access services and support, and to plan for the future following their diagnosis.

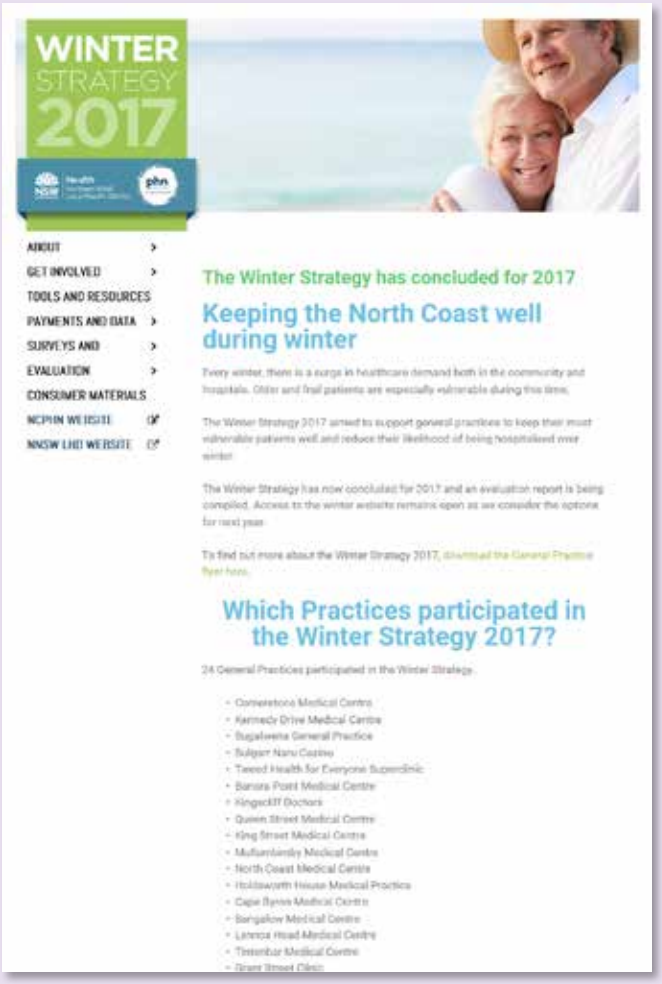
The Dementia Health Literacy Project applied the Northern NSW Health Literacy Framework to develop resources for consumers. The project consulted with people with dementia and their carers to inform and design resources which would be easy to read and access. These resources are available to clinicians, health professionals and community, online and in hard copy.

COMMUNICATIONS & MEDIA

2016/2017 we focussed on developing and implementing an overarching Communications Strategy and building staff capacity in communications skills and health literacy.

Key achievements within this period included:

- Strengthening of relationships with media outlets - NCPHN is more often than not the 'go to' point for reporters wishing to write about health topics. During 2016/17 a total of 43 media releases were sent out with coverage of stories and issues across the region.
- Coordination of several high-profile Ministerial funding announcements/media events showcasing new services and the investments being made to improve health in our region.
- Scoping, design and build of a new NCPHN website.
- Scoping, design and build of a new staff web-based intranet
- eNewsletter production – NCPHN produces four electronic, location-based versions of a fortnightly Practitioner Newsletter
- An electronic community newsletter
- A monthly staff newsletter
- A strong presence in social media - Facebook and Twitter on issues of interest to both the community and health workers.
- Event promotion – regular event flyers and calendar distributed widely
- *HealthSpeak* magazine published three times a year. The magazine was distributed in hard copy to every GP and general practice in the region, as well as pharmacists, allied health practitioners, specialists, students and educators. The magazine, the only one of its kind, is popular with all primary health care professionals.



ONE OF NCPHN'S NEW WEBSITE PAGES.

TRANSITION OF SERVICES

THE WINSOME GP CLINIC IN LISMORE FOR THE HOMELESS AND DISADVANTAGED WAS SUCCESSFULLY TRANSITIONED WITH WEEKLY CLINICS CONTINUING.

As a commissioning organisation, during the year NCPHN transitioned a large portfolio of services to be delivered by other providers. Services transitioned included Tarmons House Mental Health Service, Jullums Aboriginal Medical Service in Lismore, Nimbin Medical Centre, Bugalwena General Practice at South Tweed Heads, The Winsome Soup Kitchen GP Clinic in Lismore; Fred's Place GP Clinic in Tweed Heads and the St Thomas Soup Kitchen GP Clinic in Port Macquarie. The Speech Pathology and Occupational Therapy Services in Evans Head, Coraki, Woodburn and Coffs Harbour were successfully transitioned and services continue to be provided by private clinicians. Some services were not able to be transitioned, including specialist outreach services, so these are still being run by NCPHN.

This change in focus meant that over the past 12 months we said farewell to nearly 100 staff members.

ABORIGINAL HEALTH

GOANNA HEADLAND: BY BUNDJALUNG NATION ELDER ADRIAN CAMERON.

COMMISSIONING OF INTEGRATED TEAM CARE

The Care Coordination and Supplementary Services (CCSS) and the Improving Indigenous Access to Mainstream Primary Care (IIAMPC) activities were combined to form the Integrated Team Care (ITC) Activity. The Program assists Aboriginal and Torres Strait Islander people with chronic disease/s who require coordinated, multidisciplinary care.

The Program was commissioned to external providers in primarily Aboriginal Community Controlled Organisations during the year. Following consultation, 50% of the funds were directly provided to AMSs with the other 50% put out to tender. The Approach to Market resulted in mostly AMSs receiving the residue of 50% as well.

ITC Program provided in 2016/17 by NCPHN included 9,767 occasions of service and 2,297 supplementary services. Examples of the work done include:

Improving access to mainstream health care

Indigenous Health Project Officers (IHPOs) worked on a range of initiatives to improve the capacity of mainstream primary care providers to deliver culturally appropriate care in 2016/2017. This included 11 cultural awareness training events across the NCPHN footprint with approximately 160 participants. Participants were predominantly mainstream general practice staff and allied health professionals.

IHPOs also assisted general practices and other primary health care professionals in Closing the Gap programs and services. They conducted 172 practice visits and 29 pharmacy visits. All general practices were offered cultural awareness support. IHPOs also provided appropriate resources to general practices to create a more culturally welcoming clinical environment.

Aboriginal Outreach Worker Program

Aboriginal Outreach Workers help local Aboriginal and Torres Strait Islander people make better use of available health care services, especially mainstream health services.

During the year, NCPHN AOWs supported 128 clients and provided 1,229 occasions of service, such as attending medical and specialist appointments, assisting with transport and collecting prescriptions from the pharmacy. In addition, 118 home visits were conducted.

Example of people assisted by ITC Program

- A client with COPD and heart disease received a wheelie walker and nebuliser. The client is now more independent and able to attend medical appointments unassisted.
- A client with multiple illnesses was not coping with everyday tasks. The Care Coordinator referred the client to the Aged Care Assessment Team (ACAT) to access home help, which the client states has improved his quality of life dramatically.
- Access to transport enabled a client to get to and from dialysis three times a week.
- A non-monitored medical alert system was purchased for a single mother of two young children who suffers from epilepsy. The system uses an auto dialler to contact pre-programmed phone numbers and play a pre-recorded message. If the client has a seizure, this system will assist with seeking help.

AN INTEGRATED ABORIGINAL CHRONIC CARE TEAM MEETING AT JULLUMS AMS IN LISMORE.

THE NEWLY TRAINED CORE OF LIFE INSTRUCTORS WITH TRAINER DEB PATTRICK AND BUNDJALUNG ELDER AUNTY NANCY WALKE.

CORE OF LIFE

Core of Life is an innovative, 'hands on' pregnancy and parenting program for teens to empower and educate adolescent males and females with information related to pregnancy, birth, breastfeeding and early parenting.

NCPHN held Core of Life Instructor training in Ballina in November 2016. The aim was to train five new Instructors in the Northern NSW region who could then train new facilitators for the program. The Instructor training was important for the sustainability of Core of Life.

Core of Life two day Facilitator training was held in Ballina in May 2017. Eighteen facilitators were trained and they are now rolling out the Core of Life program within Northern NSW schools and communities. There were a significant number of participants from the Lismore, Richmond Valley and Kyogle areas.

Twelve Core of Life programs have been coordinated by the Program Officer with trained Core of Life Facilitators co-facilitating seven of these. A total of 435 High School students completed the program with 13% of participants identifying as Aboriginal or Torres Strait Islander.

Program feedback indicates the sessions were engaging and informative. Students particularly enjoyed the role playing and interactive nature of the course.

FIRST AID IN COMMUNITY

During 2016/17 our Aborignal Health Team coordinated free First Aid and CPT Training sessions for Aboriginal people. The training gives small and isolated communities valuable skills and the confidence to assist in the case of an emergency while they wait for NSW Ambulance to arrive. during 2016/17. These sessions were delivered in:

Tabulam, with 16 people completing training
Coffs Harbour, with 21 people completing training
Kempsey, with 16 people completing training and
South West Rocks, with 10 people completing training

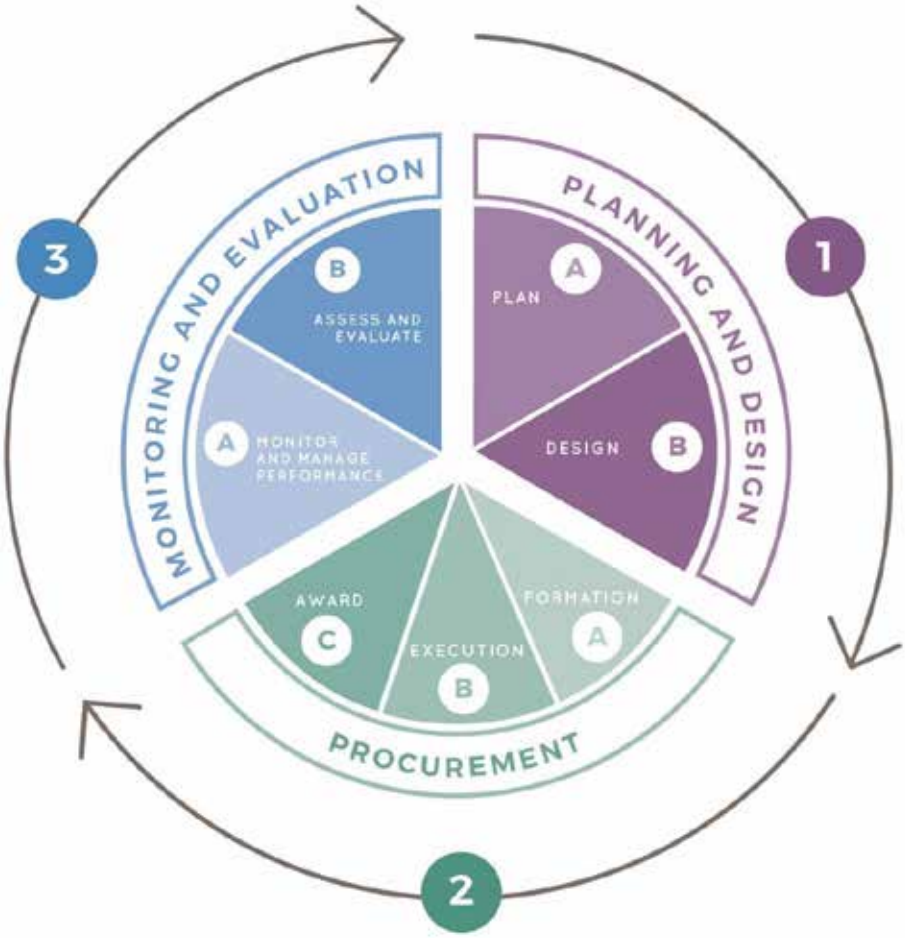
One Child First Aid course was also run for eight people in Coffs Harbour.

PUTTING OUT THE FIRES

Our team was also involved in the Putting Out the Fires initiative - a social media marketing campaign targeting Aboriginal and Torres Strait Islander community members across Northern NSW to reduce smoking.

The program is a partnership between Northern NSW LHD, NCPHN and local Aboriginal Medical Services.

COMMISSIONING OF NEW PROGRAMS



As we learnt during the year, the magic of commissioning is the collective planning and design process, also called 'co-design', and its soft-belly is the procurement of services. We had to learn to do these well in haste. While we did learn a lot and documented our learning in handbooks and manuals, we recognise that being a novice at commissioning meant that we made mistakes along the way. Reflecting on our mistakes, we are now in a better position moving forward.

NCPHN set out to put together three handbooks, each for elements of the commissioning framework: 1) planning and design 2) procurement and 3) monitoring and evaluation. Through an Approach to Market or direct procurement, 33 organisations were funded to deliver services. This was primarily in Aboriginal health, mental health and alcohol and other drugs services.

To view the programs commissioned over the past year, see Addendums on pages 85-92

MENTAL HEALTH

FEDERAL HEALTH MINISTER GREG HUNT (RIGHT) WITH HEADSPACE ARCHITECT PROFESSOR PATRICK MCGORRY AT THE FEBRUARY 2017 ANNOUNCEMENT IN GRAFTON ABOUT THE GOVERNMENT'S INVESTMENT IN MENTAL HEALTH, INCLUDING A HEADSPACE FOR THE CLARENCE VALLEY.

Commissioning meant a new way of working with the community and our service provider partners. Mental health and alcohol and other drugs (AOD) were the first NCPHN teams to embark upon commissioning.

In 2016/17 we commissioned services and approaches that will lay the foundations for mental health reforms in the longer term. These included expanding the reach of youth mental health services to smaller, disadvantaged communities; and suicide prevention and mental health training for community members and service providers. We also commissioned projects and services that will improve access to culturally competent services in our region.

We continue to build commissioning capabilities within the organisation and with greater commissioning planning and co-design time in the future, we will be able to undertake comprehensive commissioning cycles in years to come.

The comprehensive list of services we've commissioned can be found here: ncphn.org.au/commissioned-services, as well as Addendums 1 and 2.

The announcement by Federal Health Minister Greg Hunt that a headspace centre would be established in Grafton was a significant event for the community. It took the number of headspace centres funded through NCPHN to five. The announcement was made in February 2017 with the challenge of establishing the service within the same calendar year.

ALCOHOL AND OTHER DRUGS

A SUBSTANCE MISUSE TRAINING GROUP HELD IN LISMORE IN 2016.

NCPHN has responsibility for increasing the capacity and improve the effectiveness of the drug and alcohol treatment services on the North Coast. Commissioning, regional coordination and capacity building within the sector are approaches used to achieve these goals.

After two years in operation, 2016/17 saw the completion of the Northern NSW Crystal Methamphetamine Project, more recently called The Drug and Alcohol Treatment Integration project. The project worked with community leaders and services to improve integration and reduce harms arising from substance misuse, as guided by the Action Plan. Initially jointly funded by Bulgarr Ngaru Medical Aboriginal Corporation and NCPHN, the Project was funded by NCPHN and delivered by The Buttery from January 2017.

Outcomes from the Project were designed to yield benefits to the community and the sector beyond the life of the project and to identify local solutions. Education and training, was provided to more than 450 professionals from a broad range of disciplines including general practitioners, nurses, allied health staff, drug and alcohol workers, community workers and administrative staff.

The Project has trained 32 local SMART Recovery facilitators. SMART Recovery provides free group programs for supporting behaviour change. Improved access to treatment has resulted from the establishment of SMART Recovery Groups in Lismore, Mullumbimby and Yamba, and Aboriginal specific SMART Recovery Groups in Casino and Tabulam.

INNOVATION

EXCELLENCE AWARDS

DEADLY STEP – CASINO, A HEALTH SCREENING EVENT FOR THE INDIGENOUS COMMUNITY: A COLLABORATION BETWEEN ACI, NCPHN, NNSWLHD, BULGARR NGARU ABORIGINAL MEDICAL CORPORATION, NSW COUNTRY RUGBY, UCRH AND THE SOLID MOB.

Forty-one health care project submissions were considered in the inaugural Primary HealthCare Excellence Awards. An initiative of NCPHN, the Excellence Awards are aligned to one of the goals of NCPHN's Strategic Plan with a view to striving for excellence.

Inspired by the Network's Quality Management Policy, the Awards are a small part of a bigger picture – building a culture of continuous improvement in health care on the North Coast.

Health, social, community and the tertiary education sectors on the North Coast were invited and encouraged to submit programs and projects for the Award.

The Awards ceremony was held at Opal Cove Resort, Coffs Harbour on 9 September 2016. It was a glittering and fun night with 80 guests including finalists, award recipients, judges, and members of health and community groups across the NCPHN footprint.

For a comprehensive list of finalists and award recipients along with videos of their projects, **go to ncphn.org.au/excellence**

TRANSFORMERS EVENT AT BYRON BAY IN NOVEMBER 2016.

Centre for healthcare
KNOWLEDGE & INNOVATION
COLLABORATE • LEARN • ADVANCE

NCPHN established the Centre for Healthcare Knowledge & Innovation in 2014 to bring in national and international scholars to the North Coast. A number of events and research projects were held under the banner of the Centre for Health Care Knowledge and Innovation during 2016/2017.

A TRANSFORMERS WORKSHOP HELD IN LISMORE IN NOVEMBER 2016.

SPECIAL EVENTS

1. Transformers Special Event Series - 30 November to 1 December 2016

International scholars Dr Robin Miller, Prof Anne Hendry, Dr Richard Antonelli, Dr Nick Goodwin and Dr Viktoria Stein visited the North Coast over two days to share their knowledge and expertise with local practitioners as a part of the Transformers Event Series. Ten workshops, symposiums and service visits were held as part of the Series. A total of 413 health and social service clinicians and professionals attended the Series events.

2. Transformers Special Event Port Macquarie - February 2016

Dr Nick Goodwin and Professor Anne Hendry held a breakfast intensive session with 30 practitioners at Port Macquarie to discuss international experience in the implementation of integrated care. This was followed by an integration workshop with 39 health managers and practitioners to discuss the building blocks of a person-centred health system.

3. National Disability Insurance Scheme Co-Design Workshop - May 2017

National scholars Steven Davison, Karen Stace, Susan Jennings and Sean Lomas were joined by local experts to discuss the National Disability Insurance Scheme (NDIS) rollout with local practitioners and to develop an action plan for regional preparedness. Participating at the workshop were 107 attendees, including primary health practitioners, social services, and 15 community members.

4. Joining up Psychiatry, General Practice & Psychotherapy - June 2017

NCPHN partnered with the Murrumbidgee PHN and Western NSW PHN to welcome International scholar Dr Robert McCarron and Australian scholars Dr Peter McGeorge and Prof David Perkins. These experts consulted and discussed telepsychiatry and developed models for joining up psychiatry, general practice, psychotherapy and social services. A total of 135 health and social service clinicians, professionals and community members attended the two-day session.

RESEARCH PROJECTS

As a result of the Centre for Healthcare Knowledge and Innovation events, NCPHN is involved in the following research projects:

- Diagnosing Potentially Preventable Hospitalisations (DaPPHne), the only research of its kind in potentially preventable hospitalisations. This is a collaborative study with UCRH, MNCLHD and the NCPHN partnering.
- The use of Webster packs for pharmacological application for Aboriginal Patients.
- Elements and principles of community engagement in small towns (NHMRC funding submission co-designed with UCRH).

THE PATIENT CENTRED MEDICAL HOME

The NCPHN's Patient Centred Medical Home (PCMH) objective for the 2016/2017 financial year was to develop and implement a program to support the transition of general practices into a Patient Centred Medical Home. The following outcomes demonstrate that this objective has, and continues to be, achieved:

- An Australian Handbook for Transitioning General Practices into Medical Homes has been developed and published.
- Twenty one general practices and Aboriginal Medical Services are enrolled in the PCMH program. In addition, 25 practices have been visited by the PCMH team and received education on the PCMH model.
- A Patient Centred Medical Home website went live in November 2016. In 2016/2017 there were 785 new users and 5,860 page views.
- The PCMH Self-Assessment Tool has been developed and is a resource for practices to assess how they are performing as a Medical Home and identify what next steps they could take to improve their practice. As at 30 June 2017, 173 clinicians have completed the PCMH self-assessments.
- A draft PCMH Handbook for Allied Health Professionals Working in a Person Centred Health System has been developed and is under review.
- The PCMH team has engaged with 180 clinicians, general practice staff and consumers at specific events focused on building understanding about the Program.
- Eight PCMH webinars were held to educate and guide general practices and AMSs on their PCMH journey.
- To enhance knowledge sharing and understanding of the PCMH model, NCPHN takes part in the Health Care Homes Readiness Collaborative which includes 10 Primary Health Networks.

SECTION 3

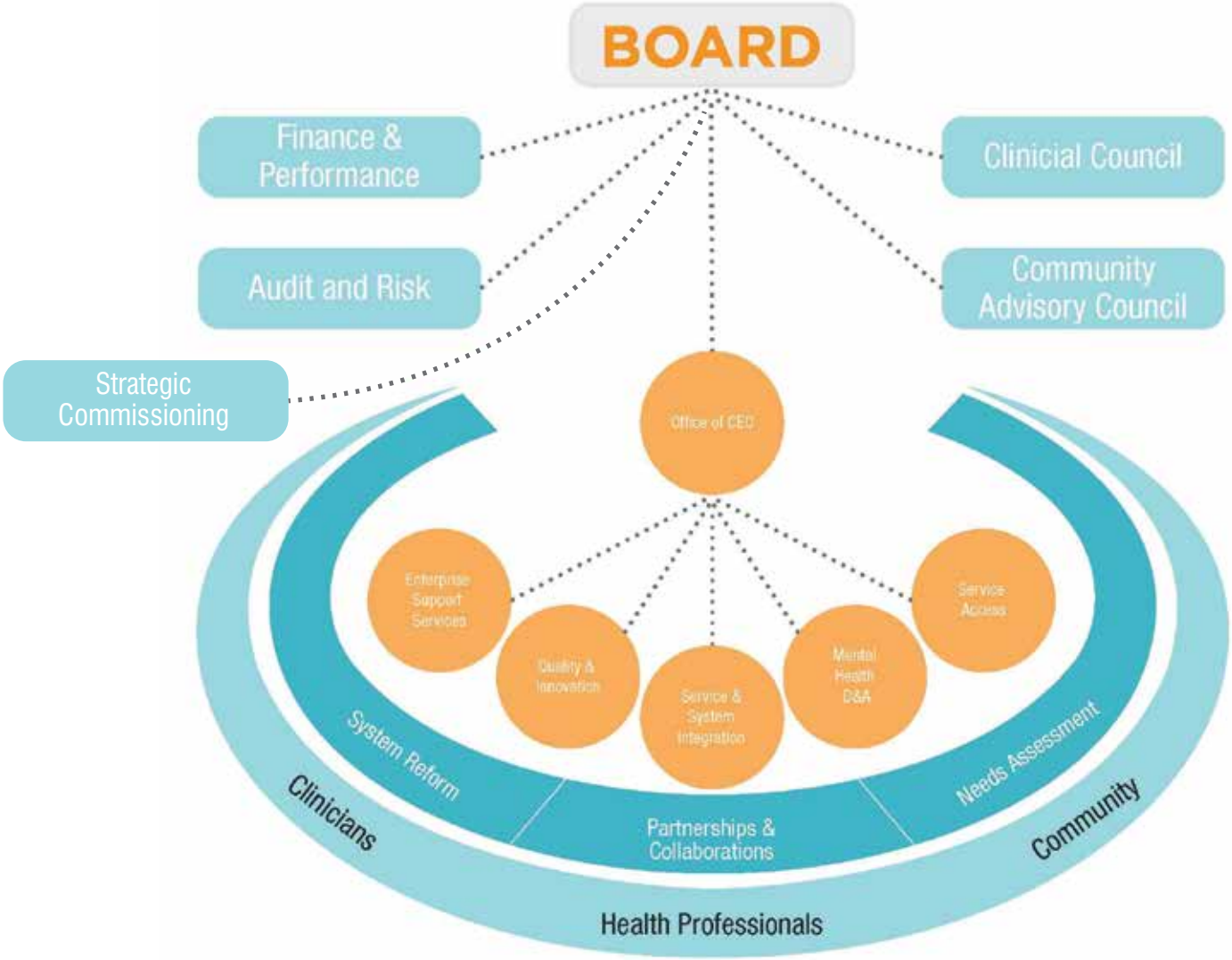
OUR ACCOUNTABILTY & GOVERNANCE

phn NORTH COAST
An Australian Government Initiative

As a new organisation, in July 2016 NCPHN prepared and completed accreditation against the Quality Improvement Council Health and Community Services Standards, 6th Edition. This was done through our Quality Innovation Performance as the accreditation provider. NCPHN was awarded a three year accreditation, a tremendous outcome and a reflection on the strong foundation already built in the quality and governance systems.

Additionally, NCPHN maintained its National Standards for Mental Health Services accreditation, transferring the accreditation it had achieved as a Medicare Local.

NCPHN, since its inception, has paid attention to its processes, policies and systems relating to leadership, accountability, stewardship, direction and control. Our robust, formal structure of good governance, as set by the NCPHN Board, is depicted below.



OUR BOARD OF DIRECTORS

NCPHN has a skills-based Board, as required by the Commonwealth Government. This allows us to build a strong capacity with input from a variety of professionals. The Board provides NCPHN with an extensive range of knowledge, skills and expertise in local health care provision, clinical expertise, Aboriginal health, academia, community development, business and corporate management, accounting and finance, and local government.

Below is the membership of the NCPHN Board.

DR CHRIS JAMBOUR

MR WARREN GRIMSHAW AM

CHAIR, DR TONY LEMBKE

DR JOANNA SUTHERLAND

DR SHARON SYKES

DR TIM FRANCIS

MR PHILLIP SILVER

MR SCOTT MONAGHAN

MR MALCOLM MARSHALL

Board Position	Title	Position	Expertise	Notes
Chair	Dr Anthony Lembke	GP	Medical Practitioner	
Director	Dr Diane Blanckensee	GP	Medical Practitioner	Retired at the close of the 2016 AGM (13/12/2016) and replaced by Dr Christopher Jambor
Director	Dr Tim Francis	GP	Medical Practitioner	
Director	Dr Sharon Sykes	GP	Medical Practitioner	
Director	Dr Joanna Sutherland	Specialist Anaesthetist	Medical Practitioner	
Director	Mr Philip Silver	Certified Practicing Accountant	Accountancy / Finance / Local Government Shire Council	
Director	Mr Scott Monaghan	CEO Aboriginal Medical Corporation	Aboriginal Health	
Director	Mr Malcolm Marshall	Certified Practicing Accountant	Accountancy / Finance	
Director	Warren Grimshaw AM	Senior Public Administrator	Public Administration	
Director	Dr Christopher Jambor	GP	Medical Practitioner	Joined after the close of the 2016 AGM (13/12/2016) to replace Dr Diane Blanckensee

ORGANISATIONAL MEMBERS

As Healthy North Coast Limited (trading as NCPHN) is a public company limited by guarantee, there are no shareholders, only Members. Members help to drive improvements in primary health care and ensure that services are better tailored to meet the needs of local communities. They also have specific entitlements and obligations under the Company Constitution such as: to attend and vote at general meetings; to nominate and elect Directors by voting in elections or at meetings; and to vote on any fundamental changes to the nature of the company, its name or its purposes and in the event of company dissolution.

The organisational Members during the year were:

- Mid North Coast Division of General Practice
- Hastings Macleay General Practice Network
- Northern Rivers General Practice Network
- North Coast GP Training
- Many Rivers Aboriginal Medical Service Alliance
- University Centre for Rural Health, North Coast
- North Coast Allied Health Association

SECTION 4

OUR STAFF

phn NORTH COAST
An Australian Government Initiative

OUR STAFF

The continuous change in strategy, expectations and contractual requirements since 2012 has meant that, as the work has changed, the NCPHN staffing profile has been adjusted. During the year NCPHN transitioned its entire service delivery portfolio to other providers. This meant that the organisation said goodbye to a large number of staff. This change is not unique to NCPHN. All rural regions have similar experiences. Since its inception, NCPHN staffing has reduced from 140 FTEs to 93 FTEs.

In 2016/17, following the Departmental direction that all PHNs had to transition their service delivery activities, NCPHN had a staff turnover of 41%. It is not surprising therefore that staff who have left the organisation are primarily from the service delivery portfolio and those completing short-term contracts and projects.

During the year, recruitment of staff with the requisite skills and capabilities required for commissioning and integration proved to be challenging. Much of the PHN work is pioneering and new. For some program domains even a common definition does not exist let alone trained and experienced workforce to recruit. In many areas, workforce capabilities have had to be built on the job – for example integration, coordination, commissioning, engagement, reform etc.

Despite innumerable challenges and the need to exercise flexibility and live with much uncertainty, NCPHN staff have remained positive and committed to their work of transforming the healthcare system to gain better outcome for the North Coast community.

FINANCE AND MANAGEMENT ACCOUNTING

NCPHN is a not for profit company limited by guarantee and reported a surplus of $359,061 from total income of $27,243,865. The majority of NCPHN funding is now from Government Grants (89%) as service delivery has been transitioned out to other providers and there was a growth in grant funding for Primary Mental Health Care and Drug and Alcohol Treatment Activities.

HEALTHY NORTH COAST LIMITED

A.B.N. 18 154 252 132

FINANCIAL REPORT

FOR THE YEAR ENDED 30 JUNE 2017

HEALTHY NORTH COAST LIMITED

A.B.N. 18 154 252 132

FINANCIAL REPORT

FOR THE YEAR ENDED 30 JUNE 2017

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Thomas Noble & Russell
Accountants | Auditors | Business Advisers

HEALTHY NORTH COAST LIMITED
ABN 18 154 252 132

Independent Auditor's Report
To the Members of Healthy North Coast Limited

Opinion

We have audited the financial report of Healthy North Coast Limited ("the Entity") which comprises the statement of financial position as at 30 June 2017, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the director's declaration.

In our opinion, the accompanying financial report of the Entity is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* , including:

a) giving a true and fair view of the Entity's financial position as at 30 June 2017 and of its financial performance and cash flows for the year then ended; and

b) complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013.*

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Entity in accordance with the auditor independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* ("the Code") that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration required by Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* , which has been given to those charged with governance, would be in the same terms if given as at the time of this auditor's report.

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

Information Other than the Financial Report and Auditor's Report Thereon

The Directors are responsible for the other information. The other information obtained at the date of this auditor's report is information included in the Directors' Report but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of Management and Those Charged with Governance for the Financial Report

Management is responsible for the preparation of the financial report that gives a true and fair view in accordance with the Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as management determines is necessary to enable the preparation of the financial report that is free from material misstatement. whether due to fraud or error.

In preparing the financial report, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intend to liquidate the Entity or to cease operations, or have no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the management.

- Conclude on the appropriateness of the management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide the those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Dated at Ballina, this 26th day of September 2017.

THOMAS NOBLE & RUSSELL
CHARTERED ACCOUNTANTS

_____

K R FRANEY (Partner)
Registered Company Auditor

HEALTHY NORTH COAST LIMITED
A.B.N. 18 154 252 132
DIRECTORS' REPORT
FOR THE YEAR ENDED 30 JUNE 2017

Your directors present this report on the company for the financial year ended 30 June 2017.

1. DIRECTORS

The names of each person who has been a director during the year and to the date of this report are listed below. Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Name:	**Anthony Conrad Lembke** **Appointed**: 16 December 2011
Qualifications and Experience:	MBBS, FRACGP, FRACRRM, DRACOG, FAICD. VMO appointment at Lismore Base Hospital. Tony has been a GP at Alstonville Clinic since 1993.
Name:	**Diane Blanckensee** **Appointed**: 16 December 2011 **Resigned**: 13 December 2016
Qualifications and Experience:	MBBS, FRACGP General practitioner for the past 29 years.
Name:	**Scott Norman Monaghan** **Appointed**: 16 December 2011
Qualifications and Experience:	Scott has 20 years experience working in senior management in Aboriginal Community controlled organisations. Since January 2005 he has been the CEO of Bulgarr Ngaru Medical Aboriginal Corporation in Grafton and was on the board of this corporation from 1996 until 2005. He is also secretary of the Many Rivers Alliance, which comprises Aboriginal medical services located from Taree to Tweed Heads.
Name:	**Timothy Roy Francis** **Appointed**: 30 August 2012
Qualifications and Experience:	BSc(HMS), MBBS, FRACGP, GAICD. General Practitioner, GP Anaesthetist and Medical Educator working in Urunga across the mid-north coast region.
Name:	**Malcolm Hugh Marshall** **Appointed**: 30 August 2012
Qualifications and Experience:	BA MBA CPA Hon D(Univ) Executive Director Corporate Services Southern Cross University "SCU" 18 years, Council Secretary SCU 18 years, Director and Treasurer NRAHS 15 years, Director Norsearch Ltd 18 years and Chair 8 years. Currently Chair Lismore Turf Club, Director ECMT and Director Lismore Management Corporation.

1. DIRECTORS (CONT'D)

Name:	**Phillip Warren Silver** **Appointed**: 30 August 2012
Qualifications and Experience:	CPA. Phil has commercial accounting experience with Citibank and NSW Treasury up until 1987. 1987-present Phil is a farmer. 1992-2012 Phil served on Ballina Shire Council. In 2014 Phil was awarded the Order of Australia Medal.
Name:	**Joanna Sutherland** **Appointed**: 21 July 2015
Qualifications and Experience:	MB BS (Hons), MHPol, MClSc, FANZCA. Jo is a specialist anaesthetist in Coffs Harbour. She is actively involved in teaching and training medical students (as a Conjoint academic with UNSW Rural Clinical School), and also training and supporting specialist and GP anaesthetists. Jo works with the Agency for Clinical Innovation, and is committed to enhancing the integration of health systems and services. She is a member of the Mid North Coast Local Health District Governing Board. Jo is also a Fellow of the Australian Institute of Company Directors.
Name:	**Sharon Sykes** **Appointed**: 8 December 2015
Qualifications and Experience:	MBBS; BAppSci (Med Lab Sci); FRACGP Clinical GP; Board Director 5 years; Medical Educator; Health Strategic Planning (ADF); HR (ADF).
Name:	**Warren Grimshaw** **Appointed**: 25 February 2016
Qualifications and Experience:	B.Bus (NWSIT), ASTC (Public Admin) Senior positions in State Education Portfolios, including: Chief Executive NSW Ministry of Education and Youth Affairs, President NSW Board of Studies, Acting Chair NSW Education Commission, Executive Director Coffs Harbour Education Campus. Numerous Boards incuding NSW TAFE Commission Board, Vocational Education and Training Board, Chair MNCLHD, Inaugural Chair Australian Qualifications Framework Board, Chair North Coast Institute Advisory Council, Chair Coffs Harbour Technology Park Board, Member NSW University of Technology, Member Southern Cross University Council.

1. DIRECTORS (CONT'D)

Name:	**Christopher Jambor**
	Appointed: 13th December 2016
Qualifications and Experience:	Fellow of the Royal Australian College of General Practitioners (FRACGP). One of the Foundation members of the Australian College of Rural and Remote Medicine (ACRRM). Supervisor and an Examiner for the RACGP. Master of Business Administration (MBA),1997. Designated Aviation Medical Examiner (DAME) for the Civil Aviation Safety Authority, and holds a Command Instrument Private Pilot's rating with over 1500 hours experience. One of the Senior Partners of the Grant Street Clinic in Ballina (a large eclectic GP clinic of some 15 GPs). Graduate of the Australian Institute of Company Directors. A long and varied career as a Director or Senior Executive of many public, private and not for profit organisations whilst continuously practising as a General Practitioner.

2. PRINCIPAL ACTIVITIES

The principal activities of Healthy North Coast Limited is to provide better health for north coast communities. Healthy North Coast Limited has been appointed as the North Coast Primary Health Network to work with Primary Health Care and the broader health sector to improve patient outcomes for the north coast region.

3. OBJECTIVES AND STRATEGIES

Objective

The objectives of Healthy North Coast Limited are to:

1) Increase efficiency and effectiveness of healthcare services for patients, particularly for those at risk of having poor health outcomes.
2) Improve coordination of care to ensure the community receives the right care in the right place by the right team.

These objectives will be achieved under the guidance of the following values:

- Fairness and integrity
- Learning and innovation
- Openness and transparency
- Enthusiasm and optimism
- Care and compassion.

3. OBJECTIVES AND STRATEGIES (CONT'D)

Strategy

The objectives will be achieved through a focus on:

- Access & Outcome - By improving health outcomes and addressing health inequities
- Quality - Through improving the quality of primary health care
- Integration - By improving patient experience and outcomes
- Value - Delivering better value through operational capacity efficiencies and striving for excellence through strong governance

4. OPERATING RESULTS

The net profit from ordinary activities amounted to $359,061. This was made up of the following:

	2017 $	2016 $
Government Grants	24,261,916	16,431,574
Other Revenue	2,981,949	4,528,403
Total Revenue	27,243,865	20,959,977
Total Expenses	(26,884,804)	(20,819,748)
Operating Profit	359,061	140,229

5. DIRECTORS ATTENDANCE

Six (6) meetings of the Board of Directors were held during the year ended 30 June 2017. Directors' attendances at meetings during directorship were as follows:

Directors	Number Attended	Eligible to Attend
Dr Tony Lembke	6	6
Dr Diane Blanckensee	2	3
Mr Scott Monaghan	6	6
Mr Malcolm Marshall	5	6
Dr Timothy Francis	5	6
Mr Phillip Silver	6	6
Dr Joanna Sutherland	5	6
Dr Sharon Sykes	6	6
Mr Warren Grimshaw	5	6
Dr Christopher Jambor	3	3

6. MEMBERSHIP

The company is limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of $1 each towards meeting any outstanding obligations of the company. At 30 June 2017, the total amount that members of the company are liable to contribute if the company is wound up is $7.

Signed in accordance with a resolution of the Directors:

_____

Malcolm Marshall

Dated at Ballina this 26th day of September 2017.

HEALTHY NORTH COAST LIMITED
A.B.N. 18 154 252 132
DIRECTORS' DECLARATION
FOR THE YEAR ENDED 30 JUNE 2017

In the directors' opinion:

(a) the financial statements and notes are in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012,* including:

(i) complying with Australian Accounting Standards - Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Regulation 2013* ; and

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

This declaration is made in accordance with a resolution of the directors.

Malcolm Marshall

Dated at Ballina this 26th day of September 2017.

HEALTHY NORTH COAST LIMITED
A.B.N. 18 154 252 132
STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2017

	Note	2017 $	2016 $
REVENUE	(2)	27,243,865	20,959,977
EXPENSES	(3)	26,884,804	20,819,748
PROFIT BEFORE INCOME TAX		359,061	140,229
INCOME TAX EXPENSE	(1)	-	-
PROFIT FOR THE YEAR		359,061	140,229
OTHER COMPREHENSIVE INCOME		-	-
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		359,061	140,229

This Statement of Profit or Loss and Other Comprehensive Income should be read in conjunction with the accompanying notes.

HEALTHY NORTH COAST LIMITED
A.B.N. 18 154 252 132
STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2017

	Note	2017 $	2016 $
CURRENT ASSETS			
Cash and Cash Equivalents	(5)	5,851,036	6,738,316
Financial Assets	(6)	10,016,767	4,000,000
Trade and Other Receivables	(7)	471,394	236,109
Other Assets	(8)	448,460	137,180
TOTAL CURRENT ASSETS		16,787,657	11,111,605
NON-CURRENT ASSETS			
Other Assets	(8)	42,565	72,103
Property, Plant and Equipment	(9)	104,048	361,354
Intangible Assets	(10)	205,351	172,859
TOTAL NON-CURRENT ASSETS		351,964	606,316
TOTAL ASSETS		17,139,621	11,717,921
CURRENT LIABILITIES			
Trade and Other Payables	(11)	2,594,513	1,061,840
Other Liabilities	(12)	9,893,543	6,167,394
Provisions	(13)	617,400	794,394
TOTAL CURRENT LIABILITIES		13,105,456	8,023,628
NON-CURRENT LIABILITIES			
Provisions	(13)	22,010	41,199
TOTAL NON-CURRENT LIABILITIES		22,010	41,199
TOTAL LIABILITIES		13,127,466	8,064,827
NET ASSETS		4,012,155	3,653,094
EQUITY			
Retained Earnings		4,012,155	3,653,094
TOTAL EQUITY		4,012,155	3,653,094

This Statement of Financial Position should be read in conjunction with the accompanying notes.

HEALTHY NORTH COAST LIMITED
A.B.N. 18 154 252 132
STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2017

	Retained Earnings $	Total Equity $
Balance at 1 July 2015	3,512,865	3,512,865
Total Comprehensive Income for the Year	140,229	140,229
Balance at 30 June 2016	3,653,094	3,653,094
Balance at 1 July 2016	3,653,094	3,653,094
Total Comprehensive Income for the Year	359,061	359,061
Balance at 30 June 2017	4,012,155	4,012,155

This Statement of Changes in Equity should be read in conjunction with the accompanying notes.

HEALTHY NORTH COAST LIMITED
A.B.N. 18 154 252 132
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2017

	Note	2017 $	2016 $
Cash flows from operating activities			
Receipts from Government		28,114,039	18,529,368
Receipts from others		2,281,368	4,634,073
Interest received		346,254	230,719
Payments to suppliers and employees		(25,486,672)	(20,721,334)
Net cash generated by operating activities		5,254,989	2,672,826
Cash flows from investing activities			
Purchase of financial assets		(6,016,767)	(4,000,000)
Purchase of intangibles		(18,670)	-
Payment for property, plant and equipment		(106,832)	(22,609)
Net cash used by investing activities		(6,142,269)	(4,022,609)
Net increase / (decrease) in cash held		(887,280)	(1,349,783)
Cash and cash equivalents at the beginning of the financial year		6,738,316	8,088,099
Cash and cash equivalents at the end of the financial year	(5)	5,851,036	6,738,316

This Statement of Cash Flows should be read in conjunction with the accompanying notes.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements cover Healthy North Coast Limited as an individual entity. Healthy North Coast Limited is a "not-for-profit" company limited by guarantee incorporated and domiciled in Australia.

Basis of Preparation

Healthy North Coast Limited applies Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053: *Application of Tiers of Australian Accounting Standards.*

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the *Australian Charities and Not-For-Profits Commission Act 2012* . The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

The financial statements were authorised for issue on 26 September 2017 by the directors of the company.

Accounting Policies

a) Property Plant & Equipment

Each class of property, plant and equipment is carried at cost less, where applicable, accumulated depreciation and impairment losses. The depreciable amount of all fixed assets is depreciated on a straight-line basis over the asset's useful life to the entity commencing from the time the asset is available for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

Major depreciation ranges for various classifications of assets are:

• Office Furniture and Fittings	3 - 5 Years
• Leasehold Improvements	2 - 3 Years
• Motor Vehicles	5 Years

The assets residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

b) Intangibles

Intangibles includes information technology, database licences and website costs. Intangibles are recorded at cost. These intangibles have a finite life and are carried at cost less any accumulated amortisation and impairment losses. They have an estimated useful life of three to five years and are assessed annually for impairment.

c) Income Tax

No provision for income tax has been raised as the company is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997* .

d) Employee Benefits

Short-term employee benefits

Provision is made for the company's liability for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly within 12 months after the end of the reporting period in which the employees render the related service, including wages and salaries. Short-term employee benefits are measured at the undiscounted amounts expected to be paid when the liability is settled.

Other long-term employee benefits

The company classifies employees' long service leave and annual leave entitlements as other long-term empoyee benefits as they are not expected to be wholly settled within 12 months after the end of the reporting period in which the employees render the service. Provision is made for the company's obligation for other long-term employee benefits, which are measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may not satisfy vesting requirements. Those cash outflows are discounted using market yields on national government bonds, with terms to maturity that match the expected timing of cash flows.

The company's obligations for long-term employee benefits are presented as non-current liabilities in the Statement of Financial Position, except where the company does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current liabilities.

Retirement benefit obligations

Contributions are made by the entity to an employee superannuation fund and are charged as expenses when they become payable.

e) Goods and Services Tax

Receivables and payables are stated with the amount of GST included.

Revenues, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Tax Office (ATO).

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

e) Goods and Services Tax (Cont'd)

The net amount of GST recoverable, or payable to, the ATO is included as a current asset or liability in the statement of financial position.

Operating cash flows are included in the statement of cash flows on an overall gross basis. The GST component of cash flows arising from investing and financing activities which are recoverable from, or payable to, the ATO are classified as operating cash flows.

f) Provisions

Provisions are recognised when the company has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

g) Cash and Cash Equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less and bank overdrafts. Bank overdrafts are disclosed as borrowings in current liabilities on the statement of financial position.

h) Trade and Other Receivables

Trade receivables are recognised at their cost less impairment losses. All trade debtors are recognised at the amounts receivable as they are due for settlement no more than 30 days from the date of recognition.

The carrying amount of the asset is reduced through the use of an allowance account and the amount of the loss is recognised in the statement of comprehensive income within 'other expenses'. When a trade receivable is uncollectible, it is written off against the allowance account for trade receivables. Subsequent recoveries of amounts previously written off are credited against other expense in the statement of comprehensive income.

i) Trade and Other Payables

Trade and other payables represent the liabilities outstanding at the end of the reporting period for goods and services received by the company during the reporting period which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

j) Impairment of Assets

At the end of each reporting period, the entity reviews the carrying amounts of the company's tangible and intangible assets, to determine whether there is any indication of impairment.

If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is recognised in profit or loss.

Where the future economic benefits of the asset are not primarily dependent upon the assets ability to generate net cash inflows and when the entity would, if deprived of the asset, replace its remaining future economic benefits, value in use is determined as the depreciated replacement cost of an asset.

Where it is not possible to estimate the recoverable amount of an assets class, the entity estimates the recoverable amount of the cash-generating unit to which the class of assets belong.

k) Revenue

Non-reciprocal grant revenue is recognised in profit or loss when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

Interest revenue is recognised using the effective interest rate method.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customer.

All revenue is stated net of the amount of goods and services tax (GST).

l) Financial Instruments

The company classifies its investments in the following categories: financial assets at fair value through profit or loss, loans and receivables, held-to-maturity investments, and available-for-sale financial assets. The classification depends on the purpose for which the investments were acquired. Management determines the classification of its investments at initial recognition and re-evaluates this designation at each reporting date.

Loans and receivables
Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

l) Financial Instruments (Cont'd)

Held-to-maturity investments
Held-to-maturity investments are non-derivative financial assets that have fixed or determinable payments and it is the company's intention to hold these investments to maturity. They are subsequently measured at amortised cost.

m) Fair value of Assets and Liabilities

The company does not have any assets or liabilities measured at fair value on a recurring basis or non-recurring basis.

n) Comparative Figures

Comparative figures have been adjusted to conform to changes in presentation for the current financial year.

	2017 $	2016 $
NOTE 2 - REVENUE		
Operating Revenue From Continuing Operations		
Government Grants	24,261,916	16,431,574
Sponsorship and Advertising	144,020	28,615
Conference Registrations	6,572	11,604
Medical Centre Facility Fees	305,477	534,011
Medicare Income	543,805	1,483,298
Non-Operating Revenue		
Interest Received	413,306	270,408
Other Revenue	1,568,769	2,200,467
Total Revenue	27,243,865	20,959,977
NOTE 3 - EXPENSES		
Profit from continuing operations has been determined after:		
Expenses from continuing operations - *by nature:*		
Employee Costs	9,652,925	10,370,173
Client Support Services	5,854,537	5,270,845
Commissioned Services	6,482,045	-
Conference Attendance and Hosting	259,101	268,762
Insurances	74,571	88,027
Printing, Postage and Stationery	216,799	188,540
Property Expenses	960,240	1,113,332
IT and Telecommunications	769,765	650,407
Other Operational Expenses	2,396,723	2,532,993
Depreciation Expense - Property, Plant and Equipment	143,758	265,980
Amortisation Expense	74,340	70,689
Total Expenses from Continuing Operations	26,884,804	20,819,748

NOTE 4 - KEY MANAGEMENT PERSONNEL COMPENSATION

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly, including any director (whether executive or otherwise) of that entity is considered key management personnel.

The totals of remuneration paid to key management personnel (KMP) of the company during the year are as follows:

	2017 $	2016 $
Key Management Personnel Compensation	1,150,025	1,095,035

NOTE 5 - CASH AND CASH EQUIVALENTS

Cash on Hand	2,300	3,900
Cash at Bank	3,848,736	2,734,416
Short-term deposits	2,000,000	4,000,000
	5,851,036	6,738,316

NOTE 6 - FINANCIAL ASSETS

Current		
Term Deposits	10,016,767	4,000,000

NOTE 7 - TRADE AND OTHER RECEIVABLES

Current		
Trade Debtors	112,194	85,682
Less: Provision for Doubtful Debts	-	(25)
	112,194	85,657
Net GST Receivable	291,276	-
Other Sundry Debtors	67,924	150,452
	471,394	236,109

	2017 $	2016 $
NOTE 8 - OTHER ASSETS		
Current		
Prepayments	448,460	137,180
Non-current		
Deposits held	42,565	72,103
NOTE 9 - PROPERTY, PLANT & EQUIPMENT		
Office Furniture and Equipment at cost	268,400	319,382
Less: Accumulated Depreciation	(244,118)	(269,874)
	24,282	49,508
Motor Vehicles at cost	252,666	260,818
Less: Accumulated Depreciation	(183,544)	(138,852)
	69,122	121,966
Leasehold Improvements at cost	22,610	541,722
Less: Accumulated Depreciation	(11,966)	(351,842)
	10,644	189,880
Total Property, Plant and Equipment	104,048	361,354

Movements in Carrying Amounts

The movements in carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year is as follows:

	Motor Vehicles $	Office Furniture & Equipment $	Leasehold Improve-ments $	Total $
Balance at beginning of year	121,966	49,508	189,880	361,354
Additions	-	18,670	-	18,670
Disposals	(8,152)	(69,652)	(519,112)	(596,916)
Depreciation write back	7,694	55,373	401,631	464,698
Depreciation Expense	(52,386)	(29,617)	(61,755)	(143,758)
Carrying amount at the end of year	69,122	24,282	10,644	104,048

	2017 $	2016 $
NOTE 10 - INTANGIBLE ASSETS		
Intangible Assets - Software	457,559	350,727
Less: Accumulated Amortisation	(252,208)	(177,868)
Total Intangible Assets	205,351	172,859

Movement in Carrying Amount

The movement in carrying amounts of intangible assets between the beginning and the end of the current financial year is as follows:

	Software $
Balance at beginning of year	172,859
Additions	106,832
Amortisation Expense	(74,340)
Carrying amount at the end of year	205,351

	2017 $	2016 $
NOTE 11 - TRADE AND OTHER PAYABLES		
Current		
Trade Creditors and Accruals	2,594,513	871,365
Net GST Payable	-	190,475
	2,594,513	1,061,840
NOTE 12 - OTHER LIABILITIES		
Current		
Unexpended Grants	9,893,543	6,167,394

	2017 $	2016 $
NOTE 13 - PROVISIONS		
Current		
Employee Benefits - Annual Leave	441,409	522,933
Employee Benefits - Long Service Leave	175,991	242,958
Terminations	-	28,503
	617,400	794,394
Non-current		
Employee Benefits - Long Service Leave	22,010	41,199

Based on past experience, the company does not expect the full amount of annual leave or long service leave classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since the company does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlement.

NOTE 14 - RELATED PARTY TRANSACTIONS

The names of the directors who have held office during the financial year are:

Dr Anthony Lembke
Dr Diane Blanckensee
Dr Timothy Francis
Mr Warren Grimshaw
Mr Malcolm Marshall
Mr Scott Monaghan
Mr Phillip Silver
Dr Joanna Sutherland
Dr Sharon Sykes
Dr Christopher Jambor

Details of remuneration paid or payable are disclosed at Note 4 which is inclusive of indemnification benefits provided to Directors under the company's Directors and Officers insurance policy.

NOTE 14 - RELATED PARTY TRANSACTIONS (CONT'D)

Transactions with related parties:
Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other parties unless otherwise stated.
The following occurred with related parties:

	2017 $
Payment for goods and services:	
- Payment for services from Alstonville Clinic Services Trust (common director)	21,221
- Payment for services for ATAPS (other related party)	10,298
Payable to related parties	
- Payment for services from Alstonville Clinic Services Trust	1,343
- Payment for services for ATAPS	172

NOTE 15 - MEMBERS' GUARANTEE

The company is limited by guarantee. If the company is wound up, the Constitution states that each member is required to contribute a maximum of $1.00 each towards meeting any outstanding obligations of the company. At 30 June 2017, the number of members were 7.

NOTE 16 - COMPANY DETAILS

The registered office and principal place of business of the company is:

Healthy North Coast Limited
106 - 108 Tamar Street
BALLINA NSW 2478

NOTE 17 - COMMITMENTS

	2017 $	2016 $
a) Operating Lease commitments		
The company currently leases the premises used for its operations. At balance date the company's operating lease liability commitments are:		
Payable		
- Within 1 year	600,791	654,932
- Between 1 and 5 years	638,307	485,510
- After 5 years	-	-
	1,239,098	1,140,442

NOTE 18 - FINANCIAL RISK MANAGEMENT

The company's financial instruments consist mainly of deposits with banks, investments, accounts receivable and accounts payable.

The totals for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

Financial Assets		
Cash and Cash Equivalents	5,851,036	6,738,316
Financial Assets	10,016,767	4,000,000
Loans & Receivables	471,394	236,109
	16,339,197	10,974,425
Financial Liabilities		
Financial Liabilities at Amortised Cost		
- Trade & Other Payables	2,594,513	1,061,840

NOTE 19 - EVENTS SUBSEQUENT TO BALANCE DATE

There are no known events subsequent to balance date that would have a significant impact on the financial report.

NOTE 20 - ECONOMIC DEPENDENCE

The company is dependent on project and operating funding from the Department of Health (Commonwealth) and other government departments. At the date of this report the directors have no reason to believe that the funding provided by government departments will not continue.

Mental Health and Alcohol & Other Drugs

Summary of Services Commissioned
by the North Coast Primary Health Network (NCPHN)

Three key categories:

1. Community Services
2. Community Training
3. Health Professionals Training and Programs

NCPHN is committed to addressing gaps in the primary healthcare system and making the system work better. Commissioning is a new way of working to design and pay for health services that best meet the community's needs. Commissioning aims to support locally appropriate health solutions which are guided by community members, clinicians and health managers. NCPHN is currently commissioning about $6 million of new mental health and alcohol & other drugs services on the North Coast. *Summary overview updated September 2017.*

MENTAL HEALTH | ALCOHOL and OTHER DRUGS | ABORIGINAL SPECIFIC | YOUTH SPECIFIC

COMMUNITY SERVICES

ACTIVITY	DESIGNED FOR	REGION	PROVIDER
Community and Family Support Service (CAFSS)	People aged 16 years and older who need help with alcohol and other drugs misuse and mental health issues. Also available to families, carers, and their friends.	Tweed Heads Local Government Area	Drug ARM (02) 8377 2000 www.drugarm.com.au
4Cs (Counselling, Consultancy and Continuing Care) Pilot Project	Students aged 12-16 years attending participating high schools and colleges in Hastings and Kempsey who need help with alcohol and other drugs misuse.	Port Macquarie, Wauchope, Kempsey	EACH Social and Community Health 1300 003 224 www.each.com.au
Community Drug and Alcohol Withdrawal Management and Aftercare Services	People aged 16 years and older who need help with alcohol and other drugs withdrawal.	Coffs Harbour, Macksville, Nambucca Heads, Bellingen, Bowraville, Woolgoolga, Kempsey	Mid North Coast Local Health District 1300 662 263 www.mnclhd.health.nsw.gov.au
Young People Early Intervention Program (YPEIP)	People aged 12 to 24 years who need help with alcohol and other drugs misuse. Also available to families, carers, and their friends.	Bellingen, Nambucca Heads, Grafton, Yamba, Maclean	The Buttery (02) 6687 1039 www.buttery.org.au
Healthy Minds: Free, Referral-Based Psychological Services	Underserviced groups needing to access mental health services.	Region wide (North Coast)	North Coast Primary Health Network www.ncphn.org.au/healthy-minds-practitioners
Mental Health Nursing Services	People for whom mental illness has a severe impact on their life. Aboriginal and youth-specific services available.	Region wide (North Coast)	North Coast Primary Health Network www.ncphn.org.au/mental-health-nursing-services
Community Rehabilitation (CORE) Day Stay Program	People who cannot access residential rehab, e.g. sole parents of young children.	Lismore, Byron Bay, Tweed Heads	The Buttery (02) 6687 1039 www.buttery.org.au

These activities are supported by funding from the Australian Government under the PHN Program.

Mental Health and Alcohol & Other Drugs

MENTAL HEALTH | ALCOHOL and OTHER DRUGS | ABORIGINAL SPECIFIC | YOUTH SPECIFIC

COMMUNITY SERVICES *cont.*

MENTAL HEALTH	ALCOHOL and OTHER DRUGS	ABORIGINAL SPECIFIC	YOUTH SPECIFIC	ACTIVITY	DESIGNED FOR	REGION	PROVIDER
●	●		●	headspace Youth Mental Health Services	People aged 12-25 seeking support for mental and physical health, work and study, and alcohol and other drugs.	Coffs Harbour	(02) 6652 1878 www.headspace.org.au/headspace-centres/coffs-harbour
						Tweed Heads	(07) 5589 8700 www.headspace.org.au/headspace-centres/tweed-heads
						Lismore	(02) 6625 0200 www.headspace.org.au/headspace-centres/lismore
						Port Macquarie	(02) 6588 7300 www.headspace.org.au/headspace-centres/port-macquarie
						Grafton	(02) 6642 1520
●	●		●	Expansion of Youth Mental Health Services	People aged 12-25 years living in smaller towns.	Nambucca Heads	GenHealth (02) 6652 1878 www.genhealth.org.au
						Kyogle, Casino	Social Futures (02) 6620 1800 www.socialfutures.org.au
						Kempsey	EACH Social and Community Health 1300 003 224 www.each.com.au
●	●			Nimbin Integrated Service	People aged 16 years and older who need help with alcohol and other drug misuse and mental health problems.	Nimbin and surrounds	Nimbin Neighbourhood and Information Centre (02) 6689 1692 www.nnic.org.au
	●		●	INTRA and INTRA YOUTH Outreach Programs	People aged 12 years and over with problematic substance use. Family and carer support is also available.	Northern NSW	The Buttery (02) 6687 1039 www.buttery.org.au
●	●		●	b.well Outreach Service	People aged 12 years and older who have problems with both their mental health and alcohol and other drugs misuse. Family and carer support is also available.	Northern NSW	The Buttery (02) 6687 1039 www.buttery.org.au

These activities are supported by funding from the Australian Government under the PHN Program.

Mental Health and Alcohol & Other Drugs

phn NORTH COAST
An Australian Government Initiative

MENTAL HEALTH | ALCOHOL and OTHER DRUGS | ABORIGINAL SPECIFIC | YOUTH SPECIFIC

COMMUNITY SERVICES *cont.*

MENTAL HEALTH	ALCOHOL and OTHER DRUGS	ABORIGINAL SPECIFIC	YOUTH SPECIFIC	ACTIVITY	DESIGNED FOR	REGION	PROVIDER
●	●		●	Junaa Buwa! Outreach Service	People aged 13 -18 years with alcohol and other drug issues who are attending participating schools in Coffs Harbour and surrounding areas.	Coffs Harbour and surrounds	Mission Australia (02) 6652 1878 (02) 6651 3418 www.missionaustralia.com.au
●		●		"Garimaleh Werlu Na" (Taking Care of Yourself) Group Therapy Pilot Program	Aboriginal people to enhance social and emotional wellbeing, particularly with complex mental health needs in relation to disconnection, trauma and substance misuse.	Lismore, Ballina	University Centre for Rural Health University of Sydney (02) 6620 7570 www.ucrh.edu.au
	●	●	●	Maayu Mali Outreach Program	Aboriginal people from 12 years of age needing help with alcohol and other drug misuse.	Kempsey, Bellbrook, South West Rocks, Macksville, Nambucca Heads, Bowraville	Durri Aboriginal Corporation Medical Service (02) 6560 2300 or (02) 6560 2301 www.durri.org.au
●	●	●		Extended Namatjira Haven "Gulgihwen" (meaning 'change') Residential Program and Withdrawal Management Service	Aboriginal men with both drug and alcohol and mental health issues.	Ballina, Lismore, Byron Bay, Casino, Kyogle	Namatjira Haven Drug and Alcohol Healing Centre (02) 6626 1098 www.namatjirahaven.com.au
●		●	●	Family Therapy Services	Aboriginal families living in Bowraville.	Bowraville	Durri Aboriginal Corporation Medical Service (02) 6560 2300 or (02) 6560 2301 www.durri.org.au

COMMUNITY TRAINING

●				LifeForce Suicide Prevention Training	Community members	Region wide (North Coast)	Wesley Mission 1800 100 024 www.wesleymission.org.au
●		●		The Life Tree: Mental Health and Suicide Prevention Training Program	Aboriginal community members	Region wide (North Coast)	CRANES 1800 289 927 www.cranes.org.au

These activities are supported by funding from the Australian Government under the PHN Program.

Mental Health and Alcohol & Other Drugs

MENTAL HEALTH | ALCOHOL and OTHER DRUGS | ABORIGINAL SPECIFIC | YOUTH SPECIFIC

COMMUNITY TRAINING *cont.*

MENTAL HEALTH	ALCOHOL and OTHER DRUGS	ABORIGINAL SPECIFIC	YOUTH SPECIFIC	ACTIVITY	DESIGNED FOR	REGION	PROVIDER
●		●		Training to become an Aboriginal Mental Health First Aid Instructor	Aboriginal community members interested in mental health first aid.	Lismore	Namatjira Haven Drug and Alcohol Healing Centre (02) 6626 1098 www.namatjirahaven.com.au
●		●		"We Yarn" Aboriginal Suicide Awareness and Prevention Workshops	Aboriginal community members interested in suicide prevention.	Region wide (North Coast)	Centre for Rural and Remote Mental Health (CRRMH) University of Newcastle (02) 6363 8447 www.crrmh.com.au
●				Suicide Prevention Training	Community members interested in suicide prevention.	Clarence Valley	CRANES 1800 289 927 www.cranes.org.au

HEALTH PROFESSIONALS TRAINING AND PROGRAMS

●				LifeForce suicide prevention training	General practitioners Practice nurses Practice managers Practice admin staff Regional frontline workers	Region wide (North Coast)	Wesley Mission 1800 100 024 www.wesleymission.org.au
	●	●		Clinician support for the effective management and treatment of problematic drug and/or alcohol issues	Bulgarr Ngaru Medical Aboriginal Corporation staff.	Grafton and surrounds	Bulgarr Ngaru Medical Aboriginal Corporation (02) 6644 3555 www.bnmac.com.au
●		●		Aboriginal Mental Health Access Improvement Project: Joint Aboriginal medical organisation project to improve access to mental health services	Aboriginal Medical Service staff and associated service organisations.	Port Macquarie, Coffs Harbour	Galambila Aboriginal Health Service (02) 6652 0800 Partnering with: Werin Aboriginal Corporation Medical Clinic (02) 6589 4000
●	●	●		Clinician support to deliver best practice drug and alcohol management services	Jullums Aboriginal Medical Service staff.	Lismore and surrounds	Rekindling the Spirit (02) 6622 5534 www.rekindlingthespirit.org.au
●		●		The Life Tree: Mental Health and Suicide Prevention Training Program	Clinicians working in Aboriginal and Torres Strait Islander health.	Region wide (North Coast)	CRANES 1800 289 927 www.cranes.org.au
●				Improving Access to Mental Health Services Collaboration	Clarence Valley health system.	Clarence Valley	New School of Arts (NSOA) (02) 6640 3800

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Aboriginal Health

Summary of Services Commissioned
by the North Coast Primary Health Network

WE ACKNOWLEDGE THE TRADITIONAL CUSTODIANS OF THE LAND WE LIVE AND WORK, THE BUNDJALUNG, ARAKWAL, YAEGL, GUMBAYNGGIRR, GITHABUL, DUNGHUTTI AND BIRPAI NATIONS, AND THEIR CONTINUING CONNECTION TO LAND, SEA AND COMMUNITY. WE PAY OUR RESPECTS TO ELDERS PAST, PRESENT AND FUTURE.

NCPHN is committed to addressing gaps in the primary healthcare system and making the system work better. Commissioning is a new way of working to design and pay for health services that best meet the community's needs. Commissioning aims to support locally appropriate health solutions which are guided by community members, clinicians and health managers. NCPHN is currently commissioning about $5.5 million of Aboriginal and Torres Strait Islander health services and training on the North Coast.

Summary overview updated October 2017.

SERVICES | TRAINING & SUPPORT PROJECTS | MENTAL HEALTH SPECIFIC | ALCOHOL & OTHER DRUGS

CHRONIC DISEASE SUPPORT (COMMUNITY)

ACTIVITY	DESIGNED FOR	REGION	PROVIDER
Care Coordination and Supplementary Services (CCSS)	Aboriginal and Torres Strait Islander people with chronic health conditions who access Durri Aboriginal Corporation Medical Service.	Kempsey LGA	Durri Aboriginal Corporation Medical Service (02) 6560 2300 www.durri.org.au
Care Coordination and Supplementary Services (CCSS)	Aboriginal and Torres Strait Islander people with chronic health conditions who access Darrimba Maarra Aboriginal Health Clinic.	Nambucca LGA	Durri Aboriginal Corporation Medical Service - Darrimba Maarra Aboriginal Health Clinic (02) 6598 6800 www.facebook.com/pages/Darrimba-Maarra-Aboriginal-Health-Clinic/1377430579156700
Care Coordination and Supplementary Services (CCSS)	Aboriginal and Torres Strait Islander people with chronic health conditions who access Bugalwena General Practice.	Tweed LGA	Bulgarr Ngaru Medical Aboriginal Corporation - Bugalwena General Practice (07) 5513 1322 www.bugalwena.org.au
Care Coordination and Supplementary Services (CCSS)	Aboriginal and Torres Strait Islander people with chronic health conditions who access Bulgarr Ngaru MAC.	Clarence Valley, Kyogle and Richmond Valley LGAs	Bulgarr Ngaru Medical Aboriginal Corporation – Richmond Valley & Clarence Valley Clinics (02) 6643 2199 (Grafton) (02) 6662 3514 (Richmond) www.bnmac.com.au
Care Coordination and Supplementary Services (CCSS)	Aboriginal and Torres Strait Islander people with chronic health conditions who access Jullums AMS.	Lismore LGA	Rekindling the Spirit - Jullums Aboriginal Medical Service (02) 6621 4366
Care Coordination and Supplementary Services (CCSS)	Aboriginal and Torres Strait Islander people with chronic health conditions who access Werin Aboriginal Corporation.	Port Macquarie LGA	Werin Aboriginal Corporation Medical Clinic (02) 6589 4000 www.facebook.com/werinmedicalclinic

These activities are supported by funding from the Australian Government under the PHN Program.

Aboriginal Health

Summary of Services Commissioned
by the North Coast Primary Health Network

SERVICES | TRAINING & SUPPORT PROJECTS-FA | MENTAL HEALTH SPECIFIC | ALCOHOL & OTHER DRUGS

CHRONIC DISEASE SUPPORT *cont.*
(COMMUNITY)

ACTIVITY	DESIGNED FOR	REGION	PROVIDER
Care Coordination and Supplementary Services (CCSS)	Aboriginal and Torres Strait Islander people with chronic health conditions who access Bullinah AHS.	Ballina LGA	Bullinah Aboriginal Health Service (02) 6681 5644 www.bullinahahs.org.au
Care Coordination and Supplementary Services (CCSS)	Aboriginal and Torres Strait Islander people with chronic health conditions who access Galambila AHS.	Coffs Harbour LGA	Galambila Aboriginal Health Service (02) 6652 0800 www.galambila.org
Care Coordination and Supplementary Services (CCSS) and Aboriginal Outreach Worker (AOW) Program	Aboriginal and Torres Strait Islander people who access mainstream general practice.	Port Macquarie and Kempsey LGA	Werin Aboriginal Corporation (02) 6589 4000 www.facebook.com/werinmedicalclinic
Care Coordination and Supplementary Services (CCSS) and Aboriginal Outreach Worker (AOW) Program	Aboriginal and Torres Strait Islander people who access mainstream general practice.	Tweed, Byron, Ballina, Lismore, Richmond Valley, Kyogle and Clarence Valley LGAs	Rekindling the Spirit (02) 6622 1117 www.rekindlingthespirit.org.au
Care Coordination and Supplementary Services (CCSS) and Aboriginal Outreach Worker (AOW) Program	Aboriginal and Torres Strait Islander people who access mainstream general practice.	Coffs Harbour, Bellingen and Nambucca LGAs	Coffs Harbour GP Superclinic (02) 6691 3573 www.coffsharbourgpsuperclinic.com.au
Healthy Kidneys Project	Aboriginal and Torres Strait Islander people who attend AMSs and are at risk of chronic kidney disease.	Tweed, Byron, Ballina, Lismore, Richmond Valley, Kyogle and Clarence Valley LGAs	NCPHN and NNSW LHD partnership (02) 6618 5400 www.ncphn.org.au
Healthy Lifestyle Program	Aboriginal and Torres Strait Islander people at risk of cardiac disease.	Port Macquarie LGA	Werin Aboriginal Corporation (02) 6589 4000 www.facebook.com/werinmedicalclinic
		Clarence Valley LGAs	Bulgarr Ngaru Medical Aboriginal Corporation (02) 6643 2199 (Grafton) www.bnmac.com.au

These activities are supported by funding from the Australian Government under the PHN Program.

Aboriginal Health

Summary of Services Commissioned
by the North Coast Primary Health Network

SERVICES | TRAINING & SUPPORT PROJECTS | MENTAL HEALTH SPECIFIC | ALCOHOL & OTHER DRUGS

MENTAL HEALTH AND ALCOHOL & OTHER DRUGS (COMMUNITY)

			ACTIVITY	DESIGNED FOR	REGION	PROVIDER
●		●	"GarimaleH Werlu Na" (Taking Care of Yourself) Group Therapy Pilot Program	Aboriginal and Torres Strait Islander people to enhance social and emotional wellbeing, particularly with complex mental health needs in relation to disconnection, trauma and substance misuse.	Lismore, Ballina	University Centre for Rural Health University of Sydney (02) 6620 7570 www.ucrh.edu.au
●			Maayu Mali Outreach Program	Aboriginal and Torres Strait Islander people from 12 years of age needing help with alcohol and other drug misuse.	Kempsey, Bellbrook, South West Rocks, Macksville, Nambucca Heads, Bowraville	Durri Aboriginal Corporation Medical Service (02) 6560 2300 or (02) 6560 2301 www.durri.org.au
●		●	Extended Namatjira Haven "Gulgihwen" (meaning 'change') Residential Program and Withdrawal Management Service	Aboriginal and Torres Strait Islander men with both drug and alcohol and mental health issues.	Ballina, Lismore, Byron Bay, Casino, Kyogle	Namatjira Haven Drug and Alcohol Healing Centre (02) 6626 1098 www.namatjirahaven.com.au
●		●	Family Therapy Service	Aboriginal and Torres Strait Islander families living in Bowraville.	Bowraville	Durri Aboriginal Corporation Medical Service (02) 6560 2300 or (02) 6560 2301 www.durri.org.au
●		●	Healthy Minds: Free, Referral-Based Psychological Services	Underserviced groups needing to access mental health services.	Region wide (North Coast)	North Coast Primary Health Network www.ncphn.org.au/healthy-minds-practitioners
●		●	Mental Health Nursing Services	People for whom mental illness has a severe impact on their life. Aboriginal and youth-specific services available.	Region wide (North Coast)	North Coast Primary Health Network www.ncphn.org.au/mental-health-nursing-services
	●	●	The Life Tree: Mental Health and Suicide Prevention Training Program	Aboriginal and Torres Strait Islander community members	Region wide (North Coast)	CRANES 1800 289 927 www.cranes.org.au

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Aboriginal Health

Summary of Services Commissioned
by the North Coast Primary Health Network

SERVICES | TRAINING & SUPPORT PROJECTS | MENTAL HEALTH SPECIFIC | ALCOHOL & OTHER DRUGS

MENTAL HEALTH AND ALCOHOL & OTHER DRUGS *cont.* (COMMUNITY)

			ACTIVITY	DESIGNED FOR	REGION	PROVIDER
●	●		Training to become an Aboriginal Mental Health First Aid Instructor	Aboriginal and Torres Strait Islander community members interested in mental health first aid.	Lismore	Namatjira Haven Drug and Alcohol Healing Centre (02) 6626 1098 www.namatjirahaven.com.au
●	●		"We Yarn" Aboriginal Suicide Awareness and Prevention Workshops	Aboriginal and Torres Strait Islander community members interested in suicide prevention.	Region wide (North Coast)	Centre for Rural and Remote Mental Health (CRRMH) University of Newcastle (02) 6363 8447 www.crrmh.com.au

MENTAL HEALTH AND ALCOHOL & OTHER DRUGS (HEALTH PROFESSIONAL)

●		●	Clinician support for the effective management and treatment of problematic drug and/or alcohol issues	Bulgarr Ngaru Medical Aboriginal Corporation staff.	Grafton and surrounds	Bulgarr Ngaru Medical Aboriginal Corporation (02) 6643 2199 (Grafton) www.bnmac.com.au
●	●		Aboriginal Mental Health Access Improvement Project: Joint Aboriginal medical organisation project to improve access to mental health services	Aboriginal Medical Service staff and associated service organisations.	Port Macquarie, Coffs Harbour	Galambila Aboriginal Health Service (02) 6652 0800 www.galambila.org Partnering with: Werin Aboriginal Corporation Medical Clinic (02) 6589 4000 www.facebook.com/werinmedicalclinic
●		●	Clinician support to deliver best practice drug and alcohol management services	Jullums Aboriginal Medical Service staff.	Lismore and surrounds	Rekindling the Spirit (02) 6622 1117 www.rekindlingthespirit.org.au
●	●		The Life Tree: Mental Health and Suicide Prevention Training Program	Clinicians working in Aboriginal and Torres Strait Islander health.	Region wide (North Coast)	CRANES 1800 289 927 www.cranes.org.au

These activities are supported by funding from the Australian Government under the PHN Program.

BETTER HEALTH FOR NORTH COAST COMMUNITIES

NORTH COAST PRIMARY HEALTH NETWORK

OFFICES:
106 Tamar Street
Ballina NSW 2478
Phone: 02 6618 5400

53 Lord Street
Port Macquarie NSW 2444
Phone: 02 6583 3600

6/1 Duke Street
Coffs Harbour NSW 2450
Phone: 02 6659 1800

2A Carrington St
Lismore NSW 2480
Phone: 02 6627 3300

145 Wharf Street
Tweed Heads NSW 2486
Phone: 07 5589 0500

WWW.NCPHN.ORG.AU