



Disaster Management Framework

Primary Care

Version 1.0 December 2022

Acknowledgements

Healthy North Coast acknowledges the Traditional Custodians of the lands across our region and pays respect to the Elders past, present and emerging. We recognise these lands were never ceded and acknowledge the continuation of culture and connection to land, sky and sea. We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First Peoples and honour the rich diversity of the world's oldest living culture.

Healthy North Coast acknowledges the enormous contribution of a number of Primary Health Networks (PHNs) who have developed excellent Disaster Management Frameworks in recognition of our role in a changing climate. We would like to specifically acknowledge North Western Melbourne PHN and Western NSW PHN for their Frameworks which helped to inform the basis of Healthy North Coast's thinking in the development and design of our approach.

Healthy North Coast would also like to recognise the work of the NSW PHN Disaster Management Network, formed following the 2019/2020 bushfires and generously coordinated by the Nepean Blue Mountains PHN, for their enormous collegial support of the ongoing work in the disaster preparedness, response and recovery space. We are stronger and more resilient together.

Healthy North Coast is an independent, not-for-profit organisation proudly delivering the PHN program in North Coast NSW. We are committed to improving the health of our communities through quality primary health care. The PHN program is an Australian Government initiative.

While the Australian Government helped fund this document, it has not reviewed the content and is not responsible for any injury, loss or damage however arising from the use of or reliance on the information provided herein.

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1. Purpose

The Disaster Management Framework supports Healthy North Coast (HNC) to prepare for, respond to, and recover from disasters that have a health impact on communities in our region. It is the foundation for a coordinated effort to ensure the North Coast primary health system interfaces and coordinates with the broader health system to respond to and mitigate adverse health consequences for communities.

The framework underpins the role Healthy North Coast plays as a funded entity of the Australian Government, and its critical role in providing support and guidance to primary care in planning for and responding to natural disasters as well as supporting improved outcomes for communities impacted by disasters

2. Background and Context

Disasters that require a health response are part of our operating environment. For the North Coast, the most significant threats include bushfires, cyclone /east coast lows, flooding and significant landslips.

Climate change

The climate is changing, and global modelling indicates that further change is already locked in. The World Health Organisation has described climate change as the 'biggest health threat facing humanity'.¹ Certain areas are predicted to experience more severe impacts than others, with Northern NSW identified as a disaster hotspot.² Local Government Areas (LGAs) in our region are consistently ranked among the top 5 most affected by fire, flood and storms for both frequency and severity in NSW.³ This situation is predicted to intensify in coming years. Rural and regional areas are at greater risk of escalating social and economic costs of future natural disasters due to higher levels of social disadvantage, fewer services and supports, geographic barriers and lower levels of economic opportunity.

Long-term impacts

Healthy North Coast recognises that climate change will create a significant health challenge on the North Coast over the coming decades. By 2050 it is expected that the costs of natural disasters will reach \$73 billion dollars per year, with at least half of these costs attributable to social costs arising from natural disasters including mental health issues, exacerbation of chronic disease, increased rates of family violence, alcohol and drug misuse and increased social and economic disadvantage. There are additional social costs that are harder to measure and therefore not quantified in this projection including impacts on health and wellbeing, community connectedness and the broader impacts of deaths and injuries.

Healthy North Coast plays a key role in supporting community in times of disaster and in recovery thereafter. This framework sets out our approach to preparing for, responding to, and recovering from emergencies that may have an impact on the health of our community, whatever their scale and impact.

¹ World Health Organisation (2021), <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health#:~:text=Climate%20change%20%2D%20the%20biggest%20health,caused%20by%20this%20unfolding%20crisis>.

² The Conversation (2016), <https://theconversation.com/natural-disasters-are-affecting-some-of-australias-most-disadvantaged-communities-68165>

³ <https://www.nature.com/articles/srep36369>

Disasters

Healthy North Coast recognises the important link between communities, government and other response structures in ensuring effective disaster response, recovery and long-term resilience. Healthy North Coast takes an integrated all-hazards approach to disasters where the functions and actions of HNC apply to all types of hazards, natural and man-made. These include but are not limited to bushfires, floods, storms, heatwaves, earthquakes, tsunamis, communicable diseases such as pandemics, and terrorism.

Healthy North Coast has supported community through a range of disasters over recent years. These include:

- 2019/20 bushfires
- COVID-19 global pandemic
- 2021 Mid-North Coast floods
- 2022 North Coast floods.

3. Healthy North Coast Overview

Healthy North Coast works alongside community members and health professionals to improve access to well-coordinated quality health care. We work with our partners in the state and federal government and the non-government sector to transform the healthcare system and reduce health inequalities.

HNC priorities are:

- i. Better mental health and emotional wellbeing
- ii. Closing the gap in Aboriginal and Torres Strait Islander health
- iii. Improving our population's health and wellbeing
- iv. Building a highly skilled and capable health workforce
- v. Improving the integration of health services through electronic and digital health platforms
- vi. Improving the health and wellbeing of older people
- vii. Strengthening community alcohol and drugs treatment services

The HNC region covers 35,570 square kilometres from the Queensland border in the north to Port Macquarie in the south. The population in the region is 520,000 with high rates of older people and disadvantage. The organisation also covers the Arakwal, Birpai, Bundjalung, Dunghutti, Githabul, Gumbaynggirr and Yaegl Nations which number approximately 25,000 people (ABS 2016). Healthy North Coast covers the geographic regions of mid-north coast and far north coast of NSW.



Figure 1 Healthy North Coast footprint

4. Role of Primary Care and PHNs in Disaster

In the event of a natural disaster, state and territory governments have primary responsibility for protecting life, property and environment within their jurisdictions. Depending on the scale of the event, the Commonwealth Government provides financial assistance and non-financial assistance, including deployment of the Australian Defence Force (ADF) to support local recovery efforts.

Primary care has an important role to play in disasters. Primary care providers often share the disaster experience with their local community affording them a deep understanding of the health care needs and real-time effects of the disaster in the community⁴.

Primary Health Networks do not have a formal role in state and territory disaster management arrangements, however, the role of primary care in natural disasters has been considered widely. The Royal Australian College of General Practice (RACGP) recognises that general practice is the 'linchpin of Australia's health service' in responding to emergencies, from the immediate and acute phase through to long-term recovery.⁵

The 2020 PHN Cooperative White Paper [The role of Primary Health Networks in natural disasters and emergencies](#) clearly articulates the benefits of PHN representation in formal emergency management

⁴ [RACGP - GP experiences in disaster healthcare](#)

⁵ <https://www.racgp.org.au/download/Documents/e-health/Managing-emergencies-in-general-practice.pdf>

arrangements. It notes that while Commonwealth and State agencies hold responsibility for on-the-ground disaster management during natural disasters or health emergencies, PHNs are well placed to coordinate a strong primary health care response that can deliver care where and when it is needed, reducing pressure on the acute sector and ensuring an organised and effective response⁶. The White Paper further states that ‘it is essential that disaster management is integrated and coordinated between all key stakeholders and the role of primary health care and PHNs is recognised and supported by all levels of government.’

This statement for the inclusion of primary care in disaster arrangements is further supported by the Recommendations from the Royal Commission into Disaster Management Arrangements (2020) which states:

Australian, state and territory governments should develop arrangements that facilitate greater inclusion of primary healthcare providers in disaster management, including: representation on relevant disaster committees and plans and providing training, education and other supports.⁷

Implementation of the Royal Commission recommendations is likely in the near future.

The goal for Healthy North Coast’s involvement in disaster management is to ensure that primary health care services have improved capacity to prepare for, respond to and recover from adverse impacts of disaster and other emergencies and that by supporting community-led approaches, communities across the North Coast are resilient, well connected and have high levels of mental health and wellbeing.

⁷ [The Royal Commission into National Natural Disaster Arrangements Report | Royal Commission into National Natural Disaster Arrangements](#)

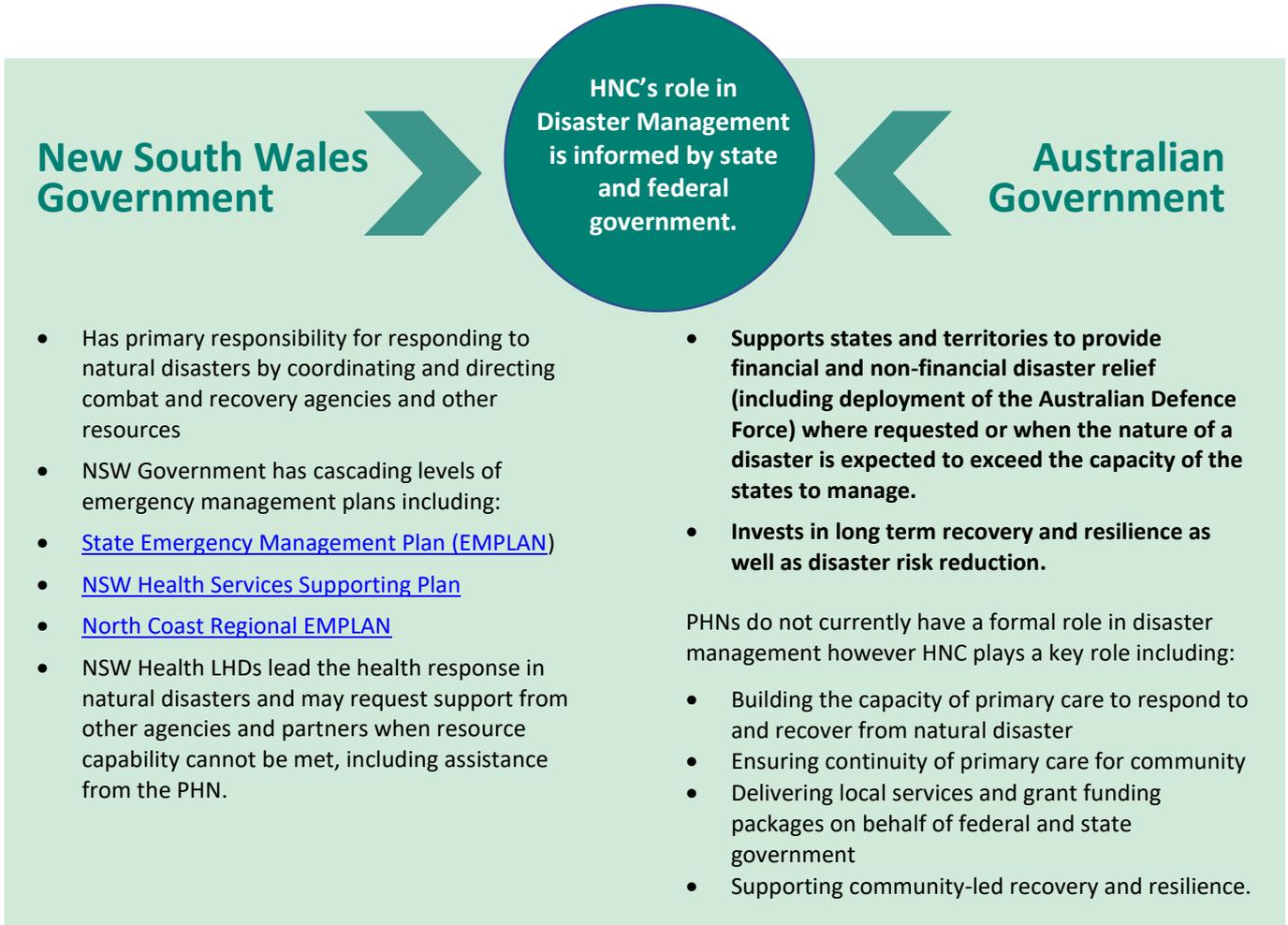


Figure 2: Overview of Federal and State Disaster Management arrangements

NOTE: The 2020 Royal Commission into Disaster Management Arrangements made a number of recommendations in relation to primary care. Once implemented, PHNs may have a formal mandated role in disaster management*.

5. Framework Development Process

This Disaster Management Framework is informed by organisational insights arising from the Northern NSW floods in 2022 and supports learnings from the bushfires of 2019/20, the Mid-North Coast floods in 2021 and the COVID-19 pandemic. Key staff were invited to participate in focus groups about the organisation's response to the 2022 Northern NSW floods. Staff considered individual, team and whole-of-organisation perspectives with a frame for each of 'what worked well, what didn't work well, what could be done differently'. A thematic analysis of the responses yielded insights that informed the review of HNC's existing framework and identified organisational development needs, including business improvement as well as training and development and role clarity.

6. HNC Internal and External roles in Disaster Management

The Disaster Management Framework is one of a suite of guidance documents that set out roles and responsibilities for responding to disasters that affect HNC business operations. The documents guiding our internal and external roles are outlined in Figure 3 below.

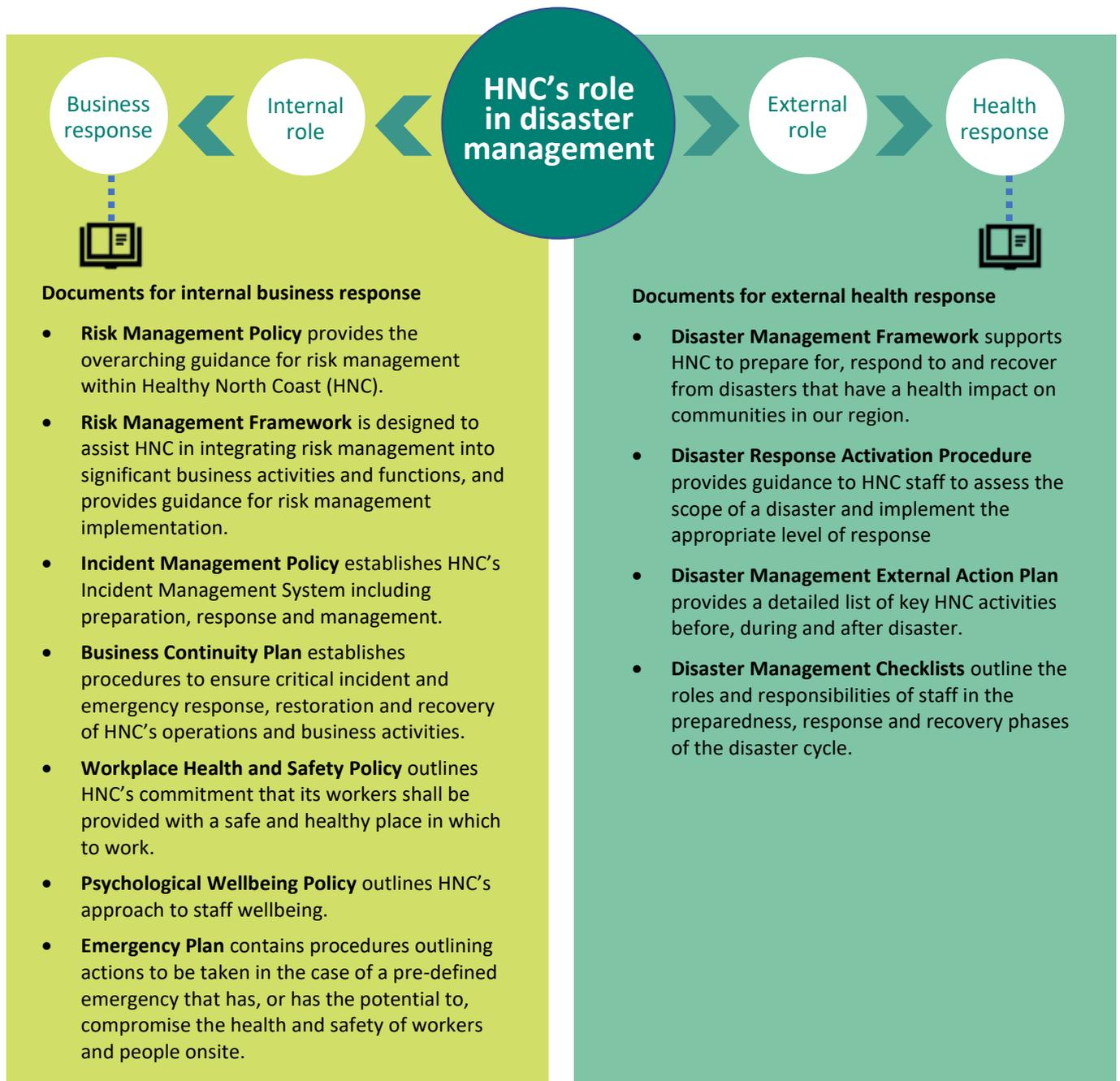


Figure 3: HNC's key crisis documents

Guiding principles

HNC has developed a set of guiding principles that will inform our work in planning for, responding to and recovering from natural disasters.

- **Coordination and integration:** The services people need, including health services, are part of one service system that must be provided in a coordinated and integrated manner.
- **Sustainability:** Responses should make use of and enhance existing services as much as possible to ensure sustainable support for those affected.
- **Community-driven:** Plans for recovery must include representatives of those who were affected by the event in every stage of the recovery process.
- **Flexibility:** The response and recovery process must remain flexible to support the range of needs of all those affected as they arise.
- **Training and professional development:** Those providing services must be appropriately trained, supported, and have access to regular supervision and secondary consultations. Where possible, service providers should be brought together in shared learning and networking environments, including face-to-face.

7. Disaster severity scale

The North Coast of NSW is accustomed to severe weather. Not all severe weather leads to natural disaster, and not all disasters require HNC to stand up disaster management procedures. The disaster severity scale supports staff to assess the severity of an event and assess the appropriate level of response.

	MINOR	MODERATE	MAJOR	CATASTROPHIC
Impact	Very localised	Generally localised	Widespread and possibly severe	Extremely large-scale event
Response	Limited/no input from HNC	May require some assistance	Coordinated government agency response with assistance required	Coordinated state and commonwealth agency response with significant assistance required
Plans and procedures	Standard operating procedures	Crisis Management Team activated	Crisis Management Team and potentially Disaster Response Hub activated	Crisis Management Team and potentially Disaster Response Hub activated. Plans potentially unable to meet demand
Resource	Limited organisational input	Some assistance required	HNC assistance required	Organisational and local resources unable to meet demand
Recovery	Very few challenges	Targeted activities	Region-wide programs to support recovery	Request for support from Commonwealth and respond as required

Please refer to the Healthy North Coast Disaster Response Activation Procedure for detailed instructions regarding disaster response activation.

8. Crisis Management Team and Disaster Response Hub Activation

Depending on the scale of the disaster, Healthy North Coast may activate a Crisis Management Team (CMT) and Disaster Response Hub. Activation is governed by a series of decisions that evaluate the likely risk, impact and consequence of an incident that may affect HNC's communities, staff or business operations.

Please see the Healthy North Coast Disaster Response Activation Procedure for the disaster response activation flow chart.

9. Disaster Response Hub

Where there is a major or catastrophic disaster, the Crisis Management Team will stand up the Disaster Response Hub, a temporary operational group that supports HNC disaster response activities. Staff with appropriate skills and content knowledge can apply for secondment to the Hub to undertake the key roles* outlined below:

- **Disaster Communications Lead (Internal)**

Key Responsibilities:

- Undertake daily monitoring and surveillance for emerging risks via BOM, RFS and other key sites
- Provide briefing of event status and impact via a situation report (SitREP) to every CMT meeting
- Share SitREP on internal Teams channel
- Draft internal communications for changing whether warnings for release by Corporate Services via HRA
- Post daily all-staff CMT key issues and initiatives to Teams channel
- Monitor staff chat across teams for issues and report to Hub coordinator
- Take phone, email and web enquiries & action via directorates. LOG actions & report CMT
- Scan community lead social media sites for health and wellbeing issues and report to directorates and via CMT
- Scan Teams channel for any local intel and escalate. Manage comms on teams

- **Disaster Communications Support (external)**

Key responsibilities:

- Provide dedicated communications support to Digital and Communications (D&C) team
- Undertake daily media monitoring
- MP briefings
- All tasks as required by D&C team

- **Staff Logistics and Wellbeing**

Key responsibilities:

- Support Corporate Services (CS) team to monitor staff impact and attempt to contact all staff who have not registered their status to the organisation. Escalate concerns to Hub Coordinator/Directors
- Report on connectivity issues and work with CMT to provide access to equipment or other technology supports to bring staff back online quickly

- Monitor the return to work of staff and report to CMT
 - Ensure staff availability and return to work is updated daily
 - Support CS to develop HRA messaging
 - Identify staff unaffected by disaster and who have capacity are effectively utilised
 - Engage with and provide assurance to staff unaffected by the disaster
- **Administration Support and Logistics**
 - Key responsibilities
 - Provide secretariat support to the CMT
 - Provide PPE and other critical equipment to staff and stakeholders
 - Ensure CMT has access to Disaster Response Kit
 - Coordinate distribution of hard copy collateral into communities
 - Monitor fleet status (fuel and availability)
 - Provide support to DRH staff.

* These seconded roles may change depending on the nature of the disaster.

Staff seconded to the Hub are required to have prior approval from their manager and will need to ensure that their substantive workload can be managed by team members. Secondment to the Disaster Response Hub will be time-limited and only continue for as long as the CMT is in operation. Staff seconded into the Hub may be eligible for acting higher duties.

10. Disaster Management Model

The Disaster Management Framework is structured around the four phases of emergency management: preparedness, response, recovery and prevention (PPRR).

Disaster Cycle

The cyclical nature of this model is important as it highlights that managing emergencies happens all the time, not just during 'the season' (for floods and bushfire, for example). It also shows the way the phases blend into each other and overlap rather than being discrete categories.

It is useful to be familiar with the four phases as they are part of the everyday language of the disaster management sector and inform the design and allocation of responsibilities in disaster management planning.



Figure 6: The cycle model for prevention, preparedness, response and recovery

Preparedness: In this phase, Healthy North Coast will undertake annual desktop scenario exercises, build and support organisational awareness of the disaster season and liaise with commissioned providers and the primary care sector to support preparedness. Potential emergencies are monitored and assessed based on risk/threat.

Response: During this phase, HNC will stand up the Crisis Management Team (CMT) and enact plans to respond. HNC may receive external direction to support response efforts (e.g., from NSW LHD or the Australian Government). Depending on the scale of the event, the response phase may require significant staffing resourcing. Throughout this time, HNC will regularly communicate with staff, commissioned providers, general practice and community (as appropriate).

Recovery: For HNC, this phase sees coordination of support for disaster-affected communities. Depending on the scale of the event, this could include commissioning additional services and initiatives and supporting primary care to provide continuity of care to community with a view to restoring emotional, social and physical wellbeing. Recovery may be ongoing for many years. Formal organisational mental health debriefs for key personnel involved in the disaster should occur.

Prevention: While some recovery supports are still being delivered during the prevention phase, there has been a shift back to business as usual. This is the time for HNC to debrief, review and revise disaster management guidelines and contribute to external debriefs, where relevant. HNC will also work to reduce the severity of impact of future events by investing in community and sector resilience and improving adaptability to climate change.

Please see Appendices for roles, responsibilities Checklists and key activities in the Preparedness, Response and Recovery phases of the disaster cycle.

11. Monitoring, Reporting and Review

This Framework and associated operational plans are reviewed annually by the Healthy Communities Directorate. In the event of a natural disaster, the Healthy Communities Directorate will undertake an internal review of operations, incorporate learnings into the framework and update training modules where appropriate.

HNC's Community Advisory Council, Aboriginal Advisory Council and Clinical Advisory Council will be provided with an overview when reviews occur.

12. Supporting Information

Related Information	
Framework	Disaster Management Framework
Governing Policy	NA
Supporting Documents / Resources	Healthy North Coast Disaster Response Activation Procedure Appendix A: Healthy North Coast External Disaster Management Action Plan Disaster Preparedness Checklist Disaster Response Checklist Disaster Recovery Checklist Crisis Management Team Terms of Reference

APPENDIX A

Disaster Management Action Plan

Primary Care

Web Version 1.0 October 2022

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This Disaster Management Action Plan outlines the activities of Healthy North Coast (HNC) prior to, during and after a disaster event. This document is designed to guide the activities of HNC staff as they work to support external stakeholders and the community in the event of a disaster. It sits as an appendix to the broader HNC Disaster Management Framework.

The Action Plan has been split into three stages:



STAGE 1: PREPARE
Before a disaster - annual preparation activities

OBJECTIVE ONE: COMMUNICATE, ADVOCATE AND NETWORK

Number	ACTION	KEY STAKEHOLDERS
1.1	SERVICE PROVIDER LINKAGES Support a ‘buddy-up’ approach between local general practices and other health services to create a strong, connected local primary health network, building supportive relationships and knowledge sharing in their approaches to disaster management preparedness and response.	Primary health service providers, Aboriginal Medical Services
1.2	EARLY DISASTER SEASON COMMUNICATION SCHEDULE Scheduled communications to practitioners at the beginning of each disaster season (September – March) with key preparedness messages.	Primary health service providers

1.3	MONITORING READINESS Develop an index or inventory of practitioner preparedness.	Primary health service providers
1.4	LOCAL HEALTH DISTRICT LINKS Communicate with Local Health District disaster planning representatives to enable the provision of the best possible support to the community in the event of a disaster/emergency.	Northern NSW and Mid North Coast Local Health Districts
1.5	PLAN FOR RELEVANT INFECTIOUS DISEASE CONSIDERATIONS PPE stocks, vaccine supply, infection control.	
1.6	PROMOTE HEALTH PATHWAYS Maintain and update information on assessment management and referral in the local context of available services, ensuring faster access for patients.	Primary health service providers
1.7	SUPPORT RESIDENTIAL AGED CARE FACILITY LINKAGES AND READINESS	Residential Aged Care Facilities

OBJECTIVE TWO: PROMOTE AND ENHANCE LOCAL PLANNING

Number	ACTION	KEY STAKEHOLDERS
2.1	REPRESENTATION ON LOCAL EMERGENCY MANAGEMENT COMMITTEES HNC PHN representation on the LEMC (and in local coordinated scenario planning)	Emergency Management Committees
2.2	PRECINCT SITE SCOPING Preliminary scoping discussions with regional stakeholders for potential health precinct sites that could be stood up in event of catastrophic disaster.	Local stakeholders
2.3	SCENARIO PLANNING Conduct or participate in annual health scenario planning	Local stakeholders

2.4	PROMOTE DISASTER PLANNING SOFTWARE TO PRIMARY CARE SERVICE PROVIDERS Promote and support the adoption of disaster planning software to primary care service providers	General practices
2.5	EDUCATION Implement education and training programs to build awareness and capacity for disaster planning.	Primary health service providers
2.7	IDENTIFY AND SCOPE THE CAPACITY OF SURGE WORKFORCE Registry of volunteer and standby workforce.	Northern NSW and Mid North Coast Local Health Districts
2.8	CONSIDER VACCINE AND OTHER INFECTIOUS DISEASE RESPONSIVE STOCKS SUPPLY INTO EVACUATION CENTRES	Northern NSW and Mid North Coast Local Health Districts
2.9	ACCESS TO KEY REGIONAL PLANS Share Disaster Management Plans and initiate co-planning between key agencies.	Northern NSW and Mid North Coast Local Health Districts Red Cross

STAGE 2: RESPOND

During a disaster - actions are categorised by disaster scale

OBJECTIVE THREE: COMMUNICATE AND ESCALATE

Number	ACTION	KEY STAKEHOLDERS	Minor	Moderate	Major	Catastrophic
Services						
3.1	ACTIVATE SUPPORT FOR PRIMARY CARE TO OPEN AND EXTEND HOURS	General practice Pharmacy			✓	✓
3.2	ACTIVATE AND PROMOTE TELEHEALTH SERVICES	General practice Commissioned Services			✓	✓
3.3	PROVIDE INFORMATION VIA HEALTH PATHWAYS Including any changes to available services, referral pathways and other details	Primary health service providers			✓	✓
Communications						
3.4	COMMUNICATION WITH HEALTH CARE PROVIDERS Regular bulletins and communications with healthcare providers.	Primary health service providers			✓	✓
3.5	COMMUNICATIONS TO COMMUNITY FOR WHICH PRIMARY HEALTH SITES ARE OPEN	Primary health service providers, Aboriginal Medical Services, Community				✓

	Available service access and alternative service locations, operating hours and modes of service delivery.					
3.6	COMMUNICATIONS COLLATERAL Flyers to support information dissemination – GP Telehealth, We are Open, Mental Health	Primary health service providers, community, Evacuation Centres Recovery Centres				✓
3.7	KEY HNC PERSONNEL ATTEND DAILY HEALTH BRIEFINGS	Emergency management agencies and Local Health Districts			✓	✓
3.8	DAILY BRIEFING WITH KEY AGENCIES Establish as soon as possible and maintain throughout the response period.	Emergency management agencies and Local Health Districts			✓	✓
Sites						
3.9	IMPACTED SITES AND SERVICES REPORTS Service and stock status survey with Pharmacy, allied health and general practice	Primary health service providers		✓	✓	✓
3.10	MONITOR AND REPORT IMPACTED AGED CARE FACILITIES	Residential Aged Care Facility network			✓	✓
3.11	ESTABLISH PRIMARY CARE PRECINCT IN EVENT OF MAJOR SERVICE INTERRUPTION	Primary health service providers, community site providers				✓
Workforce						
3.12	IDENTIFY AND SCOPE THE CAPACITY OF SURGE WORKFORCE TO RESPOND TO NEEDS IN EVACUATION CENTRES	Local Health Districts				✓

3.13	PROVISION OF GENERAL PRACTICE INTO RESIDENTIAL AGED CARE	General practitioners Residential Aged Care Facilities			✓	✓
3.14	PROVISION OF MENTAL HEALTH INTO EVACUATION CENTRES	Mental health practitioners				✓
Other coordination activities						
3.15	SUPPORT ABORIGINAL COMMUNITIES Collaborate with Aboriginal Medical Services to identify physical, environmental and mental health needs of Aboriginal communities, including specific activities to support remote communities and communities who experience barriers to health care	Aboriginal Medical Services		✓	✓	✓
3.16	OVERSIGHT OF REGIONAL PHARMACY SUPPLIES	Pharmacy			✓	✓
3.17	SEEK COMMONWEALTH EXEMPTION FOR SITE-SPECIFIC PROVIDER NUMBERS	Primary health service providers			✓	✓

STAGE 3: RECOVER

After a disaster – reflection and recovery

OBJECTIVE FOUR: COMMISSION, DEBRIEF, SHARE LEARNINGS, EVALUATE

Number	ACTION	KEY STAKEHOLDERS
4.1	Debrief and wellbeing support sessions for primary health workforce.	Primary healthcare services
4.2	Review and evaluate the effectiveness of HNC role to drive continuous improvement in regional disaster management.	Emergency Management Agencies, Local Health Districts, primary care
4.3	Attend formal mandated recovery and subcommittee meetings and advocate for the health and wellbeing needs of community.	Health & Wellbeing Subcommittee, Local Councils, Aboriginal Medical Services, Community
4.4	Identify scale and need for additional health supports and provide ongoing telehealth and mental health services where appropriate.	Health & Wellbeing Subcommittee, Local Health Districts, Aboriginal Medical Services, Community
4.5	Deliver local service and grant funding packages on behalf of State and Federal Government where required.	NGOs, Community
4.6	Identify opportunities to collaborate with service providers to ensure that flood recovery health and wellbeing needs are met.	Aboriginal Medical Services, NGOs, commissioned services, primary care

4.7	Support community-led recovery initiatives via grants packages where available and appropriate.	Community
4.8	Reflect, revise and update Health Pathways.	Primary health service providers