

PRIMARY
HEALTH
NETWORK



Resilience & Recognition

2021 ANNUAL REPORT

phn
HUNTER NEW ENGLAND
AND CENTRAL COAST

An Australian Government Initiative

We respect and honour Aboriginal and Torres Strait Islander Elders past, present and future.

We acknowledge the stories, traditions and cultures of Aboriginal and Torres Strait Islander peoples on this land and commit to building a brighter future together.



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We strive to give everyone
the chance to live their
best life & create healthy
people & healthy
communities.



About Us

The Primary Health Network for the Hunter New England & Central Coast (Primary Health Network) is a not-for-profit organisation primarily funded by the Australian Government to improve the efficiency and effectiveness of the primary health care system by commissioning services.

We work with health care providers across the Hunter, New England & Central Coast. Through our innovative programs our communities benefit from greater coordination, better systems and improved access to health care.

Our Values

RESPECT

We listen to and value the perspectives of others and use them to inform and strengthen everything we do.

INNOVATION

We invest in new and better ways to improve the health system so people stay well and out of hospital

ACCOUNTABILITY

We keep our promises and take ownership to get things done
We interact constructively.

INTEGRITY

We employ the highest ethical standards demonstrating honesty, transparency, open communication and fairness.

COOPERATION

We work with others towards common goals, encouraging collaboration, support and compassion.

RECOGNITION

We will acknowledge and share individual and team achievements and successes.

2020 - 2021 Snapshot

OUR YEAR IN NUMBERS

884,864

page views on Hunter
New England and
Central Coast
HealthPathways.

16 thousand

Health professionals
attended PHN education
related events.



89,683

engaged via peoplebank
through 60 surveys and
20 forums to consult
communities on local health
services.



\$11 million

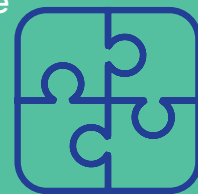
invested in First Nations health initiatives.



**FIRST NATIONS
HEALTH**

376

wellbeing grants
distributed to support
wellbeing and connection
for primary care
teams.



\$59 million

invested to
services that meet
the needs of local
communities.



1.5 million +

doses of COVID-19
vaccines delivered
by general practice
in our region.

Chair's Report



Richard will highlight that COVID-19 remained at the forefront of our minds over the past year. However, as I reflect on my time as Chair of the PHN it is evident that COVID-19 is only the latest in a long list of challenges that face the primary care sector.

Over the last few years many of the communities in our region have been devastated by natural disasters ranging from drought, bushfires, floods and recently a mouse plague that wreaked havoc across the Northwest slopes and plains.

These challenges demonstrate that the primary health care sector plays a critical role in providing critical support to individuals and communities through testing times.

Over the past few years our PHN has funded several hundred community-led mental health projects that have supported the social and emotional wellbeing of individuals and communities across our region.

When we launched the Empowering our Communities grants in early 2019, we were overwhelmed with the response we received with proposals to support communities in a period of unprecedented drought. It is abundantly clear that the heartbreaking tales of resilience that we heard from our rural communities is now being repeated across all our communities, urban and rural, as we battle to overcome the impacts of COVID-19.

It has been heartening for me and the Board over the last year to see that the PHN has demonstrated that it has the flexibility and agility to pivot quickly to rapidly support the primary health sector.

Unfortunately, we know that natural disasters will continue to occur and create an impact on the health and wellbeing of our communities. Our PHN remains committed to supporting our communities during these challenging times.

I was delighted to attend our inaugural Quality and Innovation Awards in June. It was clear from the breadth and quality of the nominations at the Awards that our local primary health care workforce has the capability to meet the many unforeseen challenges that no doubt lie ahead.

Once again, I have been impressed by the level of commitment and innovation that has been maintained during a year that has thrown up many challenges.

As Chair, I would like to express my thanks to my fellow Board Directors, our Executive and staff for their hard work, professionalism, and passion over what has been an extraordinarily challenging year.

JANE SCHWAGER AO

Chair



In writing this year's report I want to start with quotes from two of our PHN staff:

"I believe 2020 was the year that we learnt how to work differently & discovered how truly resilient human beings can be. No one had experienced these working conditions before"

"Things changed so quickly. Information that was correct at 9am was now obsolete at 1pm. I think we have all learnt that there is no normal anymore; we can work under many different circumstances and offer support in many ways."

Both these quotes fully encapsulate the enormous challenges that our PHN faced in the past year, but they also highlight the positivity and flexibility that our staff have embraced to meet these challenges.

To identify opportunities for learning from the past year of operating in a pandemic, our PHN undertook an examination of our internal COVID-19 response. "Navigating the Pandemic: Lessons learnt in 2020 for our PHN" was an internal report we produced which has allowed us to reflect on our areas of success and to identify opportunities for improvement.

What clearly emerged from the report was the agility of our PHN and our ability to provide localised support and advice to suit local conditions. Our well-established relationships with frontline providers enabled us to gain knowledge at a granular level so we could better understand the impacts of COVID-19 on our local communities and help ameliorate them.

We have been able to translate national and state approaches to the pandemic into effective and timely localised solutions. The COVID-19 pandemic provided clear evidence that Primary Health Networks play a crucial role in the primary care sector and the broader health system.

The key areas of pandemic response work undertaken by our PHN over the past year included:

- Rapid distribution of Personal Protective Equipment
- Establishment of Community Respiratory Clinics (testing)
- Comprehensive information and education campaigns
- Development of clinical Health Pathways
- Focused general support across General Practice, Aboriginal Medical Services, Commissioned Services, Allied Health and supporting General Practice into Aged Care.

Of course, while COVID has remained front and centre, our PHN, like the primary care clinicians we support has had to continue to deliver the business as usual activities that form a part of day-to-day operations.

One of the key highlights for the year was the opportunity to connect with and celebrate the many diverse achievements of frontline primary care providers at our very first Primary Care Quality and Innovation Awards which were held in June in Newcastle.

It was especially gratifying to witness at the awards how some many primary care providers developed and instilled a culture of innovation which provided them with the flexibility to pivot so successfully to meet the challenges of COVID.

Finally, I would like to thank all of those who have helped us in our achievements this year. Our dedicated staff, our Board of Directors, the clinicians, and the practice staff who continue to deliver quality care to our communities, our service providers for their support and our Local Health Districts.

Thank you to all these people and the many other partners that are helping us to create healthier communities across our region.

RICHARD NANKERVIS
CEO

A photograph of Richard Nankervis, CEO, smiling and standing outdoors at what appears to be a community event. He is wearing a white and yellow striped t-shirt. In the background, there are white plastic chairs and a white fence, with other people visible but out of focus.

An examination of our internal COVID-19 response...has allowed us to reflect on our areas of success and identify opportunities for improvement.

What clearly emerged...was the ability of our PHN to provide localised support and advice to suit local conditions.

Our Board (2020-2021)

JANE SCHWAGER AO CHAIR

Jane has led both government departments and national not-for-profit organisations and is now working independently as a Board Director and Tribunal member.

Previously Jane worked in the Departments of Health, Community Services, Ageing and Disability and Treasury in the NSW Government. Her roles included Director General of the NSW Department of Ageing and Disability and the NSW Social Policy Directorate.

Jane's achievements have been acknowledged through a number of awards including an Order of Australia (AO) in 2009 for services to not-for profits and government, a recipient of a 2003 Centenary Medal for Services to Australian Society in Business Leadership and a recipient of the Harvard Club of Australia Non Profit Fellowship in 2001.

David has a Bachelor of Health Administration, Master of Health Management(hons), PhD (UNE) and an honorary Doctorate in Public Health (Naresuan University, Thailand).

DR DAVID BRIGGS AM DEPUTY CHAIR

David is a Fellow of the Australasian College of Health Service Management, a Foundation Fellow of the Hong Kong College of Health Service Executives, Adjunct Associate Professor, Rural Medical School and the School of Health, University of New England and Naresuan University College of Health Systems Management, Thailand, Editor, Asia Pacific Journal of Health Management.

David's has extensive senior management experience in the public health sector, which includes Chair, New England Medicare Local, CEO of a large Area Health Service, General Manager of a District Health Service, and CEO of a 300-bed acute regional referral hospital. He has had extensive experience in both rural and community health services and in the accreditation of health and aged care services.

David is currently engaged in consultancy, research and publications in the health sector, most recently in primary health care, in the Asia Pacific as well as Australia.

In 2020 David was recognised as a Member of the Order of Australia for significant service to community health management and to education.

DR GRAHAME DEANE AM

Grahame is a Rural Procedural General Practitioner with over 30 years' experience in rural general practice (MBBS, DACOG, FRACGP, FACRRM, DRANZCOG (Advanced)).

Grahame has vast experience as a Board Director including over 15 years as a Director on the Barwon Division of General Practice (10 years as Chair), 10 years as a Director on the NSW Rural Doctors Network (3 years as Chair), a past Director of the Australian Rural Workforce Agency Group and a past Director of Gunnedah Rural Health.

Grahame was the Inaugural recipient of the Dr Aloizos Medal for Outstanding Individual Contribution to the Divisions Network (National) and is a recipient of the RDAA Australian Rural Doctor of the Year (2011) and is a Member of the Order of Australia.

GRAHAM MCGUINNESS OAM

Graham has a Bachelor of Health Administration degree, Post Graduate Diploma in Personnel Management & Industrial Relations and was a past President and current Fellow of the Australian College of Health Service Executives.

Grahame has extensive Board Director and consultancy experience at the executive level with over 50 years' experience in the healthcare industry, including the previous positions of CEO Central Coast Area Health Service, CEO Brisbane Waters Private Hospital and NSW Manager Nova Health.

DR TRENT WATSON

Dr Trent Watson is CEO of Ethos Health, a multidisciplinary health and safety business based in Newcastle and Hunter region.

Trent combines this work with the PHN Board appointments, along with a number of other appointments including Conjoint Senior Lecturer in the School of Health Sciences University of Newcastle, Chair of the NSW Mineral Council Obesity subcommittee and media spokesperson with the Dietitians Association of Australia.

Trent was a former Director (2012 – 2015) and Chairperson (2014 – 2015) of the Hunter Medicare Local.

Trent completed his undergraduate studies and PhD in nutrition and dietetics at the University of Newcastle, and has continued his research interests in workplace health, with a special interest in obesity, obesity-related lifestyle disease, and fatigue.

ELIZABETH WARD

Elizabeth is a Physiotherapist and AHTA Accredited Hand Therapist. Elizabeth has completed Bachelor of Science (UNSW), Post Graduate Diploma of Physiotherapy (USyd), Master of Public Health (USyd) majoring in health care management and health promotion, Master of Health Science (Physiotherapy) (USyd), Graduate of the Australian Institute of Company Directors.

Currently, Elizabeth is the Chair of the Safety Quality and Performance Committee of the PHN, a Member of the Remuneration and Governance Committee, the Central Coast PHN Clinical Council, and the Central Coast LHD Clinical Council.

MICHAEL DIRIENZO

Michael is the Chief Executive of Hunter New England Health and is responsible for all services across the district from small rural community health centres to major tertiary referral hospitals.

With over 17,000 staff and an expenditure budget of \$2.3 billion per annum, Hunter New England Health provides services to a community of approximately 1 million people across an area of 130,000 square kilometres.

DR ANITA WATTS

Anita is a proud Wiradjuri woman, currently working part time as a GP in a large mainstream urban general practice in Newcastle.

From 2005 to 2019 Anita was a Senior lecturer at the University of Newcastle, teaching Aboriginal and Torres Strait Islander Health with a special interest in the provision of health care to underserved communities.

Anita previously worked in the Aboriginal Community Controlled Sector and continues to work in close partnership with community-controlled health organisations.

Anita is the current NSW and ACT representative of the Aboriginal and Torres Strait Islander Health Council of the Royal Australian College of General Practitioners and was a previous board member of the Australian Indigenous Doctors Association.

ANTHONY ASHBY

Anthony is a Chartered Accountant, Registered Company Auditor and has over 20 years domestic and international experience in public accounting (CA, RCA, B.Comm), with industry specialisation within the NFP and NGO sectors.

Anthony is an experienced Board Director and is also a current Board member of Indigenous Business Australia.

DR ANDREW MONTAGUE

Andrew is the Chief Executive Central Coast Local Health District since August 2016 and has extensive clinical and senior management experience within the health sector in both QLD and NSW.

Andrew studied medicine at the University of New South Wales and has a Masters in Health Administration from the University of New South Wales. He is also a fellow of both the Royal Australian College of General Practitioners and the Royal Australasian College of Medical Administrators.

Andrew's previous roles include Director of Medical Services, Mercy Health and Aged Care Central Queensland; Deputy Director of Medical Services, Royal North Shore Hospital; Director of Medical Services Northern Beaches Health Service and Director Operations, Northern Sydney Local Health District.


BRADLEY TWYNHAM

Brad is a Technology Entrepreneur and Innovator, Strategy Consultant and Investor/Board Director with over 25 years working and consulting in the areas of enterprise technology adoption and enterprise operating model transformation.

Brad has previously acted in roles ranging from CEO to Corporate Development to Technology Strategy Consulting and is currently an investor in a number of companies focused on preventative health care, he resides on a number of Boards and acts as a Board Advisor.

Brad is a Member of the Central Coast Medical Precinct Task Force which is a Federal Government Initiative focused on the Economic Development of the Central Coast Region.

He is also a Board Member of the Central Coast Montessori Primary School, member of The Institute of Company Directors and Director Institute and also holds a number of International Memberships with Information Technology and Health Care Technology working groups and think tanks.

A woman with long dark hair, wearing a black top and several beaded bracelets, is sitting at a wooden table. She is smiling warmly. In front of her are two coffee cups, one of which is being held by another person's hand. The background is a brick wall. The text is overlaid on the image in white font.

We encourage, educate,
support and listen to our
communities, because we can
achieve far more together.

2020-21 Achievements

COVID-19 RESPONSE

The past 12 months has been tied to responding to the ongoing COVID-19 pandemic, with the level of involvement growing exponentially over the year. At its core, the main functions Primary Health Networks undertook were:

- Continuing to assist in the distribution of PPE. At present this is limited to the distribution of masks.
- Organising, facilitating and delivering training for general practice and the broader care workforce
- Facilitating the vaccination roll out to General Practice across the region.

As the needs of primary care and the community shifted during the pandemic, the Primary Health Network responded to meet those requirements.

Vaccination Rollout

Since its initial launch in March 2021, the vaccination rollout gathered pace, in conjunction with additional layers of complexity as more providers and options became available. In line with a key part of our role, we continued to strongly advocate for the importance of general practice in the ongoing rollout and take the feedback we receive from local GPs to the Department of Health. This included ongoing practice support through a dedicated vaccination mailbox to provide bespoke support.

While Primary Health Networks assisted in the primary care aspects of planning and coordination of the National COVID-19 Vaccination Program, we have been able to offer local solutions through partnerships between participating general practices, Aboriginal and Torres Strait Islander Community Controlled Health Services (ACCHS), Local Health Districts (LHDs) and community leaders.

In our region we saw innovative solutions proposed and implemented from general practices in current areas of concern, including on the Central Coast and Maitland where local general practitioners have identified established sites where they are able to administer the vaccine in large numbers while continuing to support their communities with continuity of general practice care.

Residential Aged Care Facilities (RACFs)

Our liaison with Residential Aged Care Facilities (RACFs) increased over the past 12 months and the Primary Health Network remained vigilant and worked with RACFs across our region, including ongoing outbreak preparation and vaccination for staff, including collaboration with RACF hosted hub locations in Umina, Morisset, Port Stephens, Mayfield, Cessnock, Taree, Armidale, Inverell, Glen Innes, Narrabri and Gunnedah.

We continued to monitor situations via Capacity Tracker and regular contact with facilities across the region.

Resources to manage outbreaks were made available in the Resource Centre of the Capacity Tracker for quick reference.

The PHN also undertook an expedited EOI process to support the prioritisation of residential aged care staff vaccinations. We received a positive response with over 70 responses across the region.

Community Messaging

An ongoing trend during the pandemic was that both media and community has sought out the Primary Health Network as a trusted source of timely and importantly, accurate information during times of outbreaks and as the vaccination rollout gathered pace.

Our peoplebank COVID-19 testing site pages were updated by the HealthPathways team in as close to as real time as possible and was being used as the source of truth for testing information by local media outlets such as the ABC and Newcastle Herald, as well as the Central Coast LHD in their social media updates.

Local GPs were engaged to record community messaging regarding the vaccination rollout, supply information which has been well received and shared widely.

The “When Can I Roll Up My Sleeve?” campaign has reached over 360,000 people through digital media, and more through traditional media coverage, including GP talent across all sub regions.

Keeping the Region Informed

The Primary Health Network continued with regular primary care updates that included information specific to our region.

HealthPathways experienced ongoing high utilisation rates and our COVID-19 livestream schedule of information updates for GPs, Practice Nurses and Practice Staff provided a vital conduit of information to our region and included pandemic updates, as well as topic-specific webinars and vaccination information.

Communication with state and federal MPs was ongoing in order to ensure they were aware of local developments, particularly in relation to the important role local GPs continued to play in the vaccine rollout, as well as to clarify roles and responsibilities related to COVID-19 response.

Telehealth Support

The Primary Health Network implemented a suite of initiatives to support the increase of telehealth usage in primary care, for both clinicians and consumers.

Additional telehealth support was provided to primary care with the setup of a dedicated Help Desk to



to troubleshoot and resolve any issues while Telehealth consultations are being conducted. By contacting this dedicated Help Desk the support personnel can identify the nature or cause of the issue and assist with remediation and if necessary work with normal IT support to rectify certain issues.

WELLBEING SUPPORT FOR PRIMARY CARE

COVID-19 has had a significant worldwide impact. The implications for our Primary Health Network region has been significant, with a range of access and activity impacts. Those tasked with caring for our populations have reported high levels of distress, and anxiety.

Frontline receptionists, practice managers, Allied Health Practitioners and GPs all indicated high levels of stress, uncertainty about the future and severe impacts on caseloads.

A multi-faceted approach was developed to provide practical and immediate supports for the primary care sector through a suite of mental health and wellbeing initiatives.

Wellbeing Education

Over 2000 primary care professionals attended or viewed the Primary Health Network wellbeing webinars throughout 2020-21.

Wellbeing webinars were developed on a variety of topics including 'Share an Hour on Resilience for General Practice' which provided tools to help increase resilience and wellbeing.

The 'Surviving Lockdown Meltdowns in General Practice' webinar was also extremely popular which assisted participants understand the psychological and social factors that seem to be producing more meltdown during the pandemic.

Other wellbeing webinars included 'The Chrysalis Wellbeing' webinars to enhance the mental wellbeing of primary care health professionals and a practical guide to meditation was delivered through the 'Release the Load' seminars. Financial wellbeing was also covered with practical advice from financial experts about riding out the financial storm and supports that were available for business.

Wellbeing Grants

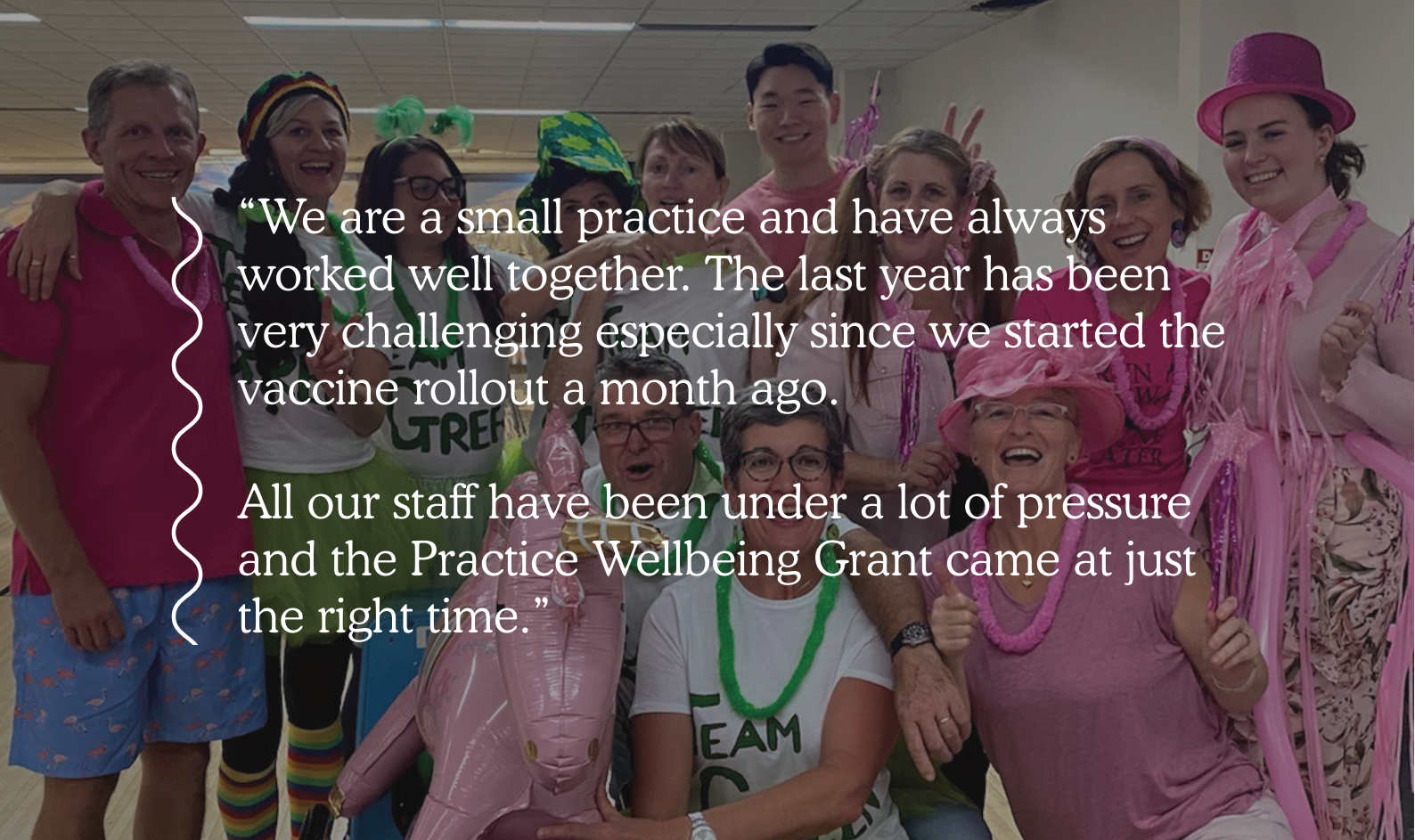
Almost 70 per cent of general practices and 100 Allied health providers took advantage of small (\$200) well-being grants to support activities that promoted wellness and resilience amongst the workforce and were supported by the distribution of accompanying mental health resources.

Whilst small in nature the funding provided a big impact with a range of activities such as team bowling days, picnics, breakfast, and lunches which all provided the opportunity for staff to interact and reconnect outside of the busy general practice environment.

GP Long Lunch

As restrictions momentarily lifted in NSW, we were fortunate to be able to host our inaugural GP Long Lunch attended by fifty of the region's GPs.

Located on the beautiful NSW Central Coast, the full day program for GPs included experts speaking on the



“We are a small practice and have always worked well together. The last year has been very challenging especially since we started the vaccine rollout a month ago. All our staff have been under a lot of pressure and the Practice Wellbeing Grant came at just the right time.”

myths of wellbeing, and wellbeing initiatives including things GPs could do to enhance their lives.

A lively panel discussion explored General Practitioner stresses and discussed seeking help, and barriers to care.

This innovative approach received rave reviews and planning is underway to cement this as an annual event.

Member Assistance Program (MAP)

Our PHN extended its internal Employee Assistance Program to the broader primary care workforce under the badge of the MAP.

Employees, and their families, from General Practice and Allied Health practices can access three free voluntary confidential counselling sessions. The use of this service has been steadily growing and will remain open for the broader sector for the foreseeable future.

Connecting through Peer Groups

Personal and more informal connections promoted wellbeing for the region’s health practitioners through a series of Primary Health Network supported Peer Groups, including a Hey Mama group for GP mothers and babies/young children, and Art Based Care group for GPs.

Coaching for Success

Another approach to supporting primary care workforce the Primary Health Network adopted was the implementation of specialised professional coaching programs.

Coaching programs were in place for GPs, Practice

Managers and Allied Health practitioners with three different models implemented to suit the cohorts’ specific needs.

COVID-19 SHOWCASE: SHARING SUCCESS AND SUPPORTING RECOVERY

One of the silver linings from the pandemic has been the increased enthusiasm and willingness for primary care providers to collaborate and work together.

In May we brought providers together to learn from each other by sharing the challenges, triumphs, and new ways of working that have had to be implemented as a result of COVID-19.

Our showcase was an opportunity to see and hear about the efforts, the innovations, the response to adversity that came from the primary care sector’s response to the pandemic.

We heard many amazing stories and we were extremely thankful to the providers who took the time out from their busy schedules to share them with us.

2021 PRIMARY CARE QUALITY AND INNOVATION AWARDS

Our inaugural Primary Care Quality and Innovation Awards was successfully held in June where we recognised and celebrated the significant achievements of our primary care providers during an incredibly challenging time for our sector.



“In the broader health sector, I observed just how resilient people can be from the staff to the people we serve in the community.

It was great to see all of our service providers work collaboratively with the main priority of consumers being at the forefront of decisions being made to ensure their safety.”

Six categories were available for nomination and outlined below is a summary of the award categories with details on the finalists and winners.

Awards Categories and Winners

Patients First Award: Awarded to practices, health centres and/or service providers that put people and communities first in their practice: they demonstrate engagement strategies to support best practice outcomes for the centre, the community, and their patients.

Winner: Complete Health at Crossways Terrigal who introduced a dedicated Aged Care Co-ordinator. The coordinator has created a relationship between the patient and the practice that is built on teamwork. The patient is a partner in their own health care and works with their GP, pharmacist, Allied Health professional and other providers to support best practice outcomes.

Closing the Gap Award: Awarded to the practice, health centre and/or service provider that demonstrates being responsive to the diversity of, and differences in, our communities to address health inequalities.

Winner: Hunter Primary Care’s ‘Yantiin Kalabara-5 ways to a healthier you’ program that supports the prevention and early intervention of chronic disease in Indigenous communities.

Supporting Patients through Technology Award:

Awarded to the practice, health centre and/or service provider that demonstrates leadership in the use of technology to support their patient cohort.

Winner: Blackbutt Doctors Surgery through their implementation of a electronic booking and check in system that was as integral part of the practice’s COVID safe plan.

The system allowed quick responsive to changes in COVID-19 risk levels to keep the waiting room and staff safe and helped patients to book the right appointment with the right person at the right time.

Primary Care Innovation Award: Awarded to the practice, health centre and/or service provider that demonstrates outstanding innovation in primary care.

Winner: General Practices of Armidale and Uralla for welcoming over 800 refugees of Ezidi background from northern Iraq. Practices were able to demonstrate considerable care and sensitivity in developing an understanding of the impact of exposure to conflict, torture and trauma and a commitment to providing health care to this highly vulnerable group of people.

Primary Care Leader Award (Service Provider):

Awarded to the practice, health centre and/or service provider that has best demonstrated innovation and leadership in primary care and/or the values of respect, innovation, accountability, integrity, cooperation, and recognition.

Winner: ATUNE Health Centres, by demonstrating a genuinely integrated approach to healthcare and a lifestyle medical focus. With their newly constructed purpose built facility, they are co-ordinating 18 different health modalities where they are successfully implementing many new models of care.

Primary Care Leader Award (Individual):

Awarded to the individual that has best demonstrated innovation and leadership in primary care and/or the values of respect, innovation, accountability, integrity, cooperation, and recognition

Winner: Dr Lee Fong, for his enormous workload and advocacy during the pandemic. Lee tirelessly campaigned for improved testing availability, public



awareness via local media, system improvement at State and National levels, GP education and liaison and his diligence and leadership has been appreciated by local GPs.

LIVE BETTER ON THE CENTRAL COAST

As part of the Central Coast General Practice Incentive Fund an integrated marketing strategy was developed to assist in the implementation of a coordinated approach to recruitment, retention and succession planning and wellbeing for GPs on the Central Coast.

The Primary Health Network initially worked with the Central Coast GP Advisory Group to conduct focus groups and co-design a marketing strategy that focused on local GP champions selling the benefits of living and working on the Central Coast. Three GPs, Dr Ameeta Patel, Dr Elly Warren, Dr Con Mafola and one GP registrar, Dr Vivian Ellis (now a fully credentialled GP) volunteered to participate in the marketing campaign.

As part of the project a self-serve jobs vacancy portal was created and integrated with the new “Live Better on the Central Coast” website

BETTER HEALTH FOR THE BUSH

In partnership with the Hunter New England Local Health District and the University of New England, the Primary Health Network consulted widely across the New England to design a three-year evaluated pilot of three sub-regional rural networks that feature multiple medical and Allied Health practitioners within a geographic area coming together to work on common

objectives, with communities, health providers, local government and non-government agencies.

Underpinning the proposal is:

- Local GP leads
- Contracted GPs (under optional contracts), and
- Local coordination, in order to improve GP and allied health and nurse practitioner recruitment and retention, sustain primary care and procedural services, and improve community access to services.

FIRST NATIONS HEALTH

The Primary Health Network, to strengthen the work in First Nations Health, commissioned Kamilaroi/ Gamilaraay artist, Dennis Golding, to produce artwork that represents the work, programs and services provided for First Nations communities within the Hunter New England and Central Coast regions.

The artwork references traditional and contemporary practices of health, medicine and gatherings between communities to share the knowledge, experiences and stories for providing better health outcomes.

The branding provides an extended visualisation of the natural resources and materials that identifies the cultural and modern practices of life and health sustainability.

This includes, water, plants, flowers, boomerangs and the coolamon. The coolamon references the cultural practice and historical use of a natural tool that carries many materials and foods – a way of sustaining health and wellbeing for communities.

A man with short brown hair, a beard, and sunglasses is smiling and looking to his left. He is wearing a white t-shirt and plaid shorts. A brown strap, likely for a bag, is visible over his shoulder. The background is a bright, slightly blurred outdoor setting, possibly a rooftop or a balcony, with a white railing in the foreground. The overall tone is warm and positive.

Financial
Reports

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2020

	2020	2019
Note	\$	\$
Grant revenue	65,095,945	56,805,608
Other income	245,957	888,107
Interest income	335,327	530,307
Program services expense	(50,285,245)	(43,494,263)
Employee benefits expense	(9,355,420)	(8,273,627)
Other operating expenses	(1,331,965)	(1,422,392)
Software expenses	(1,561,074)	(1,191,356)
Occupancy costs	(75,892)	(340,749)
Board expenses	(312,162)	(314,939)
Depreciation and amortisation expense	(681,275)	(209,856)
Motor vehicle expenses	(168,399)	(198,894)
Consumables	(172,384)	(207,115)
Sponsorship expenses	(1,231,562)	(1,544,587)
Travel and accommodation expenses	(216,360)	(258,486)
Finance costs and interest paid	(15,534)	(2,520)
Surplus before income tax	269,957	765,238
Income tax expense	-	-
Surplus for the year	269,957	765,238
Other comprehensive income	-	-
Total comprehensive income for the year	269,957	765,238

Statement of Financial Position

As At 30 June 2020


	Note	2020 \$	2019 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	7	22,353,114	22,465,268
Trade and other receivables	8	928,846	280,421
Other assets	11	229,997	155,595
TOTAL CURRENT ASSETS		23,511,957	22,901,284
NON-CURRENT ASSETS			
Property, plant and equipment	9	408,911	352,804
Right-of-use assets	10	535,912	-
Other assets	11	63,406	5,278
TOTAL NON-CURRENT ASSETS		1,008,229	358,082
TOTAL ASSETS		24,520,186	23,259,366
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	12	6,104,775	7,866,367
Lease liabilities	15	488,471	-
Employee benefits	13	714,838	505,968
Contract liabilities	14	15,241,879	13,312,057
TOTAL CURRENT LIABILITIES		22,549,963	21,684,392
NON-CURRENT LIABILITIES			
Lease liabilities	15	69,854	-
Employee benefits	13	227,767	172,329
TOTAL NON-CURRENT LIABILITIES		297,621	172,329
TOTAL LIABILITIES		22,847,584	21,856,721
NET ASSETS		1,672,602	1,402,645
EQUITY			
Accumulated surplus		1,672,602	1,402,645
TOTAL EQUITY		1,672,602	1,402,645


Directors' Declaration

The Directors of the Company declare that:

1. The financial statements and notes, as set out on pages 11 to 29, are in accordance with the *Corporations Act 2001* and:
 - (a) comply with Australian Accounting Standards; and the *Australian Charities and Not-for-Profits Commission Act 2012*; and
 - (b) give a true and fair view of the financial position as at 30 June 2020 and of the performance for the year ended on that date of the entity.
2. In the Directors' opinion, there are reasonable grounds to believe that the entity 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 Board of Directors.

Director: 
Mr Michael DiRienzo

Director: 
Ms Jane Louise Schwager AO

Dated: 12/10/2020

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF HNECC LIMITED

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of HNECC Limited (the Company), which comprises the statement of financial position as at 30 June 2020, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion the financial report of HNECC Limited, has been prepared 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 Company's financial position as at 30 June 2020 and of its financial performance 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 believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We are independent of the Company in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (including Independence Standard) (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.

Other Information

The directors are responsible for the other information. The other information comprises the information included in the Company's annual report for the year ended 30 June 2020, 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 Directors for the Financial Report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012*. The directors' responsibility also includes such internal control as the directors determine 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, directors are responsible for assessing the Company'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 the directors either intend to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

The directors are responsible for overseeing the Company'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 the 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 Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' 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 Company'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 Company 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.

Auditor's Responsibilities for the Audit of the Financial Report (cont'd)

We communicate with the directors 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 directors 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, action taken to eliminate threats or safeguards applied.

Report on Other Legal and Regulatory Requirements

In accordance with the requirements of section 60-45(3) (b) of the *Australian Charities and Not-for-profits Commission Act 2012*, we are required to describe any deficiency, failure or shortcoming in respect of the matters referred to in paragraph 60-30(3)(b), (c) or (d) of the *Australian Charities and Not-for-profits Commission Act 2012*. Our opinion on the financial report is not modified in respect of the following matter(s) because, in our opinion, they have been appropriately addressed by HNECC Limited and are not considered material in the context of the audit of the financial report as a whole.



PKF



MARTIN MATTHEWS
PARTNER

12 OCTOBER 2020
NEWCASTLE, NSW



Healthy people,
Healthy communities