PRIMARY HEALTH NETWORK

Challenge & Opportunity

2020 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.

Contents


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.

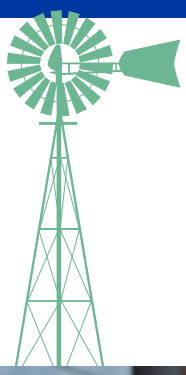
RECOGNITION

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

2019-20 Highlights Snapshot

$51.5m

allocated to services that meet the needs of local communities.

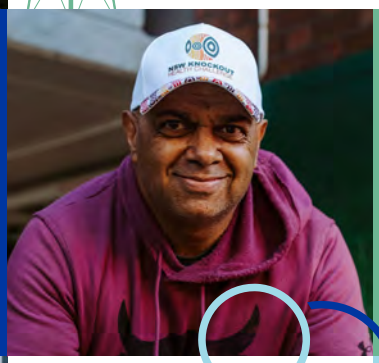


$1.5million

for community-led mental health, social and emotional wellbeing initiatives that support communities significantly impacted by drought conditions.

Half a million

surgical masks distributed to General Practice, ACCHS, Respiratory Clinics and Allied Health providers.

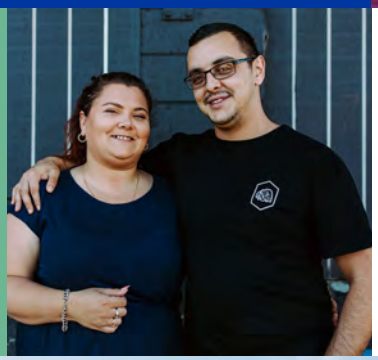


103,204

page views on HealthPathways and Patient Info during COVID-19 peak.

855 hours

people spent watching PHN produced information videos.



33k+

engaged via peoplebank through 82 surveys and 20 forums to consult communities on local health services.

21,388

clients assisted from PHN-funded mental health programs.

$500,000

given to General Practices to increase telehealth capabilities.

13,000+

clinicians attended PHN COVID-19 Livestream updates.

210% increase

in the number of eReferrals submitted by GPs.

$200,000

for recovery activities in bushfire-affected communities.

Chair's Report

In last year's Chair report, I reflected on how the operations of our Primary Health Network often takes us outside the traditional health sector. The events of 2019-2020 has certainly made this more evident.

Communities across our region continue to be impacted by the effects of drought. In late 2019 our region was one of the first in the state to suffer the devastation of catastrophic bushfires that continued throughout the summer. In early 2020 we were then further burdened with the outbreak of the COVID-19 pandemic which remains ongoing.

All these crises required a multi-layered approach that extended beyond the boundaries of the health sector. As Chair it has been extremely gratifying to see that our organisation has been able to leverage the successful partnerships it has developed and strengthened over the past five years. These partnerships have been critical in dealing effectively with the challenges that drought, bushfire and COVID-19 have placed before us.

Growth and change are said to occur when we are out of our comfort zone, but it would have been impossible for anyone to predict the level of change that these three events presented to us.
Over the year while our focus was on managing the day to day operational challenges, we were concurrently studying and analysing these crises through scenario-based 'lessons-learned' exercises to understand what did and did not work. As Winston Churchill famously said, "Those that fail to learn from history, are doomed to repeat it." We have learnt a great deal from these challenges, not least being the extraordinary resilience of our many communities.

Managing these challenges and continuing to meet the many other expectations set by the Department of Health was in no small part due to the excellent leadership and hard work of our CEO Richard Nankervis and the PHN Executive team. Over the past year the Board was confident that the measures implemented to manage these multiple challenges have made our organisation stronger and more resilient for future events.

Over the past year I was impressed with how swiftly we were able to successfully move most of our operations online when COVID-19 started. Technology is now taking an even greater role with our business interactions as we increasingly move online. The expanded role of Telehealth was perhaps and continues to be a standout example.

As you read through the highlights and achievements outlined in this report, I am sure that you will be impressed by the successes and the level and range of activity that has been maintained during a year that has thrown up so many challenges.

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

JANE SCHWAGER AO
Chair

CEO's Report

In writing this year's CEO report in October it seems evident that COVID-19 would be the prominent feature. However, in reflecting on all the events that occurred during the 2019-2020 financial year it is also essential to acknowledge that the challenges of bushfire recovery and drought also occured during this period, and contiune to provide challenges for our Primary Health Network.

As our report does cover a full year of operations I would encourage readers to view the highlights and achievements section of this report and visit the PHN's YouTube channel to see and hear first-hand testimonials from community members and partners organisations on how the PHN is making a difference.

Reflecting on the World Health Organisation's declaration of a pandemic, it was significant that the Director General stated that it would be the first pandemic in history that could be controlled. He emphasised that we didn't have to be at the mercy of the virus and that the decisions we make could influence the trajectory of the epidemic.

At the PHN we recognised well before the official WHO declaration that early and decisive action would help slow down the virus and prevent infections. In late January we were communicating directly with GPs and other primary care providers and from early February we had partnered with our colleagues from the Local Health District Public Health Units to present regular Livestream updates.

However, it is not my intent to outline here our PHN's response to COVID-19, as this has, and continues to be communicated regularly to all our stakeholders. It is though, important to acknowledge in this report the enormous amount of work and effort that has gone into managing the pandemic in our communities.

On an operational level our PHN continues to allocate significant operational resources to managing COVID-19 and this is likely to continue for some time. Indeed the same level of commitment remains in managing our approaches to bushfire and drought recovery.

From a strategic view we have adopted the same approach to managing all three challenges. Since the inception of our organisation we have used the Three Horizons model as a basis for our operational development and delivery. It was the fundamental tenent of this strategy - that we must work within the three horizons (core, emerging and new) simultaneously, as it provided us with the necessary agility to shift focus and respond so quickly to the challenges of the last year.

In the midst of this, it is certainly true that the 2019-2020 year has presented our PHN with new and incredible opportunities and forced us to challenge traditional approaches and paradigms. All three challenges have provided the momentum for change and opportunities to drive and embed new levels of cooperation across the entire health system.

While not singling out any one team, the achievements of our HealthPathways is one excellent example of how crises can be used to consolidate and improve engagement with stakeholders.

At the start of the pandemic our team quickly recognised the danger of GPs and primary care clinicians becoming swamped in an "infodemic" of advice and directions from multiple agencies. They quickly responded by providing a centralised and single source of daily updated information through our HealthPathways websites. Our clinical editors curated information and advice from both the Commonwealth and NSW Health Departments to provide a single source of "truth" that was localised for clinicians across our region. So impressive was their work that all PHNs across NSW were using their work as the basis for their pathways.

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

The 2019-2020 year has presented our PHN with new and incredible opportunities and forced us to challenge traditional approaches and paradigms.

All challenges have provided the momentum for change and opportunities to drive and embed new levels of cooperation across the entire health system.

Our Board

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 underserviced 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.


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

2019-20 Achievements

COVID-19 RESPONSE

In early February, 2020, the Primary Health Network became actively engaged in the response to the COVID-19 pandemic, with the level of involvement growing exponentially since March. Apart from ensuring that core business-as-usual functions continue to operate, there were three main functions Primary Health Networks have been tasked with under the COVID-19 National Health Plan Resources package, including:

- Assisting in identifying and establishing sites for GP Respiratory Clinics
- 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.

However, as the pandemic increased, the Primary Health Network's level of local involvement rose via a number of initiatives, which are outlined here.

Residential Aged Care Facilities (RACFs)

When COVID-19 infections began to rise in Australia in March, 2020, we identified the potential vulnerabilities of our RACFs should an outbreak occur in our region. This was highlighted by the Newmarch House outbreak early in the pandemic. Despite having no official jusridiction of the RACF sector, in order to support coordinated preparedness and response to COVID-19 in Aged Care, the Primary Health Network mobilised a series of support measures to assist in local RACF preparedness, including the facilitation of a multiagency working group.

Through the work of this group and the Primary Health Network's Integration and Primary Care Improvement teams, the roles of the various agencies, the escalation points and communication points have been clarified and various tools and resources h ave been developed to assist RACFs in their pandemic preparedness.

The Primary Health Network's Primary Care Improvement team has also been working with local General Practices in their pandemic preparation plans. Together, these have contributed to clarifying the response that would be launched, to ensure that residents in a RACF would be managed appropriately and the outbreak contained promptly.

Learning from international, interstate and intrastate experiences the planning processes are being further clarified, new risks and strategies identified and the Primary Health Network continues to work with all local stakeholders on detailed planning for any response. The implementation of Capacity Tracker, webinars, dissemination of information and checking in with facilities deemed to be high risk all form part of a system wide response.

Emergency Operations Centre (EOC)

The main objective of the Primary Health Network's Emergency Operations Centre is to enable rapid and cohesive management of issues related to pandemics, natural disasters, and other emergencies.

During the COVID-19 pandemic, the scope of the Emergency Operations Centre aligned with the four key objectives of the National Primary Care Targeted Action plan of:

- Protection (protecting vulnerable people from the effects of COVID-19);
- Function (preserving the functional capacity of the healthcare system);
- Support and treatment (facilitating the most effective management of people with
- symptoms); and
- Capacity (managing and maintaining stocks of PPE).

The key function of the Emergency Operations Centre is to:

- Gather and process all the available information required to manage incident(s) to ensure situational awareness quickly and effectively in response to the pandemic in the region; and
- Act as a single interface with all external agencies.

The Emergency Operations Centre was operational during the height of the pandemic (April-May, 2020) and has also been activated during cluster outbreaks in Port Stephens and Newcastle.

'Don't Distance Yourself From Your Health'

In April, 2020 the Primary Health Network launched our **Don't Distance Yourself From Your Health** campaign.

This community campaign was designed to assist with educating the community to stay engaged with their GPs and primary care supports during the COVID-19 pandemic, with the aim of assisting in reversing the trend in patients disengaging with their health practitioners, particularly in smaller communities and regional locations.

Key messages included:

- Maintaining health (particularly those with chronic illness) is more important than ever
- Contacting your doctor or health professional to learn how they can support patients
- Education about telehealth options to build confidence
- Reducing fear of visiting a practice in person
- The importance of 715 and chronic disease assessments.

Keeping the Region Informed

At the peak of the pandemic, the Primary Health Network distributed a daily update with current information specific to our region, with a subscriber list just under 4,000 subscribers. This update was our primary communication channel used to distribute information to general practice and primary care providers.

HealthPathways experienced extremely high utilisation rates with updates at the peak of the pandemic occurring daily. Hunter New England Pathways is the single source of COVID-19 information state-wide. This means that the page and updates being done by Hunter New England HealthPathways automatically update COVID-19 pages across NSW.

Our HealthPathways COVID-19 pages included up-to-date information on referrals, practice preparation, assessment and management, information, service changes, telehealth, GP triage and management of positive patients in the community.

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.

Business Continuity

The Primary Health Network created a business continuity micro-site that can be accessed via HealthPathways and includes information related to practice preparedness, small business and Human Resources support, stimulus access, mental health and wellbeing information, employment, tax and financial advice, community sector support and Aboriginal and Torres Strait Islander community support.

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.

We canvassed the region to assess the capacity of practices to increase their telehealth capabilities and provided small grants to assist with the purchase of subscription fees associated with video conferencing software platforms, hardware and set-up.

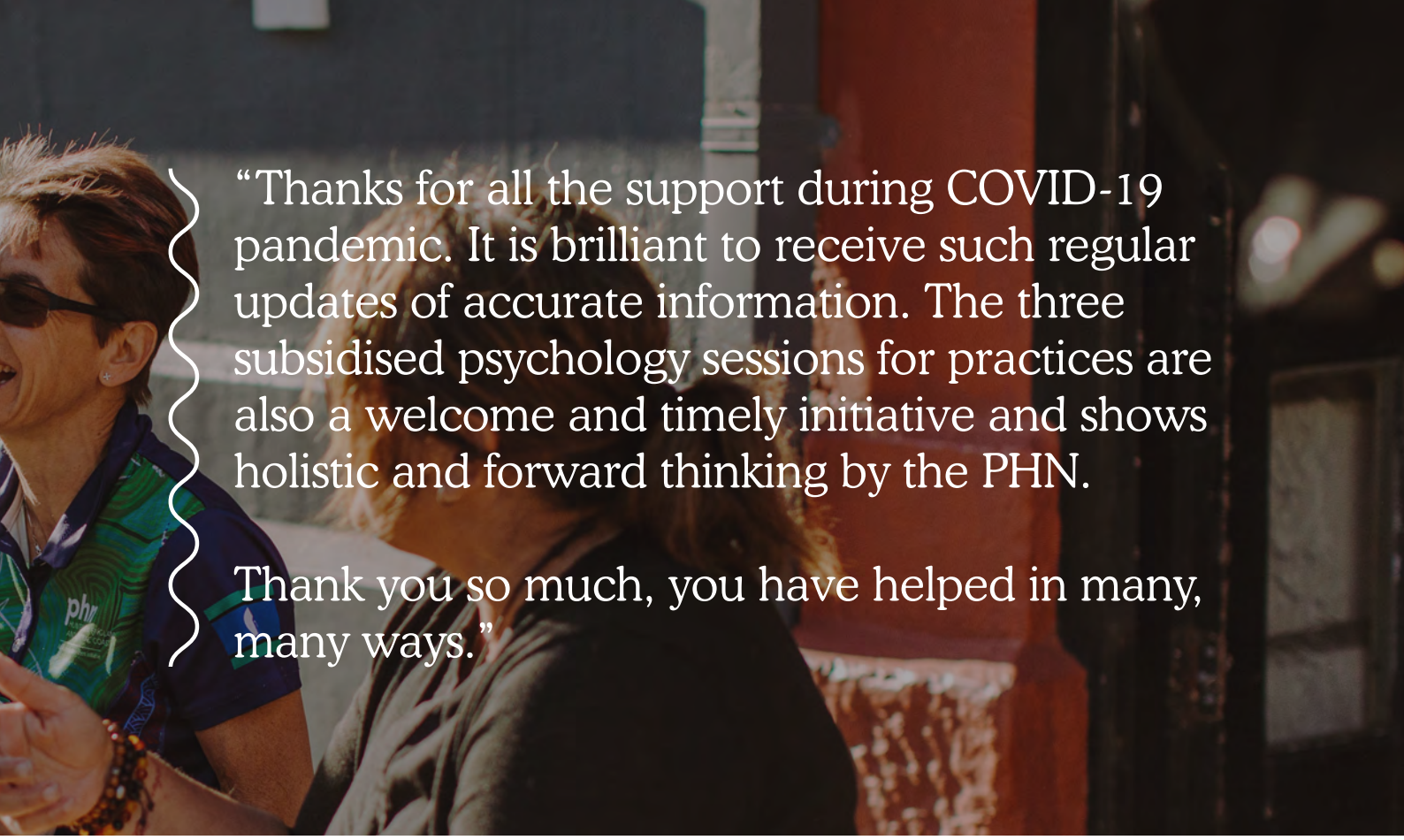
Professional Support

To support the emotional wellbeing of primary care staff across the region, we funded a Member Assistance Program (MAP) to offer free access to confidential and complimentary counselling for General Practices and Allied Health providers. This provided three free, voluntary, confidential counselling sessions to anyone who accessed the service.

Capacity Tracker

At the peak of the COVID-19 outbreak, people were very much reaching out for something that would connect various parts of the system. To address this, we fast tracked development of the Capacity Tracker to improve our local coordination and answer the question about which general practices are connected to which residential aged care facilities, and as well as improve our relationship with the aged care facilities and assist them with the many challenges they are facing.

While it has been set up to deal with infectious diseases, outbreaks like COVID-19, Australia has many challenges



"Thanks for all the support during COVID-19 pandemic. It is brilliant to receive such regular updates of accurate information. The three subsidised psychology sessions for practices are also a welcome and timely initiative and shows holistic and forward thinking by the PHN.

Thank you so much, you have helped in many, many ways."

(such as bushfire and flood), and we believe the Capacity Tracker infrastructure will greatly assist with our disaster planning.

Aboriginal & Torres Strait Islander Support

Our Primary Health Network worked with our Aboriginal Health partners and community to develop and disseminate Aboriginal and Torres Strait Islander specific resources related to the pandemic.

This included community messaging, filming of case studies and information resources, issues management (eg. accommodation during isolation, PPE), and the development of culturally-specific livestream webinars.

We developed an Aboriginal Health Response Plan which included a preparedness strategy in the case of an outbreak/cluster in an Aboriginal community.

Sector Advocacy

In May, 2020, we undertook a COVID-19 Impact Survey across the region to gain initial insight of how the pandemic affected primary care.

This snapshot has provided us with a key starting point for developing initial recovery support for the sector. This includes three key pillars:

- Supporting GP and Allied Health Recovery and Sharing Success
- Community Campaigning
- Supporting Access to Care.

The most uniform response to come out of the impact survey was regarding the question of advocacy from the Primary Health Network for ongoing medicare rebate eligibility for telehealth consultation. Ninety-seven per cent of respondents indicated that they wanted PHN advocacy on this issue.

As a result, the Primary Health Network authored a telehealth proposal for the Department of Health, supported by NSW/ACT PHNs. This proposal outlines potential future telehealth approaches for primary care.

BUSHFIRE RECOVERY SUPPORT

Supporting our bushfire affected communities commenced in October, 2019 when the New England communities experienced severe bushfires that preceded a summer of devastation across the country.

The Primary Health Network mobilised bushfire support officers to work within the affected communities across our region as they navigated their way through their recovery efforts. This included distributing Bushfire Community Recovery Grants which funded grassroots, community-focused health and wellbeing initiatives.

Additionally a free counselling hotline was established to provide immediate access to support for affected community members.

These communities have had to navigate their recovery while simultaneously experiencing the COVID-19 pandemic, and in some areas continued drought as well. It has been imperative that we maintain our support for these communities which continue with our bushfire support officers continuing to engage personally with these communities and the continuation of grant distribution.

"I really appreciate the genuine concern for regional communities. It made it easy to talk about a difficult subject.

I feel more empowered to help those around me and more confident about having the conversations that matter."

EMPOWERING OUR COMMUNITIES DROUGHT SUPPORT

The Empowering our Communities initiative provided funding for community-led mental health, social and emotional wellbeing initiatives that support communities significantly impacted by drought conditions.

The Empowering our Communities closed for applications in February and the entire community grants initiative provided $2.5 million in funding to 115 organisations, impacting directly and indirectly over 30,000 people.

Additionally, we have expanded The Resilience Project (TRP) to the Glen Innes and Tenterfield Local Government Areas (LGA) following a successful pilot in the Liverpool Plains LGA. The TRP Schools Program provides a foundation for, and integrates with, existing mental health strategies and priorities. The primary outcome is to build a truly comprehensive community response to personal and emotional resilience among young people, and ultimately to influence the reduction of mental ill health in the region.

The program, linked directly to the Australian Schools Curriculum framework, will support schools' capacity to teach and embed positive mental health strategies for students to become happier and more resilient.

In addition, it provides parents and caregivers ideas on how best to support themselves and their children in building resilience, leading to a more resilient wider community.

SENT E-REFERRAL SYSTEM

The SeNT eReferral System has been developed by GP specialists in the area within our Partnership with the Hunter New England Local Health District. The aim is to streamline care for patients by improving patient journeys and improving the experience of care.

The system makes it easier for GPs to refer appropriate patients for specialist, outpatient clinic visits. This system has increased the speed to process the referrals.

"We found e-referrals were being triaged much sooner than paper referrals. It's actually quite easy to type quite a lot of things into the e-SeNT. There's a lot of data that is being extracted from the best practice or from medical director. I find that the ecosystem is quite easy to work with. So, that helps me out quite a lot."
- Dr Abe Matthew

"What I found as the biggest benefit is the fact that by using it in conjunction with HealthPathways, you're able to then provide a very comprehensive referral for your patients. You can get exactly what you want for the patient and they can be seen in a timely and efficient manner."
- Dr Guy Streeter-Smith

RURAL WORKFORCE STRATEGY

GP services are integral to the social capital and make up of small rural communities as often the local GP is a central focal point for residents.

For rural communities in the New England North West, inadequate access to GPs means inequitable health

outcomes for these communities. This includes higher rates of morbidity and mortality.

The PHN has formed a Collaborative of organisations with the objective of improving and sustaining health access for its rural areas over the short-term, with the intent to improve the health of the community in the medium to long-term via consultation and advocacy on an enhanced model of primary care trial for rural settings.

DYNAMIC SIMULATION MODELLING

The aim of this project was to use system dynamics modelling to develop an interactive decision support tool capable of testing a range of strategies to reduce suicidal behaviour across our region.

The model was developed using a participatory modelling approach that involved a range of local and state-level stakeholders, including representatives from state governments, health and social policy agencies, local councils, non-government organisations, the education sector, emergency services, research institutions, community groups, primary care providers, and people with lived experience of suicide.

COMMUNITY INNOVATION COORDINATOR

As part of the PHNs rural communities project, a health needs assessment was undertaken in the Glen Innes and Tenterfield communities, which identified the need for a community innovation coordinator to communicate what services were available to other service providers, as well as to the community.

The role has been instrumental in forming solid relationships with community members and leaders to gain insight of what's happening in the community, then liaising with service providers so that when they deliver services, they are targeted and meet each town's needs.

"The community innovation coordinator role was exactly what we needed. Somebody to coordinate all the services and to guide people as to where to go, who to contact."
- Carol Sparks, Glen Innes Severn mayor

HEALING FOUNDATION

The Primary Health Network partnered with the Healing Foundation and communities across our region to hold a series of forums that will help Stolen Generations survivors and their families to speak for themselves, tell their own stories and take control of their own healing.

Prior to conducting these forums it was important that local communities had input into the design and planning of these forums so people felt safe to share the ongoing trauma caused by actions like the forced removal of children from their families.

ENT ACCESS PROGRAM

The ENT Specialist Access program is a collaboration between GPs and ENT Specialists at the John Hunter Hospital in Newcastle, led by the PHN's Hunter New England Rural Clinical Council's ENT working group.. Through the use of Telehealth the program saves families significant time and travel.

Financial Reports

HNECC Limited

ABN: 51 604 341 362

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2020

	Note	2020 $	2019 $
Grant revenue		**65,095,945**	56,805,608
Other income	5	**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	3(e)	**-**	-
Surplus for the year		**269,957**	765,238
Other comprehensive income		**-**	-
Total comprehensive income for the year		**269,957**	765,238

HNECC Limited

ABN: 51 604 341 362

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

HNECC Limited

ABN: 51 604 341 362

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

PRIMARY HEALTH NETWORK

Healthy people,
Healthy communities