



better care better health

Northern Health Network

ANNUAL REPORT



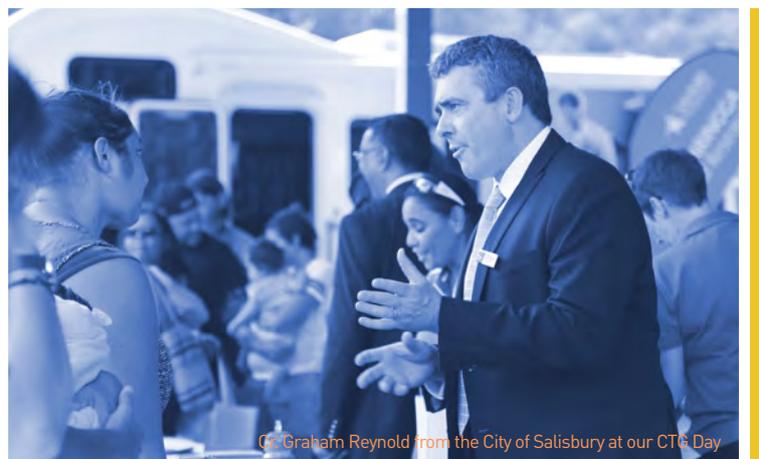
2015
16

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Professor Patrick McGorry at the Youth Mental Health Forum 2016



Graham Reynold from the City of Salisbury at our CT&D Day



headspace Edinburgh North celebrates 'R U OK?' Day



Face painting at



Graduates from our Mental Health Clinical Internship program



Our staff at the "Healthy For Life" Art Competition Exhibition event.



Northern Region ICE Forum 2015



The SA Governor at our CTG Day Celebration 2016



CTG Day Celebration 2016



The SA Governor speaks at our CTG Day 2016



Healthy Weight Week cooking demonstration



Our Closing the Gap Day Celebration 2016



Client visit for our Residential Aged Care mental health program



Chairman Report

This year under review must start with a formal acknowledgement of my fellow Board members for their stewardship of the Northern Health Network (NHN) through its first year, following the separation of the Northern Adelaide Medicare Local into the Adelaide Primary Health Network (Adelaide PHN) and the NHN.

Over the past few years, we have seen the demise of so many former Divisions and the loss of the supports that general practice has grown accustomed to. I am proud that the NHN has withstood the pressures of a changing primary health sector and not only survived, but thrived.

This in no small measure is due to the steady guidance of the NHN Board, which has provided the strategic stability to enable the management and staff to plot a course for the future. The Board is skills-based and while we remain GP-focused, we have had invaluable contributions from our non-medical Directors. I would like to specially mention John Manning and Danny Haydon for their corporate governance, financial acumen and selfless service to the NHN.

The 2015/16 financial year was the first year that services were commissioned by the Primary Health Networks (PHNs). To be strong in this competitive environment, we needed to stay true to our values and our purpose. We do not have a white knight who would rescue us in the event of a financial shortfall, therefore we had to run a tight ship. The Board has been mindful that financial prudence is needed in these uncertain times and has exercised strong oversight to ensure our viability and sustainability.

It is a sad reality that, as a result of the NHN being so dependent on funding from the PHNs, when we lose a part of that funding, we also lose staff. I note that as this financial year ends, we have lost dedicated and experienced staff from our Community Health teams. This sort of loss has been typical of our sector for some time, but it does not soften the pain we felt at the loss of this intellectual capital.

I am pleased indeed that under our new management structure and our new CEO, we have maintained a strong focus on growth and expansion. All growth has been guided by our



Richard Heah
Chairman

All growth has been guided by our ethos of working with, and for, vulnerable people and communities.

ethos of working with, and for, vulnerable people and communities. It is this philosophy that guided our expansion outside of our traditional northern Adelaide boundaries.

In the new PHN-funded operating environment, the NHN sees the need to find a niche. It was rewarding for us to have successfully become the preferred mental health and Closing the Gap (CTG) service provider of both PHNs during the financial year. Our footprint has now expanded across the north-western metropolitan region, and the peri-urban region of Gawler and Barossa. This is a great achievement and I applaud the staff who made this happen.

Nonetheless, this also poses a challenge for the NHN. The Board is mindful of the risks associated with this expansion and is taking appropriate steps to mitigate these risks. The NHN must diversify its funding sources to enable us to stay true to our mantra: we treat people and not the condition. We can only do this if we are able to source program funding that addresses the holistic needs of the client and the patient. We are proud of our partnership with the PHNs but also recognise that, for the NHN to be able to better support all vulnerable communities, we need to seek program and project funding from beyond our traditional sources. This was a challenge for management and staff. I am pleased that we have ended the financial year on firm footing under our collective effort.

This year we also saw the Northern Region GP Council (NRGPC), a sub-committee of the

NHN Board, proves itself as an invaluable resource to GPs and the primary health sector. By having GPs who are attuned to the needs of the community, the NRGPC has had fruitful and frank dialogue with NALHN to improve access and the quality of the interface between the acute and primary sectors. We have also expanded the footprint of the NRGPC and now cover the entire region north of the Torrens River. Through these processes, we hope to stay true to our Members by providing them with a vehicle to advocate for these patients and their communities.

Finally, I want to acknowledge the incredible work and dedication of our CEO, Sageran Naidoo and his management and staff. We were able to navigate the stormy post-Medicare Local world and successfully transition services and staff. This seamless process is all due to our selfless and committed workforce. The NHN has always prided itself on directing over 80% of its funds to frontline service delivery. This year we exceeded even that lofty target. We have the most skilled and passionate staff in the region. This is what sets the NHN apart, and is the reason why we have had a successful trading year. On behalf of the Board, thank you to each and every one of you.



Richard Heah
Chairman

Our Board



Dr Richard Heah

Chairman

General Practitioner in Elizabeth

Over 20 years of professional medical practice experience in the northern region. Director of Corporate Health Group – a multi-disciplinary, multi clinic company. Keen interest in Medical Education involved as a mentor for IMG and RACGP Examiner, AHPRA Nominee for PESCI and Tribunal. Business and finance management experience with Certificate as Graduate of Australian Institute of Company of Directors.



Dr Rizwan Latif

Vice Chairman

General Practitioner in Craigmore

Extensive professional medical practice experience in the NHN region for over 11 years. On various State Clinical Committees, clinical Lecturer at the University of Adelaide, Clinical Examiner at the Australian Medical Council and Vice President of the Pakistan Medical Association.



Dr Farooq Ahmad

General Practitioner in Parafield Gardens

Extensive practice experience in Australia since 2001 and prior to that in South Africa and Pakistan. RACGP and AMC Clinical Examiner, member of SA/NT RACGP Faculty Board. Experience as a Medical Educator for Adelaide to Outback. Teaches medical students in rural placement and was a GP Supervisor for GP X. Helps Overseas Trained doctors (OTD) for preparation of Fellowship Exam. Previous Board experience as a Board member for Flinders and Far North Division of General Practice.



Dr Seema Jain

General Practitioner in Elizabeth Grove

Practice principal with over 16 years' experience working in various hospitals in SA and interstate, with exposure across a wide range of sectors. Extensive experience working with Aboriginal & Torres Strait Islander health issues. Has been teaching Medical Students and supervising Medical Registrars for a number of years.



Dr Sudheer Talari

Medical Practitioner in Gawler

Over 9 years' experience as a Medical Practitioner. Is the president of SEMA (Salisbury Elizabeth Medical Association). Was an examiner for MOCK exams designed for medical students, general practitioners and AMC candidates conducted by ACMA, NAML, NHN, AOGP and RACGP clinical bridging course. Has had experience running workshops for international medical graduates for their AMC clinical and FRACGP OSCE exams.



Mr Danny Haydon

Manager, Practice Management Services, Brentnalls SA

Danny has been a business consultant to the medical and allied health industry since 2008, advising on all areas of practice management including business planning, infrastructure development, HR management, and increasing available services. He heads up the Practice Management Services division of Brentnalls SA which is focussed on supporting medical and allied health practices and health services to achieve their goals. In this role Danny continues to work as the Executive Officer at Clare Medical Centre. He is also currently the National President of the Australia Association of Practice Management (AAPM).



Mr John Manning

Chair of Risk and Finance

Managing Director at Dewings Accounting

John is the managing director of Dewings, a boutique firm of Accountants and Business Advisers based in Adelaide. He has worked in accounting, IT and HR at a number of firms and has rich background in business and how the various components of an organisation work together to achieve results. John is a regular speaker on a range of business issues with various organisations. He also holds a Masters of Divinity and has served as a board member for local and national not-for-profit boards. He is also an affiliate member of the Institute of Chartered Accountants

CEO Report

This report is both an opportunity to reflect on the trading environment of the past year, and an opportunity to cast an eye to the years ahead and map a way forward. The NHN has been through many iterations over the past few years, but it is fair to say that the current 2016/17 financial year will set the scene for the future of the NHN over the next half decade.

The 2015/16 financial year was our transition year after the demise of the Medicare Locals. On reflection, we have achieved many of our primary goals for the year. We started the year with a great deal of financial and employment uncertainty, but as you will read from our financial reports, we have now achieved financial stability for at least the next two years. This is largely due to our status as a preferred provider of mental health services and CTG Aboriginal Health services by both PHNs.

To have won these contracts is a testimony to our capacity to turn theory into practical models of care, which allow us to successfully compete for tenders. Although all our programs and projects are subject to open competitive tendering in the new primary health care

landscape, we have shown our strength in putting together successful tenders across a wide range of service areas.

This is the success of the NHN, but it is also our greatest challenge. The PHNs will be a force for reform of the primary health care sector for at least the next 6 years. As a service provider, we have to ensure that we remain competitive, efficient and focused in order to win not only our current contracts again, but also new business across other program areas.

However, the purpose of our expansion is not growth for growth's sake. Our strong community-focused ethos demands that we seek solutions for health and wellbeing deficiencies in our community by treating the client and not the condition. This whole-of-person approach to our planning and service delivery requires us to seek out those opportunities that allow us to put together packages of care around vulnerable people. We grow because we serve.

The success of the NHN during this tough transition year is in large measure due to the



Sageran Naidoo
Chief Executive Officer

Our strong community-focused ethos demands that we seek solutions for health and wellbeing deficiencies in our community by treating the client and not the condition.

guidance and strategic oversight by the NHN Board. Led by an indomitable Dr Richard Heah, the NHN Board and its GP advocacy sub-committee, the NRGPC, have provided me and our management team with excellent support. This enabled us to address the significant needs in our community. Dr Heah has served the NHN for 20 years and this selfless dedication has been a key factor in the stability and resilience of the NHN.

It is fair to say that the first quarter of the financial year was chaotic and busy beyond belief. There were many staff that went beyond the call of duty to enable us to transition services seamlessly. My deepest gratitude to each and every one of you. Sadly, we also lost staff from our Health Projects team due to discontinued funding for some programs. That is the topsy-turvy nature of the primary care sector — as we grew our footprint in the mental health and CTG Aboriginal Health streams, we lost resources and funding in our community health portfolio. We have expanded beyond our traditional northern Adelaide boundaries and now have a presence in the north-west areas for the delivery of a range of mental health services. We have also become the sole provider of the CTG Aboriginal Health program across the metro.

This year was also a challenge for us in terms of maintaining relationships with our stakeholders. Following the demise of the Medicare Locals, we lost our former capacity around community engagement and with the change in focus to service delivery, we had to find innovative ways to retain our community and stakeholder engagement. Nonetheless, we have continued our ground-breaking Northern Region Health Promotion Collaborative and our partnership with the Adelaide PHN and the Northern Adelaide Local Health Network (NALHN). We recognise the aim of achieving positive health outcomes for our community demands us to build and sustain strong partnerships.

This has been an amazing journey for us as we navigate the oddity of being a young organisation with a long history. We have tried to provide exemplary supports to our Members and we hope to continue to be able to deliver the range and diversity of education and training opportunities for GPs and allied health professionals. We will continue to support general practice through our Nurse Networks, the Practice Managers Forum and the NRGPC, and will look for funding opportunities to enable us to support the sector in the transition to the Medical Home Model.

The year gone by has again seen us delivering an increasing number of sessions to an increased number of clients and across more sites. We have again delivered more GP and community education sessions and forums than ever before. We have recruited, supported and retained the best workforce in the region and we have grown financially in a sustainable manner. We have lived with our community through economic uncertainty, natural disasters, worsening socio-economic conditions and through all of that, we have endured and have had fun.

It has been an amazing year and we look forward to the promise of even more of the same. We will have our new building completed in the year ahead and expand our service footprint further with a service mix that is more diverse and consumer-focused. I trust that you will continue to be a part of the NHN story.



Sageran Naidoo

Chief Executive Officer

Mental Health



To provide a snapshot of our key achievements is somewhat challenging when looking back on the productive year that was 2015/16.

Accessible Mental Health Care

The NHN mental health team have continued to deliver a high calibre and increasing volume of mental health services from our Edinburgh North head office on Peachey Road, and multiple GP clinics and child friendly co-locations. We offer mental health programs for people aged five years and above. These programs are staffed by highly skilled and qualified mental health clinicians and are delivered at no cost to clients.

Mental Health Clinical Internship

June 2016 marked the graduation of our first Mental Health Clinical Interns, Garth Ebelthite and Snowy Lam. Both graduates have been successful in continuing their employment at the NHN as qualified mental health clinicians and a testament to the success of the program, which aims to increase workforce capacity in the north.

Community Engagement

Besides ongoing clinical service delivery, the NHN is also committed to stakeholder education, community engagement, research and the development of innovative programs in response to local need.

The [Northern Region Ice Forum](#) was held in November 2015 at the Mawson Centre. It sought to provide community members, health professionals and service providers with evidence-based information about who uses methamphetamine, the latest epidemiological data, services and best practice treatment and

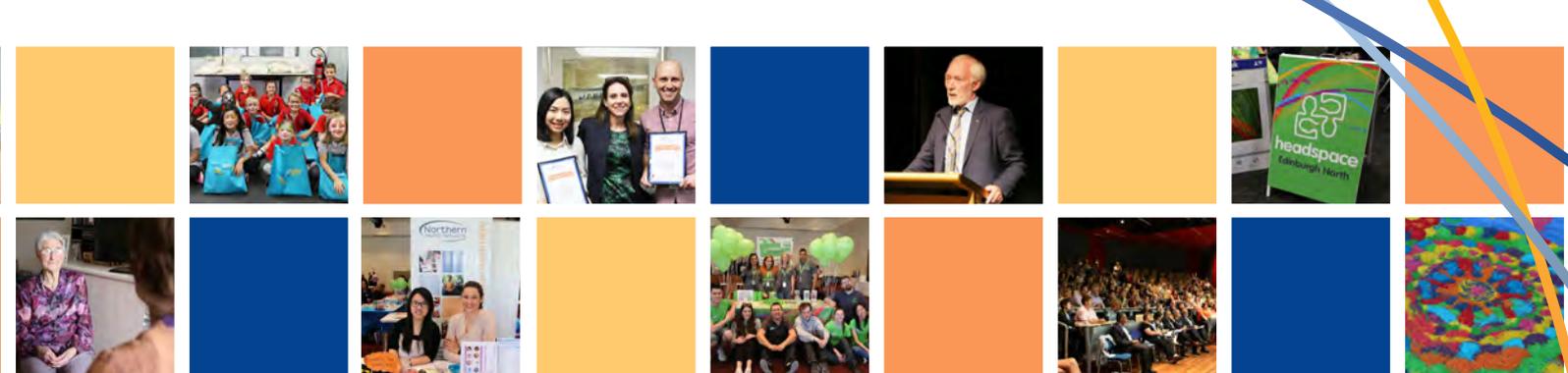
interventions. Professionals from SAPOL, Drug and Alcohol Services SA, SA Network of Drug and Alcohol Services, the University of Adelaide, headspace National, and Flinders University's National Centre for Education and Training on Addiction attended the event. The presentation highlighted the need for evidence-based and locally accessible information on the impact of Methamphetamine use.

The second and equally successful [Youth Mental Health Forum](#) was jointly hosted by the NHN and headspace Edinburgh North in May 2016. We were greatly honoured to have Professor Patrick McGorry AO as our key note speaker at this full-day event. The Forum aimed to provide a comprehensive update about current research and reform happening in the youth mental health space. It also provided an excellent opportunity for those who work within the youth sector to share best practice and significant learnings.

Bushfire Counselling Support

Following the devastating Pinery Bushfires in November 2015, the NHN worked collaboratively with the Country SA Primary Health Network, emergency services and neighbouring rural health service providers to coordinate a seamless response for residents who were directly or indirectly affected by the bushfires and were struggling to mentally recover from the event.

Our prompt, professional and expert response led to an invitation from the Phoenix Centre for Post-Traumatic Stress Studies and University of Melbourne to participate as the preferred pilot site for an international psychological research study, which will contribute to the development of an evidence based, best practice model



when providing services in response to natural disasters.

Youth Mental Health

headspace Edinburgh North has commenced a partnership with Orygen — the National Centre of Excellence in Youth Mental Health — to participate in the Improving Mood with Physical Activity (IMPACT) Youth Study. This three-year project will evaluate whether a brief physical activity intervention, when added to the usual treatment received at headspace, will provide an added treatment benefit for young people with depression.

Other exciting achievements across the headspace program include: the delivery of SAFE TALK in Gawler for suicide awareness; the 'Healthy for Life Art Competition'; workshop on Screening and Engaging With Young People with Mental Health issues; Harmony Day Soccer Cup at the Salisbury High School; the Australian Refugee Association Youth Party, and the ongoing delivery of the Rainbow Mates group for LGBTIQ youth community; the BREATHE Emotion Regulation Group; and The Body Project (body image and self-esteem group).

The Occasions of Service Guidelines

The Clinical Lead of our Shared Care with GPs program led the development of the *Occasions of Service Guidelines* for all clinicians working in the Shared Care program state wide. This two-year project will result in the implementation of new guidelines which will, for the first time, standardise service delivery and data capture since the commencement of the program in 2007.

The Stepped Care Model

In response to the Mental Health Commission's review in April 2016, the Clinical Leadership Group developed a Stepped Care Pilot that trialled a model of care, which offered clients more treatment choices with the aim of improving service suitability, accessibility, efficiency and equity. The outcomes of the Stepped Care Pilot contributed invaluable insights to the development of the NHN Stepped Model of Care that was submitted in response to the APHN and CSAPHN Mental Health Requests for Proposal.

Over the next 12 months, the NHN mental health team will continue to contribute to the mental health reform, as we implement a fully-fledged Stepped Care Model.

1171

young people accepted services through headspace Edinburgh North.

57.8%

above the national average.

The NHN provides free therapeutic mental health services to community members of all ages.

25,700+

appointments made across all NHN and headspace Edinburgh North programs.

4100+

mental health referrals received across all program.



Community Health

Closing the Gap

The NHN continues to lead the regional response to closing the life expectancy gap for Aboriginal and Torres Strait Islander populations in northern Adelaide and Gawler and surrounds. The **Closing the Gap program** supports Aboriginal clients who live with chronic disease with the aim to improve their understanding and access to mainstream health services.

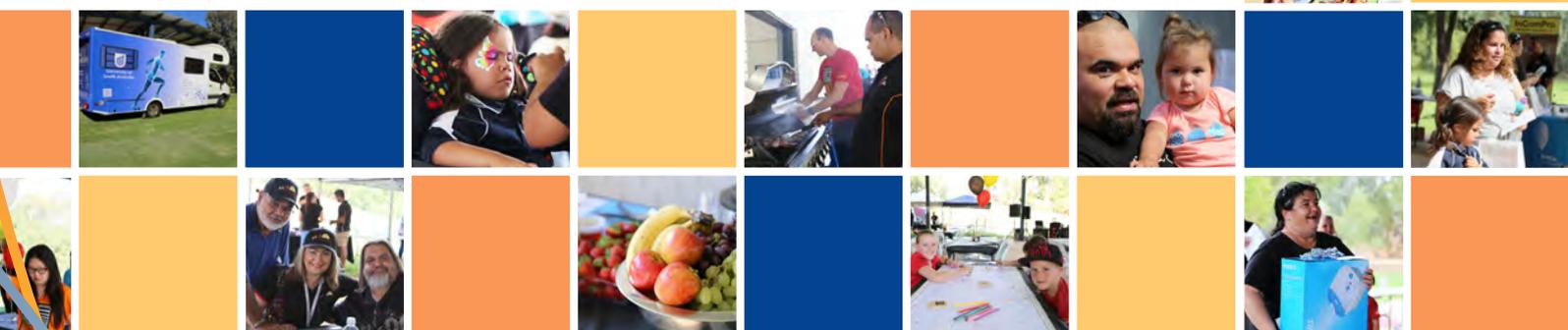
The NHN supports the largest population of Aboriginal persons across SA and has grown to provide services to over 500 clients. The program is implemented by a skilled team of care coordinators and outreach workers

who support the coordination of the ongoing care need of clients; provide access to supplementary services and equipment; and advocacy through outreach services.

The Closing the Gap team plays an active role in promoting and advising general practice about culturally appropriate service standards and access to the CTG PIP. The NHN provides cultural awareness training to GPs and practice staff and raises awareness of Aboriginal health crisis at an annual event that brings together the community and service providers.



Photos from CTG events held in the 2015/16 financial year



Health Projects

In 2015/2016, the NHN was awarded a diverse portfolio of health projects in a transitional phase for the Adelaide PHN. The projects made up a large part of our response to local physical health conditions built on a foundation of education services and collaborative partnerships.

The scope of health projects that continued from the year prior was expanded and we achieved:

- Increased reach of the **CALD & Refugee project** into select western suburbs targeting population with the highest vulnerability in metropolitan Adelaide.
- Introduced 5 additional RACFs from the northern region to the partnership with SAAS ECP teams to support the onsite treatment and avoid transport to hospital that commenced with Aboriginal Elders Village in 2014.
- Replicated and launched the Southern Nurse Network following the success and growth of the **Northern Adelaide Primary Healthcare Nurse Network** which has exceeded 100 members.
- Offered a second intake of participants in the **Living Well With Persistent Pain program** increasing active clients to 70 with a waitlist of even more.
- Demonstrated capacity to serve a growing referral base for the **Metabolic Mental Health program** and support promotion and

early intervention of metabolic syndrome for people living with mental illness in public health and community settings.

- Increased the number of nurses trained and trialling the **Counterweight program** pilot across 6 general practices in a response to clients that are overweight or obese.
- Strengthened the **Respiratory Health Project** (formerly the Northern Respiratory Partnership) through expanded membership and identifying a metropolitan wide response to respiratory health prevention and management.

In 2015/2016, the NHN initiated a northern Adelaide regional approach to health promotion and prevention in partnership with the Adelaide PHN and membership of Local Government Associations from the northern and western regions of Adelaide. The unique collaboration between member organisations was able to link the objectives of the *SA Public Health Act*, LGA Regional Public Health Plans and the NHN response to priority population health areas.

The illustrated achievements of the expanded and innovative responses to local physical health conditions is largely attributed the skilled team of allied health professionals and project officers that make up the combined health projects team. The NHN greatly appreciates that funding support of the Adelaide PHN and support shown by our partners.

100+

members joined new Northern Adelaide Primary Healthcare Nurse Network

70

active clients in the NHN Living Well With Persistent Pain program

6

general practices joined the Counterweight program pilot

Workforce Development

Online e-Forums

The NHN has launched and operated online forums (e-Forums) to support the ongoing educational needs of GPs, health professionals and International Medical Graduates (IMGs). The online platform has been an essential tool utilised by the Northern Nurse Network and expanded to the Practice Managers Network, IMGs, health project implementation groups and other GP and health professional networks. The e-forum serves as a tool for participants to create discussion groups related to general

practice and the NHN to target the promotion of education services.

The NHN education services contribute to our strong community connections and allows us to link learning objectives with real life experiences in the northern region, unlikely many education and training providers. We have delivered and continue to implement health literacy, care coordination and collaborative health promotion through various health projects.

Education & Events

In 2015/2016, the NHN successfully delivered almost 100 education and training events and engaged with more than 2,650 primary healthcare staff, professionals and members of the community.

Our calendar of events was built on our triennium training needs analysis, feedback from event participants, and population data in the northern region of Adelaide. It was designed to strengthen the capacity of general practices to improve patient outcomes, to provide opportunities for professional to earn CPD accreditation points, to improve practice within our professional networks and target solutions through health project populations.

The NHN successfully planned and facilitated 56 accredited education workshops for GPs, medical graduates, practice staff and health

professionals. The interest in future NHN education workshops is unprecedented and we have demonstrated our capacity to respond and deliver on a vast majority of requests from increasing number of repeat participants, number of presenters and workshop partners.

The NHN is uniquely placed to continue to provide free accredited education workshops cost effectively to GPs and health professionals in the northern and western regions of Adelaide.





Primary Healthcare Support Services

The NHN continued to provide support to general practice and Aboriginal medical services. We have responded to requests including but not limited to accreditation, new practice set up and advice, template development, general advice around MBS, chronic disease management, care-planning and health assessments and referral options, My Health readiness and other general support.

The clinical templates produced by the NHN support general practices to improve their quality of documentation and improve work flow process. The new NHN website has improved access to the templates for providers across various clinical software platforms.

The NHN recognises that working with health care providers to improve understanding of health systems and other health requirements

will inevitably translate into improved health outcomes for clients. The changes to eHealth, PIP payments and MBS utilisation for chronic disease management and complex care coordination will continue to be areas of interest for general practice. The NHN will work collaboratively with the Adelaide PHN to continue to provide support to general practice and practice staff.

In 2015, the NHN launched the Northern Practice Managers' Network to provide an opportunity for practice managers to meet as a professional group, network and learn from their peers, and participate in education workshops to meet the knowledge gaps of practice managers. The network has met every 3 months since and has addressed numerous topics of relevance to practice managers in the Northern Suburbs of Adelaide.

3 e-Forums

for Practice Managers, Practice Nurses and International Medical Graduates to facilitate ongoing learning and discussions.

2650+

individuals attended an NHN education session or event

100+

CPD sessions and events were held by the NHN



IT Support Services

The NHN's IT Support program was established to provide technological assistance to medical organisations, such as general practices and small businesses in the region. The aim of the program is to optimise the efficiency and effectiveness of our clients' Information Technology Management Systems.

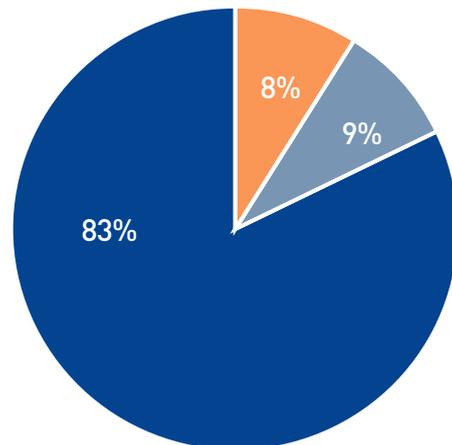
The range of services we offer include, but not limited to:

- data cleansing and analysis, technical support;
- network management;
- accreditation support;
- database updates;
- medical software support; and
- training and education.

During the 2015/16 financial year, our IT Support services have continued to receive strong demand from the region. Our client base has expanded and now includes schools and more small businesses.

To accommodate for different needs and organisational requirements, we have offered our clients a suite of subscription plans. These plans ensure our clients can receive technological support both during the usual business timeframe and also after hours. There are four different plans to suit the various needs of our clients, and they are Gold, Silver, Bronze and Ad hoc. Over 50% of our clients have opted for the Gold plan.

Client Base Distribution FY 2015-16



■ Medical Practices ■ Schools
■ Small Businesses



2200+

internal IT requests from NHN staff were successfully completed apart from external IT Support services.

BUSINESS



The NHN "Healthy for Life" Art Competition Exhibition was held in April 2016.



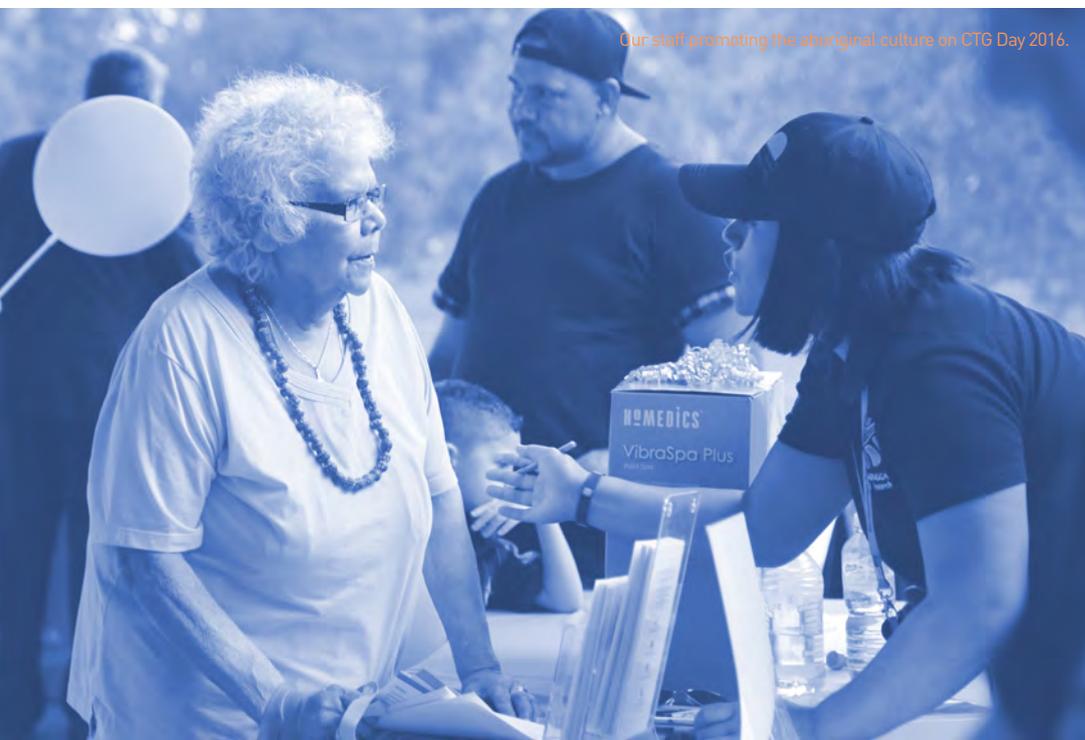
Staff from headspace Edinburgh North hosts an information stall on CTG Day 2016.



Winners of the NHN "Healthy for Life" Art Competition 2016

At the NHN, we value individual opinions and feedback to help us better understand the health care needs of our local community.

Thank you for your continued support and participation in our community events and activities during 2015-16. We hope to see you again next year.



Our staff promoting the aboriginal culture on CTG Day 2016.



Aboriginal dance performance at the Youth Mental Health Forum 2016.

Staff Team

Executive Office



Sageran Naidoo
Chief Executive Officer



Emma Rosie
Executive Assistant



Josie Cajipe
Finance & IT Manager



Kiara Hillam
*HR & Facilities
Coordinator*



Crystal Zeng
Communications Officer



Tamara Paget
Finance Officer



Debra Argent
Program Support Officer



Nadine Clavell
*Administration Support
Officer*



Pamela Copeland
*Administration Support
Officer*



Ian Draper
*IT Service Technician
(Privacy Officer)*



Joe Garreffa
IT Service Technician



Hayden Wall
IT Service Technician



Justin Zobel
IT Service Technician

Mental Health



Dr Gizelle Diaz
Mental Health Clinical Lead



Andrea Gregory
Mental Health Clinical Lead



Elvira Kovacs
Mental Health Clinical Lead



Di Luckhurst-Smith
Mental Health Clinical Lead



Steven Wright
Mental Health Clinical Lead & headspace Edinburgh North Coordinator



Kelly Stewart
Mental Health Clinical Lead



Rachel Rice
Mental Health Project Officer



Reza Abdolollahnejad
Mental Health Clinician



Mary Bird
Mental Health Clinician



Gail Butler
Mental Health Clinician



Andrew Ceniuch
Mental Health Clinician



Felicity Chapman
Mental Health Clinician



Tristan Duggan
Mental Health Clinician



Emer Dunne
Mental Health Clinician

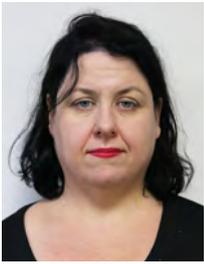


Garth Ebelthite
Mental Health Clinician



Annette Eske
Mental Health Clinician

Mental Health



Yolanda Evans
Mental Health Clinician



Maggie Graham
Care Planning Coordinator



Tracey Greaves
Mental Health Clinician



Mathew Guidolin
Mental Health Clinician



Ann Horskins
Mental Health Clinician



Noel Johns
Mental Health Clinician



Snowy Lam
Mental Health Clinician



Dianne Lynch
Student Placement



Patrick Manimaran
Mental Health Clinician



Anna Marciano
Senior Mental Health Support Officer



Kerry Martin
Mental Health Clinician



Jacintha Moerman
Mental Health Clinician



Nicole Moulding
Mental Health Clinician



Kerri Pezos
Mental Health Clinician



Alexander Plazas
Mental Health Clinician



Kirsty Preece
Mental Health Clinician



Shami Searle
Mental Health Clinician



Tahnee Seychell
Mental Health Clinician



Rebecca Shepley
Mental Health Support Officer



Linda Sims
Mental Health Clinician



Jay Summerton
Mental Health Clinician



William Vuong
Mental Health Clinical Intern

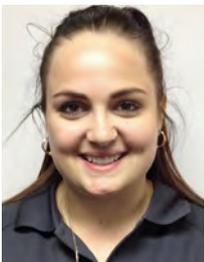


Keira Westcott
Mental Health Clinical Intern



Samantha Wharton
Project Support Officer

headspace Edinburgh North



Georgina Brown
headspace Youth Worker



Terryn Cook
headspace Youth Worker



Trepina Gartley
headspace Youth Worker



Mia Louca
headspace Youth Worker



Vincent Riviere
headspace Youth Worker



Paulina Lee
Health & Research Officer

Community Health



Nathan Mercurio
*Community Health
Coordinator*



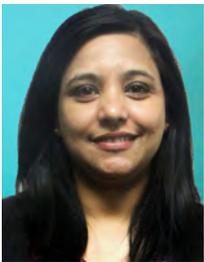
Kerryn Rose
CTG Care Coordinator



Tracey Dempsey
CTG Care Coordinator



Deborah Douma
CTG Care Coordinator



Monika Hembram
Education Officer



Josie Longo
Education Officer



Samantha McKenzie
*Pain Clinic Care
Coordinator*



Amanda Brusnahan
CTG Outreach Worker



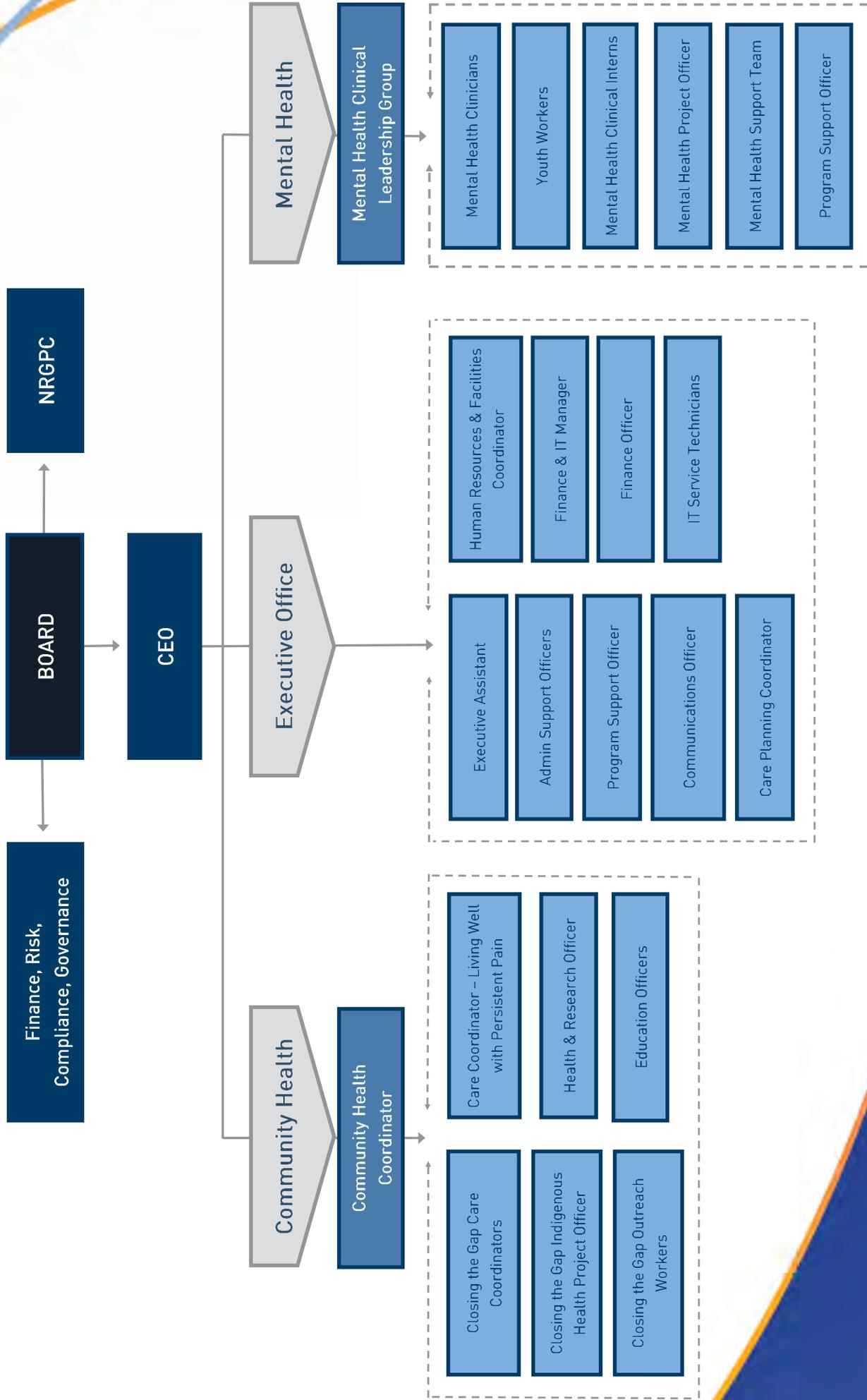
Trevor Wanganeen
CTG Outreach Worker



Trevor Warrior
CTG Outreach Worker

Organisation Chart

Effective as of 26th July 2016



Financial Performance

Financial Highlights

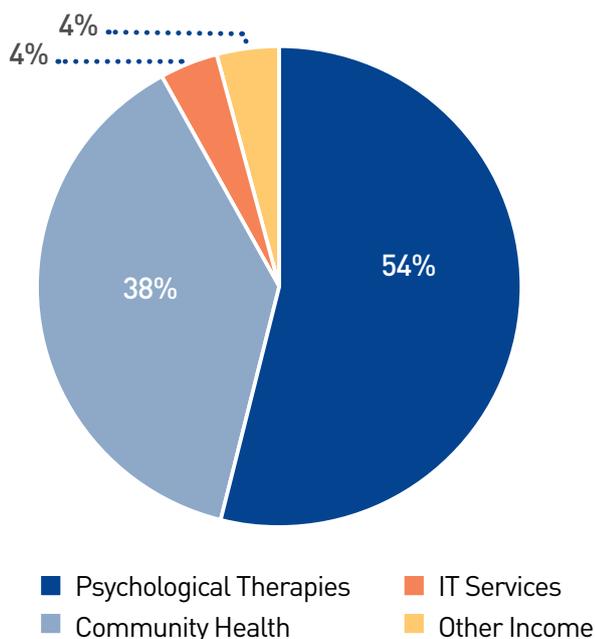
FY2015-2016 was NHN's first year to provide direct primary health services in addition to advocacy support, education and training to GPs and medical graduates, following the defunding of Medicare Locals which previously provided these direct services to clients. This financial year is the period when primary direct services were transitioned from Northern Adelaide Medicare Local (NAML) to NHN hence the increase in revenues primarily from Psychological Therapies and Community Health.

The transition also resulted in a new management structure and shared staffing

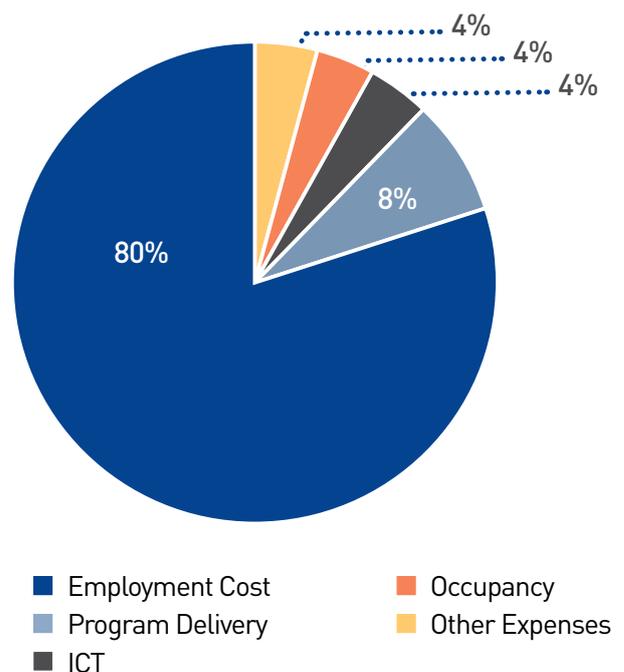
arrangement particularly in corporate and IT services during the first 2 quarters of the financial year resulting to savings in employment costs.

The NHN Board also identified financial sustainability strategies during the financial year. They include implementing cost saving measures such as looking at the organisation's structure, deciding what positions are needed especially in the corporate and IT services area and still create operational efficiencies, and diversifying revenue sources. These actions resulted in an Operating surplus of \$200k for the financial year.

Revenues Sources FY 2015-16



Breakdown of Cost of Services FY 2015-16



Summary of Financial Report

The summary financial report provided here is an extract of, and has been derived from the NHN's full financial report for FY2015-2016. This summary financial report does not, and cannot be expected to provide a full understanding of the financial position of NHN.

The full audited financial report can be accessed on the NHN website at <https://goo.gl/J6K1q7>

Director's Report

Your Directors present this report on the company for the financial year ended 30 June 2016.

Directors

The names of the directors in office at any time during or since the end of the year were:

- Dr F Ahmad
- Dr R Heah
- Dr R Latif
- Dr S Jain
- Dr S Talari
- Mr D Haydon
- Dr J Manning
- Dr V Jasoria (resigned 3 Aug 2015)

Directors' Meetings

During the year ten (10) Directors' meetings were held. An account of attendances follows:

	Directors' Meetings Attended	Annual General Meeting	Risk & Finance Committee
Dr Farooq AHM AD	9	0	-
Dr Richard HEAH	9	1	3
Dr Vikas JASORIA	0	0	-
Dr Rizwan LATIF	9	1	6
Dr Seema JAIN	10	1	-

	Directors' Meetings Attended	Annual General Meeting	Risk & Finance Committee
Dr Sudheer TALARI	8	0	-
Mr Daniel J HAYDON	10	1	6
Dr John MANNING	9	1	3

Operating Result

The total surplus from operations of the company for the financial year after providing for income tax amounted to \$202,002 (loss of 15,135 in FY2014-2015).

Significant Changes in the State of Affairs

No significant changes in the company's state of affairs occurred during the financial year.

Principal Activities

The NHN delivers innovative programs enabling improved access to health and wellness services in metro and regional areas. For FY2015-2016, the NHN has delivered clinical services across the age span (5 years upwards) and complexity of mental health concerns, with Tier 1 and Tier 2 ATAPS funded programs, including the Suicide Intervention Program, perinatal mental health, palliative care, Aboriginal mental health, child mental health and state funded Shared Care with GPs program. We were also the lead agency for headspace Edinburgh North. Furthermore, the NHN has also provided support to GPs and the community through education and training, health promotions and provision of IT support services.

After Balance Date Events

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the

operations of the company, the results of those operations, or the state of affairs of the company in subsequent financial years.

Directors' Benefits

No director has received or has become entitled to receive, during or since the financial year, a benefit because of a contract made by the company or related body corporate with a director, a firm which a director is a member or an entity in which a director has a substantial financial interest.

This statement excludes a benefit included in the aggregate amount of emoluments received or due and receivable by directors shown in the company's accounts, or the fixed salary of a full-time employee of the company or related body corporate.

Indemnifying Officer or Auditor

No indemnities have been given or agreed to be given or insurance premiums paid or agreed to be paid, during or since the end of the financial year, to any person who is or has been an officer or auditor of the company.

Proceedings on Behalf of Company

No person has applied for leave of Court to bring proceedings on behalf of the company or intervene in any proceedings to which the company is a

party for the purpose of taking responsibility on behalf of the company for all or any part of those proceedings. The company was not a party to any such proceedings during the year.

Auditors Independence Declaration

A copy of the auditor's independence declaration as required under section 307C of the *Corporations Act 2001* has been included.

Directors' Declaration

The directors of the company declare that:

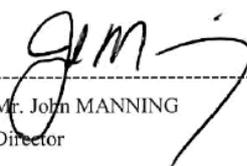
1. the financial statements and notes are in accordance with the *Corporations Act 2001*; and:
 - a) complete with Accounting Standards and the *Corporations Act 2001*; and
 - b) give a true and fair view of the company's financial position as at 30 June 2016 and of its performance for the year ended on that date;
3. in the directors' opinion, there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

The directors are responsible for the reliability, accuracy and completeness of the accounting records and the disclosure of all material and relevant information.

Signed in accordance with a resolution of the Board of Directors:



Dr Richard HEAH
Director



Mr. John MANNING
Director

Dated: 22.8.2016

Adelaide Northern Division of General Practice Ltd ABN 12 061 979 048
Northern Health Network

Statement of Comprehensive Income
For the year ended 30 June 2016

	Note	2016 \$	2015 \$
Revenues	2	5,603,016	80,963
Employee Benefits Expense		(4,331,138)	(64,305)
Program Delivery Expenses		(465,613)	(6,516)
ICT Expense		(202,948)	-
Occupancy expenses		(196,400)	-
Other Expenses		(204,915)	(25,277)
Total Surplus from operations for the year		202,002	(15,135)

Adelaide Northern Division of General Practice Ltd ABN 12 061 979 048
Northern Health Network
Statement of Financial Position as at 30 June 2016

	Note	2016 \$	2015 \$
Assets			
Current Assets			
Cash and cash equivalents	3	3,221,746	1,920,297
Trade & Other Receivables	4	978,998	5,300
Other Current Assets	5	15,611	1,151
Total Current Assets		4,216,356	1,926,748
Liabilities			
Current Liabilities			
Trade & Other Payables	6	186,222	3,500
Financial Borrowings	7	13,425	12
Current tax liabilities	8	188,076	437
Provisions	9	319,076	-
Other Current Liabilities	10	1,188,459	-
Total Current Liabilities		1,895,258	3,949
Non-Current Liabilities			
Provisions	9	196,297	-
Total Non-Current Liabilities		196,297	0
Total Liabilities		2,091,555	3,949
Net Assets		2,124,801	1,922,798
Equity			
Retained Earnings		2,124,801	1,922,798
Total Equity		2,124,801	1,922,798

**Adelaide Northern Division of General Practice Ltd ABN 12 061 979 048
Northern Health Network**

Statement of Changes in Equity for the year ended 30/06/2016

	Notes	Retained Earnings	Total
Balance at 1 July 2014		1,937,934	1,937,934
Surplus from operations for the year		(15,135)	(15,135)
Balance at 30 June 2015		1,922,798	1,922,798
Surplus from operations for the year		202,002	202,002
Balance at 30 June 2016		2,124,801	2,124,801

Adelaide Northern Division of General Practice Ltd ABN 12 061 979 048
Northern Health Network
Statement of Cash Flows
For the year ended 30 June 2016

	2016	2015
	\$	\$
Cash Flow From Operating Activities		
Receipts from customers	4,572,447	29,819
Payments to Suppliers and employees	(3,342,233)	(119,468)
Interest received	56,871	46,304
Tax Paid	1,151	(967)
Net cash provided by (used in) operating activities (note 2)	1,288,237	(44,312)
Cash Flow From Investing Activities		
Payment for:		
Other Assets	(200)	-
Net cash provided by (used in) investing activities	(200)	-
Cash Flow From Financing Activities		
Proceeds of borrowings	13,413	12
Net cash provided by (used in) financing activities	13,413	12
Net increase (decrease) in cash held	1,301,450	(44,300)
Cash at the beginning of the year	1,920,297	1,964,597
Cash at the end of the year (note 1)	3,221,746	1,920,297

Adelaide Northern Division of General Practice Ltd ABN 12 061 979 048
Northern Health Network
Statement of Cash Flows
For the year ended 30 June 2016

	2016	2015
Reconciliation Of Cash		
For the purposes of the statement of cash flows, cash includes cash on hand and in banks and investments in money market instruments, net of outstanding bank overdrafts.		
Cash at the end of the year as shown in the statement of cash flows is reconciled to the related items in the balance sheet as follows:		
Cash At Bank	3,642	1,982
CBA Term Deposit Bank Guarantee	100,000	100,000
Business Online acc - 8905	-	1,818,315
NAB Cheque	52,640	-
NAB Savings	713,866	-
NAB Staff Liability a/c	500,109	-
NAB Term Deposits	1,850,745	-
Petty Cash	745	-
	3,221,746	1,920,297

Reconciliation Of Net Cash Provided By/Used In Operating Activities To Net Profit

Operating profit (loss)	202,002	(15,135)
Increase/(decrease) in provision for tax (GST)	1,151	(967)
Changes in assets and liabilities net of effects of purchases and disposals of controlled entities:		
(Increase) decrease in trade and term debtors	(973,698)	(4,840)
(Increase) decrease in prepayments	(15,411)	-
Increase (decrease) in trade creditors and accruals	21,438	(23,807)
Increase (decrease) in other creditors	1,349,743	-
Increase (decrease) in employee entitlements	515,372	-
Increase (decrease) in sundry provisions	187,639	437
Net cash provided by operating activities	1,288,237	(44,312)

Adelaide Northern Division of General Practice Ltd ABN 12 061 979 048
Northern Health Network
Notes to the Financial Statements
For the year ended 30 June 2016

Note 1: Statement of Significant Accounting Policies

The financial report is a general purpose financial report that has been prepared in accordance with Accounting Standards and other authoritative pronouncements of the Australian Accounting Standards Board and the Corporations Act 2001.

The financial report covers Adelaide Northern Division of General Practice Ltd as an individual entity. Adelaide Northern Division of General Practice Ltd is a company limited by shares, incorporated and domiciled in Australia.

The financial report of Adelaide Northern Division of General Practice Ltd and the controlled entity and Adelaide Northern Division of General Practice Ltd as an individual parent entity comply with all Australian equivalents to International Financial Reporting Standards (IFRS) in their entirety.

The following is a summary of the material accounting policies adopted by the economic entity in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

(a) Basis of Preparation

The accounting policies set out below have been consistently applied to all years presented unless stated otherwise.

The financial report has been prepared on an accruals basis and is based on historical costs modified by the revaluation of selected non-current assets, and financial assets and financial liabilities for which the fair value basis of accounting has been applied.

(b) Accounting Policies

Income tax

The Association is exempt in accordance with the Terms of Section 50-5 of the Income Tax Assessment Act 1997 as amended.

Employee Benefits

Provision is made for the liability for employee entitlements arising from services rendered by employees to balance date. Employee entitlements have been measured at the amount expected to be paid when the liability is settled.

Provisions

Provision are recognised when Adelaide Northern Division of General Practice Ltd has a legal or constructive obligation, as a result of past events, for which it is probable that the outflow of economic benefit will result and that the outflow can be measured reliably.

Cash and Cash Equivalents

Cash and Cash Equivalents includes cash on hand, deposits held at call with banks or financial institutions, other short term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short term borrowings in current liabilities on the balance sheet.

Revenue

Revenue from the sale of goods is recognised upon the delivery of goods to customers.

Interest revenue is recognised on a proportional basis taking in to account the interest rates applicable to the financial assets.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers. All revenue is stated net of the amount of goods and services tax (GST).

Adelaide Northern Division of General Practice Ltd ABN 12 061 979 048
Northern Health Network
Notes to the Financial Statements
For the year ended 30 June 2016

Borrowing Costs

Borrowing costs directly attributable to the acquisition, construction or production of assets that necessarily take a substantial period of time to prepare for their intended use or sale, are added to the cost of those assets, until such time as the assets are substantially ready for their intended use of sale.

All other borrowing costs are recognised in income in the period in which they are incurred

Goods and Service Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the balance sheet are shown inclusive of GST.

Cash flows are presented in the cash flow statement on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

Comparative Figures

Where required by Accounting Standards comparative figures have been adjusted to conform with changes in presentation for the current financial year.

Adelaide Northern Division of General Practice Ltd ABN 12 061 979 048
Northern Health Network
Notes to the Financial Statements
For the year ended 30 June 2016

2016

2015

Note 2: Revenue and Other Income

Revenue:

Interest Income	56,871	46,304
Grant Funding Income	5,146,855	-
IT Services Income	228,039	-
Other Income	171,251	34,659
	5,603,016	80,963

Note 3: Cash assets

Bank accounts:

Cash At Bank	3,642	1,982
CBA Term Deposit Bank Guarantee	100,000	100,000
Business Online acc - 8905	-	1,818,315
NAB Cheque	52,640	-
NAB Savings	713,866	-
NAB Staff Liability a/c	500,109	-
NAB Term Deposit	1,850,745	-
Other cash items:		
Petty Cash	745	-
	3,221,746	1,920,297

Reconciliation of Cash:

Cash at the end of the financial year as shown in the statement of cash flows is reconciled to items in the statement of financial position as follows:

- Cash	3,221,746	1,920,297
	3,221,746	1,920,297

Adelaide Northern Division of General Practice Ltd ABN 12 061 979 048
Northern Health Network
Notes to the Financial Statements
For the year ended 30 June 2016

	2016	2015
Note 4: Trade & Other Receivables		
Current		
Trade debtors	978,998	5,300
	978,998	5,300
 Note 5: Other Current Assets		
Prepayments	15,411	-
Other	200	-
	15,611	-
 Note 6: Trade & Other Payables		
Unsecured:		
- Trade creditors	24,938	3,500
- Other creditors	161,283	-
	186,222	3,500
 Note 7: Borrowings		
Current		
Unsecured:		
- Credit Cards	13,425	12
	13,425	12
 Note 8: Tax Liabilities		
Current		
GST clearing	147,572	-
Amounts withheld from salary and wages	40,504	437
	188,076	437

Adelaide Northern Division of General Practice Ltd ABN 12 061 979 048
Northern Health Network
Notes to the Financial Statements
For the year ended 30 June 2016

	2016	2015
Note 9: Provisions		
Current		
Employee entitlements*	319,076	-
	319,076	-
Non Current		
Employee entitlements*	196,297	-
	196,297	-
* Aggregate employee entitlements liability	515,372	-

Note 10: Other Liabilities

Current

Grants in Advance	1,188,459	-
	1,188,459	-

Note 11: Auditors' Remuneration

Remuneration of the auditor of the company for:

Auditing or reviewing the financial report	8,000	-
Other services	-	-
	8,000	-

Note 12: Events Subsequent to Reporting Date

Since the end of the financial year there have been no events that would give rise to an adjustment to the accounts for the year ended 30 June 2016.



- Taxation
- Audit
- Valuations
- Business Advisory

ABN 71 505 227 015

Suite 12 / 116 Melbourne Street, North Adelaide SA 5006

**AUDITOR'S INDEPENDENCE DECLARATION
UNDER SECTION 60-40 OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS
COMMISSION ACT 2012**

In accordance with section 60-40 of the Australian Charities and Not-for-profit Commission Act 2012, I am pleased to provide the following declaration to independence to the committee/board members of Adelaide Northern Division of General Practice Ltd.

As proprietor of Ascensio Accountants for the audit of the financial statements of Adelaide Northern Division of General Practice Ltd for the financial year ended 30 June 2016, I declare that to the best of my knowledge and belief, there have been no contraventions of any applicable code of professional conduct in relation to the audit.

Natale Rugari
Proprietor


Ascensio Accountants

Date: 22 August 2016



Liability limited by a scheme
approved under Prudential
Standards legislation.

Natale Rugari B(A)Acci CPA Principal
Registered Tax Agent, Company Auditor, SMSF Auditor

Telephone: (08) 8267 4800 Fax: (08) 8239 0728
Email: admin@ascensio.com.au Website: www.ascensio.com.au

Paul Rugari B(E)Acci CPA Associate
Registered BAS Agent





- Taxation
- Audit
- Valuations
- Business Advisory

ABN 73 505 227 013

Suite 12 / 116 Melbourne Street, North Adelaide SA 5006

Independent Auditor's Report

Report on the Financial Report

We have audited the accompanying financial report of Adelaide Northern Division of General Practice Ltd (the company), which comprises the Directors' Declaration, the Statement of Profit or Loss and Other Comprehensive Income, the Statement of Financial Position, Statement of Cash Flows, Statement of Changes In Equity, a summary of significant accounting policies and other explanatory notes for the financial year ended 30 June 2016.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation and fair presentation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the Corporations Act 2001 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error. In Note 1, the directors also state, in accordance with Accounting Standard AASB 101: Presentation of Financial Statements that the financial statements comply with International Financial Reporting Standards (IFRS).

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001. We confirm that the independence declaration required by the Corporations Act 2001, provided to the directors of Adelaide Northern Division of General Practice Ltd on 30 June 2016 would be in the same terms if provided to the directors as at the time of this auditor's report.



Liability limited by a scheme approved under Professional Standards legislation

Natale Rugari (BIA/Acc) CPA Principal
Registered Tax Agent, Company Auditor, SMSF Auditor

Paul Rugari (BIA/Acc) CPA Associate
Registered BAS Agent

Telephone: (08) 8267 4800 Fax: (08) 8239 0728
Email: admin@ascensio.com.au Website: www.ascensio.com.au



Opinion

In our opinion:

- a. the financial report of Adelaide Northern Division of General Practice Ltd is in accordance with the Corporations Act 2001, including:
 - (i) giving a true and fair view of the company's financial position as at 30 June 2016 and of its performance for the year ended on that date; and
 - (ii) complying with Australian Accounting Standards (including Australian Accounting Interpretations) and the Corporations Regulations 2001;
- b. The financial report also complies with International Financial Reporting Standards as disclosed in Note 1.

Signed on: 22nd August 12, 2016



Natale Rugari
Registered Company Auditor



CONTACT

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PO Box 421, Elizabeth SA 5112

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