



ANNUAL REPORT 2016/17

Annual Report for the year ended
30 June 2017



THE NORTHERN HEALTH NETWORK DELIVERS A RANGE OF INTEGRATED COMMUNITY HEALTH SERVICES ACROSS METROPOLITAN ADELAIDE & COUNTRY SA INCLUDING MENTAL HEALTH COUNSELLING AND THE ABORIGINAL HEALTH PROGRAM, CLOSING THE GAP



TABLE OF CONTENTS

Chairman’s Report	4
Our Board	6
CEO Statement	8
Programs & Services	
Mental Health	10
headspace Edinburgh North	16
headspace Employment Support	18
Closing the Gap- Integrated Team Care	20
GP & Allied Health Professional Support	22
Community Engagement	28
Research Involvement	30
Workforce Development	32
IT Support Services	34
The NHN Family	36
Financial Statements	42

CHAIRMAN'S STATEMENT



Dr Richard Heah
Chairman of the Board

This report was written at the completion of the Port Power vs West Coast game. On my walk home from the game I had some time to reflect on the way my beloved Port played which stopped their march to the finals.

In my view, Port lost the game through being tentative at the beginning of the game. Silly mistakes were made in various quarters and the brash move of a Port player at the final seconds of the game enabled the opposition to kick the winning goal.

The Northern Health Network, through its Board and Executive come together on a yearly basis to map out a plan for the year ahead. The input of staff and Board members through their experience, networks and exposure had enabled us to pick winners and avoid misadventures. To be successful, there is always a need to take risks whether that be an investment of money

or resources. Fortunately, thus far, the NHN has had a good run of wins. We were unsuccessful in a few tender opportunities this year but have reflected on what we could have done better and will take these learnings with us as we enter a new year of opportunities. In comparison to a football team in the finals, we are fortunate to receive second chances.

Our success is reflected by the growth of our activities. We are now deemed a small to medium size company with a projected turnover of more than \$10,000,000 for 17/18. Our increased income and activities means we have to be more vigilant to ensure we comply with contract reporting and meet our program requirements. The Board is grateful for the thorough oversight of the Risk and Finance Subcommittee to ensure we make well informed decisions and making use of our resources to serve our communities, medical practices and health professionals.



ALL GROWTH HAS BEEN GUIDED BY
OUR ETHOS OF WORKING WITH, AND FOR,
VULNERABLE PEOPLE AND COMMUNITIES.



The role out of Transforming Health has been demanding on both our communities and general practices. However the Northern Adelaide Local Health Network has continued to engage with us to improve access to services in our area. The Board is grateful for the input of our GP representatives on the NRGPC (Northern Region GP Council) for their insights into matters relating to the health transformation in our community.

The Board has seen a rapid growth in the number of practices in our region and acknowledges the significant investment and commitment of Practice Owners to serving our communities. The NHN is exploring a range of options for Practice Owners to have a voice in matters relating to running a practice.

The Board is very grateful to our Management team, ably

guided by our CEO, Mr Sageran Naidoo. Our view is that we have a dedicated, knowledgeable and committed team to progress our programs and ensure our practices and patients are well served. We are truly blessed by their contributions.

Finally, the NHN is for you, our members and community. We, the Board and the broader NRGPC are always willing to listen and hear any suggestions, recommendations or feedbacks that could make it easier, more efficient and enjoyable in your service to our local communities.

I sincerely thank all members, stakeholders and participants and staff for an engaging and successful year.

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 and 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 GPex. 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 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



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



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.

CEO STATEMENT



Sageran Naidoo
Chief Executive Officer

We have chosen to reflect on the performance of the Northern Health Network in 2016/17 in two ways - by telling stories of what we have done to impact on the lives of our community and by also presenting in an easy to read manner the numbers that reflect our performance.

This *Annual Report* tells the story of what we have done across a financial year to achieve our Vision of providing Better Care Better Health. We have also produced a companion document *Annual Report: Snapshot* which provides a more graphical view of our world. The common thread that binds the stories and the numbers together is our attempt to map the culture of the NHN and what we do to live our Values each day. These two documents try to paint the picture of how we do what we do.

For a small agency that the NHN is, ensuring that our staff and stakeholders know what we stand for and what Values we fight for enables us to have a shared sense of our organisational culture - a shared

grasp that the way we do things through words and actions gives us the strength to confront the seemingly insurmountable challenges we face. I have seen through the course of the year that in living the big words that make up our values - Respect, Fairness, Equity, Honesty, Trust - that we confront the world by doing almost daily invisible acts of service that accumulate to build a sense of purpose and this accomplishment is made even more rewarding when the service is done on behalf of the most vulnerable. Tiny decent things build momentum and propel us to be agents of transformation. And these two documents help us to document these daily acts of kindness.

One of the key building blocks for the achievements of this past year was the strategic planning session held last year. The Board and Management team considered a range of options and adopted 7 guiding documents that enabled the NHN to chart a course through the immense challenges of changed funding and policy imperatives. A 35% increase in revenue; broader service footprint that includes Country and

metro SA; a 17% increase in referrals; a 38% increase in the number of active mental health clients and a 14% increase in the number of Aboriginal clients all point to a successful year for the NHN. This growth and expansion is the result of careful planning by the Board and Management.

The success of the NHN can also be ascribed to our staff and management being attuned to the needs of our community. The range of professional and GP networks that we auspice enables us to have an ear to ground about the gaps in the primary health care sector and this year in particular we have focused on applying for a range of grant and tender opportunities that enable us to find the funds to address these gaps. This is our new reality - ongoing participation in commissioning and grant writing - and this is an area that we have struggled with. To address the specific skills needed to enhance our ability to evaluate what we set out to do and ensure we can motivate for funds, we have further built on our community engagement and research capacity to be better prepared for this changed

operating environment.

A glance through the staff photos inside the pages of this Report reveals the scale of our diversity. This broad mix of amazing talent extends beyond just the racial, age, gender, sexual-orientation, disability and linguistic diversity but includes our ability to build multi-disciplinary teams comprising professionals who bring to their respective teams the unique learnings from their spheres. This professional and social integration enables us to build a workforce that is innovative, responsive and most importantly one that is attuned to the clients we serve. Our diversity is the powerhouse that drives so much of what is great at the NHN. It is vital that our clients see their world in our world and at the NHN we recognise that enabling access for our community often means enabling prospective clients to feel comforted by the familiar.

In conclusion, this has been a rewarding year for the NHN family and I invite you to be involved in our lives for many years more.

TINY DECENT THINGS BUILD
MOMENTUM AND PROPEL US TO
BE AGENTS OF TRANSFORMATION.



MENTAL HEALTH

ADULT MENTAL HEALTH

The 2016-2017 financial year has been extremely busy and full of change for the NHN's Mental Health Service. Within this past year, we transitioned from Access to Allied Psychological Services (ATAPS), to the Primary Mental Health Care Services (PMHCS), funded through the Primary Health Networks.

Despite changes in funding, the Northern Health Network's largest and well known mental health program – Northern Wellbeing, seamlessly continued to deliver clinical psychological therapy to people aged 14 years and over.

Within this program alone, over 7200 face to face therapeutic psychological sessions were delivered. Alongside the Northern Wellbeing program, in the metropolitan region, the NHN also delivered PMHCS funded programs to the following at-risk populations;

- Aboriginal and Torres Strait Islander people;
- People at risk of suicide or self-harm;
- Women with perinatal depression or anxiety;
- People who live in Residential Facilities;
- Children aged 5-12 years with emotional and behavioural issues;
- People with a serious, progressive and life-limiting illness;
- Residents living in aged care facilities;
- People with low prevalence, severe and highly complex mental health conditions.

The NHN's mental health services are delivered from the head office on Peachey Road, and a number of GP co-locations throughout the north and north east metropolitan suburbs. Throughout 2016-17 there has been a successful expansion of the PMHCS programs into the western metropolitan region from as far south as West Beach to Port Adelaide. Not only have new co-locations been established in western general practices, but the NHN has also opened a new office in Dale Street, Port Adelaide.

Service delivery to clients from the Gawler region has traditionally been provided as an extension of our service provided in the neighbouring Playford region. However in 2016-17, with the support of the Country SA PHN, the NHN has increased its capacity in the Gawler region and further north to the Barossa and Light LGAs through the formal introduction of the Country Wellbeing program. Offered throughout Gawler, Nuriootpa, Angaston and Kapunda, staff have worked hard to establish new colocation sites, develop referral pathways and build a highly credentialed team of mental health clinicians, who are experienced in working with clients from regional and rural areas.

In what seems 12 very short months, the Northern Wellbeing and Country Wellbeing Psychological Therapy programs have also undergone significant transformations in response to the Mental Health Commission's review in April 2016. Of significance has been the service reorientation to a stepped model of care which aims to improve service suitability, accessibility, efficiency and equity. The following operational reforms have been undertaken within the Northern Wellbeing & Country Wellbeing programs, and have all have been possible through upskilling the NHN's existing workforce.

Following a trial in January 2016, the Assessment and Treatment Options (ATO) appointment was implemented in September 2017. Offered to clients new or returning to the NHN service after a period of time, the ATO appointment supports individuals to understand their treatment choices through a prompt, meaningful appointment with a mental health clinician at which their mental health needs, suitability, and information about service options are discussed either face to face or via phone.

The introduction of electronic Mental Health resources is an integral aspect of the ATO

appointment. During the ATO session, mental health clinicians provide psycho-education about online evidence based resources which is coupled with supportive phone-based follow-up. Making optimal use of increasingly available technology and the growing number of online evidence based resources means that clients now have access to 24/7 low-intensity support as a service on its own, or whilst waiting for face to face clinical appointments.

Specific to the metropolitan region, along with 10 other Adelaide PHN commissioned service providers, the NHN's Northern Wellbeing and other PMHCS programs transitioned to a shared client data system and episodic care management. This shift in data storage and collection aims to contribute to a person-centred approach to primary mental health care and the development of joint processes between commissioned psychological therapeutic services and other appropriate mental health services. Episodic care management also aims to promote consistency across the system relating to use of language and the capturing of client outcomes across all 'steps of care' and providers. The introduction of a new client data platform and other changes to the service delivery model has been possible due to the dedication of the Clinical Leadership Group and the patience, flexibility and perseverance of the NHN clinical and administration teams.

Outside of direct 1:1 therapy, the NHN has worked on developing clinically appropriate and local care pathways and linkages with relevant providers. As part of the reform to a stepped-care continuum of service delivery, this function coupled with assisting individuals to be more effectively matched with mental health care services that suits their needs, are now funded by the Adelaide PHN and under what's called a Clinical Decision Making Unit (CDMU). The NHN is the provider of CDMU in the north and west whilst the Links to Wellbeing consortium delivers the CDMU service in the centre and southern metropolitan regions of Adelaide.

Throughout the past year, in addition to the expansion and changes to the NHN's mental health services the NHN continued to provide opportunities for private providers under Better Access. Better Access Clinicians are fully supported within the structures that are already in place for employed Mental Health Clinicians.

Additionally, the ongoing demand for After Hours services is met through the After Hours Clinics on Thursday evenings and Saturday mornings, where clients aged 12+ years and over can access services.

NORTHERN CONNECT

In response to the reforms following the National Mental Health Review in 2015, over the past financial year the NHN successfully established South Australia's first comorbid mental health and alcohol and other drug Program, Northern Connect. The program aims to deliver coordinated and innovative primary AOD treatment services to clients diagnosed with co-occurring or comorbid MH and AOD conditions in the Northern Adelaide region.

Northern Connect is a consortium commissioned by the Adelaide Primary Health Network and run in partnership between Northern Health Network, Drug and Alcohol Services South Australia, Life Without Barriers and Uniting Communities. These agencies work closely and collaboratively to service their clients and to improve efficiency of these services.

The establishment of the Northern Connect program is important for a number of reasons. The occurrence of mental health and substance abuse frequently present together and their effect on each other is commonly known. Historically MH and AOD services have been delivered independent of each other and by different service providers. This segregation has contributed to the underserving of clients who experience co-occurring MH and AOD issues, and an increased risk of clients falling through the gap. The Northern Connect program aims to ensure that a



client's journey between and through MH and AOD services is seamless, convenient, effective and supported.

The Northern Connect Program is designed according to the principles of "Stepped Care Model" where each client has a comprehensive assessment to identify the level of intervention required. In addition to addressing clinical MH and AOD issues, the Northern Connect program aims to address client's psycho social and clinical needs to ensure clients receive all-inclusive support to achieve their treatment goals.

Commencing in March 2017, the Northern Connect Program had already received referrals for 33 clients and coordinated their care between GP's, NHN, DASSA, Life without Barriers and Uniting Communities. Of these referrals 77% were received by GPs, while DASSA has referred 23% of the clients.

MENTAL HEALTH AND ALCOHOL AND/OR OTHER DRUGS (COUNTRY SA)

This financial year has witnessed the successful launch of a unique psychological therapy service across the Gawler-Barossa region for people living with co-morbid substance and mental health concerns.

We appointed a Clinical Lead for this program to provide both care coordination and clinical services. This enables the complexity of the client's needs to be managed within the NHN's suite of services whilst facilitating a seamless step-up, step-down of treatment intensity.

The successful implementation and design of this program was driven by informed clinical expertise, gained through successful recruitment and a communication strategy which was developed from the outset and included collaborative meetings with key stakeholders and lead agencies across all sectors.

To support the implementation of this program, our co-location sites in Gawler-Barossa increased

from 1 to 5 throughout the financial year, with co-locations in general practices across Evanston, Nurioopta, Angaston and Kapunda.

LIVING WELL WITH SERIOUS ILLNESS

In January 2017 the NHN received funding to expand the innovative Living Well with Serious Illness Program beyond the already established Gawler area service to include the Barossa region. This unique program sits in the primary care space providing support to GP's and offers a step-down option to specialist services.

With a focus on meeting the needs of people diagnosed with the progressive and life limiting illness and their families, the expansion phase of the program involved building relationships with referrers in the Barossa across the government, non-government and general practice space, including specialist Inner North Palliative Services. Future plans to engage with the community involves a community expo event followed by a GP education session.

This unique program is now delivered by two specialist nurse care coordinators and a mental health clinician who provide services at locations across the expanded region, either meeting with clients in their home or at available office co-location sites in Evanston, Nurioopta and Angaston. Navigation of the available health and social support services is almost universally a challenge, with client feedback highlighting the care coordination component of the program as essential in improving choice, communication between professionals involved in their care and quality of life outcomes.

It is well established in international literature that effective psychological care for the palliative population improves quality of life, symptom management and reduces use of medical services and preventable hospital presentations. However, accessing psychological services is often viewed as a lesser priority than meeting physical needs. Furthermore, the availability of specialist psychological skills that can be provided in a

model that accounts for last minute changes of appointment, variable and unpredictable changes in health with the skills, home visit options and clinical expertise to explore the impact of end of life issues, is rare.

Significant outcomes from the initial phase of the service model development include the development of two guiding documents. Both the Assessment Framework and Equitable Access Frameworks were based on evidence based methods of evaluation and service design.

MENTAL HEALTH SHARED CARE

In the last year, the NHN has seen a noteworthy increase in the number of referrals to the Mental Health Shared Care program. These referrals have been GP initiated or requested by the client, thus demonstrating the high regard for our Shared Care program within the sector. During this year, 3488 occasions of service were completed.

The NHN's Mental Health Shared Care Clinical Lead was invited to and has commented on the Consultation Draft of the South Australian Action Plan for People Living with Borderline Personality Disorder 2017-2020 currently being developed by SA Mental Health commissioner. This piece of work focused on developing and connecting better services for people living with Borderline Personality Disorder and the provision of expert

and specialised services for this cohort. This will have a significant impact on the model of care delivered by the shared care program.

GPs are also supported to access a Booked Psychiatric Assessment. The assessments occurs in consultation with the psychiatrist, client, client's GP and senior mental health clinician. The Booked Assessment Service exemplifies the close collaboration and integration between NHN and state funded mental health services. There were 120 booked psychiatric assessments completed during this year.

SEVERE MENTAL HEALTH SERVICE

We have consistently championed in providing direction and guidance to the service providers in other regions in how best to deliver clinical services for people with severe mental illness. With the recent expansion of clinical services to the Western Region, we aim to replicate the quality clinical services delivered in the North and North Eastern areas in order for the community in the Western region to also benefit in a similar manner. In our initial year of establishment and service delivery, we were able to complete 115 service contacts.



HEADSPACE EDINBURGH NORTH

The Northern Health Network is funded by the Adelaide Primary Health Network to work towards improving access and engagement in primary care (predominantly mental health) services for young people in the northern metropolitan region Adelaide.

The headspace Edinburgh North program for young people aged 12-25 and their families, is provided by a team of dedicated and skilled youth workers and mental health clinicians, with the oversight of the service led by the headspace Centre Coordinator. The team works predominantly onsite at the NHN Peachey Road premises, but also provides outreach services where suitable and has a significant role in attending community events and schools to promote mental health awareness, literacy and help-seeking. The team provides interventions to young people based on their level of need and severity, with this ranging from brief and informal counselling to longer term clinical therapeutic support. Linkages are also provided to clients who would benefit from multi-agency support to address different aspects of their psychosocial difficulties.

SERVICE INNOVATION

headspace Edinburgh North has sought to embark on significant steps to demonstrate innovation in its practice over the current reporting period. These include the addition of 2 full-time Employment Support Officers to provide Individual Placement and Support services to young people attending headspace Edinburgh North to provide them with 1:1 support and assistance in all elements of job seeking and linkage into



paid employment. This program has been extremely successful and to date has led to over 15 young people being provided with competitive employment. In addition, headspace Edinburgh North has partnered with Orygen, The National Centre of Excellence in Youth Mental Health to be the only South Australian headspace centre involved in a research trial to evaluate the effectiveness of physical activity in addition to 'treatment as usual' for young people attending our Centre. This has resulted in the employment of an onsite research assistant to manage and collect data relating to the study.

The Northern Health Network and headspace Edinburgh North have also lobbied with the Adelaide PHN to develop a service in our region for complex young people aged 12-25 requiring more comprehensive mental health support (other than that offered by the mild-moderate program parameters of most headspace centres).

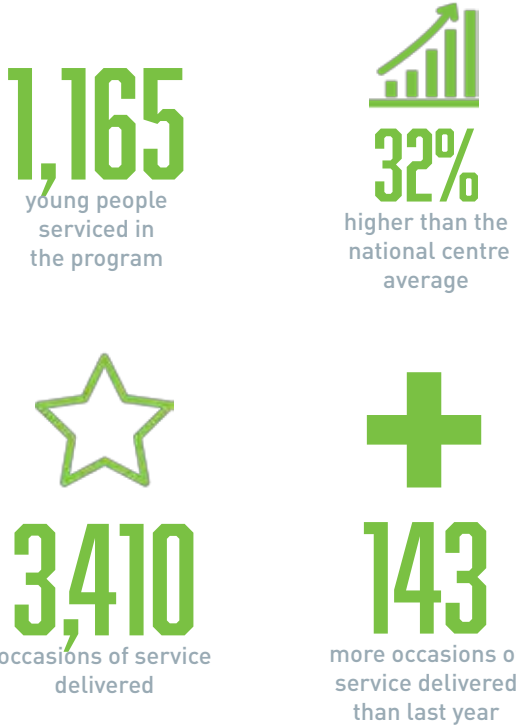
Our Centre has been proactive in equipping staff with the knowledge and skills to work with complex and severe youth and by developing partnerships with key agencies to ensure that our service stands ready to deliver services to complex young people moving forward. In line with this, our centre has organised for international expert, Professor Jill Rathus, from the United States to visit Adelaide and provide comprehensive training in treatment of young people with borderline personality disorder in the latter half of this year. This represents the intention of the headspace Edinburgh North centre to equip its workforce with the most up to date and evidence-based skills to meet the needs of its local community.

Our headspace Edinburgh North service also maintains a commitment to building community awareness and connections and promoting mental health literacy. In the current year we have attended over 100 community events and presentations. Our commitment to

community engagement was significantly demonstrated in a Adelaide Fringe event we organised which had a range of high quality guest artists and attracted over 350 people.

SERVICE DELIVERY

The headspace Edinburgh North program continued to demonstrate significant client numbers, serving 1,165 young people throughout the 2016/2017 financial year, 32% higher than the national Centre average. headspace Edinburgh North delivered 3,410 occasions of service across the northern metro and inner country regions. In addition to this we maintained excellence in terms of service provision standards, with client satisfaction and outcomes consistently above the national average for all headspace centres.



HEADSPACE EDINBURGH NORTH EMPLOYMENT SUPPORT

EMPLOYMENT SUPPORT PROGRAM

In late 2016, headspace Edinburgh North was chosen as one of 14 headspace sites across Australia to trial the Individual Placement and Support (IPS) model of vocational support alongside existing mental health services for 12 to 25 year olds.

The federal Department of Social Services has provided funding for a trial of IPS that will run until 30 June, 2019. This voluntary program aims to assist clients engaged in mental health services to gain and maintain employment and assist with educational goals. The program funding allows for two employment specialists to provide individualised support to a combined maximum of 40 clients at any one time.

In late March and early May, Cindy Cox and Sara Roberts were employed to the Employment Specialist positions. In the three months from April through to June 30 that the program was operational, there were 46 referrals to the program and already 15 successful job placements.

To facilitate this early success the team had 174 recorded client contacts and made 150 face-to-face contacts with potential employers with or on behalf of clients, not to mention numerous phone calls, emails and posted résumés. The response from clients, mental health clinicians and employers has been overwhelmingly positive and is evident in the high rate of referrals at this early stage.

EMPLOYMENT
SUPPORT FOR
12 to 25
YEAR OLDS

174
RECORDED
CLIENT
CONTACTS

15
successful
job placements

150
face-to-face contacts
with potential employers
with or on behalf
of clients

46
referrals into
the program

we hired 2
Employment Support
Specialists

“THE HEADSPACE EMPLOYMENT SUPPORT PROGRAM HAS BEEN GREAT! IT HAS BEEN ESPECIALLY HELPFUL TO HAVE SARA’S ASSISTANCE WITH TRANSPORT TO INTERVIEWS AND IT GAVE HIM A BOOST OF CONFIDENCE HAVING INTERVIEW COACHING ALONG THE WAY. IT WAS ALSO BENEFICIAL HAVING HELP TO COMPOSE RESUMES AND COVER LETTERS.”

Client’s Mother
Employment Support



“THE PROGRAM HAS CHANGED AMBER’S LIFE. WITH CINDY BEING THERE FOR SUPPORT, AMBER HAS BEEN ABLE TO ENTER THE WORK-FORCE FOR THE FIRST TIME IN HER LIFE & NOT ONLY DO WELL, BUT EXCEL.”

Client’s Mother
Employment Support

“I HAD STRUGGLED TO FIND WORK FOR NEARLY 3 YEARS BUT AS SOON AS I MET MY EMPLOYMENT SUPPORT OFFICER, I FELT HOPEFUL. SHE WORKS TIRELESSLY TO MARKET ON MY BEHALF AND FOR THE FIRST TIME IN A LONG TIME I’M CONFIDENT IN FINDING WORK.”

Cheyenne, Client
Employment Support

CLOSING THE GAP



The 'Closing the Gap - Integrated Team Care Activity (ITC)' Program, is funded by the Adelaide Primary Health Network and the Country SA Primary Health Network to work towards improving access to culturally sensitive and appropriate primary healthcare services for Aboriginal and Torres Strait Islander communities in South Australia.

The ITC program is provided by a team of Aboriginal and Torres Strait Islander Outreach Workers, Care Coordinators and a Project Officer. The team works in metropolitan Adelaide, Yorke and Mid North to assist Aboriginal and Torres Strait Islander people to obtain primary health care as required, link them with additional Indigenous services, provide care coordination services to those with chronic disease(s) who require coordinated, multidisciplinary care, and improve access to culturally appropriate mainstream primary care.

SERVICE EXPANSION

In 2016/17 the service area of the Closing the Gap Integrated Team Care Program experienced a significant expansion. At the beginning of the year, the NHN continued to deliver CTG ITC services in the Northern Adelaide and Gawler regions. From 1 October 2016, the service area expanded to include the whole of metropolitan Adelaide. The CTG ITC service area then further expanded from

1 January to include the Barossa, Yorke Peninsula and Mid North regions.

The CTG ITC service area expansion subsequently resulted in a 215% increase in the size of Aboriginal and Torres Strait Islander population that NHN serves through the delivery of the program. The expanded potential client cohort represents 53.5% of the South Australian Aboriginal and Torres Strait Islander population.

The CTG ITC service expansion has seen a significant growth in the program workforce and sites to accommodate staff. The CTG ITC team is 2.6 times larger at 30 June 2017 than at the beginning of the year. The team is made up to 21 staff, with 62% identifying as Aboriginal and Torres Strait Islander people in roles that include Team Leaders, Indigenous Health Project Officer, Care Coordinators, and Aboriginal Outreach Workers. The CTG ITC team operates from our offices in Port Adelaide and Edinburgh North and established co-location sites in Edwardstown, Nuriootpa, Point Pearce and Port Pirie.

SERVICE DELIVERY

The CTG ITC Program service expansion has resulted in significant growth in client numbers and occasions of service delivered across metropolitan Adelaide, Gawler-Barossa, Yorke Peninsula and Mid-North regions. The

consolidation of the three former metropolitan teams enabled improvements in program systems and integration across the workforce. The introduction of the Country service tested the effectiveness of our systems but led to enhanced efficiencies. The amalgamation of the metropolitan and country service has also strengthened our partnerships with service providers, balanced community expectations and exposed new service opportunities.

The NHN has successfully aligned the CTG ITC referral pathways across the metropolitan Adelaide and Country regions. Referrals are received centrally from GPs, LHN, AMS, allied health providers, and self-referrers. The expansion of referral pathways has seen unprecedented growth in client numbers.

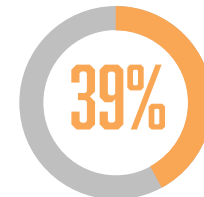
The expanded service and Aboriginal workforce has positioned the NHN as one of the largest providers of community-based Aboriginal Health services across SA.

The benefits realised include but not limited to:

- Unified transfer of clients that move between metropolitan Adelaide and Country SA services;
- Increased knowledge of state-wide Aboriginal health services;
- Alignment of work practices across metropolitan and Country regions;
- Improved cost efficiencies across six metropolitan and Country SA region.



**INCREASED
REFERRALS**
in Western
Adelaide
by 111%



INCREASE
in no. of
clients serviced
in southern &
western Adelaide



38,013
occasions of service
delivered across
metropolitan Adelaide
& Country regions



**FORMED NEW
PARTNERSHIPS**
with SA Health &
community health
services across the
Country region

2.6X

growth in
CTG ITC team



the program now services
54% of the SA Aboriginal
& Torres Strait Islander
population

GP & ALLIED HEALTH PROFESSIONAL SUPPORT

EDUCATION

In 2016/2017, education services proved to be resolute through a period of transition for a number of Community Health projects that delivered targeted professional development.

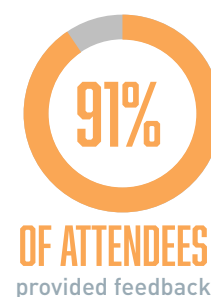
Over a long history, the NHN has delivered high quality professional development opportunities for the primary healthcare workforce. This past year saw the team make service improvements and leap into the new RACGP Triennium determined to remain a leader of primary healthcare education services.

The NHN coordinated a Needs Analysis that resulted in a record number of responses from health professionals. The responses have greatly contributed to the development of our 2017 education calendar and reaffirmed the NHN's role as the facilitator of professional primary health care networks. The NHN will continue to monitor health policy changes, population health trends, and the topics identified through feedback forms to be aware of the training needs of the primary health care workforce.

In 2017, the education service footprint has expanded and events are now delivered in the Northern, Western and Central Adelaide regions. In the last quarter of the year, the NHN delivered 20 education events across the Northern and Western Adelaide regions with record numbers of

registrations and attendance.

The NHN is grateful for the funding support of the Adelaide PHN and our generous sponsors. In 2017/2018, the NHN together with our partners will deliver more education events than ever before.



IMG EDUCATION (JESP)

The NHN recognises the immense contribution that International Medical Graduates (IMGs) make to the medical workforce and the delivery of health care in South Australia, particularly in providing patients with access to care in under-served communities including rural and remote areas of the state. It is in the interest of the sector that IMGs are appropriately supported with training and guidance to navigate a pathway of long-term contribution to the medical workforce and Australian communities.

The NHN has established the Joint Educational Support Program (JESP) together with IMG advocacy organisations, including the Australian Chinese Medical Association (ACMA), the Bangladesh Medical Society of South Australia (BAMSSA), the South Australian Sri Lanka Doctors Association (SASDA), the Pakistani Medical Association of South Australia (PMASA) and the South Australian Indian Medical Association (SAIMA).

JESP is a collaborative project designed to provide educational help and support to IMGs living in South Australia who are preparing to enter the Australian health care workforce.

The key focus of JESP is to:

- Prepare IMGs for AMC exams by providing fortnightly education sessions on various topics;
- Enable IMGs to establish an understanding of the Australian health care system;
- Work with IMGs to develop their consultation skills, relevant to Australian health care;
- Improve the communication and language skills of IMGs;
- Provide IMGs with an understanding of Australian culture and the importance of cultural awareness.

The Joint Educational Support Program was launched on 4 June 2017 with the first of 13 Education events addressing Communication and Consultation Skills.

JESP events will continue until November 2018 and is restricted to members of ACMA, BAMSSA, SASA, PMASA and SAIMA. The NHN and our partner advocacy organisations greatly appreciate the support of the generous sponsors of the 2017 Joint Educational Support Program.

PROFESSIONAL NETWORKS

The NHN continued to coordinate professional networks and provided support, education, networking opportunities and advocacy to over 200 professionals working in primary healthcare throughout 2016/2017.

Northern Practice Manager Network

The Northern Practice Managers Network, facilitated by the Northern Health Network, grew to over 50 members in 16/17. The network meetings are coordinated quarterly and seek to provide practice managers with the knowledge and resources to build the capacity and efficiency of their general practice for better patient outcomes.

We covered a diverse range of topics throughout 2016/2017, including; the changes in health reforms, benchmarking for general practice, digital health and risk management.

Northern Nurse Network

The Northern Nurse Network entered its third year of operation and grew to over 140 members. The members form a passionate professional community and share a wide range of benefits that support and advance their careers.

The topics outlined for each network meeting were informative and addressed trends across primary health care. This was reflected in the record attendance numbers that were achieved.

Our most popular sessions from the year included a presentation about the Nursing and Midwifery Board of Australia's (NMBA) nursing standards and audit requirements by Ms Tanya Vogt, NMBA's Executive Officer and a presentation by Ms Cos Fusco from Cytology on the changes to the Cervical Screening Program.

Practice Owners Network

The NHN launched a new professional network in late 2016/2017, the Practice Owners Network. The NHN coordinates quarterly network meetings, identifying influential speakers from the industry to take part in conversations with members.

The NHN takes on an advocacy role to champion causes that are selected by the members as being of relevance to the sector. These matters are then escalated to the relevant agencies or funding bodies to address concerns or challenges faced by practice owners.



professional network
meetings attracted
over 200 professionals



launched a new
Practice Owners
Network



established three
e-Forums



coordinated
10 professional
network meetings

NORTHERN REGION GP COUNCIL

The Northern Region GP Council is a subcommittee of the Northern Health Network and provides a forum for GPs in the northern region to raise issues that affect General Practice and its ability to provide effective primary health care in the community. The NRGPC provides GP input, advocacy and linkage into and across other health care organisations (National, State, Local Government and Non-Government).

The NRGPC also ensures there is adequate GP representation on various panels and committees, acting as the conduit for GPs across the region. The NRGPC Committee has 8 members elected by their peers who represent a broad range of expertise and interests across General Practice. The council consists of three members representing the North, three representing the North East and 2 representing the metropolitan region, north of the Torrens River.

Over the past financial year the NRGPC has expanded its membership by two positions, with Dr Kamal Wellalagodage and Dr Md Moniruzzaman joining the NRGPC in November 2016.

The NRGPC continues to meet quarterly and over the last 12 months has represented the GP workforce on various health care panels and committees. The NRGPC continues to investigate various issues affecting GPs and the delivery of integrated care across the primary and acute sectors.

Highlights of achievements over the past 12 months:

- The NRGPC has provided the Northern Adelaide Local Health Network with GP input to determine solutions to address the influx of patients to the Emergency Department during the flu season.
- The NRGPC, and in particular Dr Oliver Frank, has driven the commencement of the GP Endocrine Outpatient Audit Project that is being conducted by Dr Colin Goodson.
- The NRGPC has collaborated with SA Health regarding a GP Engagement Strategy.
- Dr Oliver Frank nominated Professor Kurt

Stange from Cleveland Ohio, as the Northern Communities Health Foundation Professor for 2016. Professor Stange spent a two week residency in Adelaide during October 2016 to deliver public lectures relating to the development of the patient-centred medical home in the US. He participated in undergraduate teaching programs and met with researchers, postgraduate students and health professionals of the communities in the northern region.

- Dr Sian Goodson has provided GP representation on behalf of the NRGPC at NALHN Outpatient Department Steering Committee meetings.
- Dr Carolyn Roesler has provided GP input at meetings with NALHN's Outpatients Nursing Director.
- The NRGPC has been progressing engagement with various key personnel, including the Commissioner for Children and Young People to bring to the forefront the lack of access to the Department of Child Protection for the purpose of reporting at-risk children.

Moving forward the key focus areas of the NRGPC for this financial year will be:

- To focus on issues affecting patient flow in the north;
- To build relationships and linkages with Northern Adelaide Local Health Network;
- Tackling the inequity of service provision in the north, including number of healthcare workers;
- Boosting the reputation of GPs amongst the community and medical specialists;
- Keeping abreast of changes to health, including the Health Care Homes, Care Connections and After Hours;
- Progressing issues relating to youth mental health and older persons mental health with Northern Mental Health Service;
- Advocating for mental health services to support eating disorders and severe depression in the north;
- To develop a membership support program for NHN members.



COMMUNITY ENGAGEMENT



hosted 5
Closing the Gap
Day Celebrations



attended a total
of 22 community
events



hosted 2
community forums



COMMUNITY ENGAGEMENT COMMITMENT

Community engagement is the process of getting people better connected within their community and ensuring the health services that the NHN designs and delivers align with the specific needs of the people the NHN works with. The NHN understands the value of community engagement and the role it plays in promoting better health outcomes for our community. As testament to this commitment, the NHN employed a dedicated Community Engagement Officer in FY2016/17.

Throughout 2016/2017, the NHN participated in a range of community engagement activities including events and forums.

COMMUNITY EVENTS

Responding to the needs of the community, the NHN contributed to a total of 22 events and forums in the 2016/2017 financial year. The themes were diverse and reflective of the expansive range of integrated health services that we deliver. Events included:

- Mental Health Consumer, Carer and Community Forum;
- Culturally and Linguistically Diverse Leader's Forum;
- Reconciliation in the West event;
- Men's Health Luncheon;
- Aboriginal Youth Event;

- South Australian Primary Health Network Conference;
- Playford Alive Family Fun Day;
- The Gawler Show;
- Migrant & Refugee Health Forum;
- Gawler Reconciliation Community Fun Day.

CLOSING THE GAP DAY

Under the 'Closing the Gap-Integrated Team Care Activity', the NHN is funded by the Adelaide Primary Health Network to work towards improving access to culturally sensitive and appropriate primary healthcare services for Aboriginal and Torres Strait Islander communities in metropolitan Adelaide.

16 March 2017 marked National Closing the Gap Day. To celebrate this day, we hosted 5 separate events across South Australia. The events spanned from metropolitan Adelaide to Mid North in alignment with our service delivery area, with events held in Salisbury, Port Adelaide, Old Reynella, Port Pirie and Point Pearce. The aim of the events was to bring the community together, share information, increase the awareness of our Closing the Gap program and most importantly, to take meaningful action in support of achieving Indigenous health equality by 2030.

The events were widely supported by the Community, with over 1,000 participants across all 5 events. Attendees included clients from the

Closing the Gap program, families, friends and local school children. This year, we partnered with a record number of healthcare providers including Diabetes SA, Cancer Council SA and Watto

Purrinna Aboriginal Health Service who were on hand at each event to deliver health checks to community members.

family violence and learning about the support services and referral pathways available within the community.

The event featured presentations by the Minister for the Status of Women, Honourable Zoe Bettison MP, Mr Arman Abrahamzadeh from the Zahra Foundation and Professor Sarah Wendt from Flinders University – School of Social & Policy studies.

“AN OUTSTANDING EVENT YEAR, AFTER YEAR, BRINGING THE COMMUNITY AND HEALTH PROFESSIONALS TOGETHER WITH ONE COMMON GOAL IN MIND.”

Community Member,
Closing the Gap Day, Salisbury Park 2016

Partnering with the Northern Adelaide Local Health Network and the Adelaide Primary Health Network, the NHN co-hosted the inaugural Embracing Health and

Diversity, Migrant and Refugee Health Forum on Thursday 9th March 2017.

COMMUNITY FORUMS

The NHN hosted two particularly successful community forums in 2016/2017; Family Violence Forum and Emerging Communities Conference.

The Family Violence Forum was held at the Playford Civic Centre on Wednesday 9th November 2017 and sought to tackle a major issue in the local community. The forum was well attended by over 300 health professionals, service providers and community members interested in improving their awareness of the types and prevalence of

The forum was developed with Migrant Health Service (South Australia's specialist refugee health service); and the Australian Migrant Resource Centre (Settlement service for humanitarian refugees in South Australia) and focused on best practice health care for new arrival migrants and refugees in South Australia. The 'first of its kind' event boasted over 300 attendees, and brought together GPs, allied health providers and culturally and linguistically diverse communities.

RESEARCH INVOLVEMENT



IMPACT PROJECT

Over the last year, the IMPACT Research Project has continued to progress well within headspace Edinburgh North. The IMPACT study aims to investigate whether the addition of a brief physical activity intervention will assist in alleviating symptoms of depression in young people, when added to usual treatment. Although current first-line treatments for depression in young people have been shown to present good results, future treatments could be improved and adding a brief physical activity intervention looks to be a promising approach to doing so.

Thus far, the number of referrals to the IMPACT Research Project in 2017 is more than double the number of referrals that were made to the IMPACT Research Project in 2016. IMPACT referrals are made by the Youth Workers, who briefly screen clients for eligibility within the IMPACT Research Project. Out of these referrals, upwards of 70% of eligible participants accept the invitation to participate in the IMPACT Research Project.

As a result of the increase in eligible participants accepting this invitation, the IMPACT Research Project has made progress in working toward a goal of recruiting 200 IMPACT participants within the headspace Edinburgh North site by the conclusion of the recruitment process.

In addition to the influx of referrals to the IMPACT Research Project and the increase of IMPACT participants, there has been a significant increase in the number of NHN staff who are now involved in the IMPACT Research Project. The number of

staff participating in the IMPACT Research Project has increased from 11 to 20.

This increase includes the addition of a Research Assistant, 4 Mental Health Support workers and 5 Mental Health Clinicians. The increase in staff participation is anticipated to have little effect on the day-to-day activities of the staff involved in the IMPACT Project, yet this increase is anticipated to positively influence the research project and facilitate further success for the IMPACT Research Project. It is projected that recruitment of participants will conclude by December 2018 and that the study results will be published in late 2019.

interPAR PILOT TRIAL

In 2015 the Northern Health Network played a pivotal role in supporting and coordinating responses for people impacted by the Sampson Flat and Pinery bushfires in South Australia.

In the aftermath of these disasters the NHN was invited to take part in the interPAR Pilot Trial led by the Phoenix Australia, Centre for Posttraumatic Mental Health in partnership with Country South Australia Primary Health Network (CSAPHN) and The Australian Red Cross.

Consistent with the Australian Government Response to Contributing Lives, Thriving Communities – Review of the Mental Health Programmes and Services, the interPAR Pilot Trial was developed to form part of the stepped care approach to mental health treatment following trauma and/disaster, and to fit naturally into the current mental health strategy.

Although effective treatments are available for people who develop diagnosable mental health disorders in the aftermath of a disaster, there are currently no empirically established interventions for survivors who do not meet criteria for disorder, but who nonetheless experience psychosocial difficulties and subsequent distress and impairment. This represents a gap in the current mental health response to trauma and disaster, especially as these survivors are at risk for developing psychiatric disorders at a later time.

As part of the 6 month interPAR project, NHN Mental Health Clinical Interns and community nurses who had little or no formal mental health experience were trained and supervised in the delivery of interPAR. They were supported to deliver 5 sessions-based, brief psychosocial interventions to survivors of trauma and disaster with mild to moderate psychosocial difficulties.

The findings from the pilot trial are promising in that they have shown that interPAR is feasible to deliver and effective in reducing psychosocial difficulties following natural disasters. Participants of the InterPAR program reported significant reductions in posttraumatic stress symptoms; anxiety and depression symptoms; and improvements in general functioning. The findings proved that the interPAR program can be delivered in a feasible and effective way following disaster and trauma.

The NHN's collaborative involvement in the program demonstrates a resounding commitment to the regional community, innovation, best practice mental health services, and the

development of a stepped approach to primary mental health service delivery.

ABORIGINAL HEALTH RESEARCH

The NHN continues to work collaboratively with the organisations that contributed to the development of The South Australian Aboriginal Cancer Control Plan 2016-2021, including Cancer Council SA and Cancer Data and Aboriginal Disparities (CanDAD) NHMRC Partnership Project, Wardliparingga Aboriginal Health Research Unit, South Australian Health and Medical Research Institute (SAHMRI).

The NHN has agreed to terms exclusively with SAHMRI to undertake Patient Reported Experience Measure (PREM) data collection for the CanDAD Project. The CanDAD project seeks to develop an integrated, comprehensive cancer monitoring system with a particular focus on Aboriginal people in SA. Which incorporates Aboriginal patients' experiences with cancer services. The partnership with SAHMRI will see the NHN staff trained to use the PREM tool.

Our partnership with SAHMRI extends to being a valued member organisation of the working groups responsible for implementing of the SA Aboriginal Heart and Stroke Plan, South Australian Aboriginal Diabetes Strategy and the South Australian Aboriginal Cancer Control Plan driven by the SA Aboriginal Chronic Disease Consortium. The NHN will actively contribute to deliver collaborative, appropriate, well-coordinated and focused strategies as needed at both state and local level.

WORKFORCE DEVELOPMENT



Mental Health Clinical Internship

The Mental Health Clinical Internship is a two year program which provides an exciting opportunity for postgraduate students to develop clinical skills experientially in a supportive clinical environment. The program is managed by a designated Clinical Lead but the overall responsibility rests with the Clinical Leadership Group. Since the program's inception in 2014, two trainees have received mental health accreditation.

Currently, there are four interns employed by the NHN who are at different stages of their training. Two of the interns have completed one year of their training and they are now developing their clinical skills by working under supervision with clients presenting with a range of psychological difficulties. The two new interns commenced in July 2017 and they are in the early stages of observing the process of therapy with skilled clinicians, client engagement and interactions. As part of the program, the interns are also involved in community development, education and engagement which helps provide them with a more holistic view of the NHN's roles in mental health with different communities.

The success of the Mental Health Clinical

Internship program is attributed to the commitment of the NHN to provide the best opportunities to the interns for developing clinical skills. With regard to professional development, the interns have been provided with training in cognitive behavior therapy and suicide intervention training through the Australian Psychological Society and look forward to completing training in dialectical behavior therapy.

The combination of professional development, community engagement, observations and supervised practice across the suite of NHN programs, with the support of a rich and diverse clinical team, ensures that the program provides a solid foundation of clinical skills for the interns to draw on when working with a range of clients. The interns will continue to build upon this foundation as they continue to develop their clinical skills.

STUDENT PLACEMENTS

As an organisation with a strong focus on the future, the NHN continues to work in innovative ways to develop and sustain a highly trained workforce. This is of the highest importance as it enable us to provide the highest quality of clinical services to our clients and community.

As one facet of this work, the NHN has been partnering with Flinders University in the preceding twelve months. We are currently supporting Clinical placements for three students from the Masters of Cognitive Behavioural Therapy course. These students all have qualifications in, and previous extensive experience of working in mental health, prior to this study and placement.

As part of this placement, the students will be seeing clients who have mild clinical presentations. All of the students are closely supervised by both the University as well as the Northern Health Network, to ensure high levels of fidelity with the Cognitive Behavioural Therapy models and treatment.

The students will be with the Northern Health Network until the end of this year.

CONTINUING PROFESSIONAL DEVELOPMENT

The NHN is committed to providing efficient and high quality services to the community and understands that the knowledge, skills and culture of our workforce are critical to achieving this goal.

With that goal in mind, the NHN has developed the

employee Continuous Professional Development (CPD) Program to encourage learning and staff retention. The CPD Program provides an annual allowance to assist NHN employees to achieve professional and educational growth to encourage a highly skilled workforce.

Additionally, as part of the CPD Program the NHN maintains an internal training calendar which provides an array of training opportunities for all staff to take part in. This calendar is re-evaluated each year to align with staff needs.

The proof of our ongoing commitment to providing CPD opportunities is in the large number of staff who are involved. 88% of our employees attended NHN funded CPD in the last financial year, compared to 47% in 2015/2016. Our goal is to increase this to 100% in the 2017/2018 financial year.

The CPD support program speaks of our commitment to staff development, workforce retention and sector development. CPD promotes reflective practice and commitment to lifelong learning, both of which are recognised as key attributes in maintaining high standards of professional practice over time and also in retaining the workforce.

IT SUPPORT SERVICES



The NHN's IT Support Services Program provides technological assistance to medical organisations, such as general practices and small businesses. 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.



The NHN's IT Support Services grew in FY2016/2017 with an increase of 7% in revenues and 304% in customers. IT Support Services underwent a major system review during the year, identifying growth strategies to ensure this business arm of the NHN generates income that will support other NHN programs that are not fully funded.

In 16/17, IT experienced an expansion of the area of service delivery as we expanded beyond our former northern Adelaide borders. Our new IT customers gained throughout the year are spread out across metropolitan Adelaide, Bridgewater, Murray Bridge & Strathalbyn.

Whilst IT Support Services continued to provide support to medical practices, the customer base expanded to include schools, small businesses and corporate clients. To respond to this growth, technical resources were increased by 67% from 1 July 2016 and the department now has a dedicated contact for business development. To ensure our IT team's skills and expertise reflected the services being offered, we employed dynamic technicians.

Amongst the new IT team members is a Software Engineer, whose skills enabled the automation of

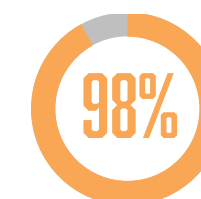
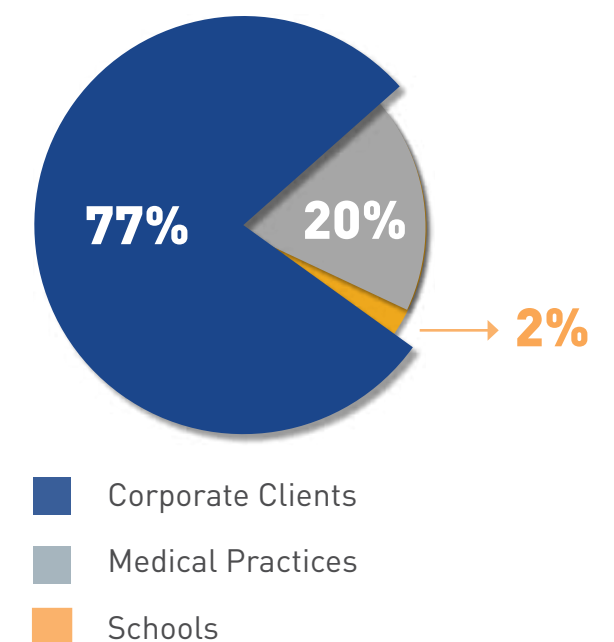
many internal processes, resulting in efficiencies which complemented the expansion of the NHN's Closing the Gap program and mental health services.

IT Support Services' helpdesk ticket resolution rate remains to be 98% as at 30 June 2017. The 2% remaining tickets were resolved after 30 June 2017.

IT Support Services continue to work hard and identify opportunities for growth which will include new products or service offerings.

During the financial year, our IT Support Services responded to and successfully closed 2,217 helpdesk requests in addition to the regular tasks required from each IT Support Plan for the clients.

Client Base Distribution FY16/17



HELPDESK
ticket resolution
rate

2,217

**HELPDESK
REQUESTS**
were successfully
completed



**TECHNICAL
RESOURCES**
were increased
by 67%



**EXPANDED
IT TEAM**
to include a
Software Engineer

THE NHN FAMILY

EXECUTIVE OFFICE



Sageran Naidoo
Chief Executive Officer



Emma Rosie
Executive Assistant



Josie Cajipe
Finance & IT Manager



Kiara Hillam
*HR & Facilities
Coordinator*



Emma Waters
Communications Officer



Paulina Lee
*Community Engagement
Officer*



Kimberly Zupanic
Program Support Officer



Kharzina Villanueva
Finance Officer



Nadine Clavell
*Administration Support
Officer*



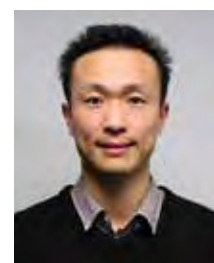
Kayleigh Cummins
*Administration Support
Officer*



Mark Jonas
*Senior IT Service
Technician*



Hayden Wall
*Senior IT Service
Technician*



Jackie So
IT Service Technician



Owen Gale
IT Service Technician



Joe Garreffa
IT Service Technician



Debra Argent
Program Support Officer

MENTAL HEALTH



Dr Gizelle Diaz
Mental Health Clinical Lead



Andrea Gregory
Mental Health Clinical Lead



Elvira Kovacs
Mental Health Clinical Lead



Emer Dunne
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



Yolanda Evans
Mental Health Clinician



Tabatha Dellar-Walmsley
Mental Health Clinician



Mathew Guidolin
Mental Health Clinician



Noel Johns
Mental Health Clinician



Snowy Lam
Mental Health Clinician



Dianne Lynch
Mental Health Clinician



Patrick Manimaran
Mental Health Clinician



Jay Summerton
Mental Health Clinician



Kerry Martin
Mental Health Clinician



Kerri Pezos
Mental Health Clinician



Kirsty Preece
Mental Health Clinician



Anna Marciano
*Senior Mental Health
Support Officer*



Rebecca Shepley
*Mental Health Support
Officer*



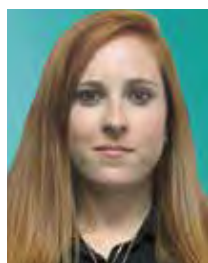
Samantha Wharton
Project Support Officer



Simone Railey
Project Support Officer



William Vuong
Mental Health Clinical Intern



Keira Westcott
Mental Health Clinical Intern



Alexander Plazas
Mental Health Clinician



Angie Felekis
Mental Health Clinician

HEADSPACE EDINBURGH NORTH



Georgina Brown
headspace Youth Worker



Terryn Cook
headspace Youth Worker



Trepina Gartley
headspace Youth Worker



Mia Louca
headspace Youth Worker



Bridie Gigney
Mental Health Clinician



Bruce Stocks
Mental Health Clinician



Josh Steicke
Mental Health Clinician



Layla Assad-Salha
Mental Health Clinician



Daniel Arthurson
headspace Youth Worker



Modeste Hatungimana
headspace Youth Worker



Valeria Nilova
headspace Youth Worker



Cindy Cox
*headspace Employment
Support Specialist*



Lynda Morphet
*Mental Health Clinical
Intern*



Nicol Moulding
Mental Health Clinician



Patrine Baptist
Mental Health Clinician



Rebecca Black
Mental Health Clinician



Sara Roberts
*headspace Employment
Support Specialist*



Anna Mazzacano
Research Assistant



Stephanie Laurence
Mental Health Clinical Intern



Debby Kadarusman
*Northern Connect Clinical
Coordinator*



Sue Reid
Care Planning Coordinator



Maggie Graham
Care Planning Coordinator

COMMUNITY HEALTH



Nathan Mecurio
Community Health Coordinator



Jacinta McKenzie
CTG Health Project Officer



Rachel Tait
CTG Care Coordinator



Deborah Douma
CTG Care Coordinator



Josie Longo
Education Officer



Monika Hembram
Education Officer



Joy Makepeace
CTG Outreach Worker



Graham Rigney
CTG Outreach Worker



Kerry Rose
CTG Care Coordinator



Madison Sayner
CTG Care Coordinator



Victoria Rutayisire
CTG Care Coordinator



Nicola Hancock
CTG Care Coordinator



Kisha Stuart
CTG Outreach Worker



Karen Atkinson
CTG Care Coordinator



Caroline Field
CTG Care Coordinator



Amanda Brusnahan
CTG Outreach Worker



Schania Czygan
CTG Outreach Worker



Anthony Bernhardt
CTG Outreach Worker



Annette Miller
CTG Outreach Worker



Tim Mitchell
CTG Outreach Worker



Sarah Lindsay
CTG Outreach Worker

FINANCIAL PERFORMANCE

FINANCIAL HIGHLIGHTS

FY2016/2017 marked a significant improvement in the NHN’s financial operations due to increase in program funding received in the areas of Mental Health and Community Health. This is also the financial year where NHN delivered a full suite of programs after the transition from Medicare Local in FY2015/2016. The Northern Health Network received funding from various bodies to enable the delivery of a wide variety of services to the community, including; psychological therapies, community health, education and training, community outreach activities and a fee-for-service IT Support.

The Statement of Comprehensive Income for the year ended 30 June 2017 showed a 35% increase in total revenues and 43% increase in its operating surplus compared to 30 June 2016.

Of the total funds received by the NHN, 59% devrived from contracts to deliver Psychological Therapy programs, 29% from Community Health programs, 3% from IT Services and 9% from other services.

The NHN has also been contracted to deliver the Closing the Gap Integrated Team Care Program for the Northern, Southern and Western regions of the Adelaide Primary Health Network’s (APHN) region and the regional service areas of Barossa-Gawler & Yorke & Mid North of the Country SA Primary Health Network’s (CSAPHN) region which makes NHN the largest provider of the CTG-ITC

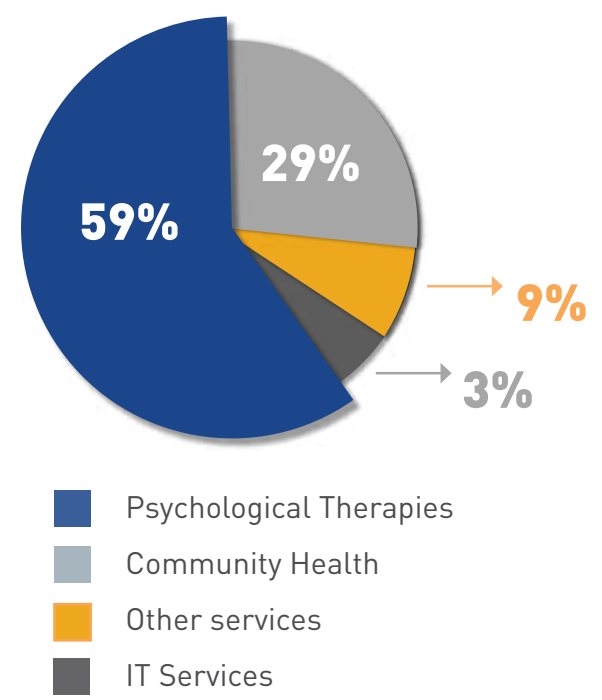
Program across the state.

The Department for Social Services (DSS) has also funded the NHN to undertake Individual Placement Support Trial (IPS) until 30 June 2019.

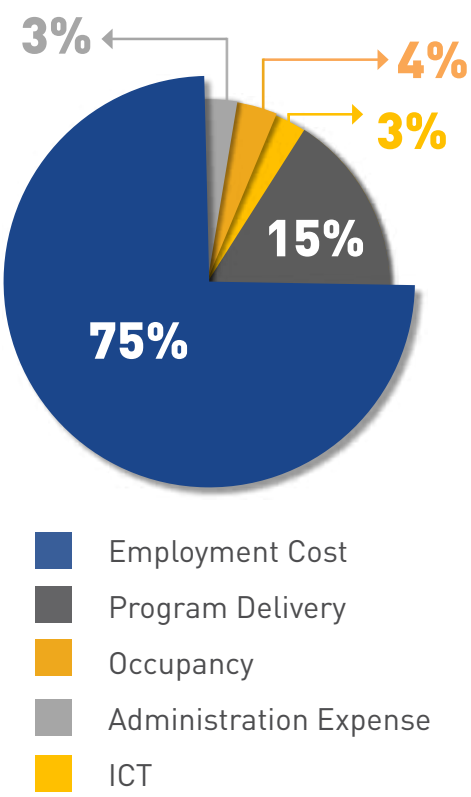
IT Services income increased by 7% since FY2015/2016. There was an influx of IT customers during the year changing the dynamics of NHN’s IT customer base per industry.

Total expenses for the year increased by 34% due to an increase in program or service deliveries required by the programs funded.

Revenue Sources FY16/17



Breakdown of Costs of Services FY16/17



SUMMARY OF FINANCIAL REPORT

The summary of the financial report provided here is an extract of, and has been derived from the NHN’s full financial report for FY16-17. This summary does not, and cannot be expected to provide a full understanding of the financial position of the NHN.

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
- Mr J Manning

Director’s Meetings

	Directors’ Meetings Attended	Annual General Meeting	Risk & Finance Committee	Special Risk & Finance Meeting
Dr Farooq Ahamd	9	1	-	-
Dr Richard Heah	9	1	-	-
Dr Rizwan Latif	8	1	4	2
Dr Seema Jain	8	1	-	-
Dr Sudheer Talari	10	1	-	-
Mr Daniel Jaydon	8	0	4	2
Mr John Manning	10	0	3	2

Operating Result

The total surplus from operations of the company for the financial year after providing for income tax amounted to \$289,853.

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 Northern Health Network delivers innovative programs enabling improved access to health and wellness services in metro and regional areas. For FY 2016/2017, the NHN delivered on behalf of both Primary Health Networks clinical services across the age span and complexity of mental health concerns, including the state funded Shared Care with GPs program. In addition, the NHN delivers a Barossa based primary care palliative care program, Aboriginal health CTG program across Barossa, mid-North and Yorke Peninsula and the entire metro region. The NHN is also the lead agency for headspace Edinburgh North. The NHN delivers an integrated service where Aboriginal Health CTG staff, mental health staff and health projects staff work seamlessly to ensure that clients are able to access multiple service types to address their care requirements. 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.

The directors of the company declare that:

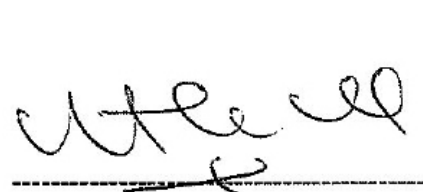
1. the financial statements and notes are in accordance with the *Corporations Act 2001* and:
 - (a) comply with Accounting Standards and the Corporation Regulations; and
 - (b) give a true and fair view of the company's financial position as at 30 June 2016 and of its performance for the year ended on that date;
2. 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.

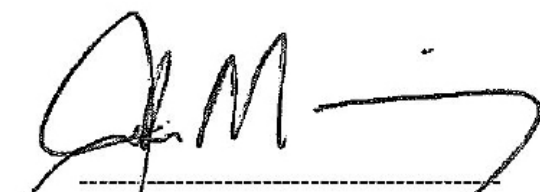
The directors are responsible for the reliability, accuracy and completeness of the accounting records and the disclosure of all material and relevant information.

STATEMENT OF COMPREHENSIVE INSURANCE
for the year ended 30 June 2017

	Note	2017 \$	2016 \$
Revenues	2	7,537,239	5,603,016
Employee Benefits Expense		(5,272,319)	(4,331,138)
Program Delivery Expenses		(1,029,259)	(465,613)
ICT Expense		(225,472)	(202,948)
Occupancy expenses		(300,749)	(196,400)
Other Expenses		(419,587)	(204,915)
Total Surplus from operations for the year		289,853	202,002

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


Dr Richard HEAH
Director


Mr. John MANNING
Director

Dated: 28 August 2017

The accompanying notes form part of these financial statements.

STATEMENT OF FINANCIAL POSITION
as at 30 June 2017

	Note	2017 \$	2016 \$
Assets			
Current Assets			
Cash assets	3	4,679,995	3,221,746
Receivables	4	226,701	978,998
Other	5	11,003	15,611
Total Current Assets		4,917,698	4,216,356
Non-Current Assets			
Property, plant and equipment	6	22,109	-
Total Non-Current Assets		22,109	-
Total Assets		4,939,807	4,216,356
Liabilities			
Current Liabilities			
Trade & Accounts Payable	7	1,124,114	186,222
Financial borrowings	8	469	13,425
Current tax liabilities	9	156,877	188,076
Provisions	10	445,602	319,076
Other Current Liabilities	11	588,521	1,188,459
Total Current Liabilities		2,315,584	1,895,258
Non-Current Liabilities			
Provisions	10	209,569	196,297
Total Non-Current Liabilities		209,569	196,297
Total Liabilities		2,525,153	2,091,555
Net Assets		2,414,654	2,124,801
Equity			
Unrestricted Retained Earnings		2,114,654	2,124,801
Restricted Retained Earnings		300,000	-
Total Equity		2,414,654	2,124,801

The accompanying notes form part of these financial statements.

STATEMENT OF CHANGES IN RETAINED EARNINGS
as at 30 June 2017

	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
Surplus from operations for the year		289,853	289,853
Balance at 30 June 2017		2,414,654	2,414,654

The accompanying notes form part of these financial statements.

STATEMENT OF CASH FLOWS
for the year ended 30 June 2017

	2017 \$	2016 \$
Cash Flow from Operating Activities		
Receipts from customers	8,210,106	4,572,447
Payments to Suppliers and employees	(6,873,713)	(3,342,233)
Interest received	79,431	56,871
Income tax paid		1,151
Net cash provided by (used in) operating activities (note 2)	1,505,824	1,288,237
Cash Flow from Investing Activities		
Payment for:		
Other Assets		(200)
Payments for property, plant and equipment	(34,619)	
Net cash provided by (used in) investing activities	(34,619)	(200)
Cash Flow from Financing Activities		
Proceeds of borrowings		13,413
Repayment of borrowings	(12,956)	
Net cash provided by (used in) financing activities	(12,956)	13,413
Net increase (decrease) in cash held	1,458,249	1,301,450
Cash at the beginning of the year	3,221,746	1,920,297
Cash at the end of the year (note 1)	4,679,995	3,221,746

The accompanying notes form part of these financial statements.

STATEMENT OF CASH FLOWS
for the year ended 30 June 2017

Note 1. Reconciliation 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	4,281	3,642
CBA Term Deposit Bank Guarantee	100,000	100,000
Business Online acc - 8905		
NAB Cheque	65,144	52,640
NAB Savings	2,086,286	713,866
NAB Staff Liability a/c	503,465	500,109
NAB Term Deposits	1,920,245	1,850,745
Petty Cash	574	745
	4,679,995	3,221,746

Note 2. Reconciliation Of Net Cash Provided By/Used In Operating Activities To Net Profit

Operating profit (loss) after tax	289,853	202,002
Depreciation	12,510	
Increase/(decrease) in provision for income tax		1,151
Changes in assets and liabilities net of effects of purchases and disposals of controlled entities:		
(Increase) decrease in trade and term debtors	752,297	(973,698)
(Increase) decrease in prepayments	4,609	(15,411)
Increase (decrease) in trade creditors and accruals	550,863	21,438
Increase (decrease) in other creditors	(212,909)	1,349,743
Increase (decrease) in employee entitlements	139,800	515,372
Increase (decrease) in sundry provisions	(31,199)	187,639
Net cash provided by operating activities	1,505,824	1,288,237

The accompanying notes form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENT for the year ended 30 June 2017

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 public company limited by guarantee, 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.

The accompanying notes form part of these financial statements.

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).

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.

The accompanying notes form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENT
for the year ended 30 June 2017

	2017 \$	2016 \$
Note 2: Revenue and Other Income		
Revenue:		
Grant Funding Income	7,054,049	5,146,85
IT Services Income	244,918	228,03
Interest Income	79,431	56,871
Other Income	158,841	171,251
	<u>7,537,239</u>	<u>5,603,01</u>

Note 3: Cash assets

Bank accounts:		
Cash At Bank	4,281	3,642
CBA Term Deposit Bank Guarantee	100,000	100,000
Business Online acc - 8905		
NAB Cheque	65,144	52,640
NAB Savings	2,086,286	713,866
NAB Staff Liability a/c	503,465	500,109
NAB Term Deposits	1,920,245	1,850,745
Other cash items:		
Petty Cash	574	745
	<u>4,679,995</u>	<u>3,221,746</u>

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	<u>4,679,995</u>	<u>3,221,746</u>
	<u>4,679,995</u>	<u>3,221,746</u>

The accompanying notes form part of these financial statements.

	2017 \$	2016 \$
Note 4: Receivables		
Current		
Trade debtors	226,701	978,998
	<u>226,701</u>	<u>978,998</u>
Note 5: Other Current Assets		
Prepayments	10,803	15,411
Other	200	200
	<u>11,003</u>	<u>15,611</u>
Note 6: Property, Plant and Equipment		
Motor vehicles:		
At cost	34,619	-
Less: Accumulated depreciation	(12,510)	-
	<u>22,109</u>	<u>-</u>
Note 7: Payables		
Unsecured:		
- Trade creditors	575,801	24,938
- Other creditors	548,313	161,283
	<u>1,124,114</u>	<u>186,222</u>
Note 8: Borrowings		
Current		
Unsecured:		
- Credit Cards	469	13,425
	<u>469</u>	<u>13,425</u>

The accompanying notes form part of these financial statements.

	2017 \$	2016 \$
Note 9: Tax Liabilities		
Current		
GST clearing	78,059	147,572
Amounts withheld from salary and wages	78,818	40,504
	<u>156,877</u>	<u>188,076</u>

Note 10: Provisions

Current

Employee entitlements*	445,602	319,076
	<u>445,602</u>	<u>319,076</u>

Non-Current

Employee entitlements*	209,569	196,297
	<u>209,569</u>	<u>196,297</u>

* Aggregate employee entitlements liability	655,172	515,372
---	---------	---------

Note 11: Other Liabilities

Current

Grants in Advance	588,521	1,188,459
	<u>588,521</u>	<u>1,188,459</u>

Note 12: Auditors' Remuneration

Remuneration of the auditor of the company for:

Auditing or reviewing the financial report	8,000	8,000
Other services	-	-
	<u>8,000</u>	<u>8,000</u>

Note 13: 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 2017.

AUDITOR'S REPORT

for the year ended 30 June 2017

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

Auditor's Independence Declaration

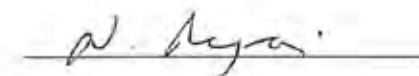
UNDER SECTION 307C OF THE CORPORATIONS ACT 2001

To THE DIRECTORS OF: Adelaide Northern Division of General Practice Ltd

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2017 there have been:

- (i) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the Audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit

Ascensio Accountants
Natale Rugari,
Suite 12, 116 Melbourne Street,
North Adelaide SA 5006



North Adelaide, SA

INDEPENDENT AUDITOR'S REPORT

Adelaide Northern Division of General Practice Ltd

Opinion

I have audited the accompanying financial report of Adelaide Northern Division of General Practice Ltd, which comprises the statement of financial position as at 30 June 2017, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the responsible entities' declaration.

In my opinion, the financial report of Adelaide Northern Division of General Practice Ltd has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- giving a true and fair view of the registered entity's financial position as at 30 June 2017 and of its financial performance and cash flows for the year ended on that date; and
- complying with Australian Accounting Standards and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

Basis for opinion

I conducted our audit in accordance with Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. I am independent of the registered entity in accordance with the auditor independence requirements of the *Corporations Act 2001* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

I confirm that the independence declaration required by the *Corporations Act 2001*, which has been given to the directors of the responsible entities, would be in the same terms if given to the directors as at the time of this auditor's report.

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

Responsible entities' responsibility for the financial report

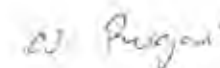
The responsible entities of the registered entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and for such internal control as the responsible entities 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 preparing the financial report, the responsible entities are responsible for assessing the registered entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the registered entity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibility for the audit of the financial report

My 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 the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: <http://www.auasb.gov.au/Home.aspx>. This description forms part of our auditor's report.



Natalie Rugari
 Registered Company Auditor

10th August 2017

Ascensio Accountants
 12, 116-120 Melbourne St
 North Adelaide SA 5006



CONTACT

Northern Health Network
2 Peachey Road, Edinburgh North SA 5113
PO Box 421, Elizabeth SA 5112
T (08) 8209 0700 | F (08) 8252 9433
enquiry@northernhealth.net
www.northernhealth.net