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# **WHAT DRIVES US?**

## **OUR VISION**

Western Queenslanders experiencing better health

#### **PURPOSE STATEMENT**

To support a comprehensive and integrated primary health care system that delivers better health outcomes for the people of Western Queensland

#### **OUR GOALS**

Improve the health of our population and reduce inequalities Enhance patient's and family's access and experience of care Strengthen the capacity and capability of primary care

Foster efficient and effective primary care

#### **OUR VALUES**

COLLABORATION

**FAIRNESS** 

INNOVATION

INTEGRITY

RESPECT

RESPONSIVENESS

PARTICIPATION





## CHAIR'S REPORT



The sparsely populated and vast area of Western Queensland produces enormous wealth for Australia. It is a remote and beautiful place to live with close knit and strong communities, but our population faces higher morbidity and mortality rates compared to urban Australians.

The formation of the WQPHN in 2015 by the Commonwealth has sought to strengthen existing local primary care with better coordination of services. The close collaboration with our three local Hospital and Health Services, the Aboriginal Community Controlled Health sector and other key health providers is beginning to reverse the decline in local primary care which has occurred over past years.

The Commissioning Framework provides a system that enables funding to be targeted in a way that strengthens health services, whilst gathering data to ensure that funds are being used effectively. It is a sophisticated process that in time will lead to better services and health outcomes. Strong local General Practices, with well supported health teams are critical to the wellbeing of our communities.

The experienced WQPHN team have performed outstandingly over the past year. Highlights have included the North West Tripartite Agreement which has assisted in the development of increased services in the Lower Gulf by Gidgee Healing. The WQPHN Mental Health Plan has been endorsed by the Queensland Mental Health Commissioner and is already being implemented with support from our HHSs and includes, for the first time, General Practice based mental health professionals.

Our collaboration with Diabetes Queensland is improving access to Diabetes Educators throughout the region. I commend our AICCHO partners for the success of the Nukal Murra Alliance, which has seen a tripling of patient numbers accessing services.

We will be initiating a Child Health program in November 2018 with a focus on the first 8 years of life. We hope that this will expand to all our communities in time and become part of normal paediatric care for all children in Western Queensland.

This is my final Annual Report as I plan to retire in 2019. I would like to thank the wonderful staff of the WQPHN led by our CEO, Stuart Gordon, for their dedication and hard work, our Clinical and Consumer Councils who have given their important support and advice and my fellow Directors, especially Dr Steve Buckland who departed the Board in September, who have all been dedicated to the development and sound governance of the organisation.

Thank you.

**Dr Sheilagh Cronin** 

Chair

## **CEO'S REPORT**



It gives me great pleasure to reflect on another enterprising and progressive year for the WQPHN, with increasing focus on achieving better value through partnerships, better health intelligence and greater emphasis on health outcomes.

The WQPHN Vision of Western Queenslanders experiencing Better Health has informed place-based commissioning efforts across the seven localities of the catchment supported by significantly improved population health data and evidence to guide investment and collaboration.

Critically, most areas of Western Queensland continue to experience very dry conditions with central and south west communities entering their eighth year of drought. The impacts of drought are well known and self-evident in many communities of Western Queensland which have experienced significant rural decline, shrinking populations and incredible economic hardship. These realities challenge all health providers to remove barriers to accessing care, particularly for mental health support, and support to individuals, families and communities to stay strong, preserve resilience and endure these exceptional climatic conditions.

WQPHN commissioning and development capability has continued to mature with further customisation of the *Bushman's Guide to Better Health* framework. This has been supported by the health intelligence portal, data sharing agreements across General Practice and service provider networks, and collaborative development of contemporary service frameworks targeting better child and family, chronic disease and Aboriginal health improvement outcomes.

Importantly our commissioning approach has good stewardship of existing service provider contracts, increased

new entrants to the Western Queensland and increasingly supported an amazing group of health professionals and organisations who are working with greater coordination and alignment.

The WQPHN has experienced tremendous support from our HHS, AICCHSs and NGO partners throughout the year. Combined with the increased membership of our organisation we are creating greater capacity within primary care and delivering new co-commissioning opportunities on the ground.

There has been tangible progress and innovation including the Nukal Murra Alliance which is expanding access through this unique Community Controlled collaboration, the important work in the Lower Gulf, leadership through the Maranoa Accord and the emergence of the Western Queensland Health care Home as a framework through which to provide more comprehensive integrated care in our Western communities.

I would like to acknowledge and thank members of the Clinical Chapters, Clinical Council and Consumer Advisory Council for their generous assistance, leadership and guidance throughout the year and also acknowledge the support from my hard-working primary care Executive colleagues.

Most importantly I acknowledge our incredible staff who have worked with passion and determination, and the inimitable leadership of our Chairperson Dr Sheilagh Cronin and Directors of WQPHN. They provide a solid platform to drive our strategic priorities, strengthen confidence in the Commonwealths PHN program and secure a robust value proposition for our primary care partners, commissioned providers, practice networks and Outback communities.

Stuart Gordon Chief Executive Officer

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# **BOARD OF DIRECTORS**



**Dr Sheilagh Cronin** *Chair* 

Sheilagh is an experienced GP with strong ties to rural Queensland having worked as a rural GP since 1985. Sheilagh is a Member of the Royal College of General Practitioners, a Fellow of the Australian College of Rural and Remote Medicine, an Adjunct Associate Professor, Mt Isa Centre for Rural and Remote Health, JCU and a Graduate of the Australian Institute of Company Directors. Sheilagh is the owner of Flinders Medical Group Pty Ltd, which owned the General Practice primary health care facility in collaboration with the local council and hospital in Cloncurry until the practice was sold in October 2017.



**Dr Christopher Appleby** *Director* 

Chris has a Bachelor of Science (Honours), Masters of Business Administration and a Doctor of Philosophy. He is an Adjunct Senior Lecturer and Practice Support Advisor to Generalist Medical Training at James Cook University and Graduate of the Australian Institute of Company Directors. Chris serves as a director on the Board of North West Hospital and Health Service, Chair of the Financial, Audit and Risk Management Committee of the HHS and also Chair of the Financial, Audit and Risk Management Committee of the PHN. Chris has previously been an owner / Practice Manager of a Remote General Practice for over 15 years.



**Dr Stephen Buckland** *Director* 

Steve is a specialist consultant occupational physician and is a Fellow of the Australasian Faculty of Occupational and Environmental Medicine of the College of Physicians. His previous positions include CEO of Queensland Health and he served 12 years in the Royal Australian Air Force as a specialist aviation medicine practitioner. Steve is a retired Member of the Royal Australasian College of Medical Administrators, Managing Director of Healthier Futures, his own health care consulting company and he is Chair of the Iona College Board Limited.



**Mr Matthew Cooke** *Director* 

Matthew has a strong background serving the Aboriginal and Torres Strait Islander Community Controlled Health Sector as both a Director and CEO over the past 10 years and is a Member of the Australian Institute of Company Directors. Matthew serves as the Chief Executive Officer of Gladstone Region Aboriginal & Islander Community Controlled Health Service (GRAICCHS) and is seconded as CEO to the Centre for Rural and Regional Indigenous Health (CRRIH).



Mrs Vicki Anne Murphy
Director

Vicki has a degree in Applied Sciences (Occupational Therapy) and post graduate qualifications in Health Economics. She has 35 years experience in the Health, Rehabilitation, Aged Care and Disability Services sectors within the private, state and federal arenas. Her recent positions include Assistant Secretary, Primary and Ambulatory Care Branch, for the then Department of Health and Ageing and as a Senior Policy Advisor, Healthdirect Australia Ltd.



**Dr David Rimmer** *Director* 

David is a Fellow of the Royal Australian College of General Practitioners, a Fellow of the Australian College of Rural and Remote Medicine and holds a Diploma of the Royal Australian College of Obstetrics and Gynaecology. He is currently the Executive Director Medical Services Central West Hospital and Health Service.



**Sheridan Cooper** *Company Secretary* 

Sheridan has a Bachelor of Law, a Bachelor of Business (Accounting) and holds a Graduate Diploma (Company Secretarial Practice). Sheridan is a corporate governance professional with over 15 years' experience working with and advising boards, executive management and operating committees in the governance of their organisations.







# **MEMBERS**

During 2017-18 the Western
Queensland Primary Care
Collaborative Ltd expanded its
membership in accordance with its
Governance Charter and constitution
and an additional eight Members
were admitted to the Company
under a second wave bringing total
members to fifteen (15).

The membership base now represents a diverse range of primary care organisations who are actively engaged in primary care and demonstrates a maturing of the Company and transition from its establishment phase under the PHN program.

The strong interest and diverse membership represents a strong commitment from Organisations who share similar values and aspirations to improve Western Queenslander's experience of health care, through supporting the WQPHN to improve system performance and innovation, an integrated system of care and achieve better health outcomes for our remote populations.

Central West Hospital and Health Service (CWHHS)  North West Hospital and Health Service (NWHHS)  Place of the Council (QAIHC)  Place of the Council (QAIHC)	
FIRST Queensland Aboriginal & Islander Health Council (QAIHC) WAVE	
WAVE	
Royal Flying Doctors Service Queensland (RFDS)	
Health Workforce Queensland (HWQ)	
Mount Isa Centre for Rural and Remote Health (MICRRH)	
SECOND Australian College of Rural & Remote Medicine (ACRRM)	
General Practice Queensland (CheckUp)	
Pharmaceutical Society of Australia (PSA) Qld Branch	
Carers Queensland	
Services for Australian Rural and Remote Allied Health (SARRAH)	
Diabetes Queensland (DQ)	
Queensland Alliance for Mental Health (QAMH)	
Queensland Network of Alcohol and Other Drug Agencies (QNADA)	

## CLINICAL COUNCIL AND CONSUMER ADVISORY COUNCIL

The WQPHN Clinical Council and Consumer Advisory Councils continue to be an essential part of the Corporate Governance structure, providing a direct link between our Clinical and Consumer Council members and the WQPHN Board.

Council members bring broad based and diverse experiences of both clinical and consumer viewpoints, as well as community interests in primary health and social care to the organisation. Their dedication to support the WQPHN highlights a genuine passion to improve health care for the people of Western Queensland.

Meetings were held in Brisbane in September 2017 and May 2018 and the workshop style of these meetings has allowed members to be active contributors to the development of plans and frameworks of the WQPHN including:

- Child and Family Health Framework
- Diabetes Queensland / WQPHN collaboration
- Developing a new WQPHN engagement portal to provide more interactive communications
- The primary health care framework and road map for the implementation of the new Health Care Home Model of Care for Western Queensland
- Digital architecture review of the health care providers in Western Queensland, with the vision of delivering digitally enabled integrated care across the health care eco-system
- Development of a Patient Reported Experience Measure (PREMS)
- The Nukal Murra Alliance and it's growth, development and successes in Integrated Team Care and the Social and Emotional Wellbeing programs for Indigenous people in Western Queensland
- Commissioning approaches for 2018-19
- Development of Diabetes Collaborative and Mental Health Collaborative

Both Chairs will continue to have the opportunity to provide direct feedback to the Board on the activities of the Council meetings no less than twice per annum face to face with the next meeting scheduled for October 2018.

"This year has been very exciting for the Consumer Advisory Council. By changing the format of the agenda it has allowed both the Consumer and the Clinical members more



involvement and interaction at our forums giving them an ownership, while working more closely with the Board and the CEO.

Strong messages have been filtering across our Western corridor. Our Councils have more of an understanding of the programs that the PHN provide across our vast region; Diabetes, Mental Health, My Health Record, Child and Maternal Health to name a few.

We as Consumer Council members can now send strong messages to support with confidence, these topics as we go back to our own communities as well as other communities with positive messages."

#### John Palmer

Chair, Consumer Advisory Council





Clinical Council and Consumer Advisory Council - combined meeting, Brisbane 2018.

# CONSUMER ADVISORY COUNCIL MEMBERS 2017-18:

(South West)

Vanessa Ballard

Rebecka Britton (Central West) Sheryl Lawton (Far South West) Lane Brookes (Maranoa) Donna Hobbs (Far South West) Carmen Lehtonen (North West) John Palmer (Chair) (Central West) Maggie Wade (Far South West) Margie Webb (Central West) Margaret Woodhouse (North West)

# CLINICAL COUNCIL MEMBERS 2017-18:

Dallas Leon (North West)
Sandra Kennedy (North West)
Dr Don Bowley (North West)
Jen Williams (Central West)
Jean Benham (Maranoa)
Ellaine Wingate (Far South West)
Dr Tom Gleeson (Balonne)
Dr Rosie Geraghty (Maranoa)
Kerry Thompson (Central West) resigned
Rebecca Moore (Central West) resigned



"During the year the Clinical Council has been supported by the three Clinical Chapters across the region and I would like to acknowledge the important work each of these forums



have contributed to the Council and PHN Commissioning activities. Our meetings have provided a unique opportunity to take time to consider new policy development, learn more about the work of the WQPHN and provide input and direction along the way. The opportunity to work closely with the Consumer Council has added value to these deliberations and both Councils. We have developed a deeper understanding of the distinctive issues that impact on the health of our remote populations, but also had an opportunity to facilitate clinical leadership and collaborate around new innovative approaches that will contribute to better health outcomes."

#### **Tom Gleeson**

Chair, Clinical Council

# **WQPHN COMMITMENT TO QUALITY**

WQPHN continues its commitment to quality across the organisation and has maintained WQPHN Quality Management System Accreditation against the ISO 9001:2015 Standards as certified by SCI Qual International.

Internal audits were also undertaken by QAS International Director, Brad Bishop, who confirmed the WQPHN commitment to quality:

# EXTERNAL AUDITOR'S REPORT

"Western Queensland PHN have continued to demonstrate that their Quality Management System is simply part of doing business.

The close alignment of the documented system to the established work practices means that complying with the requirements is routine. The system is extremely well managed externally by a consultant, and internally by all staff having a clear understanding of the requirements, great examples of leadership and commitment to compliance.

Auditing such a system is a pleasure"

**Brian De Cambra**SCI OUAL International





# INTERNAL AUDITOR'S REPORT

"From the start, WQPHN has enthusiastically embraced the principles, structure, quality standards and requirements of ISO 9001:2015, which in turn has benefitted organisational service delivery performance – the result being more efficient and effective services for consumers, particularly those at risk of poor health outcomes.

Development and strengthening of integrated service delivery models to improve service delivery to rural and remote communities has been conceptualised, inspired, articulated and driven by their CEO, Stuart Gordon, with the backing and support of an effective and professional Executive Leadership Team – resulting in meaningful and a measurably positive impact on the health of the remote communities WOPHN serves.

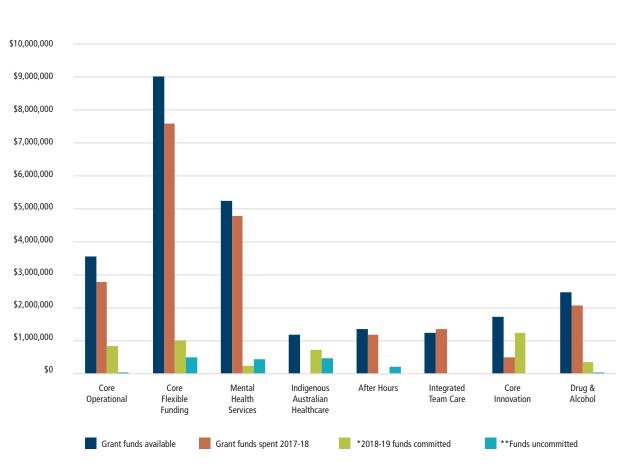
WQPHN has a remarkable short history of excellent customer service and professional expertise. Well done WQPHN, keep up the good work!"

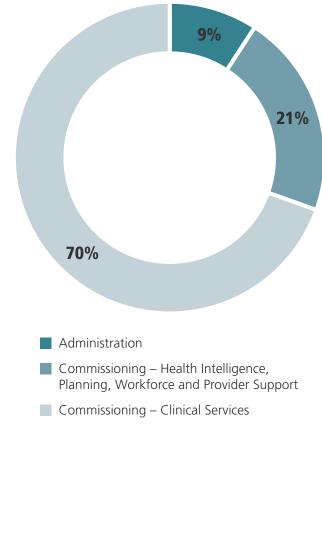
## **Brad Bishop**

QAS International Director



# **PROFILE OF FINANCIAL EXPENDITURE**





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<sup>\*</sup>Funds have been committed as carry forward in multi-year funding. \*\*Funds uncommitted subject to DOH approval for carry forward 2018-19.

# **OUR COMMISSIONING APPROACH**

The WQPHN has a comprehensive and well documented commissioning approach, specifically developed for the unique needs of Western Queensland.

It is essential for our commissioned health service providers to have a clear understanding of their role in the commissioning process and to ensure they are aligned with the 8 principles of the WQPHN Commissioning for Better Health Guide, to best position them at the heart of a more efficient and contemporary primary health care program in Western Queensland.



# THE WQPHN COMMISSIONING PRINCIPLES ARE:

- Support the WQ Health Care Home Model of Care
- 2 Applied health intelligence to support evidence informed approaches
- Deliver culturally appropriate services to Aboriginal and Torres Strait Islander Peoples
- 4 Active stakeholder collaboration in planning and evaluation
- Optimise self-management and consumer engagement
- Promote clinical leadership
- Support innovation, partnerships and value
- 8 Place based approaches

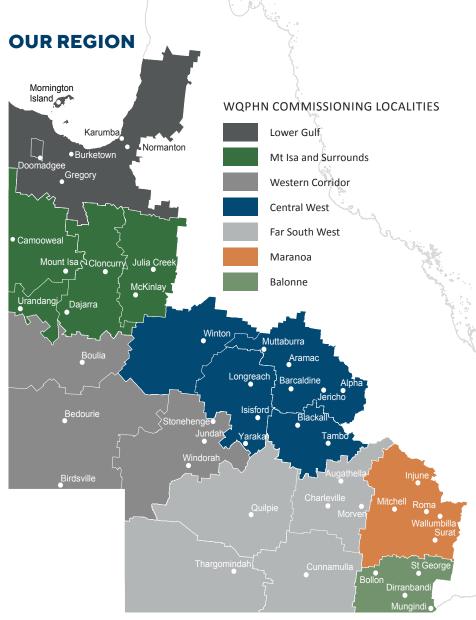
In 2018 all commissioned health service providers completed a Provider Capability Assessment to measure their capability in their area of service delivery in line with the 8 Commissioning Principles. The Assessment used a maturity approach for each of the criteria being assessed (0 = undeveloped / 1 = basic / 2 = developing / 3 = established / 4 = advanced) and has enabled the WQPHN to learn more about provider strengths and further customise our support to achieve contemporary value-based outcome approaches and greater clinical leadership and system integration.

This approach is in line with our commissioning and development framework to work in partnership to evaluate health service performance and adapt commissioning strategies as priorities change, in the most cost-effective way to achieve value for money and modify existing service provision to align with the future model of care in Western Oueensland.

This continuous improvement commissioning process will see incremental and real changes in performance and lead to more outcomes focused health service delivery.

Taking a place-based approach to Commissioning, the WQPHN has customised its health intelligence to provide a deeper understand about population health, social and demographic indicators, and relative performance and impacts of primary care services.





PHNs were established with the key objectives of:

- increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and
- improving coordination of care to ensure patients receive the right care in the right place at the right time.

WQPHN receives funding under 6 Funding streams from the Commonwealth Department of Health:



## **CORE/FLEX FUNDING**

Core/Flex Funding: is for **Core operational costs** to run the WQPHN including establishing appropriate corporate structures, a skills-based Board, Clinical Councils and Community Advisory Committees; office setup arrangements; recruiting for executive positions and staff; reviewing and updating regional Health Needs Assessments and associated population health planning.

Flexible Funding: Funding to enable PHNs to **respond to identified national health priorities** as determined by Government, and to respond to PHN specific priorities highlighted in the Health Needs Assessment.

The WQPHN undertake commissioning of targeted allied health and nursing services to better support and innovate management and prevention of chronic conditions, support healthy ageing, improve Indigenous health and advance child and maternal health outcomes in Western Queensland.

#### **INNOVATION**

Innovation Funding stream is to progress innovative approaches and solutions that improve the efficiency, effectiveness and co-ordination of locally based primary health care services, in line with the Australian Government's primary health care reform agenda. The WQPHN use this funding to support the development and implementation of the Western Queensland Health Care Home (HCH) activities.

The WQPHN HCH model of care has been developed in collaboration with primary care partner organisations and General Practice networks and will provide a vehicle to support greater integrated care, population-based outcomes and more comprehensive primary care within remote communities of Western Queensland.

#### **PRIMARY MENTAL HEALTH CARE**

Funding aims to build and enable the capacity of Primary Health Networks (PHNs) to **lead mental health and suicide prevention planning, commissioning and integration of services at a regional level** to improve outcomes for people with, or at risk of, mental illness and/or suicide, in partnership with State and Territory Governments, General Practitioners (GPs), non-government organisations, National Disability Insurance Scheme providers and other related services, organisations and providers.

WQPHN draws on the experience and knowledge of its primary care partner organisations, commissioned providers and a formal planning consortia, established to collaboratively implement the Western Queensland Mental Health Suicide Prevention and Alcohol and Drug Regional Plan.

The WQPHN vision for mental health and suicide prevention focuses on bringing national system-level changes including the 5th National Mental Health Plan to the regional level.

#### **DRUG & ALCOHOL**

Funding to support drug and alcohol treatment services across Australia to reduce the impact of substance misuse on individuals, families, carers and communities; Support prevention and early intervention activities and promote evidence-based information about drug and alcohol through education; Support the development of drug and alcohol data to support evidence-based treatment national policy and service delivery; and support service linkages between drug and alcohol treatment services and mental health services, as well as with social, educational and vocational long-term support services.

WQPHN's plan for Drug and Alcohol Treatment Services (as described in the MH&DA Regional Plan 2017-2020) has resulted in new mainstream and Indigenous treatment and social and emotional wellbeing services being established in the region and improvements in the systems for referral; information sharing opportunities; capacity building of community; and improved access to services.



## **INTEGRATED TEAM CARE**

Funding to help and support Aboriginal and Torres Strait Islander people with complex chronic diseases to better manage their conditions, through access to care coordination, supplementary services and developing care pathways and service linkages to improve quality of life for clients enrolled in the program.

The Nukal Murra Health Support Service (NMHSS) is funded to improve the management of chronic disease amongst Aboriginal and Torres Strait Islander people by strengthening partnerships between Aboriginal and Torres Strait Islander organisations and the wider health system. The program also seeks to empower people with chronic disease to be more effectively engaged in their care through providing a culturally informed, seamless and integrated approach to care.

## **AFTER HOURS**

Funding to specifically **address gaps in after-hours service arrangements and improve service integration** within the PHN region, to improve access to care, build the capacity of General Practice networks and explore opportunities to innovate a more connected and robust after-hours framework.

It also aims to minimise unnecessary demand on hospital ED services after hours and develop a deeper understanding of the patient behaviours accessing services after hours for non-urgent interventions.

# **FUNDING PROGRAMS - COMMISSIONED SERVICES**

## **CORE FLEXIBLE**

FUND	SERVICE	SERVICE PROVIDER	ACTIVITIES DELIVERED	LOCALITY
Core Flexible	Allied Health Promotion & Community Development Program	Blackall – Tambo Shire Council	Health Promotion & Community Development	Central West
Core Flexible	South West Dietetic Support Program	Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Ltd	South West Dietetic Support Program – Charleville and Outreach	Far South West
Core Flexible	Diamantina Primary Health Care Program	Central West Hospital and Health Service	Funding support for delivering nurse-led primary health care services at the Birdsville and Bedourie Community Clinics	Central West
Core Flexible	Big Buddy Program	Goondir Aboriginal Health Service	Support for the Big Buddy Program in Balonne area	Balonne
Core Flexible	Endocrinology	Heart of Australia	Endocrinology services, training and support in South West region	Far South West
Core Flexible	Cardiology	Heart of Australia	Cardiology services, training and support in South West region	Far South West
Core Flexible	Cultural Capacity Framework	Indigicare	Delivering cultural capacity framework	Maranoa
Core Flexible	South West Podiatry Support Program	Matthew Edwards Podiatry	South West Podiatry Support Program	Maranoa
Core Flexible	Regional Allied Health Primary Care Program and Outreach	North and West Remote Health	Plan and deliver visiting Allied Health Services to the communities within the areas of the North West and Central West Hospital and Health Services	Mt Isa & surrounds
Core Flexible	Ambulatory Blood Pressure and Sleep Study (AMBP & SS)	North and West Remote Health	Plan and deliver Ambulatory Blood Pressure and Sleep Study services to the communities within the areas of the Central West	Central West
Core Flexible	South West Exercise Physiology Support Program	Outback Bodyworx	Plan and deliver Exercise Physiology Services to the community of Cunnamulla	Far South West
Core Flexible	Diabetic Retinopathy Screening	Outback Medical Services – Longreach	Purchase of equipment for diabetic retinopathy screening and reporting on linked outcomes	Central West
Core Flexible	Health Promotion and Community Development Program	Quilpie Shire Council	Health Promotion & Community Development for the Quilpie Community	Far South West
Core Flexible	Health Promotion and Healthy Ageing Program	South West Hospital and Health Service	Plan, deliver and coordinate Healthy Ageing activities and services for the Charleville Community	Far South West
Core Flexible	South West cluster Physiotherapy Support Program	South West Hospital and Health Service	Plan and deliver visiting Physiotherapy services to the communities of Cunnamulla and Wallumbilla	Far South West
Core Flexible	South West Regional Allied Health Support Program	Vital Health	Plan and deliver visiting Allied Health Services to the communities of Augathella, Mitchell, Injune, Roma and St George	Far South West
Core Flexible	Healthy Ageing Program	Bulloo Shire Council	Plan, deliver and coordinate Healthy Ageing activities and services for the Thargomindah Community	Far South West

## **INTEGRATED TEAM CARE**

FUND	SERVICE	SERVICE PROVIDER	ACTIVITIES DELIVERED	LOCALITY
Integrated Team Care	ITC Care Coordination Program Cunnamulla District	Cunnamulla Aboriginal Corporation for Health	Plan, deliver and coordinate ITC services to the Aboriginal Community Controlled and mainstream primary health care sectors of the Paroo and Bullo Shires	Far South West
Integrated Team Care	ITC Care Coordination Program Charleville District	Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Ltd	Plan, deliver and coordinate ITC services to the Aboriginal Community Controlled and mainstream primary health care sectors in the areas of the Murweh and Quilpie Shires	Far South West
Integrated Team Care	ITC Care Coordination Program North West and Central West HHS regions	North and West Remote Health	Plan, deliver and coordinate ITC services to the Aboriginal Community Controlled and mainstream primary health care sectors in the North West HHS and Central West HHS regions	Mt Isa & Surrounds
Integrated Team Care	ITC Care Coordination Program North West and Central West HHS regions	Gidgee Healing	Plan, deliver and coordinate ITC services to the Aboriginal Community Controlled and mainstream primary health care sectors in the North West HHS and Central West HHS regions	Mt Isa & Surrounds
Integrated Team Care	ITC Care Coordination Program St George District	Goondir Aboriginal Health Service	Plan, deliver and coordinate ITC services to the Aboriginal Community Controlled and mainstream primary health care sectors in the Balonne and Goondiwindi Shires	Balonne
Integrated Team Care	ITC Supplementary Services – WQPHN	Nukal Murra Alliance – managed through Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Ltd	Review, approve and coordinate ITC supplementary services to the Aboriginal Community Controlled and mainstream primary health care sectors in WQPHN through Nukal Murra alliance members participating in the ITC program	Far South West







# MENTAL HEALTH AND SUICIDE PREVENTION (MH/SP)

FUND	SERVICE	SERVICE PROVIDER	ACTIVITIES DELIVERED	LOCALITY
MH/SP	South West Mental Health Services – Stepped Care	Alex Donoghue Clinical Consulting	Plan and deliver psychological support and clinical counselling services to individual patients to communities of St George, Bollon and Dirranbandi	Balonne
MH/SP	North West Mental Health Services – Gidgee Healing	Gidgee Healing	Plan and deliver primary mental health services for the existing services established in Headspace Mount Isa	Mt Isa & Surrounds
MH/SP	South West Mental Health Services – Roma district Children Support Program	M Powered Psychology	Plan and deliver psychological support and clinical counselling services to children up to year 10 in the community of Roma	Mt Isa & Surrounds
MH/SP	North West Mental Health Services – Stepped Care	North and West Remote Health	Plan and deliver psychological support and clinical counselling services to individual patients to communities within the area of North West HHS	Mt Isa & Surrounds
MH/SP	Mental Health Nurse Clinical care coordination	Roma Clinic	Employ a Mental Health Nurse to manage Clinical Care Coordination for people living with severe mental illness in the GP Setting for the area within the boundaries of WQPHN commissioning locality of Maranoa	Maranoa
MH/SP	South West Mental Health Services – Stepped Care	Wade Collinson (previously trading as Rural and Remote Psychology)	Plan and deliver psychological support and clinical counselling to individual patients in communities of Charleville, Injune and Roma	Maranoa
MH/SP	Mental Health Nurse Clinical care coordination	St George Medical Centre	Employ .5FTE Mental Health Nurse to manage Clinical Care Coordination for people living with severe mental illness in the GP Setting	Balonne
MH/SP	Remote Mental Health Services support Program	Royal Flying Doctor Service	Plan and deliver pshychological support and clinical counselling services to individual patients to the communities of Longreach and surrounding areas in CW Queensland	Central West
MH/SP	New Access PMHC	Centacare North Queensland	Plan and deliver Priority 1 low intensity services – New access to the communities within the boundaries of the North West HHS	Mt Isa & Surrounds
MH/SP	New Access PMHC	Lifeline Darling Downs	Plan and deliver Priority 1 low intensity services – New access to the communities within the boundaries of the South West HHS	Maranoa
MH/SP	New Access PMHC	Royal Flying Doctor Service	Plan and deliver Priority 1 low intensity services – New access to the communities within the boundaries of the Central West HHS	Central West
MH/SP	South West Mental Health Services – Stepped Care	TASC – Psychology Services	Plan and deliver psychological support and clinical counselling to individual patients in communities of Charleville, Injune and Roma	Maranoa
MH/SP	Mental Health Nurse Clinical care coordination	Outback Medical Services – Longreach	Employ a Mental Health Nurse to manage Clinical Care Coordination for people living with severe mental illness in the GP Setting for the area within the boundaries of the Central West HHS	Central West
MH/SP	Mental Health Nurse Clinical care coordination	Rural Health Management Services – Flinders Medical	Employ a Mental Health Nurse to manage Clinical Care Coordination for people living with severe mental illness in the GP Setting for the area within the boundaries of WQPHN commissioning locality of Mount Isa and surrounds	Mt Isa & Surrounds

FUND	SERVICE	SERVICE PROVIDER	ACTIVITIES DELIVERED	LOCALITY
MH/SP	Mental Health Nurse Clinical care coordination	Maranoa Medical Centre	Employ a Mental Health Nurse to manage Clinical Care Coordination for people living with severe mental illness in the GP Setting for the area within the boundaries of WQPHN commissioning locality of Maranoa	Maranoa
MH/SP	Mental Health Nurse Clinical care coordination	Gidgee Healing	Employ a Mental Health Nurse to manage Clinical Care Coordination for people living with severe mental illness in the GP Setting for the area within the boundaries of WQPHN commissioning locality of Mount Isa and surrounds and the Lower Gulf	Mt Isa & Surrounds
MH/SP	Mental Health Nurse Clinical care coordination	Cunnamulla Aboriginal Corporation for Health	Employ a Mental Health Nurse to manage Clinical Care Coordination for people living with severe mental illness in the GP Setting For the area within the boundaries of WQPHN commissioning locality of Far South West	Far South West
MH/SP	P5 Suicide Prevention	Outback Futures	Suicide Prevention – health promotion, war, referrals ad clinical support	Central West
MH/SP	Social and Emotional Well-Being	Gidgee Healing	To provide culturally and clinically integrated social and emotional well-being service,	Mt Isa & Surrounds
MH/SP	Social and Emotional Well-Being	Cunnamulla Aboriginal Corporation for Health	within a person-centred stepped care approach, which is accessible, affordable, culturally responsive to Aboriginal and Torres Strait Islander people	Far South West
MH/SP	Social and Emotional Well-Being	Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Ltd		Far South West
MH/SP	Social and Emotional Well-Being	Goondir Aboriginal Health Service		Balonne







## **DRUG AND ALCOHOL TREATMENT SERVICES (DATS)**

FUND	SERVICE	SERVICE PROVIDER	ACTIVITIES DELIVERED	LOCALITY
DATS	Social and Emotional Well-Being	Gidgee Healing	To provide culturally and clinically integrated social and emotional well-being service, within a person-centred stepped care approach, which is accessible, affordable, culturally responsive to Aboriginal and Torres Strait Islander people in Western Queensland who experience co-morbid mental health and chronic disease conditions. For the area within the boundaries of WQPHN commissioning locality of Mount Isa and surrounds and the Lower Gulf	Mt Isa & Surrounds
DATS	Social and Emotional Well-Being	Cunnamulla Aboriginal Corporation for Health	To provide culturally and clinically integrated social and emotional well-being service, within a person-centred stepped care approach, which is accessible, affordable, culturally responsive to Aboriginal and Torres Strait Islander people in Western Queensland who experience co-morbid mental health and chronic disease conditions. For the area within the boundaries of WQPHN commissioning locality of Far South West	Far South West
DATS	Social and Emotional Well-Being	Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Ltd	To provide culturally and clinically integrated social and emotional well-being service, within a person-centred stepped care approach, which is accessible, affordable, culturally responsive to Aboriginal and Torres Strait Islander people in Western Queensland who experience co-morbid mental health and chronic disease conditions. For the area within the boundaries of WQPHN commissioning locality of Far South West	Far South West
DATS	Social and Emotional Well-Being	Goondir Aboriginal Health Service	To provide culturally and clinically integrated social and emotional well-being service, within a person-centred stepped care approach, which is accessible, affordable, culturally responsive to Aboriginal and Torres Strait Islander people in Western Queensland who experience co-morbid mental health and chronic disease conditions. For the area within the boundaries of WQPHN commissioning locality of Balonne and Maranoa	Balonne
DATS	Drug and Alcohol Treatment Services (DATS)	Drug Arm Australasia	To provide specialist services for alcohol and other drug prevention, early intervention and treatment services to the area within the boundaries of WQPHN commissioning areas of Maranoa and Bolonne	Balonne
DATS	Drug and Alcohol Treatment Services (DATS)	Lives Lived Well	To provide specialist services for alcohol and other drug prevention, intervention and treatment services to the area within the boundaries of the Central West HHS	Central West
DATS	Drug and Alcohol Treatment Services (DATS)	The Salvation Army	To provide specialist services for alcohol and other drug prevention, intervention and recovery services to the area within the boundaries of the North West HHS	Mt Isa & Surrounds
DATS	Drug and Alcohol Treatment Services (DATS)	North and West Remote Health	To transition into a provider of specialist services for alcohol and other drug prevention, intervention and recovery services to the area within the boundaries of the WQPHN commissioning locality of lower gulf	Lower Gulf



FUND	SERVICE	SERVICE PROVIDER	ACTIVITIES DELIVERED	LOCALITY
After Hours	Warrawee Aged Care – After Hours	St George Medical Centre	Enhancing access to After Hours service to Warrawee Residential Aged Care Facilities.	Balonne
After Hours	After Hours Funding – GP Project	The Laura Johnson Home	To support primary health care providers and organisations to deliver safe, high quality services to residents, Implementation of new technology to support GP afterhours and Hospital discharge planning	Mt Isa & surrounds
After Hours	ED Primary Care Improvement Project	North West Hospital & Health Service	Mt Isa Emergency Department integrated primary care re-engagement and redesign program	Mt Isa & surrounds



## **OUR STRATEGIES - PROGRAM AND INITIATIVES**

# INTEGRATING CARE

A comprehensive shared health intelligence to plan and evaluate primary health care services

Support the Maranoa Accord and enable strong advocacy with shared governance and leadership

Enable local leadership through Councils and ensure Consumer Engagement strategies and structures are implemented

Ensure joint planning to inform integrated service frameworks on key health priorities

Comprehensive health needs assessment supporting placebased commissioning approaches

Build strategic alignment across Commonwealth and State primary care frameworks

# 2 WQ HEALTH CARE HOME

Universal support and adoption of the Health Care Home Model of Care, customised for Western Queensland

Development and adoption of a quality improvement framework to commission and enable WQHCH capabilities and whole of population approach

Support a dynamic, skilled and sustainable WOHCH workforce

Leverage from the WQHCH to support better coordination, uptake and adoption of integrated care

Harmonise and innovate General Practice and service provider support and capability with primary health care quality improvement and business domains

Establish an academic partnership to build formative evaluation capability and monitor WQHCH exemplar sites within WQ Localities

# 3 CLOSING THE GAP

Promote the Nukal Murra Alliance joint commissioning framework to improve cultural competency, better access and performance

Implement an appropriate cultural integrity framework to guide primary care commissioning

Provide integrated Indigenous workforce solutions in Western Oueensland

Provide advocacy and support to build Aboriginal and Torres Strait Islander clinical leadership in collaboration with AICCHS and partners

Support an integrated CTG strategy customised to the unique needs of Western Queensland

Ensure participation and engagement of Aboriginal and Torres Strait Islanders in the planning and evaluation of PHN commissioned services

## 4 CHRONIC AND COMPLEX CARE

Design and implement evidence-informed service frameworks for early intervention and prevention

Promote practice-based commissioning to support WQHCH capability and targeting of chronic conditions

Activate allied health commissioning to strengthen WQHCH outcomes with an emphasis on disease prevention and better self-management

Enable integrated stepped-care approach to MH and AOD and support uptake of digital health for chronic disease management

Incorporate Workforce development, up-skilling and innovation through commissioning

Support development of local clinical pathways for key health priorities

# 5 CHILD AND MATERNAL HEALTH

Implement the WQ Child and Family Health Framework prioritising health outcomes in the first 3000 days

Promote place-based commissioning and WQHCH to support child and family Health capability

Promote integrated clinical and health promotion activities to support targeted cohorts during important developmental milestones

Build partnerships with non-health child services and stakeholders aligned with childhood development and families

Support uptake of digital technologies to enhance child and family health outcomes, surveillance and coordination

Support local clinical pathways including specialist or tertiary services

# 6 GOOD GOVERNANCE

Provide accountable, quality assured corporate, program and clinical governance

Support a progressive and inclusive corporate culture

Maintain high quality financial performance, controls and fidelity

Support an efficient organisational structure and highly skilled and motivated workforce

Maintain ISO 9001-2016 Certified Quality Management Systems and effective performance monitoring and surveillance

Build and maintain effective stakeholder engagement and industry confidence

## **STRATEGY 1: INTEGRATING CARE**

Our commitment to work closely with our partners to better integrate the Western Queensland Health system is contributing to strengthened partnerships under the Nukal Murra Alliance, across three Western Queensland Hospital and Health Services (HHSs) and key academic, workforce and primary care non-Government Organisations.

Guided by the comprehensive assessment of health needs and priorities within Western Queensland, new opportunities to jointly plan, evaluate and redesign services to achieve greater integration have been pursued through the adoption of evidence informed strategic frameworks within mental health, child and family health, Aboriginal mental health, practice capability development and management of diabetes.

During the year there has been a maturing of relationships that is leveraging more from shared health intelligence, which is strongly validating WQPHN priorities and creating greater coordination and co-commissioning opportunities on the ground. The collaboration with the HHS partner organisations and AICCHS is providing a solid foundation for change with projects including joint investment into a significant review of the WQ digital health architecture, endorsement of the WQ Health care home collateral, joint support for the three HHS sponsored Integrated Care Innovation Fund (ICIF)

projects, all contributing to greater alignment and harmonisation.

The launch of the 2017-18 Health Needs Assessment and WQ Health Intelligence portal has ensured this critical infrastructure is contributing to a greater focus on health outcomes and customising care to what works best for the people of Western Queensland. This comprehensive source of population health data is enabling better decision making, planning and engagement with primary care providers and communities. The last ABS census highlighted the dynamic nature of population data and underscored the importance of the data sharing collaboration between the WQPHN and General Practice networks to gain a deeper understanding of true population and disease burden.



# AGREEMENTS DRIVING CHANGE AND INTEGRATION

#### **MARANOA ACCORD**

The Maranoa Accord is supported by the Western Queensland Health Services Integration Committee (WQHSIC) with membership across the three HHSs and Aboriginal and Islander Community Controlled Health Services (AICCHSs), has supported the Health Intelligence Portal development, WQ Health Care Home design and a comprehensive review of digital health architecture supporting primary care in WQ. Priorities include pursuing greater interoperability and digital technologies, supporting the My Health Record, and ongoing enhancement of health intelligence capability.

# HEALTH WORKFORCE QUEENSLAND

An MOU is guiding collaboration to support a dynamic, skilled and sustainable workforce through considering shared workforce data and intelligence, joint funding of agreed workforce priorities, and joint planning to build local health workforce capability

#### **CHECKUP**

An MOU ensures a joint commitment to improve the health and wellbeing of the people living in the Western Queensland region. The MOU provides the framework to enable strategic partnership approaches, including the adoption of joint service and activity planning, commissioning and co-commissioning of health and wellbeing services, and the development of models of care to improve Aboriginal and Torres Strait Islander health, mental health and suicide prevention, child and maternal health and chronic disease.

#### **NUKAL MURRA ALLIANCE**

An historic Alliance contract with the four AICCHS within Western Queensland which is supporting a co-commissioning approach is enabling greater cultural intelligence for the WQPHN and delivering enhanced support for chronic disease management in General Practice and expanded Social and Emotional Wellbeing services.



L-R: Dallas Leon, CEO Gidgee Healing, Stuart Gordon, CEO WQPHN, Sheryl Lawton, CEO CWAATSICH, Floyd Leedie, CEO Goondir, Kerry Crumblin, CEO CACH

#### **DIABETES QUEENSLAND**

An Agreement between WQPHN and Diabetes Queensland supports a more comprehensive approach to the management and prevention of diabetes in Western Queensland communities, through joint promotion of My health for life, boosting access to Credentialled Diabetes Educators, and professional support and mentoring for General Practice nurses.

#### LOWER GULF TRIPARTITE AGREEMENT

The Tripartite agreement is an historic commitment between Gidgee Healing, North West Hospital and Health Service and the WQPHN to work in partnership to improve health outcomes for Aboriginal and Torres Strait Islanders of NW Queensland. The Agreement is breaking new ground in joint planning and clinical redesign, enabling new primary health care approaches including support for Aboriginal Community Controlled services across the Lower Gulf region.

Focusing on the four domains of leadership, quality, workforce and model of care, the program is enabling greater integration through shared health intelligence, workforce support, community engagement and introducing new service frameworks linked to better management of chronic conditions and child and family health. Importantly, the Agreement is a strong commitment to support Gidgee Healing as a robust and vibrant Aboriginal Community Controlled Health Service in the North West.



Left to Right: Paul Woodhouse (Chair: NWHHS), Dr Sheilagh Cronin (Chair: WQPHN), Shaun Solomon (Chair: Gidgee Healing).



Dr Sheilagh Cronin and Ivan Frkovic (Old Mental Health Commissioner) at the launch of the WQ Mental Health Suicide Prevention, Alcohol and Other Drugs Regional Plan, which coincided with a WQHSIC meeting.

# **STRATEGY 2: WESTERN QUEENSLAND HEALTH CARE HOME**

The development of the Western Queensland Health Care Home Model of Care has followed extensive consultation and engagement and review of national and international models and evidence.

Our work has captured contemporary approaches to primary care redesign and aims to provide a Model of Care which cuts down organisational and professional barriers and places community and consumers at the heart of their local primary health care system.

With endorsement and significant input from our partners, the Western Queensland Health Care Home (WQHCH) model of care will represent a significant enabler to ensure Western Queenslanders are accessing care, risk factors for poor health outcomes are identified early, and people with a chronic condition are looked after by health professionals who are better supported to work as a team.

The WQHCH will transform practice support and capability development activities to inform practice-based commissioning and will better link consumers to providers across networks and services. It will ensure WQ General Practice networks (and Aboriginal and Islander Community Controlled Health Services) are at the forefront of innovation and in step with emerging national frameworks and population-based quality improvement requirements.



The WQHCH was endorsed by the WQHSIC in November 2017 and followed extensive consultation with the Consumer Council, Clinical Councils and Chapters, as well as close collaboration with Pinnacle Health in New Zealand, and the University of Queensland Mater Research Institute who have been supporting quality improvement activities in WQ practice networks.

The WQHCH Model of Care will place an emphasis on those critical foundations necessary to enhance system and patient care and better support early intervention and prevention, planned and structured care for people with a chronic condition and an emphasis on access to care to support greater selfmanagement and independence.

# WQHCH EARLY ADOPTER PROGRAM

The Early Adopter Program will be introduced during October 2018 – June 2019 through five (5) General Practices (including an AICCHO) to assist WQPHN to test the collateral developed with guidance from the WQHCH Working Group and inform Commissioning approaches in 2019-20.

Two research organisations (UQ-Mater Research Institute led by Professor Claire Jackson and Centre of Rural and Remote Health led by Professor Sabina Knight) will monitor and evaluate the early adopter program.



Health Care Home working group in Brisbane:

Front Row: Left to Right: Jean Benham, Dr. Kylie Armstrong, Sandra Corfield, Dr. Michael Mbaogu, Rhonda Fleming, Natalie Kerrigan, Chris Richards, Sandy Robertson, Prof Sabina Knight.

Back Row: Left to Right: Prof Claire Jackson, Dr. David Rimmer, Sam Borg, Aidan Hobbs, Marg Windsor, Ellaine Wingate, Prof Sarah Larkins, Jo Mahony, Stuart Gordon, Linda Patat.



Left: A Photo taken in Mt Isa of participants in one of the many consultations with key stakeholders in WQ which also provided the opportunity to listen to the experiences of the New Zealand HCH model of care from Pinnacle Health representatives John Macaskill-Smith and Helen Parker.

# **STRATEGY 3: CLOSING THE GAP**

Western Queensland Primary Health Network (WQPHN) is improving access to culturally competent primary health care and social and emotional wellbeing services for Aboriginal and Torres Strait Islander people across the WQPHN region.

An Alliance Contract between the WQPHN and the four Aboriginal and Islander Community Controlled Health Services (AICCHS) across the catchment, is providing a strong foundation for cultural intelligence, innovation and new primary health care. This unique Alliance is informing collaboration across Indigenous and mainstream domains and is guiding WQPHN commissioning and development decision-making processes to inform new approaches to Closing the Gap.

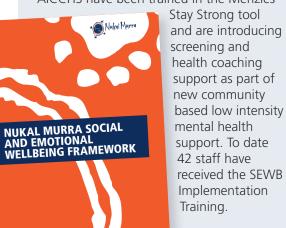
The Alliance is informing new partnerships in collaboration with our HHS partners and primary care NGOs and providing new engagement in the redesign of services for Aboriginal and Torres Strait Islander people.



# CREATING A STRATEGIC AGENDA FOR IMPROVING ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

The launch of the Nukal Murra Social and Emotional Wellbeing (SEWB) Framework, a companion document to the WQPHN Mental Health Suicide Prevention and Alcohol and Other Drug Regional Plan. The SEWB Framework is a strengths-based solution tailored to meet the unique challenges in rural and remote Western Oueensland.

It promotes and enables clinically integrated and Indigenous-led, culturally secure and evidence informed solutions to improving SEWB, mental health and wellbeing by Aboriginal and Torres Strait Islander people. Aboriginal Health Workers across the four AICCHS have been trained in the Menzies





Signing of the North West Queensland
Tripartite Agreement between WQPHN, Gidgee
Healing and North West HHS is providing a
clear strategic statement of intent by all three
parties to work in collaboration to transform the
long-standing service delivery and community
engagement arrangements within primary
health care. It is supporting greater Aboriginal
Community Controlled leadership to enable
culturally competent and responsive services for
the Aboriginal and Torres Strait Islander people of
North West Oueensland.





WQPHN is supporting Goondir Health Service in the introduction of the '**Big Buddy**' program in St George. The program is designed around four (4) key components to empower Indigenous youth to achieve their full potential and thrive through promoting life skills; mentorship; education & improving social interaction. It targets 12-17 year old young people.

Nukal Murra Health Support Service established under the Alliance has experienced a significant growth in the number of Aboriginal and Torres Strait Islander people with chronic conditions accessing additional support under the ITC program. With almost 1,000 clients now registered, the new brokerage service is creating better access to care coordination and supplementary services for clients of mainstream and AICCHS across the catchment, achieving better value through the co-commissioning approach with local AICCHSs.



# **STRATEGY 4: CHRONIC AND COMPLEX CARE**

Western Queenslanders live in a unique part of the State and experience significantly higher risk factors for developing chronic conditions, compounded by challenging socio-economic, climatic and health workforce realities.

A significant part of the WQPHN service provider commissioning is directly linked to providing better access to allied and mental health support services and supporting multi-disciplinary teambased approaches to management and prevention efforts on the ground.

Achieving preventative health outcomes and greater planned and structured care is complex and influenced by attitudes and capabilities of providers and consumers alike, and the relative confidence and sustainability of primary care systems and services configured to best meet the needs of Western Queensland populations, now and into the future.

Commissioning approaches have provided support to fragile private provider organisations, but also expanded the market through exploring new partnerships with government and non-government organisations, local governments and better responding to a significant burden of illness.

Taking a Place-Based Commissioning approach and working to ensure a multi-disciplinary model of care, the WQPHN applied a range of approaches across 42 provider organisations and networks including:

- allied health services to support clients of General Practice
- a range of low mental health support services to support new low intensity, mild, moderate and more severe conditions
- collaboration with local government agencies to assist healthy ageing
- targeted practice-based commissioning linked to diabetes and mental health support
- and harmonisation of the Nukal Murra Health Support Services to increase access for ATSI people with chronic conditions

#### **MAKING A DIFFERENCE...**

13,844	Allied Health Services occasions
	of service

**5,879** Mental health occasions of service

**2,634** Health promotion activities

**2,412** Nursing occasions of service

**1,000** ATSI clients receiving Nukal Murra Support Services

10 General Practices in the Diabetes Collaborative

#### **INCREASING ACCESS TO CARE**

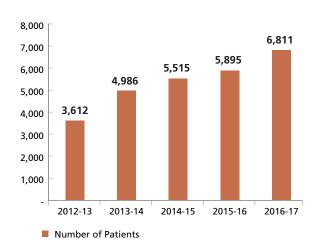
Our approach has been to preserve and strengthen existing provider organisations, increase the capability of General Practice networks to enrol patients in planned and structured care, advance collaborative approaches with HHS, AICCHS, and partner NGO organisations and build better intelligence of the health of populations, burden of disease and use this evidence to improve care.

Year on year there has been a sustained increase in enrolments of people into GP led multidisciplinary team-based approaches for management of chronic conditions and people experiencing mental illness. Using the WQHCH Model of Care, a more systematic and planned approach to the identification and management of chronic conditions will be realised, as commissioning directly responds to disease burden identified in General Practice populations and configures services within these localities.

As a Commissioning organisation we have worked closely with all commissioned providers to ensure the adoption of key foundations which support better efficiency, integration and improved patient experience of care.

Getting the balance right between prevention and early intervention and optimising management of chronic conditions is complex. It requires harmonisation of effort across social, primary and secondary care sectors and an emphasis on encouraging help-seeking behaviours and engagement to guide lifestyle risk factor management on the ground.

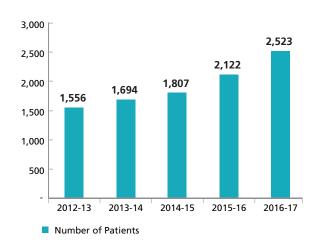
#### **GP Chronic Disease MBS Items Year on Year**







#### **GP Mental Health MBS Items Year on Year**



# LAUNCH OF BEYOND BLUE NEW ACCESS PROGRAM IN MOUNT ISA

"NewAccess is designed to be easy, practical and very low stigma and through this collaboration, has been creatively tailored to meet the unique needs of WQPHN communities. Early intervention and prevention is integral to the mental health system, especially for strong communities needing to stay strong."

**Bronwyn Hall**, Head of Community Support Services, Beyond Blue

# 00000000

#### **OUTBACK FUTURES**

Outback Futures was commissioned to deliver Mental Health Services (suicide prevention/early intervention) in the Central West:

"Even just six months of WQPHN funding has allowed Outback Futures to connect with and deliver mental and allied health services to four remote shires in the Central West. This six months alone for Outback Futures has seen over 350 clients receive more than 2000 appointments in addition to workshops, presentations and trusted relationships contributing to new shifts in mental health stigma and help-seeking attitudes."

Selena Gomersall, CEO, Outback Futures



 $\label{thm:continuous} \textit{Team photo: Outback Futures delivering low intensity mental health services in CW Qld.}$ 



## STRATEGY 5: CHILD AND MATERNAL HEALTH

With approximately 1,050 children born in Western Queensland each year, and more than 8,400 children aged 0-8 years, the findings of the Western Queensland Health Needs Assessment that children are experiencing greater health vulnerabilities, has focused partners on the development and adoption of an evidence-informed, contemporary guide for the development and adoption of universal child and family health Framework.

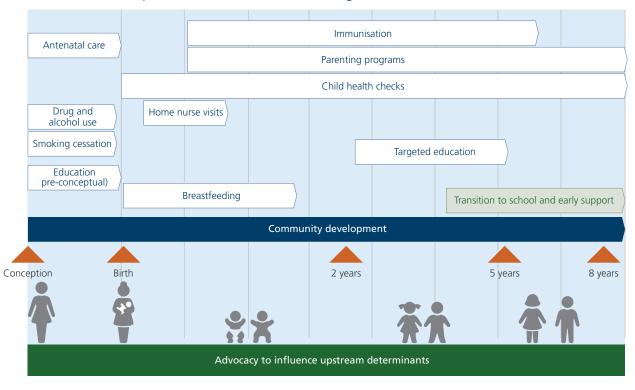
Developed in consultation with services in Western Queensland the Framework centres around critical development milestones with a focus on the first 3,000 days and supports the securing of culturally safe health services for Aboriginal and Torres Strait Islander children. With new commissioning activities getting underway in 2018-19, the Framework will leverage from the WQHCH model of care and deliver patient-centred care to craft new pathways of support around the issues unique to Western Queensland communities.

Endorsed by the regions HHSs and AICCHS's, and other partner organisations, the planning architecture within the Framework is inclusive of local provider networks and recognises that through a shared spirit of collaboration and willingness, the region can adapt to achieve whole of population outcomes. Similarly, new approaches that incorporate cultural identity and focus on

continuity across the life-span, can underpin wellbeing outcomes for children and their families.

The new framework supports Commissioned Providers support children in Western Queensland experiencing a more proactive, systematic approach, and a shared intelligence network that empowers families and improves access to timely child and family health service support. The WQPHN Framework for Child and Family Health guides a universal approach to maternal and child health services and the priorities and actions required to grow healthy children and families. The Framework was based on a model developed by the Maari Ma Health Aboriginal Corporation and was developed in consultation with the Clinical and Consumer Councils and key HHS and AICCHSs within Western Queensland.

**Improving Health and Social Outcomes 0-8 years.** This figure summarises best practice interventions recommended to improve children's health and wellbeing.



## IN THE FAR SOUTH WEST LOCALITY...

Service Mapping informed service planning in Charleville and Cunnamulla and contributed to local service providers developing a common understanding of the key gaps and barriers in those locations. A working group was established including WQPHN, the South West Hospital and Health Service (SWHHS), Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health (CWAATSICH) and Cunnamulla Aboriginal Corporation for Health (CACH) to develop integrated Child and Family health services using a population health approach, embedded in General Practices in Cunnamulla and Charleville.

Aptly referred to as the **Healthy Outback Kids Program**, primary care partners have undertaken to enrol and risk stratify all children in Murweh, Paroo, Quilpie and Bulloo Shires within the local General Practice network. This has work has included harmonisation assessment and early childhood resource collateral, data sharing and team-based approaches.

## IN THE LOWER GULF LOCALITY...

Child and family health are a major focus under the **Tripartite Agreement** between the WQPHN, North West Hospital and Health Service (NWHSS) and Gidgee Healing AICCHO and these organisations have endorsed the Framework and commenced consultation to see its introduction in the Mornington Island community during 2018–

19. Led by Gidgee Healing, the implementation will standardise assessment approaches across providers taking key learnings from work in the Far South West, and be culturally informed through significant input and guidance by the Mornington Health Council.



#### **EARLY PRIORITIES:**

- Development of shared child health registers and harmonisation of health checks
- Innovation to digitally enable interoperability and shared health intelligence including health assessments, referrals pathways and active surveillance and follow-up
- Integration of existing and new targeted health promotion and education to support families and children
- Early evaluation of the Healthy Outback Kids program early work to guide planning in other sites



### **STRATEGY 6: GOOD GOVERNANCE**

With a Vision for 'Western Queenslanders experiencing better health', the Western Queensland Primary Care Collaborative Limited, trading as the Western Queensland PHN has continued to pursue this forward-view for primary care throughout the year through an engaged and experienced Board of Directors, financial fidelity, key stakeholder engagement, and retention of its small but dedicated workforce, committed to quality management systems and practice.

# MATURING AS A REGIONAL PRIMARY CARE COMMISSIONER

Entering 2018 the Board undertook a comprehensive review of its Strategic Plan, staffing structure and risk appetite in what continues to be a very dynamic and changeable Commonwealth primary health care program. As part of its continuing independence as a notfor-profit entity, the Company also completed a constitutional review with amendments made in a well-supported AGM and removed its Controlled Entity status with the Queensland Government.

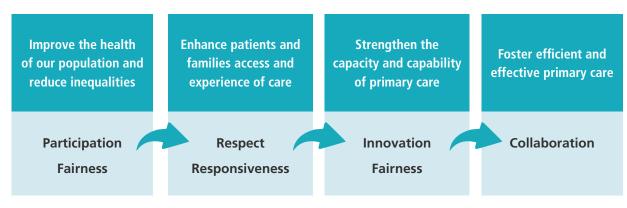
With a significantly expanded membership base, the Company has matured its relationship with primary health care partner organisations and service providers and cultivated confidence in delivering on its Purpose Statement "To Support a comprehensive and integrated primary health care system that delivers better health outcomes for the people of Western Queensland".

# COMMISSIONING COLLATERAL AND PERFORMANCE DEVELOPMENT

Throughout the year the Company has maintained compliance with its Commonwealth contract requirements and maintained accreditation of its operations against the ISO 9001-2016 Management Standards. With input from the Consumer and Clinical Councils, and supported through the Clinical Chapters and partner organisations, the WQPHN has continued to develop its commissioning collateral and fidelity to guide evidence-based approaches and a focus on moving its purchasing of services from a transactional activity focus to more transformational outcomes focus.

Year on year the Company has continued to increase the number of Commissioned Providers and total number of contracts under management. In 2018-19 this number has doubled from those contracts originally transitioned from the former Medicare Local Program.

#### **Values and Goals**





Supporting this process has been a sustained commitment to optimise the acquisition and visualisation of data through the Western Queensland Health Intelligence portal, further refinement and application of the Bushman's Guide to Better Health Commissioning Framework, introduction of new service frameworks to guide Child and Maternal Health, Diabetes Management, Mental Health, Suicide Prevention and Alcohol and Drugs Regional Plan, including the addition of the Nukal Murra Aboriginal Mental Health Framework.

## ENGAGEMENT AND PARTNERSHIP

The engagement with General Practice networks across the catchment has remained a key priority for the Board and the wide consultation and adoption of the Western Queensland Health Care Home Model of Care. This framework is informing the fidelity and targeting of place-based and practice-based commissioning efforts and strengthening Practices sustainability and performance, but also ensuring they remain at the forefront of contemporary policy development and transform to greater patient-centred care.

The critical partnership with the Aboriginal and Islander Community Controlled Health Sector under the Nukal Murra Alliance is a central platform for engagement, cultural intelligence, innovation and co-commissioning. The Alliance is assisting the WQPHN pursue a measured and more informed response to improving health outcomes for Western Queensland's Aboriginal and Torres Strait



L-R back row: Helen Murray (Qld Health CIO) Sheryl Lawton (CWAATSICH CEO), Chris Appleby (WQPHN Director), Linda Patat (SW HHS CEO) Dr David Rimmer (WQPHN Director), Stuart Gordon (WQPHN CEO). L-R Front row: Sheridan Cooper (WQPHN Company Secretary) Vicki Murphy (WQPHN Director) Dr Sheilagh Cronin (WQPHN Board Chair) Rhonda Fleming (WQPHN Executive) Paul Woodhouse (NW HHS Board Chair) Jane Williams (CW HHS Board Chair) Lisa Davies-Jones (NW HHS CEO).

Islanders, with a strong alignment to the United Nations Declaration into the Rights of Indigenous People, and Gayaa Dhuwi Declaration, which underscores the value of these partnerships.

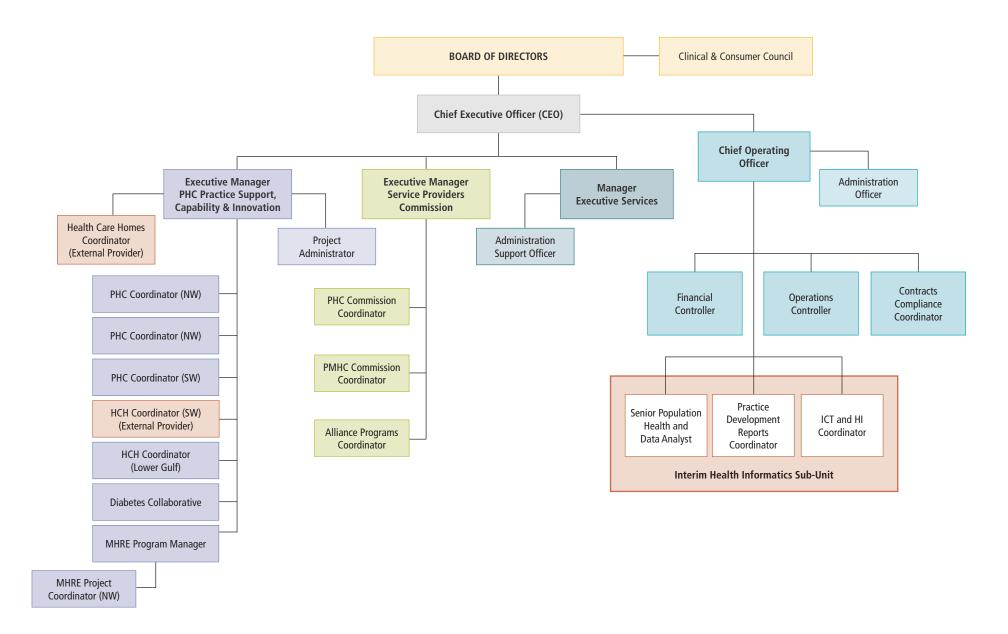
The partnership and enterprise promoted through the Maranoa Accord, which extended membership to the regions AICCHSs during the year, is supporting Western Queensland's peak primary care organisations to adopt collaborative approaches, and remains an important crossgovernance forum linked to tripartite and co-investment in the region.

#### **FIT FOR PURPOSE**

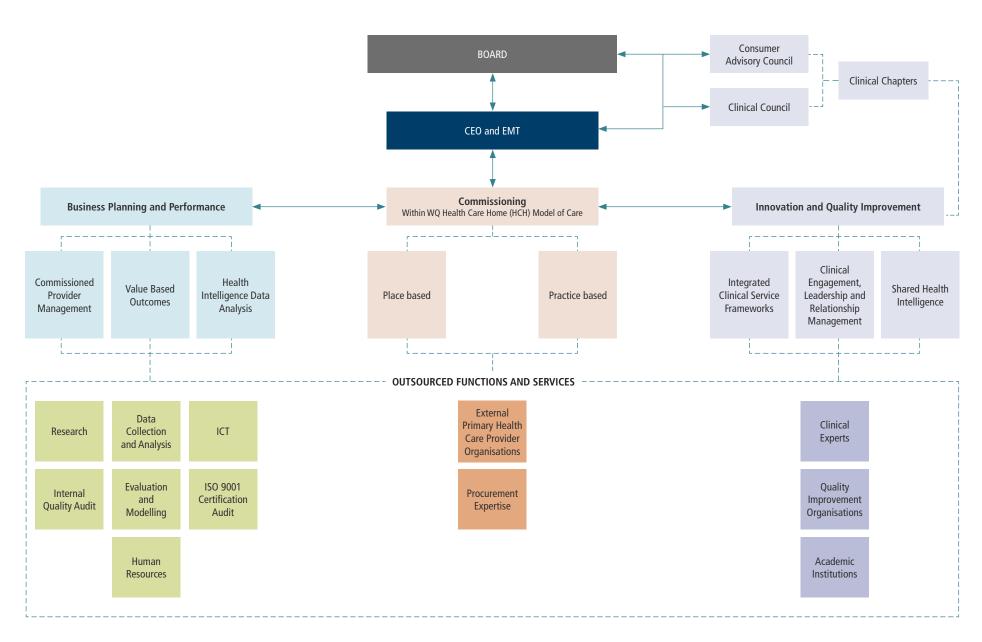
To ensure the form of the organisation keeps step with its maturing function as a regional commissioning body, the Board approved a review of the organisations structure to enable greater efficiency and functional alignment to support key capabilities across Business Commissioning and Support, Practice Based Commissioning, Service Provider Commissioning, and streamlining Executive Support functions. (See WQPHN Organisational Structure, page 38.)

During the year, the Company contributed to two Senate Inquiries (rural and remote mental health and My Health Record), both of which were accepted and published and has ensured the unique perspectives of Western Queensland are contributing to State and National health policy through active engagement through the Queensland Clinical Senate, Queensland and National PHN Forum, State Workforce and Digital Health Forums.

## **WQPHN ORGANISATIONAL STRUCTURE**



## **WQPHN FUNCTIONAL DESIGN AND PERFORMANCE MANAGEMENT**







**2017-18 ANNUAL FINANCIAL STATEMENTS** 

SUMMARY

## **DIRECTORS' REPORT** FOR THE YEAR ENDED 30 JUNE 2018

## WESTERN QUEENSLAND PRIMARY CARE COLLABORATIVE LTD

ABN: 86 604 686 660

Your directors present this report together with the financial report on Western Queensland Primary Care Collaborative Ltd ("WQPHN" or "the Company") for the financial year ended 30 June 2018.

#### **DIRECTORS**

The names of each person who has been a director during the year and to the date of this report are:

- Dr Christopher Appleby
- Dr Stephen Buckland
- Mr Matthew Cooke
- Dr Sheilagh Cronin Chair
- Dr David Rimmer
- Mrs Vicki Anne Murphy

Directors have held office during the reporting period for the periods stated above.

#### **COMPANY SECRETARY**

Sheridan Cooper

#### **PRINCIPAL ACTIVITIES**

The Company's principal activities during the year were;

- consolidation of the WQPHN corporate, financial and program governance, systems and services
- accreditation of the Company's management systems to the ISO 9001:2016 AU/NZ Standards
- development of the commissioning capability, health intelligence and population data management systems
- building collaborative partnerships with key government and non-government primary care provider networks
- commissioning of services in accordance with the Commonwealth's National PHN program
- comprehensive Assessment of Health Needs, development of plans and General Practice support
- supporting local innovation through regional Clinical Chapters, and the WQPHN Clinical Council Advisory Council
- continuous quality improvement activities in primary care and General Practice networks
- satisfactory implementation of the PHN Programs within required guidelines and performance measures

#### **OPERATING RESULTS**

The entity recorded a surplus of \$775,849 (2017: \$27,784).

## SHORT-TERM AND LONG-TERM OBJECTIVES

(a) Short-term Objectives are:

 supporting health professionals to improve the health of local residents through assisting multi-disciplinary teambased care outcomes, provision of infrastructure support, health workforce development and clinical leadership

- support the development and adoption of good corporate governance policies and procedures to effectively support the company's establishment and operations
- improving engagement with other key stakeholders
- development of a robust commissioning model to inform future program and primary health care system design and performance
- supporting greater clinical input and leadership in the design and evaluation of primary care services through the WOPHN Clinical Council and related structures
- supporting greater consumer engagement and input in the design and evaluation of primary care services through the WQPHN Consumer Advisory Council and related structures
- building strong primary care partnerships to support joint planning and co-commissioning activities
- integrating effective communication strategies to ensure clear understanding of the role and function of the PHN
- close the gap in the health and life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous
- improve the health and wellbeing of all residents of the WQPHN catchment
- remaining financially viable

(b) Long-term Objectives are:

- supporting the development and adoption of GP led multidisciplinary models of primary health care
- supporting greater health intelligence to guide integrated planning and evaluation of primary care services and program performance
- building the capacity and sustainability of General Practice and General Practice related primary health care systems, workforce and infrastructure

- supporting greater organisational and financial integration of primary health care services provided in the WOPHN catchment
- collaborate with key stakeholders and support innovation and quality improvement activities
- building Strategic Alliances between stakeholders to provide fully integrated primary care models as close to the local community as possible
- close the gap in the health and life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous
- improve the health and wellbeing of all residents of the WQPHN catchment
- remaining financially viable

#### STRATEGY FOR ACHIEVING OBJECTIVES

The company's strategies for achieving these objectives are:

- supporting good corporate, program and clinical governance
- supporting General Practice as a cornerstone to quality primary health care systems of care
- ensuring continued effective engagement with key stakeholders and organisational partners
- develop a comprehensive health intelligence capability through which to plan, measure and evaluate the effectiveness of WQPHN programs and the wider primary health care system.
- maintaining and enhancing operational and financial capacity and compliance
- development and implementation of the WQPHN 5 year strategic plan
- support for partnership development and strategic engagement with key health stakeholder organisations

## HOW ACTIVITIES ASSIST IN ACHIEVING OBJECTIVES

These activities assisted in achieving the objectives in the following manner:

- identifying, quantifying and prioritising local population health needs
- ensuring a consistent and seamless transition of clinical and program support services within the region
- supporting an evidence-based approach to the commissioning and evaluation of health services
- alignment of programs, resources and stakeholder engagement with identified health priorities and opportunities for system improvement
- assisting the capacity of service provider organisations and individuals to provide better connected and higher quality health services
- support advocacy action to State and Federal Governments
- improving patient health outcomes through developing better health planning and service delivery structures and relationships
- creating a collegiate environment where local GPs and other health professionals work together for better patient outcomes
- supporting dissemination of information regarding health priorities and system improvement priorities for populations of the WQPHN catchment
- creating opportunities for system change, adoption and innovation through joint planning and collaboration with stakeholders, including consumer networks

#### **KEY PERFORMANCE MEASURES**

Performance is measured and reported on to key stakeholders in the following manner:

(a) in relation to delivery of PHN programmes:

- Commonwealth government funding goals and objectives are reported to funding bodies and compared to benchmarks and National Health Standards
- PHN 6 and 12 monthly reporting mechanisms
- financial acquittal reports are prepared for each Commonwealth government funding program and submitted for review and approval by the funding body
- Commonwealth government funding contracts specify performance standards and other criteria that need to be achieved to secure continued funding and meet compliance

(b) in relation to operations, and financial sustainability:

- compliance with WQPHN Board corporate governance and reporting requirements
- annual operational and financial report to Members and Funding Body
- maintain accreditation against the AS/NZS ISO 9001:2016 Quality Management Standards
- peer group benchmarking
- full compliance under the Corporations Act 2001 and other relevant statutory obligations including the ACNC

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## **DIRECTORS' REPORT AND DECLARATIONS**

WESTERN QUEENSLAND PRIMARY CARE COLLABORATIVE LTD DIRECTORS' REPORT FOR THE YEAR ENDED 30 JUNE 2018 ABN: 86 604 686 660

#### **MEETINGS**

	Director Meet		Finance Audit & Risk Management Committee		Governance & Nominations Committee**	
Director	Number eligible to attend	Number attended	Number eligible to attend	Number attended	Number eligible to attend	Number attended
Dr Christopher Appleby	6	6	8	8	-	-
Dr Stephen Buckland	6	6	-	-	3	3
Mr Matthew Cooke	6	4	8	7	-	-
Dr Sheilagh Cronin	6	6	8	8	3	3
Dr David Rimmer	6	6	-	-	3	3
Mrs Vicki Anne Murphy	6	6	-	-	3	3

<sup>\*</sup>In addition there were 6 Board Circular Resolutions during the Reporting Period

#### MEMBER CONTRIBUTION ON WINDUP

The amount that each Member or past Member is liable to contribute on winding up is limited to \$10.

#### TOTAL CONTRIBUTION ON WINDUP

The total amount that members of the Company are liable to contribute if the Company wound up is \$150 (2017: \$70).

During the year, to further the objectives of the PHN and to diversify membership, 8 new organisations were admitted as company members.

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

Dr Sheilagh Cronin - Chair

Dr Christopher Appleby

Dated this 25th day of September 2018

#### WESTERN QUEENSLAND PRIMARY CARE COLLABORATIVE LTD DIRECTORS' REPORT FOR THE YEAR ENDED 30 JUNE 2018

ABN: 86 604 686 660

The Directors of the company declare that:-

The financial statements and the notes set out in the attached are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and:

In the opinion of the Directors:

- (a) The financial statements and notes of the Company are in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:
  - i. Giving a true and fair view of its financial position as at 30 June 2018 and of its performance and cash flows for the financial year ended on that date: and
  - ii. Complying with Australian Accounting Standards Reduced Disclosure Requirements (including the Australian Accounting Interpretations) and the Australian Charities and Notfor-profits Commission Regulation 2013;
- (b) There are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable; and
- (c) Commonwealth government funding monies expended by the Company during the financial year have been applied for the purposes specified in the relevant Letter of Offer and the Company has complied with the terms and conditions relating to Commonwealth government funding received.

This declaration is made in accordance with a resolution of the Board of Directors.

Dr Sheilagh Cronin - Chair

Dated this 25th day of September 2018

<sup>\*</sup>In addition there was 1 Governance & Nomination Committee Circular Resolutions during the Reporting Period

## STATEMENTS OF COMPREHENSIVE INCOME AND FINANCIAL POSITION

## STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2018

	Notes	2018 \$	2017 \$
Revenue			
General Revenue	2	20,256,188	20,305,574
Other income	2	482,439	61,829
Total Revenue		20,738,627	20,367,403
Expenditure			
Employee benefits expense	3	(2,873,028)	(2,401,745)
Depreciation expenses		(13,817)	(28,643)
Clinical service subcontractors	1(p)	(13,881,488)	(14,292,139)
Consulting expenses		(131,388)	(50,057)
Contractors		(615,625)	(764,374)
Lease expense		(197,229)	(205,350)
Repairs, maintenance & vehicle running e	xpenses	(136,862)	(120,243)
Electricity		(5,834)	(7,392)
Accounting and legal fees	3	(81,259)	(115,749)
Audit fees – audit services		(35,700)	(62,300)
Travel expenses		(486,405)	(400,756)
Other expenses		(1,504,143)	(1,890,872)
Total Expenditure		(19,962,778)	(20,339,619)
Net Surplus		775,849	27,784
Plus: Other Comprehensive Income		-	-
Total Comprehensive Income		775,849	27,784

## STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2018

	Notes	2018 \$	2017 \$
CURRENT ASSETS			
Cash and Cash Equivalents	4	10,455,092	16,475,651
Trade and Other Receivables	5	481,912	74,734
Other Assets	6	266,078	80,561
TOTAL CURRENT ASSETS		11,203,082	16,630,946
NON-CURRENT ASSETS			
Property, Plant & Equipment	7	25,160	40,484
TOTAL NON-CURRENT ASSETS		25,160	40,484
TOTAL ASSETS		11,228,242	16,671,430
CURRENT LIABILITIES			
Trade and Other Payables	8	2,928,777	2,603,272
Accrued Employee Benefits	9	159,156	135,124
Unearned Revenue	12	7,234,652	13,811,679
TOTAL CURRENT LIABILITIES		10,322,585	16,550,075
NON-CURRENT LIABILITIES			
Accrued Employee Benefits	9	12,941	4,489
TOTAL NON-CURRENT LIABILITIES		12,941	4,489
TOTAL LIABILITIES		10,335,526	16,554,564
NET ASSETS		892,716	116,866
EQUITY			
Retained Surplus		892,716	116,866
TOTAL EQUITY		892,716	116,866

## STATEMENTS OF CHANGES IN EQUITY AND CASH FLOWS

## STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2018

	Retained Surplus \$	
Balance at 1 July 2017	116,866	
Total Comprehensive Income	775,849	
Balance at 30 June 2018	892,716	
	Retained Surplus	
Balance at 1 July 2016	Retained Surplus \$ 89,082	
Balance at 1 July 2016 Total Comprehensive Income	\$	



#### STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2018

	Notes	2018 \$	2017 \$
Cash Flows from Operating Activities:			
Receipts from Funding Bodies		15,235,175	32,527,660
Payments to Suppliers		(18,514,429)	(20,209,303)
Payments to Employees		(2,823,839)	(2,248,076)
Interest Received		82,535	58,092
<b>Total Cash from Operating Activities</b>	10	(6,020,559)	10,128,373
Cash Flows from Investing Activities:			
Payments for Asset Purchases		-	
Total Cash from Investing Activities			-
Net Cash Increase / (Decrease) in Cash and Cash Equivalents		(6,020,559)	10,128,373
Cash and Cash Equivalents at beginning	of period	16,475,651	6,347,278
Cash and Cash Equivalents at end of per	od 4	10,455,092	16,475,651



### **AUDITOR'S DECLARATIONS**



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Auditor's Independence Declaration To the Directors of Western Queensland Primary Care Collaborative Ltd

In accordance with the requirements of section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012, as lead auditor for the audit of Western Queenstand Primary Care Collaborative Ltd for the year ended 30 June 2018, I declare that, to the best of my knowledge and belief, there have been no contraventions of any applicable code of professional conduct in relation to the audit.

Grant Thornton

Grant Thornton Audit Pty Ltd

Chartered Accountants

J. F. 7/1000

H E Hisoox Director - Audit & Assurance

Brisbane, 25 September 2018

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

#### Other Information

The Directors are responsible for the other information. The other information comprises the information included in the Registered Entity's annual report for the year ended 30 June 2018, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially missisted.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

#### Responsibilities of the Directors for the Financial Report

The Directors of the Registered Entity are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the ACNC Act, and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Directors 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 ellemative but to do so.

The Directors are responsible for overseeing the Registered Entity's financial reporting process.

#### Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with 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.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

Identify and assess the risks of material misstatement of the financial report, whether due to
fraud or error, design and perform audit procedures responsive to those risks, and obtain audit
evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not
detecting a material misstatement resulting from fraud is higher than for one resulting from
error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the
override of internal control.

### Grant Thornton

- Obtain an understanding of internal control relevant to the audit in order to design audit
  procedures that are appropriate in the circumstances, but not for the purpose of expressing an
  opinion on the effectiveness of the Registered Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors.
- Conclude on the appropriateness of the Directors' use of the going concern basis of
  accounting and, based on the audit evidence obtained, whether a material uncertainty exists
  related to events or conditions that may cast significant doubt on the Registered Entity's ability
  to continue as a going concern. If we conclude that a material uncertainty exists, we are
  required to draw attention in our auditor's report to the related disclosures in the financial
  report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are
  based on the audit evidence obtained up to the date of our auditor's report. However, future
  events or conditions may cause the Registered Entity to cease to continue as a going
  concern.
- Evaluate the overall presentation, structure and content of the financial report, including the
  disclosures, and whether the financial report represents the underlying transactions and
  events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Grant Thornton
Grant Thornton Audit Pty Ltd

A.c. Hisos

Chartered Accountants

H E Hiscox Director – Audit & Assurance

Brisbane, 25 September 2018



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Independent Auditor's Report to the Members of Western Queensland Primary Care Collaborative Limited

#### Report on the audit of the financial report

#### Opinion

We have audited the financial report of Western Queensland Primary Care Collaborative Limited (the "Rogistered Entity"), which comprises the statement of financial position as at 30 June 2018, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and the Directors' declaration.

In our opinion, the financial report of Western Queensland Primary Care Collaborative Limited has been prepared in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

- a giving a true and fair view of the Registered Entity's financial position as at 30 June 2018 and of its financial performance for the year then ended; and
- b complying with Australian Accounting Standards and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

#### **Basis for Opinion**

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the Registered Entity in accordance with 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.

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Western Queensland PHN acknowledges the traditional owners of the country on which we work and live and recognises their continuing connection to land, waters and community. We pay our respect to them and their cultures and to elders past and present.

