



phn
SOUTH WESTERN
SYDNEY

An Australian Government Initiative

annual report: 2017-18

Our Members

Full Members

Ingham Institute
Karitane
Lifeline Macarthur
One Door Mental Health
Sector Connect
Sydney South West GP Link
Southern Highlands Division of General Practice

Associate Members

Grow residential rehabilitation program
Hepatitis NSW
Obion Holdings
Oxley Home Care
Qualitas Australia
Quest For Life Foundation
Regal Home Health

Friends of SWSPHN

Stepping Stone Services

Contents

Our Purpose	4
Our Goals and Values	5
Region snapshot	6
Chair's report	9
CEO's report	11
How we help the community	12
Our Board	13
Our networks	14
Commissioning	15
Integration	23
Building capacity	31
Financial statements	38

Our purpose

South Western Sydney PHN is one of 31 Primary Health Networks (PHNs) established by the Australian Government to increase efficiency and effectiveness of health and medical services in the local community.

We do this by supporting local clinicians; understanding the health care needs and service gaps in our community through planning and consultation; and by focusing on improving access to primary care services for patients, particularly those in our community at risk of poor health outcomes.

We are dedicated to supporting general practitioners, practice nurses and other primary health providers to deliver the best possible care for their patients and improve access to quality local health care for the whole community. And to improving the coordination of care to ensure patients receive the right care, in the right place, at the right time.

South Western Sydney PHN covers the local government areas of Bankstown, Fairfield, Liverpool, Camden, Campbelltown, Wollondilly and Wingecarribee.

Our region



Our Vision

A lead organisation enabling an effective, innovative and integrated health system for South Western Sydney



Our Mission

To enhance and connect primary health care so residents and patients achieve better health outcomes



Our Service Standard

To support and shape primary care services so all residents in our region can access the right care, at the right time, by the right people, at the right location

Our values



Fairness
Make decisions free from bias and



Integrity
Behave honestly and accept responsibility



Optimism
Present a positive and constructive approach to future event



Trust
Maintain mutual respect for one another and act in

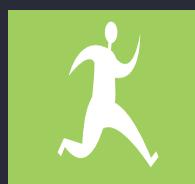


Empathy
Gather insights and understandings of others' experiences



Courage
Strength to lead and innovate

Our goals



1. A healthier community



2. An informed and empowered community



3. A better health system experienced by General Practitioners and primary care providers



4. An integrated health system that is fit for purpose



5. Primary health care that demonstrates value

Our region

Area profile



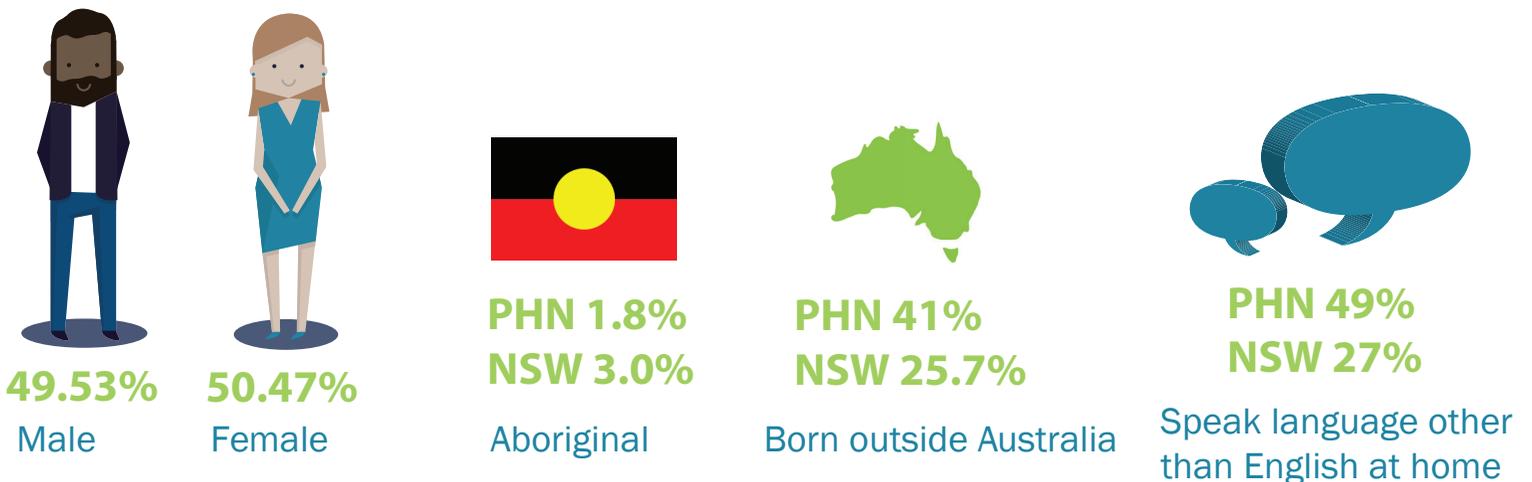
922,896
People live in our region

our region is 6,186 Km² covering 7 local government areas

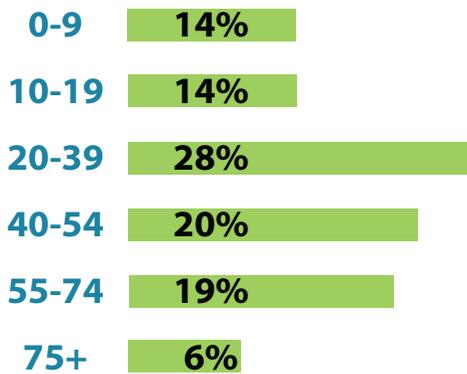
There is expected to be a 36.15% increase in population by 2031

1,256,500
People will live in our region by 2031

Current population



Age of our Region



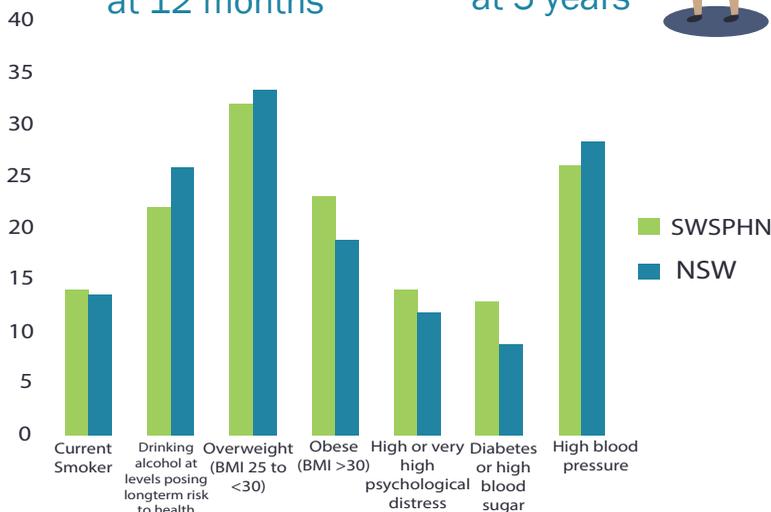
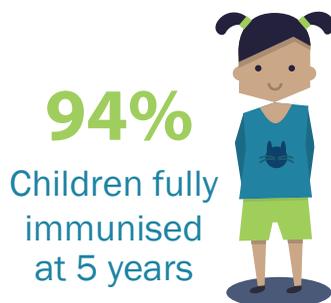
Deaths (rate per 100,000)

- 543** All causes
- 170** Cancer
- 159** Circulatory disease
- 46** Respiratory disease

108 Potentially avoidable deaths

1 in 7 adults reports high level of psychological distress

Health Information



96.3%

Visited a GP in 2015-2016

34%

Achieve adequate physical activity

14%

Are current smoker

20%

Drink alcohol at harmful levels

32%

Overweight (BMI 25 to <30)

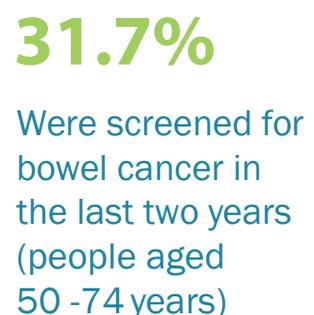
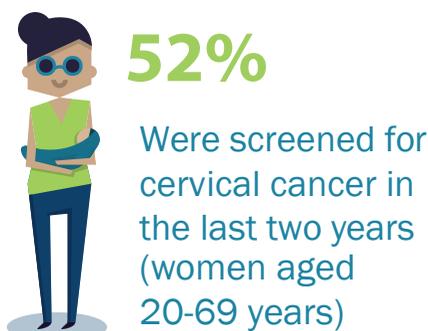
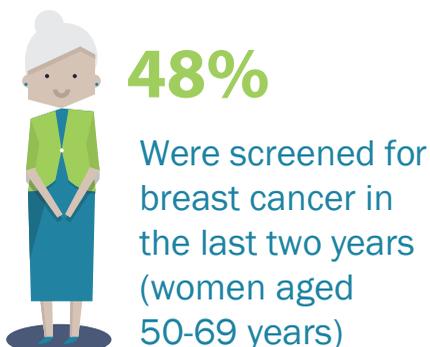
23%

Obese (BMI ≥30)

13%

Diabetes or high blood sugar

Cancer Screening





Chair's report



On behalf of the Board and broader team, welcome to South Western Sydney PHN's (SWSPHN) third annual report for the year ending 30 June 2018. Our Mission is to achieve better health outcomes for our region. This report provides an opportunity to reflect on our progress and acknowledge our achievements, as well as those of our partners, as we seek to improve the health, wellbeing and quality of life of our community.

We continue to mature in our PHN role, focused on our Vision of being a lead organisation enabling an effective, innovative and integrated health system for South Western Sydney. In the weeks, months and years ahead we are pursuing with vigour: capacity building of General Practice and primary care; integration of health services and intelligent commissioning. The pages that follow highlight many examples of the key work being done in these areas.

Furthermore, we are now halfway through the 5-year period of our Strategy Map to 2020 and are making great strides, through our strategies and initiatives, towards reaching our Goals of:

- A Healthier Community;
- An informed and empowered community;
- A better health system experienced by General Practitioners and primary care providers;
- An integrated health system that is fit for purpose; and
- Primary health care that demonstrates value.

In September 2017, Keith McDonald was appointed as our new CEO, taking over the reins from René Pennock. I would like to sincerely thank Keith for his diligence and commitment to the PHN, as he has confidently and seamlessly stepped into this vital role. Many thanks to René for his outstanding contribution to the community he has served over many years. We wish him all the best for the future.

Thank you also to my fellow Board members for the leadership and direction they have shown throughout the year. The Board gratefully acknowledges the dedication and enthusiasm of the staff and executive team, during another busy year. Many thanks also to our member organisations and all those partners, healthcare professionals and providers who strive to improve the health of our unique region.

Finally, I would like to acknowledge the Australian Government and the Department of Health for their continuing support, funding and confidence in SWSPHN.

I commend the Annual Report to you and look forward to working with you to advance the health our community.

Dr Matthew Gray
Chair



CEO's report



Together with Chair Dr Matthew Gray, our Board, and the whole team at South Western Sydney PHN (SWSPHN), I am pleased to present our Annual Report for 2017/2018.

The 2017/2018 financial year for SWSPHN is earmarked by significant change and organisational restructure, driven in large part by renegotiated funding agreements with the Commonwealth and a change in CEO. With it has come the challenging combination of both increased service activity and operational rationalisation.

Throughout its third year as a Primary Health Network, the team has demonstrated resilience and determination to deliver on the five (5) goals clearly articulated in our Strategic Plan.

Thanks to the dedication and initiative of our skilled staff and management, the SWSPHN continues to execute its mission through a maturing combination of evidence-based commissioning, key integrated health strategies and capacity-building initiatives for primary care delivery.

2017/2018 saw both the completion of our first full review of all contracted services plus the addition of newly commissioned activities, most particularly across our stepped-care model for mental health.

The commitment to develop an outcome-based commissioning model is evidenced by the progressive inclusion of reliable impact and patient-reported measures within our contract deliverables.

In all, SWSPHN either implemented or renewed 51 contracts for key services to vulnerable population groups, including in priority areas such as Aboriginal health; chronic disease management; drug treatment services; GP after-hours services; mental health; and palliative care.

We continued to pursue a range of integrated care strategies with key partners including the South Western Sydney Local Health District, universities, local government and key non-government organisations.

Some new highlights include the addition of a Health Alliance with Fairfield City, in addition to the continuing partnership in Wollondilly; the embedding of HealthResourceDirectory.org.au, as a reputable information source for patients to complement HealthPathways; and the testing of the Active Breed men's' health initiative, in partnership with WSU and the Canterbury-Bankstown Bulldogs.

Our commitment to enhancing the quality and safety in primary care continues to grow in both the scale and scope of practice support, clinical support and health systems improvement activities.

Highlights include the full implementation of the Quality Improvement in Primary Care (QIPC) initiative, with more than 180 local practices now participating across the three-tiered levels of the program; the hosting of 126 CPD events across the region; and, in partnership with the Australian Digital Health Agency (ADHA), we championed the local readiness of practices and community pharmacies in preparation for the opt-out period of the My Health Record.

2018/2019 promises to be a year of further growth and opportunities in primary health across South Western Sydney. I am confident SWSPHN is well positioned and prepared to tackle this as the whole team continues to bring into effect a suite of strategic initiatives for the benefit of our local communities.

Dr Keith McDonald PhD
CEO

How does our PHN help the community

South Western Sydney has a rich and diverse community, boasting thriving city centres and growing suburbs, just minutes from rural and remote towns and farming communities.

With this diverse and thriving community comes diverse and complex health needs.

Residents living in South Western Sydney are more likely to die of cardiovascular disease, are more likely to be overweight or obese and have a chronic disease.

Residents in most local government areas of our region report eating less fruit and vegetables than the national average, we are less likely to seek potentially life-saving breast, bowel or cervical screening and are more likely to experience high or very high psychological distress compared with NSW.

Part of our role at South Western Sydney PHN is to ensure all GPs and primary care providers are supported so they can deliver the best possible care to their patients.

We must ensure those in our community most at risk of poor health outcomes, receive the best access to services and coordinated care as possible.

Primary health care is the entry point to our health system and is usually a person's first experience for receiving health care.

Many people may associate primary health care with their local GP, but it can also include care provided by general practice nurses, community nurses or nurse practitioners, by an allied health professional, pharmacists, dentists or Aboriginal health worker.



SWSPHN has implemented a range of new initiatives and services to build capacity in primary health, to facilitate integration in the health system and commissioned much-needed services to fill gaps in the health needs of local residents.

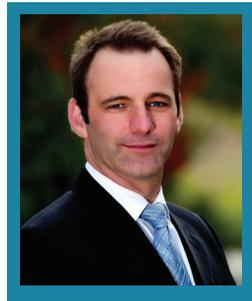
We know a strong and accessible primary health care system keeps people well and out of hospital, and that in most cases, managing health issues at home or in the community leads to better outcomes.

Primary health care services can improve people's health and wellbeing by supporting people to prevent and manage their complex and chronic conditions, and can reduce the need for specialist services and visits to emergency departments.

SWSPHN also supports the community through a number of health literacy approaches.

We have implemented the local health information website YourHealthYourTimeYourWay.com.au and we work with our Community Advisory Committee and local clinicians to develop printed factsheets and audio recordings educating people about common health conditions and their local services that can help them.

Our Board



Dr Matthew Gray, Chair
B.Med (Newcastle), B.Ec,
FRACGP and FAICD



Dr Anett Wegerhoff, Vice Chair
MBBS, DRANZCOG, FRACGP,
and GAICD



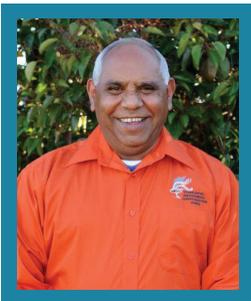
Dr Sayeed Khan
MBBS (University of Karachi,
Pakistan), GAICD



The Hon Craig Knowles
Fellow of the Australian Property
Institute in both Land Evaluation and
Land Economy and CPV



Dr Vince Roche
Associate Professor, MBBS,
DCH, DRCOG, DRANZCOG,
FRACGP, FACRRM



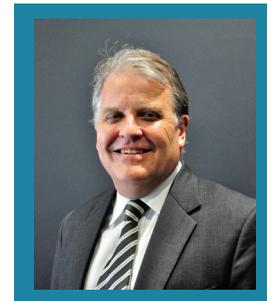
Mr Darryl Wright
Diploma in Travel and Tourism and
Diploma in Frontline Management



Ms Amanda Larkin
Bachelor of Social Work; Associate
Diploma Environmental Planning



Professor Rhonda Griffiths AM
RN, RM, B.Ed, MSc (Hons), PHD



Mr Mark Allen
Diploma of Law (Solicitors
Administration Board)

Our networks

So we can deliver on our goals, SWSPHN has developed a range of strong partnerships across our region to ensure we receive top quality guidance from those who know their profession and their local area best.

Community Advisory Committee

In 2017-18 our Community Advisory Committee reached the milestone of two years of operation and refreshed its membership in accordance with the Terms of Reference.

The committee has been pivotal in informing all of our health literacy strategies, including dedicating hours of planning to develop a suite of community-focused resources to support the principles of having a regular GP, knowing your rights as a consumer or patient and understanding how to navigate the health system.

The committee also acts as a solid sounding-board for Health Resource Directory factsheets with each one reviewed and endorsed by our dedicated community group.

Our focus in the next 12 months will be on ensuring further robust consultation on all aspects of PHN business occurs and forming strong partnerships with the Local Health District's Consumer and Community Committee.

Clinical Council

Our Clinical Council continues to provide governance and leadership on clinical concerns within our organisation.

The Clinical Council this year reviewed and

endorsed a range of policies which support our work, contributed to design of mental health and after hours services and provided advice on emerging issues in primary care.

Local Health Councils

To support our Community Advisory Committee and Clinical Council, we have developed five place-based Local Health Councils which follow local government area borders.

Local Health Councils are unique in our region as they are made up of a range health, community and NGO stakeholders.

Each Local Health Council is chaired by a local GP and membership includes other GPs, practice nurses, practice managers, allied health professionals including pharmacists, Local Health District representatives, non-government and community organisation representatives, health consumers and community representatives, and university and health researchers.

The Local Health Councils are consulted regularly on a range of PHN initiatives and activities and provide a broad and localised perspective to our work, delivered in a robust yet supportive environment which fosters collaboration and innovation.





Commissioning

Commissioning overview

Intelligent commissioning requires a robust understanding of the health needs of our community, meaningful engagement with stakeholders, and strong support for service providers, so together we can develop and deliver new models of care that are value-based, offer a return on investment and demonstrate impact on improving the health of local residents.

In our second year as a commissioning agent, SWSPHN has continued to commission new services to fill service gaps in mental health, alcohol and other drugs, Aboriginal and Torres Strait Islander health, integrated health and access to after hours access care.

With a strong focus on patient-centred health care, our commitment to ensuring South Western Sydney is a healthier community is achieved by addressing the health gaps and inequalities in services in the local region. This is underpinned by a solid evidence-based commissioning framework and local health data gathered through rigorous needs assessment planning, undertaken in partnership with the South Western Sydney Local Health District.

The past year has seen a maturing of the commissioning process as we completed our first review cycle of services commissioned in the previous 12 months, and the roll out of additional services to further enhance the suite of commissioned services, particularly in mental health.

The use of patient outcome and patient experience measures in our commissioning process means services can access meaningful data and grow and learn using evidence gathered in real-time to improve in a continuous quality loop.

For SWSPHN, intelligent commissioning is the culmination of building strong relationships, learning to embrace opportunities for improvement and growing and strengthening existing services. When linkages are made and we learn together, we are better able to deliver on our vision of enabling effective, innovative and integrated health in South Western Sydney.

Showcasing our shared learnings with PHNs

South Western Sydney PHN, in partnership with Sydney North PHN, South Eastern Sydney PHN and Hunter New England PHN – led a commissioning showcase event. The purpose of the event was to profile and share learnings within the PHN network on approaches to co-design and commissioning of services.

The showcase enabled PHNs to share their learnings around co-commissioning, co-design and outcomes-based commissioning. Our Director of Planning and Performance, Amy Prince, presented on how we utilised consumer and carer experiences when designing our mental health services.

It was a successful event which served to strengthen the skills of entire PHN network.

Mental health

To design and deliver effective and responsive mental health services across our region, SWSPHN has adopted a stepped care approach, commissioning a full suite of services across the mental health continuum.

Our six focus areas for mental health commissioning are:

- **Prevention and self-help**

- Recovery Point
- Head to Health
- 5 Ways to Wellbeing

- **Emerging or low needs**

- NewAccess

- **Existing or moderate needs**

- Star4Kids
- headspace
- ReFrame Youth Service
- You in Mind

- **Severe or high needs**

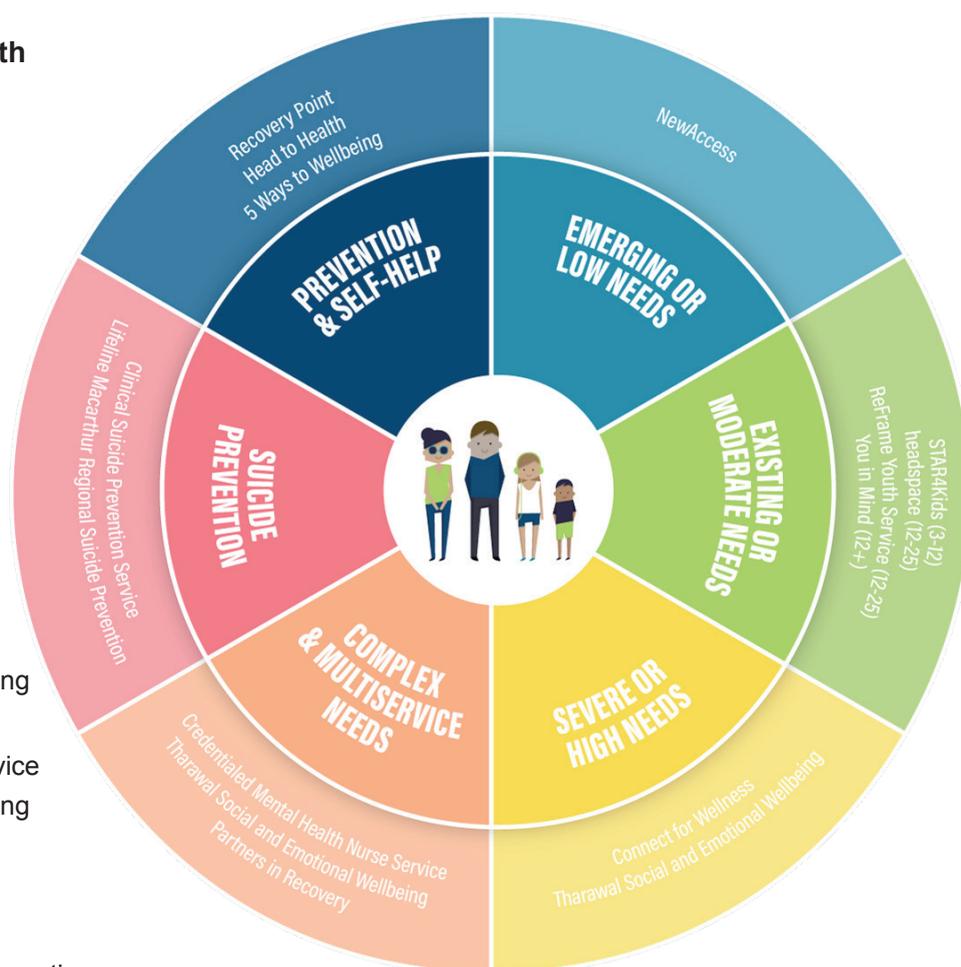
- Connect for Wellness
- Tharawal Social and Emotional Wellbeing

- **Complex and multi-service needs**

- Credentialed Mental Health Nurse Service
- Tharawal Social and Emotional Wellbeing
- Partners in Recovery

- **Suicide prevention**

- Clinical Suicide Prevention Services
- Lifeline Macarthur Regional Suicide Prevention



In 2016, an extensive review of local mental health needs and service gaps, undertaken through broad sector consultation with GPs and other primary health providers, members of SWSPHN's Our Experience Matters and Community Advisory Committees, the Clinical Council, and the wider community to design services that would support those in our community most in need.



In 2017-18, we added three services new to our suite of dedicated, localised services including the flexible therapy service Connect for Wellness, for patients who do not typically engage in primary care-based psychological services, are over the age of 15 and live with severe and persistent mental health issues, and who are also at risk of their condition deteriorating; the Wollondilly and Wingecarribee ReFrame Youth Mental Health Service and the Integrated GP Mental Health Clinic at Tahmoor Medical Centre.

Clinicians are able to easily access our services through the local Intake line on **1300 797 746**, to help better understand the best service for their individual patient's needs.

Our existing services



Star4kids is a service for children between the ages of three and 12 years who have, or at risk of developing, mild to moderate mental illness or behavioural difficulties.

With 12 hours of support per calendar year, children can receive support in an environment that is most comfortable for them and their GP will receive a report after the first and third appointments, and at the conclusion of the service.



You in Mind is a flexible service offering patients 12 hours per calendar year for one-on-one services in an environment most comfortable for them.

This service is for patients diagnosed with mild to moderate mental illness, with barriers to accessing Better Access (eg financial difficulties) and are either Aboriginal or Torres Strait Islander, from a culturally and linguistically diverse background, live in Claymore, Airds, the Wollondilly or Wingecarribee shires or have a 2168 postcode.

The patient's GP will receive reports after the first and third appointment and at the conclusion of the service.



No referral is required for NewAccess, a service for people aged 18 and over dealing with stress, depression and anxiety.

NewAccess, developed by beyondblue, provides a low intensity cognitive behaviour therapy program helping people set practical goals and deal with the early signs of depression and anxiety via the phone or through face-to-face support. NewAccess is run by Bolton Clarke with funding from South Western Sydney PHN. Phone 1800 010 630 to make an appointment.

Spotlight on local youth services

ReFrame (Youth Service Wollondilly/Wingecarribee) - NEW

ReFrame is for patients aged 12 to 25 years who have, or are at risk of developing, a mental illness.

ReFrame is a new, free service for young people delivered by youth engagement workers and youth mental health professionals.

Service providers will also work closely with other Government and Non-Government services to provide holistic/wraparound supports for young people.

The service will have physical locations in both the Wollondilly and Wingecarribee areas and an outreach component.

Young people will be able to drop-in to ReFrame without a referral, phone to make an appointment, or be referred by GPs, schools and other youth health services.

For more information, contact Community Links Wellbeing by calling 0455 104 104 or email mhintake@communitylinks.org.au



Headspace is a national youth mental health foundation providing early intervention for young people between the ages of 12 and 25 who need support with mental health, physical health, education and employment and alcohol and other drug issues.

There are three headspace centres in South Western Sydney at Bankstown, Liverpool and Campbelltown

Clinical Suicide Prevention Services

The Clinical Suicide Prevention Service is designed for people who have previously attempted suicide or have suicide ideation but are assessed as being of medium to low risk.

If a person is a high risk, please refer directly to your closest emergency department.

The Clinical Suicide Prevention Service is an intensive therapy of up to 10 hours over two months. If ongoing care is required, GPs can refer on to You in Mind or Better Access.

Suicide Aftercare Program

Lifeline's Suicide Aftercare Program is for patients experiencing crisis after a suicide attempt who would benefit from short-term telephone-based support. Referrals can be made by a doctor or other clinician or through self-referral.

Phone 4645 7200 or email adminsp@lifelinemacarthur.org.au for more information.

Credentialed Mental Health Nurse Service

The Credentialed Mental Health Nurse Service is for patients with severe and complex mental illness that is impacting on all aspects of their life and requires a care coordination support approach.

The Credentialed Mental Health Nurse is assigned to an individual and will monitor medications, complete regular reviews, offer therapeutic interventions and liaise with carers and relevant mental health support services.

Alcohol and other drugs

Since commissioning a range of services to support local drug and alcohol needs in early 2017, SWSPHN has focused on upskilling GPs to provide targeted care in this space.

In February, SWSPHN joined forces with Western Sydney PHN and the RACGP to host a one-day active learning module on alcohol and other drug issues.

More than 80 GPs attended the workshop to learn about the 5As of brief intervention across all drug classes with a variety of presenters, role plays and active learning tasks.

Prior to the day, attendees were encouraged to complete a confidential online survey that reflected on their experience of AOD issues in the general practice.

The online survey uses the 5As to guide the questions. The 5As - ask, assess, advise, assist, arrange - has been strongly promoted by the RACGP to assist GPs working with lifestyle change. The 5As loosely correlate with; ask permission, take a history and do an examination, give advice, provide treatment and follow up or refer.

The survey also asked about role legitimacy, basic demographics, how often GPs encounter patients with problematic alcohol or other drugs issues and where they have sought advice about AOD issues if needed.

GPs strongly agreed they were comfortable asking about tobacco and alcohol and benefitted from learning about services and support tools to treat drug and alcohol concerns.



Aboriginal health

In 2017-18 we worked with Tharawal Aboriginal Medical Service to design and establish services to improve the health of our Aboriginal community.

Our approach included a comprehensive drug and alcohol service with a flexible 'no wrong door' approach.

The service provides support for people with alcohol and other drug concerns within a social and emotional wellbeing approach.

We also worked on an outreach mental health and primary health care service which travels across South Western Sydney to support people within the Aboriginal community.

Both services are tailored to the needs of the community and are informed and led by expertise within Tharawal Aboriginal Medical Service.

SWSPHN also provided cultural awareness education and support to 98 GPs, practice nurses and practice staff. The training aims to

ensure local general practice are able to provide a culturally safe and respectful environment for Aboriginal and Torres Strait Islander communities.

The Integrated Team Care Program aimed at supporting Aboriginal and Torres Strait Islander people who have chronic health conditions continues to be delivered by the Local Health District and supported through commissioning by SWSPHN. The health district is well placed to provide support across the continuum of the clients care through established linkages with acute and primary care services.

SWSPHN's ongoing commitment to the ITC program ensures that SWS contributes positively to Closing the Gap of inequities in Aboriginal Health.

The year also saw the realisation of our Reconciliation Action Plan (RAP). The RAP centres on the first stage of the model outlined by Reconciliation Australia, 'reflect' and aims to establish the organisations vision for reconciliation and embed culturally appropriate practice within our organisation.



After hours services

The after hours program aims to prevent the need for members of the community who could best be treated by a GP in the after hours period, from presenting at local hospital emergency departments.

In 2017-18 SWSPHN commissioned five services to provide access to after hours care in Wingecarribee, Campbelltown, Liverpool, Fairfield and Bankstown.

We have also continued our work with Sydney Medical Services to provide home visits in Camden and Wollondilly.

Our After Hours services were officially launched by Hume MP Angus Taylor who supports general practice as the cornerstone to primary care.

The services ensure GP care is available on weekday evenings, weekends and public holidays, are a welcome expansion to the local primary care options already available.

We also launched an after hours awareness campaign supporting local residents to utilise technology to check local general practices open near them in the after hours period.



Southern Highlands GP After Hours Service is now located at 21 St Jude St, Bowral

Campbelltown After hours GP care is available at Ground Floor, 3-17 Queen St, Campbelltown

Fairfield After hours GP is open at Barone Pharmacy in Ware St Fairfield

The mobile after hours clinic is located on the ground of Fairfield Hospital, Polding St from 6pm to 10pm weeknights and 2pm to 10pm on weekends and public holidays.

Liverpool After hours GP is located at Shop 12, 32-40 Moorebank Village, Stockton Ave, Moorebank

Bankstown After hours GP is now at Brigadoon Medical Centre, corner Macarthur Ave and Brett St, Revesby



Integration

Service integration

Ambitious integration means building and maintaining strong long-term partnerships that inform robust planning and innovative service development through the collective sharing of evidence and business intelligence by key stakeholders.

At South Western Sydney PHN our commitment to integrating health services ensures patients are better informed and more empowered to make better health decisions.

True service integration overcomes the sometimes fragmented nature of the health system and means patients receive the right care, in the right place, at the right time, by the right person.

To realise an integrated health system that is truly patient-centred, we work with our key partners to be courageous and forward-thinking, partnerships that bring together different health providers and can cross state and territory boundaries to create a holistic system of care and support that:

- is wrapped around the needs of the patient;
- is effective and efficient;
- matches the health needs of the community; and
- makes the best use of health funding

During the past three years, South Western Sydney PHN has been working hard to build effective relationships with GPs, practice nurses and other primary health care providers, the Local Health District, local government, universities and other key partners to work collaboratively to align health systems and organisational cultures, reduce service gaps and duplication, and engage clinicians and other health professionals to share relevant information about the patient for more seamless, coordinated care.

Health alliances

To deliver on a vision of a healthier population with better access to quality health services, South Western Sydney PHN has partnered with the South Western Sydney Local Health District and relevant local governments to create health alliances.

With a focus on ensuring local communities are actively involved in the development and provision of health services that affect them and a commitment to see health service integration across three levels of government, the health alliance model is a key strategy of the South Western Sydney Integrated Care Collaborative.

During the past 12 months, SWSPHN has expanded its commitment with the formation of the Fairfield Health Alliance and continued funding of the Wollondilly Health Alliance.

Wollondilly Health Alliance

Now in its fourth year, the Wollondilly Health Alliance has made a real difference in the local community by creating and delivering tele-monitoring services to enhance self-management for people with chronic diseases who do not have easy access to health specialists and other services near where they live.

The Wollondilly Health Alliance has also established a network of secure messaging enabled providers and has worked to enhance health literacy among local residents and pursued healthy lifestyles initiatives in remote communities through the Healthy Towns strategy.

Fairfield City Health Alliance

In 2017-18, we again partnered with the Local Health District and new partners, Fairfield City Council, to form the Fairfield City Health Alliance.

With its diverse population and health needs, Fairfield was recognised as a community that needed a tailored, localised approach to integrating and coordinating health services.

Following consultation with the alliance organisations, community members and groups three health priorities were chosen: Gambling, Health Literacy and General Practice Capacity.

The General Practice Group are initially focussing on Hepatitis C, over prescription of antibiotics building and testing a model to support General Practitioners with networking and education opportunities.

The Gambling working group is aiming to develop a culturally and primary care appropriate screening tool and referral pathways.

HealthPathways

Since 2015, South Western Sydney PHN has actively partnered with the South Western Sydney Local Health District (SWSLHD) to develop localised health pathways for clinicians across the region.

A focus in 2017-18 was to continue to localise additional health pathways, embed HealthPathways as business as usual, and expand HealthPathways with the development of a patient portal and health literacy information.

Key highlights in the year included the localisation of 120 pathways, bringing the total of live, localised pathways to more than 400, and the review of 67 pathways which had reached their two-year review deadline.

Utilisation of the HealthPathways website increased year-on-year by more than 40 per cent, totalling 2993 users, 12842 site sessions and 61,553 pageviews.

HealthPathways South Western Sydney is a key integration strategy designed to support the shared vision of SWSPHN and SWSLHD of enabling clinicians to provide high quality and safe patient care in partnership, ensuring the right care is delivered at the right place, in the right time, by the right person.

It is an online clinical and health service information portal written for a general practice audience. The program brings together local GPs and hospital specialists to discuss how to better coordinate care for patients with specific health conditions, and how to access local health services.

HealthPathways workgroups also bring together a range of health professionals to identify potential service redesign opportunities and identify gaps in care coordination.

HealthPathways South Western Sydney provides a platform to improve coordinated care within our region and consequently a positive impact on the cost of health delivery.

Leveraging partnerships



Drug and alcohol and mental health service integration

Throughout 2017-18 SWSPHN hosted a series of roundtable meetings bringing together mental health and drug and alcohol service providers to learn more about, and collaborate on, local services across the sector in South Western Sydney.

The roundtable series gave participants the opportunity to link in together, build a rapport, learn more about the other services available in the region, to network and discuss referral pathways and options, with the aim of improving services and support for people with drug and alcohol and mental health co-morbidity.

Mental health and drug and alcohol needs assessments undertaken by SWSPHN found local residents often presented to general practice or specialised mental health or drug and alcohol services with co-occurring needs, but many local services were unable to cater for both needs.

Roundtable participants discussed referral pathways, GP engagement, enhanced integration and shared learnings.

"I'm always looking for other services to help our patients and provide better patient outcomes. Just meeting all the other services and getting to know where everyone is up to and how we can all work together is really beneficial."

Mental Health Youth Severe Forum - working with providers

With a focus on youth mental health, SWSPHN proudly brought together local clinicians along with the mental health and education sectors in June, hosting the Youth Severe Mental Illness Forum 2018.

The one-day forum included informative and inspiring talks from local services providing support and care to young people with severe mental illness including Lifeline, the National Eating Disorder Collaboration and the new Connect For Wellness program for young people with complex mental health needs.

Our keynote speaker Dr Michael Carr-Gregg, renown child psychologist and author, covered the use of mobile apps and technology to support the treatment of young people with severe mental illness and was touched by the powerful personal story of Joanna, who spoke honestly and humourously about her diagnosis and ongoing management of severe mental illness.

Dr Carr-Gregg discussed the importance of GPs as the backbone of adolescent mental health.

The Youth Severe Mental Illness Forum provided SWSPHN the opportunity to showcase the innovative approaches taken across the region to support young people and bring the sector together to ensure local services are designed and delivered to best cater for local need.



Integrated diabetes

South Western Sydney PHN is working closely with South Western Sydney Local Health District's (SWSLHD) Diabetes Obesity and Metabolism and Translational Research Unit (DOMTRU) to provide a number of initiatives to support Diabetes Management in Primary Care.

The integrated diabetes approach includes a variety of approaches to ensure true integration is achieved and partnerships are strengthened.

In 2017-18 the focus included:

- HealthPathways which streamline and standardise diabetes care across South Western Sydney
- Case Conferencing - Endocrinologists are available to support case conferencing in general practice
- AusCDEP - This online diabetes education program covers the fundamental topics for managing diabetes in general practice. The modules are based on the UK's national competency diabetes framework, and has been localised to the Australian context
- CPD – face to face training and education provided to practice nurses and GPs in support of quality diabetes care
- A coordinated prevention approach, which includes peer based approaches as part of the Wollondilly Health Alliance

In addition, SWSPHN contributed to a project led by Western Sydney University targeting Diabetes Prevention in Samoan communities.

The intervention, delivered within Samoan churches saw 20 peer support facilitators deliver 85 intervention workshops aimed to promote a healthy lifestyle. The intervention has led to positive and sustained change within these communities.



Getting active in the community to make a difference

In May this year, SWSPHN partnered with Western Sydney University and the Canterbury-Bankstown Bulldogs to develop and implement Active Breed, a 12-week health program aimed at improving the health and wellbeing of local men.

With a focus on leveraging partnerships and utilising research to gather evidence on the health needs and potential health outcomes of programs for men, Active Breed engaged 24 participants every Thursday night at Belmore Sports Ground for a 90-minute physical activity session and a one-hour education session on a range of topics including healthy eating, mental health, violence prevention, the importance of having a regular GP and making the most of your exercise routine.

The program, a first of its kind to be implemented in the NRL and in South Western Sydney, included guest presenters such as SWSPHN Mental Health Manager Chris Jones and local GP Dr Ahmed El-Ayoubi. The program also leveraged the star power of former Bulldogs greats Terry Lamb and Hazem El-Masri, and current captain Josh Jackson, as the program ambassador.

"We want all local residents to be healthy and to have access to quality, local primary health care. We know that in general blokes are worse at looking after their health than women. By comparison men drink more, smoke more, eat more fatty foods and are more likely to ignore, or suffer in silence, with issues such as depression, anxiety and pain"

Keith McDonald
SWSPHN CEO





Building general practice capacity

Clinical engagement

Engaging clinicians, providing education and support and building the capacity of general practice is a key component of SWSPHN's focus on strengthening primary care to ensure all residents receive better health outcomes.

One of the ways we achieve this is by working directly with general practice and other primary health providers and supporting them to improve the efficiency, effectiveness and coordination of the care they deliver.

As the cornerstone to primary health, we want all local GPs, practice nurses and practice staff engaged and participating in local health activities, including continuing professional development and the design of local commissioned services. We want to build the knowledge of health professionals so they can participate in the integration of care, ensuring all residents receive the right care at the right time, by the right person in the right place.

We regularly engage general practice, seeking feedback and ensuring general practitioners and primary care providers are engaged in the planning, development, implementation and evaluation of our services.



Primary care support

Quality Improvement in Primary Care (QIPC)

Improving the quality of patient care using the concept of clinical data audits and review is just one of the ways SWSPHN is building the capacity of general practice.

SWSPHN's Quality Improvement in Primary Care (QIPC) program has been built on years of collaboration with general practice across our region to improve and maintain practice processes to meet regulated standards.

At its core, the QIPC program aims to improve the quality and efficiency of patient care

through practice-based data extraction and decision support tools that SWSPHN provides free to practices with compatible software.

The model is made of three tiers that indicate the level of engagement in quality improvement that practices are involved. The bottom-up model represents increased engagement and resources available to practices as they move into higher tiers.

In 2017-18 more than 180 local practices participated in the program, reaping the benefits across a range of data quality and patient care outcomes.

These successes include the program's tier 3 practices completing 112 clinical PDSA cycles, while more than 470 data quality action plans were completed in 2017-18.



Preliminary results show in the last 12 months there has been an increased recording of BMI for more than 30,000 patients; ethnicity for more than 25,000 patients; alcohol status for more than 20,000 patients; and smoking status recording for more than 10,000 patients.

Clinical area results show an increase in coded diagnosis of more than 1000 patients with chronic kidney disease, more than 700 patients with diabetes and more than 100 patients with COPD.

Digital information can transform the quality and sustainability of health and care. Used effectively, it can help save lives, improve health and wellbeing and support a sustainable health system that delivers safe, high quality and effective health services for all Australians.

Improvement in general practice data can involve examining practice structures, systems and clinical care. This data can be gathered from patient or staff feedback, an audit of clinical databases, or the analysis of near misses and mistakes.

SWSPHN plays a role in supporting QI in general practice with strategies to embed QI systems,

improve data quality, analyse the practice's data and identify areas for improvement, assist with goal setting and improvement activities, provide progress reports and feedback. Ultimately, quality improvement activities will lead to improved clinical care and outcomes in general practice.

Our Quality Improvement in Primary Care program has been endorsed by:



Heart Foundation



"The QI program from PHN has immensely helped me to improve my data quality and patient management especially in regard to diabetes. I myself have learned a lot and greatly advise other practices to join this program."

Dr Dilruni Pallewatta
GP
Liverpool

"One of the key benefits of this program is the unique software PHN provides. Topbar in particular is a favourite of mine. It prompts us to enter all missing information which helps with quality improvement within the Practice. In turn it helps me to get to know my patients more on a clinical level."

Mary
Practice Nurse
Bossley Park

Practice Support

The South Western Sydney PHN Practice Support model aims to build the capacity of primary care services and encourage ongoing improvements by delivering a wide range of support to GPs, practice staff and practice nurses.

General Practice support is delivered by a team of Practice Support Officers (PSOs) and tailored to meet the individual needs of individual practices.

The PSOs work to keep practices up to date on current Commonwealth and State Government initiatives, provide relevant information on local health programs and initiatives and provide valuable resources to enhance patient care and practice outcomes. Support is provided through regular practice visits, over the phone and through email correspondence.

In 2017/18, a core focus of practice support was accreditation, CAT training and quality improvement. At South Western Sydney PHN, the practice support team works closely with the practice nursing team, the clinical quality improvement team and the digital health team to ensure that the support provided to general practice is coordinated and comprehensive.

Education and continuing professional development

In 2017-18, we continued our commitment to providing high quality continuing professional development for GPs, practice nurses and practice staff across our region.

As part of our education program, we delivered a total of 126 events across all LGAs, including one two-day education event and two one-day weekend conferences.

Our continuing professional development calendar facilitates education that supports general practice as the cornerstone to primary care and builds the capacity of all general practice staff to ensure patients receive the best possible care and we achieve an effective and efficient local primary health care system.

During the year, we supported a total of 1770 GPs at 106 events, of which around half were unique attendances. In 2017-18, we also hosted 15 practice nurse education events and five sessions for practice managers and practice staff with 514 practice nurses attending our events and 148 practice managers and staff.



My Health Record implementation

Provider readiness and adoption

In preparation for the My Health Record rollout in 2018, SWSPHN has focused digital health activities around awareness, connection and usage.



My Health Record

Ensuring all local general practices are supported to take up My Health Record, we have provided support and education, increasing useage across our region.

Highlights in 2017-18 include the delivery of 11 professional development educaton sessions for GPs, practice nurses, allied health professionals, specialists, pharmacists and general practice staff. Support and education has also focused on privacy and security for general practice.

Work within the My Health Record space has ensured SWSPHN has built new networks with health providers not traditionally engaged.

Other areas of focus for the digital health team in 2017-18 has been increasing utilisation of secure messaging, eDischarge summaries, electronic prescriptions and telehealth across the region and has committed to focus in the next 12 months on expanding the usage of MyHR into aged care, allied health and specialists

Engaging the community on the benefits

Since February 2018, SWSPHN has worked closely with the Australian Digital Health Agency to support community engagement and My Health Record Awareness activities in our region.

In that time, a total of 144 groups have been engaged about the benefits and role of the My Health Record in helping people to manage their health.

Locally we have focused on ensuring vulnerable populations are aware of the My Health Record and the ways they can opt out if they choose to.



Financial statements

30 June 2018

ABN 74 605 441 067

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

ABN 74 605 441 067

Annual financial report

For the period ended 30 June 2018

Contents

Corporate information	2
Directors' report	3
Directors' qualifications, experience and special responsibilities	4
Auditors' independence declaration	9
Statement of profit or loss and other comprehensive income	10
Statement of financial position	11
Statement of changes in equity	12
Statement of cash flows	13
Notes to the financial statements	14
Directors' declaration	26
Independent audit report	27

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

AN INCORPORATED HEALTH PROMOTION CHARITY, LIMITED BY GUARANTEE

CORPORATE INFORMATION

Our Vision

A lead organisation enabling an effective, innovative and integrated health system for South Western Sydney.

Our Mission

To enhance and connect primary health care so residents and patients achieve better health outcomes.

Our Service Standards Aim

To support and shape primary care services so all residents in our region can access the right care, at the right time, by the right people, at the right location.

Directors as at 30 June 2018

Dr Matthew Gray (Chair)
Dr Anett Wegerhoff (Vice Chair)
Prof Rhonda Griffiths, AM
Dr Sayeed Khan
The Hon Craig Knowles, AM
Ms Amanda Larkin
Dr Vince Roche
Mr Darryl Wright, AM
Mr Mark Allen

Chief Executive Officer

Dr Keith McDonald

Company Secretary

Ms Kristen Anne Short

Australian Business Number (ABN)

74 605 441 067

Company registered office and principal place of business

Level 3, 1 Bolger Street, Campbelltown, NSW, 2560

Company contact details

Post: PO Box 5919, Minto DC, NSW, 2566
Phone: 02 4632 3000
Fax: 02 4625 9466
Email: enquiries@swsphn.com.au
Website: www.swsphn.com.au

Auditors

BDH Audit & Assurance Pty Ltd, Level 12, 52 Phillip Street, Sydney, NSW 2000

Bankers

National Australia Bank Ltd, 255 George Street, Sydney, NSW 2000

ABN 74 605 441 067

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

DIRECTORS' REPORT FOR THE PERIOD ENDED 30 JUNE 2018

Your Directors present this report to the members of South Western Sydney Primary Health Network Limited (SWSPHN) for the year ended 30 June 2018.

Principal Activities

The principal activity of the company South Western Sydney Primary Health Network Limited is health administration and commissioning by supporting general practitioners and other primary care providers to improve the health of their patients.

Company Objectives

The objects for which the Company is established are to improve patient care and health status in the region and nationally by:

- identifying the health needs of the community and procuring the development of locally focused and responsive health services to address those needs;
- supporting and enhancing the central role of the General Practitioner in delivering Primary Health Care services;
- supporting and enhancing the role of other Primary Health Care providers in delivering Primary Health Care services;
- facilitating improved liaison between General Practitioners, Primary Health Care providers and other areas of the health care system;
- ensuring the effective integration of general practice and other Primary Health Care providers with other elements of the health care system;
- enabling General Practitioners and other Primary Health Care providers to contribute to health planning at all levels with an emphasis at the local level;
- facilitating joint service planning with the South Western Sydney Local Health District;
- improving the delivery of Primary Health Care services to patients by developing integrated and coordinated health services and programs;
- facilitating the implementation and successful performance of Primary Health Care initiatives and programs;
- facilitating increased General Practitioner and other Primary Health Care providers focus on illness prevention and health promotion activities;
- meeting the special (and localised) health needs of groups (such as Aboriginal and Torres Strait Islanders and those of non-English speaking backgrounds) or people with chronic conditions particularly where these needs are not adequately addressed by the current health system; and
- enhancing educational and professional development opportunities for General Practitioners, other Primary Health Care providers and undergraduates and encouraging them to continually maintain and upgrade their skills in the many areas of their practice.

To achieve its objectives, SWSPHN's Strategic Plan calls for, amongst other things:

- A healthier community
- An informed and empowered community
- A better health system experienced by General Practitioners and primary care providers
- An integrated health system that is fit for purpose
- Primary health care that demonstrates value

Review of operations

During 2017/18, the company continued to focus on supporting its stakeholders and all primary care providers to improve the health of our South Western Sydney community.

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Directors' Report (continued)

Performance Measurement

Performance is measured against delivering to our 5 strategic goals and the funding is primarily received from the Commonwealth Department of Health. SWSPHN in its third year of operations performed well against these criteria.

Results

For the year ended 30 June 2018, the company's surplus was \$31,520 (year ended 30 June 2017, \$35,160).

Dividend

As a Health Promotion Charity, SWSPHN is prohibited by its Constitution from declaring or paying dividends. Accordingly, no dividends were paid during the year and no recommendation is made to declare a dividend.

Directors

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

Director	Date appointed	Board	Meetings
		A	B
Dr Matthew Gray	23 April 2015	9	9
Dr Anett Wegerhoff	23 April 2015	9	9
Dr Sayeed Khan	23 April 2015	9	8
Ms Amanda Larkin	23 April 2015	9	8
Professor Rhonda Griffith	23 April 2015	9	7
The Hon Craig Knowles	23 April 2015	9	9
Dr Vince Roche	23 April 2015	9	9
Mr Darryl Wright	30 April 2015	9	8
Mr Mark Allen	28 May 2015	9	7

A – Number of meetings eligible to attend

B – Number of meetings attended

Directors' Qualifications, Experience & Special Responsibilities

Name	Qualifications	Experience	Special Responsibilities
Dr Matthew Gray	B.Med (Newcastle), B.Ec, FRACGP and FAICD	General Practitioner in Elderslie; Board Member, MDGP Inc (2003-06); Board Member and Chair, MDGP Ltd (2006-11); Board Member and Chair, SSWGPL Ltd (2011-12); Board Member, SWSLHD (2013-current); Member, AMA (NSW) Council (2013-2017); Fellow, Australian Institute of Company Directors.	SWSPHN Board Chair (2015–current); Member, SWSPHN Clinical Council; Member, SWSPHN Governance Committee

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Name	Qualifications	Experience	Special Responsibilities
Dr Anett Wegerhoff	MBBS, DRANZCOG, FRACGP, and GAICD	General Practitioner in Camden; Board Member, MDGP Inc (1996-2006); Board Member, MDGP Ltd; SWSPHN Board Vice Chair (2015-current), Vice-Chair, SSWGPL Ltd (2011-12); Member, Acute Care Taskforce Executive, NSW Agency for Clinical Innovation; Graduate, Australian Institute of Company Directors.	Member, SWSPHN Audit and Risk Management Committee; Chair, SWS Integrated Care Committee.
Dr Vince Roche	Associate Professor, MBBS, DCH, DRCOG, DRANZCOG, FRACGP, FACRRM	General Practitioner in Southern Highlands; Chair, Southern Highlands Division of General Practice (1994-1999, 2006-current); Board Member, Coast City Country GP Training (2007-current); Visiting Medical Officer, Corrections Health Service (1993-1999); Clinical Associate Professor, University of Wollongong (2011-current)	Chair, SWSPHN, Audit and Risk Management Committee; Member Clinical Council
Dr Sayeed Khan	MBBS (University of Karachi, Pakistan), GAICD	General Practitioner in Hammondville; Board Member, MDGP Ltd (2010-11); Board Member, SSWGPL Ltd (2011-12); Board Member, GP Synergy; Board Member, Australian Medical Cooperative Ltd; Conjoint lecturer at University of Western Sydney; Graduate, Australian Institute of Company Directors.	Member, SWSPHN Governance Committee; Member, SWSPHN Clinical Council; Member, SWS Integrated Care Committee;
Ms Amanda Larkin	Bachelor of Social Work; Associate Diploma Environmental Planning	Chief Executive, South Western Sydney Local Health District; Previous General Manager positions in Bowral, Campbelltown and Camden Hospitals; Board Member, SWSPHN (2015-current); Member, Ingham Institute for Applied Medical Research Board; Member, UNSW Centre for Primary Care and Equity Advisory Committee.	Member, SWSPHN Audit and Risk Management Committee

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Name	Qualifications	Experience	Special Responsibilities
Professor Rhonda Griffiths AM	RN, RM, B.Ed, MSc (Hons), PHD	Dean – School of Nursing and Midwifery, University of Western Sydney; Director, Carrington Centennial Care Pty Ltd (2008-2018); Director, Australian Diabetes Council (1999-2010) (Vice President, 2000-05); Member, Diabetes Australia National Council (1992-99), (Vice President, 1994-96); Member, Australian Diabetes Educators National Council (1990-96) (National President, 1992-94).	Member, Community Advisory Committee
The Hon Craig Knowles AM	Fellow of the Australian Property Institute in both Land Evaluation and Land Economy and CPV	Member of NSW Legislative Assembly 1990-2005, holding positions of Minister Urban Affairs and Planning (1995-99), Minister for Health (1999-2003) and Minister for Infrastructure and Planning and Minister for Natural Resources (2003-05).	Chair, SWSPHN Governance Committee
Mr Darryl Wright AM	Diploma in Travel and Tourism and Diploma in Frontline Management	CEO Tharawal Aboriginal Corporation.	
Mr Mark Allen	Diploma of Law (Solicitors Admission Board)	Director Allen Legal; Executive Chairman, Sydney Film School Pty Ltd and Sydney Film Studios Pty Ltd; Chairman, Madeline Foundation Limited (1986-2006); Member, Professional Conduct Committee, Law Society NSW (1989-1994); Author, E-Commerce: The Law and You (2001)	Member, SWSPHN Audit and Risk Committee

Company Secretaries

On 28 June 2018 (and until the date of this report) Ms Kristen Anne Short was appointed as Company Secretary. Ms Kristen Short has a Master of Business and Technology and has held senior positions with Hunter New England Central Coast Primary Health Network and in both the financial services and technology industries. Kristen has also completed The Board and the Company Secretary course with the Australian Institute of Company Directors.

Transactions with Directors

No Director has received or become entitled to receive, during or since the end of the financial year, any other benefit because of a contract made by the company or a related body corporate with the director, a firm of which a director is a member, or an entity in which a director has a substantial financial interest, except as disclosed in note 10 to the financial statements. This statement excludes a benefit included in the aggregate amount of emoluments received or due and receivable by directors shown in the accounts of the company.

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Transactions with Directors (cont)

The Directors have declared interests in contracts with SWSPHN that the organisations they represent, deal with SWSPHN in the ordinary course of business, by disclosing their interest before or at the first Board meeting after the director became so interested.

Indemnification and insurance of officers

During the year, SWSPHN paid premiums for professional indemnity and directors' and officers' liability insurance for its Directors and Officers against claims arising from, or by reason of, any wrongful act committed by them in their capacity as Directors and Officers. This does not include such liabilities that arise from conduct involving a lack of good faith.

The nature of the insurance contract providing this cover does not allow the company to disclose either the extent of the cover or the premium paid.

Member's Guarantee

The company is incorporated under *the Corporations Act 2001* and is a company limited by guarantee. In the event of the company being wound up, the constitution states that each member is required to contribute a fee towards SWSPHN.

As at 30 June 2018, there were 7 members of SWSPHN, meaning the aggregate amount that the members of the company would be liable to contribute in the event of the company being wound up is \$70.

Proceedings on behalf of the company

No person has applied to the Court under section 237 of *the Corporations Act 2001* for leave to bring proceedings on behalf of the company, or to intervene in any proceedings to which the company is a party, for the purpose of taking responsibility on behalf of the company for all or part of those proceedings.

No proceedings have been brought, or intervened in, on behalf of the company with leave of the court under section 237 of *the Corporations Act 2001*.

Environmental Regulation

The company's operations are not regulated by any particular and significant environmental regulation under a law of the Commonwealth, or of a State or Territory.

Significant changes

A new CEO was appointed in August 2017. An organisational restructure was undertaken which resulted in significant change to the senior executive and a reduction in staffing profile. A review of committee form and structure was also undertaken. The organisation decommissioned office spaces in Bankstown and Bowral. The operational changes create efficiencies, while ensuring all key strategic activities can be met.

The Company remains a key commissioner of health services which meet population need including mental health, drug and alcohol and chronic disease services. Investment in GP capacity building and support remains significant. The strategic plan was reviewed and remains fit for purpose.

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

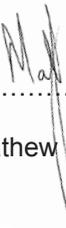
Auditor's independence declaration

A copy of the auditor's independence declaration as required under section 60-40 of the Australian Charities and Not-for-Profits Commission Act 2012 is set out on page 9.

Directors' signatures

Signed in accordance with a resolution of the Board of Directors made pursuant to s.298 (2) of *the Corporations Act 2001*.

On behalf of the Directors:

Chairperson

Dr Mathew Gray

Vice Chairperson

Dr Anett Wegerhoff

Dated 30th August 2018

Auditor's independence declaration

To the Directors of South Western Sydney Primary Health Network Limited

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 South Western Sydney Primary Health Network Limited for the period ended 30 June 2018, I declare that, to the best of my knowledge and belief, there have been:

- a. No contraventions of the auditor independence requirements of the *Section 60-40 of the Australian Charities and Not-for-Profits Commission Act 2012* in relation to the audit; and
- b. No contraventions of any applicable code of professional conduct in relation to the audit

BDH Audit & Assurance Pty Limited



Gede Barone

Director

Dated 30th August 2018

Sydney

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Statement of Profit or Loss and Other Comprehensive Income For the year ended 30 June 2018

	Note	2018 \$	2017 \$
Revenue from grants	2(a)	22,806,099	18,816,301
Other revenue	2(b)	863,351	1,248,462
Total revenue		23,669,450	20,064,763
Employee benefit expense	8(a)	6,336,807	6,630,322
Finance costs		37,449	25,890
Occupancy costs		582,692	531,535
Contractors		15,166,768	11,342,169
Training & conferences		530,857	315,609
Other expenses		983,357	1,184,078
Surplus before income tax expense		31,520	35,160
Income tax benefit / (expense)	1(o)		
Net Surplus for the year		31,520	35,160
Other Comprehensive Income for the year		-	-
Total Comprehensive Income for the year		31,520	35,160

The Statement of Profit or Loss and Other Comprehensive Income is to be read in conjunction with the notes to the financial statements set out on pages 14 to 25.

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Statement of Financial Position As at 30 June 2018

	Note	2018 \$	2017 \$
Current assets			
Cash and cash equivalents	3	20,814,258	15,528,683
Trade and other receivables	4	1,278,271	17,018
Other current assets	5	21,695	452,537
Total current assets		22,114,224	15,998,238
Non-current assets			
Property, plant and equipment	6	-	-
Total non-current assets		-	-
Total assets		22,114,224	15,998,238
Current liabilities			
Trade and other payables	7	6,243,706	3,624,892
Provisions	8	397,796	547,581
Other liabilities	9	15,210,713	11,574,579
Total current liabilities		21,852,215	15,747,052
Non-current liabilities			
Provisions	8	84,544	105,241
Total non-current liabilities		84,544	105,241
Total liabilities		21,936,759	15,852,293
Net assets		177,465	145,945
Equity			
Retained surpluses		177,465	145,945
Total equity		177,465	145,945

The Statement of Financial Position is to be read in conjunction with the notes to the financial statements set out on pages 14 to 25.

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Statement of Changes in Equity For the year ended 30 June 2018

	Retained surpluses \$
Balance at 1 July 2016	110,785
Net surplus for the year	35,160
Other comprehensive Income for the year	-
Total comprehensive Income for the year	35,160
Balance at 30 June 2017	145,945
	Retained surpluses \$
Balance at 1 July 2017	145,945
Net surplus for the year	31,520
Other comprehensive Income for the year	-
Total comprehensive Income for the year	31,520
Balance at 30 June 2018	177,465

The Statement in Changes in Equity are to be read in conjunction with the notes to the financial statements set out on pages 14 to 25.

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Statement of Cash Flows For the year ended 30 June 2018

	Note	2018 \$	2017 \$
Cash flows from operating activities			
Receipts from grants and other receipts (inclusive of GST)		28,206,622	31,157,321
Payments to suppliers and employees (inclusive of GST)		(23,437,654)	(25,864,903)
Interest received		516,607	449,276
Net cash provided by operating activities	15	5,285,575	5,741,694
Cash flows from investing activities			
Payments for property, plant & equipment		-	(2,995)
Net cash used in investing activities		-	(2,995)
Net cash (used in) / provided by financing activities			
		-	-
Net increase in cash and cash equivalents		5,285,575	5,738,699
Cash and cash equivalents at beginning of the year	15	15,528,683	9,789,984
Cash and cash equivalents at end of the year	15	20,814,258	15,528,683

The Statement of Cash Flows is to be read in conjunction with the notes to the financial statements set out on pages 14 to 25.

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Notes to the financial statement for the year ended 30 June 2018

1 Statement of significant accounting policies

General information and statement of compliance

The financial statements of the company are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards - Reduced Disclosure Requirements and the Australian Charities and Not-for-Profits Commission Act 2012, Australian Accounting Standards and other authoritative pronouncements of the Australian Accounting Standards Board. South Western Sydney Primary Health Network Limited is a not-for-profit Company for the purpose of preparing the financial statements.

South Western Sydney Primary Health Network "SWSPHN" Limited is a public company limited by guarantee incorporated on 23 April 2015 and domiciled in Australia. The address of its registered office and its principal place of business is Level 3, 1 Bolger Street Campbelltown NSW, Australia.

The financial statements for the period ended 30 June 2018 were approved and authorised for issue by the Board of Directors on 30th August 2018. All amounts are in Australian dollars.

(a) Economic dependency

SWSPHN is dependent on the Department of Health for the majority of its revenue used to operate the business.

(b) Revenue

Grant revenue is recognised in the statement of profit and loss when the Company obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the Company and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the Company incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

Except where noted, all revenue is stated net of the amount of goods and services tax (GST).

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Notes to the financial statement for the year ended 30 June 2018

1 Statement of significant accounting policies (continued)

(c) Operating Expenses

Operating expenses are recognised in profit or loss upon utilisation of the service or at the date of their origin.

(d) Property, plant and equipment

Each class of property, plant and equipment is carried at cost or fair value as indicated less, where applicable, any accumulated depreciation and impairment losses.

Plant and equipment

Plant and equipment are measured using the cost basis. The carrying amount of plant and equipment is reviewed annually by the directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets employment and subsequent disposal.

Depreciation

The depreciable amount of all fixed assets is depreciated on a straight line basis over their useful lives to the company commencing from the time the asset is held ready for use.

The depreciation rates used for each class of depreciable assets are:

<i>Class of Fixed Asset</i>	<i>Depreciation rate</i>
Plant and equipment	20-25%

The asset's residual value and useful lives are reviewed, and adjusted if appropriate, at each balance sheet date.

An asset's carrying value is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing the proceeds with the carrying amount. These gains and losses are included in the income statement.

(e) Leases

Leases of fixed assets, where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership, are transferred to the Company are classified as finance leases.

Finance leases are capitalised, recording an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual values.

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Notes to the financial statement for the year ended 30 June 2018

Leased assets are depreciated on a straight-line basis over their estimated useful lives where it is likely that the Company will obtain ownership of the asset. Lease payments are allocated between the reduction of the lease liability and the lease interest expense period.

Lease payments are operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the lease term.

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

(f) Financial instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the Company becomes a party to the contractual provisions of the financial instrument, and are measured initially at fair value adjusted by transactions costs, except for those carried at fair value through profit or loss, which are initially measured at fair value. Subsequent measurement of financial assets and financial liabilities are described below.

Financial assets are derecognised when the contractual rights to the cash flows from the financial asset expire, or when the financial asset and all substantial risks and rewards are transferred. A financial liability is derecognised when it is extinguished, discharged, cancelled or expires.

Classification and subsequent measurement

For the purpose of subsequent measurement, financial assets other than those designated and effective as hedging instruments are classified into the following categories upon initial recognition:

- loans and receivables
- financial assets at Fair Value Through Profit or Loss (FVTPL)
- Held-To-Maturity (HTM) investments
- Available-For-Sale (AFS) financial assets

The category determines subsequent measurement and whether any resulting income and expense is recognised in profit or loss or in other comprehensive income.

All financial assets except for those at FVTPL are subject to review for impairment at least at each reporting date to identify whether there is any objective evidence that a financial asset or a group of financial assets is impaired. Different criteria to determine impairment are applied for each category of financial assets, which are described below.

All income and expenses relating to financial assets that are recognised in profit or loss are

presented within finance costs or finance income, except for impairment of trade receivables which is presented within other expenses.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. After initial recognition, these are measured at amortised cost using the effective interest method, less provision for impairment.

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Notes to the financial statement for the year ended 30 June 2018

Discounting is omitted where the effect of discounting is immaterial. The Company's trade and most other receivables fall into this category of financial instruments.

Individually significant receivables are considered for impairment when they are past due or when other objective evidence is received that a specific counterparty will default. Receivables that are not considered to be individually impaired are reviewed for impairment in groups, which are determined by reference to the industry and region of a counterparty and other shared credit risk characteristics.

The impairment loss estimate is then based on recent historical counterparty default rates for each identified group.

Classification and subsequent measurement of financial liabilities

The Company's financial liabilities include borrowings and trade and other payable.

Financial liabilities are measured subsequently at amortised cost using the effective interest method, except for financial liabilities held for trading or designated at FVTPL, that are carried subsequently at fair value with gains or losses recognised in profit or loss.

All interest-related charges and, if applicable, changes in an instrument's fair value that are reported in profit or loss are included within finance costs or finance income.

(g) Impairment of assets

At each reporting date, the Company reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use (determined as the depreciated replacement cost), is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the income statement.

Impairment testing is performed annually for goodwill and intangible assets with indefinite lives.

Where it is not possible to estimate the recoverable amount of an individual asset, the Company estimates the recoverable amount of the cash-generating unit to which the asset belongs.

(h) Employee benefits

Short-term employee benefits

Short-term employee benefits are benefits, other than termination benefits, that are expected to be settled wholly within twelve (12) months after the end of the period in which the employees render the related service. Short-term employee benefits are measured at the undiscounted amounts expected to be paid when the liabilities are settled.

Long-term employee benefits

The Company's liabilities for long service leave are included in other long-term benefits as they are not expected to be settled wholly within twelve (12) months after the end of the period in which the employees render the related service. They are measured at the present value of the expected future payments to be made to employees. The expected future payments incorporate anticipated future wage and salary levels, experience of employee departures and periods of

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Notes to the financial statement for the year ended 30 June 2018

service, and are discounted at rates determined by reference to market yields at the end of the reporting period on high quality government bonds that have maturity dates that approximate the timing of the estimated future cash outflows. Any re-measurements arising from experience adjustments and changes in assumptions are recognised in profit or loss in the periods in which the changes occur.

The Company presents employee benefit obligations as current liabilities in the statement of financial position if the Company does not have an unconditional right to defer settlement for at least twelve (12) months after the reporting period, irrespective of when the actual settlement is expected to take place.

(i) Provisions, contingent liabilities and contingent assets

Provisions are measured at the estimated expenditure required to settle the present obligation, based on the most reliable evidence available at the reporting date, including the risks and uncertainties associated with the present obligation. Where there are a number of similar obligations, the likelihood that an outflow will be required in settlement is determined by considering the class of obligations as a whole. Provisions are discounted to their present values, where the time value of money is material.

No liability is recognised if an outflow of economic resources as a result of present obligation is not probable. Such situations are disclosed as contingent liabilities, unless the outflow of resources is remote in which case no liability is recognised.

(j) Cash and cash equivalents

Cash and cash equivalents includes cash on hand, deposits at call with banks, other short-term highly liquid investments with original maturities of six months or less, and bank overdrafts.

(k) Goods and services tax (GST)

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

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

(l) Grants in advance

The Company receives grant monies to fund projects either for contracted periods of time or for specific projects irrespective of the period of time required to complete those projects. It is the policy of the Company to treat grant monies as grants in advance in the balance sheet where the Company is contractually obliged to provide the services in a subsequent financial period to when the grant is received or in the case of specific project grants where the project has not been completed.

(m) Deferred income

The liability for deferred income is the unutilised amounts of grants received on the condition that specified services are delivered or conditions are fulfilled. The services are usually provided or the conditions usually fulfilled within twelve (12) months of receipt of the grant. Where the amount received is in respect of services to be provided over a period that exceeds twelve (12) months after the reporting date or the conditions will only be satisfied more than twelve (12) months after the reporting date, the liability is discounted and presented as non-current.

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Notes to the financial statement for the year ended 30 June 2018

(n) Trade and other payables

Trade and other payables represent the liability at the end of the reporting period for goods and services received by the company during the reporting period, which remain unpaid.

(o) Income tax

The Company is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

(p) Critical accounting estimates and judgements

The directors evaluate estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the company. Information about estimates and assumptions that have the most significant effect on recognition and measurement of assets, liabilities, income and expenses is provided below. Actual results may be substantially different.

Impairment

In assessing impairment, management estimates the recoverable amount of each asset or cash generating units based on expected future cash flows and uses an interest rate to discount them. Estimation uncertainty relates to assumptions about future operating results and the determination of a suitable discount rate.

Useful lives of depreciable assets

Management reviews its estimate of the useful lives of depreciable assets at each reporting date, based on the expected utility of the assets. Uncertainties in these estimates relate to technical obsolescence that may change the utility of certain software and IT equipment.

Long Service Leave

The liability for long service leave is recognised and measured at the present value of the estimated cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

(q) Comparative figures

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

(r) New and revised standards that are effective for these financial statements

A number of new and revised standards, became effective for the first time to annual periods beginning on or after 1 July 2017. Information on the more significant standards is presented below.

AASB 2016-1 Amendments to Australian Accounting Standards – Recognition of Deferred Tax Assets for Unrealised Losses

AASB 2016-1 amends AASB 112 *Income Taxes* to clarify how to account for deferred tax assets related to debt instruments measured at fair value, particularly where changes in the market interest rate decrease the fair value of a debt instrument below cost.

AASB 2016-1 is applicable to annual reporting period beginning on or after 1 January 2017.

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Notes to the financial statement for the year ended 30 June 2018

AASB 2016-2 Amendments to Australian Accounting Standards – Disclosure Initiative: Amendments to AASB 107

AASB 2016-2 amends AASB 107 *Statement of Cash Flows* to require entities preparing financial statements in accordance with Tier 1 reporting requirements to provide disclosures that enable users of financial statements to evaluate changes in liabilities arising from financing activities, including both changes arising from cash flows and non-cash changes.

AASB 2016-2 is applicable to annual reporting periods beginning on or after 1 January 2017.

AASB 2016-4 Amendments to Australian Accounting Standards – Recoverable Amount of Non-Cash-Generating Specialised Assets of Not-for-Profit Entities

This Standard amends AASB 136 *Impairment of Assets* to:

- Remove reference to depreciated replacement cost as a measure of value in use for not-for-profit entities; and
- Clarify that the recoverable amount of primarily non-cash-generating assets of not-for-profit entities, which are typically specialised in nature and held for continuing use of their service capacity, is expected to be materially the same as fair value determined under AASB 13 *Fair Value Measure*, with the consequence that:

AASB 136 does not apply to such assets that are regularly revalued to fair value under the revaluation model in AASB 116 *Property, Plant and Equipment* and AASB 138 *Intangible Assets*; and

AASB 136 applies to such assets accounted for under the cost model in AASB 116 and AASB 138.

AASB 2016-4 is applicable to annual reporting periods beginning on or after 1 January 2017.

The adoption of these standards has not had a material impact on the company.

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Notes to the financial statement for the year ended 30 June 2018

	2018	2017
	\$	\$
2 Surplus before Income Tax		
(a) Revenue from grants		
State & federal grants	22,376,287	18,544,984
Other organisations	429,812	271,317
	22,806,099	18,816,301
(b) Other Income		
Donations	22,213	21,560
Interest	516,607	449,276
Session fees	198,943	304,111
Other	125,588	473,515
	863,351	1,248,462
3 Cash and cash equivalents		
Cash at the end of the financial year as shown in the statement of cash flows is reconciled in the Statement of Financial position as follows:		
Cash on hand	496	1,450
Cash at bank	6,645,413	4,394,043
Short term deposits	14,168,349	11,133,190
	20,814,258	15,528,683
4 Trade and other receivables		
Current trade receivables	1,278,271	15,112
Provision for impairment of receivables	-	-
Trade receivables	1,278,271	15,112
Other receivables	-	1,906
	1,278,271	17,018

Current trade receivables are non-interest bearing. A provision for impairment is recognised when there is objective evidence that an individual trade receivable is impaired. No impairment was required at 30 June 2018 (30 June 2017 - \$0).

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Notes to the financial statement for the year ended 30 June 2018

	2018 \$	2017 \$
5 Other current assets		
Prepayments	17,971	449,964
Accrued income	3,724	2,573
	21,695	452,537
6 Property, plant & equipment		
Plant and equipment – at cost	198,105	220,676
Less: Accumulated depreciation	(198,105)	(220,676)
Total property, plant and equipment	-	-
Carrying amount at the beginning of the year	-	-
Additions at cost	-	2,995
Disposals	-	-
Depreciation expense	-	(2,995)
Carrying amount at the end of the year	-	-
7 Trade and other payables		
Trade payables	2,003,626	700,972
Other creditors and accruals	4,217,675	2,901,515
Bank guarantee	22,405	22,405
	6,243,706	3,624,892
8 Provisions for employee benefits		
The liabilities recognised for employee benefits consist of the following amounts:		
Non-Current		
Long service leave	84,544	105,241
Current		
Annual leave	303,493	380,655
Long service leave	94,303	166,926
	397,796	547,581

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Notes to the financial statement for the year ended 30 June 2018

	2018	2017
	\$	\$
8a Employee benefits expense		
Expenses recognised for employee benefits are analysed below:		
Wages, salaries	5,431,477	5,599,063
Workers compensation insurance	23,264	20,122
Superannuation	500,574	520,519
Employee benefits provisions	381,492	490,618
Employee benefits expense	6,336,807	6,630,322
9 Other liabilities		
Deferred income	13,462,670	9,950,103
Grants in advance	1,748,043	1,624,476
	15,210,713	11,574,579

Deferred income consists of government grants received for services to be rendered by the Company.

Deferred income and grants in advance are amortised over the life of the contract.

10 Key management personnel & related parties

The key management personnel of the company are the directors, the Chief Executive Officer, Director of Innovations and Partnerships, and Director of Planning and Performance.

The total compensation paid and payable to the key management personnel including a stipend paid to the Chair, consists of short term benefits of \$842,241 (period ended 30 June 2017 \$1,003,580) .

The Company has After Hours General Practitioner Commissioned Services Agreements with two director related entities. The amounts billed were based on normal market rates and amounted to \$428,000 (2017: \$Nil). There were no outstanding balances at the reporting dates under review.

11 Fair Value measurement

Fair Value estimation

The fair values of financial assets and financial liabilities are presented in the following table and can be compared to their carrying values as presented in the balance sheet. Fair values are those amounts at which an asset could be exchanged, or a liability settled, between knowledgeable, willing parties in an arm's length transaction. Areas of judgment and the assumptions used have been detailed below. Where possible, valuation information used to calculate fair value is extracted from the market, with more reliable information available from markets that are actively traded.

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Notes to the financial statement for the year ended 30 June 2018

11 Fair Value measurement (continued)	2018		2017	
	Net Carrying Value	Net Fair Value	Net Carry- ing Value	Net Fair Value
	\$	\$	\$	\$
Financial assets				
Current				
Cash and cash equivalents	20,814,258	20,814,258	15,528,683	
Trade and other receivables	1,278,271	1,278,271	17,018	17,018
Total financial assets	22,092,529	22,092,529	15,545,701	
Financial liabilities				
Current financial liabilities measured at amortised cost				
Trade and other payables	6,243,706	6,243,706	3,624,892	3,624,892
Total financial liabilities	6,243,706	6,243,706	3,624,892	3,624,892

12 Contingent liabilities

There are no contingent liabilities that have been incurred by the company.

13 Capital commitments

The company has no capital commitments as at 30 June 2018 (30 June 2017: \$0)

14 Leases, operating leases as lessee

Operating lease commitments	2018	2017
	\$	\$
Non-cancellable operating leases contracted for but not capitalised in the financial statements:		
Not later than 12 months	32,051	520,645
Between 12 months and 5 years	18,400	22,451
	50,451	543,096

The company leases property, under operating leases expiring from one to five years. Leases generally provide the company the right of renewal at which time some terms are renegotiated. Lease payments comprise a base amount plus an incremental contingent rental.

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Notes to the financial statement for the year ended 30 June 2018

15 Cash flow information

(i) Reconciliation of cash

Cash at the end of the financial year as shown in the cash flow statement is reconciled to the related items in the balance sheet as follows:

	2018	2017
	\$	\$
Cash and cash equivalents for cash flow purposes	20,814,258	15,528,683
(ii) Reconciliation of cash flow from operations with surplus after income tax		
Net Surplus for the period	31,520	35,160
Non-cash flows in net surplus for the period		
Depreciation / amortisation	-	2,995
Net changes in assets and liabilities		
(Increase)/decrease in receivables	(1,261,253)	7,926
(Increase)/decrease in other current assets	430,842	(355,287)
Increase/ (decrease) payables	2,618,814	1,904,037
Increase/(decrease) in provisions	(170,482)	100,211
Increase/(decrease) in grants in advance and deferred income	3,636,134	4,046,652
Net cash provided by operating activities	5,285,575	5,741,694

16 Post-reporting date events

No adjusting or significant other non-adjusting events have occurred between the reporting date and the date of authorisation.

17 Members Guarantee

The Company is incorporated under the *Corporations Act 2001* and is a Company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum \$10 each towards meeting any outstanding obligations of the Company. At 30 June 2018, the total amount that members of the Company are liable to contribute if the Company is wound up is \$70.

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Directors Declaration

In the opinion of the Directors of South Western Sydney Primary Health Network limited:

1. The financial statements, comprising the statement of comprehensive income, statement of financial position, statement of cash flows, statement of changes in equity and accompanying notes, are in accordance with the *Australia Charities and Not-for-Profits Commission Act 2012*
comply with Accounting Standards - Reduced Disclosure Requirements;
give a true and fair view of the company's financial position as at 30 June 2018 and of its performance for the period ended on that date.
2. There are reasonable grounds to believe that South Western Sydney Primary Health Network Limited will be able to pay its debts as and when they become due and payable.

This declaration is signed in accordance with subs 60.15(2) of the Australian Charities and Not-for-profits Commission Regulation 2013.



Dr Matthew Gray – Director



Dr Anett Wegerhoff - Director

Dated at Sydney on 30th August 2018

INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK LIMITED

ABN 74 605 441 067

Opinion

We have audited the financial report of South Western Sydney Primary Health Network Limited (the Company), which comprises the statement of financial position as at 30 June 2018, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes comprising a summary of significant accounting policies and other explanatory information, and the directors declaration

In our opinion, the accompanying financial report of South Western Sydney Primary Health Network Limited has been prepared in accordance with *Division 60 of the Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) giving a true and fair view of the Company's financial position as at 30 June 2018 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and *Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (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.

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

Information other than the Financial Report and Auditor's Report Thereon

The directors are responsible for the other information. The other information comprises the information included in the Company's annual report for the year ended 30 June 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 and our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Directors for the Financial Report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-Profits Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so. The directors are responsible for overseeing the Company's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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

BDH Audit and Assurance Pty Ltd



Gede Barone

Director

Address: Level 12, 52 Phillip Street, Sydney NSW 2000

Dated this 30th day of August 2018



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Australian Government

phn
SOUTH WESTERN
SYDNEY

An Australian Government Initiative