2015-16 ANNUAL REPORT

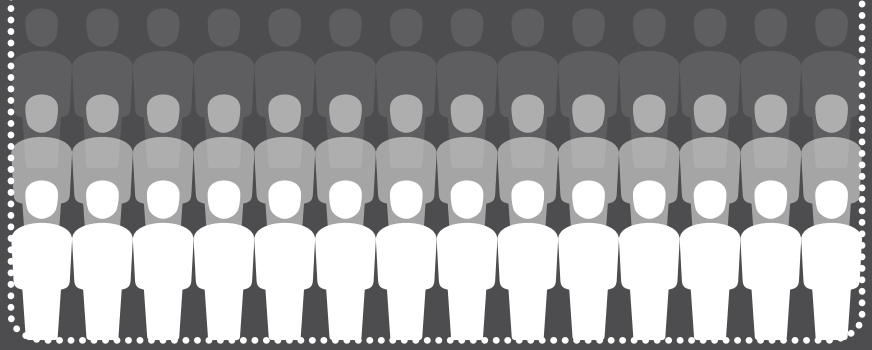
WAPHA
WA Primary Health Alliance

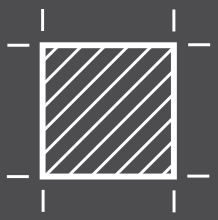
phn
PERTH NORTH, PERTH SOUTH, COUNTRY WA
An Australian Government Initiative

www.wapha.org.au

in Western Australia

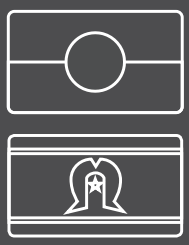
we have a population of
2.589 million





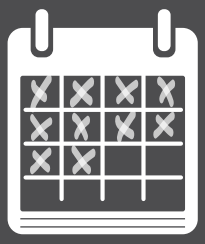
area of
2.646 million
square kilometres

69,664 people
identify as
Aboriginal or
Torres Strait Islander



more than
600
GP practices

in 2015-16,



44.2%
of all **potentially preventable hospitalisations** in WA were due to
chronic conditions

Contents

Vision, Mission and Values

Vision

Improved health equity in Western Australia.

Mission

To build a robust and responsive patient centred primary health care system through innovative and meaningful partnerships at the local and state-wide level.

Values

courage, humility, respect, wisdom, integrity

WAPHA Timeline

11 April 2015
WAPHA selected by Federal Government to operate WA's three PHNs

4 October 2015
WAPHA launches HealthPathways WA during Mental Health Week

31 March 2016
Federal Government announces Healthier Medicare reform package, including the establishment of Health Care Homes

1 July 2015
WAPHA commences operation

December 2015
PHN Clinical Commissioning Committee and Community Engagement Committees established

1 June 2016
$20 million in Commonwealth funding made available over three years for new Alcohol and Other Drug treatment services in WA

Chair Report

> **I would like to acknowledge the Commonwealth Department of Health (DoH) as our funder, and specifically the conviction by which the Department funded WAPHA to achieve an innovative and unique model for the operation of Primary Health Networks in WA.**

It gives me great pleasure to provide you with the WA Primary Health Alliance Annual Report 2015-16 and to share the highlights of our first year of operation.

WAPHA, which operates WA's three Primary Health Networks (PHN), is committed to strengthening primary care across the state, and in doing so is reliant upon the contribution of others to successfully undertake this mission.

I would like to thank our Board of Directors for their efforts over the past 12 months – many of whom also chaired PHN councils.

The PHN councils have played a pivotal role in guiding our relationship with Area Health Service Boards, Clinical Commissioning and Community Engagement committees, as well as other key stakeholders.

In its first 12 months, the Board has provided strategic oversight in the implementation of our vision for a sustainable and innovative organisation, building the capability and capacity of primary care in WA.

I would also like to thank our Chief Executive Officer, Learne Durrington, who has provided strong leadership in the establishment of WAPHA, from the humble beginnings of a bid document to the bricks and mortar of 8 offices located around the state.

The contribution of the WAPHA executive team and all staff has been remarkable in effectively establishing an organisation that, on 1 July 2015, was a number of boxes and a few people, to a state-wide presence and over 100 staff.

More importantly, with high and sometimes conflicting expectations, we have built the foundations, achieved significant engagement and collaboration to establish systems and structures that auger well for the future.

However, we cannot underestimate the breadth and depth of the complexity and change we have been charged to augment.

General practice, service providers and the community at large are subject to much social and policy change.

In such an environment, it is understandable that organisations advocate to preserve the status quo or the community argues for a simple solution to what might be a complex social problem.

The increasing use of methamphetamines is one such example.

We accept change can be slower than we might all like – but it is about building trusting and enduring relationships, and this takes time.

WAPHA does not have the luxury of time. We have a bold vision and we need to take clinicians, providers and the community with us.

The scope of our role is wide but we have a unique

Chair Report

Royal Australian College of General Practitioners (RACGP) WA Chair Dr Tim Koh, WAPHA Chairman Dr Richard Choong, Western Australian General Practice Education and Training (WAGPET) Chief Executive Officer Dr Janice Bell.

opportunity to better integrate care with general practice and Aboriginal Community Controlled Organisations, so that health equity is improved.

The collaboration of our key partners has been essential in this first year.

In particular, I would like to mention the Royal Australian College of General Practitioners, WA Health, Aboriginal Health Council of WA, WA General Practice Education and Training and Health Service Boards, along with hospital executives, Western Australian Network of Alcohol & Other Drugs Agencies and WA Association of Mental Health.

I would like to make special mention of, and thank, the WA Mental Health Commission and Curtin University who have been integral to much of our work in our foundation year.

I would like to acknowledge the Commonwealth Department of Health (DoH) as our funder, and specifically the conviction by which the Department funded WAPHA to achieve an innovative and unique model for the operation of Primary Health Networks in WA.

The model is right for WA and we appreciate the day to day support of the PHN Branch and DoH Regional Office in bedding down the new organisation.

In reflecting on WAPHA's first 12 months, I recognise that our organisation is defined by our people who have signed up to this exciting challenge.

The willingness to respond to the ebbs and flows of an emerging organisation, and the commitment our staff has shown is testament to the 'WAPHA Way'.

To all the staff involved in the establishment and work in our first year, on behalf of the Board of Directors, we express our utmost appreciation.

I look forward to our second year and to the ongoing development of WAPHA as it serves the WA community of clinicians, providers and patients.

Dr Richard Choong

Chair

CEO's Report

> **We believe general practice is the cornerstone of good healthcare. We also believe that a person's postcode is a marker of their health and wellbeing, as such our focus is on improving capability and capacity in primary care and general practice in places where access is limited and health status is low.**

WA Primary Health Alliance (WAPHA) was established on 1 July 2015 with an ambitious vision and a commitment to a new way of working beyond the traditional methods in order to create new and different outcomes.

As the inaugural Chief Executive Officer of WAPHA, I am privileged to lead this 'once in a generational opportunity' to steward innovation in the delivery of health care within the WA community.

In operating the three Primary Health Networks in WA, we have a unique opportunity to impact at a system and community level to improve health equity and outcomes for vulnerable people.

From the beginning, WAPHA has been focused on its primary objective of improving health outcomes and patient experiences through the commissioning of appropriate services where they are most needed.

In our first 12 months, WAPHA has created a footprint that includes seven regional offices and a Perth based office with more than 100 staff who reach out into primary care in urban, outer metropolitan, regional and remote communities.

During this period, more than 100 formerly funded services operated on a 'service continuity' basis, with transition arrangements put in place for the cessation of past programs.

Commissioning commenced, which was informed by health needs assessments, service mapping and stakeholder engagement.

Staying true to the original intent, WAPHA has sought to develop a values driven, collaborative and participative organisation dispersed across this significant geography (more than 2.5 million sq.km) and to operate in a manner that responds to the wide-ranging reform agenda which is being undertaken across the health system.

In an evolving environment, WAPHA has responded to a range of government policy developments that have increased our scope of activity to include primary mental health care and treatment services for people with problematic alcohol and drug use.

This wider scope provides the opportunity for improved population screening and importantly improved responses for people with co-occurring conditions.

The WAPHA operating model is predicated on collective leadership taking a systems approach, bringing together the diversity of interests to a common purpose and goal.

There has been a range of engagement structures, Clinical Commissioning Committees and Community Engagement committees, which have been established and become integral to commissioning and priority setting.

CEO's Report

University of Sydney Professor Luis Salvador-Carulla, WAPHA Chief Executive Officer Learne Durrington, ConNetica Director John Mendoza.

These structures include clinicians from primary care settings and represent the diverse interests, skills and knowledge of the diverse communities of WA.

We appreciate and value the input of all the individuals and organisations who, in good faith, have supported and partnered with us to provide collective leadership in improving health and social outcomes for the vulnerable people we serve.

We believe general practice is the cornerstone of good healthcare. We also believe that a person's postcode is a marker of their health and wellbeing. As such, our focus is on improving capability and capacity in primary care and general practice in places where access is limited and health status is low.

We know that no single service can solve the complex health and social issues evident in vulnerable groups.

Our focus continues to be on integrated care supported by high performing general practice in high need areas.

A place-based approach is integral to the way forward and is beginning to take shape in many of our regional communities.

The next 12 months will no doubt bring new challenges as we commence more robust commissioning and implementation of new models within general practice.

We are confident that our purpose - to reduce fragmentation in and across primary care - is understood by all stakeholders.

WAPHA will continue to provide collaborative leadership throughout WA with stakeholders to deliver on our vision for improved health equity in Western Australia.

Learne Durrington

Chief Executive Officer

WAPHA Board

Dr Richard Choong

MB Bch BAO (NUI), LRCSI & PI, FRACGP, FAMA

Dr Richard Choong is a full time principal General Practitioner of an outer metropolitan general practice in Perth. Currently Richard is Chair of the Australian General Practice Accreditation Limited (AGPAL) Board and maintains a strong focus on not-for-profit organisations, health promotion charities and medical research foundations. He is a past president of the Australian Medical Association WA.

Board responsibilities: Chair of the WAPHA Board.

Tony Ahern

ASM, BBus, MBIS, MAICD

Tony Ahern is the CEO of St John's Ambulance. Tony is the WA representative on the Council of Ambulance Authorities (CAA) and is Chair of the WA Emergency Services Volunteers Hardship Assistance Scheme.

Board responsibilities: Chair of the Finance, Audit and Risk Management (FARM) committee.

Rod Astbury

MBA, MA Public Policy, GAICD, BA

Rod Astbury is the Chief Executive Officer of the Western Australian Association for Mental Health (WAAMH). Rod's previous roles include management of the Western Australian and Northern Territory operations of the Australian Red Cross Blood Service. He has been a manager of investment programs with the Mental Health Division and the Executive Director of Community Mental Health Australia. Rod is a former Director of the Perth Central and East Metropolitan Medicare Local.

Board responsibilities: Member of the Finance, Audit and Risk Management (FARM) committee.

Professor Rhonda Marriott

Dip Psych Nsg, BSc Nsg, PGDip Mid, MSC Nsg, PhD

Professor Rhonda Marriott is a senior researcher with expertise in Aboriginal maternal and child health. Rhonda is a Professor of Aboriginal Health and Wellbeing in the School of Psychology and Exercise Science at Murdoch University. She has been a registered nurse for 44 years and a midwife for 26 years. Rhonda was the first Indigenous Head of a University School of Nursing in Australia. Rhonda has a passion to improve the social and emotional wellbeing outcomes of Aboriginal people and has expertise in Aboriginal health research, combining community participatory action research methods with Aboriginal "yarning" and 'dadirri' techniques.

Anne Russell-Brown

Dip. Teach; GAICD; Grad Dip LCC

Anne Russell-Brown is an experienced community services executive and independent Director. Before her retirement in 2015 she held the position of Group Director Social Outreach for St John of God Health Care. Anne was the 2004 WA Telstra Business Woman of the Year. Anne is a former member of the Social Enterprise Fund Advisory Group; and has previously been a Board member of Fremantle Medicare Local; WACOSS, WANADA and Protective Behaviours WA. She is a Member for the Centre for Social Impact Advisory Council (UWA) and is a Rotary International Paul Harris Fellow.

Board responsibilities: Chair of the Perth North PHN Council and member of the Nominations, Remuneration and Governance committee.

Dr Marcus Tan

MBBS, FRACGP, MBA (Exec), FAICD

Dr Marcus Tan is a healthcare executive and Company Director. Marcus is presently the CEO and Medical Director of HealthEngine. He is an active leader in the innovation and technology space. Marcus is a Fellow of the Royal Australian College of General Practitioners. He is an Executive Council member of the Australian Medical Association (AMA(WA)), and an Adjunct Associate Professor in Health Leadership & Management at Curtin University. Marcus' previous roles include membership of the Governing Council of the South Metropolitan Area Health Service, Board Director of Giving West and Perth Central & East Metro Medicare Local.

Board responsibilities: Chair of the Perth South PHN Council and member of the Nominations, Remuneration and Governance committee.

WAPHA Board

Steven Wragg
B.Pharm, MPS, MAICD

Stephen Wragg is a Community Pharmacist and current President of the Pharmacy Guild of Australia (WA Branch). Stephen is the Director of Guildlink Pty Ltd and Managing Director of the Professional Pharmacy Services Group.

Board responsibilities: Chair of the Nominations, Remuneration and Governance committee and member of the Finance, Audit and Risk Management (FARM) committee.

Dr Damien Zilm
MBBS, FRACGP, FACRRM, MAICD

Dr Damien Zilm is a General Practitioner and a Fellow of both the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP). Damien is also the Chair of WA General Practice Education and Training (WAGPET). He is currently working in Laverton, Leonora and Northam and with the WA Country Health Services Telehealth Service in Perth. Damien is a supervisor with WAGPET and the Remote Vocational Training Scheme. He is the immediate past Chair of the Goldfields Midwest Medicare Local and past Chair of Goldfields Esperance GP Network.

Board responsibilities: Chair of the Country WA PHN Council and member of the Nominations, Remuneration and Governance committee.

People and Culture

We acknowledge the key to achieving success lies within our people. The importance of maintaining staff engagement and fostering a fun and healthy work environment is a crucial component in achieving our organisational goals. A number of initiatives have been implemented to support this through;

Developing Positive Culture

We have taken proactive steps to develop a positive workplace culture that complements our staff's efforts in achieving our strategic organisational goals. To facilitate this, we have implemented a cultural development program, Pulse, which helps staff to align their personal behaviours to our organisational behaviours and values. Pulse is coordinated by staff for staff. This helps facilitate the program throughout the different working groups within our entire organisation.

Our organisation's signature behaviours which staff demonstrate to ensure alignment with the organisations strategic objectives are;

- we work as one team
- we transform complexity into simplicity
- we listen, learn and respond
- we work courageously with shared purpose

Staff Reward and Recognition Program

An initiative to help acknowledge staff's efforts is our reward and recognition program. This allows staff and managers to recognise their peers for their actions towards supporting our strategic goals.

Work Health and Safety

We value the health and safety of our staff and believe everyone deserves the right to work in an environment that keeps them safe and well. Work health and safety (WH&S) is embedded throughout the organisation with a WH&S Committee which is responsible for implementing strategies that promote a culture of safety throughout the workplace.

Communications and Marketing

The Communications and Marketing Unit's primary role is to manage the brand and reputation of the organisation.

We do this through managing internal and external communications through our;

- Strategic media relations
- Outgoing sponsorships
- Stakeholder event management
- Speech writing
- Crisis communications
- Writing and producing external newsletters
- Developing internal and external marketing or communications plans for projects
- Coordinating all design
- Staff eNewsletter, intranet and other internal notices
- Managing the organisation's digital profile and presence, such as Twitter, Facebook, LinkedIn and our website

In WAPHA's first year, the Communications Unit has focused on establishing the brand of WAPHA and the PHNs. This has also involved developing and establishing newsletters, both internal and external, and templates including letterheads, media releases, business cards and marketing collateral.

Developing Digital

In our first year, WAPHA has established a digital presence through Facebook, Twitter and YouTube. These channels work in conjunction with traditional mediums including hard copy publications, speeches, face-to-face communications and public forums to raise awareness about WAPHA's activities and act as a two-way communication channel to engage our stakeholders and community about our activity.

Strategic Media Relations

WAPHA has worked with all forms of media in our first year to talk about our role in primary health to support both health professionals and community to deliver on our vision for health equity for all Western Australians.

Events

The Communications Unit has supported all areas of the business in the delivery of events at both a local and State level.

Events including practice manager networking sessions, information and briefing forums and the HealthPathways WA launch have helped to build brand equity and identify opportunities for us to partner with other organisations to achieve our aims.

Hon Michael Keenan MP, WAPHA General Manger Mental Health Dr Danny Rock and Hon Ken Wyatt MP at a media announcement.

Communications and Marketing

Marketing and Sponsorship

The Communications Unit has worked diligently over the year to consistently produce high quality marketing and promotional materials to promote all areas of the organisation.

WAPHA has also provided sponsorship to the following initiatives over the past year;

- International Overdose Awareness Day
- WA Health Excellence Awards 2015

Publications

WAPHA recognises the importance of stakeholder engagement and the Communications Unit has supported the business by developing and implementing two external newsletters, WAPHA Connect and GP Connect. The newsletters are written in-house and published monthly.

The Unit has also worked closely with other areas of the business to deliver a weekly internal newsletter, WAPHA Waffle. Over the year, many corporate documents have also been proof-read, edited and designed to ensure a consistent look and voice is applied to all corporate documentation and publications published internally or externally.

Engagement

Open, accountable and respectful stakeholder relationships are central to enabling system change, innovation and generating and sharing local knowledge. WAPHA and the PHNs have worked diligently over the past 12 months to actively engage and form partnerships with our key stakeholders as we strive to build a better health system, with improved patient outcomes and provide better value for our community.

WAPHA's Stakeholder Engagement Framework has been developed to support a transparent and evidence based approach to engagement. This Framework references the Department of Health Stakeholder Engagement Framework (2005) and is underpinned by the International Association of Public Participation (IAP2) Values and Participation Spectrum. This framework demonstrates the PHNs desire for open and inclusive dialogue with the diversity of stakeholders in primary health.

A Stakeholder Engagement Toolkit and a designated area of the staff intranet have been established to build the capacity of the PHN staff team to adopt the framework. Training in the IAP2 spectrum and values is being rolled out to all staff during 2016. A core group of champions across the whole of WAPHA were trained in March to take a leadership role on engagement and meet monthly as the Engagement Working Group. This working group supports the co-ordination and sharing of good practice around stakeholder engagement and champions use of the online engagement tool Primary Health Exchange.

WA Department of Health Engagement

Consistent with the approach taken in the Council of Australian Governments (COAG) bilaterals, the WA Department of Health (DoH) is motivated to collaboratively engage with the intent to coordinate primary and hospital care.

Detailed below are a number of key initiatives between the WA DoH and WAPHA:

- Membership on the WA DoH's Primary Care Working Group;
- WAPHA CEO currently chairs the WA Blood Borne Virus Subcommittee;
- Membership on the WA Metropolitan Immunisation Working Group;
- Collaboration of WAPHA and DoH data analysis teams to report on hospital area hot spot areas for specific Ambulatory Care Sensitive Conditions
- Membership on the WA Metropolitan Aboriginal Immunisation Working Group;
- Provided input into the WA Immunisation Strategy 2016-2020;
- Contributed to the State Oral Health Plan & participated in a community awareness campaign;
- Perth North PHN is working with WA Health Services on a range of joint priorities including improved system integration, immunisation, bowel cancer screening, homeless health, and specialist in reach;
- Regular engagement and planning with WA DoH's IT team to coordinate activities around the roll-out of hospital IT solutions which will align with My Health Record;
- Perth North PHN supported the Prevention and Control Program (of the Communicable Disease Control Directorate, DoHWA) initiative to improve General Practice reporting to ACIR by proactively visiting and following up 50 metropolitan practices with large numbers of children overdue for immunisation;
- Membership on the Refugee Health Advisory Council, supporting a shared understanding of the health priorities and opportunities for joined-up approaches to refugee health needs;
- Membership on the WA Cancer and Palliative Care Network, reviewing the palliative care framework and models;
- Membership on the WA GP Stakeholder Committee.

Work is also ongoing with the Department's Central Referral Service to link GPs back to HealthPathways if the clinical stream is complete, so they can review the referral criteria for the outpatient clinic within the pathway to address the issue of GPs inappropriately referring patients for outpatient clinic referrals.

WA Mental Health Commission (includes Alcohol and Other Drugs)

WAPHA's relationship with the WA Mental Health Commission (MHC) is fundamental to successful reform of primary mental health care in WA. A relationship agreement between WAPHA and the MHC underpins joint planning and commissioning activities. In our first 12 months of operation, the MHC has assisted with the PHNs' Mental Health (MH) and Alcohol and Drug (AOD) Treatment Needs Assessments, engaged in joint planning for suicide prevention and drug and alcohol treatment services and Aboriginal mental health services.

WA's three PHNs are working in partnership with the MHC and the WA Department of Health to produce the WA Integrated Atlas of Mental Health. This will provide a comprehensive picture of MH and AOD services across the state to inform the PHNs' commissioning activities in this area.

It is WAPHA's intent to continue to work collaboratively with the MHC and, where relevant, co-commission services.

Aboriginal Health Council of Western Australia (AHCWA)

WAPHA's relationship with the Aboriginal Health Council of Western Australia (ACHWA) is vital to the PHNs progress in closing the health gap for Aboriginal people in Western Australia. WAPHA meets monthly with AHCWA and has adopted the National Aboriginal Community Controlled Health Organisation (NACCHO) guiding principles in an MoU with AHCWA.

Summarised below are a number of key initiatives achieved to date:

- Consulting AHCWA for Aboriginal Health representation on the PHN Committees and Council and on Tender selection panels.
- WAPHA Board member has been invited to attend monthly ACHWA Board meetings.
- WAPHA has been invited to attend and present at AHCWA's annual conference.
- Member of the WA Aboriginal Health partnership forum
- Attendance at stakeholder workshop to inform PHNs' commissioning approach to Integrated Team Care.

Private Health Insurers

The WA PHNs have formed a strategic relationship with WA's two largest Private Health Insurers – HBF and Medibank Private. Our strategy is based on recommendations of the Primary Health Care Advisory Group (PHCAG) and the Parliamentary Inquiry into the Management of Patients with Chronic Conditions.

The partnership has included the following initiatives to date;

- De-identified data on clinical conditions and geographical locations of members (Needs assessment planning);
- Joint Pharmacy Trials application (HBF and WA PHNs);
- In principle agreement to fund privately insured members (HBF & Medibank Private) and patients with no private health insurance (WA PHNs) to participate in a GP led program for patients diagnosed with a chronic condition;
- Supporting MyHealthRecord roll out (call to action with HBF members).

Online Engagement

WAPHA and the PHNs recognise that an online engagement platform is a significant way to develop reciprocal communication pathways with many stakeholders on a range of issues. This is particularly relevant in rural and remote areas where frequent face to face engagement may not be possible. The development of Primary Health Exchange, an online engagement platform, has increased the reach of the PHNs and enabled stakeholders to contribute to discussion and debate at various levels.

WAPHA Achievements

Summarised below are a number of key activities undertaken by WAPHA over the past 12 months:

PHN Collaboration

- ☑ Support on the PHN's Comprehensive Primary Care transitioning project from WentWest, drawing on their staff and GP expertise in developing our model and engaging with WA GPs on how this has progressed in NSW.
- ☑ Working as part of a collaborative of PHNs around Patient Centred Medical Home models of care and transitioning and optimising practices through capacity and capability building endeavours. These PHNs include WentWest, Hunter New England, North Coast and Adelaide.
- ☑ Provided information to Hunter New England PHN in respect to our work in developing a GP support value proposition.
- ☑ Development of our Innovation and Evidence Grants program.
- ☑ Worked with Brisbane North PHN on developing a WA version of their ED alternatives public awareness campaign.
- ☑ The PHNs have set up a PHN Council Network, an informal group for sharing information and is a support mechanism for the PHN teams.

Western Australian Network of Alcohol & Other Drugs Chief Executive Officer Jill Rundle and WAPHA Chief Executive Officer Learne Durrington at an Alcohol and Other Drugs stakeholder event

WAPHA Achievements

Policy Influence

- ☑ WAPHA is a member of the Department of Health's PHN Commissioning Working Group – working with other PHNs and DoH to share information about, and discuss operational aspects of commissioning and related issues.
- ☑ Submission into the WA Parliamentary Inquiry into Aboriginal Youth Suicide.
- ☑ Submission and provided evidence to the Parliamentary Inquiry into Chronic Disease Prevention and Management into Primary Health Care.
- ☑ Presentation at the Australian Suicide Prevention Conference.
- ☑ Submitted and had accepted a journal article for the international peer reviewed Health Leadership Journal.
- ☑ Article published in the Australian Health Review.
- ☑ Presented the results of WAPHA's Naïve inquiry at the PHCRIS conference.
- ☑ Abstract accepted for the ACHSM National Conference – key note address.
- ☑ GP workshop and innovation hubs held to inform the design of the Comprehensive Primary Care model.
- ☑ Undertook a unique interview process within WA general practice to enable a better understanding of the barriers and opportunities for the management of patients with complex and chronic conditions.

PHN councils and committees were established, including the Perth South PHN Clinical Commissioning Committee pictured.

Knowing our community (Population Planning)

The Baseline (Comprehensive) Needs Assessment for Perth North, Perth South and Country WA PHN was completed by Curtin University in March 2016. The Needs Assessment provided information on the population health and service provision needs of residents across the three PHNs. The report identified health services priorities based on an in-depth understanding of the health care needs of the communities within the Perth North, Perth South and Country WA PHN. It was informed by community consultation and market analysis and focussed on disadvantaged and vulnerable groups, identifying significant service gaps, areas of unmet need and emerging trends and predictions of health need. Ongoing consultation and engagement with expert groups from across the health system tested and validated findings through triangulating results as a basis for priority setting.

Through the Comprehensive (Baseline) Needs Assessment the following five priorities were identified. These priorities were applicable to each of the program funding streams.

1. Keeping people well in the community;
2. People with multiple morbidities especially chronic co-occurring physical conditions and mental health conditions;
3. Services designed to meet the health needs of vulnerable and disadvantaged people, including those of Aboriginal heritage;
4. System navigation and integration to help people get the right services at the right time and in the right place; and
5. Capable workforce tailored to these priorities.


SALE

Commissioning

WAPHA takes a strategic approach to Commissioning that seeks to ensure services meet the health needs of the population and contribute towards service and system improvement and innovation.

Commissioning is at the core of what the PHNs do and is one of our strategic approaches to address the health needs of our regions and to achieve our objectives.

For WAPHA, outcomes based commissioning is the process of putting in place primary health care solutions/services/activities that effectively meet the health needs of the population in the PHN's region.

Commissioning framework

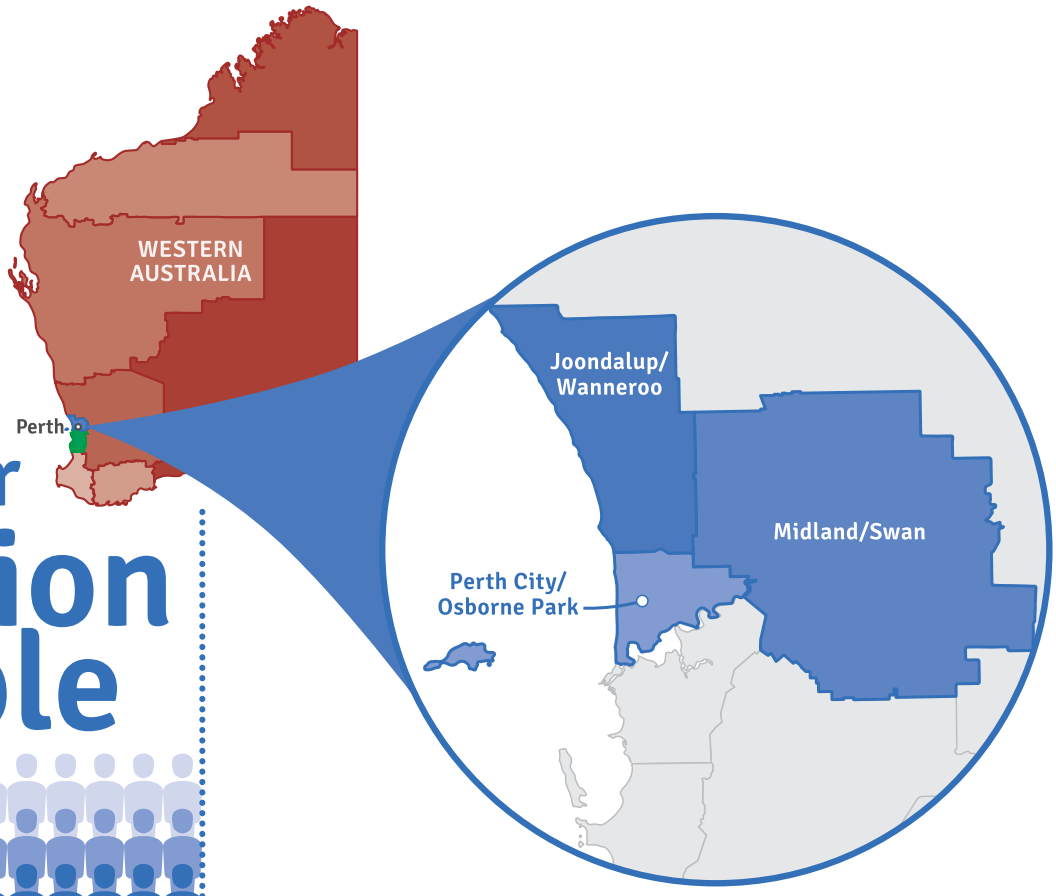
WAPHA and the PHNs are using the Commonwealth's Commissioning Framework which ensures alignment and consistency with the Commonwealth processes.

The framework diagram below indicates that there is a logical sequential approach to commissioning. However, the reality is that it is a lot more complex, with many activities occurring concurrently, and activities coming in and out of the cycle at different times.

The work undertaken in each of the PHN Baseline Needs Assessments provides the foundation for the PHNs in the coming year to design services that address the health needs of their local communities.

Perth North PHN and Perth South PHN

phn
PERTH NORTH
An Australian Government Initiative



just over **1million people**

and is expected to increase to **1.3million by 2026**

our population is **rapidly expanding**

area **3,029.1km²**

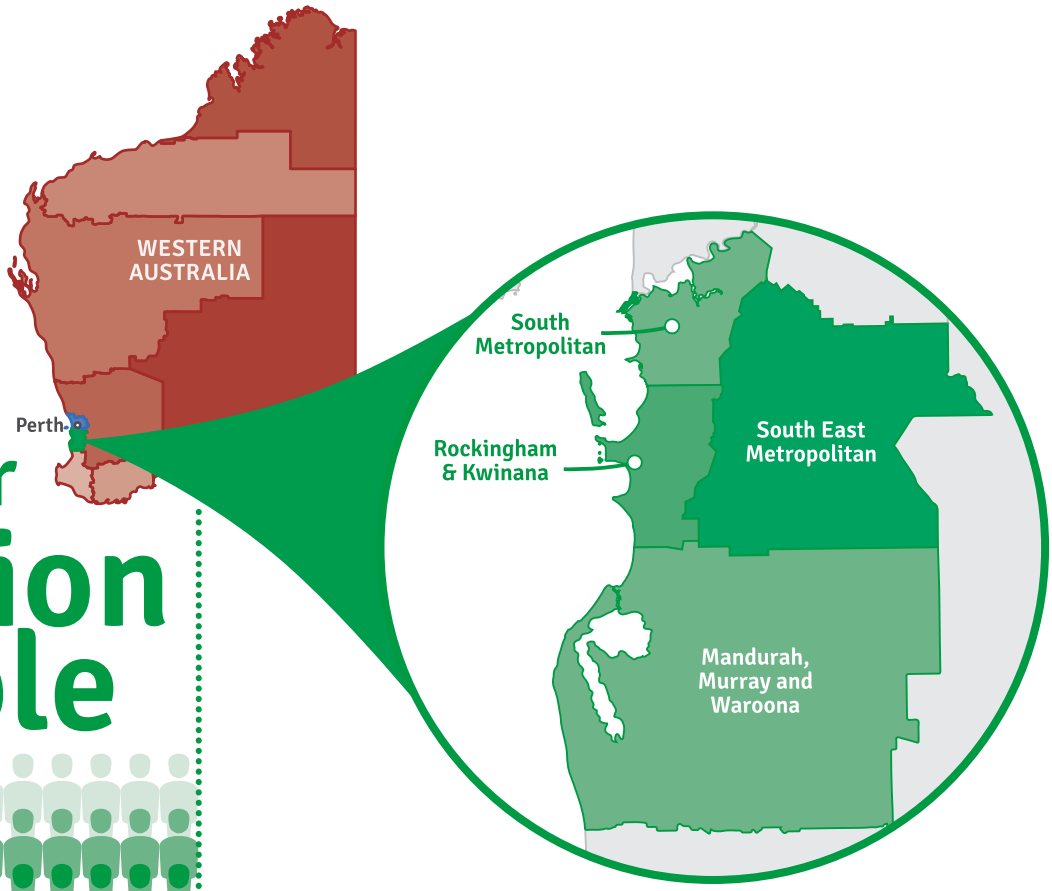
17% of people were born in countries culturally and linguistically different from Australia

12,540 people identify as **Aboriginal** or **Torres Strait Islander**

12% of people are aged 65+

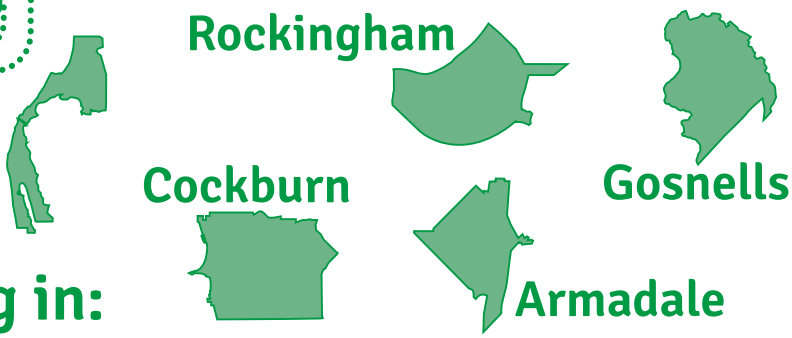
Local Government 17x Authorities

phn
PERTH SOUTH
An Australian Government Initiative



just over 1million people

over 60% of growth occuring in:



area **5,063km²**

17% of people were born in countries culturally and linguistically different from Australia

14,738 people identify as **Aboriginal** or **Torres Strait Islander**

13% of people are aged 65+

Local Government 16x Authorities

Perth North PHN and Perth South PHN

GP engagement

GP engagement has been a priority in Perth North and Perth South PHN over the past 12 months.

Specific focus has been afforded to developing strong and sustainable relationships with the Royal Australian College of General Practitioners WA Branch and Western Australian General Practice Education and Training (WAGPET) to ensure issues of mutual interest are canvassed in relation to primary care activities.

RACGP and WAGPET have been critical partners in building GP engagement and representation. In metropolitan WA, this included planning the way forward and the readiness of the sector around the Commonwealth's Health Care Home initiative.

Changes in the primary care landscape from antecedent organisations such as the Divisions of General Practice and Medicare Locals to PHNs meant that our early engagement strategy included significant work to build sustainable and trusted relationships with General Practice.

Looking back

The first 12 months has included focused activity in the following areas:

- Engaging General Practitioners as Chairs of the Clinical Commissioning Committee;
- Consultation via an Innovation Hub on building important elements of the Health Care Home into the PHN's Comprehensive Primary Care Activity – membership included the RACGP and WAGPET;
- A Naïve Enquiry research process was undertaken in general practice by GPs to better understand current and optimal management for patients with chronic disease;
- Ongoing engagement with the national office of the Australian Medical Association on relevant primary care policy matters;
- Providing administration for WAGPET Regional Advisory Committees and GP registrar regional education sessions in seven of the eleven WAGPET training regions;
- Engagement to inform the development of localised HealthPathways, the on-line clinical assessment, treatment and referral information service for general practice;
- Assistance with data extraction to drive continuous quality improvement and provide general practice with aggregated information about patient care and treatment outcomes;
- Accreditation support;
- Training and support to encourage adoption of My Health Record;
- Interventions to improve the secondary and primary care interface for example to improve discharge summaries and improve the quality of general practice / specialist referrals;
- Immunisation support and advice;
- Regular newsletter communication with GPs, practice staff and facilitating networking sessions;
- Linking GPs and practice staff into CPD opportunities.

Looking forward

As Perth North and Perth South PHNs move in to their second year of operation, our strategy includes targeted activity to build the capacity of both clinical and administrative staff within general practice. Flexible funds will be diverted from funding stand-alone chronic disease management programs towards up-skilling and supporting interested and engaged general practices to proactively manage and treat their patient population with chronic diseases.

This change in focus will aim to help the 'innovators' who share the PHN's vision of moving from fragmented transactional medicine to targeted, coordinated and patient centred, integrated team care. These innovative practices will then be engaged by the PHN to demonstrate the benefits and processes of change and to raise awareness about the support available from the PHN and partners. This peer delivered message will aim to promote change within general practices by reducing perceived barriers to change and thereby increasing their efficacy and motivation to model these changes.

Perth North PHN and Perth South PHN

Area Health Service Engagement

Area Health Service Engagement is pivotal to the success of the Perth North and Perth South PHNs. In order to reduce system fragmentation, improve the interface between tertiary, secondary and primary care and improve patient outcomes, our strategy has been to build key relationships with:

- Area Health Services (North Metropolitan Area Health Service (NMHS), South Metropolitan Health Service (SMHS) and from 1 July 2016 the newly formed East Metropolitan Area Health Service (EMHS)) – Board, executive and operational staff;
- Within public hospitals at both executive and operational levels;
- Private hospitals at operational and executive levels.

We have also negotiated with relevant tertiary and secondary hospitals in the Perth North and Perth South PHN catchment to directly contract and manage Hospital Liaison GPs. Direct engagement with Hospital Liaison GPs in metropolitan Perth enhances the PHN's capacity to promote integrated and coordinated care.

Health Service Providers

Perth North and Perth South PHNs have engaged with Health Service Providers over the past 12 months through:

- Clinical Commissioning Committee membership;
- Consultation to identify needs (Comprehensive Needs Assessment);
- Mental Health and AOD Atlas workshops;
- Integrated Team Care (ITC) workshop with Aboriginal Community Elders and Integrated Team Care (ITC) service providers to inform the PHN's approach to commissioning this service from 1 January 2017;
- Engaging with a number of peak bodies in the mental health and alcohol and other drug sector to inform its commissioning priorities;
- Establishing a Mental Health Expert Advisory Group across WA's three PHNs.

Other Stakeholders

- The Perth North and Perth South PHN have engaged with a range of peak bodies in Aboriginal health, mental health, alcohol and drug, chronic disease and aged care.
- The PHNs continue to engage formally and informally with District Aboriginal Health Advisory Group and Aboriginal Health Advisory Group members.
- Meetings with State and Federal members of parliament to ensure they are aware of the PHN's work in their constituencies.
- A range of stakeholders were engaged in a Digital Health Strategy workshop to inform the PHN's digital health strategy. Attendees included GPs, WA Health staff and other health service providers.
- We have signed an MoU with the WA Health Consumers Council to work together to promote consumer and community engagement in primary care services.
- Pharmacy Guild – regular collaboration on areas of mutual interest with specific reference to the 6th Community Pharmacy Agreement.
- WAAMH, WAPHA and Lotterywest – Mental Health Week Community Grants – A collaborative partnership to fund and allocate 28 separate grants across WA.

Perth North and Perth South PHN General Manager Bernadette Kenny and Perth North PHN Community Engagement Committee community representative Geoffrey Bartle.

PHN Council and Committees

The Perth North and Perth South PHN committee structures have been operational since January 2016.

PHN Council

The PHN Council is the PHN's strategic advisory body. The Council reports to, recommends, and influences the WAPHA Board on opportunities to improve medical and health care services through strategic, cost effective investments and innovations for the PHN region.

Perth North and Perth South PHN Council

Member Representation	Name
Chair- WAPHA Director	Ms Anne Russell-Brown
Chair of Clinical Commissioning Committee	Dr Mike Civil
Chair of Community Engagement Committee	Mr Tony Addiscott
Aboriginal Torres Strait Islander Health Representative	TBC
PHN General Manager	Ms Bernie Kenny
Chair - WAPHA Director	Dr Marcus Tan
Co-Chair of Clinical Commissioning Committee	Dr Fraser Barrie
Co-Chair of Clinical Commissioning Committee	Dr Gary Fernandez
Chair of Community Engagement Committee	Mr Mitch Messer
Aboriginal Torres Strait Islander Health Representative	Prof Dawn Bessarab
Area Health Services - Board Chair	Dr Robert McDonald
Area Health Services - Chief Executive	Ms Robyn Lawrence (proxy Kate Gatti)
Area Health Services - Medical Director	Ms Geraldine Carlton
Health Expert	Mr Simon Towler
PHN General Manager	Ms Bernie Kenny

Perth North PHN and Perth South PHN

Clinical Commissioning Committees (CCC)

The CCC is GP led and is the PHN's critical friend. The CCC provides a clinical perspective to inform both the PHN and the PHN Council, about clinical issues, health needs and system/service improvements within the PHN region. The CCC also supports the PHN to ensure activities are person centred, locally relevant and align to the PHN's Needs Assessment and Annual Activity Plans.

Perth North PHN Clinical Commissioning Committee

Member Representation	Name
GP - Chair	Dr Mike Civil
GP	Dr Belinda Wozencraft
Hospital Clinician	Dr Allan Pelkowitz
Area Health Service Representative	Ms Caroline Langston
Aboriginal Torres Strait Islander Health Representative	Ms Sharon Bushby
Nursing Representative	Mr Mark Cockayne
Pharmacist Representative	Mr Gregory Da Rui
Allied Health Representative	Mrs Iris Barten
Allied Health Representative	Ms Corrina Petric
Allied Health Representative	Mr Rahul Madan
PHN General Manager	Ms Bernie Kenny

Perth South PHN Clinical Commissioning Committee

Member Representative	Name
GP – Co - Chair	Dr Fraser Barrie
GP – Co - Chair	Dr Gary Fernandez
Area Health Services Population Health Planner	Ms Kate Gatti
Population Health Planner	Mrs Katherine Webster
Aboriginal Torres Strait Islander Health Representative	Mr Jonathan Ford
Nursing Representative	Mr Jeffrey Williams
Nursing Representative	Ms Stephanie Dowden
Pharmacist Representative	Ms Donna Pearson
Allied Health Representative	Avril Fahey
Allied Health Representative	Tim Barnwell
PHN General Manager	Ms Bernie Kenny

Community Engagement Committee (CEC)

The CEC is the PHN's 'critical friend' providing the PHN and the PHN Council with a community perspective about the community's experiences and expectations of primary health care in their respective region. This perspective helps inform the PHN's decisions, investments and innovations in primary health care, ensuring the solutions are person centred, locally relevant, and align to the PHN's Needs Assessment and Annual Activity Plans.

Perth North PHN Community Engagement Committee

Member Representation	Name
Chair- Consumer Representative	Mr Tony Addiscott
Community Representative	Mr Geoffrey Bartle
Community Representative	Ms Ann Deanus
Community Representative	Ms Jenni Ibrahim
Community Representative	Dr Nancy Rees
Community Representative	Ms Michelle Jenkins
Community Representative	Mr Paul Gravett
Aboriginal Torres Strait Islander Health Representative	Ms Louise De Busch
Consumer Advocate	Ms Christine Sindely
Carer Advocate	Ms Leonie Walker
PHN Representative	Ms Jane Harwood

Perth South PHN Community Engagement Committee

Member Representative	Name
Chair- Consumer Representative	Mr Mitch Messer
Community Representative	Dr Tracy Reibel
Community Representative	Mr Nick Jones
Community Representative	Ms Ann White
Community Representative	Ms Lexie Wilkins
Community Representative	Mr Laurence Riley
Aboriginal Torres Strait Islander Health Representative	Mr Colin Phillips
Aboriginal Torres Strait Islander Health Representative	Mr Brett Walley
Consumer Advocate	Dr Melissa Stoneham
Carer Advocate	Mrs Vanessa Clarke
PHN Representative	Ms Jane Harwood

Service Delivery

Perth North and Perth South PHN maintained service continuity during the first 12 months of operation by contracting directly with former Medicare Locals and other Commonwealth Department of Health contracted service providers.

Perth North PHN Service Delivery

Provider	Activity / Service Name
360 Health + Community	Access to Allied Psychological Services
360 Health + Community	ALIVE
360 Health + Community	Mooro Drive Health Centre (Primary Health Care for People with Mental Illness)
360 Health + Community	Aged Care Allied Health Service
360 Health + Community	Change for Life
360 Health + Community	IIAMPC/CCSS
Black Swan Health	IIAMPC/CCSS
Black Swan Health	Self Training Educative Pain Sessions (STEPS)
Black Swan Health	Living Longer Living Stronger
Black Swan Health	Multidisciplinary Diabetes Intervention Program
Black Swan Health	Respiratory Linkage Program
Black Swan Health	Aged Care Allied Health Service
Black Swan Health	Access to Allied Psychological Services

CCSS: Care Coordination and Supplementary Services

IIAMPC: Improving Indigenous Access to Mainstream Primary Care

Service Delivery – Perth South PHN

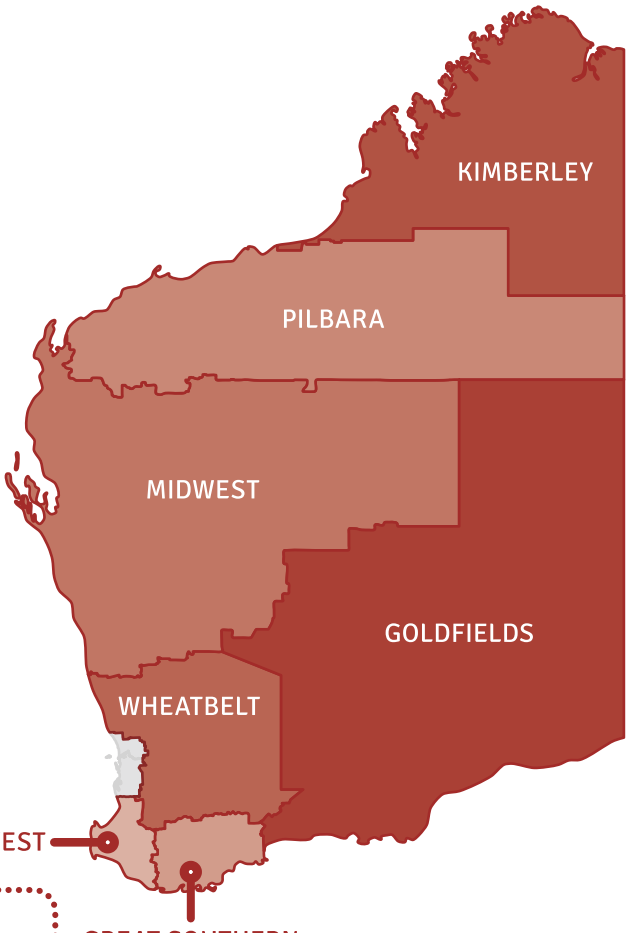
Provider	Activity / Service Name
360 Health + Community	After Hours
360 Health + Community	Access to Allied Psychological Services
360 Health + Community	Better Health Care Connections
360 Health + Community	Living Well for Life
360 Health + Community	Live Well Without Smoking
360 Health + Community	Regionally Tailored Chronic Diseases Program
360 Health + Community	Regionally Tailored Mental Health Services
360 Health + Community	IIAMPC/CCSS
Arche Health	Active Measures
Arche Health	Aged Care Allied Health Service
Arche Health	HeartBeat™ Community Cardiac Care
Arche Health	Services to Vulnerable Segments
Arche Health	IIAMPC/CCSS
Arche Health	Access to Allied Psychological Services
Arche Health	Indigenous Primary Health Care
Arche Health	After Hours
Arche Health and 360 Health + Community	Self Training Educative Pain Sessions (STEPS)
Black Swan	IIAMPC/CCSS
GP Down South	IIAMPC/CCSS
GP Down South	Indigenous Primary Health Care
One Healthy Community	Access to Allied Psychological Services

CCSS: Care Coordination and Supplementary Services

IIAMPC: Improving Indigenous Access to Mainstream Primary Care

Country WA PHN

phn COUNTRY WA
An Australian Government Initiative



just over **550,000 people**

by 2025 Country WA PHN population is expected to increase by **23.6%**

area of **2.48 million square kilometres**

more than **150 GP practices**

17% of people were born in countries culturally and linguistically different from Australia

41,970 people identify as **Aboriginal** or **Torres Strait Islander**

13% of people are aged 65+
projected to increase to **17.4%**

Local Government 106 Authorities

GP Engagement

GP engagement has been a priority for Country WA PHN regional teams over the past 12 months with all practices across the seven regions being contacted by Country WA PHN regional staff. Country WA PHN has achieved excellent engagement through local staff with dedicated GP support roles. In addition to general introductory engagement, specific engagement around government priorities in each region in immunisation, My Health Record, HealthPathways WA and PenCAT has resulted in high uptake in general practice of best practice in these areas. Cancer screening education is largely led by WA Country Health Service's (WACHS) staff in the regions and our staff provide general information and support in a routine manner.

Highlights for the past 12 months include;

- A specific focus of GP engagement has been to develop strong and sustainable relationships with Rural Health West, RACGP (WA) and WAGPET, to ensure issues of mutual interest are canvassed in relation to primary care activities. In particular, WAPHA was a member of the Finding my Place Steering Committee auspiced by Rural Health West to develop strategies to improve support for the rural GP workforce;
- GP engagement areas have included:
    - Engaging General Practitioners as Chairs of each Regional Clinical Commissioning Committee and in many instances more than one GP is also an ordinary member of the Committee;
    - Consultation to inform the development of localised HealthPathways, the on-line clinical assessment, treatment and referral information service for general practice;
    - Assistance with data extraction to provide general practice with aggregated information about patient care and treatment outcomes;
    - Accreditation support;
    - Adoption of My Health Record;
    - Secondary and primary care interface through improved discharge summaries and improving the quality of general practice/specialist referrals;
    - Structured communications strategy using GP Connect, supporting the GP role;
    - Practice manager network development and support;
    - Linking practice staff to continuing professional development opportunities; and
    - Providing selected continuing professional development opportunities;
- Naïve Inquiry Research Project to distil best practice in general practice for holistic patient care;
- In Country WA 100% of GPs have been contacted and visited. This reflects the nature of engagement in the first 12 months of Country WA PHN operations. Going forward, a planned, proactive approach will be taken with the assistance of a GP, to ensure clinician to clinician interface - a systematic approach to Comprehensive Primary Care better tailored to each practice;
- RACGP and WAGPET have been critical partners in Country WA Steering Committee for a telehealth trial 'ReadyCare';
- Regular contact with the Federal AMA on relevant primary care matters;
- Continue to engage with WA Health's IT Services on the roll-out of IT solutions which will align with My Health Record.
- Supported the Prevention and Control Program (of the Communicable Disease Control Directorate, DoHWA) initiative to improve general practice reporting to ACIR. See table below.
- Provided input to the WA Immunisation Strategy 2021.
- Contributed to the WA Dental Health Strategy and participated in a community awareness campaign.

Area Health Service Engagement

Engagement with the Country WA Health Service (WACHS) has been a successful strategy, adopted both centrally and by all Regional teams:

- WACHS Regional Directors and population health representatives are involved in Regional Clinical Commissioning Committees;
- WACHS has agreed to joint planning for chronic disease management in all regions;
- An independent review of all Country WA funding contracts recommended a move toward a joint service planning and procurement strategy across Country WA. The WACHS Executive has agreed to this strategy and all WAPHA Regional Managers are working with WACHS Regional Directors to implement a shared approach;
- The Country WA PHN General Manager meets with the WACHS Chief Operating Officer, Strategy and Reform on a three-weekly basis to discuss opportunities for collaboration;
- WACHS and WAPHA take a joint approach to regional problem solving where there are complex dynamics requiring a shared approach;
- WACHS is a member of the population health planning and performance group convened by WAPHA and attended by Rural Health West, Aboriginal Health Council of WA, Aboriginal health Improvement Unit and Curtin University. The Mental Health Commission and the Commonwealth Department of Health have been invited to join this group.
- WACHS attend the monthly Area Health Services meeting, together with the metropolitan Area Health Services and all WA PHNs;
- Extensive engagement with WACHS on the development and rollout of HealthPathways to drive clinical best practice and localised referral pathways;
- WACHS provided a significant amount of data for the Comprehensive Needs Assessment;
- WACHS agreed to co-fund a Country-wide Respiratory Education Telehealth service with Country WA PHN;
- WACHS and Country WA PHN are co-funding an After Hours GP Telehealth Service - ReadyCare; and
- WACHS-delivered mental health services are collaborating in local stepped care planning.

Health Service Providers

Country WA PHN has engaged with Health Service Providers over the past 12 months through:

- Regional Clinical Commissioning Committees membership;
- Community Consultations in all Regions to identify needs (Comprehensive Needs Assessment);
- Mental Health and AOD Atlas workshops;
- Clinical Engagement Consultations in Regions and sub-regions to develop Regional priorities through Community working groups and to develop Commissioning approaches (Regional Clinical Commissioning Committees and sub-committees); and
- Provision of information sessions in regional areas to provide updates on Country WA commissioning priorities and, in particular, to provide details on mental health reforms and alcohol and other drug funding changes.

In Country WA, the WACHS District Health Advisory Councils (DHACs) are a vehicle for consumer and community engagement and are a source of information and consultation for all Regional Teams as are Regional Aboriginal Health Planning Forums.

Councils and Committees

The PHN Council is the PHN's principal strategic advisory body. The PHN Council provides advice in two directions, one to the PHN operating team (through the PHN General Manger) and secondly to the WAPHA Board.

Country WA PHN Council

Member Representation	Name
Chair - WAPHA Director	Dr Damien Zilm
Chair of Clinical Commissioning Committee	Prof Geoff Riley
Community Representative	Ms Gloria Sutherland
Community Representative	Ms Nola Wolski
Aboriginal Torres Strait Islander Health Representative	Margaret Culbong
WACHS Board Chair	Dr Neale Fong
WACHS Chief Executive	Delegated to Melissa Vernon
WACHS Executive Director Medical Services	Dr Andrew Jamieson
Rural Health West	Mr Tim Shackleton
PHN General Manager	Ms Linda Richardson

Country WA PHN General Manager Linda Richardson and WAPHA Board member and Country WA PHN council chair Dr Damien Zilm.

Country WA PHN

Clinical Commissioning Committees and Regional Clinical Commissioning Committees

The purpose of the Clinical Commissioning Committee's (CCC) is to recommend the commissioning priorities and options for alignment, development and investment in primary health care for the relevant PHN region, and ensure these are in line with WAPHA, State and Commonwealth health reform priorities.

Each PHN has a CCC which is led by a General Practitioner and provides a direct link between clinicians and the PHN's Council.

In the Country WA PHN, the Country WA CCC works at a State wide level and has ultimate oversight on primary health care needs at a whole of Country WA perspective. While the Regional Clinical Commissioning Committees (RCCCs) work at a regional level. The RCCCs are structured and function in the same way as the CCCs and focus specifically on their regional area's primary health care needs. There are seven RCCCs reporting to the Country WA CCC, in each of the following regions: Goldfields, Great Southern, Kimberley, Midwest, Pilbara, South West and Wheatbelt.

Country WA PHN Clinical Commissioning Committee

Member Representation	Name
General Practitioner - Chair	Prof Geoff Riley
General Practitioner	Dr Will Patterson
Area Health Services Clinician	Ms Melissa Vernon
WACHS Population Health Planner	Currently vacant
Population Health Planner	Mr Bret Hart
ASTI Representative	Currently vacant
Nursing Representative	Currently vacant
Pharmacist Representative	Mr Anthony Masi
Allied Health Representative	Currently vacant
Clinical Organisation	Mrs Carole Bain
Clinical Organisation	Dr Stephen Langford
Clinical Organisation	Prof Sandra Thompson
PHN General Manager	Ms Linda Richardson

Community Working Groups

Country WA PHN has Community Working Groups in each of the regions, which are formed on an as needs basis. These groups involve community, carer and consumer representatives. In addition, our Country WA teams continue to work collaboratively with existing groups and networks including the District Health Advisory Councils and the Aboriginal Health Regional Planning Forums.

Regions in focus

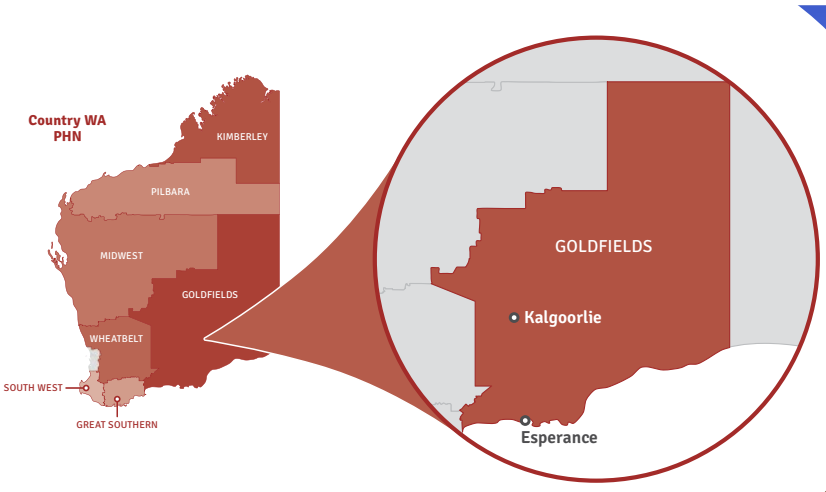
Each Region in the Country WA PHN has responded to local challenges with solutions for which success is to be measured though locally developed outcome measures. The following are brief descriptions of innovative thinking, highlighting the uniqueness of in each region. Initiatives are aimed at one or more of the priorities developed through the Comprehensive Needs Assessment.

Goldfields

Key Highlight: The design of a strategy to increase the capacity of local communities to have a sustainable workforce by using a 'grow local approach' – mentoring and training local people in Leonora and surrounding communities to respond to suicide risk and other mental health and AOD problems.

Goldfields Regional Clinical Commissioning Committee

Member Representation	Name
General Practitioner - Chair	Dr Roy Morris
General Practitioner	Dr Graham Rowlands
WACHS Clinical Representative	Ms Carol Erlank
WACHS Population Health Planner	Dr Clare Huppatz
Aboriginal and Torres Strait Islander Representative	Currently vacant
Nursing Representative	Ms Anne Carey
Pharmacist Representative	Ms Elise Wheadon
Allied Health Representative	Ms Denise Blackwell
Clinical Organisation Representative	Dr Lorin Monck
Clinical Organisation Representative	Ms Maree Parry
Clinical Organisation Representative	Dr Rosalie Schultz
Clinical Organisation Representative	Ms Angela Dufek
Clinical Organisation Representative	Mrs Elizabeth Waters
PHN Regional Coordination Manager	Ms Lynn Hazelton

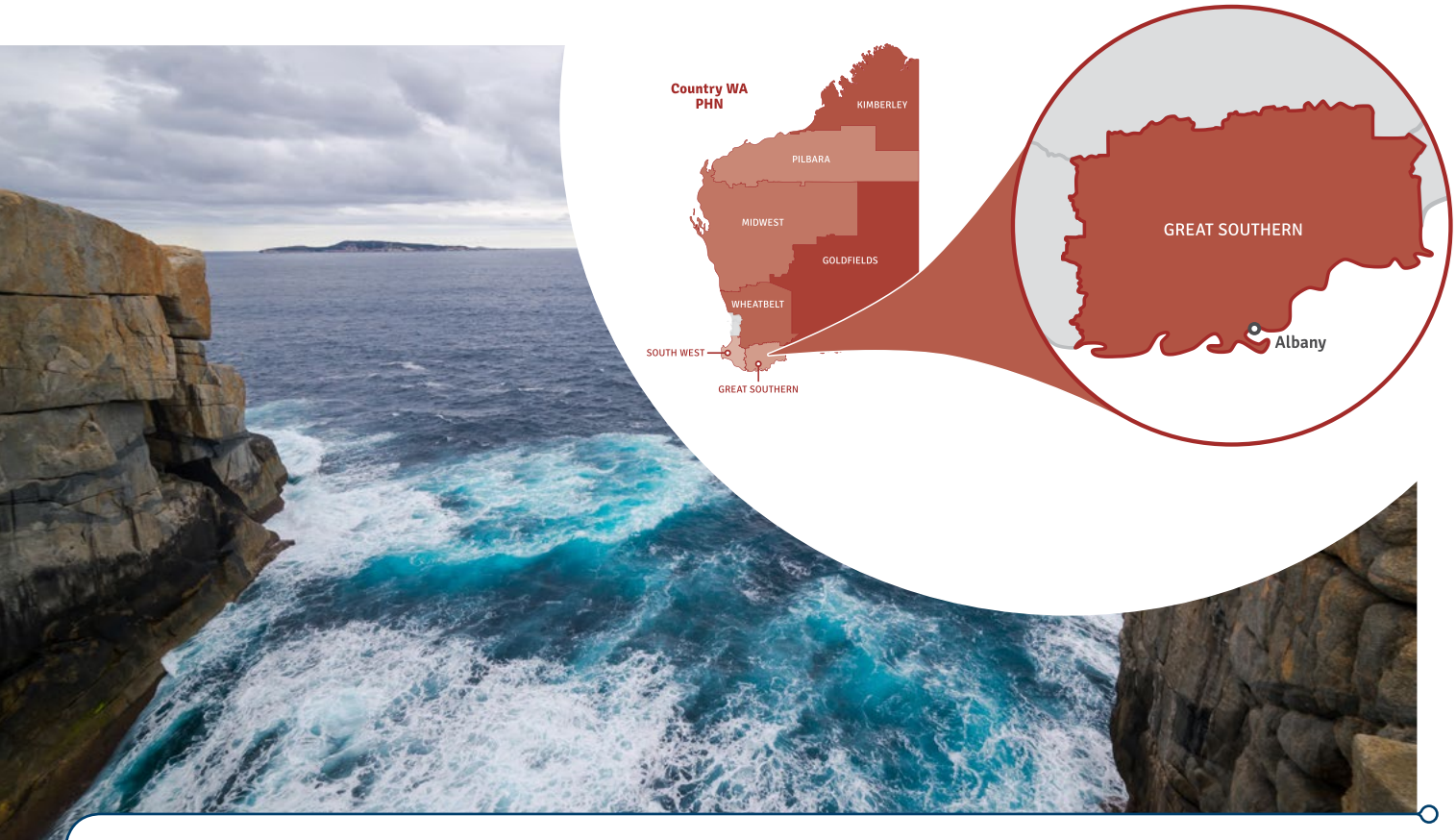


Great Southern

Key Highlight: The development of an alliance with Silver Chain to explore the expansion of the Royalties for Regions funded Nurse Practitioner Programs to give people with a chronic condition access to care coordination and education and treatment in a timely way.

Great Southern Regional Clinical Commissioning Committee

Member Representation	Name
General Practitioner - Chair	Dr Don Gunning
WACHS Clinical Representative	Dr Mahesh Reddy
WACHS Population Health Planner	Ms Sandra Crowe
Aboriginal and Torres Strait Islander Representative	TBC
Nursing Representative	Ms Lesley Pearson
Pharmacist Representative	Ms Jane McLean
Allied Health Representative	Ms Terri Pope
Clinical Organisation Representative	Ms Louise Cato
Clinical Organisation Representative	Ms Libby Foster
Clinical Organisation Representative	Mr Alex Rutter
Clinical Organisation Representative	Dr Kristi Holloway
Clinical Organisation Representative	Dr Andrew Wenzel
Clinical Organisation Representative	Ms Janette Kostos
PHN Regional Coordination Manager	Mr Brad Maher

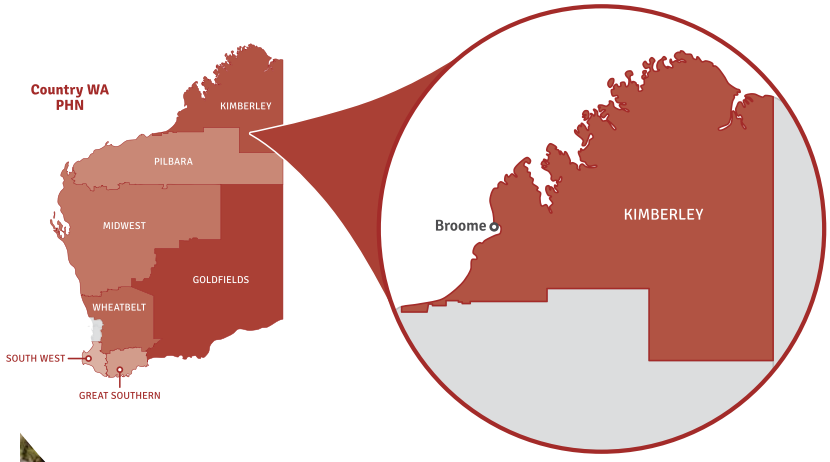


Kimberley

Key Highlight: The development of a strategic alliance with PHNs from Northern Queensland, the Northern Territory and Northern Western Australia through membership of the Great Northern Australian Regional Training Network (GNARTN) to increase and enhance workforce capacity in remote areas. This project will be ongoing in 2016/17 to develop a training course for "Rural Generalists" with multiple and transferable skills in allied health and other health professional roles.

Kimberly Regional Clinical Commissioning Committee

Member Representation	Name
General Practitioner - Chair	Dr Sally Cornelius
General Practitioner - Deputy Chair	Dr Lauren Turner
WACHS Clinical Representative	Ms Bec Smith
WACHs Population Health Planner	Prof Jeanette WARD
Aboriginal and Torres Strait Islander Representative	Ms Maureen Carter
Nursing Representative	Mr Martin Cutter
Pharmacist Representative	Ms Hannah Mann
Allied Health Representative	Ms Sue Luketina
Clinical Organisation Representative	Ms Gail Freeland
Clinical Organisation Representative	Ms Robyn Powell
Clinical Organisation Representative	Dr Stephanie Trust
PHN Regional Coordination Manager	Mr Andrew McGaw



Midwest

Key Highlight: The completion of a locally led commissioning process for afterhours services that involved stakeholders form all areas and followed exemplary co-design principles that can be used by other regions.

Midwest Regional Clinical Commissioning Committee

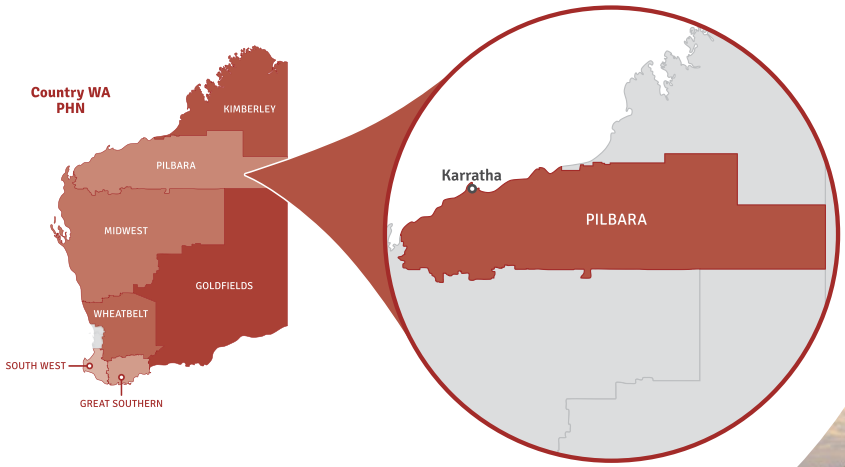
Member Representation	Name
General Practitioner - Chair	Dr Stu Adamson
General Practitioner	Dr Nalini Rao
General Practitioner	Dr Elly Slootmans
WACHS Clinical Representative	Dr Katy Templeman
WACHS Population Health Planner	Ms Karen Street
Aboriginal and Torres Strait Islander Representative	Ms Deborah Woods
Nursing Representative	Ms Rae Peel
Pharmacist Representative	Ms Barbara Kirk
Allied Health Representative	Dr Cindy Porter
Allied Health Representative	Dr Ivan Lin
Clinical Organisation Representative	Mr Michael Jack
Clinical Organisation Representative	Currently vacant
Clinical Organisation Representative	Dr Sandra Hamilton
Health Consultant	Mr Darren Armitage
PHN Regional Coordination Manager	Ms Jodie Green

Pilbara

Key Highlight: Utilisation of a local Aboriginal consultant to inform commissioning of chronic disease and mental health services. The consultant engaged with a range of community members and clinician from local Aboriginal health services to ascertain what they considered to be the strengths and weaknesses in current service provision in the Region.

Pilbara Regional Clinical Commissioning Committee

Member Representation	Name
General Practitioner – Co-Chair	Dr Martin Kumar
General Practitioner – Co-Chair	Dr Ina Brown
WACHS Clinical Representative	Dr Phil Montgomery
WACHS Population Health Planner	MS Deanne Exeter
Aboriginal and Torres Strait Islander Representative	Mrs June Councillor
Nursing Representative	Mrs Dorethea Skelly
Pharmacist Representative	Mr Mark Lock
Pharmacist Representative	Ms Cass Foster
Ms Stephanie Holmes	Ms Stephanie Holmes
Clinical Organisation Representative	Ms Hanlie Van Dyk
Clinical Organisation Representative	Ms Teresa Joy
Clinical Organisation Representative	Ms Stacey Robinson
PHN Regional Coordination Manager	Ms Winny Henry



South West

Key Highlight: The use of funds from a non-renewed contract to craft a program specifically for Aboriginal people using two providers working together on a shared outcomes framework.

South West Regional Clinical Commissioning Committee

Member Representation	Name
General Practitioner - Chair	Dr Stephen Arthur
General Practitioner	Dr Michiel Mel
General Practitioner	Dr Stephen Cohen
WACHS Regional Manager	Mr John Brearley
WACHS Clinical Representative	Dr John Pollard
WACHS Population Health Planner	Ms Jo Moore
Aboriginal and Torres Strait Islander Representative	Ms Lesley Nelson
Nursing Representative	Ms Denise Puddick
Pharmacist Representative	Ms Linda Keane
Allied Health Representative	Ms Chantal O'Connor
Clinical Organisation Representative	Ms Joanne Penman
Clinical Organisation Representative	Ms Krystal Laurentsch
Clinical Organisation Representative	TBC
PHN Regional Coordination Manager	Ms Dianne Ritson

Wheatbelt

Key Highlight: Working with United Synergies to develop a Suicide Prevention Plan for the Wheatbelt. This involved the facilitation of workshops in local areas to inform the development of a shared understanding, contributing to the future commissioning of mental health, suicide prevention and alcohol and other drug services in the region.

Wheatbelt Regional Clinical Commissioning Committee

Member Representation	Name
General Practitioner - Chair	Dr Marian Rae
General Practitioner	Dr Olga Ward
WACHS Clinical Representative	Ms Bev Hamerton
A/Population Health Director	Ms Regina Michel-Huessy
Aboriginal and Torres Strait Islander Representative	Ms Jenny Yarran
Nursing Representative	Ms Tracy Smith
Pharmacist Representative	Mr Matthew Reid
Allied Health Representative	Ms Sally Sanderson
Clinical Organisation Representative	Ms Jaclyn Geraghty
Clinical Organisation Representative	Dr Tony Mylius
Clinical Organisation Representative	Ms Nyaree Lawler
PHN Regional Coordination Manager	Fiona Bush

Service Delivery

Country WA PHN maintained service continuity during the first 12 months of operation by contracting directly with former Medicare Locals and other Commonwealth Department of Health contracted service providers.

Provider	Activity/Service Name
360 Health + Community	Chronic Disease Management Programs
360 Health + Community	Health Promotion / Disease Prevention
360 Health + Community	Clinical Services
360 Health + Community	Aged Care
360 Health + Community	Access to Allied Psychological Services and Mental Health Services in Rural and Remote Areas
360 Health + Community	Care Coordination and Supplementary Services and Improving Indigenous Access to Mainstream Primary Care
Albany Community Care Centre	Allied Health services
Amity Health	Care Coordination and Supplementary Services and Improving Indigenous Access to Mainstream Primary Care
Amity Health Ltd**	Allied Health Services
Anglicare WA	Rural Primary Health Service
Anglicare WA	Mental Health Services in Rural and Remote Areas
Anglicare WA	Care Coordination and Supplementary Services and Improving Indigenous Access to Mainstream Primary Care
Ankle and Foot Health (Geraldton)	Allied Health services
Ankle and Foot Health (Kalgoorlie)	Allied Health services
Boab	Indigenous Primary Health Care
Boab Health	Access to Allied Psychological Services and Mental Health Services in Rural and Remote Areas
Boab Health	Care Coordination and Supplementary Services and Improving Indigenous Access to Mainstream Primary Care
Boab Health Services	Rural Primary Health Service
Broome Regional Aboriginal Medical Service Aboriginal Corporation	Rural Primary Health Service
Carnarvon Physiotherapy	Physiotherapy
Central West Health and Rehabilitation	Allied Health services
Derby Aboriginal Health Service	After Hours
Durlacher Dietetic Service	Dietetics
Geraldton Podiatry	Podiatry
Goldfields Physiotherapy	Physiotherapy
GP down south	Flexible Funding Chronic Disease
GP down south	Access to Allied Psychological Services and Mental Health Services in Rural and Remote Areas
GP Down South	Indigenous Primary Health Care

Provider	Activity/Service Name
GP Down South CCSS	Care Coordination and Supplementary Services and Improving Indigenous Access to Mainstream Primary Care
Kimberley Aboriginal Medical Services	Rural Primary Health Service
Mawarnkarra Health Service	Rural Primary Health Service
Ngaannyatjarra Health Svc	Allied Health services
Ningaloo Massage*	Allied Health services
Ord Valley Aboriginal Health Service	After Hours
OVAHS	Rural Primary Health Service
Panaceum	After Hours
Pilbara Health Network	Rural Primary Health Service
Pilbara Health Network	Access to Allied Psychological Services and Mental Health Services in Rural and Remote Areas
Pilbara Health Network	Care Coordination and Supplementary Services and Improving Indigenous Access to Mainstream Primary Care
Relationships Australia WA Inc***	Rural Primary Health Service
Silver Podiatry	Podiatry
St John of God Care Geraldton	After Hours
WACHS Gascoyne, Murchison, Midwest	Various Allied Health services
WACHS Goldfields	Various Allied Health services
WACHS Great Southern	Indigenous Primary Health Care
WACHS Kimberley	Various Allied Health services
WACHS Pilbara	Various Allied Health services
WACHS Wheatbelt	Various Allied Health services
Wheatbelt GP Network	Rural Primary Health Service
Wheatbelt GP Network	Access to Allied Psychological Services and Mental Health Services in Rural and Remote Areas
Wheatbelt GP Network	Care Coordination and Supplementary Services and Improving Indigenous Access to Mainstream Primary Care
Wirraka Maya Health Service	Rural Primary Health Service

* contract ceased 30 June 2016

** one component of service ceased 30 June 2016

*** service due to cease 30 September 2016

The PHN worked closely with impacted service providers to ensure smooth transition out arrangements were in place for contract cessation.

Aboriginal Health

WAPHA and its three PHNs are committed to working together to improve access to health services and improve health outcomes for Aboriginal and Torres Strait Islander people.

Aboriginal health means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.

While there have been significant improvements in health outcomes over the last decade, Aboriginal and Torres Strait Islander mortality rates are currently twice that of non-Indigenous Australians.

In 2010-12, the gap in life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous Australians was estimated to be 10.6 years for males and 9.5 years for females.

We know that good health enables Aboriginal and Torres Strait Islander children to have the best possible start to life, and adults to lead active, full and productive lives.

The health system's response to this challenge involves a combination of private and public State and Territory providers and Indigenous-specific primary care providers (delivered primarily through Aboriginal Community Controlled Health Organisations).

The use of health services by Aboriginal and Torres Strait Islander people has increased, however access to health care is still very limited when health status is taken into account. There continues to be a need to improve access to well-run and culturally appropriate health services and programs that effectively engage with community. Services should also work with the community to improve health. WAPHA and the PHNs are committed to building connections across the health system to further improve access for Aboriginal and Torres Strait Islander people to appropriately targeted care that is effective and culturally appropriate.

We want to ensure that there is full and ongoing participation by Aboriginal and Torres Strait Islander people and organisations in all levels of decision-making affecting their health needs.

WAPHA and the PHNs will focus on four key factors for improving quality of life and achieving health equity across all aspects of the social determinants of health:

- connection to culture
- allowing Aboriginal and Torres Strait Islander people to determine and implement the solutions
- improving cultural awareness and respect across the wider Australian population, and
- effective partnerships – Aboriginal and Torres Strait Islander health is everybody's business.

Looking back

The first 12 months has included focused activity in the following areas:

- Engaging with the Aboriginal community and Care Coordination and Supplementary Services (CCSS) providers in June 2016 to inform the commissioning approach for the Integrated Team Care (ITC) activity.
- Completed ITC Annual Activity Planning submitted to the Commonwealth
- HealthPathways now includes specific Aboriginal health pathways
- Regular meetings with Area Health Services Aboriginal policy teams
- WAPHA are members of/or attended;
  - NDIS Aboriginal Reference Group
  - Health Consumers Council Aboriginal Reference Group
  - AHCWA convened Aboriginal Patient Journey meetings
- Developed to concept phase the Health Yarn mobile phone application. The App is a language translation App for use in a clinical setting to support communication between Aboriginal patients and their medical carer
- Regular newsletter articles in GP Connect and Practice Connect newsletters about Aboriginal health

Looking forward

- The PHNs will commission ITC and work with the providers across the three PHNs to come together to network and forward plan to ensure providers are providing a consistent ITC program
- Implement an ITC Ambassador Program. The program will provide opportunity for Aboriginal community members that utilise the ITC to share their story about the ITC program both within WAPHA and within the wider community
- The Aboriginal Health team will work to ensure collaboration between WAPHA and both the North and South Metro Area Health Services Aboriginal policy teams
- Promote the increase the uptake of the Medicare chronic disease follow-up MBS item 10987

WAPHA Aboriginal Program Lead Annie Young, WAPHA Aboriginal Project Officer Sara Dyer, Nigel Wilkes, Alice Kearing and WAPHA Chief Executive Officer Learne Durrington during NAIDOC Week celebrations.

Alcohol and Other Drugs

The integration between alcohol and other drugs, mental health and primary care is at the core of WA Primary Health Alliance (WAPHA) and the Primary Health Networks (PHNs) approach to commissioning. Collaborative approaches can build on the strengths of different service systems and provide a more responsive approach for people with harmful and/or problematic alcohol and other drug use.

WAPHA aims to increase the capacity within Western Australia to provide drug and alcohol treatment, as well as facilitate easier access and better pathways to the "right" treatment to suit a person's needs. Commissioning will promote more joined up services, wider access and holistic responses, as well as respond to the increased demand for services.

Funding is not substantial and a strategic and integrated approach will support a greater return on investment. Dedicated funding will be utilised for Indigenous-specific treatment services and for increasing the capacity of non-Indigenous services to improve cultural appropriateness and competency.

People access services in different ways and the commissioning approach is to facilitate clear points of entry into treatment, and an increased focus on cost effective, moderately intensive evidence based treatments and appropriate interventions to ultimately reduce the demand on the secondary and tertiary systems.

This focus will include stepped care approaches as well as building on what is working well in the current system. Essential to this is reducing barriers to treatment such as stigma, culture, homelessness, distance, age appropriateness, waiting times, and lack of information as well as improving care coordination and pathways.

WAPHA and the PHNs have established and will continue to strengthen our relationship with the WA Network Alcohol and Other Drugs (WANADA) for both sector engagement and industry advice.

Snapshot of Activities

- An AOD stakeholder briefing was held February 2016 – approximately 90 attendees from across the sector
- In partnership with Curtin University, the Mental Health Commission, the Aboriginal Health Council of WA and WANADA, a baseline alcohol and drugs needs assessment was undertaken
- Establishment of an AOD Expert Advisory Group (EAG). The group has met on several occasions to provide strategic advice on commissioning AOD services.

Alcohol and Other Drug Expert Advisory Group Membership
Dr Daniel Rock – General Manager WAPHA (Chair)
Neil Guard - CEO – Richmond Wellbeing
Timothy Marney – Commissioner – WA Mental Health Commission
Jill Rundle – CEO – WA Network of Alcohol and Other Drug Agencies
Professor Steve Allsop – National Drug Research Institute
Wendy Casey – Director – Aboriginal Health Policy Directorate - Department of Health
Terry Murphy – Chair - WA Network of Alcohol and Other Drug Agencies
Dr Allan Quigley – Director – Next Step Specialist Drug and Alcohol Services
Dr John Edwards – Chairman – Abbotsford Private Hospital

Mental Health

In response to *the Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services the Federal Government has funded PHNs to lead* the coordination of health care to ensure people receive the right care in the right place at the right time and have a focus on mental health as a priority.

WAPHA will focus its investment on integrated services and collaborative models of care, building on the strengths of existing and different service systems and enhancing the role of primary care.

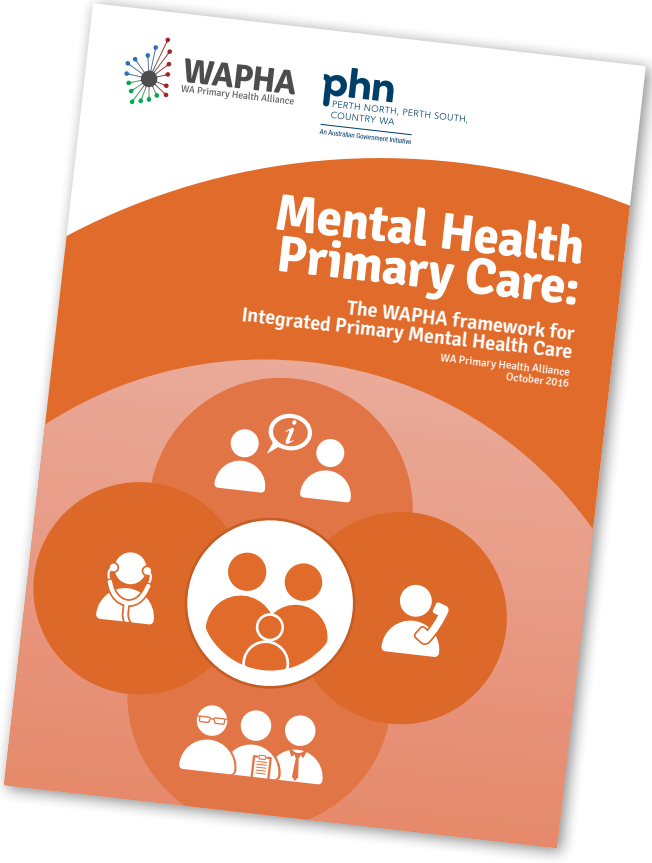
This approach is in line with the Western Australian Mental Health Commission's strategic policy document: *Mental Health 2020: Making it personal and everybody's' business* as well as Better *Choices, Better Lives: Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (Better Choices, Better Lives)* which calls for a focus on improved service navigation, collaboration and integration.

Key Principles

- At key points of entry, ensure those in need access care without delay to services that are most appropriate to meet their needs
- Aligning person-centred, recovery focused care with population need.
- Increasing access to services which provide the minimum level of intervention required to create the maximum gain for individuals and improve system efficiency. The focus is on high volume, low intensity activities that meet individual needs.
- Enhance early intervention to increase access and improve health outcomes
- Supporting development of a broad workforce and enhancing locally based capacity

Key areas of focus:

- Supporting general practitioners and other primary care clinicians to recognise and respond to common mental health conditions;
- Significantly expanding access to evidence based psychological therapy;
- Increasing support for patients and practitioners through integrated care management and improved access to community services;
- Improving the patient journey along the care continuum.
- Enhancing access to low intensity interventions through development of digital and tele heath platforms;
- Improving feedback to support adjustment of treatment to better meet the needs of patients;
- Working collectively and meaningfully with consumers, carers, health care providers (primary, secondary and tertiary), social services and a range of civic stakeholders;
- Enhancing provision of Comprehensive Primary Care; and
- Continuing development of HealthPathways WA.



HealthPathways WA

HealthPathways WA is a web-based portal with information on referral and management pathways helping clinicians to navigate patients through the complex primary, community and acute health care system in Western Australia.

HealthPathways WA is designed to be used at the point of care by general practitioners and each pathway is jointly developed by consensus and collaboration between hospital clinicians and general practice teams.

HealthPathways WA is a collaborative partnership with WA Health, the Area Health Services and the three WA PHNs.

HealthPathways WA was launched on 8 October 2015 with 97 pathways.

over the past year:

43
clinical and referral pathways have been localised, bringing the total to:
123

25 GPs,
specialists and allied health personnel
have attended working groups to inform the
content & localisation of the pathways

88
Health Professionals
attended CPD events which are themed around recently localised pathways

a total of

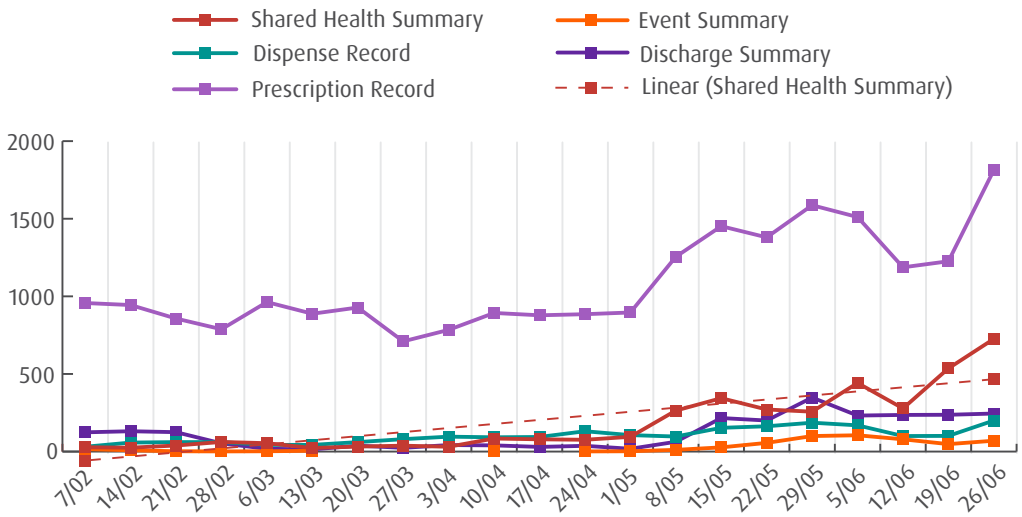
9,886
page views

2,325
users

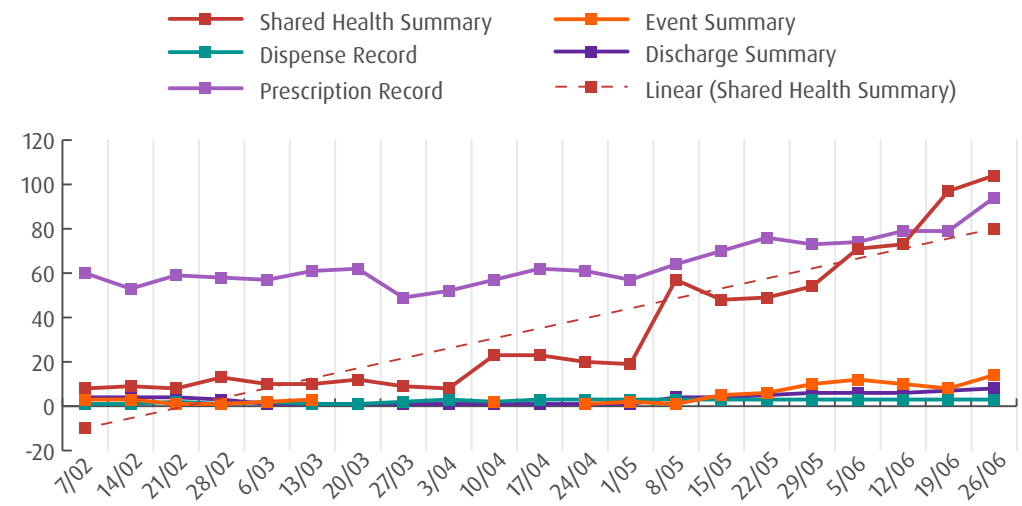
Digital Health

Digital health was one of our key activity areas in 2015/16. Through our Primary Health Liaisons, we assisted more than 400 general practices across WA with the relaunch of the My Health Record system. Changes to the Practice Incentive Payment (PIP) for digital health saw a dramatic increase in activity with the My Health Record system and we will work closely with the new Australian Digital Health Agency to ensure success of this critical piece of the national digital health puzzle.

Number of Documents Uploaded



Number of Providers Uploading Documents



WAPHA also hosted a strategy workshop with our external stakeholders from across the primary health sector to help inform its overall digital health strategy moving forward and will respond to the call for leadership as one of the top priorities from our stakeholders.

Financial Report

Information Register

ABN 11 602 416 697

Board of Directors

Role	Name
Chairman	Dr Richard Choong
Director	Anthony Ahern
Director	Rodney Astbury
Director	Rhonda Marriott
Director	Anne Russell-Brown
Director	Dr Marcus Tan
Director	Stephen Wragg
Director	Dr Damien Zilm

Registered Office

U2-5, 7 Tanunda Drive
RIVERVALE WA 6103

Bankers

National Australia Bank
UB12.01, 100 St Georges Tce
PERTH WA 6000

Auditors

William Buck Audit (WA) Pty Ltd
Level 3, 15 Labouchere Road
SOUTH PERTH WA 6151

Directors' Report

Our directors present this report of WA Primary Health Alliance Limited.

BOARD

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

Name	Date Appointed	Date Ceased
Dr Richard Choong	October 20, 2014	Current
Neil Fong	October 20, 2014	16 September 2015
Christopher McGowen	October 20, 2014	18 September 2015
Anthony Ahern	October 20, 2014	Current
Rodney Astbury	July 28, 2015	Current
Rhonda Marriott	November 24, 2015	Current
Anne Russell-Brown	December 1, 2014	Current
Dr Marcus Tan	October 20, 2014	Current
Stephen Wragg	December 1, 2014	Current
Dr Damien Zilm	October 20, 2014	Current

COMPANY SECRETARY

The names of each person who has been a company secretary during the year and at the date of the report are:

Name	Date Appointed	Date Ceased
Colin Yoong	June 23, 2015	September 22, 2015
Simon Martin	September 22, 2015	Current

PRINCIPAL ACTIVITIES

The principal activities of WA Primary Health Alliance Limited (WAPHA) during the year consisted of performing the strategic commissioning functions of the three Western Australian Primary Health Networks (PHNs): Perth North, Perth South and Country WA.

Establishment

As the company began operations on July 1, 2015 the operational infrastructure and governance structure was required to be set up during the year. During the year the company established its Perth office along with nine regional offices employing over 100 staff.

The company established the Finance Audit and Risk Management Committee along with the Nominations Remuneration and Governance Committee, both being sub-committees of the WAPHA Board during the year. PHN Councils, Clinical Commissioning and Community Engagement Committees have also been set up in each PHN to provide sound governance around all commissioning activities.

Transition

From the commencement of operations WAPHA took over the management of service provision contracts previously managed by other organisations. Taking over these contracts involved the transition of records, assets and data whilst ensuring service continuity by the service providers. This transition activity was completed and continuity of service was maintained throughout.

GP and Stakeholder Engagement

The organisation has been focused on engagement with general practices, Federal and State Departments of Health, WA Mental Health Commission, Health Service Providers, Aboriginal Health Council of WA, Private Health Insurers, Pharmacy Guild and various other peak bodies and stakeholders during the first year of operations.

WAPHA actively engages and forms partnerships with our key stakeholders as we strive to build a better health system, with improved patient outcomes and provide better value for our community.

Population Health Planning

The baseline Needs Assessment for the three PHNs was completed in partnership with Curtin University during the year. The Needs Assessments provided information on the population health and service provision needs of residents across Western Australia. The reports identified health service priorities based on an in-depth understanding of the health care needs of the communities across the state. The Assessments were informed by community consultation and market analysis and focused on disadvantaged and vulnerable groups, identifying service gaps, areas of unmet need and emerging trends and predictions of health need. Ongoing consultation and engagement with expert groups from across the health system tested and validated findings through triangulating results as a basis for priority setting.

Service Delivery and Performance Management

WAPHA constantly reviews the activity and outcomes of health services that have been contracted. WAPHA implemented a contract management system during the period to support effective management and commissioning going forward. The organisation is committed to commissioning against health outcomes and an outcomes framework is being finalised to ensure effective performance management.

STRATEGIC HORIZON

WAPHA exists to facilitate a better health system, with improved patient outcomes at better value to the community.

The primary health care system is fragmented and lacks strong, integrated GP led care at it's core. Significant access barriers exist for people trying to navigate the system, particularly those at risk of poor health outcomes. These barriers contribute to more than 62,000 Western Australians presenting at hospital emergency departments each year, whose care would be best managed through a co-ordinated and responsive primary health care system.

WAPHA aims to build sustainable partnerships across the health and social care system that most effectively address the barriers impacting on the health care outcomes of people in Western Australia. We will plan and commission for quality cost effective services that are sustainable and lead to better health outcomes for people with complex chronic conditions. In doing so we will engage clinicians and the community to ensure we meet priority needs and reduce potentially preventable hospitalisations.

DIRECTOR'S MEETINGS

The number of meetings of Directors held during the year, and the number of meetings attended by each Director, are as follows:

	Board		Finance, Audit and Risk Management		Nominations, Remuneration and Governance	
	A	B	A	B	A	B
Dr Richard Choong	10	10				
Neil Fong (resigned 16/9/15)	2	2				
Christopher McGowen (resigned 18/9/15)	2	2				
Anthony Ahern	10	10	2	2		
Rodney Astbury	10	5	2	2		
Rhonda Marriott	6	4				
Anne Russell-Brown	10	8			2	1
Dr Marcus Tan	10	8			2	2
Stephen Wragg	10	8	2	1	2	2
Dr Damien Zilm	10	8			2	2

Where:

- **Column A** is the number of meetings the Director was entitled to attend.
- **Column B** is the number of meetings the Director Entity attended.

CONTRIBUTION IN WINDING UP

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 of $10 each towards meeting any outstanding obligations of the entity. At 30 June 2016, the total amount that members of the Company are liable to contribute if the Company wound up is $110 (2015: $90).

AUDITORS INDEPENDENCE DECLARATION

A copy of the Auditor's Independence Declaration as required under s.60-40 of the *Australian Charities and Not-for-profits Commission Act 2012* is included in page 5 of this financial report and forms part of the Directors' Report.

Signed in accordance with a resolution of the directors for and on behalf of the Board:

Dr Richard Choong
Director and Chairman
Perth, 22/11/2016

DIRECTORS' QUALIFICIATIONS, EXPERIENCE AND SPECIAL RESPONSIBILITIES

Name	Qualifications	Experience	Special responsibilities
Richard Choong	MB Bch BAO (NUI), LRCSI & PI, FRACGP, FAMA	Dr Richard Choong is a full time principal General Practitioner of an outer metropolitan general practice in Perth. Currently Richard is the Chair of Australian General Practice Accreditation Limited (AGPAL) Board and also maintains a strong focus on not-for-profit organisations, health promotion charities and medical research foundations. He is a past president of the Australian Medical Association WA.	Chairman
Neil Fong (Resigned 16/9/15)	LLB	Neil Fong is an experienced health executive having held roles as the CEO of South West Aboriginal Medical Services, Manager – Strategic Development and Reform at WA Health, Associate Director – Health and Human Services at KPMG and Assistant Commissioner – Aboriginal Justice at WA Department of Corrective Services.	
Christopher McGowan (Resigned 18/9/15)	BBus (HR), Masters Applied Science (Social Research), GAICD	Chris McGowan has over 25 years' experience as a leader in the human service sector bridging welfare, disabilities, mental health, aged care and health care. Over the commercial, public and not-for-profit sectors he has held senior executive roles with over 15 years in CEO roles. He has been a director of Population Health and was Director of Primary Health Care in the Department of Health in SA leading that state's Primary Care policy and purchasing functions. Chris has experience as a provider to the Commonwealth government and has worked in an executive level in the Victorian, South Australian and Western Australian governments.	
Anthony Ahern	ASM, BBus, MBIS, MAICD	Tony Ahern is the CEO of St John's Ambulance. Tony is the WA representative on the Council of Ambulance Authorities (CAA) and is the Chair of the WA Emergency Services Volunteers Hardship Assistance Scheme.	Chair of the Finance, Audit and Risk Management (FARM) committee.
Rodney Astbury	MBA, MA Public Policy,GAICD, BA	Rod Astbury is the Chief Executive Officer of Western Australian Association for Mental Health (WAAMH). Rod's previous roles include management of the Western Australian and Northern Territory operations of the Australian Red Cross Blood Service. He has been a manager of investment programs with the Mental Health Division and is an Executive Director of Community Mental Health Australia. Rod is a former Director of the Perth Central and East Metropolitan Medicare Local.	Member of the Finance, Audit and Risk Management (FARM) committee
Rhonda Marriott	Dip Psych Nsg, BSc Nsg, PGDip Mid, MSC Nsg, PhD	Professor Rhonda Marriott is a senior researcher with expertise in Aboriginal maternal and child health. Rhonda is a Professor of Aboriginal Health and Wellbeing in the School of Psychology and Exercise Science at Murdoch University. She has been a registered nurse for 44 years and a midwife for 26 years. Rhonda was the first Indigenous Head of a University School of Nursing in Australia. Rhonda has a passion to improve the social and emotional wellbeing outcomes of Aboriginal people and has expertise in Aboriginal health research combining community participatory action research methods with Aboriginal "yarning" and 'dadirri' techniques.	

Name	Qualifications	Experience	Special responsibilities
Anne Russell-Brown	Dip.Teach; GAICD;Grad Dip LCC	Anne Russell-Brown is an experienced community services executive and independent Director. Before her retirement in 2015 she held the position of Group Director Social Outreach for St John of God Health Care. Anne was the 2004 WA Telstra Business Woman of the Year. Anne is a former member of the Social Enterprise Fund Advisory Group; and has previously been a Board member of Fremantle Medicare Local, WACOSS, WANADA and Protective Behaviours WA. She is a Member Centre for Social Impact Advisory Council (UWA) and is a Rotary International Paul Harris Fellow.	Chair of the Perth North PHN Council and member of the Nominations, Remuneration and Governance committee.
Marcus Tan	MBBS, FRACGP, MBA (Exec), FAICD	Dr Marcus Tan is a healthcare executive and Company Director. Marcus is presently the CEO and Medical Director for HealthEngine. He is an active leader in the innovation and technology space. Marcus is a Fellow of the Royal Australian College of General Practitioners. He is an Executive Council member of the Australian Medical Association (AMAWA), and an Adjunct Associate Professor in Health Leadership & Management at Curtin University. Marcus' previous roles included membership of the Governing Council of the South Metropolitan Area Health Service, Board Director of Giving West and the Chairman of Perth Central & East Metro Medicare Local.	Chair of the Perth South PHN Council and member of the Nominations, Remuneration and Governance committee.
Stephen Wragg	B.Pharm, MPS, MAICD	Stephen Wragg is a Community Pharmacist and current President of the Pharmacy Guild of Australia (WA Branch). Stephen is the Director of Guildlink Pty Ltd and Managing Director of the Professional Pharmacy Services Group.	Chair of the Nominations, Remuneration and Governance committee and member of the Finance, Audit and Risk Management (FARM) committee
Damien Zilm	MBBS, FRACGP, MAICD, FACRRM	Dr Damien Zilm is a General Practitioner and a Fellow of both the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP). Damien is also the Chair of WA General Practice Education and Training (WAGPET). Damien is currently working in Laverton, Leonora and Northam and with the WA Country Health Services Telehealth Service in Perth. Damien is a supervisor with WAGPET and the Remote Vocational Training Scheme. He is the immediate past Chair of the Goldfields Midwest Medicare Local and past Chair of Goldfields Esperance GP Network.	Chair of the Country WA PHN Council and member of the Nominations, Remuneration and Governance committee.

Statement of Profit or Loss and Other Comprehensive Income

FOR THE YEAR ENDED 30 JUNE 2016

	Notes	30 June 2016	30 June 2015
OPERATING REVENUE		**$**	**$**
Government Grants	4	51,847,102	598,795
Investment Income	4	427,027	65
Other Income	4	1,001,183	-
Total Revenue & Other Income		**53,275,312**	**598,860**
OPERATING EXPENSES			
Support Services Expenses			
Program expenditure		(40,093,340)	(420,634)
Employee benefits expense	12.1	(7,300,369)	(24,533)
Other employee costs		(371,853)	(55,565)
Motor vehicle expenses		(319,898)	-
Occupancy related costs		(611,084)	(5,804)
Depreciation & amortisation		(200,066)	-
Communications & IT		(561,309)	-
Travel expenditure		(333,927)	-
Councils & Committees		(212,192)	-
HealthPathways		(732,971)	-
Administration & finance		(235,889)	(12,880)
Advertising & promotion		(292,702)	-
Population health		(644,442)	-
Other expenses		(159,135)	-
Total Expenses		**(52,069,177)**	**(519,416)**
Net Operating surplus for the year		**1,206,135**	**79,444**
Total Comprehensive Income for the year		**-**	**-**

The statement of profit or loss and other comprehensive income is to be read in conjunction with the attached notes.

Statement of Financial Position

AS AT 30 JUNE 2016

	Notes	30 June 2016	30 June 2015
ASSETS		$	$
Current Assets			
Cash and cash equivalents	5	27,453,247	7,170,429
Trade and other receivables	6	1,590,368	17
Other Assets	10	489,591	27,470
Total Current Assets		**29,533,206**	**7,197,916**
Non-Current Assets			
Other receivables	6	51,355	-
Plant and equipment	8	576,039	51,908
Intangible assets	9	69,211	-
Other assets	10	189,516	-
Total Non-Current Assets		**886,121**	**51,908**
TOTAL ASSETS		**30,419,327**	**7,249,824**
LIABILITIES			
Current Liabilities			
Trade and other payables	11	3,976,533	1,191,854
Provisions	12.2	327,352	-
Other liabilities	13	24,808,105	5,978,526
Total Current Liabilities		**29,111,990**	**7,170,380**
Non-Current Liabilities			
Provisions	12.2	21,758	-
Total Non-Current Liabilities		**21,758**	**-**
TOTAL LIBILITIES		**29,133,748**	**7,170,380**
NET ASSETS		**1,285,579**	**79,444**
EQUITY			
Retained earnings		1,285,579	79,444
Total equity		**1,285,579**	**79,444**

The statement of financial position is to be read in conjunction with the attached notes.

Statement of Changes in Equity

FOR THE YEAR ENDED 30 JUNE 2016

	Retained earnings	Total equity
	$	$
Balance at 20 October 2014	-	-
Net surplus	79,444	79,444
Other Comprehensive Income	-	-
Balance at 30 June 2015	**79,444**	**79,444**
Net surplus	1,206,135	1,206,135
Other Comprehensive Income	-	-
Balance at 30 June 2016	**1,285,579**	**1,285,579**

The statement of changes of equity is to be read in conjunction with the attached notes.

Statement of Cashflows

FOR THE YEAR ENDED 30 JUNE 2016

	Notes	30 June 2016	30 June 2015
		$	$
Cash flows from operating activities			
Net Operating surplus for the period		1,206,135	79,444
Adjustments for:			
Depreciation & amortisation		200,066	-
Investment Income		(427,027)	(65)
		979,174	79,379
Increase in trade and other receivables		(1,641,706)	(17)
Increase in deferred income		18,829,579	5,978,526
Increase in trade payables		2,092,983	576,056
Increase in other creditors and accruals		511,774	24,536
Increase in GST, PAYG and FBT payable		179,922	591,262
Increase in provisions		349,110	-
Increase in prepayments		(651,637)	(27,470)
Net cash provided by operating activities		**20,649,199**	**7,222,272**
Cash flows from investing activities			
Purchase of plant and equipment	8	(709,795)	(51,908)
Purchase of intangible assets	9	(83,613)	-
Interest received		427,027	65
Net cash used in investing activities		**(366,381)**	**(51,843)**
Net increase/(decrease) in cash and cash equivalents		**20,282,818**	**7,170,429**
Cash and cash equivalents at the beginning of the period	5.1	7,170,429	-
Cash and cash equivalents at the end of the year	5.1	**27,453,247**	**7,170,429**

The statement of cash flows is to be read in conjunction with the attached notes.

Notes to the Financial Statements

For the Year Ended 30 June 2016

1. General information and statement of compliance

The financial report includes the financial statements and notes of WA Primary Health Alliance Limited.

These financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012*. WA Primary Health Alliance Limited is a not-for-profit entity for the purpose of preparing the financial statements.

The financial statements for the year ended 30 June 2016 were approved and authorised for issue by the Board of Directors on 22 November 2016.

2. Changes in accounting policies

2.1 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 2015. Information on the more significant standards is presented below.

3. Summary of accounting policies

3.1 Overall considerations

The significant accounting policies that have been used in the preparation of these financial statements are summarised below.

The financial statements have been prepared using the measurement bases specified by Australian Accounting Standards for each type of asset, liability, income and expense. The measurement bases are more fully described in the accounting policies below.

3.2 Revenue

Revenue comprises revenue from the government grants, donations, recoveries, rendering of services and membership fees. Revenue from major sources are shown in Note 4.

Revenue is measured by reference to the fair value of consideration received or receivable by WA Primary Health Alliance Limited for services provided, excluding sales taxes, rebates, and trade discounts.

Revenue is recognised when the amount of revenue can be measured reliably, collection is probable, the costs incurred or to be incurred can be measured reliably, and when the criteria for each of WA Primary Health Alliance Limited's different activities have been met. Details of the activity-specific recognition criteria are described below.

Government Grants

A number of WA Primary Health Alliance Limited's programs are supported by grants received from the federal, state and local governments.

If conditions attached to a grant which must be satisfied before WA Primary Health Alliance Limited is eligible to receive the contribution, recognition of the grant as revenue is deferred until those conditions are satisfied.

Where a grant is received on the condition that specified services are delivered, to the grantor, this is considered a reciprocal transaction. Revenue is recognised as services are performed. If services are not performed at year end revenue is deferred until the service is delivered.

Revenue from a non-reciprocal grant that is not subject to conditions is recognised when WA Primary Health Alliance Limited obtains control of the funds, economic benefits are probable and the amount can be measured reliably. Where a grant may be required to be repaid if certain conditions are not satisfied, a liability is recognised at year end to the extent that conditions remain unsatisfied.

Where WA Primary Health Alliance Limited receives a non-reciprocal contribution of an asset from a government or other party for no or nominal consideration, the asset is recognised at fair value and a corresponding amount of revenue is recognised.

Recoveries
Revenue from recoveries are cost recoveries which are recognised when expenditure is on charged.

Rendering of Services
Revenue from services is recognised when the control of a right to be compensated for the services has been attained. All revenues received prior to date of service are recognised as a liability.

Membership Fees
Membership fees charged per annum are recognised when the fees are charged.

Donations and bequests
Donations are recognised on a receipt basis when the amount can be reliably measured. Bequests are recognised when the legacy is received. Revenue from legacies comprising bequests of shares or other property are recognised at fair value, being the market value of the shares or property at the date WA Primary Health Alliance Limited becomes legally entitled to the shares or property.

Interest income
Interest income is recognised on an accrual basis using the effective interest method.

3.3 Operating Expenses

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

3.4 Intangible assets

Recognition of other intangible assets
Acquired intangible assets
Acquired computer software licences are capitalised on the basis of the costs incurred to acquire and install the specific software.

Subsequent measurement
All intangible assets are accounted for using the cost model whereby capitalised costs are amortised on a straight-line basis over their estimated useful lives, as these assets are considered finite.

Residual values and useful lives are reviewed at each reporting date. In addition, they are subject to impairment testing as described in Note 3.7. The following useful lives are applied:

- Software: 2.5 years

Amortisation has been included within depreciation and amortisation.

Subsequent expenditures on the maintenance of computer software are expensed as incurred.

When an intangible asset is disposed of, the gain or loss on disposal is determined as the difference between the proceeds and the carrying amount of the asset, and is recognised in profit or loss within other income or other expenses.

3.5 Plant and equipment

Plant and other equipment
Plant and other equipment is initially recognised at acquisition cost, including any costs directly attributable to bringing the assets to the location and condition necessary for it to be capable of operating in the manner intended by WA Primary Health Alliance Limited's management.

Plant and other equipment is subsequently measured using the cost model, cost less subsequent depreciation and impairment losses.

Depreciation is recognised on a straight-line basis to write down the cost less estimated residual value of buildings, plant and other equipment. The following useful lives are applied:

- Plant and equipment: 2-15 years.
- Leasehold improvements: life of lease.
- Computer hardware: 2.5-5 years.
- Office equipment: 2-15 years.

In the case of leasehold property, expected useful lives are determined by reference to comparable owned assets or over the term of the lease, if shorter.

Material residual value estimates and estimates of useful life are updated as required, but at least annually.

Gains or losses arising on the disposal of plant and equipment are determined as the difference between the disposal proceeds and the carrying amount of the assets and are recognised in profit or loss within other income or other expenses.

3.6 Leases

Operating Leases
Where WA Primary Health Alliance Limited is a lessee, payments on operating lease agreements are recognised as an expense on a straight-line basis over the lease term. Associated costs, such as maintenance and insurance, are expensed as incurred.

3.7 Impairment testing of intangible assets and plant and equipment

For impairment assessment purposes, assets are grouped at the lowest levels for which there are largely independent cash inflows (cash-generating units). As a result, some assets are tested individually for impairment and some are tested at cash-generating unit level. Goodwill is allocated to those cash-generating units that are expected to benefit from synergies of the related business combination and represent the lowest level within WA Primary Health Alliance Limited at which management monitors goodwill.

Cash-generating units to which goodwill has been allocated (determined by WA Primary Health Alliance Limited's management as equivalent to its operating segments) are tested for impairment at least annually. All other individual assets or cash-generating units are tested for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable.

An impairment loss is recognised for the amount by which the asset's or cash-generating unit's carrying amount exceeds its recoverable amount, which is the higher of fair value less costs to sell and value-in-use. To determine the value-in-use, management estimates expected future cash flows from each cash-generating unit and determines a suitable interest rate in order to calculate the present value of those cash flows. The data used for impairment testing procedures are directly linked to WA Primary Health Alliance Limited's latest approved budget, adjusted as necessary to exclude the effects of future reorganisations and asset enhancements. Discount factors are determined individually for each cash-generating unit and reflect management's assessment of respective risk profiles, such as market and asset-specific risks factors.

Where the future economic benefits of an asset are not primarily dependent on the asset's ability to generate net cash inflows and where the entity would, if deprived of the asset, replace its remaining future economic benefits, value in use is determined as the depreciated replacement cost of the asset.

Impairment losses for cash-generating units reduce first the carrying amount of any goodwill allocated to that cash-generating unit. Any remaining impairment loss is charged pro rata to the other assets in the cash-generating unit. With the exception of goodwill, all assets are subsequently reassessed for indications that an impairment loss previously recognised may no longer exist. An impairment charge is reversed if the cash-generating unit's recoverable amount exceeds its carrying amount.

3.8 Financial instruments

Recognition, initial measurement and derecognition
Financial assets and financial liabilities are recognised when WA Primary Health Alliance 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.

3.9 Classification and subsequent measurement of financial assets

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 asset

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 Fair Value Through Profit or Loss 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. Discounting is omitted where the effect of discounting is immaterial. WA Primary Health Alliance Limited'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.

HTM investments
HTM investments are non-derivative financial assets with fixed or determinable payments and fixed maturity other than loans and receivables. Investments are classified as HTM if WA Primary Health Alliance Limited has the intention and ability to hold them until maturity. WA Primary Health Alliance Limited currently holds long-term deposits designated into this category.

HTM investments are measured subsequently at amortised cost using the effective interest method. If there is objective evidence that the investment is impaired, determined by reference to external credit ratings, the financial asset is measured at the present value of estimated future cash flows. Any changes to the carrying amount of the investment, including impairment losses, are recognised in profit or loss.

Classification and subsequent measurement of financial liabilities
WA Primary Health Alliances Limited's financial liabilities include trade and other payables.

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.

3.10 Income Taxes
No provision for income tax has been raised as WA Primary Health Alliance Limited is exempt from income tax under Div 50 of the *Income Tax Assessment Act 1997.*

3.11 Cash and cash equivalents
Cash and cash equivalents comprise cash on hand and demand deposits, together with other short-term, highly liquid investments that are readily convertible into known amounts of cash and which are subject to an insignificant risk of changes in value.

3.12 Reserves
Retained earnings include all current and prior period retained profits.

3.13 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. Examples of such benefits include wages and salaries, non-monetary benefits and accumulating sick leave. Short-term employee benefits are measured at the undiscounted amounts expected to be paid when the liabilities are settled. Liabilities for non-accumulating sick leave are recognised when leave is taken and are measured at the rates paid or payable.

Other long-term employee benefits
WA Primary Health Alliance Limited's liabilities for annual leave and 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 service, and are discounted at rates determined by reference to market yields at the end of the reporting period on high quality corporate 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.

WA Primary Health Alliance Limited presents employee benefit obligations as current liabilities in the statement of financial position if WA Primary Health Alliance Limited 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.

3.14 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.

Any reimbursement that WA Primary Health Alliance Limited can be virtually certain to collect from a third party with respect to the obligation is recognised as a separate asset. However, this asset may not exceed the amount of the related provision.

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.

3.15 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.

3.16 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.

3.17 Economic Dependence

WA Primary Health Alliance Limited is dependent upon the ongoing receipt of Federal and State Government grants and community and corporate donations to ensure the ongoing continuance of its programs. At the date of this report management has no reason to believe that this financial support will not continue.

3.18 Significant Management Judgement in Applying Accounting Policies

When preparing the financial statements, management undertakes a number of judgements, estimates and assumptions about the recognition and measurement of assets, liabilities, income and expenses.

Estimation uncertainty

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 unit 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.

4. Revenue

WA Primary Health Alliance's revenue may be analysed as follows for each major service category:

	30 June 2016	30 June 2015
	$	$
Revenue		
Government Grants	51,847,102	598,795
	51,847,102	**598,795**
Investment Income		
Interest received	427,027	65
	427,027	**65**
Other Income		
Donations	43,091	-
Recoveries	846,986	-
Other Income	111,106	-
	1,001,183	**-**

5. CASH AND CASH EQUIVALENTS

Cash at bank and in hand	27,250,189	7,170,429
Term Deposit	203,058	-
Cash and cash equivalents	**27,453,247**	**7,170,429**

5.1 Reconciliation of Cash

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 and cash equivalents	27,453,247	7,170,429
	27,453,247	**7,170,429**

6. TRADE AND OTHER RECEIVABLES

	30 June 2016	30 June 2015
	$	$
Current		
Trade Receivables	565,688	-
Other receivables	1,024,680	17
	1,590,368	**17**
Non-Current		
Other receivables	51,355	-
	51,355	**-**

Trade receivables, which generally have 30-90 day terms, are recognised and carried at original invoice amount less an allowance for any uncollectible amounts. An allowance for doubtful debts is made when there is objective evidence that WA Primary Health Alliance Limited will not be able to collect the debts. Bad debts are written off when identified.

7. FINANCIAL ASSETS AND LIABILITIES

7.1 Categories of Financial Assets and Liabilities

The carrying amounts presented in the statement of financial position relate to the following categories of assets and liabilities:

	Notes	30 June 2016	30 June 2015
		$	$
FINANCIAL ASSETS			
Cash and cash equivalents	5	27,453,247	7,170,429
Loans and receivables:			
Non-current			
Trade and other receivables	6	51,355	-
Current			-
Trade and other receivables	6	1,590,368	17
		29,094,970	**7,170,446**
FINANCIAL LIABILITIES			
Financial liabilities measured at amortised cost:			
Current			
Trade and other payables	11	3,976,533	1,191,854
		3,976,533	**1,191,854**

8. PLANT AND EQUIPMENT

Details of WA Primary Health Alliance Limited's plant and equipment and their carrying amount are as follows:

	Plant & Equipment	Computer Equipment	Furniture & Fittings	Leasehold Improvements	Capital WIP	Total
Gross carrying amount						
Balance 1 July 2015	-	-	-	-	51,908	51,908
Additions	47,505	316,134	35,917	310,239	-	709,795
Disposals	-	-	-	-	-	-
Transfer	-	-	-	51,908	(51,908)	-
Revaluation increase	-	-	-	-	-	-
Balance 30 June 2016	47,505	316,134	35,917	362,147	-	761,703
Depreciation and impairment						
Balance 1 July 2015	-	-	-	-	-	-
Disposals	-	-	-	-	-	-
Depreciation	(8,601)	(90,144)	(1,643)	(85,276)	-	(185,663)
Balance 30 June 2016	(8,601)	(90,144)	(1,643)	(85,276)	-	(185,663)
Carrying amount 30 June 2016	**38,904**	**225,991**	**34,273**	**276,871**	**-**	**576,039**

9. INTANGIBLE ASSETS

Details of WA Primary Health Alliance Limited's intangible assets and their carrying amounts are as follows:

	2016
	$
Acquired software	
Gross carrying amount	-
Balance at 1 July 2015	-
Addition, separately acquired	83,613
Disposals	-
Balance at 30 June 2016	83,613
Amortisation and impairment	
Balance at 1 July 2015	-
Amortisation	(14,402)
Impairment losses	-
Disposals	-
Balance at 30 June 2016	(14,402)
Carrying amount 30 June 2016	**69,211**

All amortisation is included within depreciation and amortisation.

10. OTHER ASSETS

Other assets consist the following:

	30 June 2016	30 June 2015
	$	$
Current		
Prepayments	489,591	27,470
	489,591	**27,470**
Non-current		
Prepayments	189,516	-
	189,516	**-**

11. TRADE AND OTHER PAYABLES

Trade and other payables recognised consist of the following:

	30 June 2016	30 June 2015
	$	$
Current		
Trade payables	2,669,039	576,056
Visa credit cards	25,828	-
Other creditors and accruals	510,482	24,536
GST, PAYG and FBT payable	771,184	591,262
	3,976,533	**1,191,854**

12. EMPLOYEE REMUNERATION

12.1 EMPLOYEE BENEFITS EXPENSE

Expenses recognised for employee benefits are analysed below:

	30 June 2016	30 June 2015
	$	$
Wages, salaries	6,349,296	24,533
Superannuation – defined contribution plans	601,963	-
Employee benefit provisions	349,110	-
Employee benefits expense	**7,300,369**	**24,533**

12.2 EMPLOYEE BENEFITS

The liabilities recognised for employee benefits consist of the following amounts:

	30 June 2016	30 June 2015
	$	$
Current		
Annual leave	270,381	-
TOIL and Flexi leave	56,971	-
	327,352	**-**
Non-current		
Long service leave	21,758	-
	21,758	**-**

13. OTHER LIABILITIES

Other liabilities can be summarised as follows:

	30 June 2016	30 June 2015
	$	$
Current		
Deferred income	24,808,105	5,978,526
	24,808,105	**5,978,526**

Deferred income predominantly consists of government grants received in advance for services to be commissioned by WA Primary Health Alliance Limited.

14. RELATED PARTY TRANSACTIONS

WA Primary Health Alliance's related parties include its key management personnel and related entities as described below.

Unless otherwise stated, none of the transactions incorporate special terms and conditions and no guarantees were given or received. Outstanding balances are usually settled in cash.

14.1 Transactions with Key Management Personnel

Key management of WA Primary Health Alliance Limited are the members of WA Primary Health Alliance's Board of Directors and members of the Executive Group. Key management personnel remuneration includes the following expenses:

	30 June 2016	30 June 2015
	$	$
Total key management personnel remuneration	1,448,464	24,533
	1,448,464	**24,533**

15. CONTINGENT LIABILITIES

There are no contingent liabilities that have been incurred by WA Primary Health Alliance Limited in relation to 2016 or 2015.

16. OPERATING LEASES AS LESSEE

WA Primary Health Alliance Limited's future minimum operating lease payments are as follows:

	Within 1 year	1 to 3 years	Total
	$	$	$
30 June 2016	555,920	548,496	1,104,416
30 June 2015	202,950	488,898	691,848

Lease expense during the period amount to $669,174 (2015: $nil representing the minimum lease payments).

The property lease commitments are non-cancellable operating leases with lease terms of between one (1) and three (3) years. Increases in lease commitments may occur in line with CPI or market rent reviews in accordance with the agreements.

17. POST-REPORTING DATE EVENTS

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

18. MEMBER'S 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 of $10 each towards meeting any outstanding obligations of the entity. At 30 June 2016, the total amount that members of the Company are liable to contribute if the Company wound up is $110 (2015: $90).

Directors' Declaration

In the opinion of the Directors' of WA Primary Health Alliance Ltd:

a. The financial statements and notes of WA Primary Health Alliance Limited are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, including:

   i. Giving a true and fair view of its financial position as at 30 June 2016 and of its performance for the financial year ended on that date; and

   ii. Complying with Australian Accounting Standards – Reduced Disclosure Requirements (including the Australian Accounting Interpretations) and the *Australian Charities and Not-for-profits Commission Act 2012*; and

b. There are reasonable grounds to believe that WA Primary Health Alliance Limited will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the Directors

Dr Richard Choong
Director and Chairman

Dated the 22nd day of November 2016

William Buck

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF WA PRIMARY HEALTH ALLIANCE LIMITED

Report on the Financial Report

We have audited the accompanying financial report of WA Primary Health Alliance Limited (the Company) on pages 7 to 24, which comprises the statement of financial position as at 30 June 2016, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

Directors' Responsibility for the Financial Report

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

Auditor's Responsibility

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

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

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

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Praxity ASSOCIATE GLOBAL ALLIANCE OF INDEPENDENT FIRMS

Independent Audit Report

William Buck

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF WA PRIMARY HEALTH ALLIANCE LIMITED (CONT)

Auditor's Opinion

In our opinion the accompanying financial report of WA Primary Health Alliance Limited on pages 7 to 24 is prepared in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

a) giving a true and fair view of the Company's financial position as at 30 June 2016 and of its performance and cash flows for the year ended on that date; and

b) complying with Australian Accounting Standards – Reduced Disclosure Regime and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

William Buck

William Buck Audit (WA) Pty Ltd
ABN 67 125 012 124

Conley Manifis
Director

Dated this 22nd day of November, 2016

Notes

Notes

WAPHA
WA Primary Health Alliance

phn PERTH SOUTH
An Australian Government Initiative

phn PERTH NORTH
An Australian Government Initiative

phn COUNTRY WA
An Australian Government Initiative

www.wapha.org.au

This information is available in an alternative format on request Ph: 6272 4900

Acknowledgement

WA Primary Health Alliance would like to acknowledge the traditional owners of the country on which we work and live and recognise the continuing connection to land, waters and community.

Australian Government

Disclaimer

While the Australian Government Department of Health has contributed to the funding of this material, the information contained in it does not necessarily reflect the views of the Australian Government and is not advice that is provided, or information that is endorsed, by the Australian Government. The Australian Government is not responsible in negligence or otherwise for any injury, loss or damage however arising from the use or reliance on the information provided herein.

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