



IMAGINE **BETTER**



CONTENTS

From the CHN Chair.....	3
From the Chief Executive.....	4
Governance.....	5
2018/19 highlights	12
Identifying local health and service needs	14
Priority areas.....	16
• workforce.....	16
• care across the continuum	20
• vulnerable and at-risk groups.....	22
• mental health.....	24
• aged care.....	28
• Aboriginal and Torres Strait Islander health.....	30
• digital health	32
• alcohol and other drugs	34
• chronic disease management	35
Contracts awarded for new initiatives 2018/19.....	36
Existing services continued 2018/19	37
Strategic Plan 2019-2024.....	38

Capital Health Network acknowledges the Ngunnawal/Ngambri people and pays our respect to their Elders, both past and present.

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1

FROM THE CHN CHAIR

I am honoured to deliver this report to you as it demonstrates that Capital Health Network (CHN), as the ACT Primary Health Network, is in a strong position to continue working towards ensuring Canberrans receive the right health care in the right place at the right time.

Following four years of operation, we have refreshed and launched our CHN Strategic Plan 2019-2024. I believe that this formalised road map will guide us not only for our day-to-day decisions but will help us to ensure a successful and sustainable future. I thank our members, stakeholders and staff who provided their opinions and feedback by participating in our stakeholder survey, focus groups and workshops over the last nine months to update the Strategic Plan.

Within this plan our strategic outcomes include our quadruple aim:

-  Better health – improved health outcomes for our communities
-  Better care – improved experiences for health care consumers in a system that responds to the social determinants of health, reduces barriers to access and care and facilitates equity in health outcomes
-  Better supported workforce – a skilled, capable and productive workforce that is delivering safe, high quality and effective services
-  Better value – address need, meet gaps and influence the primary health system to deliver better value.



Prof Gabrielle Cooper OAM, CHN Chair

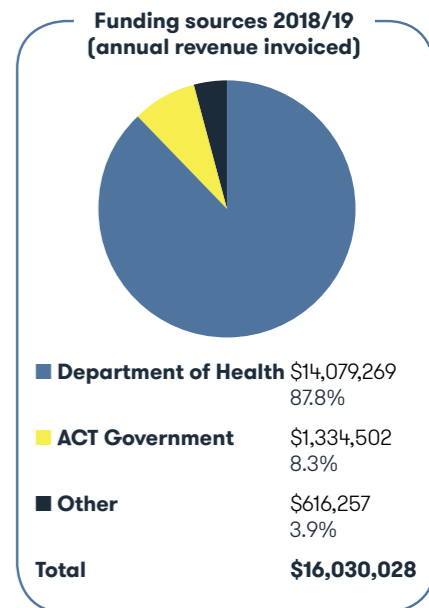
CHN has been judicious to ensure our strategic objectives are backed up by realistic benchmarks so we can evaluate our results. You can read our Strategic Plan on pages 38 - 39 to understand how we plan to achieve our strategic outcomes and how we will identify when we have been successful in doing so.

Our work is guided by three formal advisory committees which incorporate a range of expertise from the ACT. I would like to thank the members of the General Practice Advisory Committee, Community Advisory Council and CHN/ACT Health Clinical Council for their contribution. The roles and members of these councils/committee are outlined on pages 8-10.

I recognise our outcomes can only be achieved through collaboration with consumers, clinicians, service providers, members, funders, researchers, health and community partners so we invest in these relationships to achieve our shared ambition.

I would like to thank the Board of Directors, the Chief Executive and the talented staffing team for bringing together their diverse skills and demonstrating such dedication and commitment to improving health care in the ACT. As I step down from both leading the Board as Chair and as a Director, I have been honoured to participate in CHN's growth and development over the past four years. Looking ahead, with our new five year strategic plan in place, CHN will continue to confidently work towards an effective and connected primary health care system for all Canberrans.










Prof Gabrielle Cooper OAM



As we enter our fifth year of operation as a Primary Health Network, I am proud to present to you our 2019 Annual Report. This report features some of our key activities and achievements and showcases our programs and initiatives over the last year, whilst also introducing you to some of our new programs. I hope the highlights double-page spread on pages 12-13 will quickly give you a flavour of the breadth and depth of Capital Health Network's (CHN) work, as the ACT Primary Health Network. I thank the Commonwealth Government, through the PHN Program, and the ACT Government for their continued funding and support.

To identify and analyse health and service needs within the ACT, we conduct an ongoing Needs Assessment. Using a social determinants of health approach, our Needs Assessment is based upon evidence and consultation with service providers, government directorates, clinicians, consumers, peak bodies, communities and other stakeholders. We use the information to identify and prioritise activities or services we can fund or support to improve health outcomes for our community.

Our findings from our Needs Assessment supports the identification of our nine key priority areas:

-  workforce
-  care across the continuum
-  vulnerable and at-risk groups
-  mental health
-  aged care
-  Aboriginal and Torres Strait Islander health
-  digital health
-  alcohol and other drugs
-  chronic disease management.

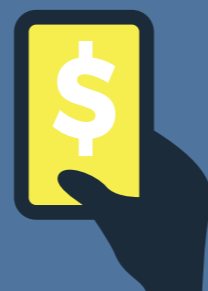
By understanding what the community needs, we plan and fund services that are designed to deliver outcomes that the community values. Over the last financial year we have allocated \$9.7 million to commissioned services and as these and new programs are established this will increase in 2019/20. The range of services we fund are improving the outcomes for those people at risk of poor health and are providing sustainable health care solutions that build capacity and drive innovation to meet community needs.

I hope that by reading the highlights throughout this report that you can see how we are advancing the way health care is delivered in Canberra. These achievements would not be possible without the commitment of our Board and the much valued dedication of our team. Thank you for your ongoing shared commitment to working in partnership with us and 'imagining better'.

CHN Chief Executive Adj Prof Gaylene Coulton



Adj Prof Gaylene Coulton, CHN Chief Executive



Over the last year **we have allocated \$9.7 million** to commissioned services.

a) Capital Health Network Board

CHN's Board is a skills-based Board comprised of five Member elected Directors and three Board appointed Directors. Each Director serves a three-year term via a staggered, rotational system. At the 2018 AGM we welcomed Dr Lyndal Thorburn as an Elected Board Director.

CAPITAL HEALTH NETWORK BOARD AS AT 30 JUNE 2019



PROFESSOR GABRIELLE COOPER, OAM - CHAIR

B Pharm, DHP, PhD, MAICD, MPSA, MSHPA
Chair, as elected by the Board November 2016 and February 2018.
Primary Health Care Director, elected 2011 AGM, re-elected 2013 AGM and 2016 AGM.

Until June 30 2018, Gabrielle was the Professor of Pharmacy in the Faculty of Health at the University of Canberra having established the Discipline of Pharmacy in 2004. Gabrielle has extensive national and international experience in hospital pharmacy and her research interests include clinical toxicology, pharmacist and technician education, dementia care and communication between health care settings and providers. In 2017 she was awarded the Medal of the Order of Australia (OAM) in the Australia Day Honours List for service to the pharmacy sector, and to tertiary education.

Gabrielle is a member of the ACT Branch Committee of the Pharmaceutical Society of Australia and a range of other professional committees with a focus on optimal medication management and improved communication between consumers and care providers.



DR JEFFREY HARMER, AO - DEPUTY CHAIR

BA (Hons) (UNSW), Dip Ed (UNSW), PhD (UNSW), HonD (University of Canberra), FAIM, FIPPA, FANZSOG

Deputy Chair, as elected by the Board December 2017.
Appointed Board Director, appointed 1/6/2013, reappointed 2015 AGM.

With a career in the public system spanning 33 years, Jeff has occupied a range of executive positions including Manager Director of the Health Insurance Commission, Secretary of the Department of Education, Science and Training, and Secretary of the aDepartment of Families, Housing, Community Services and Indigenous Affairs. In 2009, Jeff was voted the inaugural Australian Government Leader of the Year, and in 2010 he was appointed as an Officer of the Order of Australia (AO) in the Australia Day Honours List for significant achievements in his public service career.

Jeff holds a range of Board appointments with a number of not-for-profit organisations and is also Chair of the Private Health Ministerial Advisory Committee and was the Chair of the Advisory Group for the Australian National Disability Insurance Scheme in the lead up to its introduction in July 2013.

CAPITAL HEALTH NETWORK BOARD AS AT 30 JUNE 2019 (continued)



MS DARLENE COX

BA Dip Ed, B Ed, Grad Dip AppEc
Consumer Director, appointed to fill a casual vacancy 22/8/2017, subsequently elected 2017 AGM.

Darlene has been involved in the consumer movement since the late 1990s. She is an eminent advocate for health consumers with an excellent knowledge of the health system, both locally and nationally. She has been the Executive Director of Health Care Consumers' Association since 2008. She is active on a range of local and national committees including the Australian Health Practitioner Regulation Agency (AHPRA) Community Reference Group.



DR MEL DEERY

MBBS (UNSW)
General Practice Director, elected 2017 AGM.

Along with her husband John, Mel is a GP and practice owner at YourGP. She is passionate about developing YourGP to better fulfil the vision of 'genuine care, clinical excellence'. She enjoys all areas of general practice with special interests in paediatrics, women's health, pregnancy care and mental health.



MR MATT HUGHES

Appointed Board Director, appointed 8/5/2018.

In addition to his experience as a Registered Nurse, Matt has many years of commercial and operational expertise across multiple regions and sectors. Matt is the Executive General Manager Operations – Australia, Asia and Pacific for Aspen Medical Canberra where he is responsible for the Group's operations and subsidiary companies within this region. He is also an experienced Director who currently has three Board appointments with companies that deliver a Commonwealth-funded program supporting health delivery across rural and remote Australia; manufacture deployable and modular health facilities; and provide comprehensive health care services across Papua New Guinea.

CAPITAL HEALTH NETWORK BOARD AS AT 30 JUNE 2019 (continued)



MRS ROSLYN JACKSON

FCA, GAICD
Appointed Board Director, appointed 10/12/2015.

Roslyn is a Chartered Accountant with over 30 years' experience working in public practice providing taxation advice, as a corporate accountant in the Australian Government, CFO for a large NFP and COO for an Australian Government Company. She has also owned and operated a training and consulting company, based in Canberra, for over 20 years. Roslyn is currently an independent audit committee member for the Australian Pharmacy Council Ltd and the National Blood Authority Australia.



DR MARTIN LIEDVOGEL

B.Med, FRACGP, GAICD
General Practice Director, elected 2013 AGM, re-elected 2015 AGM and 2016 AGM.

Martin has been the Practice Principal of Fisher Family Practice since 2006. Fisher Family Practice is a teaching practice for both registrars and medical students. Martin is a GP supervisor and medical educator with Coast City Country GP Training, with an interest in practice ownership/leadership. He is also a FRACGP examiner.

Martin's past experience includes Directorship of the General Practice Registrars Association and membership of the Royal Australian College of GP's Standing Committee – GP Advocacy and Support.



DR LYNDAL THORBURN

BSc (Hons), GradDipLegalSt, DipAccounting, PhD, FAICD, GradDipEd
Elected Board Director, 2018 AGM.

Lyndal is an experienced company director and business founder. Her consulting career supported development of many new health care products and services, and she has advised government on structural healthcare issues including Australia's clinical trials capacity and the role of pharmacy in primary care.

Lyndal has been awarded ACT Telstra Businesswoman of the Year (Business Owner) and has been a national finalist.

b) Board Committees as at 30 June 2019

The CHN Board and Management is advised by the following councils/committees:

i. Audit and Risk Committee

The Audit and Risk Committee provided recommendations on the overall financial performance, development and review of budgets and financial statements, oversight and review of risk management planning and internal audits.

Name	Position/Organisation
Mr James Palmer (Chair)	Independent member
Ms Ros Jackson	Board Member, Capital Health Network
Mr Matt Hughes	Board Member, Capital Health Network
Dr Lyndal Thorburn	Board Member, Capital Health Network

ii. Governance Committee

The Governance Committee provided recommendation in relation to leadership and management, efficient governance and the Board's operations.

Name	Position/Organisation
Dr Jeff Harmer (Chair)	Board Member, Capital Health Network
Dr Martin Liedvogel	Board Member, Capital Health Network
Professor Gabrielle Cooper OAM	Board Chair, Capital Health Network
Dr Lyndal Thorburn	Board Member, Capital Health Network

iii. Nominations Committee

The Nominations Committee assisted to ensure the Company's best interests are served through the election and appointment of suitable skilled, experienced and capable Directors.

Name	Position/Organisation
Dr Martin Liedvogel (Chair)	Board Member, Capital Health Network
Dr John Norgrove	General Practitioner, Duntroon Health Centre
Professor Michelle Lincoln	Executive Dean, Faculty of Health, University of Canberra.

Board Committees as at 30 June 2019 (continued)

iv. General Practice Advisory Committee

The General Practice Advisory Committee provided recommendations and advice on priority areas and developments relating to the primary care sector and broader health system, informed strategic planning and supported enhanced GP engagement.

Name	Position/Organisation
Dr Mel Deery (Chair)	Board Member, Capital Health Network; GP and Practice Principal, Your GP@Crace and Your GP@Lyneham
Dr John Norgrove	GP; Australian Defence Force
Dr Anne-Marie Svoboda	GP, Fisher Family Practice; ACT Health GP Liaison Officer
Dr Charles Sleiman	GP, Brindabella Family Practice; Senior Lecturer, Academic Unit of General Practice, ANU
Dr Martin Liedvogel	Board Member, Capital Health Network; GP and Practice Principal, Fisher Family Practice
Dr Susannah Collings	GP Registrar

v. Community Advisory Council

The Community Advisory Council provided recommendations to ensure that strategies and initiatives are consumer-focused, cost-effective, locally relevant and aligned to improving local health care experiences and expectations.

Name	Position/Organisation
Ms Kate Moore (Chair)	Consumer Representative, Health Care Consumers' Association (HCCA)
Ms Jane Grace	Consumer Representative, Mental Health Consumer Network (MHCN)
Ms Susan Helyar	Director, ACT Council of Social Service (ACTCOSS)
Ms Jenny Mobbs	Executive Director, Council on the Ageing (COTA)
Ms Marcia Williams	Executive Director, Women's Centre for Health Matters (WCHM)
Ms Carol Archard	Manager of Policy and Advocacy, Carers ACT
Mr Samson Wong AM	Multicultural Representative
Ms Darlene Cox	Board Member, Capital Health Network; Executive officer, Health Care Consumers' Association of the ACT
Ms Tracey Hall	Director Client Services, Marymead
Mr Michael Bleasdale	Chief Executive Officer, ACT Disability, Aged and Carer Advocacy Service (ADACAS)
Ms Kirsten Cross	Executive Officer, ACT Playgroups

Board Committees as at 30 June 2019 (continued)

vi. CHN/ACT Health Clinical Council

CHN/ACT Health Clinical Council provided advice on strategic clinical and wider health system issues and local strategies to improve the operation of the ACTA health care system for patients.

Name	Position/Organisation
Dr Boon Lim (Co-chair)	Clinical Director, Department of Obstetrics and Gynaecology, Canberra Hospital
Dr Paresh Dawda (Co-chair)	Director, Prestantia Health; GP and Senior Research Fellow, Australian Primary Health Care Research Institute, ANU
Dr Sue Andrews	Consumer Representative
Ms Elise Apolloni	Community Pharmacist and Managing Partner, Capital Chemist Wanniasa
Dr Paul Craft	Senior Specialist, Medical Oncology Department, Canberra Hospital
Dr David Gregory	GP, East Canberra General Practice; GP Clinical Lead HealthPathways
Ms Tamra Macleod	General Manager of Clinical Services, Goodwin Aged Care
Ms Rachael McMahon	Psychologist/Clinical Lead, Mental Health Community Policing, ACT Policing
Professor Imogen Mitchell	Deputy Dean, ANU Medical School; Senior Intensive Care Specialist, Canberra Hospital
Ms Helen Matthews	Acting Chief Allied Health Officer, ACT Health
Dr Raghavendra Parige	Clinical Director, Alcohol and Drug Service, ACT Health
Dr Nadeem Siddiqui	GP, Executive Director of Clinical Services, Winnunga Nimmityjah Aboriginal Health Service
Dr Murray Thomas	Dentist in private practice
Dr Ramila Varendran	Geriatrician in private practice
Prof Michael Peek (resigned May 2019)	Obstetrician and Gynaecologist, ACT Health

c) Capital Health Network Executive Team as at 30 June 2019



GAYLENE COULTON CHIEF EXECUTIVE

Adj Prof Gaylene Coulton is the CHN Chief Executive. Gaylene is responsible for the consistent achievement of CHN's purpose and objectives, and has provided support to the Board and leadership to the Executive and Staffing Team.



JULIE PORRITT DEPUTY CHIEF EXECUTIVE OFFICER

Julie Porritt is the CHN Deputy Chief Executive Officer. Julie has led the work in overseeing the commissioning functions and program delivery activity of CHN.



LORCAN MURPHY ACTING CHIEF FINANCIAL OFFICER

Lorcan Murphy is the CHN Acting Chief Financial Officer. Lorcan has managed the company's finances, including financial planning, management and reporting.



LAUREN ANTHES GENERAL MANAGER - PLANNING, PROCUREMENT AND PERFORMANCE

Lauren Anthes is the CHN General Manager - Planning, Procurement and Performance. Lauren has overseen the planning and funding of services that are designed to deliver outcomes that the community values.









YOLANDA MCKEAN GENERAL MANAGER - PRIMARY CARE SERVICES

Yolanda McKean is the CHN General Manager - Primary Care Services. Yolanda has overseen the design and delivery of CHN's support services to general practices and other primary health care providers.

2018/19 has been another busy year for our organisation. We are pleased to provide this snapshot of some of our key activities.

CHN has company membership of:

 <p>572 Members consisting of:</p>	 <p>198 GPs</p>	 <p>269 Primary Health Care Practitioners</p>
 <p>17 Peak Bodies</p>	 <p>19 Consumer Organisations</p>	 <p>68 Service provider Organisations</p>



Over 640 visits

were made by our General Practice Improvement, Digital Health and Integrated Team Care teams to general practice and allied health businesses.



Over the last year **we have allocated \$9.7 million** to local service providers.



Primary care inreach clinics funded by CHN are providing primary health care to **people most in need** in places that are safe, accessible and familiar.

Mental health activities commissioned



included:

- + services for Aboriginal and Torres Strait Islander people
- + stepped care – low and high intensity services
- + suicide prevention
- + child and youth specific services
- + services for people with severe and complex needs
- + services for underserved groups.



Over 1,090 clients experiencing mild, moderate or severe mental health concerns received free support through Next Step, our commissioned mental health service.



We delivered **67 educational events** with over **1,950 health professionals** attendees including GPs, Practice Nurses, Physiotherapists, Pharmacists and Psychologists, with the majority of events over-subscribed.



The Parkinson's Nurse has **started a phone clinic.**

Over 500 localised HeathPathways are live featuring assessment, management and referral options.

We facilitated and delivered **45 My Health Record events** to **over 500 health care providers** from across the specialist, allied health, pharmacy and general practice communities.



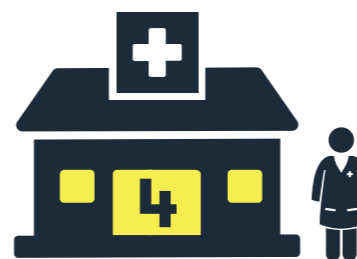
980 Aboriginal and Torres Strait Islander people were assisted through the Integrated Team Care Program.

We continued to **fund specialist AOD treatment services** in the ACT that provide a range of specialist treatment types



including:

- + assessment
- + case management support
- + counselling
- + withdrawal management
- + rehabilitation
- + information and education.



CHN has funded an **additional four general practices** to employ a part-time non-dispensing pharmacist.



Following the successful PHN Pilot, the ACT Government will **fund the expansion of the GRACE team of experienced geriatric nurses across all ACT residential aged care facilities.**

Capital Health Network, through the ACT PHN Program, undertakes a regular ACT-wide Needs Assessment to identify health and service needs in our region and prioritise activities to address those needs. We work closely with health service providers and the community to identify priority health areas and service gaps in the ACT, based on evidence and consultation.

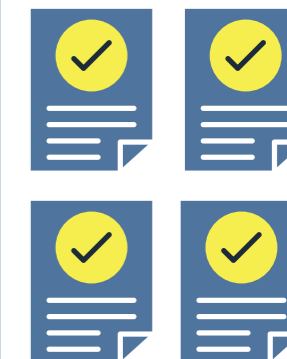
Through our 2018 Needs Assessment we identified nine key priority areas:

- | | | |
|----------------|---------------------------|--|
| workforce | care across the continuum | vulnerable and at-risk groups |
| mental health | aged care | Aboriginal and Torres Strait Islander health |
| digital health | alcohol and other drugs | chronic disease management |



Some of the issues we are working to improve include:

- medication management and support for older people through GPs, community pharmacy or Residential Aged Care Facilities
- access to culturally appropriate AOD services including for Aboriginal and Torres Strait Islander people
- the development and use of multidisciplinary care models in primary health care
- the need for increased access to culturally appropriate mental health services for lesbian, gay, bisexual, transgender, intersex and queer persons, refugees, culturally and linguistically diverse populations and other diverse groups.



CHN has **completed**

4

Annual Needs Assessments

since our establishment in 2015.

a) Supporting frontline healthcare services

Our PHN General Practice Improvement Team ensures that general practices are supported to enable improvements in clinical care for patients. Our team offers support to GPs, Practice Nurses, Practice Managers and non-clinical staff.



Patients with or at risk of diabetes are receiving **better multidisciplinary care** through our Diabetes Drive Project involving 14 general practices.



16 general practices are involved in our **Heart Failure** Management Project which aims to assist practices in implementing structured quality improvement strategies to improve patient health outcomes.



Over 640 visits were made by our General Practice Improvement, Digital Health and Integrated Team Care teams to general practice and allied health.



132 health professionals and staff from general practices and allied health businesses attended our Practice Management meetings.



Over 140 clinical and non-clinical vacant positions were advertised on our website.



31 general practices were supported to achieve accreditation against RACGP standards.



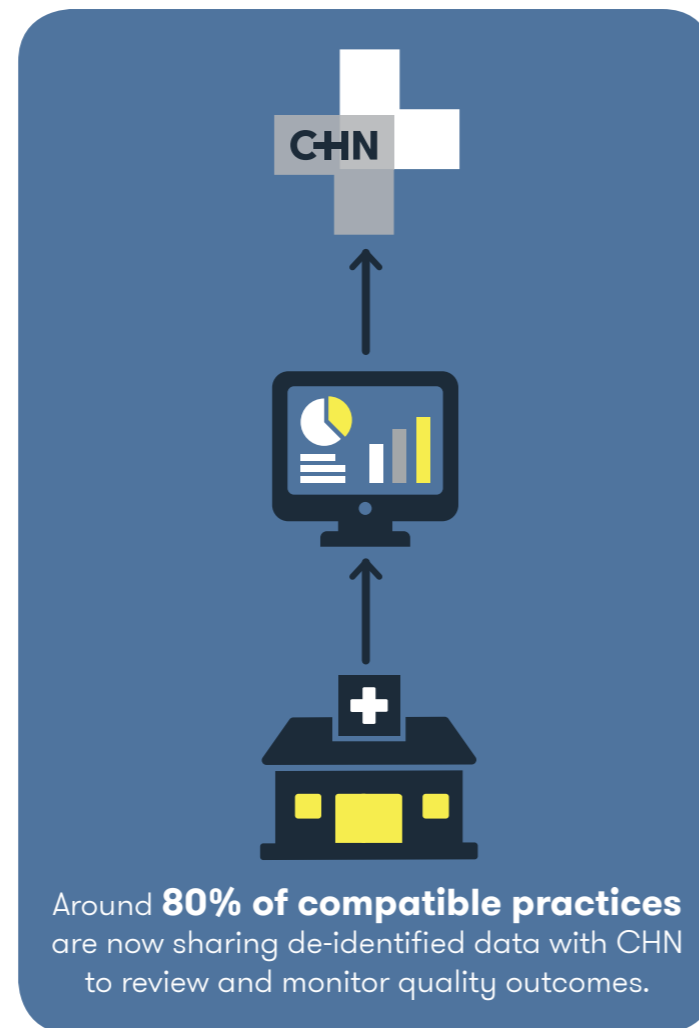
39 new nurses were oriented to general practice.



6 GPs were supported to open a new practice.

b) Enhancing quality improvement initiatives in general practice

Quality improvement in general practice is a commitment to continuously improving the quality of health care provision. Our Quality Improvement Program provides support in identifying goals, planning priority activities and measuring improvement outcomes within general practices. It supplies a data collection and analysis system called PenCat to assist practice staff in these activities. Our aim is to encourage the collection and sharing of data, using PenCat, by all general practices in the ACT to support improvements in service provision.



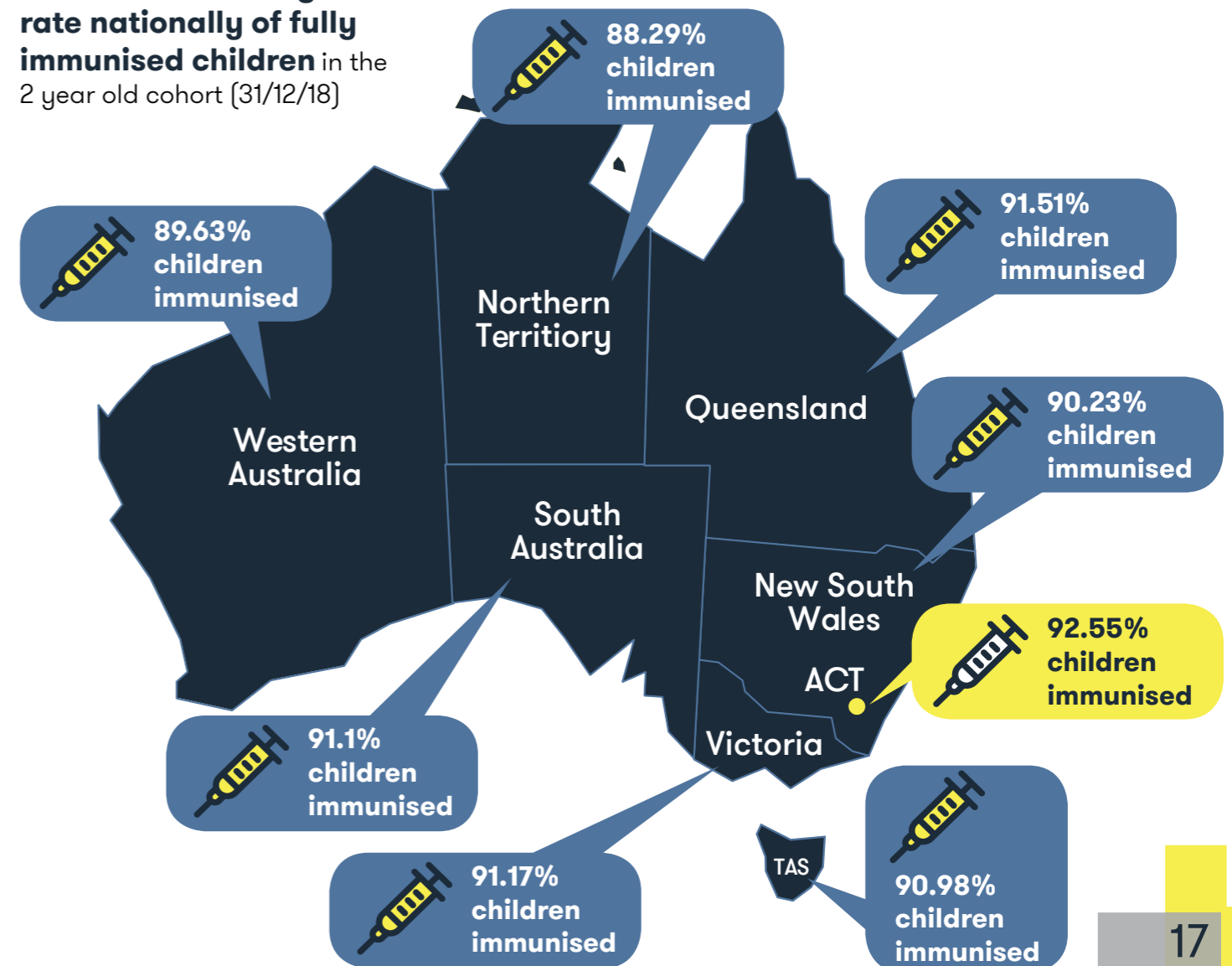
c) Boosting the ACT's immunisation rates

We work with stakeholders and support general practices to deliver quality vaccination services, with the overall goal of improving immunisation coverage rates in the ACT. We provide education and updates at Practice Nurse Network Meetings and at individual and full-day Practice Nurse orientation sessions.



Joy Burch MLA and Dr Naveena Sunkaraneni at Conder Medical and Dental Centre encourage all Canberrans to receive their flu immunisation before the flu season.

The ACT had the highest rate nationally of fully immunised children in the 2 year old cohort (31/12/18)



d) Advancing the standing of Practice Nurses

General practice nursing is a specialised field requiring a broad knowledge and skillset. Sometimes Practice Nurses can feel isolated from other nurses as they often work as a sole nurse or in a small team. Our PHN Nursing in General Practice program supports nurses working in general practice by providing practice visits, resources, networking opportunities, education, individual and group orientation sessions to maintain and enhance their skills.

Over the coming year, we will offer nurses working in general practice the opportunity to undertake a comprehensive self-directed competency training program covering key roles performed by nurses in general practice.



L-r: Gabrielle Molyneux, RN and Georgina Bick, RN at the Women's Health Clinic, Gungahlin Medical Practice.

We will also partner with ACT Health to provide a rotation in a general practice for graduate nurses participating in the Transition to Practice Graduate Program. We will offer the graduate nurses a structured support program covering skills and competencies specific to the general practice environment and provide regular ongoing support to the practice.



Around 88%
of ACT general practices employ one or more Practice Nurses.



ACT PHN General Practice Improvement Coordinator Toni Rice (right) with workshop participant Shelley Murdoch at the Introduction to Practice Nursing Workshop.

e) Providing education to frontline healthcare workers

CHN Education provides a professional development program for primary health care clinicians and their staff that is responsive to identified learning and development needs. The education topics reflect the clinical issues, complexity and challenges being managed by GPs and other primary health care clinicians in their day-to-day practice. We provide continued professional development (CPD) opportunities for practitioners to increase knowledge, develop clinical skills and enhance the way in which practices operate.

CHN Education is accredited as part of the Royal Australian College of General Practitioners' (RACGP) Quality Improvement and Continuing Professional Development (QI&CPD) Program which supports Australian GPs to maintain and improve their professional knowledge and skills in order to provide the best possible care for patients and their communities.

Having a Pharmacist in general practice resulted in:



Increased quality
of prescribing



Increased support
to GPs



Reduced costs
to patients

f) Seeing the benefits of Pharmacists in general practice

Our pilot of introducing Pharmacists in three local general practices has shown many benefits including improved quality use of medicine outcomes for consumers, increased role satisfaction for the pharmacists involved and additional support for GPs. Building on this success, the PHN program has funded an additional four general practices to employ a part-time non-dispensing pharmacist for a minimum of 15 hours per week for an eighteen-month period. Over the coming year the program will be rolled out to another four practices and continued support will be provided to the practices involved.

CASE STUDY

Isabella Plains Medical Centre and YourGP@Crace have both continued to employ a Pharmacist following the end of pilot funding. Dr Mel Deery, YourGP@Crace Practice Principal, said that their GPs were so committed to having the Pharmacist continue that the GPs have co-invested in continuing to employ Pharmacist Katja Naunton-Boom.

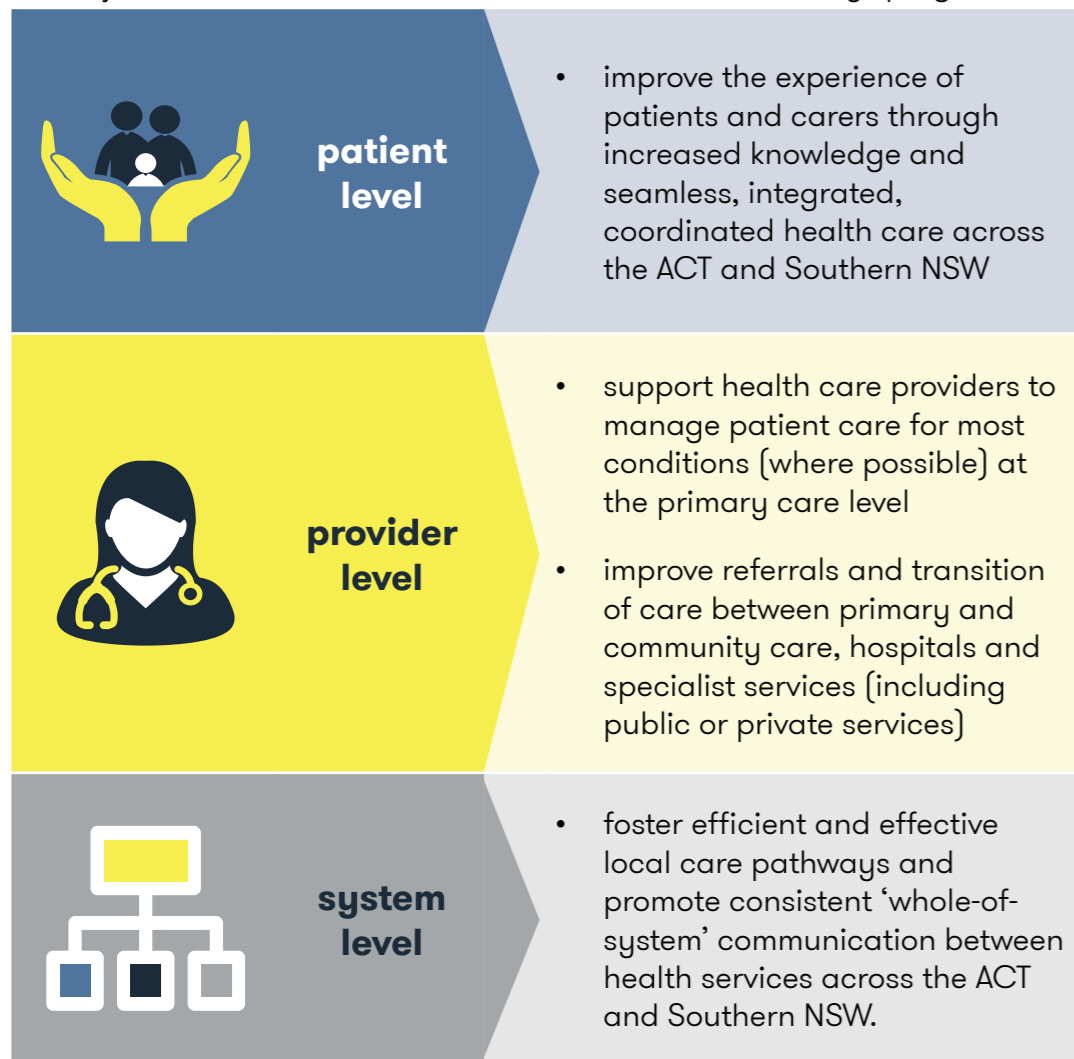
"Our Pharmacist Katja is a great support for questions that GPs ask and helps save us time. For example, I currently see a patient developing renal failure who is on 15 medications. Katja has worked out which medications to adjust which is improving the outcomes for our patient," said Dr Deery.

a) Improving local clinical assessment, management and referral options

Our PHN HealthPathways Program is a free online decision support tool used by clinicians to provide local up-to-date assessment, management and referral options for a large number of clinical conditions. It enhances the whole-of-system approach to care as each pathway is an agreement between primary and specialist services on how patients with particular conditions will be managed in the local context. Pathways are jointly developed and localised by GPs, specialists and other health care providers within the ACT and Southern NSW region.


HealthPathways is provided to support GPs responsible for delivering care to patients, however it is also highly utilised by Practice Nurses, Pharmacists, Physiotherapists, Community Nurses and other allied health services. HealthPathways moved to a mobile-friendly platform which has allowed easier access to information. HealthPathways is a partnership between ACT PHN, South Eastern NSW PHN, ACT Health and Southern NSW Local Health District.

The objectives of the ACT and Southern NSW HealthPathways program are to:




Over 500 localised pathways
 featuring assessment, management and referral options.


Over 4000 clinicians used HealthPathways, a 60% increase.


 HealthPathways had **over 138,000 page views**



CHN Chief Executive Adj Prof Gaylene Coulton talking to WIN News Canberra after launching the mobile-friendly version of HealthPathways and celebrating the milestone of creating 500 localised pathways for clinical conditions.

b) Providing after-hours home-based palliative care medication

The types of patients requiring palliative care services in Australia is widening with the ageing of the Australian population and an increase in chronic and incurable diseases. Palliative care is an important focus of after-hours primary care support in the ACT as an expanding number of palliative care patients choose home-based care. CHN funds the After Hours Home Based Palliative Care Community Pharmacy Service which is provided by Capital Chemist Wanniasa and Charnwood. The home delivery service provides medication and other supports patients need.

Pharmacists work closely with ACT Palliative Care, GPs and the patient's usual Pharmacist to ensure affordable and timely access to palliative care medications in the after-hours period for home based palliative care patients and their families and care givers.



Charnwood Capital Chemist managing partner Samantha Kourtis (right), and Wanniasa Capital Chemist owners Honor Penprase and Elise Apolloni (left) are a key part of ACT PHN's After Hours Home Based Palliative Care Community Pharmacy Service.

1,889 deliveries



The service has increased access and

doubled

the number of subsidised home deliveries of palliative care medication in the after-hours period in the last year.



a) HIV Nurse Program

The HIV Nurse Program hosted by Interchange General Practice is delivering improved clinical care and support services to people living with HIV, sexually transmissible infections and blood borne viruses in the ACT. The service provides professional support to Canberra's primary care workforce through a range of education and professional development opportunities.

Nationally, new HIV notifications have remained relatively stable since 2012. Increases in HIV testing, greater uptake of HIV-suppressing treatment and rising access to Pre-Exposure Prophylaxis (PrEP) have contributed to the stabilisation of new diagnoses.

Over the past year, around 70 people living with HIV in the ACT and surrounding region were supported through the program delivered by Interchange General Practice, including specialist counselling for people with HIV, their families and carers. ACT Health Directorate provides funding to CHN to commission this program.

Over the past year the program:



assisted 66 people living with HIV with support from the HIV nurse (July - December 2018)



continued screening, education and self-management support for people with HIV and at risk groups



provided outreach sexual health screening services in partnership with ACT Health, the AIDS Action Council and the Canberra Sexual Health Centre



provided rapid HIV testing and nurse-led sexual health screening in primary care



supported the Expanded PrEP Implementation in Communities in NSW (EPIC-NSW) PrEP Trial, which facilitated early access to PrEP for 29 participants from the ACT



held a series of monthly education events for people working in HIV management



provided education to primary health professionals about HIV and sexual health screening and the prescribing of PrEP in general practice.

b) Supporting vulnerable people

Vulnerable people often experience health and social disadvantage. Primary care inreach clinics are commissioned by CHN through funding from ACT Health and the PHN Program and provide primary health care to people most in need in places that are safe, accessible and familiar. Primary care inreach clinics were provided in the following locations:

Early Morning Centre (EMC), Civic:

Now in its fifth year of operation, the centre offers a two-hour weekly clinic staffed by a GP or Nurse Practitioner. The EMC clinicians provided by Interchange General Practice and the National Health Coop see on average six or seven clients at each clinic. The EMC has continued to provide vaccination against influenza and pneumonia, which has been well received by the clients of the clinic. Clinicians provided 270 appointments in 2018/19.

Civic Needle and Syringe Outreach Program:

A nurse-led outreach service delivered by Directions Health Services commenced in September 2017. The clinic provides a range of primary health care services to users of the Civic Needle and Syringe Program including blood borne virus screening, hepatitis C workup and referral, sexually transmitted disease screening, immunisations, dental referrals, wound care, health promotion and vein care.

Vulnerable people

Oaks Estate Primary Care Inreach:

In 2018/19 the primary care inreach model was expanded to the residents of Oaks Estate, another large public housing estate in the ACT with high estimated numbers of residents with active and other drug usage and/or mental health issues. The Oaks Estate Primary Care Inreach Clinic delivered by Directions Health Service has been modelled on the expanded inreach service and includes a weekly nurse clinic with the GP and AOD worker attending on alternate weeks.

Ainslie Village Primary Care Inreach:

An estimated 85% of the residents of the Ainslie Village experience active alcohol and other drug usage and/or mental health issues and significant associated health issues. The Ainslie Village Clinic delivered by Directions Health Services commenced in September 2017 and provides a nurse-led primary health care clinic to the residents of Ainslie Village. In 2018/19 the service expanded to operate weekly and include a GP and AOD worker to support the growing clinic attendances and the complex needs of the clients accessing the service.



A client of the Ainslie Village Primary Clinic delivered by Directions Health Services told WIN News

“it’s the best service I’ve received in 10 years. In fact, I don’t know where I’d be without this clinic. Our nurse and GP are so valuable to me and others”.

a) Mental Health Program

Mental health issues and mental illness is widespread and the social and economic impacts are significant. People living with mental illness are at greater risk of experiencing a range of adverse health outcomes than the general population. These insights are significant given almost half (45%) of the total population aged 16-85 years will experience a mental health disorder at some time in their life. The Young Minds Matter Survey* found almost one in seven children and adolescents aged 4-17 years were assessed as having a mental health disorder in the previous 12 months.

CHN, through the ACT PHN Program, has adopted a stepped care approach to the commissioning of mental health services to the ACT region and works in partnership with the mental health services sector to deliver a range of services that meet areas of identified need in the ACT.


Mental health reform



L-r: Canberra Health Services Mental Health Executive Director, Katrina Bracher, Capital Health Network Chief Executive, Adj Prof Gaylene Coulton and Minister for Mental Health, Shane Rattenbury at the Regional Mental Health and Suicide Prevention Plan Planning Forum.

CHN, ACT Health Directorate and the Office of Mental Health are working together with other key stakeholders towards a better integrated mental health system for the ACT, through the development of a Regional Mental Health and Suicide Prevention Plan. The regional plan will inform coordinated funding of services across the stepped care spectrum and lifespan.

Mental health activities commissioned include:

-  services for Aboriginal and Torres Strait Islander people
-  stepped care – low and high intensity services
-  suicide prevention
-  child and youth specific services
-  services for people with severe and complex needs
-  services for underserved groups.



Mental health care within a stepped care approach is central to the services commissioned by CHN. In a stepped care model a person seeking support receives services matched to their needs on entry and throughout their journey through the service. Provided by CatholicCare and Woden Community Service, Next Step is a free program for people experiencing mild, moderate and severe mental health issues. Services are offered across a continuum by a trained clinical and non-clinical workforce. Benefits of the Next Step program include:

- + free access and support for people who are unable to access other funded services where cost is a barrier
- + evidenced-based structured intervention based on Cognitive Behaviour Therapy (CBT)
- + online, telephone and face to face services in various locations across the ACT.



Over 1,090 clients

experiencing mild, moderate or severe mental health concerns received free support through Next Step.



The Connected Program provided through Marathon Health is a specialised service for young Aboriginal and Torres Strait Islander people under 25 years of age living in the ACT. Connected is designed to improve the social and emotional wellbeing of young people through the provision of one-to-one support. Fifty young people were assisted (Feb - May 2019).



Lea Lees, Connected's Social and Emotional Wellbeing Worker at Marathon Health said young Aboriginal and Torres Strait Islander

“clients present with issues such as anxiety, depression, social exclusion, family concerns, school refusal, sexual orientation, alcohol and other drug issues. I help them get their life back on track. It’s a very rewarding job. For example I have supported and helped two clients to join Winnunga’s auto mechanic course.”

headspace:
mental health services
for young people

The Young Minds Matter Survey* estimated that 8,300 12-17 year olds in the ACT have a mental illness. headspace Canberra provides early intervention mental health services to young people aged 12-25 years and is designed to support young people access the help they need for problems affecting their wellbeing, including mental health, physical health, alcohol and other drug services, study and work support.

Over the past year highlights for headspace Canberra include:

- over 1,220 young people received assistance (July 2018 - March 2019)
- relocation of the headspace site to a central position within the city to improve access
- celebration of headspace Canberra's 10th year of providing services to the young people of Canberra
- the centre is the second busiest headspace in the country.



headspace Canberra Youth Reference Group Members at the headspace Canberra 10th birthday celebration.

* Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR (2015) The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Department of Health, Canberra.

Psychosocial support:
for people with
mental illness

In 2018/19 the National Psychosocial Support Measure commenced with CHN funding two new services in the ACT to provide recovery-focused psychosocial supports to people with severe mental illness:

- Woden Community Service's *New Path Program* – an early intervention recovery program supporting people whose ability to manage daily activities and to live independently in the community has been seriously affected by their mental health issues.
- Flourish's *Bloom Healthy Living Program* – a recovery-based service with a peer led program to support people with severe mental health issues build life skills, maintain their health, engage in education, volunteering or employment and manage finances.

Partners in Recovery:
support for people
with severe and
persistent mental
illness

Partners in Recovery (PIR) has provided service coordination for people with severe and persistent mental illness and complex needs whilst providing support and assistance to PIR participants to gain access to the National Disability Insurance Scheme (NDIS). 159 people were supported through PIR in 2018/19. The PIR program ceased at the end of June 2019. PIR participants remaining in the program will be supported to transition to the NDIS or supported under new Commonwealth funding for psychosocial support services.

LifeSpan:
suicide prevention
research trial

CHN has partnered with the ACT Government as one of five sites to join Black Dog Institute's LifeSpan suicide prevention research trial. As part of LifeSpan, ACT Health Directorate is encouraging all Canberrans to undertake "Question, Persuade, Refer" (QPR) training. QPR is an evidence-based online training program developed by the QPR Institute in collaboration with the Black Dog Institute. The training is designed to equip people with no assumed knowledge of mental health or suicide prevention with the skills and knowledge to identify warning signs that someone may be suicidal, talk to someone who is having suicidal thoughts and connect someone in need of help with professional care.

StepCare is a suicide prevention screening tool to assist GPs to identify suicidal thoughts, symptoms of depression, anxiety and substance abuse. In partnership with the Black Dog Institute, it has been piloted in GP practices in the ACT region to support GPs to identify appropriate referral options for their patients.

First year apprentice carpenter Corey from Tuggeranong completed the one-hour QPR online training.

"I found the free training easy and liked that it was online as I could do it at my own pace and when it suited me. I really liked the videos in it as it was a good way to learn, rather than doing a lot of reading. I feel the training has helped me learn about the warning signs and how to help a mate if they're having a rough time. I now feel more confident about talking with someone who is doing it tough to help them get help. I reckon everyone should do the training."



L-r: Minister for Mental Health Shane Rattenbury, Lauren Anthes, CHN General Manager - Planning, Procurement and Performance, Dr Fiona Shand, Black Dog Institute LifeSpan Research Director and Ros Garrity, ACT Health LifeSpan Implementation Manager.



a) Coordinated care for older people

We know that older Australians use emergency care more often and go to hospital more frequently (AIHW 2018). In response, CHN trialled an innovated aged-care pilot program where a team of experienced nurses identified, assessed and provided care to unwell residents at their Residential Aged Care Facilities (RACF), in consultation with the resident’s GP. CHN commissioned Calvary Public Hospital Bruce to trial the PHN Geriatric Rapid Acute Care Evaluation (GRACE) Program in five RACFs.

During the pilot at five trial sites in North Canberra, the independent evaluation showed the benefits included:



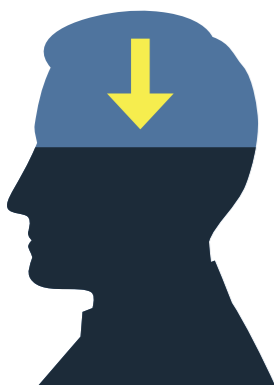
24% reduction
in ED presentations.



25% reduction
in admissions.



Following the Pilot the ACT Government will fund an expansion of the **GRACE Program** across all RACFs in the ACT



Significant reduction
in the stress and disruption caused by a hospital admission of an acutely unwell resident.



Upskilling of clinical staff
at the participating RACFs.



CASE STUDY

Dr Joe Oguns, Medical Director at National Health Cooperative Charnwood, is a local GP who has patients who have been treated by the GRACE team. Dr Oguns was also on the PHN GRACE project steering committee.

“Anecdotally I’ve seen a decrease in inappropriate ED admissions of my patients. Instead of the RACF sending a patient to ED for assessment, the GRACE team can conduct this assessment in the patient’s comfortable surrounds. Depending on the recommendation of the assessment, the health care team in consultation with the family, may decide that treatment can occur in the RACF and an unsettling and unnecessary trip for the patient to ED is avoided. For example, sometimes patients are unnecessarily transferred to ED with conditions like cellulitis which can generally be treated with antibiotics in the RACF with follow-up clinical care,” said Dr Oguns.



Fiona’s Mum, Elizabeth, was assisted by the GRACE team of experienced nurses. Fiona said:

“I can’t speak highly enough of the GRACE team. It’s another level of care that enables Mum to have minor illnesses treated and managed in her own residence. The team liaise with me and keep me updated. It is peace of mind for me that Mum can access acute care without unnecessary transfers to hospital, which can be unsettling. I am pleased that the service will be expanded in the ACT.”

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

a) Closing the Gap in Indigenous health

Our Integrated Team Care (ITC) Program is designed to improve health outcomes for Aboriginal and Torres Strait Islander people with chronic disease. It also aims to improve access to culturally appropriate mainstream primary care services through general practice. Winnunga Nimmitjyah Aboriginal Health and Community Services and Grand Pacific Health deliver the ITC Program which provides care coordination, outreach services, and financial aid when required to facilitate appointments with specialists, allied health and the purchase of medical aids.

Our PHN GP Advisor and Program Officer visited practices to increase the understanding of MBS and PBS items for Aboriginal and Torres Strait Islander health, culturally safe care, and best practice multidisciplinary care processes while addressing the financial barriers, transport issues and cultural sensitivity factors which impact on Aboriginal and Torres Strait Islander peoples' access to primary health care. We also collaborated with external programs around issues pertinent to the program including the University of Canberra's Yeddung Gaur (Good Hear) Women's Aboriginal and Torres Strait Islander Cardiac Rehabilitation Research Program, the Australian Nurse-Family Partnership Program and ACT Health immunisation team.



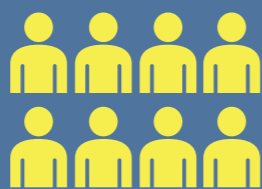
980 Aboriginal and Torres Strait Islander people were assisted through the Integrated Team Care Program (July - December 2018).



The Yurauna Centre delivered Cultural Awareness Training for **80 primary health care professionals**.



Increased community awareness of the challenges faced by Aboriginal and Torres Strait Islander people by delivering education sessions and participation in public events.



The number of Aboriginal and Torres Strait Islander people in the ACT who received a Medicare Benefits Schedule (MBS) item 715 health check for physical, psychological and social wellbeing more than **doubled between 2013/14 and 2017/18**.



L-r: Grand Pacific Health (GPH) Outreach Worker Darcy Trindall, ACT PHN Indigenous Health Project Officer Sharon Storen, Capital Health Network Chief Executive Adj Prof Gaylene Coulton and GPH Care Coordinator Taylor Carriage on Close the Gap Day 2019.

CASE STUDY

Angela* was referred to the ITC Program two years ago with chronic pain in her neck, back and shoulders, Chronic Obstructive Pulmonary Disease, depression and limited mobility in both her arms and neck. She was unable to work, clean her house, drive or carry out daily living activities independently. Through the ITC Program, her Care Coordinator helped her connect with multiple specialist services, receive financial assistance for treatments and receive assistance with transport to and from appointments.

As a result, Angela has undergone intensive treatment both surgically and through allied health. The team also helped her to understand her conditions and how to self-manage with a treatment plan. Angela was able to obtain the funding and support she needed, through the ITC Program, to regain strength and movement in her arms, shoulders and neck, and attain quality pain control without the excessive use of medications. She is now able to drive, has returned to her job, has regained independence in almost every area of her life and enjoys a far higher quality of life. Today she is a happy, outgoing person, who works hard and loves spending time with friends and family, especially her grandchildren.

* not their real name



The CHN team joined the community to walk together in the spirit of reconciliation across Commonwealth Avenue Bridge at the Canberra Sorry Day Bridge Walk 2019.

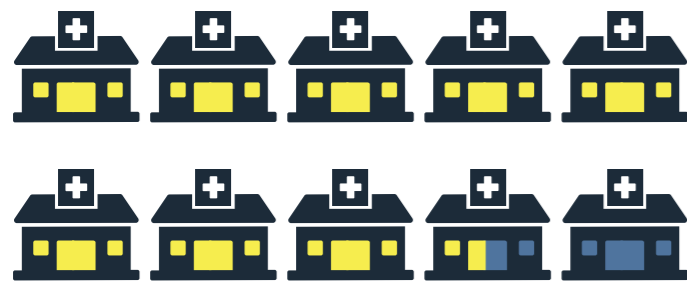


a) Engaging consumers and health care professionals with My Health Record

All Australians now have a My Health Record (MHR), except those who chose to opt out. The Australian Digital Health Agency funded CHN, through the ACT PHN Digital Health Program, to provide workshops, seminars, site visits and training to:

- + empower consumers to positively participate in their health care management
- + foster MHR meaningful use into clinical practice.

Our PHN Digital Health Team provided MHR information and education to many thousands of consumers through a series of seminars. Our team also facilitated and delivered 45 My Health Record events which reached over 500 health care providers from across the specialist, allied health, pharmacy and general practice communities.



Over **85%**
of general practices

and

over **70%**
of pharmacies are
now registered for My
Health Record.



Over **85%**
of consumers have a
My Health Record in
the ACT.

ACT PHN's Digital Health Team members Philippa Ellis and David Traylen promoting My Health Record at the Australian Defence Force Member and Family Transition Seminar and Expo.



CASE STUDY

Dr Murray Thomas
Dentist Chisholm ACT, Member Australian Dental Association NSW.

Security, privacy and identification of patients is robust in the My Health Record system. The additional information we now routinely record is a patient's Medicare card number. This has now become part of our usual patient registration.

I find the up-to-date medicines information particularly useful when treating patients who are taking several medicines for chronic disease management. The medicine view shows both prescribed and dispensed medicines.

The shared health summary, when available, has been most useful in providing insight into a patient should they have a complex medical history. Records of allergies and adverse reactions also provide greater clarity around a patient's medical history.

I encourage all dental practitioners to get on board with this outstanding initiative in safety and quality for our patients.

a) ACT PHN's Drug and Alcohol Treatment Services Program

Many people use alcohol and other drugs (AOD) without experiencing significant harm, but for some AOD use results in serious health and social consequences. For people affected by AOD usage the physical or psychological dependencies and social contexts can make reducing or stopping difficult without the support of a specialist AOD service. It is estimated that 400-500 people access specialist AOD services on any single day in the ACT.

We continued to fund specialist AOD treatment services in the ACT that provide a range of specialist treatment types including:

-  assessment
-  case management support
-  counselling
-  withdrawal management
-  rehabilitation
-  information and education.

CHN is providing a response to fill a service gap in AOD treatment services for people who experience financial barriers. We partnered with the Alcohol Tobacco & Other Drugs Association AOD peak body in the ACT to review local needs in relationship to the provision of specialist AOD services funded by the PHN and supported the sector on issues relating to drug strategy, policy and access to services.







Approx **840 episodes of care** were provided across a range of specialised treatment types including counselling, case management, withdrawal and rehabilitation services.

a) Improving outcomes for those living with Parkinson's

The Parkinson's Nurse Program is a joint initiative delivered by Capital Health Network, with funding from Parkinson's ACT, the Rotary Club of Hall and the John James Foundation. Through the three year pilot program, a Parkinson's Nurse is providing support and advice to people living with Parkinson's in the ACT and surrounding region, as well as their families and carers.

The Parkinson's Nurse has started a phone clinic to provide:

-  assistance in navigating the health system
-  basic education and information regarding symptom management
-  advice on available services in the ACT and assistance in making referrals
-  identification of short term concerns and appropriate pathways for management.

Over the next year, the program will support the delivery of integrated multidisciplinary care to people with Parkinson's through engagement with general practice and other primary care providers, specialists, hospital services, allied health professionals and aged care facilities. It will also refer clients to appropriate allied health and community support services, respite services and counselling, and encourage and support a patient-centred approach to care.



Name	Organisation	Funding Program	Funding amount	Contract period
Evaluation Partnership between University of Canberra and Capital Health Network	University of Canberra	ACT PHN Program	\$80,000	June 2019 to June 2020
Dialectical Behaviour Therapy (DBT) for Emerging Adults Pilot Program	University of Canberra	ACT PHN Program	\$450,000	June 2019 to June 2021
Cultural Competency Framework and Training	Coolamon Advisors Pty Ltd	ACT PHN Program	\$58,000	June 2019 to June 2021
Provision of Psychological Therapies Targeting Priority Populations	Marathon Health Ltd	ACT PHN Program	\$1,200,000	June 2019 to June 2021
Provision of consultancy services to co-design a trauma-informed Model of Care	Think Place Australia Pty Ltd	ACT PHN Program	\$79,936	June 2019 to November 2019
Provision of National Psychosocial Support (NPS) Measure	Flourish Australia	ACT PHN Program	\$1,069,965	June 2019 to June 2021
Provision of National Psychosocial Support (NPS) Measure	Woden Community Service	ACT PHN Program	\$989,786	June 2019 to June 2021
Provision of Innovative models of service delivery in specialist Alcohol and Drug treatment services	Directions Health Services	ACT PHN Program	\$100,000	July 2018 to June 2019

2018/19 CHN Financial Statements will be available following the CHN Annual General Meeting on 31 October 2019 on our website at chnact.org.au/annual-reports

Name	Organisation	Funding Program
General Practice Pilot of Black Dog Institute StepCare Service	Black Dog Institute	ACT PHN Program
Provision of Primary Care In Reach Clinic at Canberra Hospital	Directions Health Services	ACT PHN Program
Alcohol and Other Drug Program - Former NGOTGP Grants - Additional specialist AOD counselling capacity	CatholicCare Canberra & Goulburn	ACT PHN Program
Alcohol and Other Drug Program - Former NGOTGP Grants - AOD Day Program Service	Directions Health Services - Arcadia House	ACT PHN Program
Alcohol and Other Drug Program - Former NGOTGP Grants - Peer Treatment Support Service for The Connection	Australian Injecting And Illicit Drug Users League	ACT PHN Program
Alcohol and Other Drug Program - Former NGOTGP Grants - AOD Day Program Service	Toora Women Incorporated	ACT PHN Program
Alcohol and Other Drug Program - Former NGOTGP Grants - Primary Care Clinic	Directions Health Services - Althea Wellness Centre	ACT PHN Program
Provision of Innovative models of service delivery in specialist Alcohol and Drug treatment services	Interchange General Practice	ACT PHN Program
Provision of Innovative models of service delivery in specialist Alcohol and Drug treatment services	Australian Injecting and Illicit Drug Users League Inc (AIVL)	ACT PHN Program
Provision of Aboriginal and Torres Strait Islander People Mental Health Services	Marathon Health Ltd	ACT PHN Program
Provision of Innovative models of service delivery in specialist Alcohol and Drug treatment services	Karralika Programs Inc	ACT PHN Program
Indigenous Specific Alcohol and Other Drug (AOD) Services	Australian Injecting and Illicit Drug Users League Inc (AIVL)	ACT PHN Program
headspace Lead Agency	Marathon Health Ltd	ACT PHN Program
HIV Nurse Program	Interchange General Practice	ACT Health
Nurse Led Outreach Primary Health Care Clinic at Civic Needle Syringe Program and Ainlie Village	Directions Health Services	ACT Health
In Reach Primary Health Care services at the UnitingCare Early Morning Centre (EMC)	National Health Cooperative	ACT Health
In Reach Primary Health Care services at the UnitingCare Early Morning Centre (EMC)	Interchange General Practice	ACT Health

OUR AMBITION

AN EFFECTIVE AND CONNECTED PRIMARY HEALTH CARE SYSTEM FOR EVERYONE IN THE ACT.

OUR PURPOSE

WE WORK IN PARTNERSHIP TO INTEGRATE HEALTH CARE, STRENGTHEN HEALTH EQUITY AND IMPROVE HEALTH OUTCOMES.

OUR PARTNERS

WE RECOGNISE OUR OUTCOMES CAN ONLY BE ACHIEVED THROUGH COLLABORATION WITH CONSUMERS, MEMBERS, FUNDERS, RESEARCHERS, HEALTH AND COMMUNITY PARTNERS. WE RECOGNISE OUR SHARED AMBITION AND COMMIT TO INVESTING IN THESE RELATIONSHIPS.

OUR VALUES



RESPECT

Be inclusive.
Be empathetic.
Listen and respond.



COLLABORATION

Be open.
Embrace diversity.
Celebrate connection.



INTEGRITY

Be honest and fair.
Be trustworthy.
Reflect and learn.



ACCOUNTABILITY

Be transparent.
Encourage feedback.
Take responsibility.

OUR OUTCOMES



BETTER HEALTH:

Improved health outcomes for our communities.

BETTER CARE:

Improved experiences for health care consumers in a system that responds to the social determinants of health, reduces barriers to access and care and facilitates equity in health outcomes.



BETTER SUPPORTED WORKFORCE:

A skilled, capable and productive workforce that is delivering safe, high quality and effective services.

BETTER VALUE:

Address need, meet gaps and influence the primary health system to deliver better value.



OUR OUTCOMES AND STRATEGIES TO ACHIEVE THIS



BETTER HEALTH: IMPROVED HEALTH OUTCOMES FOR OUR COMMUNITIES.

TO ACHIEVE THIS OUTCOME, CHN WILL:

- » Undertake evidence-based population health needs assessments and research to understand our communities
- » Work with consumers, health professionals, researchers and community partners to identify priorities
- » Partner with health and community providers to build the capacity of the health care system and deliver innovative programs that improve health outcomes
- » Evaluate programs and measure performance to inform ongoing planning and future investment.

WE WILL KNOW WE HAVE BEEN SUCCESSFUL WHEN:

- » CHN's activities address the priority needs that are identified in needs assessments and planning activities
- » The services that are commissioned by CHN are outcomes focused.



BETTER CARE: IMPROVED EXPERIENCES FOR HEALTH CARE CONSUMERS IN A SYSTEM THAT RESPONDS TO THE SOCIAL DETERMINANTS OF HEALTH, REDUCES BARRIERS TO ACCESS AND CARE AND FACILITATES EQUITY IN HEALTH OUTCOMES.

TO ACHIEVE THIS OUTCOME, CHN WILL:

- » Develop and implement services that recognise the impact of the social determinants of health, the role of preventative approaches, and the need to improve access to quality healthcare for all our communities
- » Promote collaborative approaches that support integration across primary health organisations and with other health and human services sectors
- » Involve consumers and carers in health planning and commissioning processes including co-design
- » Ensure that the experiences of health care consumers and carers are recognised as a key indicator of success across the health system.

WE WILL KNOW WE HAVE BEEN SUCCESSFUL WHEN:

- » The services that are commissioned by CHN result in improved outcomes for people accessing these services
- » People have better access to the care they need in the community, including timely referrals and care.
- » People who access the services commissioned by CHN are satisfied with the level of care they receive.



BETTER SUPPORTED WORKFORCE: A SKILLED, CAPABLE AND PRODUCTIVE WORKFORCE THAT IS DELIVERING SAFE, HIGH QUALITY AND EFFECTIVE SERVICES

TO ACHIEVE THIS OUTCOME, CHN WILL:

- » Enhance the capability of the primary health and human services workforces through providing education and professional development
- » Promote innovation through piloting of new approaches and supporting the workforce to access and embrace evidence-based initiatives
- » Support primary health practitioners to use digital health and data to improve care provision
- » Encourage quality improvement of the primary healthcare sector by providing tools, resources and networks, and through co-design and sharing good practice.

WE WILL KNOW WE HAVE BEEN SUCCESSFUL WHEN:

- » CHN is providing a range of education and supports to general practice teams and other primary health care professionals
- » Primary health care professionals are using digital health platforms and the My Health Record to provide quality care.



BETTER VALUE: ADDRESS NEED, MEET GAPS AND INFLUENCE THE PRIMARY HEALTH SYSTEM TO DELIVER BETTER VALUE

TO ACHIEVE THIS OUTCOME, CHN WILL:

- » Invest in our governance, people, technology and data to deliver organisational excellence and sustainability
- » Build and leverage meaningful connections with members and other partners
- » Undertake values-based commissioning that achieves outcomes, is scalable and cost effective
- » Shape the market to build capacity and improve impact, including co-commissioning with partners for outcomes
- » Build evaluation capability and capacity to measure experience, outcomes and economic value.

WE WILL KNOW WE HAVE BEEN SUCCESSFUL WHEN:

- » Primary health care professionals are satisfied with and value the services and support provided by CHN
- » CHN has a stable, skilled and effective staff team and a positive work culture
- » Commissioning activities ensure value for money, efficient service delivery, improve the system and include the use of co-commissioning to better integrate services
- » CHN embraces and promotes technology to improve efficiency and cost.

