BUSINESS PLAN 2022-2023

C+HN

INITIATIVE	TIMEFRAME	KEY PERFORMANCE INDICATOR	OUTCOME/KEY RESULT AREA	RESPONSIBILITY
ADVOCACY				
📢 **Promote what we do**				
Develop and use key messages	Q1 Develop key messages on the role of primary health care and contemporary issues of primary health care and CHN	• Key messages reflect government announcements/policy reform and reference relevant data	Better value	CEO
	Q2 Identify primary health care champions to promote the role	• Ensure CHN membership of relevant Territory committees		
	Q1-4 Regularly review key messages	• Proactive approaches from media		
🩹 **Promote Primary Care**				
Health of the ACT – Snapshot of Health Primary Care	Q1 Format for report agreed	• Website hits on Snapshot	Better value	GM, Policy & Planning
	Q2 Data collection			
	Q3 Snapshot released			
INTEGRATED CARE				
⚙️➤ **Improving integration in Primary Health Care and the ACT health system**				
Highlight examples and opportunities for integrated care	Q1 & 2 Identify & promote existing ACT models of integrated care by embedding in Communications Strategy	• No. of communication pieces focused on integrated care	Better value	GM, Health Service Improvement
		• Increased appreciation of benefits and improved understanding of integrated care		
	Q3 Plan ACT integrated care showcase	• General practices are prepared for Voluntary Patient Registration		
	Q4 Deliver ACT integrated care showcase	• ACT integrated care showcase engagement		
Lead the implementation of integrated care models	Q1 Establish Social Workers in General Practice	• Initiative-specific outcomes developed in co-design with stakeholders	Better care	GM, Health Service Improvement
	Q3 Identify opportunities for small-scale specialist/GP pilots			

phn ACT | An Australian Government Initiative

Capital Health Network | Partnering for better health

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Build opportunities for interdisciplinary engagement, networking and learning across key priority areas	Q1 Embed a focus on integrated care in developing events/education forums Q2-4 Deliver interdisciplinary events/ education Q4 Develop model for region-based networks	• Minimum of four interdisciplinary events are held • Event evaluations demonstrate improved interdisciplinary engagement	Better care	GM, Health Service Improvement
Develop practice capacity to respond to Voluntary Patient Registration (VPR)	Q3* Develop action plan for local implementation Develop resources, training and QUiK modules for VPR Q4* Implementation	• Resources developed for key stakeholders • Number of general practices/GPs engaged around VPR	Better care	GM, Health Service Improvement
Leveraging digital health to support integration (e-referrals, decision support)	Q1 Identify opportunities to leverage existing tools (HealthPathways, IAR, e-referrals, aged care initiatives) to support integration Q2-3 Develop business case for any innovative technology solutions Q2-3 Education to support digital health uptake Q3-4 Implementation of innovative technologies to enhance and integrate existing digital support platforms/programs	• Establish a baseline for uptake of existing digital tools • Participation in digital health events that results in stakeholder engagement and increased awareness • Uptake of new innovative technology	Better care	GM, Health Service Improvement
Develop emergency management response	Q1 Review of CHN and ACT COVID-19 response Q2 Agree role of primary health care in an ACT emergency response Q3 Document primary health care response Q4 Organise relevant training and authorisations for primary health care professionals	• Primary health care professionals are clear on their role and have the skills to respond to a Territory emergency	Better outcomes	GM, Policy and Planning
WORKFORCE				
Explore options for capturing real-time capacity profile of primary health care	Q1 Identify & prioritise data requirements Q1 Investigate options Q2 Develop business case for preferred option Q3-4 Implementation	• Real-time data on primary health care capacity	Better Supported Workforce	GM, Policy & Planning

* dependent on C'wealth timeframes

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Support commissioned services workforce	Q1 Identify education events to include mental wellbeing	• Increased retention rates of commissioned services staff • Increased staff capacity of commissioned services • Evaluation of mental wellbeing component of education events	Better Supported Workforce	GM, Health Service Improvement
	Q2-4 Explore and support peer workforce opportunities			
Investigate primary care clinical placements for nursing students	Q2 Liaise with Australian College of Nursing, ACT Chief Nurse & Australian Nursing & Midwifery Federation	• No. of general practice rotations, completion rate & impact evaluation measure • No. of graduate nurses participating in program and completion rate and impact evaluation measure	Better Supported Workforce	GM, Health Service Improvement
Investigate graduate program for Practice Nurses	Q1 Develop partnership with APNA and general practices			
	Q3 Graduate program implemented			
Facilitate clinical placements with commissioned service providers (CSP)	Q1 Specify clinical placement requirements	• Number of clinical placements occurring in CSP by profession	Better Supported Workforce	GM, Policy & Planning
	Q2 Identify interested and eligible CSP			
	Q3 &4 Clinical placements			
Co-commissioning for vulnerable populations	Q1 Shared planning and prioritisation with ACT Health Directorate	• Shared priorities are defined and agreed • Services that meet agreed ACT priorities are procured	Better health	GM, Policy and Planning GM, Health Service Improvement
	Q2 Co-design of targeted services. Implement Social Vulnerability Index tool. Establish a QI initiative for General Practices focussed on supporting vulnerable populations in general practice			
	Q3 Procurement of targeted services and contracts executed			
Undertake planning for afterhours services in the ACT	Q1 Review existing data Consultation with key stakeholders	• Agreed understanding of after hours service gaps by key stakeholders • Procurement objective for future after hours funding is agreed	Better health	GM, Policy & Planning GM, Health Service Improvement
	Q2 Establish working group Collect & analyse additional data Implementation of the ACT Breathlessness Intervention Service palliative care initiative			
	Q3 Identify and validate service gaps/barriers Finalise service requirements			
	Q4 Identify procurement objectives Procurement of service(s)			

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📊 **Organisational Development**				
Embedding Salesforce project	Q1 Salesforce education Review of stage 1 Establish Working Group Identify what existing systems can be migrated to Salesforce Project plan for re-implementation Change management framework developed Q2 Re-implementation execution commences Q3 Review requirements/capabilities	• Increased utilisation of Salesforce	Better value	GM, Policy & Planning
Develop communications strategy	Q1 Strategy developed to reflect advocacy and integrated care messages Q2-4 Strategy implemented and reviewed Q1-4 Launch formal evaluations	• Social media profiles	Better value	CEO
Develop data strategy	Q1 Develop data strategy Q2-4 Data Strategy implemented	• Streamlined data capture for reporting • PREMs & PROMs identified for inclusion in reports	Better value	GM, Policy & Planning
Develop staff retention strategy	Q1 Revise L&D template to include skills for succession Q2 Agree recognition and reward mechanisms	• Succession plan for Senior Managers, Executive & CEO roles • Staff stability Index between 75-85%	Better value	CEO
Develop ICT strategy	Q1 ICT Strategy developed Q2 Business case for strategy implementation developed	• Rolling program for ICT equipment replacement/upgrade	Better value	CEO
Review of CHN constitution	Q2 Review of existing Constitution Q3 Revised constitution drafted and plan for voting developed Q4 Vote on revised CHN Constitution	• Revised CHN Constitution reflects Cultural Competency Framework • Revised CHN Constitution approved by members	Better value	Company Secretary

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	Commissioning			
Monitor ACT Government commissioning process	Q1-4 Monitor ACT Government commissioning timeframes and artefacts Identify opportunities for collaborative commissioning Q3 Identify any impacts on CHN commissioned service providers	• Collaborative commissioning governance established • Aligned (80%) reporting requirements across ACT commissioned service providers • Retention of workforce expertise	Better care	GM, Health Service Improvement
Implementation Plan for bi-lateral Mental Health & Suicide Prevention Agreement	Q1 map of mental health programs Identify gaps in service provision Agreement on collaboratively commissioned services Q2 Co-design of services Q3 Procurement approach for services agreed Q4 Commissioned service providers contracted	• Comprehensive mental health and suicide prevention services are available • Improved access for mental health service consumers	Better health	GM, Health Service Improvement
Revise commissioning framework	Q1 Identify Cultural Competency Framework and Cultural Diversity elements to be included in Framework Q2 Framework revision	• Updated Commissioning Framework	Better value	GM, Health Service Improvement
Support transition of Indigenous Health funding to ACCHO	Q3 Develop transition Plan with Winnunga Nimmityjah	• Equity of access to mainstream services is maintained	Better health	GM, Health Service Improvement

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	👫 Closing the Gap			
Improve access to culturally safe mainstream services	Q3 Establish PIP QI activity for working with First Nations patients	• Uptake of PIP QI activity	Better health	GM, Health Service Improvement
	Q1-4 Promote the Indigenous Health Pathways	• Increased use of Indigenous Health Pathways		
	Q2 Co-design Palliative Care Health Pathway with First Nations people	• First Nations Palliative Care Pathway		
	Q1-4 Cultural Competency Framework initiatives implemented			
	Q1-4 Embed indigenous data sovereignty and governance principles across CHN data governance	• Winnunga Nimmityjah endorsement of data sovereignty policy		