



CHN

Capital Health Network

Annual Report

2025/26

phn
ACT

An Australian Government Initiative

**Capital
Health
Network**
Partnering for better health

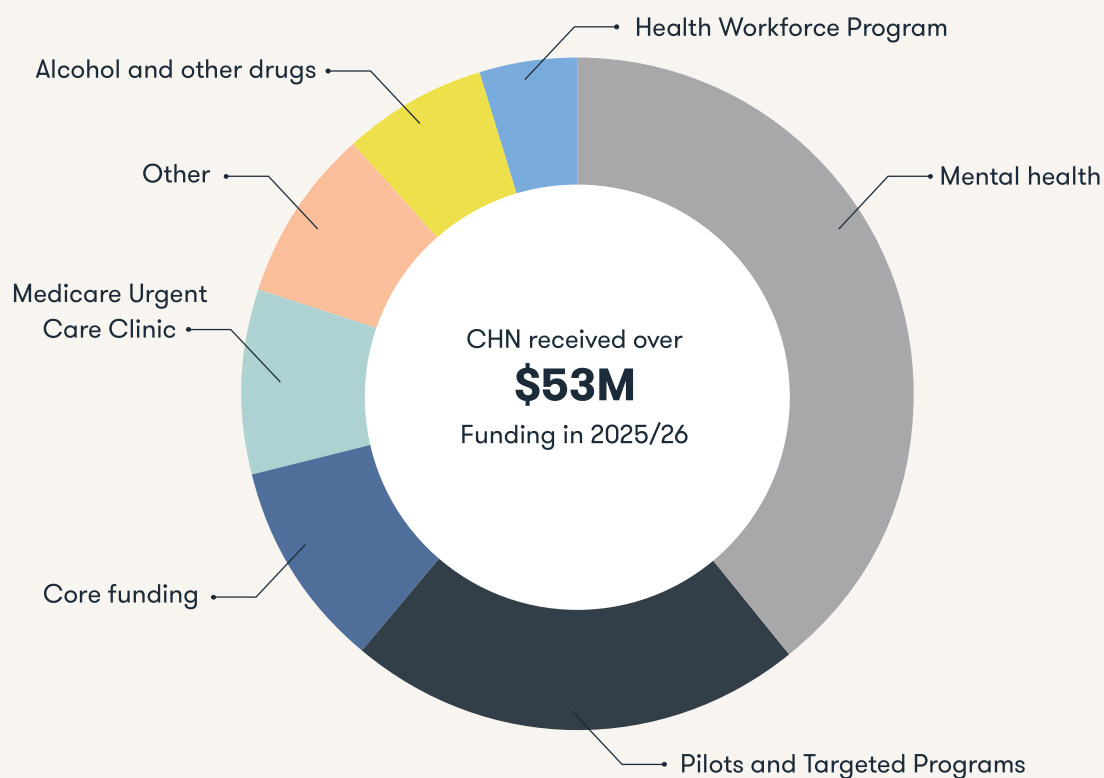
Contents

1. From the Chair and CEO	5	5.2 AOD	22
2. CHN Strategic Plan	7	▶ Non-Residential Withdrawal Support Service	22
3. CHN Board and Committees	10	▶ AOD Day Program	24
4. CHN Advisory Councils	14	▶ Integrated AOD and primary care outreach services	25
5. Commissioning	16	▶ Althea Wellness Centre	27
5.1 Mental health	16	▶ Arcadia House	27
▶ headspace Canberra & Tuggeranong	16	▶ Justice Services Alcohol and other Drug Counselling	27
▶ headspace Early Psychosis Canberra	18	▶ Reaching Out	27
▶ Medicare Mental Health Centres Canberra and Tuggeranong	18	▶ Support Connections	27
▶ Medicare Mental Health Phone Service	19	▶ Peer Treatment Support Service	27
▶ Well Connected	19	▶ The Connection	27
▶ Next Step	19	5.3 Reproductive and Sexual Health	28
▶ Hoarding Advocacy Support Service	19	▶ Endometriosis and Pelvic Pain Clinic	28
▶ Inclusive Pathways	20	▶ Long Acting Reversible Contraceptive Centre of Excellence	29
▶ The Way Back Support Service	20	5.4 Aged care	30
▶ Alongside	20	▶ Care finder	30
▶ Aboriginal and/or Torres Strait Islander People's Mental Health Service	20	▶ Think WISE	31
▶ Suicide Prevention Initiatives	21	▶ Healthy Ageing Early Interventions	31
▶ Mental Health Multidisciplinary Service	22	▶ Increasing the availability and use of telehealth for aged care residents	33

5.5 Aboriginal and Torres Strait Islander health	34	6.3 Digital health	46
▶ Integrated Team Care	34	6.4 People at-risk of poor health outcomes	46
5.6 Primary care access	36	▶ ACT Primary Care Pilot	46
▶ Bulk Billing Clinics	36	▶ Family Safety Pilot	47
▶ Woden Medicare Urgent Care Clinic	37	▶ Multicultural access to primary care	48
6. Building capacity across the health system	38	▶ Extending after-hours in general practice	49
6.1 Workforce	38	7. Coordinating and integrating care	50
▶ Delivering education to primary health care professionals	38	7.1 Care across the continuum	50
▶ Practice support and quality improvement	39	▶ Palliative care	50
▶ Allied health engagement and integration	40	▶ HealthPathways	53
▶ Aboriginal and Torres Strait Islander health	42	▶ Multidisciplinary Models of Care	55
6.2 Aged care	44	▶ ACT Breathlessness Intervention Service	56
▶ Aged Care On-site Pharmacist Measure	44	7.2 Mental Health	57
▶ Residential Aged Care Network/Community of Practice	45	▶ Regional planning	57
▶ General Practitioners in Residential Aged Care Homes Community of Practice	46	▶ ACT & Region Suicide Prevention Community Collaborative	58
		▶ ACT Child & Youth Mental Health Sector Alliance	59
		8. Organisational excellence	60

Capital Health Network acknowledges the Traditional Custodians of the country on which we work and live, and recognises their continuing connect to land, waters and community. We pay our respects to them and their cultures, and to Elders both past and present.

CHN at a glance 2025/26



1. From the Chair and CEO

Julie Blackburn & Stacy Leavens

As we look back on 2025/2026, we are proud of the work we have delivered across commissioning, capacity building, and care coordination and integration. Each day, people working across primary health care in the ACT dedicate their time, skills and expertise to improving the health and wellbeing of Canberrans. We are proud to support and engage with primary care health professionals through multidisciplinary education, quality improvement initiatives and the trialling of new models of care.

We continued to commission local service providers to provide much-needed services through \$36.1M of funding. The majority of this funding supported 17 local organisations to provide mental health programs. Through these programs, 6,900 clients received mental health support in the last year. These programs included the establishment of a second Medicare Mental Health Centre (MMHC) in Tuggeranong, complementing the existing centre in Canberra city. The MMHC provides mental health assessments, service navigation, and short-to-medium-term clinical interventions.

We are also proud to have established the ACT's first GP-led Medicare Urgent Care Clinic (UCC), funded by the Department of Health, Disability and Ageing (DHDA). The UCC provides free treatment for urgent, but not immediately life-threatening, injuries and illnesses. By delivering timely care in a community setting, the Medicare UCC is improving access to health care, particularly for vulnerable populations, while supporting more appropriate use of hospital services.

To further improve access to primary health care, CHN commissioned 3 new bulk billed general practices in priority locations across Canberra, funded by DHDA. The new practices opened in June/July 2026. Each practice is expected to attract, relocate and upskill approximately 10 new GPs to the ACT, boosting local primary care capacity where it is needed most.



Julie Blackburn.



Stacy Leavens.

Our Board continues to provide strong strategic oversight and stewardship of CHN, guiding the organisation's direction, safeguarding its resources, and ensuring it remains focused on delivering improved health outcomes for the ACT community. Through sound governance and leadership, the Board helps CHN maximise its impact and strengthen the primary health care system for Canberrans. We are grateful for the commitment and guidance of our Directors and, in particular, acknowledge the valuable contributions of Peter Quiggin PSM KC during his 5 years of service to CHN, concluding in March 2026, and Rachel Fishlock during her 2 years of service to CHN, concluding in April 2026. Their service on the Board and its committees, combined with their expertise, leadership and dedication, helped strengthen CHN's governance and contributed to the organisation's success.

We are also guided by our Advisory Councils, including the General Practice Advisory Council, Community Advisory Council and ACT Clinical Council. These forums bring together primary health care professionals, community representatives and other stakeholders to share their knowledge, experience and lived expertise. Their insights help us understand current and emerging trends, identify challenges and opportunities, and ensure community needs, equity and access remain central to our strategic priorities and decision-making. Of course, we could not achieve this work without our staff. They bring professional expertise, passion

and commitment to improving access to effective primary health care for Canberrans, particularly those at-risk of poor health outcomes. We also sincerely thank the Australian Government, ACT Government and our partners for their ongoing support. Together, these partnerships and investments are helping to build a stronger, more connected primary health care system for the ACT.

We are pleased to present our Annual Report 2025/26 which highlights the impact of this work and our ongoing commitment to improving health outcomes, reducing inequities and strengthening primary health care across the ACT.

Kind regards

Julie Blackburn, CHN Chair

Stacy Leavens, CHN CEO

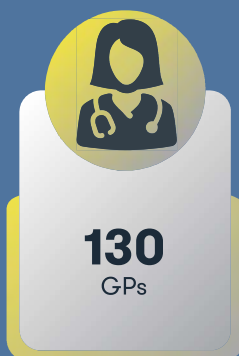
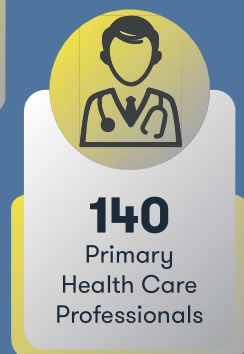
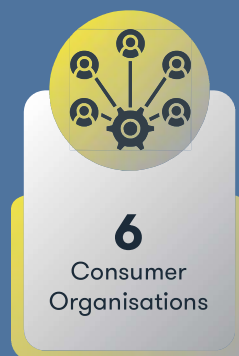
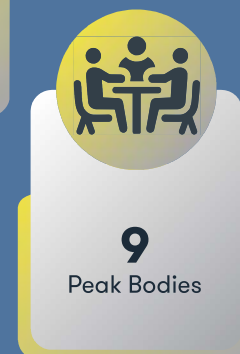


l-r: CHN CEO, Stacy Leavens; Federal Member for Canberra, Alicia Payne; Federal Member for Bean, David Smith; Senator Katy Gallagher; Ochre Health Group Co-Founder, Dr Hamish Meldrum; Assistant Minister Andrew Leigh at the launch of the Coombs Bulk Billing Practice.



l-r: Karralika (former) CEO Sharon Tuffin, CHN CEO Stacy Leavens, Karralika (former) Chair David Templeman, CHN Chair Julie Blackburn and NRWSS Nurse Mandeep Kaur Sohi at the evaluation launch of Karralika's Non-residential Withdrawal Support Service.

CHN had 311 members as at 30 June 2026, consisting of:



2. Strategic Plan

Overview

Capital Health Network was established in 2015 as the ACT's Primary Health Network. Under the Department of Health and Aged Care's PHN Program, PHNs assess the needs of their community and use government funding to commission health services so that people in their region can get coordinated health care where and when they need it. PHNs have the 2 key goals of:

- improving the efficiency and effectiveness of health services for people, particularly those at risk of poor health outcomes
- improving the coordination of health services, and increasing access and quality support for people.

CHN addresses community needs by collaborating with consumers, GPs, clinicians and sector stakeholders to improve health outcomes. We are unique in our ability to support primary health care professionals and design services that fill gaps. CHN delivers our work through 3 core functions—commissioning, capacity building and coordination. These 3 functions align with health care reform initiatives and the Department of Health and Aged Care's "PHN Strategy 2023-24". They summarise the roles outlined for Primary Health Networks through "Australia's Primary Health Care 10 Year Plan 2022-2032" and "Strengthening Medicare Taskforce Report".

Commissioning

An ongoing cycle of developing and implementing services through needs assessments, planning, collaboration, funding, monitoring and evaluation.

Capacity building

Strengthening the skills, knowledge, processes and resources that our workforce, communities and our primary care system need to survive, adapt and thrive in the future.

Coordination

Organising people, information and partners through the delivery of projects and programs that address identified priorities and outcomes.

CHN defines primary care as health care people access in their community, such as GPs, pharmacies, allied health professionals, and community-sector health services.



Our Vision and Mission



Capital Health Network's vision is for a connected health system that supports the health and wellbeing of people in the ACT. Our vision is a health system that delivers:

- improved health outcomes, especially for people at increased risk of poor health
- a stable, satisfied and sustainable primary health care workforce
- a positive experience of care for consumers and improved access for people experiencing barriers to care
- value for money.

Our mission is to use local knowledge to make primary health care more accessible and effective, to enhance health for everyone in the ACT.

Our Values

Respect



We engage respectfully, listen and respond.

Inclusion



We embrace diversity of thought and bring together a range of voices to inform our work.

Collaboration



We build and invest in strong and enduring relationships, focused on shared goals.

Accountability



We act with integrity, are transparent, encourage feedback, and report back to our community.

Adaptability



We are adaptive and flexible in the way we respond to community health needs. We empower our staff, service providers and partners to innovate and adapt to deliver outcomes.

Our Priorities

Commissioning for outcomes



- Understand the health needs of the ACT's communities
- Commission services for people at-risk of poor health outcomes and/or exclusion from health services
- Commission innovative, evidence-informed primary care services
- Measure and evaluate for outcomes

Performance monitoring

- People accessing CHN commissioned services experience improved health
- CHN commissioned services are reaching target populations and are accessible to those at highest risk of poor health outcomes

Building capacity across the health system



- Champion the role of primary care within the ACT health system
- Promote and share best practice, evidence-informed and innovative models of care
- Facilitate education and training for health care professionals working in primary care
- Utilise and promote the use of local data to drive high-quality, future-focused, sustainable primary care

Performance monitoring

- Primary care providers and commissioned services using data to drive high quality care
- A supported and engaged primary care workforce

Coordinating and integrating care



- Advocate for and deliver solutions that improve access and experience across the health system, especially for people at-risk of poor health outcomes and/or exclusion from health services in the ACT
- Partner to design and deliver models of integrated care that address identified, local needs
- Deliver programs, projects and solutions that improve communication and coordination of care across the health system
- Build networks across the health and social sectors in the ACT.

Performance monitoring

- Improved patient experience for those accessing CHN's commissioned services
- CHN projects improve integration across the health system

Organisational excellence



- Maintain strong corporate governance and implement systems to identify, assess and mitigate risks to achieve strategic objectives in place
- Support a strong staff culture and invest in our people
- Invest in systems and processes that promote efficiency, improve business processes and deliver value
- Embed a culture of continuous quality improvement and clear and effective communication with all stakeholders

Performance monitoring

- A stable and capable team that delivers value for the community
- Risks are identified, mitigated and monitored

3. CHN Board and Committees

Capital Health Network Board members (as at 30 June 2026)



Ms Julie Blackburn

RM, RN, GAICD

Chair, elected for a 2nd term at the 2022 AGM on 27 October 2022.

Appointed for a 3rd term on 30 October 2025.

Julie Blackburn is a respected leader in health care, education and governance. A Registered Nurse and Midwife, she lectures in the School of Nursing and Midwifery at the University of Canberra. With over 15 years of experience as a non-executive director, Julie has contributed to boards across private health insurance, veteran and family health research, drug and alcohol programs, and aged care. Her multidisciplinary background informs strategic decision-making and values-driven leadership. Julie is passionate about creating environments and opportunities that promote health and wellbeing for people of all ages, and is widely recognised for her integrity, collaborative approach, and ability to foster meaningful engagement across sectors.



Ms Darlene Cox

BA Dip Ed, Grad Dip AppEc, B Ed

Appointed Board Director, elected for a 3rd term at the 2020 AGM on 26 November 2020. Term concluded on 26 October 2023. Appointed to an Appointed Director position on 26 October 2023 for the 1st term.

Darlene is an experienced advocate, executive and board director. She has been active in the health consumer movement and community sector since the late 1990s and was the Executive Director of Health Care Consumers' Association from 2008 – 2026. Darlene has extensive skills and experience in consumer engagement, health literacy, clinical and corporate governance, policy and research and regulation of the health workforce. She has a long-standing interest in improving the quality and safety of health care and the delivery of person-centred care and has contributed to the work of the Australian Medical Council, Australian Commission for the Safety and Quality of Health Care, Ahpra, NPS and the Australian Pharmacy Council.

Capital Health Network Board members (as at 30 June 2026)



Mr Steven Baker

BComm (Acctg), ICAA, MIIA, GAICD

Appointed Board Director, elected for a 1st term on 5 March 2021.

Steven has served on numerous Boards, Committees, Audit and Finance Committees as a member and/or Chairperson, in addition to participating in many as an observer as either the internal or external audit provider. Steven has over 30 years in professional services delivery in Australia and has worked for Ernst & Young, WalterTurnbull Pty Ltd, PwC, Protiviti and currently for global business RPS Consulting. Steven has many years' experience providing professional consulting services, as well as board and committee experience within the health and education sectors specialising in finance, governance, risk and assurance.



Dr Vik Fraser

Elected Consumer Director for a 1st term for Director position E3 at the 2023 AGM on 26 October 2023.

Dr Vik Fraser has been an advocate for LGBTIQ+ rights since they were 17 years old. They are passionate about the social determinants of health, and the role that human rights has in building good health care. The intersections they experience in their own life, including as a queer person with a hidden disability, drive Vik's understanding of some of the complexities of health access and health needs across the community. Vik is also the Executive Director of A Gender Agenda, and has had a working life that has spanned education, research and government sectors.



Dr Jessica Tidemann

Elected General Practice Director for a 1st term for Director position E1 at the 2023 AGM on 26 October 2023.

Dr Jessica Tidemann is a specialist GP working in roles across clinical practice, medical education and government. She is a lifelong Canberran and completed her medical training in the ACT and surrounding regions. She has also worked in several roles for the Australian Government Department of Health, Disability and Ageing over a period spanning 20 years.

Jessica is an active member of the general practice community, committed to the provision of quality and effective primary health care in the ACT. Jessica was an invited member of the CHN GP Advisory Council prior to becoming a member of the Board and has held several other professional positions, including Board Director, GP Registrars Australia and multiple roles with the RACGP.



Mr Adnan Asger Ali

MACP

Elected Primary Health Care Professional Director for a 1st term at the 2025 AGM on 30 October 2025.

Adnan Asger Ali is a physiotherapist, researcher and health care leader committed to integrated, patient-centred care. An Australian Physiotherapy (APA) Titled Musculoskeletal & Pain Physiotherapist, he is Director of Accelerate Physiotherapy and a PhD candidate at the University of Sydney, researching health care access for rural and remote populations. Adnan chairs the APA's Musculoskeletal National Group and the International Federation of Manual and Musculoskeletal Physical Therapists Business and Finance Committee, bringing strategic oversight from diverse healthcare systems. His governance experience spans multiple national advisory councils and clinical panels, emphasising evidence-based decision-making and stakeholder collaboration. He is passionate about building health care systems that truly place patients at the centre of their care journey, and is recognised for his collaborative leadership and commitment to health equity across the Capital region.



Dr Chris Dickie

MBChB, FRACGP

General Elected Director for a 1st term at the 2025 AGM on 30 October 2025.

Dr Chris Dickie is a specialist GP working in Canberra and the surrounding regions. His work spans clinical practice, medical education, research and advocacy. Originally from Scotland, he has lived in Canberra since 2018. Chris is President of General Practice Registrars Australia, a Lecturer at the ANU Academic Unit of General Practice, and holds a ministerial appointment to the Canberra Region Medical Education Council. He also serves on the NSW & ACT Faculty Board of the RACGP. Chris is passionate about strengthening primary care and supporting our workforce in the ACT.

Resigned Capital Health Network Board members



Mr Peter Quiggin PSM KC

LLB, BSC, Grad Dip Prof Accounting, FAICD

Appointed Board Director, appointment ended September 2025.

Peter is a highly experienced former Australian Government agency head and is a Commonwealth King's Counsel. He led the highly respected Australian Office of Parliamentary Counsel for 17 years. As a former First Parliamentary Counsel, Peter has an outstanding understanding of legislation and legislative schemes and the operations of government.

Peter has been on a number of Boards including the Board of Taxation and not-for-profit Boards. He was President of an international association – the Commonwealth Association of Legislative Counsel – for a record three terms. He has also been on a range of Finance and Audit Committees in both the public and not-for-profit sectors. He is a Fellow of the Australian Institute of Company Directors, was awarded a Public Service Medal for services to legislative drafting and recently awarded a Chief Minister's Canberra Gold Award.



Ms Rachel Fishlock

Appointed Board Director, appointment ended April 2026.

Rachel is a proud descendant of the Yuin Nation and is the CEO of Gayaa Dhuwi (Proud Spirit) Australia. Rachel has over a decade of experience in the health sector including the optometry industry and community-controlled sector at the National Aboriginal Community Controlled Health Organisation (NACCHO). Rachel was recognised by Lifeline Canberra as the 2022 Rising Woman of Spirit for her outstanding community spirit and resilience in the face of adversity, through continuing to advocate for reforms to ensure other children do not experience systemic neglect.

Audit Finance and Risk Committee

The CHN Board has established the Audit Finance and Risk Committee to provide advice and recommendations to the Board on the overall financial performance of the Company, the development and review of budgets and financial statements, oversight and review of risk management planning and internal audits.

AFRC Members:

- Ms Darlene Cox (Chair), Board Member, Capital Health Network
- Mr Steven Baker, Board Member, Capital Health Network
- Mr Stuart Althaus, Appointed Independent Member

4. CHN Advisory Councils

a) ACT Clinical Council

The ACT Clinical Council provides a forum for a multidisciplinary group of clinicians to share their collective knowledge and expertise. The Council also provides advice on strategic clinical and wider health system issues and local strategies to improve the operation of the ACT primary health care system for consumers, facilitating effective primary health care provision to improve health outcomes.

Members as at 30 June 2026

- ▶ Stacy Leavens, CHN CEO (Chair)
- ▶ Adnan Asger Ali, CHN Board representative
- ▶ Jackie Lockley, Pharmacist in Charge, Terry White Chemmart, Belconnen
- ▶ Dr Vishal Arya GP, Rutledge Family Medical Centre, Queanbeyan
- ▶ Dr Melanie Dorrington, Chief GP and Primary Care Advisor, Office of GP and Primary Care and Office of Professional Leadership and Education, ACT Health Directorate
- ▶ Mark Leighton, Managing Partner and Proprietor, Life Pharmacy Group
- ▶ Diane Bowden, Nurse Practitioner at Next Practice
- ▶ Jason McCrae, Clinical Psychologist, Think Mental Health Pty Ltd and Think Psychology Solutions
- ▶ Suman Devkota, Centre Manager, Mountain View Aged Care Centre
- ▶ Kamla Brisbane, Carers ACT Representative
- ▶ Jo Morris, Executive Director, Division of Rehabilitation, Recovery and Research, University of Canberra and Allied Health Director, Canberra Hospital
- ▶ Simon Kragh, Physiotherapist at Southside Physio.

b) Community Advisory Council

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

Members as at 30 June 2026

- ▶ Stacy Leavens, CHN CEO (Chair)
- ▶ Dr Vik Fraser, CHN Board representative
- ▶ Stephen Dunkerley, Mental Health Community Coalition ACT (MHCC)
- ▶ Chin Wong, Secretary, Canberra Multicultural Community Forum (CMCF)
- ▶ Devin Bowles, CEO, ACTCOSS
- ▶ Jenny Mobbs, CEO, Council of the Ageing (COTA) ACT
- ▶ Dea Delaney-Thiele, CEO, Yerrabi Yurwang
- ▶ Av De Vries, Consumer Representatives Coordinator, HCCA
- ▶ Pat McCabe, President, ACT's Totally and Permanently Incapacitated Ex-Servicemen's and Women's Association

c) General Practice Advisory Council

The General Practice Advisory Council provides advice and recommendations to the Board on its communications with GPs, strategies to strengthen and promote GP engagement and participation, and on priority areas and issues requiring GP participation.

General Practice Advisory Council as at 30 June 2026

- ▶ Dr Jessica Tidemann, CHN Board representative (Chair)
- ▶ Dr Niral Shah, GP at MyGP Gungahlin
- ▶ Dr Dorothy Monk, GP at Hawker Medical Practice
- ▶ Dr Felicity Donaghy, Practice Principal and Owner, Garema Place Surgery.
- ▶ Dr Shona Schadel, GP at Ochre Medical Centre, University of Canberra
- ▶ Dr James Manley, GP Policy Advisor, Office of General Practice and Primary Care, ACT Health
- ▶ Dr Julie Carr, GP Advisor, North Canberra Hospital
- ▶ Dr Emma Cunningham, GP and Practice Owner, Wakefield Gardens Surgery
- ▶ Dr Anne-Marie Svoboda, Medical Director, GP Liaison Unit, Canberra Health Services

5. Commissioning

5.1 Mental health



a) headspace Canberra & Tuggeranong (Grand Pacific Health)

A mental health support service for young people aged 12-25 years and their families and friends, providing mental health and wellbeing support, support with work, school or study, and support with concerns related to physical health, sexual health, and alcohol or drug use. In the last year, over 1,450 young people were seen with over 6,630 occasions of service delivered across both centres.

Case study



Aiko* (not their real name) presented with a history of complex family and cultural dynamics. She reported that as a child her single parent was very busy, which contributed to her feeling neglected and emotionally invalidated, resulting in initial attachment challenges. These dynamics have been duplicated through numerous friendships and relationships since, including the friendship rupture that prompted her to attend headspace.

Treatment focussed on behavioural activation for depression symptoms, processing of grief, exploration of attachment dynamics, self-compassion, and ways to improve her attachment dynamics in future relationships. Aiko attended 8 sessions, through which she was able to process her grief and guilt over her interpersonal ruptures, develop insight into

why they occurred, foster new friendships and identify ways to resist these patterns in the future.

At the end of her treatment sessions, Aiko was able to identify her attachment triggers and adjust her behaviours to be more congruent with her goals of creating consistent and stable friendships, resulting in development of a small group of friends. These improvements also impacted her relationship with her parents, where she was able to navigate disagreements more effectively. During her episode of care, she was able to repair her recent interpersonal rupture, resulting in a strengthened friendship with improved interpersonal boundaries.

b) headspace Early Psychosis (Uniting NSW.ACT)

A mental health support service for young people aged 12–25 years who are experiencing an early episode of psychosis or are at risk of developing psychosis. This service operates from headspace Canberra and provides specialist multidisciplinary support to young people and their families to help maximise recovery. In the last year, 106 young people were supported with 3,120 occasions of service.

Case study



While in the headspace Early Psychosis (hEP) program, Tim* (not their real name) was also receiving treatment at the Canberra Health Services Clozapine clinic, which monitors a person's physical health while receiving the atypical antipsychotic medication clozapine. With consent, the Clozapine clinic and hEP team members working with Tim shared metabolic monitoring results, progress and any concerns with medication side effects between the care teams. Additionally, hEP provided wrap-around support to Tim, including peer support, psychological support and functional recovery support. Tim's family were also engaged with family peer support.

As a result of this coordinated care, Tim reported feeling safe with the workers he sees in both services. Since starting at hEP, Tim has made significant progress towards his goals of increasing independence, feeling safer and greater self-expression. Recently he's commenced work and is saving to buy his own vehicle.

c) Medicare Mental Health Centres Canberra and Tuggeranong (Think Mental Health)

Walk-in mental health centres for adults that provide mental health assessments, service navigation and warm referrals, short-to-medium-term clinical interventions, wellbeing services, as well as information and advice about mental health. In the last year, 904 people were supported with over 5,180 occasions of service across both centres.



A consumer speaking at the launch of the Tuggeranong Medicare Mental Health Centre, launched by the Assistant Minister for Mental Health and Suicide Prevention, Emma McBride and Federal Member for Bean, David Smith.



One year after opening, federal and local politicians visited the Tuggeranong Medicare Mental Health Centre to celebrate its success.

d) Medicare Mental Health Phone Service (Think Mental Health)

A local Medicare Mental Health Phone Service that provides initial mental health assessment, information about mental health, service navigation, warm referrals to appropriate services in the region, and advice to health care practitioners about available supports. In the last year, over 3,620 inbound calls were received with over 2,390 contacts created.

e) Well Connected (Wellways Australia)

A non-clinical short-term psychosocial support program for people aged 16-64 years with severe mental health challenges and associated difficulties in psychosocial functioning, who are not eligible or supported through the NDIS. Between January – June 2026, 29 people were supported with 207 occasions of service.

f) Next Step (Marymead CatholicCare Canberra and Goulburn)

A psychological support service for people of all ages experiencing anxiety and/or depression across the stepped care continuum. Services include mental health coaching for people with mild mental health needs, and high intensity therapy for people with moderate to severe symptoms. In the least year, over 520 people were supported with over 3,320 occasions of service.

g) Hoarding Advocacy Support Service (Woden Community Services)

An early intervention program that enables access to non-clinical short-term support aimed at reducing hoarding behaviour and associated hazards, while building community knowledge and capacity to support individuals affected by hoarding. In the last year, 36 people were supported with over 510 occasions of service, and over 150 community awareness education sessions were delivered.

h) Inclusive Pathways (Meridan)

An accessible and culturally safe mental health support service for people of diverse sexualities and genders, people with variations in sex characteristics, and people exploring or uncertain of their gender identity, expression or sexuality. In the last year, 60 people were supported with over 340 occasions of service.

i) The Way Back Support Service (Woden Community Service)

A voluntary, non-clinical suicide aftercare program designed to provide support and guidance to individuals who have experienced a recent suicide attempt or suicidal crisis. In the last year, 190 people were supported with over 2,400 occasions of service.

j) Alongside (Directions Health Services)

A psychosocial support service that provides holistic alcohol and drug, mental health and primary care services for people experiencing co-occurring mental illness, substance use, physical health concerns and/or other issues. In the last year, 91 people were supported with over 560 occasions of service.



Commonwealth Psychosocial Support Program Forum.

k) Aboriginal and/or Torres Strait Islander People's Mental Health Service (Winnunga Nimmityjah Aboriginal Health and Community Services)

A clinical wellbeing service for Aboriginal and/or Torres Strait Islander children and young people aged up to 25 years and their families that provides timely and culturally appropriate access to GPs, Psychologists and Psychiatrists. These health care professionals provide comprehensive assessment, treatment and links to other social and emotional wellbeing services. In the last year, 307 people were supported with over 900 mental health encounters and 90 GP mental health care plans.

I) Suicide Prevention Initiatives

CHN commissioned 9 local community-led initiatives through the Targeted Regional Initiatives for Suicide Prevention (TRISP) funding. These initiatives build capacity and capability within the ACT community to recognise and respond to people who are at greater risk of suicide or suicidality. The grants were awarded to:

- ▶ **Gender Agenda** - To strengthen support for trans and gender diverse, and intersex (TGD + I) people in the ACT through targeted resource development and peer-based community education.
- ▶ **Care Inc** - To address financial literacy as an important suicide prevention initiative, through co-designing and piloting a financial literacy program for students.
- ▶ **Celebration of African Australian's Incorporated** – To provide culturally responsive, community-based activities designed to build awareness, connection and confidence in responding to suicide risk.
- ▶ **I Got You** – To provide early intervention health and wellbeing “Tradie Tune Up” checks within ACT construction workplaces.
- ▶ **Perinatal Wellbeing Centre** – To host a Dad’s Breakfast BBQ for expectant and new fathers, which includes information from local services and opportunities to engage in activities using local businesses.
- ▶ **Relationships Australia Canberra & Region** – To deliver a community workshop psychoeducation series of 3-4 sessions for families navigating separation.
- ▶ **Multicultural Hub Canberra** – To develop a resource booklet with information that includes case studies and support service information. Religious leaders can refer to the booklet as a valuable resource.
- ▶ **Yerrabi Yurwang Child & Family Aboriginal Corporation** – To deliver 2 ASIST 2-day training sessions for local Aboriginal community members, Yerrabi staff, and partners across family support, housing and community services who work with Aboriginal families.
- ▶ **Woden Community Service** – To train volunteers (prioritising lived experience) to deliver Mental Health Community Coalition ACT’s Connecting with People compassion-based suicide prevention training to retail staff. Also, regular peer-based “pop-ups” providing brief and safe practical guidance for community members will be held.



Celebration of African Australians Inc. delivering their TRISP-funded cultural healing and connection program involving African drumming circles, dance and storytelling.

m) Mental Health Multidisciplinary Service

CHN has conducted planning work to commission mental health multidisciplinary services for people with complex mental health needs in ACT primary care settings. Multidisciplinary practitioners will be embedded in primary health care practices to support people with complex mental health needs within the community. This may include tailored individual care plans, service navigation, case management, brief interventions and social prescribing.

CHN will undertake a comprehensive procurement process based on a 'Hub' and 'Host' service model. The Mental Health Multidisciplinary Service Hub will employ multidisciplinary practitioners and lead program delivery, while the 'Host' general practices will provide consultation space for multidisciplinary practitioners. Service delivery is anticipated to commence in October 2026.

5.2 Alcohol and Other Drugs



a) Non-residential Withdrawal Support Service (Karralika)

The service supports individuals aged over 12 years with mild to moderate symptoms to safely reduce or stop alcohol and/or drug use (AOD). Provision of daily support from a withdrawal Nurse via home visits, phone or secure online platforms. The withdrawal Nurse coordinates care with GPs, Pharmacists and health providers. In the last year, 97 people were supported through over 1,470 direct client contacts. An independent evaluation indicated the service is highly valued and effective.

Case study

Oscar* (not their real name) self-referred to the Non-Residential Withdrawal (NRW) Program. He reported consuming 8-12 standard drinks and 1-2 grams of cannabis daily. He had previously completed the NRW Program and AOD counselling, maintaining abstinence for 3 months before relapsing during a period of workplace stress. His decision to re-engage independently demonstrated trust in the service and motivation to regain control of his substance use.

Oscar had a history of ADHD, anxiety and depression, and was not taking prescribed medication. The NRW Nurse collaborated closely with his GP to develop a safe community detox plan. A structured withdrawal plan was developed, incorporating education on withdrawal symptoms, nutrition, relapse prevention and craving management strategies. The client received daily home visits from the NRW Nurse, including withdrawal monitoring and psychosocial support.

The young man successfully completed community detox, remained medically stable throughout treatment, commenced relapse-prevention pharmacotherapy, secured temporary accommodation, and maintained abstinence. This case highlights the importance of combining evidence-based withdrawal management with holistic nursing care, multidisciplinary collaboration, and advocacy to address social factors that can impact recovery outcomes.



I-r: Karralika (former) CEO Sharon Tuffin, CHN CEO Stacy Leavens, Karralika (former) Chair David Templeman, CHN Chair Julie Blackburn and NRWSS Nurse Mandeep Kaur Sohi at the evaluation launch of the NRWSS.

b) AOD Service (TOORA Women)

A specialist AOD, gender-specific service that supports women, female-identifying and non-binary adults, who are experiencing problems with alcohol or other drug use. The service provides trauma-informed support designed to help people reduce use, maintain recovery, and address related challenges such as mental health issues, domestic and family violence, homelessness and trauma. In the last year, 111 people were supported through over 230 treatment episodes.

Case study



Isla* (not their real name) entered the residential and day program. She was homeless after escaping a violent and controlling relationship and was using methamphetamine. Isla's 2-year-old child had recently been removed from her care, and she wanted to recover from substance misuse and find a home so her child could be returned to her care.

Due to the high level of substance use prior to her commencement in the program, Isla initially struggled with adherence to the program schedule and rules. Isla initially felt a rehabilitation program was not needed and she was participating as a requirement to have her child returned to her care.

As a result, initially she had low engagement with group work and individual counselling. Toora staff worked to develop rapport with Isla and regularly communicated program schedule and rules. By refocusing Isla on her goals, staff were able to support her to progress further with her recovery. Her emotional regulation and engagement with the program modules improved significantly.

Isla has now completed the core program and has engaged positively with staff. Due to her commitment to the program, and by working collaboratively with Toora and Children Youth and Families team members, Isla has commenced exit planning to continue her recovery in the community, and her child has been returned to her care.

c) Integrated AOD and primary care outreach services (Directions Health Services)

A mobile health clinic offering free and confidential care to people experiencing homelessness or disadvantage in Canberra. Operating 5 days a week across various Canberra locations, it provides primary health care, mental health support, AOD treatment and case management. In the last year, 855 people received care during over 2,790 presentations.



ACT Health Minister Rachel-Stephen Smith celebrating that over 10 years the Chat to PAT, mobile health clinic has provided over 40,000 comprehensive health care consultations for ACT's most vulnerable community members.

Case study



Rahul* (not their real name) is in his late 60s and has sporadically attended the Chat to PAT van over many years. Last year Rahul had a long mental health hospital admission and was diagnosed with schizophrenia. His medical history includes alcohol use disorder, diabetes, high blood pressure and chronic obstructive pulmonary disease. He was commenced on long-acting antipsychotic medication while in hospital and placed under a psychiatric treatment order under the care of the Canberra Health Services Older Persons Mental Health Team.

Since leaving hospital Rahul has attended PAT weekly, enabling the PAT team to monitor his medical conditions and identify nonadherence with his multiple chronic disease medications. A Dose Administration Aid was arranged with a Pharmacy on Northbourne, which aided Rahul's adherence.

Due to Rahul's increased interaction with the PAT team, they were able to address other health issues. Rahul is now up to date with his immunisations, has attended lung screening, a bone density scan, had 24-hour blood pressure testing and his lung function tested. The PAT team has worked with Rahul to commence injections to better manage his diabetes. As a result of this case, Rahul has improved his health outcomes.

Over the last 6 months, PAT staff have developed good rapport with Rahul enabling them to provide assistance with ongoing medication adherence, regular chronic health check-ups, identification of barriers to Rahul engaging in his own care, and liaison with the Older Persons Mental Health Team.

d) Althea Wellness Centre (Directions Health Services)

Althea Wellness Centre provides primary and secondary health care services to people, without a regular GP, impacted by AOD use. Multidisciplinary care is provided for people with complex health and social needs, including nursing, psychology and AOD services. In the last year, 1,491 people received over 9,030 occasions of service.

e) Arcadia House (Directions Health Services)

An AOD detoxification and withdrawal service, providing residential and day programs. Programs include a 1-2 week non-medicated Withdrawal Program, a 12-week Day Program and 12-week Transition Program (8 weeks residential and 4 weeks day program). In the last year, 42 people received 790 occasions of service.

f) Justice Services Alcohol and other Drug Counselling (Karralika)

Community-based specialist AOD counselling service for people who have connections to Justice Services in the ACT, including undertaking probation, parole or attending the Alexander Maconochie Centre, or who have exited these programs within the last 3 months. In the last year, 177 people were supported.

g) Reaching Out (Marymead CatholicCare Canberra & Goulburn)

A program that provides assertive outreach AOD counselling that is person-centred with client-led goal setting in a place that is convenient and safe for clients. Counsellors also support family and friends of people impacted by AOD. In the last year, 134 people were supported.

h) Support Connections (Marymead CatholicCare Canberra & Goulburn)

An outreach case management program to assist individuals aged 16 years and over, who are seeking to reduce or cease their use of AOD. AOD Support Connections can connect people with other health and community services, develop crisis and relapse prevention plans, or explore harm reduction strategies. In the last year, 70 people were supported.

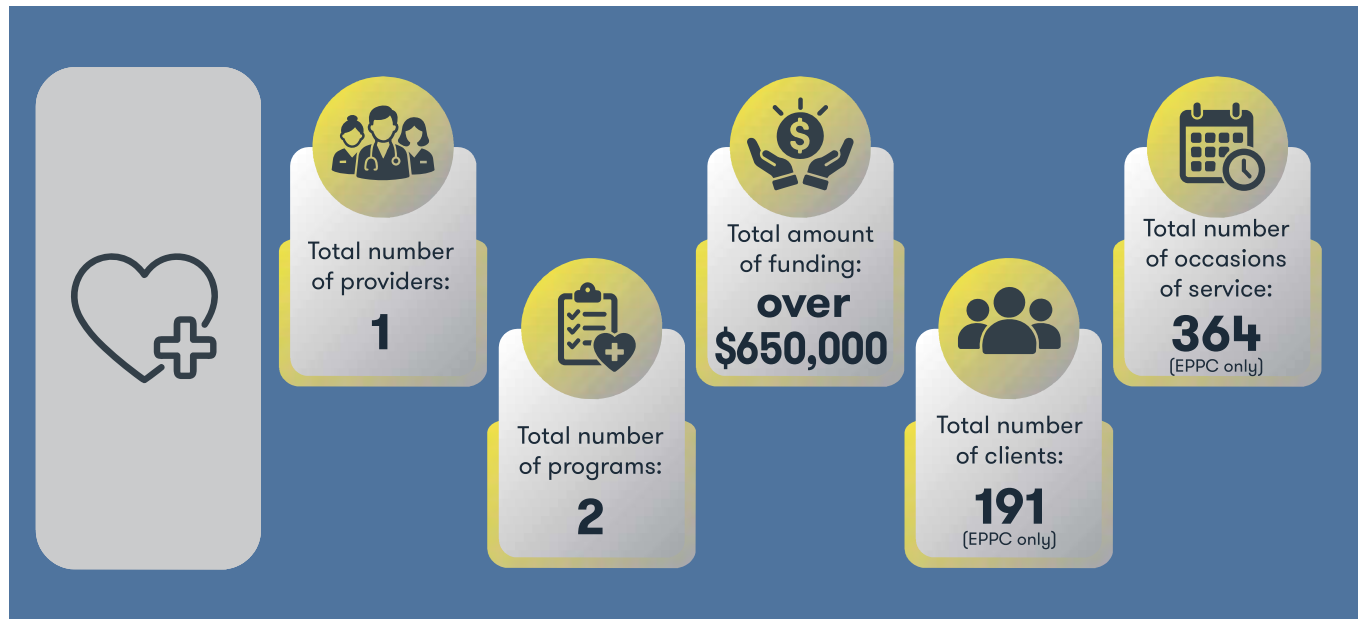
i) Peer Treatment Support Service (Canberra Alliance for Harm Minimisation & Advocacy (CAHMA))

A peer-led service providing person-centred support for individuals seeking to address AOD use. The service provides case planning, helping clients set and achieve goals over 3–6 months. In the last year, 328 people received over 850 occasions of service.

j) The Connection (CAHMA)

A specific AOD culturally safe program for Aboriginal and/or Torres Strait Islander people delivered by an Aboriginal and/or Torres Strait Islander peer workforce. The program provides peer support, treatment planning, referrals and advocacy, all grounded in cultural understanding. In the last year, 191 people were supported.

5.3 Reproductive and Sexual Health



a) Endometriosis and Pelvic Pain Clinic (EPPC) (Sexual Health and Family Planning ACT (SHFPACT))

The Endometriosis and Pelvic Pain Clinic provides multi-disciplinary care to reduce diagnostic delay and facilitate earlier access to intervention, care and treatment options for endometriosis and pelvic pain. SHFPACT also provides education and support to local health care professionals through the ACT Pelvic Pain Network, fostering interprofessional collaboration and referral pathways for pelvic pain management and advancing practice through professional development. In the last year, 191 people were supported with 220 GP sessions and 144 nurse sessions, and 8 education sessions were delivered.

Case study



Liesel* (not their real name) presented with persistent pelvic pain and suspected endometriosis with symptoms of pain during sex, fatigue, bladder and bowel symptoms. Liesel's symptoms were significantly impacting her ability to participate in activities or work, and had resulted in multiple Emergency Department presentations. She had engaged with her GP and a local non-GP specialist, but neither seemed confident in managing her condition.

Initial care provided by EPPC included education of surgical, pharmacological and non-pharmacological treatment options. The initial GP appointment was face-to-face, with subsequent appointments provided by telehealth to reduce travel requirements from her rural location.

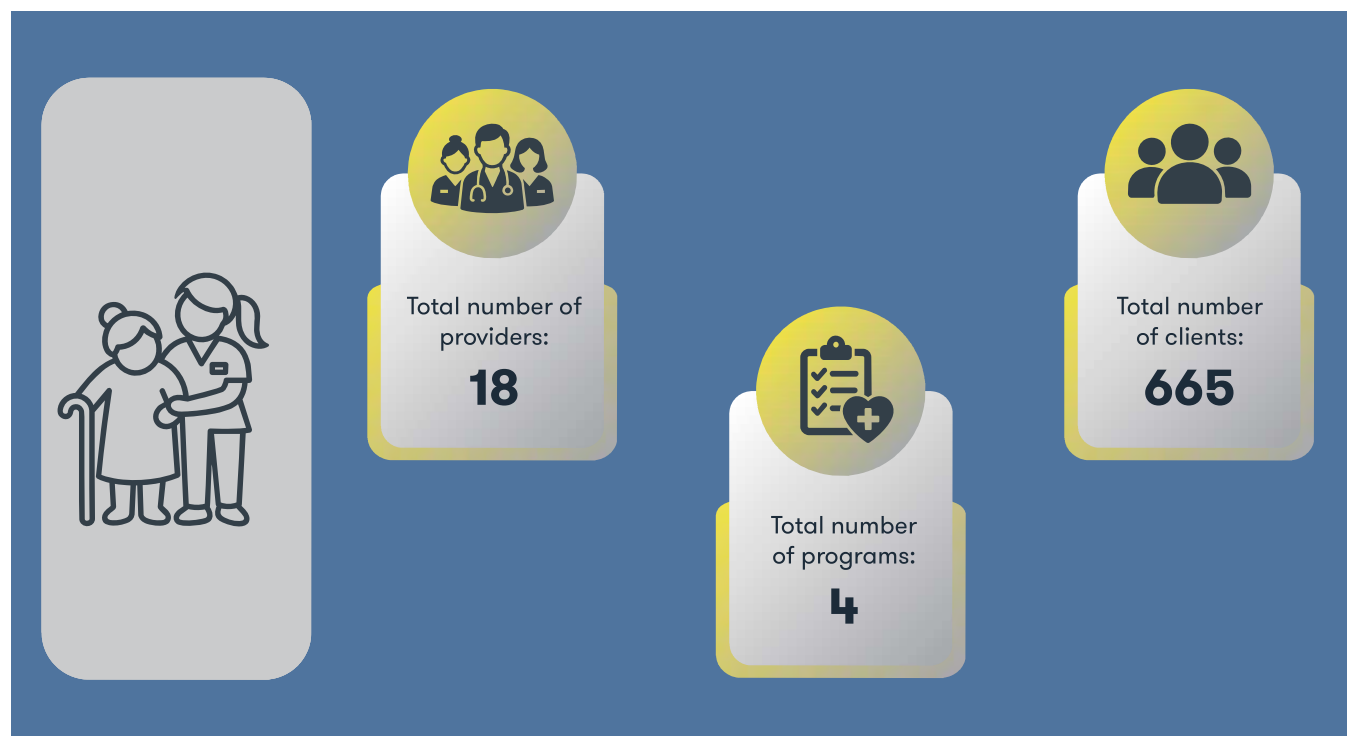
Liesel initially chose a change in hormonal menstrual cycle suppression and experienced a marked improvement in her pain for 6 months allowing her to engage in work and other activities. However, after 6 months, she experienced breakthrough bleeding and a flare in her pelvic pain. She was initially reviewed by the local Emergency Department and a GP and was put on opiate medication from which she experienced significant side effects.

Subsequently, Liesel was reviewed via telehealth by the EPPC medical team and was in significant distress due to her pain and its impact on her occupation and finances. A comprehensive multidisciplinary care approach was recommended as ideal but was not available to Liesel locally due to limited access to services and financial constraints. SHFPACT's Pelvic Pain Team provided advice to manage Liesel's pelvic pain flare. This included tailored hormonal management and non-pharmacological management including lifestyle management, exercises and dietary advice. Liesel was supported through online free or low-cost resources. Following review, Liesel reported feeling much more confident in self-management of her flare-up with ongoing support from SHFPACT.

b) Long Acting Reversible Contraceptive Centre of Excellence (SHFPACT)

As a Long Acting Reversible Contraceptive Centre of Excellence (LARC CoE), SHFPACT will provide access to contraceptive counselling and LARC insertion and removal services from a skilled provider, at no cost to the patient. The LARC CoE will also be a central training access point for health professionals in LARC insertion and removal services, as well as providing continuous learning opportunities. The program was commissioned in June 2026, with service delivery to commence by 31 October 2026.

5.4 Aged Care



a) Care finder (Nov. 2025-June 2026 Meridian and Community Options; July-Oct. 2025 Woden Community Services, Northside Community Services, Community Services #1, ADACAS)

A service that provides support for vulnerable older people aged over 65 years, and Aboriginal and/or Torres Strait Islander people aged over 50 years, to interact with My Aged Care and gain access to aged care services and other community supports. Care finders support people who don't have family, friends or carers that they feel comfortable receiving help from, or who is unwilling or unable to help them, so that they can access aged care services and supports. In the last year, 487 people were supported.

Case study



A married couple were referred to the Care finder program, after it became clear they could no longer safely manage living at home. Garry* (not their real name) was living with advanced Dementia and required specialist residential care, while Doreen* (not their real name) had become his sole carer. Without family or informal support networks to assist them, Doreen was experiencing severe carer stress and exhaustion.

Navigating the aged care system was overwhelming for her, particularly with the complexity of completing various residential applications to meet both of their needs. A Care finder worked closely with the couple, identifying potential options and facilitating communication with possible residential aged care providers.

Following a period of coordination, a residential aged care home was identified that could accommodate Garry in a secure dementia unit and provide a place for Doreen within the same facility. The couple were able to move into a RACH together, allowing them to remain side-by-side after more than 60 years of marriage. The transition not only ensured Garry received the specialist care he required, but Doreen was relieved of an unsustainable caring role, restoring her wellbeing while enabling them to continue sharing their daily lives in a safe and supportive environment.

b) Think WISE (Think Mental Health)

A short term, in-reach, psychological intervention for older persons in residential aged care homes (RACHs) experiencing mild to moderate mental health needs within a stepped care approach. 19 RACHs are participating with 104 referrals in the last year. Also, 68 staff have attended education sessions which include capacity building to enhance their knowledge around mental health, identifying risk indicators and supporting residents care.

c) Healthy Ageing Early Interventions

CHN commissioned a number of new and existing programs to support healthy ageing in the ACT. These initiatives build on established approaches as well as new opportunities to respond to evolving needs of the ageing population.

CHN commissioned Next Practice Deakin and Summit Health Solutions in June 2026 to deliver multidisciplinary care to older people with chronic conditions, at risk of frailty or who are frail.

CHN extended commissioning for Fisher Family Practice's Happiness Program for an additional 3 months, which included exercise sessions, physiotherapy sessions and nurse consultations. Participants reported improvement in the targeted areas, that they received holistic care and the service met their expectations.

CHN engaged Bollen Health to work closely with 5 general practices, using the Quadruple Aim framework and a multidisciplinary approach, with a focus on early identification and management of pre-frailty and/or frailty within general practice settings. The practices were Annie Lim Family Practice, Belconnen Mall Medical Centre, Crace Medical Centre, Hyperdome Medical Centre, and Weston Creek Family Medicine.

Quality improvement and education workshops were held with all 5 general practices, introducing evidence-based screening tools and examples of the early intervention impact on healthy ageing. Multidisciplinary team engagements have involved workshops with allied health practitioners, community aged care providers and presentations from experts in physical (muscle) health, nutrition, mental health, polypharmacy management and risk reduction.

CHN connected these 5 general practices together with Next Practice Deakin and Summit Health Solutions to ensure a shared understanding of frailty and models of care that are responsive to the risk of frailty and frailty. Providers have started working together through a network to strengthen referrals pathways between one another.



5 general practices participating in the Frailty QI Program with Bollen Health.

d) Increasing the availability and use of telehealth for aged care residents

RACHs reported the health services providing support via telehealth was limited and often not fully utilising secure telehealth platforms and their infrastructure. To map the current state and potential future options for telehealth implementation, CHN worked with Enkindle Consulting to hold a workshop with 49 participants from RACHs, hospital Emergency Department (ED) staff and management, GPs, Nurse Practitioners, GRACE and PEACE teams, allied health professionals and other sector stakeholders. The workshop explored challenges and barriers in telehealth implementation in the ACT and potential to enhance collaborations within the ED, After Hours GP service, GRACE service, hospital discharge and transfers, PEACE service and specialist outpatient services.

Learnings from the workshop included:

- ▶ supporting stakeholders with the strongest appetite for change
- ▶ addressing prescribing, charting and medication access issues within the ACT
- ▶ positioning My Health Record (MHR) as the shared source of information
- ▶ building and sustaining capability across the aged care and health system.

As a result, CHN has been working with the University of Canberra to develop a small-scale program to work with a RACH and health service to refine a scalable care model. This will be evaluated and shared within the ACT to support capacity building and implementation of telehealth and My Health Record.



5.5 Aboriginal and Torres Strait Islander health



a) Integrated Team Care (Grand Pacific Health & Winnunga Nimmityjah Aboriginal Health and Community Services)

The Integrated Team Care Program contributes towards improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through access to care coordination, multidisciplinary care, support for self-management and improved access to culturally appropriate mainstream primary care services for Aboriginal and/or Torres Strait Islander people.

In the last year, Grand Pacific Health provided over 1,170 services and Winnunga Nimmityjah Aboriginal Health and Community Services provided over 12,520 services across care coordination, clinical, supplementary and other unique services.

Case study



Greg* (not their real name) presented to Winnunga with poorly controlled type 2 diabetes and other chronic conditions. He had difficulty understanding his medication and had not completed several recommended health checks. Following assessment, the Chronic Disease Nurse connected Greg with a primary care practitioner and coordinated a multidisciplinary care plan. Greg was referred to the Pharmacist for medication education and to the Diabetes Educator to reinforce blood glucose monitoring and diabetes self-management.

Through coordinated multidisciplinary care, Greg completed essential diabetes health checks and attended appointments with the Pharmacist, Diabetes Educator, Dietitian, Optometrist, Podiatrist and Endocrinologist. The Chronic Disease Nurse explained the purpose of each referral, arranged appointments, reminders, transport and reinforced recommendations during regular follow-up. With this assistance, Greg developed a better understanding of their medication, blood glucose monitoring and overall diabetes management which led to increased confidence, engagement and ability to recognise changes in their condition and seek assistance. The coordinated approach improved continuity of care, reduced the risk of missed appointments and ensured recommendations from different health care providers were followed up.

5.6 Primary care access

a) Bulk Billing Clinics

CHN commissioned 3 private providers to open 3 new bulk billed general practices in a priority location within Canberra. This new funding initiative supported by the Department of Health, Disability and Ageing (DHDA) aims to address the low number of GPs in the ACT and low GP bulk billing rates. The funding has been provided for 3 years to support the establishment of new practice facilities, as well as recruitment and retention of GPs new to the ACT.

Next Practice Community – South Tuggeranong and the Coombs Bulk Billing Practice opened in late June 2026. Infinity Medical Centre Gungahlin will open in July 2026. Each practice will attract, relocate and upskill approximately 10 new GPs to the ACT, boosting local capacity where it is needed most. The new general practice locations considered the needs of the local community, access to public transport, and proximity to other bulk billed GP and primary care facilities.

As part of the ACT bulk billing initiative, funding was also provided to Tuggeranong Family Medical Centre (formerly Interchange Health Co-operative) to develop a sustainable bulk billing practice model that supports vulnerable people with complex care needs including opioid maintenance treatment, allied health and non-clinical supports.



Senator Katy Gallagher (centre), Federal Member for Bean, David Smith MP and Federal Member for Fenner, Dr Andrew Leigh MP launching the Coombs Bulk Billing Practice.

Case study



Josh* (not their real name) presented to the fully bulk-billing Tuggeranong Family Medical Centre with a history of longstanding, unresolved abdominal pain and other gastrointestinal symptoms. Josh identifies as a First Nations person and reported feeling unheard and dismissed in previous interactions with health care professionals. Josh's primary goal was to identify the underlying cause of their symptoms.

Comprehensive assessment, testing and investigations were undertaken by the new GP, including a referral to a Gastroenterologist, resulting in a diagnosis and commencement of medication for symptom management. This approach and management plan supported the development of trust between Josh and the GP. As Josh's symptoms improved considerably, he reported feeling more willing to engage with a Dietitian to further address his health needs. Josh's willingness to access additional care was enhanced due to the supportive therapeutic relationship with their new GP.



Senator Katy Gallagher and Federal Member for Bean, David Smith launching the Woden Medicare Urgent Care Clinic.

b) Woden Medicare Urgent Care Clinic

CHN received funding from DHDA to commission and operate the first GP-led Medicare Urgent Care Clinic in the ACT. Following CHN's open procurement process, CHN commissioned ForHealth to run the Woden Medicare Urgent Care Clinic (UCC), which opened in December 2025 and is funded until 30 June 2028.

The GP-led Woden Medicare UCC provides free, bulk-billed care for conditions that are urgent but not immediately life-threatening. The Woden Medicare UCC operates with extended opening hours, accepting walk-in patients, and providing an accessible alternative to Emergency Departments for acute and episodic care. By delivering timely treatment in a community setting, the clinic actively improves health care access, particularly for vulnerable populations, while supporting more appropriate use of hospital services.

A key feature of the program is its focus on integrated and person-centred care. The Woden Medicare UCC works collaboratively with general practice, hospitals, ambulance, community health services, ambulatory care providers, non-government organisations and other support services to ensure patients are connected to the most appropriate care. Referral processes were co-designed with local stakeholders to reflect community needs and support seamless transitions between services. This approach has helped ensure continuity of care by linking patients back to their regular GP or ongoing care provider.

Case study



Melissa* (not their real name) presented to the Woden Medicare UCC with a painful hand, following an injury. After being triaged, Melissa was reviewed by the treating GP and an X-ray confirmed a fracture. A cast was applied and, because the injury required specialist review, a Fracture Clinic appointment was arranged for the following morning. From arrival to definitive management, Melissa's care was completed within 2 hours. She was able to receive assessment, imaging, treatment and follow-up planning in a single visit, without requiring an ED visit. This case highlights the GP-led Medicare UCC's ability to provide timely, coordinated care for acute injuries in the community, therefore reducing demand on hospital emergency services, leading to more efficient health system resources and improving patient experience.

6. Building capacity across the health system

6.1 Workforce

a) Delivering education to primary health care professionals

CHN delivered 59 education events and webinars across the ACT, engaging an estimated 2,650 primary health care professionals, including GPs, Practice Nurses, Practice Managers, Allied Health Professionals and other members of the primary health care workforce. The program continued to evolve in response to workforce needs and stakeholder feedback, with a strong focus on emerging clinical topics and contemporary models of care. CHN collaborated with speakers from over 70 organisations to plan and deliver tailored educational events.

A key achievement this year was the introduction of several education topics not previously featured within CHN's program, ensuring clinicians had access to timely, relevant and evidence-based learning opportunities. Some of the newest topics covered included Kidney Health, ADHD, Opioid Maintenance Treatment and Medication Stewardship and Antidepressant Prescribing. CHN also shifted from predominantly standalone sessions to a more strategic series-based approach, creating opportunities for participants to develop knowledge progressively and engage more deeply with complex clinical issues.

CHN's education program supported primary care professionals to strengthen their understanding of prevention, early intervention and chronic disease management, while promoting best-practice care and multidisciplinary collaboration across the health care system.

Throughout last year, more than 85% of attendees reported satisfaction with CHN education events. Feedback consistently highlighted the practical nature of the content, the expertise of presenters, and the direct relevance of the sessions to day-to-day clinical practice.

Participant feedback

"The kidney health webinars increased my confidence in identifying and managing patients at risk of chronic kidney disease and helped strengthen referral pathways."

"The structured series format allowed me to build my knowledge over time and gain a much deeper understanding of the topic."



Spirometry training.



CHN and Co-ordinator hosted Registrar Connect to welcome RACGP registrars to the new term. Registrars from the ACT and Southern NSW came together to network, learn about PHNs and HealthPathways, and unwind following a day their RACGP workshop.

These results demonstrate CHN's ongoing commitment to delivering high-quality education that supports capability building, professional confidence, and continuous improvement across the ACT primary health care workforce.

b) Practice support and quality improvement

CHN supports ACT general practices across a broad range of initiatives including quality improvement (QI), digital health, MyMedicare and targeted education events to enhance care coordination, support capacity building and deliver better patient outcomes.

In the last year, CHN provided ongoing support to general practices, recording over 1,200 interactions and 85 practice visits for guidance across a range of areas. This included 13 QI-focused practice visits to identify improvement opportunities and support the implementation of sustainable changes to improve health outcomes, and 33 POLAR training visits to build practice capability in using CHN's subsidised population health data tool to better understand patient needs and prevention opportunities. The team also completed 32 Practice Health Checks, providing tailored support and helping identify the support and education needs of local practices.

Data-driven support remained a key focus, with 3 tailored QulK Review reports developed on Practice Incentives Program Quality Improvement (PIP QI), Diabetes Management and Heart Health, alongside monthly practice reports providing insights to support QI activities. Following the transition to the POLAR data platform in July 2025, the team supported practices through onboarding, training and resource development. By 30 June 2026, 96 data sharing agreements were in place, strengthening collaboration and supporting the ongoing use of practice data to drive quality improvement and improve patient care.

In addition to the broader practice support activities, targeted initiatives were completed by the team to strengthen nurse capability and confidence across ACT primary care. The Nurse Immuniser Scholarship Program and APNA Transition to Practice Program supported 24 and 9 Practice Nurses completing each program respectively. A range of funded professional development events were also facilitated, including APNA's Essentials of Primary Health Care and spirometry training delivered in collaboration with the National Asthma Council. These initiatives supported ongoing workforce development, enhanced clinical skills and strengthened the capacity of practice nurses to provide high-quality and patient-centred care.

Recruitment support was provided, with 84 recruitment and room requests listed on CHN's website to assist practices in addressing workforce needs. Resources were developed to support updates and knowledge sharing in primary care. One-page QulK Tips helped practice staff navigate primary care, with QulK Steps targeted at starters new to general practice.

Testimonial

"We appreciate the ongoing support from CHN and found the previous Practice Health Check very beneficial." – Practice Manager

Testimonial

"The Nurse Immuniser Scholarship Program allowed me to complete a course to become a nurse immuniser. The course itself has not only strengthened my skills as an immuniser, but I can now independently order immunisations and provide up-to-date, best practice immunisation care." – Nurse Immuniser Scholarship Recipient



APNA's Essentials of Primary Health Care event.

c) Allied health engagement and integration

CHN continues to champion the critical role of allied health professionals and multidisciplinary team (MDT) based models of care in improving health outcomes across the ACT. CHN strengthened partnerships, expanded workforce capability and advanced innovative programs that support person-centred, integrated primary health care.

Building on the success of multidisciplinary initiatives, CHN has continued to strengthen the integration of allied health professionals within the broader ACT primary care system through the implementation of activities outlined in the “National PHN Allied Health Engagement Framework” and localisation of the “National Allied Health Practice Engagement Toolkit”. These initiatives have helped foster a more connected and collaborative health care environment, while also increasing awareness among general practice staff and GPs of the scope of practice, expertise and contribution of allied health professionals in delivering multidisciplinary care.

Digital health also remained an important enabler of integrated care. CHN worked with allied health providers and other primary care professionals to promote the use of My Health Record, telehealth, Electronic Referrals, Provider Connect Australia and the ACT and Southern NSW HealthPathways referral platform. These tools support improved information sharing, streamlined referrals, and stronger care coordination across health care settings, ultimately improving patient access to services.



l-r: CHN CEO Stacy Leavens with recipients of CHN's GP Scholarship Prize 2025, supporting ANU Medical Students with an interest in general practice to stay connected to GP mentors throughout their final year of medical school and subsequent junior doctor training.

CHN delivered a range of clinical education sessions and facilitated multidisciplinary forums across Canberra's Northside and Southside, creating opportunities for health care professionals to connect, share knowledge and strengthen referral pathways. These activities were supported through strong partnerships with the ACT Office of the Chief Allied Health Officer, Canberra Health Services, the Australian Digital Health Agency, Health Care Consumers' Association, Australian Physiotherapy Association, Diabetes Australia, Australian Podiatry Association and Dietitians Australia.

CHN also actively shared the outcomes and lessons learned from its innovative programs with the broader health sector. Outcomes from the Social Workers in General Practice program were presented at the Australian Alliance to End Homelessness Conference and also the BMJ-IHI International Forum on Quality and Safety in Healthcare. Early findings from the Multidisciplinary Approach to Diabetes Care Program were presented at the ACT Allied Health Professions Forum, helping to build awareness of the value of multidisciplinary care and support the adoption of innovative service models.

Cultural Responsiveness

Recognising that effective multidisciplinary care depends on a skilled and culturally responsive workforce, for the first time Cultural Learning Journey sessions were offered to allied health professionals facilitated by Curijo. In addition, providers participating in the Multidisciplinary Approach to Diabetes Care (MADC) program completed cultural safety training delivered by Indigenous Allied Health Australia (IAHA), strengthening their capacity to provide inclusive, culturally safe care for Aboriginal and/or Torres Strait Islander peoples.

Together, these initiatives demonstrate CHN's ongoing commitment to strengthening allied health integration, building workforce capability, fostering innovation, and improving access to coordinated, high-quality care for the ACT community. Through continued investment in multidisciplinary models, workforce development, digital health and sector partnerships, CHN is helping create a more connected primary health care system that delivers better outcomes for both patients and providers.



Allied Health Professions Day.



CHN Multidisciplinary Forum.

d) Aboriginal and Torres Strait Islander health

Mainstream primary health care services

CHN supported mainstream primary care health services to strengthen the delivery of high-quality, culturally safe and responsive care for Aboriginal and/or Torres Strait Islander patients. We provided in-practice visits and worked with practice teams to better understand and use their data to identify improvement opportunities and enhance patient care.

We continued to review, promote and support the use of key resources including the Aboriginal and Torres Strait Islander Health Toolkit for General Practice and the Aboriginal and Torres Strait Islander Health Suite in ACT/SNSW HealthPathways to provide up to date practical guidance for health care professionals. Regular communication and updates helped keep providers informed of relevant resources, training opportunities, best practice initiatives and sector developments.

First Nations Health Workforce Collective

Through consultation and health Needs Assessments, CHN has heard the same message from the workforce, the community and the data: First Nations health professionals are consistently experiencing workplace burn out. First Nations health professionals experience isolation, lack of support, burdensome colonial load and systemic racism in the workplace. First Nations community members experience serious barriers to accessing the health services and care that they need. This includes unaffordability, the difficulties of navigating the health industry and systemic racism.

To help address some of these issues, ACT Health funded CHN to provide a space for the workforce to come together to share knowledge, experience, support and barriers. The members of this collective decide on the agenda, terms of reference, preferences for when/where to hold future meetings, and outcomes they want to see from these meetings. In the last year, we held 3 meetings with members from across the health sector.

Workforce development funding

During conversations with the members of the First Nations Health Workforce Collective, the members identified several gaps and needs in the ACT and surrounding regions. One priority identified by the group is the need for more pathways and opportunities for Aboriginal and/or Torres Strait Islander community members to enter the workforce and to build up the next generation of Indigenous Health Professionals. To help address this priority, CHN funded the Indigenous Allied Health Association in Canberra to support their programs across 3 focus areas: promoting and building interest in health careers among First Nations young people; supporting educational retention and attainment (includes year 12 attainment, scholarships, vocational education, training programs, and university-based health qualifications); building and supporting capability in existing the First Nations health workforce.

Cultural Learning Journeys

CHN continues to facilitate cultural safety improvement in the mainstream health sector by providing regular training sessions, with sessions expanded to include allied health professionals. Sessions have been commissioned through our training provider Curijo, who provided training that encompasses Aboriginal and Torres Strait Islander histories, cultural and kinship systems, colonial histories, trauma informed care, effective communication and relationship building, overcoming bias, cultural safety, reconciliation and accountability, and community engagement.

Over the last year, 107 professionals attended training, including CHN staff, commissioned service providers and primary health care professionals.

Testimonial

“I found the content was very relevant and very well presented and insightful.” – Registered Nurse

Cultural Safety Audit Toolkit

As a commissioning body, CHN aims to ensure all commissioned service providers are culturally safe and responsive. To help our service providers in their efforts to continually improve and develop their organisational safety, CHN developed a set of cultural safety and responsiveness auditing tools. The toolkit is assisting health providers and organisations to take further steps on this journey of learning and development through a self-audit process, to make ‘mainstream’ (not Aboriginal Community Controlled) health services a safer, more accessible place for First Nations peoples who are seeking their care. The outcomes of this toolkit also intend to assist services to align better with the principles in the “National Aboriginal and Torres Strait Islander Health Plan (2021-2031)”. The self audits are designed to be undertaken on an annual basis, with providers reassessing themselves to identify next steps and goals, to develop implementation action plans and undertake these over the 12 months following their audit.

Case study



“Directions undertook a self-assessment against the CHN Cultural Safety Audit Tool (CSA) to identify opportunities to strengthen cultural safety across the organisation, alongside the implementation of our Reconciliation Action Plan (RAP). We have successfully completed the actions identified in our Innovate RAP and are now in the final stages of developing our next RAP. To support Directions ongoing reconciliation initiatives, Directions recruited an Aboriginal Health Worker to enhance cultural support for our ACT services. Commencing in early 2026, the Aboriginal Health Worker enhanced Directions’ capacity to provide culturally responsive and targeted support to Aboriginal and Torres Strait Islander clients. The role also supported the embedding of culture within our services and provide increased cultural guidance and support to our clinical workforce, contributing to safer and more culturally responsive care.”

6.2 Aged Care

a) Aged Care On-site Pharmacist Measure

The Aged Care On-site Pharmacists (ACOP) Program provides dedicated funding for Residential Aged Care Homes (RACHs) to have a Pharmacist as part of their clinical care team, either directly employed by the RACH or engaged through a local pharmacy. This program was a key recommendation of the Royal Commission into Aged Care Quality and Safety, aiming to improve the safe and effective use of medicines, strengthen clinical governance and provide better team-based care.

CHN promotes the ACOP measure to RACHs in the ACT to improve understanding of the measure and assist in connecting RACHs and ACOPs to embed Pharmacists on-site. Currently 48% (14/29) of RACHs in the ACT have an ACOP. The response to ACOP has been overwhelmingly positive by RACH Managers. For the RACHs who don't have an ACOP, 11 expressed an interest in pursuing the measure.

Following an environmental scan and consultations with 15 RACHs, CHN commissioned the ACT ACOP Mentoring Program. 10 of the 14 ACOPs working in ACT RACHs are participating in the program. Since services began in May 2026, 12 hours of mentoring were completed and one Community of Practice was held.



l-r: Kirolos Wasef, ACOP at Goodwin Aged Care; Jessica Downey, CHN's Older Persons Health Project Officer and Michael Bonner, Founder, Wellness Partners Foundation at the launch of the ACOP Mentoring Program.

b) Residential Aged Care Network/Community of Practice

To improve transitions and admissions between acute, sub-acute care and RACHs, CHN facilitated workshops in partnership with the Department of Health, Disability and Ageing (DHDA), Canberra Health Services (CHS) and RACHs. Building on the outcomes from this work, CHN:

- ▶ formalised the establishment of the ACT Residential Aged Care Community of Practice (ACT RACH CoP), with 12 RACHs represented at 3 sessions by 15 regular members
- ▶ supported CHS and the DHDA local engagement team to facilitate the first Delayed Discharge of Older People Forum (DDOP forum)
- ▶ established a communication pathway between the ACT RACH CoP and the DDOP forum to progress actionable solutions identified by the 2 groups
- ▶ worked with Dementia Training Australia and Dementia Australia to coordinate additional local training options for RACH staff and build capacity in provision of care for people experiencing dementia, particularly after business hours
- ▶ consulted with RACHs and CHS to identify the need for, and develop the foundation of, a centralised RACH resource guide to support CHS discharge planning for patients transitioning to RACHs. CHS will build on and implement the guide next year.

To build capacity, 5 sessions were coordinated which were attended by 24 participants from 12 RACHs. Topics included de-escalation training, navigating changed behaviour for people living with dementia, and recognising and acting on pain.



Aged care and CHS staff at Dementia Training Australia's de-escalation training for behavioural emergencies.

c) General Practitioners in Residential Aged Care Homes Community of Practice

As GPs working in RACHs identified a need for ongoing peer connection, education and support, CHN established the RACHs Community of Practice (CoP). Around 8 GPs have regularly attended the 3 CoPs. Members suggested topics to be covered, which resulted in meetings that focussed on telehealth, collaboration in RACHs, Voluntary Assisted Dying (VAD) and palliative care.

The CoP provides a valuable forum for GPs to share experiences, discuss challenges and identify opportunities to improve care for residents living in aged care. Ongoing participation and engagement demonstrates the value of system integration, effective coordination, and CHN's role in supporting primary health care professionals and other clinical and non-clinical staff working in residential aged care.

6.3 Digital health

Digital Health

CHN played a key role in supporting the implementation of emerging local and national digital health initiatives, helping practices streamline workflows, strengthen information sharing and enhance accessible, patient-centred care. Support was provided for the Australian Digital Health Agency's Provider Connect Australia, Active Script List and My Health Record's new Share by Default (Better, Faster Access) rules for pathology and radiology. In collaboration with Digital Canberra, CHN also supported the uptake of DHR Link, giving practices access to the public health system's Digital Health Record, and supporting informed clinical decisions and continuity of care.

Recognising the rapid evolution of digital health, CHN focused on building capacity in areas such as data governance, cyber security and the safe use of AI scribes. Through Practice Health Checks, webinars and events, practices were supported to strengthen digital maturity, manage risks and integrate new technology into primary care.

6.4 People at-risk of poor health outcomes

a) ACT Primary Care Pilot

The ACT Primary Care Pilot is a collaborative initiative designed to support coordinated, patient-centred care for people with complex health needs. Since the commencement of the pilot in October 2023, 15 general practices partnered with Canberra Health Services' (CHS) Liaison and Navigation Service (LaNS) to identify eligible patients, develop comprehensive care plans and connect patients with a range of health care services. At the conclusion of the pilot, 343 patients were enrolled, with 306 re-enrolments and over 3,900 appointments delivered within participating general practices (excluding specialist and allied health appointments). The pilot reduced hospital use, improved patients' self-reported health, and highlighted the value of collaboration between general practices, the pilot team and patients.

Testimonials

"The program has been very useful for one of our non-compliant patients."

"PCP LaNS team organised case conferencing between GP and other specialists, which facilitated more timely and appropriate care."

The pilot's value also extended beyond individual patients. Cross sector partnerships between ACT HCSD, CHS, CHN and participating general practices matured into a governance model that has since transferred to other programs.

b) Family Safety Pilot

CHN has continued to work with specialist local Family, Domestic, Sexual Violence and Child Sexual Abuse (FDSV) organisations, Domestic Violence Crisis Service (DVCS) and Canberra Rape Crisis Centre (CRCC), to co-develop and co-deliver the FDSV Training and Link Worker Support Program in the ACT. Funded by the Australian Government, the program is part of the Supporting Primary Care Sector Response to FDSV Pilot, established across 12 PHN regions in Australia.

The program aims to support primary health care professionals in recognising and responding to early signs of FDSV by offering free, tailored and trauma-informed training and resources. Central to the initiative are Link Workers, embedded within DVCS and CRCC, who play a pivotal role in facilitating the coordination of referrals, improving integration between primary care and the FDSV sector, and enhancing service navigation for victim-survivors.

From the commencement of the Pilot in September 2024 to June 2026, the FDSV Pilot has engaged 17 ACT general and allied health practices through an EOI process and extended support to 20 additional primary care, allied health, community and university settings. This expanded the reach of the Pilot across emerging and practising professionals who may encounter victim-survivors in their work, while strengthening shared understanding of sector roles, referral pathways and collaboration opportunities.

Since the Pilot began, 72 training sessions have been delivered and approximately 500 contacts have occurred between primary care staff and Link Workers, reaching approximately 898 participants and supporting them to build their capability to recognise and respond to FDSV.

DHDA commissioned the Sax Institute to evaluate the Pilot, with the 2025 Interim Evaluation Report finding that, across the 12 participating PHN regions, the Pilot has:

- ▶ increased the knowledge, confidence and capability of primary care professionals to identify and respond to FDSV.
- ▶ strengthened collaboration and integration between primary care and specialist FDSV services.
- ▶ improved referral pathways and care coordination through the Link Worker model, assisting primary care providers connect patients with appropriate support services.
- ▶ demonstrated the value of a place-based approach, enabling PHNs to tailor implementation to local needs while strengthening system-wide responses to FDSV.

Following the interim evaluation, the Australian Government announced in February 2026 the extension of the Pilot across the 12 PHNs, including CHN, until June 2028.



l-r: CHN Family Safety Project Officer, Laura Murcia; CHN Senior Manager Health System Integration, Mamta Porwal; CHN CEO, Stacy Leavens; Federal Member for Macquarie, Susan Templeman; Assistant Minister for Women, Rebecca White; Assistant Minister for the Prevention of Family Violence, Ged Kearney and Practice Manager Samm Julian Curtis at the announcement of the Supporting Primary Care Response to Family, Domestic and Sexual Violence (FDSV) Pilot extension.

c) Multicultural access to primary care

People from multicultural communities experience significant barriers to accessing and navigating primary health care, including limited access to culturally appropriate information and varying levels of cultural competence within health services. To address these challenges, CHN commissioned 2 community organisations to improve primary health care access, health literacy and culturally responsive care for multicultural communities.

- ▶ Women's Health Matters led a community health hub event, developed the ACT Migrant and Refugee Women's Network and 10 multilingual health information videos tailored to migrant and refugee communities.
- ▶ Companion House facilitated 5 bilingual community focus groups, developed translated health resources, and undertook community consultation to ensure resources were culturally relevant and accessible. Companion House also established new partnerships with 3 general practices to strengthen referral pathways and improve culturally responsive care.

Case study

To mark International Women's Day in March 2026, Women's Health Matters and BreastScreen ACT held a Multicultural Women's Health Hub, an event designed to bring together a range of different women's health services in one accessible community space. The event was funded through CHN's Multicultural Access to Primary Care initiative. For many migrant and refugee women, as well as other members of the community, knowing where to go and what free and low-cost services are available is not always straightforward. By bringing together key services and knowledgeable professionals from across the ACT, the event created an opportunity for women and gender diverse people to:

- ▶ Ask questions in a safe, welcoming environment;
- ▶ Access free health checks on the day, including mammograms, cervical screening, and Hepatitis C finger prick tests;
- ▶ Access trusted information about screening, prevention, and support to build confidence in managing their own health;
- ▶ Connect with organisations that can assist them beyond the event.

Over 100 people attended the event, with more than 50 tests, including mammograms, cervical screening self-tests, and Hepatitis C finger prick tests completed on the day. Attendees found the day useful to learn about free and low-cost services, community groups, and health and wellbeing programs.

"Events like this are incredibly valuable because they bring health services directly into the community, making it easier for people to access information, ask questions, and get tested without barriers. We had many meaningful conversations and were able to connect with people who may not have otherwise engaged with hepatitis services."
- Sav Gollpally, Hepatitis ACT.



CHN staff at the Multicultural Women's Health Hub.

d) Extending after-hours in general practice

CHN's 2024 After-hours Health Needs Assessment identified significant gaps in after-hours primary health services, including workforce pressures, high operating expenses and limited integration of after-hours primary health care services. The limited after-hours primary health services prevented consumers from accessing affordable and appropriate services. The Needs Assessment also highlighted that access to GP after-hours services in the ACT was significantly lower than the national average, with a rate of 21.7 per 100 people compared with 29.5 per 100 people nationally.

To address this gap, CHN provided after-hours access grants through an EOI process for general practice to support winter preparedness for at-risk populations in the ACT. 14 general practices were awarded grant funding, resulting in an additional 105 hours per week of after-hours appointments during winter.

Case study



After-hours grant funded general practices could also nominate to participate in a quality improvement project. Feedback from one practice provides a snapshot of the positive impact the funding provided to patients. The general practice developed a precise process to identify at-risk patients early. At-risk patients were subsequently offered a 'sick day plan'. A 'sick day plan' provides patients with a tailored clinical plan on how to manage their illness during an acute exacerbation. This can enhance patient health literacy by providing structured escalation pathways, ensuring the patient knows when to manage their illness at home, when to see their GP and when to attend hospital. Making sure the patients get the right care, at the right time, at the right place.

One general practice reported:

- ▶ 50 patients were consulted and individualised 'sick day plans' were developed
- ▶ 179 consultations were provided to patients within the extended after-hours period
- ▶ A scale-up of a Sunday clinic achieved sustainability and will continue to provide consultations after the grant funding period has ceased.

7. Coordinating and integrating care

7.1 Care across the continuum

a) Palliative care

Palliative Care Targeted Needs Assessment

CHN's Palliative Care Targeted Needs Assessment informs ACT service planning, commissioning and delivery. It identifies priority needs, system gaps and opportunities to strengthen equitable, coordinated, home-based palliative care aligned with national guidance, CHN priorities and local reform. The Needs Assessment was developed through the DHDA-funded Greater Choice for At Home Palliative Care (GCfAHPC) measure which aims to improve palliative care coordination through PHNs.

The Needs Assessment provides an evidence-informed foundation for targeted, equitable and responsive GCfAHPC initiatives, supporting a more connected, capable and person-centred ACT palliative care system. It identified priorities to improve navigation, workforce capability, equity, data use and coordinated home-based care across the ACT, including:

- ▶ clear referral pathways, consistent information sharing and coordinated care for people with complex needs.
- ▶ targeted education, shared care models, after-hours support and expanded community-based clinical care.
- ▶ reliable access to medicines, allied health, nursing capacity and evidence-based home care models.
- ▶ culturally safe and tailored support for First Nations people, multicultural communities, people with disability, people who use drugs, and children.
- ▶ improved data collection, reporting and use of the Palliative Care Reporting Framework to guide planning and quality improvement.
- ▶ earlier identification, multidisciplinary care and improved specialist access, including for non-cancer conditions.
- ▶ increased public understanding of palliative care and advance care planning (ACP), and development of a single, trusted information hub.
- ▶ monitoring impacts of reduced home-care availability and increasing awareness of pathways such as the 65+ Support at Home End-of-Life Pathway.

This work demonstrates CHN's role in strengthening collaboration, coordination and integration across ACT palliative care through engagement with CHN teams, ACT Government, community and primary health care providers, policy stakeholders and sector groups.

Coordination and capacity building

CHN is focussed on strengthening coordination, capacity building, commissioning and health system integration across the ACT palliative care landscape. Stakeholders within the palliative care space have highlighted the importance of this work through existing networks, governance committees and communities of practice. Our approach to achieve this includes:

- ▶ ACT palliative care sector coordination - CHN strengthened sector coordination by chairing the ACT Palliative Care Operations Group and contributing to key forums, enabling shared problem-solving, escalation and system improvement.
- ▶ Stakeholder engagement and integrated practice - Regular engagement with community nursing, ACT Government policy teams, GP Policy Adviser and targeted working groups supported advice, information sharing and collaborative responses to emerging gaps.
- ▶ Communication and sector capability - Communication activities supported integration by sharing palliative care resources, projects, activities and events.

Palliative Care in General Practice Quality Improvement Activity

In the second round of the Palliative Care in General Practice (PCiGP) Quality Improvement (QI) activity, CHN supported an additional 3 general practices to improve early identification, planning and referral for people with advanced chronic disease and palliative care needs.

The activity addressed inconsistent integration of palliative care in general practice, particularly for people with non-malignant chronic illness. GPs reviewed care plans established in the last 12 months of a patient's life, and considered how earlier recognition could improve planning, referrals, monitoring and end-of-life goals, while supporting accreditation, QI and Continuing Professional Development hours. Overall, some of the reported quality improvement outcomes included:

- ▶ developed tailored palliative care guidelines for clients approaching end of life.
- ▶ added palliative care to monthly clinical meetings to support identification, multidisciplinary review and care planning.
- ▶ strengthened links with CAHMA, Community Options and CHS Palliative Care, and supported staff Program of Experience of the Palliative Approach (PEPA) upskilling.
- ▶ embedded palliative care screening and Advance Care Planning templates in practice software.
- ▶ adjusted workflows to support proactive palliative care discussions over multiple visits.
- ▶ established monthly contact with community and specialist palliative care providers to clarify roles and escalation pathways.
- ▶ improved data tracking and audits to inform ongoing QI.

PEPA Clinical Placement and post PEPA QI activity

Overall, the PEPA placements:

- ▶ strengthened understanding of early, collaborative and person-centred palliative care for people with complex, life-limiting conditions.
- ▶ improved earlier identification, partnerships, referral pathways and shared care planning.
- ▶ improved referral quality, use of assessment tools, respite knowledge and awareness of GP palliative care resources.
- ▶ embedded ACP into chronic disease reviews, increasing documented preferences, nurse involvement and patient-family understanding.

Palliative care education

Six palliative care education sessions were held with key topics including Voluntary Assisted Dying (VAD), grief and bereavement, Advance Care Planning in RACH, and breathlessness. A total of 165 attendees attended one or more of the sessions, with participants from hospital, general practice, private and community allied health, residential aged care, ambulance, community aged care, community, Justice Health and medical trainees.

In preparation for the introduction of Voluntary Assisted Dying (VAD) in the ACT in November 2025, a 7-part end of life webinar series was developed for GPs and primary and community health professionals with over 70 attending the live sessions, and a further 228 views of recordings.

Recognising the need to improve assessment and management of breathlessness, a one-day multidisciplinary workshop was delivered in partnership with ACT Specialist Palliative Care, the Westmead Breathlessness Service, University of Canberra Hospital, CHS Rehabilitation, Aged and Community Services, CHS Pulmonary Rehabilitation, Southside Physiotherapy and CHS Community Care Program Allied Health. The workshop was attended by 27 health professionals and feedback was overwhelmingly positive, with one participant describing it as an “excellent day with quality information from knowledgeable clinicians”, highlighting the value of multidisciplinary learning in strengthening clinicians’ confidence and capability to support patients experiencing persistent breathlessness.

Case study

PCiGP helped a general practice to identify complex clinical and social risks for a client with mental health needs, substance dependence and advanced malignancy. The team used coordinated, person-centred care, multidisciplinary liaison, clear prescribing responsibility, funded transport and early palliative nursing input to reduce barriers and support treatment aligned with the client’s preferences.



b) HealthPathways

The ACT and SNSW HealthPathways Program is a free online tool for health professionals that provides condition-based assessment, management and referral information. The program is a unique cross-border partnership involving CHN, ACT Health, COORDINARE (South-Eastern NSW PHN) and the Southern NSW Local Health District.

Engagement with HealthPathways

Since the successful transition to HealthPathways personalised accounts, there are now over 2,050 account holders. Over 50% of all GPs in the ACT region have registered for a HealthPathways account as well as a growing number of other medical, nursing and allied health professionals. The top 4 users with the most personalised logins was GPs and GP Registrars, Nurses and Midwives, Allied Health professionals and Medical Specialists.



Providing health professionals with reliable, evidence-informed and local information

Over the last year, 31 new localised pathways were added to the site with 180,000 pages accessed. In total, 693 HealthPathways have been localised, containing clinical decision support and referral advice, resources and information on all mapped clinical public and private services and 1,036 community services.

HealthPathways produces a monthly newsletter with over 1,000 subscribers. The newsletter receives strong engagement and keeps subscribers up-to-date with recently completed pathway reviews or localisations and health system changes.

Responding to local needs and changes to models of care

The HealthPathways team has focussed on redevelopment of the mental health related clinical pathways including anxiety, depression and older adults' mental health, and has redesigned referral pathways to support local health professionals to navigate the local systems.

The HealthPathways team worked with the Voluntary Assisted Dying (VAD) Taskforce at ACT HCSD to develop a VAD ACT HealthPathway to reflect the ACT legislation and service model. The team continues to engage in ongoing work to respond to changes and local variation.

Working with the wider HealthPathways community, policy makers and subject matter experts

- ▶ **ADHD:** The team led the development of the ACT/NSW statewide HealthPathways for ADHD in Adults and Medications for ADHD in Adults. Extensive collaboration across the region with clinical subject matter experts and advice from the policy sector ensured these resources reflect the changing models of care in the ACT and NSW.

Testimonials

“I commend your team for the excellent work - the documents are highly informative, well-structured and thoughtfully presented in a manner that is both clear and reader-friendly, while remaining concise. It’s evident considerable care has gone into ensuring their accessibility and quality.” - Subject Matter Expert feedback.

- ▶ Alongside the **ADHD in Children and Youth HealthPathway**, the adult ADHD pathways support GPs to make decisions about patient care which reflects the reform changes to initiation, prescribing and management by GPs. The newly developed **ADHD Referral HealthPathway** maps the multidisciplinary referral options to support ADHD diagnosis and management in the ACT and SNSW.
- ▶ **Palliative care:** The suite of pathways that supports health professionals to provide contemporary high-quality palliative care in primary care settings to improve outcomes for patients was redeveloped with subject matter expertise. This covers symptom control, emergencies in palliative care and end of life care.
- ▶ **The Abuse, Violence and Neglect section of HealthPathways** has also been redeveloped with subject matter expertise of the CHS paediatricians and the Clinical Forensic Medicine Service at Canberra Health Services.



l-r: HealthPathways Clinical Editors - Dr Louise Kenyon (lead clinical editor), Dr Gina Smith and Dr Wee-Sian Woon.

c) Multidisciplinary Models of Care

i. Multidisciplinary Approach to Diabetes Care Program

A significant milestone this year was the launch of the Multidisciplinary Approach to Diabetes Care (MADC) program in August 2025, funded by DHDA. Bringing together 3 small general practices, Physiotherapists, Exercise Physiologists, Dietitians, Diabetes Educators and Podiatrists, MADC provides coordinated, person-centred care for adults living with Type 2 diabetes who are at risk of poor health outcomes. The program was designed to improve access to multidisciplinary care, strengthen care coordination between general practice and allied health providers, and support patients to better self-manage their condition.

Early outcomes have demonstrated improved patient engagement, enhanced care planning and stronger collaboration between general practice and allied health services. Participating providers have highlighted the value of the multidisciplinary model in delivering more holistic care and addressing the complex clinical and social needs often experienced by people living with diabetes. These include:

- ▶ strong patient engagement and positive patient feedback.
- ▶ effective multidisciplinary collaboration across providers.
- ▶ improved access to allied health for participating patients.
- ▶ flexible care delivery including telehealth and home visits.
- ▶ case conferencing and shared tools supporting coordination.

To support evaluation of the program and better understand its impact on patients, CHN implemented the national collection of Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) as part of the MADC pilot. This initiative strengthened and enhanced reporting processes and organisational capability to collect and analyse outcomes data. These improvements will support ongoing service evaluation, quality improvement and evidence-informed commissioning across primary care programs.

Case study



Multidisciplinary Approach to Diabetes Care meeting.

Phil* (not their real name) was referred to the MADC Program by his GP. With care coordination provided by a nurse, Phil was able to access a Physiotherapist, Exercise Physiologist, Dietitian, Diabetes Educator and Podiatrist to help him with his Type 2 diabetes. Phil had recently had a total knee replacement. Manual therapy, group and individual exercises by the Physiotherapist improved Phil's capacity for physical activity. This resulted in a regular exercise regime to aid in muscle strengthening and weight management to improve diabetes.

ii. Social Workers in General Practice Program

CHN also continued to support innovative multidisciplinary models through the Social Workers in General Practice (SWiGP) Program. By embedding Social Workers within general practice teams, the program helps to address the social determinants of health and supports more holistic patient care.

To further strengthen the integration of Social Workers within general practice, CHN partnered with the Australian Association of Social Workers (AASW) to develop the SWiGP General Practice Toolkit, scheduled for publication later this year. The toolkit will support Practice Owners and Managers to understand implementation requirements, workforce considerations, costs, clinical supervision arrangements, scope of practice and team-based models of care. CHN also collaborated with Prestantia Health to undertake a SWiGP Value for Money Assessment Evaluation, providing additional evidence of the economic and health system benefits of integrating Social Workers into general practice.

d) ACT Breathlessness Intervention Service

Chronic breathlessness affects one in 10 Australians and can lead to avoidable Emergency Department presentations. To address a local service gap, CHN commissioned the University of Technology Sydney (UTS) to co-design the ACT Breathlessness Intervention Service (ABIS) pilot with consumers, carers, clinicians and researchers, delivered by Southside Physio.

ABIS provided home-based physiotherapy support to help people manage breathlessness through practical non-pharmacological strategies. The pilot supported 140 patients through up to 6 home visits, including to those who were older, less mobile, unable to access rehabilitation or approaching end of life.

UTS' independent evaluation found all 140 patients improved in daily activities, breathlessness mastery and/or severity, with benefits largely maintained at 3 and 6 months. The service also reduced urgent care demand, with 21% of patients avoiding ambulance calls on 46 occasions and 79% of carers reporting greater confidence. ABIS has been recognised through publication, national reporting and a presentation at the BMJ Quality & Safety Conference and poster presentation at both the Oceanic Palliative Care Conference and PHN Commissioning Showcase.

CHN continues to address local service gaps and promote non-pharmacological breathlessness support through an annual workshop led by experts and attended by a broad range of clinicians and services.



Simon Kragh, Southside Physio Director at the evaluation launch of the ACT Breathlessness Intervention Service.

7.2 Mental Health

a) Regional planning

Joint regional planning and commissioning for mental health and suicide prevention is essential for improving system integration and coordination, addressing gaps and fragmentation in services, and driving evidence-based decision making to inform future policy and planning. The Regional planning is a joint commitment between Commonwealth and State and Territory Governments to drive better outcomes for local communities through place-based and person-centred care. This commitment supported CHN and the ACT Health and Community Services Directorate (ACT HCSD) to develop the 2025-2030 ACT Mental Health and Suicide Prevention Regional Plan.

i. 2025-2030 ACT Mental Health and Suicide Prevention Regional Plan - The Framework

Part A of the 2025-2030 Regional Plan, the Framework, was released in December 2025 by CHN and the ACT Government. The Framework provides the strategic direction for CHN and the ACT Government to work together to improve mental health and suicide prevention in the ACT and achieve better outcomes for the community. The Framework sets the scene for regional planning, defines our vision and values, and outlines a series of focus areas and opportunities for improvement to guide the direction for future change.

Key themes of the Framework include:

- ▶ promotion of positive mental health and protective factors, and prevention of mental ill-health and suicidality
- ▶ system improvement and reform to ensure timely, accessible, appropriate and high-quality care
- ▶ the importance of enablers such as collaboration, leadership, data, technology and resources to create an environment for progress and change.

The Framework was developed over 2 years by CHN and ACT HCSD, with oversight and guidance from wider sector stakeholders and a lived experience reference group. The Framework will also inform the development of 2 subsequent plans that support implementation of the 2025-2030 Regional Plan – CHN's Action, Implementation and Monitoring (AIM) Plan, and the ACT Government's Mental Health Services Plan.

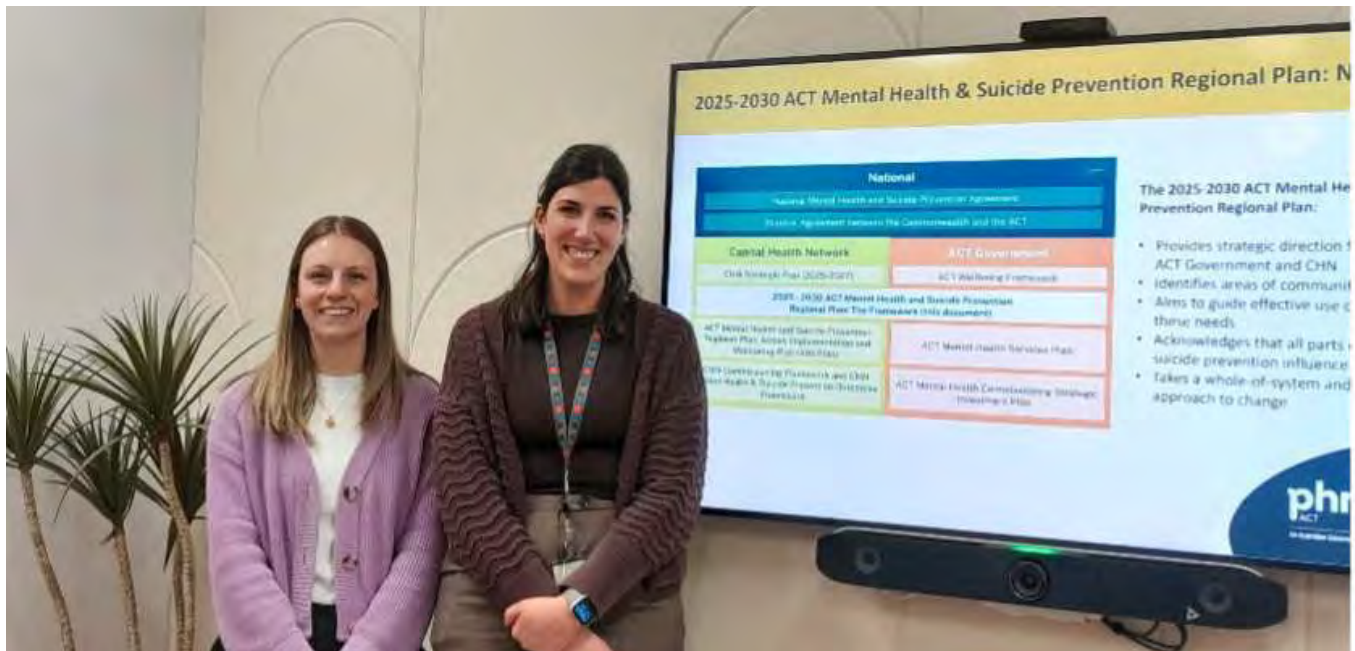
The Action, Implementation and Monitoring Plan (AIM) Plan

Building on the foundations of the Framework, CHN commenced development of Part B of the 2025-2030 Regional Plan – the AIM Plan. The AIM Plan will drive evidence-based service development and enable further collaboration with key stakeholders and local communities to address the gaps and opportunities identified in the Framework. This will be achieved through a set of specific, pragmatic, and measurable actions that align with the Regional Plan's Focus Areas.

CHN is also continuing to work closely with ACT HCSD on the development of ACT Government's Mental Health Services Plan, which will also support implementation of the 2025-2030 Regional Plan.

ii. Reflective Review of the ACT Regional Mental Health and Suicide Prevention Plan (2019-2024)

CHN led a Reflective Review of the Regional Mental Health and Suicide Prevention Plan 2019-2024, to ensure that the 2025-2030 Regional Plan builds on existing work and continues to address areas of ongoing need. Guided by feedback from all partner organisations, this work analysed the influence of the previous plan by candidly documenting the successes and challenges that emerged during the implementation of this plan. The Reflective Review documents 40 major activities within the ACT mental health and suicide prevention sectors which informed the improvements made in the 2025-2030 Regional Plan to enable continuous quality improvement of regional planning and commissioning across the ACT.



CHN team members at a 2025-2030 ACT Mental Health and Suicide Prevention Regional Planning Workshop.

b) ACT & Region Suicide Prevention Community Collaborative

The ACT & Region Suicide Prevention Community Collaborative (ACTRSPCC) continues to address the need for broader suicide prevention efforts in the ACT, focusing on social, contextual and individual factors influencing suicidality. Membership of the Collaborative includes people with lived and living experience of suicide or mental ill-health, as well as representatives across community, government, academia, service delivery, and various other sectors that have a role to play in suicide prevention.

The Collaborative has expanded its membership to include additional community-based health and not for profit organisations. Through 6 workshops, the Collaborative has prioritised suicide prevention activities and progressed the project working group activities within the ACT, particularly awareness raising and sharing resources, training and education, and safe messaging and monitoring.

Testimonials

“The Collaborative has led to improved and increased sector connectivity and understanding of resources available. Shared clarity regarding evidence-based resources and services. We are better together and stronger and more effective together.” – Collaborative member

“It’s so valuable to have a group where we can gain visibility of what is happening in the system, so we can work in collaboration to provide meaningful support to people who have been impacted by incidents. For example, after a death of a school student we provided support to teachers, parents and students. One client said they would not have accessed the much-needed support if we hadn’t contacted them to offer it. This type of work saves lives and we wouldn’t have known or been able to provide this support without the collaborative.” – Collaborative member

c) ACT Child & Youth Mental Health Sector Alliance

CHN, the Office for Mental Health and Wellbeing, and the Youth Coalition of the ACT established the Child and Youth Mental Health Sector Alliance in 2023, after a co-development process with a range of stakeholders. The Alliance provides a structured, formal mechanism for multiple stakeholder groups to connect and work collaboratively towards a common goal of improving service system responses for children and young people. The Alliance aims to be responsive at a range of levels, from high-level strategic planning, supporting frontline workers to connect and improve practice.

In the last year, the Alliance further progressed work under the 2 key priority areas of improving children’s, young people’s and families’ experience of mental health services; and improving service and system responses to children and young people with mental health concerns and complex/co-occurring concerns. This work included:

- ▶ completion of an independent review of legislation around health information sharing and privacy for young people in the ACT
- ▶ several literature reviews, including best practice principles for collecting and using feedback from young people, young people’s preferences for confidentiality and information sharing, and Patient Reported Experience Measures (PREMs) for children and young people
- ▶ commencement of the development of a practical guide for collecting and using client feedback and a review of PREMs for parents and carers.

Other Alliance activities for the last year included:

- ▶ 2 large forums with a particular focus on impacts of social media changes on young people, new child and youth services in the ACT, system navigation and pathways.
- ▶ continuation of the Youth Reference Group, a group of young people aged 16-25 with lived experience of mental health challenges, who led numerous activities including a consultation to explore the concept of a youth-owned care profile.
- ▶ Communities of Practice exploring topics such as strengthening youth mental health pathways, existing navigation services, the ACT Mental Health Act review, the ACT’s new Youth Trauma Service, and the ACT Mental Health Services Plan.

8. Organisational Excellence

CHN uses local knowledge to address community needs by collaborating with consumers, primary health care professionals and sector stakeholders to improve health outcomes for Canberrans. Our internal and external work is underpinned by our values of collaboration, adaptability, accountability, inclusion and respect.

CHN is guided by our Advisory Councils which met 9 times in the past year. The General Practice Advisory Council, Community Advisory Council and ACT Clinical Council bring together primary health care professionals, community representatives and other stakeholders to share their knowledge, experience and lived expertise. Their insights help CHN to understand current and emerging trends, identify challenges and opportunities, and ensure community needs, equity and access remain central to our strategic priorities and decision-making.

CHN is committed to a strong organisational culture and high employee engagement. Our most recent independent survey, by Best Practice Australia, showed that positively 81% of staff were engaged. This is our highest engagement score in the life of the surveys, with a 12% increase from the prior survey. In addition to this survey, we sought regular input from staff through pulse and engagement surveys, staff consultation and group discussions, providing employees with opportunities to share feedback on their experiences, identify emerging needs to inform ongoing improvements to organisation-wide initiatives.

CHN demonstrated its commitment to cultural safety, inclusion and staff wellbeing through the delivery of a coordinated program of organisation-wide learning and engagement activities. Over the last year, we delivered 2 Cultural Awareness training sessions for new starters and one refresher workshop for all

staff. 67% of our new hires attended the mandatory awareness session, while 88% of our employees participated in the full-day workshop about CHN's Cultural Responsiveness Framework. We also achieved 92% completion rate for mandatory WHS training and delivered 3 additional organisation-wide training activities, covering topics across wellbeing, mindfulness, cultural immersion and suicide prevention.

We supported participation through internally and externally facilitated face-to-face workshops, live remote sessions, resource group-led activities and presentations in all staff meetings and monitored completion and feedback to assess reach and identify areas for improvement. These results demonstrate how CHN equipped staff to apply culturally safe and inclusive practices and strengthened understanding of physical and psychosocial safety responsibilities.

CHN's commitment to organisational excellence continues to be demonstrated through the ongoing implementation and integration of our Quality Management System and Information Security Management System. These well-embedded frameworks support CHN's robust processes for quality assurance, governance, risk management, service delivery and the protection of sensitive information across all levels of the organisation. As demonstrated by our recertification in ISO9001 and maintaining certification against ISO 27001.

Together, these systems underpin CHN's strategic priorities and ensure that our policies, procedures, and practices remain effective, and reliable. The strength of these processes has improved operational efficiency, enhanced stakeholder confidence, and contributed to better health outcomes for the communities we serve.





CHN Financial Statements

CAPITAL HEALTH NETWORK LIMITED

ABN 82 098 499 471

DIRECTORS REPORT

The Directors present their report on Capital Health Network Limited, referred to as 'the Company' and 'CHN' for the financial year ended 30 June 2026.

Directors

The following persons were Directors of the company during the whole of the financial year and up to the date of this report, unless otherwise stated:

Mr. Adnan Asger Ali (elected and appointed at 2025 AGM on 30 October 2025)
 Mr. Steven Baker
 Ms. Julie Blackburn, Chair
 Ms. Darlene Cox
 Dr. Chris Dickie (elected and appointed at 2025 AGM on 30 October 2025)
 Ms. Rachel Fishlock (vacated office on 16 April 2026)
 Dr. Vik Fraser
 Mr. Peter Quiggin PSM KC (resigned on 18 September 2025)
 Dr. Jessica Tidemann

Operating Results

The result from ordinary activities amounted to a surplus of \$145,101 (2025: surplus of \$1,540,181). The accounting treatment of fit out expenditure under AASB15 and AASB1058 required CHN to recognise income equal to the total overall expenditure on the project in 2025FY. However, the matching expenditure cannot be recognised in full in the same year and will be attributed over the life of the lease (8 years), resulting in a large surplus in the current financial year. This surplus will be matched by the depreciation expense over the following 7 financial years.

Membership in the Company

The Entity is a Company limited by guarantee. If the Entity was wound up, the Constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the Company. As of 30 June 2026, the number of members was 469, (2025:265). Membership is cyclical, requiring renewals every three years.

Significant Changes in State of Affairs

No significant changes in the state of affairs of the company occurred during the financial year.

Principal Activity

The principal activities of the Company involved the administration of government and non-government funded programs during the financial year. These involved:

- Population health and service planning for the ACT region;
- Development of commissioning systems and capacity;
- The provision of training and other support services to general practitioners and primary health care clinicians in the ACT
- Supporting better coordination of primary health care services across the ACT; and
- The provision of primary health care services to the ACT community

The Company's activities during the year resulted in the implementation of national and regionally based programs and initiatives that focused on delivering relevant primary health care solutions to meet community needs. These have included improved access to services for disadvantaged communities and those with poor access to primary health care, support to general and allied health practices, and improved integration between general practice, primary health care, hospital, social and aged care systems. The Company continually embraced a culture of quality improvement, engagement and good governance practices in the ACT and surrounding region.

CAPITAL HEALTH NETWORK LIMITED

ABN 82 098 499 471

Objectives and Strategies

Goals and Objectives	Long Term or Short Term Objective	Strategies to meet objectives
Commissioning for outcomes	Short and long term	<ul style="list-style-type: none"> Understand the health needs of the ACT's communities Commission services for people at-risk of poor health outcomes and/or exclusion from health services Commission innovative, evidence-informed primary care services Measure and evaluate for outcomes
Building capacity across the health system	Short and long term	<ul style="list-style-type: none"> Champion the role of primary care within the ACT health system Promote and share best practice, evidence-informed and innovative models of care Facilitate education and training for health care professionals working in primary care Utilise and promote the use of local data to drive high-quality, future-focused, sustainable primary care
Coordinating and integrating care	Short and long term	<ul style="list-style-type: none"> Advocate for and deliver solutions that improve access and experience across the health system, especially for people at-risk of poor health outcomes and/or exclusion from health services in the ACT Partner to design and deliver models of integrated care that address identified, local needs Deliver programs, projects and solutions that improve communication and coordination of care across the health system Build networks across the health and social sectors in the ACT.
Organisational excellence	Short and long term	<ul style="list-style-type: none"> Maintain strong corporate governance and implement systems to identify, assess and mitigate risks to achieve strategic objectives in place Support a strong staff culture and invest in our people Invest in systems and processes that promote efficiency, improve business processes and deliver value Embed a culture of continuous quality improvement and clear and effective communication with all stakeholders

CAPITAL HEALTH NETWORK LIMITED

ABN 82 098 499 471

Measurement of Performance

The Company's performance is continually measured by the following means:

- Financial budgets for the Company and the underlying programs are compiled by the Chief Operations Officer, informed by the Executive team and reviewed by the Chief Executive Officer. The Company's Audit and Risk Committee recommend the budget to the Board of Directors who then approve the Budget. Actual results on a monthly basis are measured against the budget on a Company and program level to ensure performance is in line with milestone deliverables, objectives and stakeholder expectations.
- Program and organisational operational and financial performance are reported to funders every twelve months (or as otherwise requested). Staff performance reviews are conducted during the year to measure the staff's actual performance against program deliverables and Company objectives and expectations, identify potential areas of improvement and monitor staff morale and capabilities.
- On an ongoing basis the Audit, Finance and Risk Committee, with the approval of the Board, assess, develop, implement, monitor and update the Company's risk management framework to ensure any existing identified and prospective risks are managed, mitigated or prevented to ensure the Company operates in line with performance expectations, and
- On a continual basis the Audit, Finance and Risk Committee, with the approval of the Board, assess the effectiveness of the corporate governance framework and strive to implement and maintain good corporate governance practices in order to maintain and strengthen stakeholder relationships and to ensure that the processes, policies and procedures are appropriate in the achievement of the Company's objectives.

CAPITAL HEALTH NETWORK LIMITED

ABN 82 098 499 471

Information on Board Members

Mr Adnan Asger AliAppointment to office Elected for a 1st term on 30 October 2025 at 2025 AGM.

Qualifications B.App Sci, M Physio, M.MSKPhysio, M.Sci (Pain Mgmt)

Experience Adnan Asger Ali is a physiotherapist, researcher and health care leader committed to integrated, patient-centred care. An Australian Physiotherapy (APA) Titled Musculoskeletal & Pain Physiotherapist, he is Director of Reflex Physiotherapy and a PhD candidate at the University of Sydney, researching health care access for rural and remote populations. Adnan chairs the APA's Musculoskeletal National Group and the International Federation of Manual and Musculoskeletal Physical Therapists Business and Finance Committee, bringing strategic oversight from diverse healthcare systems. His governance experience spans multiple national advisory councils and clinical panels, emphasising evidence-based decision-making and stakeholder collaboration. He is passionate about building health care systems that truly place patients at the centre of their care journey and is recognised for his collaborative leadership and commitment to health equity across the Capital region.

Mr. Steven BakerAppointment to office Appointed for a 1st term on 5 March 2021, re-appointed for a 2nd term on 24 October 2024

Qualifications BComm (Acctg), ICAA, MIA, GAICD

Experience Steven has served on numerous Boards, Committees, Audit and Finance Committees as a member and/or Chairperson, in addition to participating in many as an observer as either the internal or external audit provider. Steven has over 30 years in professional services delivery in Australia and has worked for EY, WalterTurnbull, PwC, Protiviti and currently for global consulting business RPS. Steven has many years' experience providing professional consulting services, as well as board and committee experience within the health, finance, not-for-profit and education sectors.

Special Responsibilities Member Audit, Finance and Risk Committee

Ms. Julie BlackburnAppointment to office Elected for a 1st term on 31 October 2019, re-elected for a 2nd term at the 2022 AGM on 27 October 2022. Appointed for a 1st term to a position of appointed director on 18 September 2025

Qualifications RN, RM, GAICD

Experience Julie Blackburn is an experienced registered nurse, midwife, educator, and company director. Her career spans primary healthcare, acute care, aged care, antenatal education, and clinical teaching. Her governance portfolio spans member-based organisations at both national and local levels, covering primary health, private health insurance, veteran and family health research, and drug and alcohol programs. Julie combines clinical insight with strategic acumen, and is known for her integrity, collaborative leadership and commitment to responsive, person-focused care and service delivery.

Special Responsibilities Chair of the Board of Directors, appointed October 2020 AGM

CAPITAL HEALTH NETWORK LIMITED

ABN 82 098 499 471

Ms. Darlene Cox

Appointment to office Appointed to fill casual vacancy on 22 August 2017 and elected for a 1st term at the 2017 AGM, re-elected Elected for a 2nd term at the 2020 AGM on 26 November 2020. Term concluded on 26 October 2023. Appointed to an appointed director position on 26 October 2023 for the 1st term

Qualifications**Experience**

BADipEd GradDipAppEc BEd

Darlene has been involved in the consumer movement since the late 1990s. She is an experienced health advocate with an excellent knowledge of the health system. She was the Executive Director of Health Care Consumers' Association from 2008-2026. She has a long-standing interest in improving the quality and safety of health care, and has contributed to the work of the Australian Medical Council, Australian Commission for the Safety and Quality of Health Care, Ahpra, and the Australian Pharmacy Council.

Dr. Chris Dickie

Appointment to office Elected for a 1st term at the 2025 AGM on 30 October 2025.

Qualifications

BSc (Hons), MBChB, FRACGP

Experience

Dr Chris Dickie is a specialist GP working as the Director of Medical and Counselling at the University of Canberra. Originally from Scotland, he has lived in Canberra since 2018. Chris is President of General Practice Registrars Australia, an honorary lecturer at the ANU Academic Unit of General Practice, and is a member of the Canberra Region Medical Education Council Accreditation Committee. He also serves on the NSW & ACT Faculty Council of the RACGP. His work spans clinical practice, clinical governance, medical education, research and advocacy. Chris is passionate about strengthening primary care and supporting our workforce in the ACT.

Ms Rachel Fishlock

Appointment to office Appointed for a 1st term on 1 February 2024, vacated office on 16 April 2026

Qualifications

BComm (Acctg), ICAA, MIIA, GAICD

Experience

Rachel is a proud descendant of the Yuin Nation and is the CEO of Gayaa Dhuwi (Proud Spirit) Australia. Rachel has over a decade of experience in the health sector including the optometry industry and community-controlled sector at the National Aboriginal Community Controlled Health Organisation (NACCHO). Rachel was recognised by Lifeline Canberra as the 2022 Rising Woman of Spirit for her outstanding community spirit and resilience in the face of adversity, through continuing to advocate for reforms to ensure other children do not experience systemic neglect.

CAPITAL HEALTH NETWORK LIMITED**ABN 82 098 499 471****Dr. Vik Fraser**Appointment to office Elected for a 1st term for director position E3 at the 2023 AGM on 26 October 2023

Qualifications	PhD, MTeach (Secondary), GradCertEd (Gifted & Talented Education), BA (Hons), BA (Comms), DipGov
Experience	Dr Vik Fraser has been an advocate for LGBTIQ+ rights since they were 17 years old. They are passionate about the social determinants of health, and the role that human rights has in building good health care. The intersections they experience in their own life, including as a queer person with a hidden disability, drive Vik's understanding of some of the complexities of health access and health needs across the community. Vik is also the Executive Director of A Gender Agenda, and has had a working life that has spanned education, research and government sectors.

Special Responsibilities	Member Audit, Finance and Risk Committee (until December 2025), Board observer on Community Advisory Council
--------------------------	--

Mr Peter Quiggin KCAppointment to office Appointed for a 1st Term on 17 March 2022, resigned on 18 September 2025.

Qualifications	PSM, KC, BSc, LLB, GradDipProfAcc, FAICD
Experience	Peter is a highly experienced former Australian Government agency head and is a Commonwealth King's Counsel. He led the highly respected Australian Office of Parliamentary Counsel for 17 years. As a former First Parliamentary Counsel, Peter has an outstanding understanding of legislation and legislative schemes and the operations of government. Peter has been on a number of Boards including the Board of Taxation and not-for-profit Boards. He was President of an international association – the Commonwealth Association of Legislative Counsel – for a record three terms. He has also been on a range of Finance and Audit Committees in both the public and not-for-profit sectors. He is a Fellow of the Australian Institute of Company Directors, was awarded a Public Service medal for services to legislative drafting and recently awarded a Chief Minister's Canberra Gold Award.

Special Responsibilities	Member Audit, Finance and Risk Committee, Independent member of AFRC from 18 September 2025 until 30 March 2026
--------------------------	---

Dr. Jessica TidemannAppointment to office Elected for a 1st term for director position E1 at the 2023 AGM on 26 October 2023

Qualifications	BA MBBS, FRACGP
Experience	Dr Jessica Tidemann is a specialist GP working in roles across clinical practice, medical education and government. She has worked in several roles for the Australian Government Department of Health, Disability and Ageing over a period spanning 20 years. Jessica was an invited member of the CHN GP Advisory Council prior to becoming a member of the Board and has held several other professional positions, including Board Director, GP Registrars Australia and multiple roles with the RACGP.
Special Responsibilities	Chair of General Practice Advisory Council

CAPITAL HEALTH NETWORK LIMITED

ABN 82 098 499 471

Meetings of Directors

The number of meetings of the company's Board of Directors (the board) held during the year ending 30 June 2026 and the number of meetings attended by each Director were:

REGISTER OF DIRECTORS' ATTENDANCE FINANCIAL YEAR 2025 – 2026

DIRECTOR	21/8/25	18/9/25	30/10/25	04/12/25	19/02/26	26/02/2026	16/4/26	18/6/26	
Ms Darlene Cox	✓	✓	✓	✓	Apology	✓	✓	✓	7/8
Mr Peter Quiggin PSM KC	✓	✓							2/2
Ms Julie Blackburn	✓	✓	✓	✓	✓	✓	✓	✓	8/8
Mr Steven Baker	Apology	✓	✓	✓	Apology	✓	✓	✓	6/8
Dr Jessica Tidemann	✓	✓	✓	✓	✓	✓	✓	✓	8/8
Dr Vik Fraser	✓	✓	✓	Apology	✓	✓	✓	✓	7/8
Ms Rachel Fishlock	✓	Apology	Apology	Non-attendance	Non-attendance	Apology	Non-attendance		1/7
Mr Adrian Asgar Ali				✓	✓	✓	✓	✓	5/5
Dr Chris Dickie				✓	✓	✓	✓	Apology	4/5

Dividends Paid or Recommended

The company is a company limited by guarantee and is prohibited by its objects from distributing to its members.

Indemnification of Officer or Auditor

During or since the end of the financial year, the company has given indemnity or entered an agreement to indemnify or pay or agreed to pay insurance premiums to insure each of the directors and officers against liabilities for costs and expenses incurred by them in defending any legal proceedings arising out of their conduct while acting in the capacity as director. Other than conduct involving wilful breach of duty in relation to the company.

Proceeds on behalf of the company

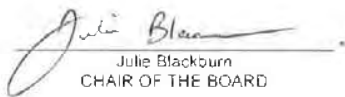
No person has applied for leave of Court to bring proceedings on behalf of the company or intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or any part of these proceedings.

The company was not a party to any such proceedings during the year.

Auditors Independence Declaration

A copy of the auditor's independence declaration is set out immediately after this directors report.

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


Julie Blackburn
CHAIR OF THE BOARD


Steven Baker
DIRECTOR

Dated this 18th day of September 2026

CAPITAL HEALTH NETWORK LIMITED
ABN 62 098 489 471

AUDITOR'S INDEPENDENCE DECLARATION
(Placeholder)

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2026

	Note	2026 \$	2025 \$
Revenue	2	46,253,969	45,381,224
Audit, legal and consultancy expense		(41,582)	(38,372)
Communications		(275,565)	(219,988)
Consultants and contractors		(582,078)	(579,605)
Depreciation and amortisation expense		(452,194)	(243,705)
Right-of-use asset depreciation		(242,130)	(170,084)
Employee benefits expense		(7,199,872)	(7,155,120)
Administrative expenses		(314,107)	(327,080)
Occupancy		(87,579)	(206,794)
Professional development		(196,060)	(181,332)
Service provision		(36,160,917)	(34,247,103)
Other expenses		(556,784)	(471,860)
Total expenses		(46,108,868)	(43,841,043)
Current year surplus before income tax		145,101	1,540,181
Income tax expense		-	-
Net current year surplus		145,101	1,540,181
Other comprehensive income		-	-
Total comprehensive income for the year		145,101	1,540,181

The accompanying notes form part of these financial statements.

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2026

	Note	2026 \$	2025 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	3	36,967,736	23,360,289
Trade and other receivables	4	9,000	19,092
Other assets	5	2,158,097	1,892,482
Financial assets	6	142,415	135,957
TOTAL CURRENT ASSETS		39,277,248	25,407,820
NON-CURRENT ASSETS			
Plant and equipment	7	1,475,135	1,810,765
Right of use assets	8	1,525,985	1,761,238
TOTAL NON-CURRENT ASSETS		3,001,120	3,572,003
TOTAL ASSETS		42,278,368	28,979,823
LIABILITIES			
CURRENT LIABILITIES			
Lease liabilities	9	266,794	239,345
Trade and other payables	10	445,919	623,735
Contract liabilities	11	35,697,414	22,187,234
Provisions	12	590,589	564,084
TOTAL CURRENT LIABILITIES		37,000,716	23,614,398
NON-CURRENT LIABILITIES			
Lease liabilities	9	1,690,781	1,949,409
Provisions	12	153,937	128,183
TOTAL NON-CURRENT LIABILITIES		1,844,718	2,077,592
TOTAL LIABILITIES		38,845,434	25,691,990
NET ASSETS		3,432,934	3,287,833
EQUITY			
Retained earnings		3,432,934	3,287,833
TOTAL EQUITY		3,432,934	3,287,833

The accompanying notes form part of these financial statements.

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2026

	Retained Surplus	Total
	\$	\$
Balance at 1 July 2025	1,747,652	1,747,652
Surplus for the year	1,540,181	1,540,181
Balance at 30 June 2026	3,287,833	3,287,833
Surplus for the year	145,101	145,101
Balance at 30 June 2026	3,432,934	3,432,934

The accompanying notes form part of these financial statements.

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2026

	Note	2026 \$	2025 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipt from customers, government and others		63,849,514	54,738,101
Payments to suppliers and employees		(50,045,012)	(46,539,146)
Interest received		308,934	275,068
Net cash generated from operating activities		14,113,436	8,474,023
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds on sale of plant and equipment		10,133	1,657
Payment for plant and equipment		(119,602)	(1,381,171)
Net cash used in investing activities		(109,469)	(1,879,514)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of lease liabilities		(398,520)	(268,062)
Net cash used in financing activities		(398,520)	(268,062)
Net increase in cash held		13,607,447	6,326,447
Cash and cash equivalents at beginning of financial year		23,360,289	17,033,842
Cash and cash equivalents at end of financial year	3	36,967,736	23,360,289

The accompanying notes form part of these financial statements.

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2026

The financial statements cover Capital Health Network (CHN) Limited as an individual entity incorporated and domiciled in Australia. CHN is a company limited by guarantee.

The financial statements were authorised for issue on 18 September 2026 by the directors of CHN.

Note 1: Summary of Material Accounting Policies

Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures of the Australian Accounting Standards Board (AASB) and the *Australian Charities and Not-for-profits Commission Act 2012*. The entity is a not-for-profit entity for financial reporting purposes under the Australian accounting Standards.

The financial statements, except for the cash flow information, have been prepared on an accrual basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

Accounting Policies

a. Revenue

Revenue recognition

Operating Grants

When the company receives operating grant revenue it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance with AASB 15. When both these conditions are satisfied, the company

- identifies each performance obligation relating to the grant;
- recognises a contract liability for its obligations under the agreement; and
- recognises revenue as it satisfies its performance obligations.

Where the contract is not enforceable or does not have sufficiently specific performance obligations, the company

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards (for example AASB 9, AASB 16, AASB 116 and AASB 138)
- recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer)
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

If a contract liability is recognised as a related amount above, the company recognises income in profit or loss when or as it satisfies its obligations under the contract.

Sponsorship & event registration

Revenue from the rendering of a service is recognised upon the delivery of the service to the customer. Revenues recognised in respect to registration are utilised to offset the associated expense incurred with the administration of registration.

Non-government funding sources

Funds received from non-government funding sources are recognised as revenue to the extent that the monies have been applied in accordance with the conditions of the terms of agreement between the non-government funding entity and CHN. Any non-government funds received prior to year-end but unexpended as at that date are recognised as a contract liability.

Interest income

Interest income is recognised using the effective interest method.

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2026

Note 1: Summary of Material Accounting Policies (continued)

b. Plant and Equipment

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

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(i) for details of impairment).

Plant and equipment that have been contributed at no cost, or for nominal cost, are valued and recognised at the fair value of the asset at the date it is acquired.

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets but excluding freehold land, is depreciated on a straight-line basis over the asset's useful life to the entity commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

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

Class of Fixed Asset	Depreciation Rate
Plant and equipment	3-10 years
Motor vehicles	4 years
Office equipment	6 years

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. Gains are not classified as revenue. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained surplus.

c. Leases

The company as a lessee

At inception of a contract, the company assesses if the contract contains or is a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability is recognised by the company where the company is a lessee. However, all contracts that are classified as short-term leases (lease with remaining lease term of 12 months or less) and leases of low value assets are recognised as an operating expense on a straight-line basis over the term of the lease.

The lease liability is measured at the present value of the lease payments still to be paid at commencement date. The lease payments are discounted at the interest rate implicit in the lease.

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2026

Note 1: Statement of Material Accounting Policies (continued)

c. Leases (continued)

Lease payments included in the measurement of the lease liability are as follows:

- fixed lease payments less any lease incentives
- variable lease payments rate, initially measured using the index or rate at the commencement date
- the amount expected to be payable by the lessee under residual value guarantees
- the exercise price of purchase options, if lessee is reasonably certain to exercise the options
- lease payments under extension options if lessee is reasonably certain to exercise the options
- payments for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease

The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset whichever is the shortest.

Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the company anticipates exercising a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

d. Financial Instruments

Initial recognition and measurement

Financial instruments are initially measured at fair value, when contractual rights or obligations exist. Subsequent to initial recognition these instruments are measured as set out below.

Fair value represents the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Classification and subsequent measurement

The classification of financial assets at initial recognition depends on the financial asset's contractual cash flow characteristics and the Association's business model for managing them. All of the Association's other financial instruments are classified and subsequently measured at amortised cost. The Association applies a simplified approach to calculating expected credit losses (ECLs) for financial assets held at amortised cost by recognising a loss allowance based on lifetime ECLs at each reporting date.

Amortised cost is calculated as:

- (i) the amount at which the financial asset or financial liability is measured at initial recognition
- (ii) less principal repayments
- (iii) plus or minus the cumulative amortisation of the difference, if any, between the amount initially recognised and the maturity amount calculated using the effective interest method
- (iv) less any reduction for impairment

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2026

Note 1: Statement of Material Accounting Policies (continued)

d. Financial Instruments (continued)

Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expires or the asset is transferred to another party whereby the Association no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expired. The difference between the carrying value of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed is recognised in profit or loss.

e. Impairment of Assets

At the end of each reporting period, the company reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in profit or loss.

Where the assets are not held primarily for their ability to generate net cash inflows – that is, they are specialised assets held for continuing use of their service capacity – the recoverable amounts are expected to be materially the same as fair value.

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

Where an impairment loss on a revalued individual asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

f. Employee Benefits

Short-term employee benefits

Provision is made for the company's obligation for short-term employee benefits. Short-term employee benefits are benefits that are expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled. The company does not have an unconditional right to defer settlement of annual leave obligations and are presented as current liabilities.

The company's obligations for short-term employee benefits such as wage and salaries are recognised as part of current trade and other payables in the statement of financial position.

Other long-term employee benefits

The company classifies employees' long service leave entitlements as other long-term employee benefits as they are not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Provision is made for the company's obligation for other long-term employee benefits, which are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, 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 terms of the obligations. Upon the remeasurement of obligations for other long-term employee benefits, the net change in the obligation is recognised in profit or loss classified under employee benefits expense.

CAPITAL HEALTH NETWORK LIMITED
ABN 62 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2026

Note 1: Statement of Material Accounting Policies (continued)

f. Employee Benefits (continued)

Other long-term employee benefits (continued)

The company's obligations for long-term employee benefits are presented as non-current liabilities in its statement of financial position, except where the company does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current liabilities.

g. Income Tax

No provision for income tax has been raised as the company is exempt from income tax under Div 50 of the *Income Tax Assessment Act 1997*.

h. Provisions

Provisions are recognised when the company has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result, and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

i. Economic Dependence

Capital Health Network Limited is dependent on the Department of Health for the majority of its revenue used to operate the business. At the date of this report, the Board of Directors have no reason to believe the Department will not continue to support Capital Health Network Limited.

j. Critical Accounting Estimates and Judgements

The Directors evaluate estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the Company.

Key estimates

(i) Estimation of useful lives of assets

The company determines the estimated useful lives and related depreciation and amortisation charges for its plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

(ii) Employee benefits provision

The liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future 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.

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2026

Note 1: Statement of Material Accounting Policies (continued)

j. Critical Accounting Estimates and Judgements (continued)
Key judgements

- (i) *Performance obligations under AASB 15*
 To identify a performance obligation under AASB 15, the agreement must be sufficiently specific to be able to determine when the obligation is satisfied. Management exercises judgement to determine whether the agreement is sufficiently specific by taking into account any conditions specified in the arrangement, explicit or implicit, regarding the promised goods or services. In making this assessment, management includes the nature/ type, cost/ value, quantity and the period of transfer related to the goods or services agreed.
- (ii) *Employee benefits*
 For the purpose of measurement, AASB 119: *Employee Benefits* defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. As the company expects that most employees will not use all of their annual leave entitlements in the same year in which they are earned or during the 12-month period that follows, the Directors believe that obligations for annual leave entitlements satisfy the definition of other long-term employee benefits and, therefore, are required to be measured at the present value of the expected future payments to be made to employees.

k. New and Amended Accounting Standards Adopted by the Entity
AASB 2023-5: Amendments to Australian Accounting Standards- Lack of Exchangeability

The Company adopted AASB 2023-5 which amends AASB 121: *The Effects of Changes in Foreign Exchange Rates* and AASB 1: *First-time Adoption of Australian Accounting Standards* to require entities to apply a consistent approach to determining whether a currency is exchangeable into another currency and the spot exchange rate to use when it is not exchangeable. The adoption of the amendment did not have a material impact on the financial statements.

The Standard also amends AASB 121 to extend the exemption from complying with the disclosure requirements of AASB 121 for entities that apply AASB 1050: *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* to ensure Tier 2 entities are not required to comply with the new disclosure requirements in AASB 121 when preparing their Tier 2 financial statements.

l. Comparative Figures

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2026

Note 2. Revenue	Note	2026	2025
		\$	\$
Grants received		45,879,368	45,054,513
Non-government funding sources		65,667	51,643
Interest income		308,934	275,068
		<u>46,253,969</u>	<u>45,381,224</u>

Grants Received

Most of the Company's funding is in the form of government grants. The Company has assessed that most of its grant agreements are enforceable and contain sufficiently specific performance obligations. The Company therefore recognises funding received under such agreement as Revenue under AASB 15 'Revenue from Contracts with Customers'. Revenue is recognised as the Company delivers the required services.

Note 3. Cash and Cash Equivalents

CURRENT

Cash on hand	326	384
Cash at bank	36,967,410	23,359,905
	<u>36,967,736</u>	<u>23,360,289</u>

Note 4. Trade and Other Receivables

CURRENT

Trade debtors	3,000	-
Other receivables	6,000	19,092
	<u>9,000</u>	<u>19,092</u>

a. Financial assets as trade and other receivables	13	9,000	19,092
--	----	-------	--------

Note 5. Other Assets

CURRENT

Deposits paid	7,709	10,712
Prepayments	467,817	417,883
Prepaid service delivery	1,682,571	1,463,887
	<u>2,158,097</u>	<u>1,892,482</u>

CAPITAL HEALTH NETWORK LIMITED
ABN 82 088 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2026

NOTE 6: FINANCIAL ASSETS

	Note	2026 \$	2025 \$
CURRENT			
Term Deposits – greater than 3 months		142,415	135,957

Note 7. Plant and Equipment

Plant and equipment - at cost	882,881	863,074
Less: Accumulated depreciation	(749,688)	(662,587)
	<u>133,193</u>	<u>200,487</u>
Leasehold improvements - at cost	1,734,522	1,734,522
Less: Accumulated depreciation	(392,580)	(124,244)
	<u>1,341,942</u>	<u>1,610,278</u>
Total plant and equipment	<u>1,475,135</u>	<u>1,810,765</u>

Movements in carrying amounts

Movements in carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year

	Plant and equipment \$	Leasehold improvements \$	Total \$
Balance at 1 July 2025	200,486	1,610,279	1,810,765
Additions	119,602	-	119,602
Disposals	(99,794)	-	(99,794)
Depreciation write back	96,756	-	96,756
Depreciation expense	(183,858)	(268,337)	(452,194)
Balance at 30 June 2026	<u>133,193</u>	<u>1,341,942</u>	<u>1,475,135</u>

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2026

Note 8. Right of Use Assets

CHN's lease portfolio comprises an office lease (Cameron Avenue Belconnen), with a lease term of 8 years which commenced in December 2024.

CHN no longer holds any motor vehicles as both lease agreements expired in January 2026.

i. AASB 16 related amounts recognised in the balance sheet

Right of use assets	2026	2025
	\$	\$
Leased premises and motor vehicle	1,902,527	1,953,676
Less accumulated amortisation	(376,542)	(192,438)
Total right of use asset	<u>1,525,985</u>	<u>1,761,238</u>

ii. AASB 16 related amounts recognised in the statement of profit or loss

Amortisation expense	(242,130)	(170,084)
Finance costs	(163,121)	(103,772)
	<u>(405,251)</u>	<u>(273,856)</u>

iii) Total future lease payments at the end of the reporting period

No later than 1 year	410,398	396,520
Between 1 to 5 years	1,908,534	1,934,550
Greater than 5 years	163,061	547,442
	<u>2,481,993</u>	<u>2,878,512</u>

Note 9. Lease Liabilities

Current	266,794	239,345
Non-current	1,690,781	1,949,409
	<u>1,957,575</u>	<u>2,188,754</u>

13

Note 10. Trade and other payables

CURRENT

GST payable	38,234	68,475
Creditors	63,892	177,524
Accrued expenses	324,644	227,537
Other payables	19,149	150,199
Financial liabilities as trade and other payables	<u>445,919</u>	<u>623,735</u>

12

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2026

Note 11: Contract Liabilities	2026	2025
	\$	\$
CURRENT		
Unearned government grant income	35,697,414	22,187,234

Note 12: Provisions

CURRENT		
Provision for annual leave entitlements	444,499	462,886
Provision for long service leave	146,090	101,198
	<u>590,589</u>	<u>564,084</u>
NON-CURRENT		
Provision for long service leave	153,937	128,183
Total employee provisions	<u>744,526</u>	<u>692,267</u>

Note 13: Financial Risk Management

The Company's financial instruments consist mainly of deposits with banks, short-term and long-term investments, accounts receivable and payable and lease liabilities.

The totals for each category of financial instruments, measured in accordance with AASB 9: Financial Instruments as detailed in the accounting policies to these financial statements, are as follows:

Financial assets	Note	2026	2025
		\$	\$
Held at amortised cost			
Cash and cash equivalents	3	36,967,736	23,360,289
Trade receivables	4a	9,000	19,092
Total financial assets		<u>36,976,736</u>	<u>23,379,381</u>
Financial liabilities			
Lease liabilities	9	1,957,575	2,188,754
Trade payables	10	445,919	623,735
Total financial liabilities		<u>2,403,494</u>	<u>2,812,489</u>

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2026

Note 14. Key Management Personnel Compensation	2026	2025
	\$	\$
a. Key management personnel compensation	706,107	913,885

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the Company, directly or indirectly, including any director (whether executive or otherwise) of the Company, is considered key management personnel.

Note 15. Other Related Parties

Other related parties include close family members of key management personnel and entities that are controlled or jointly controlled by those key management personnel individually or collectively with their close family members. Several Directors are Executives or Directors of other entities which CHN transacts with. Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other persons unless otherwise stated. The Company had the following Related Party transactions during the period:

Name of Related Party	Nature of Transaction	Amount \$
A Gender Agenda	Targeted Regional Initiatives for Suicide Prevention (TRISP) program	25,000
Health Care Consumers Association	Provision of consumer representation on CHN committees, support and advice on consumer matters & advice in relation to the Health Pathways Program	22,727

Note 16. Contingent Liabilities

The Company has provided bank guarantees of \$135,957 in 2025 to the National Australia Bank for its obligations under its office lease.

Note 17. Events After the Reporting Period

No other matter or circumstance has arisen since 30 June 2026 that has significantly affected, or may significantly affect the company's operations, the results of those operations, or the company's state of affairs in future financial years.

Note 18: Members' Guarantee

CHN 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 Company. At 30 June 2026, the number of members was 469 (2025: 265). Membership is cyclical, requiring renewals every three years.

Note 19. Company Details

The registered office and principal place of business of the Company is:
 Capital Health Network Limited
 Level 2, Suite 2.2,
 40 Cameron Avenue,
 Belconnen ACT 2617

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

	2026	2025
Note 20. Auditors Remuneration		
	\$	\$
Auditing or reviewing the financial statements	18,000	17,200
Audit of grant acquittals	18,400	16,200
Other	5,000	4,800
	<u>41,400</u>	<u>38,200</u>

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

DIRECTORS' DECLARATION

In accordance with a resolution of the Directors of Capital Health Network Limited, the Directors of the Registered Entity declare that, in the Directors' opinion

1. The financial statements and notes, as set out on pages 10-25, satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and:
 - a. comply with Australian Accounting Standards applicable to the Registered Entity; and
 - b. give a true and fair view of the financial position of the registered entity as at 30 June 2026 and of its performance for the year ended on that date.
2. There are reasonable grounds to believe that the Registered Entity will be able to pay its debts as and when they become due and payable.

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



Julie Blackburn
CHAIR OF THE BOARD



Steven Baker
DIRECTOR

Dated this 18th day of September 2026

