





Capital Health Network, ACT PHN Annual Report

2015/2016

Capital Health Network
ACT's primary health network

phn ACT
An Australian Government Initiative


Better Health
Better Care
Better Supported Workforce
Better Value

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1. Chair, Dr Martin Liedvogel



I feel privileged to deliver this year's Chair's Report on behalf of the Capital Health Network (CHN) Board.

In August 2015 we were delighted to host ACT Minister for Health, Simon Corbell, who formally launched CHN as one of 31 Primary Health Networks across Australia. The special event was well attended by key stakeholders and media. I launched the 'Blueprint for Capital Health Network' and was followed by Darlene Cox, Executive Director of the ACT's Healthcare Consumers' Association, who spoke about the importance of healthcare coordination from the consumer perspective.

Over our first twelve months the Board has focused on consolidating the governance processes required to optimise the success of CHN. One of the key aspects of this process was to direct the transformation from a service provision organisation to a commissioning organisation that identifies the health needs of the ACT community and then procures services to meet those needs. This process is underpinned by the Commissioning Framework that CHN has developed.

The governance structure for CHN has become more robust and inclusive in 2016. The Board has moved towards a composition that focuses on the necessary skill set required to oversee and direct the organisation, while still benefiting from the additional skills member Directors bring to the Board table. CHN has now established the Community Advisory Council and the joint ACT PHN/ACT Health Clinical Council, both of which provide recommendations to the Board on strategic matters concerning consumers and clinicians, as does our continuing GP Advisory Committee.

This year, the Federal Government highlighted its commitment to regional primary health solutions by providing further funding to PHNs, primarily in the areas of mental health and drug and alcohol services and including specific Indigenous services funding. Separate need assessments in these areas were used to commission services.

The Board has been continuing to engage with our members and organisations that are active in the primary healthcare and community space in Canberra. This has resulted in numerous activities that consulted with the membership and stakeholders. The Consumer Engagement Strategy, GP and Clinician Engagement Framework and the GP Roundtable were the result of three such engagement initiatives. We have continued to keep members and key stakeholders informed and up-to-date by issuing both Health InterACTion and 2/52 fortnightly and communicating to them and also the broader community through the media and our new website.

I would personally like to thank Professor Kirsty Douglas for her tireless and valuable work on the Board for the past five years, and wish her well as her Directorship comes to an end. I would also like to thank the rest of the Board members for the valuable work that the Board has produced this year, and I am looking forward to working with the Board in the coming year. Thanks is also due to Dr Lesley Piko, who independently chaired the Audit and Risk Committee. Her respected input was much appreciated in this consolidation year. Most importantly, I would like to thank the staff of CHN, under the experienced leadership of the CEO Gaylene Coulton, for all the hard work they have produced to make the vision of the Board reality.



ACT Minister for Health, Simon Corbell (centre) after launching Capital Health Network with CHN Chief Executive Gaylene Coulton and CHN Chair Dr Martin Liedvogel.

2. Chief Executive, Ms Gaylene Coulton



I'm proud to present to you our achievements from our first year as Capital Health Network, ACT's primary health network.

Following our successful submission to become the ACT's PHN, ACT Medicare Local (formerly the ACT Division of General Practice) transitioned to Capital Health Network in July 2015.

The wide reaching engagement and co-design work which pre-empted the submission and resulted in 'A Blueprint for Capital Health Network' was well received. We thank all participants in this developmental process for shaping the nature of the organisation and endorsing the organisation's ongoing development. Our Strategic Plan has recently been reviewed and refreshed (see following section).

I take this opportunity to thank the Board of Directors, Vlad Aleksandric [A/CEO], the executive and staffing team who worked tirelessly to ensure the organisation I commenced with late September was a highly functional one, with a strong commitment to collaboration, engagement and excellence. Continuing our enabling approach to primary care and health system improvement has been our core focus this year whilst we grew our commissioning capability to focus on improvement, innovation and integration.

Our role in supporting the primary care workforce continues with many successful educational and networking events held over the year, further development of our HealthPathways program and our Practice Development Team working with teams within general practice to improve the use of clinical data, support quality improvement initiatives and the uptake of digital health initiatives.

As a PHN, we continue to demonstrate value by not only determining local population and health system needs but by utilising our allocated funds wisely, and influencing and collaborating with others to address these needs.

Strategic partnerships are critical to our success. Effective joint working relationships have been strengthened with ACT Government directorates through the introduction of a collaborative agreement and shared priorities for action, and with consumers via the introduction of the Community Advisory Council and relationships with the Healthcare Consumers' Association and Carers ACT. These are underpinned by an enduring legacy of strong PHC leadership and clinical engagement and strengthened by the introduction of the joint ACT PHN/ ACT Health Clinical Council – a multidisciplinary clinical leadership forum.

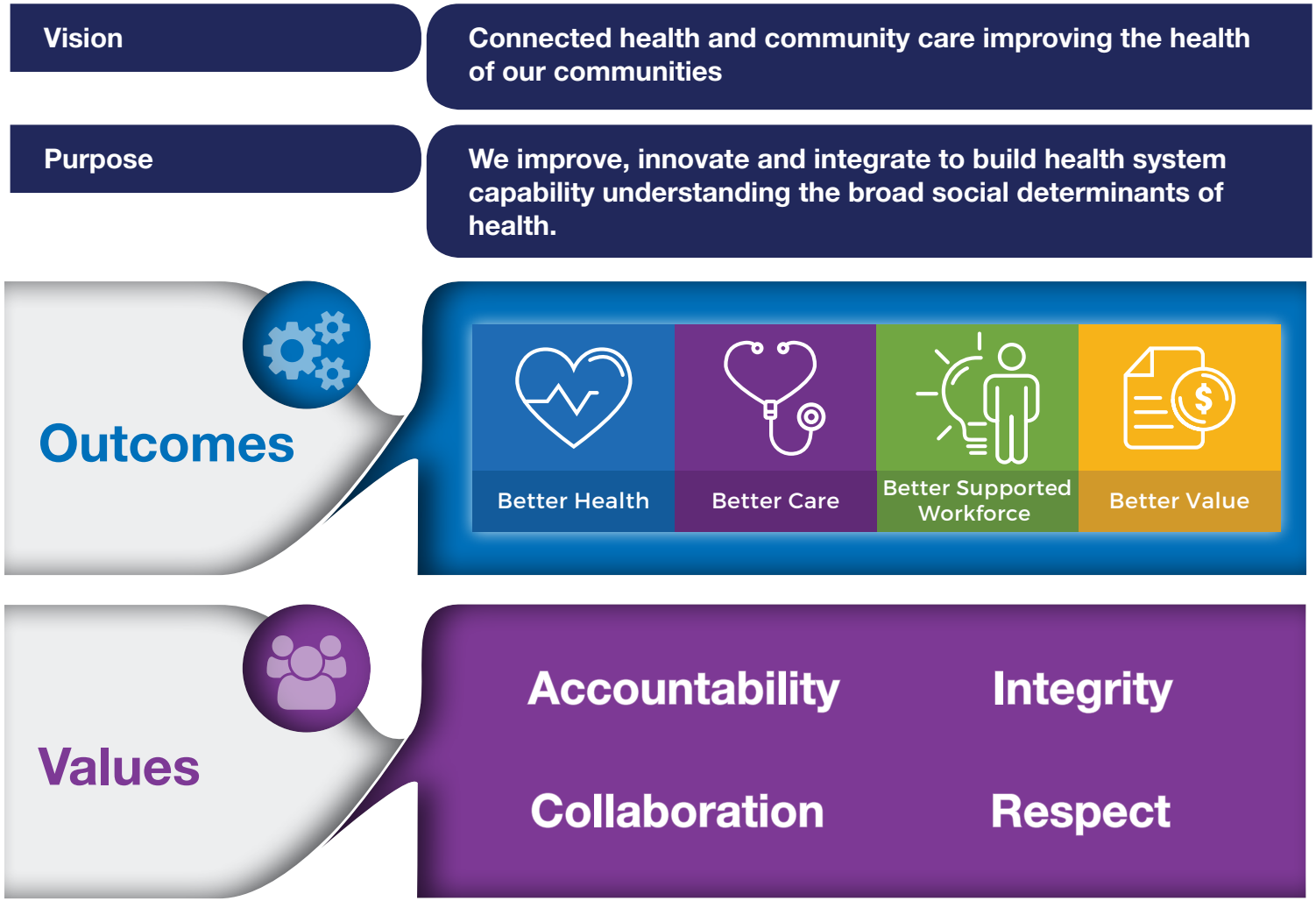
Collaboration with peak bodies and service providers in our program design work has been integral to ensure we build on the knowledge and expertise within the industry sectors and this is most evident in our mental health, alcohol and drug, and Aboriginal health programs.

We hope you enjoy reading about how Capital Health Network has supported the ACT community over the past year and thank all of you for your support.



CEO Gaylene Coulton with Health Minister Sussan Ley and Senator Zed Seselja at the announcement of funding to enhance alcohol and other drug rehabilitation services in the ACT.

3. Strategic Plan 2016-2019



Goal

Whole person, one system healthcare

Strategies

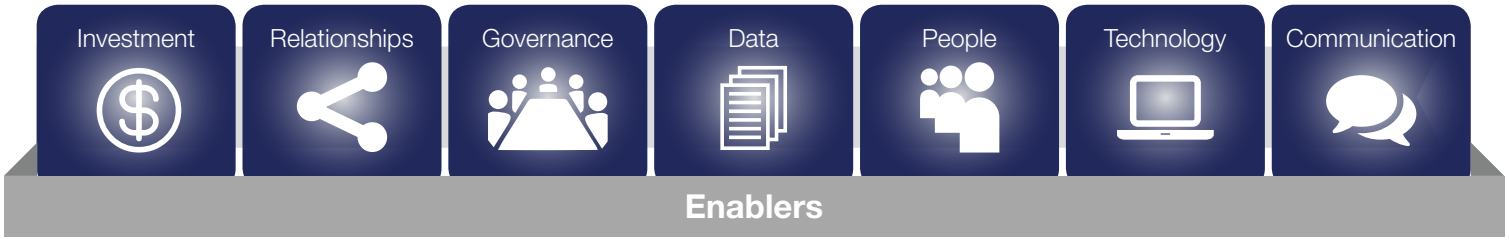
- Understand the needs of our communities
- Commission for outcomes
- Collaborate for aligned, collective results
- Channel and leverage resources for maximum benefit
- Champion clinical and consumer leadership to inform models of care and services.

Goal

High performing primary and community care

Strategies

- Develop the capability of the workforce
- Measurably improve consumer experiences
- Use information to support evidence based care
- Improve service efficiencies and support business practices that yield the most cost effective care
- Champion issues leadership, innovations and research.



4. Membership

Capital Health Network Ltd members as at 30 June 2016

Consumer Organisations	17
GPs	402
Peak bodies	19
Primary Health Care Clinicians	619
Service Provider Organisations	160
Total	**1217**

The members of Capital Health Network Ltd are:

- Primary Health Care Practitioners in two classes – GPs and other Primary Health Care Clinicians
- Organisations in three classes – Peak Bodies, Consumer Organisations and Service Provider Organisations.

This model allows Capital Health Network Ltd to have direct engagement with those that work at the primary healthcare coalface, with service providers and with their representative bodies.



5. What we are doing to add value to the health of Canberrans

a) ACT PHN Programmes

Population Health Planning

The PHN Population Health Program aims to maintain and improve the health of the entire ACT population and to reduce inequalities in health between population groups, using a social determinants of health approach. Population health takes account of all factors influencing health and wellbeing and to address these factors we collaborate within and across the healthcare and other sectors.

ACT PHN undertakes population health planning and regional needs assessments, identifying system issues and gaps in services then developing and implementing strategies to address, in collaboration with ACT Government Directorates, communities, population groups and service providers. It is essential to develop local strategies to improve the operation of the healthcare system for consumers and facilitate effective primary healthcare provision to reduce avoidable hospital presentations and admissions within the ACT region.

Over the past year, we:

- undertook and submitted a Baseline Needs Assessment (BNA) to the Commonwealth Department of Health
- submitted Activity Work Plans 2016-2018 which included strategies to address needs identified in the BNA
- established the Community Advisory Council which has provided feedback, guidance and advice in relation to unmet need in the ACT and future areas of focus for the needs assessment.
- established a joint ACT PHN/ACT Health Clinical Council to provide guidance on health system issues at a strategic level. The Council of clinicians is co-chaired by a GP and a Specialist.

Primary Care Practice Development

ACT PHN's Practice Development Program is a supportive service provided to primary care practitioners and practice staff. We use a range of organisational development, project management, quality improvement approaches and methods to build the internal capacity of a practice to implement new evidence-based models of service delivery leading to improved patient outcomes, experiences and decreased overall costs of care.

The healthcare needs of Australians are becoming more complex with an ageing population and increasing incidence of chronic conditions requiring a range of complex medical and allied health services. Around 50% of GP consultations involve patients with a chronic disease. The cost of chronic disease is further added to with at least 10% of hospital stays for patients with chronic conditions being potentially preventable had timely and appropriate non-hospital healthcare been provided.

Over the past year:

- 300 face-to-face practice visits and 21 practice team meetings occurred. We supported general practices in areas such as accreditation, quality data improvement, immunisation provision, GP and nurse recruitment and orientations, eHealth initiatives, MBS item numbers, practice manager support, and the provision of resources
- support was provided about My Health Record readiness and implementation. In the ACT 61 out of 86 general practices are currently eHealth registered. We offered support to the practices in the areas of ePIP requirements, assisted registration, software specific demonstration, troubleshooting, uploading shared health summaries and viewing
- quarterly Practice Nurse Network meetings and Practice Manager Network meetings were both well-attended and covered a wide ranges of topics.

GP, Dr Mel Deery

GP, Dr Mel Deery YourGP@Crace and YourGP@Lyneham, said the PHN Practice Development Program has assisted her practices in a number of ways. The most valuable is the clinical and business leadership training.

"As my husband John and I are relatively new practice owners, we are wanting to grow and learn. So the chance to be part of the clinical and business leadership training is helping us fill our identified need for training, leadership and mentoring. We have attended the first session of three which was very valuable. I believe you never stop learning," said Dr Deery.

Dr Deery's practice is also participating in the PHN's Pharmacists within General Practice Pilot Program.

"Our Pharmacist, Ms Katja Naunton-Boom, has been recalling asthma patients to ensure their medication is optimal. I have already seen patients improve their asthma management as a result of this. Katja has also been educating patients about more complicated and dangerous medications such as warfarin. Our GP Registrar has also found our Pharmacist a useful source of medication advice," said Dr Deery.

CHN supported Dr Deery to attend the Improving Healthcare International Convention in Melbourne as part of the utilisation of the GP Reserve Fund.

"It's so easy to just get focussed within your own practice. The opportunity to attend the Improving Healthcare International Convention gave me a great chance to pop my head up to consider improvements I could make within our practices. I also had the space to learn and think about the future of general practice," said Dr Deery.



CHN supports GPs



Immunisation

In June 2016, the ACT had the highest rate nationally of fully immunised children in both age cohorts of 12 - 15 months (94.45%) and 24 - 27 months (91.83%). The ACT ranked second in the 60 - 63 months age group (93.55%).

ACT PHN works in collaboration with primary healthcare providers, ACT Health and other community service organisations to support and promote high immunisation rates in the ACT. Over the past year, we:

- were contracted by ACT Health through our Capital Health Education unit to deliver high quality and relevant educational events on immunisation for local healthcare providers in 2016/17
- focussed on different aspects of childhood immunisation including schedule and process updates in two out of four Practice Nurse Network meetings
- supported primary healthcare professionals to report to the Australian Childhood Immunisation Register (ACIR) accurately and on time
- maintained ongoing support for primary healthcare providers in the areas of immunisation resource distribution, knowledge sharing and communication.

Practice Nurse Debra Aichinger

Debra has worked at Isabella Plains Medical Centre for over eight years.

"Every day is different and it's a very busy role within a busy general practice," said Debra Aichinger, Isabella Plains Medical Centre Practice Nurse.

Debra said she values attending the PHN's Practice Nurse Network meetings and the support provided by the Practice Development Team.

"I always try to come to the meetings. Actually, come to think of it, I haven't missed one yet! I find it great to be able to network with other Practice Nurses. I also like to hear what other local services are offering so I can bring that information back to share with my practice team and patients," said Debra Aichinger.

"I feel confident that I can ring the PHN Practice Development Team and they will answer my questions about things like how to upload shared health summaries. If they don't have the answer on the spot, they find out and get back to me," said Debra Aichinger.



Thoughts of a Practice Nurse



Quality Improvement of Data Program

The PHN QiData Program helps identify opportunities for quality improvement in patient care, better business performance and provides advice about improving data quality in general practice. The program creates a data warehouse to store the de-identified data which is then used to provide monthly clinical and business reports benchmarked against an aggregate of all participating practices.

ACT PHN has contracted PenCS to deliver PenCat systems software to general practices across the ACT free of charge. Practices sign end-user contracts to allow them to use PenCat's Cat4 and they also have the option to sign up to our Quality Improvement of Data Program. Using their own de-identified data the Practice Development Team provides GPs with information to improve management of patients, particularly those who are at risk of or have a chronic disease.

Over the past year:

- there has been a 20% increase in the number of practices agreeing to share their data
- two training courses in the use of Cat4 were held for practice staff
- more Practice Managers and Nurses are using Cat4 to generate their own reports and present them at practice meetings to demonstrate priority areas for their team to target e.g. patients overdue for pathology tests such as HbA1C, missing patient demographic data such as smoking status
- practices report that they are able to review and understand their active patient population in a way that would be impossible without PenCat.

A GP Perspective

Local GP Dr John Deery, Your GP@ Crace and Your GP@ Lyneham said the QiData Program has been very helpful.

"It has been enlightening to have an independent agency analyse our data and has helped us to find areas where we can increase our services to patients in a cost effective way. We have also learnt through the ACT PHN team ways to help us overcome difficulties in collecting data. Asking patients about their ethnicity has been a particular focus area. Bench marking our practice against other practices has also spurred us on to improve and seek excellence," said Dr John Deery, Your GP@ Crace and Your GP@ Lyneham.

Workforce Development Program

ACT PHN's Workforce Development Program integrates workforce analysis and planning, and capability development in pursuit of achieving a more integrated and sustainable ACT health system by aligning the workforce to both current and future service requirements. In addition, through our Capital Health Education unit we provide continuing education opportunities to primary health clinicians delivering the most up-to-date information on key health topics to ensure our workforce is achieving the best outcomes for their patients on a daily basis.

Over the past year, we:

- delivered a sustainable learning and development plan for the primary health workforce to provide over 100 professional development opportunities to over 1700 attendees. These events have been delivered in differing formats to allow for a multimodal platform for facilitation and learning
- collaborated with Calvary Public Hospital Bruce and The Canberra Hospital to plan and host a national General Practice Liaison Officers Conference in partnership with Australian Healthcare & Hospitals Association, as well as a Maternity Services Day.





After Hours Program

The After Hours Program aims to increase the efficiency and effectiveness of after hours primary healthcare for patients, particularly those with limited access to health services, through effective planning, coordination and support. The After Hours Program is funded by the Australian Government through the ACT PHN.

The ACT has a higher than national average utilisation of after hours services and a lower than national average utilisation of in-hours services. Despite significant government investment, the number of potentially avoidable lower acuity presentations to Emergency Departments during the after hours period in the ACT remains consistent and is still a concern. The ACT also continues to be well below the national rates for home and residential aged care facility visits during the after hours period.

The ACT PHN has a unique opportunity for a whole of jurisdiction joined-up approach to be undertaken in the ACT. ACT Health and the ACT PHN are jointly planning for services to fill identified needs in the after hours period.

A Pharmacist & GP Perspective

The National Health Co-op is participating in the PHN's Pharmacist within General Practice pilot. GP "Dr Joe" Oguns and Pharmacist Anne Develin talk about the benefits they have already seen.

"Dr Joe" Oguns, GP at the National Health Co-op, said that after seeing the Pharmacist Anne Develin patients have said to him "I actually now know what this medication is for even though I've been on it for years" or "the Pharmacist told me about different options for smoking cessation than I didn't even know about" or "Anne taught me about short-term side effects so I kept on with the medication".

Pharmacist Anne said that her patients really "appreciate the time" that she spends with them.

"I help patients save money by educating them about the PBS safety net and generic medication. I like to give them a medication list and go through the purpose of their medication, how and when to take it, and include a review date. I know that if patients are understanding why they need to take their particular medicine that it increases medication adherence. Overall I enjoy empowering the patients and increasing both their health and medication literacy," said Pharmacist Anne Develin.

Dr Joe said that at a practice level the benefits have been great.

"Anne has presented to our clinician group on medication in general practice and she also emails valuable updates around to the clinicians. As a result of having a Pharmacist within the practice, not only are interactions smoother with Anne but other Pharmacists are also now seen as a key part of the team," said Dr Joe Oguns.

Pharmacist Anne said she had never worked in a general practice before and has found it so worthwhile.

"It is critical, and a privilege, to have access to a patient's information to ensure we can help improve their health outcomes. I feel the Health Co-op lends itself to multi-disciplinary care, with a team work approach open to education and quality improvement, said Pharmacist Anne Develin.

They both hope the pilot has demonstrated the benefits of integrating Pharmacists within general practice so that the program will continue.





Pharmacist within General Practice Pilot Program

ACT PHN is undertaking a pilot program to examine the feasibility, benefits and viability of establishing model/s to utilise pharmacists within general practice at the point-of-prescribing. The three practices participating in the program are Isabella Plains Medical Centre, National Health Co-Operative and Your GP@ Crace and Your GP@ Lyneham.

The pilot program aims to offer both individual learning and development opportunities to Pharmacists, as well as wider primary healthcare system benefits, which can improve patient outcomes, provide necessary support to GPs and reduce unnecessary hospital admissions associated with medication errors or misadventures.

Key achievements:

- The roles of the Pharmacist are evolving and GPs are referring to the Pharmacists more as the pilot progresses
- Pharmacists are participating in Smoking Cessation and Asthma Cycle of Care Programs
- A positive impact of having a Pharmacist in the practice has been the identification of patients on unnecessary medications.

Dr Melanie Dorrington

Dr Melanie Dorrington is a GP who also works one day a week as a HealthPathways GP Clinical Editor.

"I work with local specialists to review and localise HealthPathways on different medical conditions. Being a GP has been crucial to the success of this role, as I know how things work in general practice. I understand the restrictions GPs face within a consultation, GP capabilities, funding and the healthcare system. So I keep these in mind when developing HealthPathways," said Dr Dorrington.

"We were one of the first regions to develop the Hepatitis C pathways so other regions are taking it to their local GPs and specialists for it to be localised to suit their region. It's all about sharing. We have followed a similar process here for other pathways from other regions," said Dr Dorrington.

"I use HealthPathways in my general practice as it saves me time. I know I don't have to look for information elsewhere as all the relevant services are listed in the one spot. Recently I used it in a consultation for someone with heart failure. The pathway had information about reviewing of patient medication, lifestyle advice and associated management issues. It also had contact details for other local health professionals who may need to be involved in the care team, such as dieticians, psychologists and exercise physiologists. Then if the patient moves into advanced heart failure, I know it provides information about medication, Advance Care Plans and palliative care," said Dr Dorrington.





HealthPathways

HealthPathways is an online health information website designed to be used primarily by GPs and other healthcare professionals at the point of care. HealthPathways guides best practice assessment and management of medical conditions, including when and where to refer patients to the right care, at the right time, and with the right healthcare provider.

HealthPathways promotes more efficient and effective patient journeys in healthcare and supports enhanced integration between the primary healthcare and secondary/tertiary healthcare sectors. In particular, it facilitates agreement on and supports system changes to ensure seamless referral in and out of ambulatory services. ACT PHN's HealthPathways is a collaborative partnership with ACT Health, SNSW PHN and SNSW Health District.

Over the past year:

- 186 clinical and referral pathways were localised
- 502 healthcare service provider staff registered for ACT and southern NSW HealthPathways (bringing the total number of registered users to over 820)
- HealthPathways website visits (actsnsw.healthpathways.org.au) per month have almost doubled from approximately 500 in July 2015 to 900 in June 2016
- HealthPathways has had a total of 45,391 page views.

HealthPathways
ACT & Southern NSW

Aged Care Program

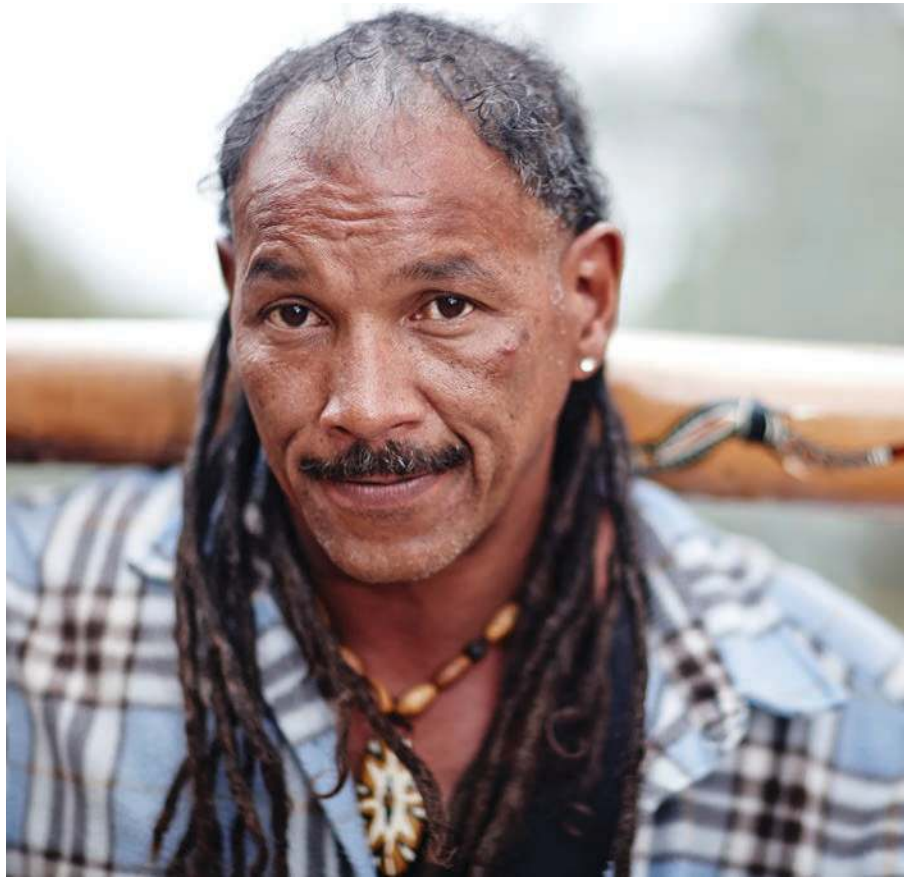
The PHN Aged Care Program conducted a whole of system review and developed a comprehensive older persons baseline needs assessment and integrated service framework focused on the prevention of unnecessary hospitalisation of older people.

In line with the national general population, the number and proportion of older people in the ACT region is increasing. The proportion of the population in the ACT aged over 65 is expected to increase from 11.2% to 21.9% by 2059. This trend towards an ageing population is inevitably accompanied by increased prevalence of chronic disease, disability and the increasing number of older people with dementia. This program identifies gaps and supports the local health system to cope with the increasing demands expected on the workforce and services into the future.

Over the past year:

- an analytical framework for avoidable hospital presentations for older people was drafted in consultation with stakeholders
- a Capital Alliance initiative commenced based out of Calvary Healthcare Bruce to develop and trial a care pathway which will promote understanding and uptake of advance care planning among care recipients of 65 years and older with a life expectancy of 12 months or less
- ongoing promotion, communication and monitoring of activity continues with stakeholders, including BeMyVoice website promotion, and education about Decision Assist palliative care support.


Imagine you were unable to communicate your wishes regarding your health care and medical treatment.
Have the conversation and create an Advance Care Plan today.
BeMyVoice.com.au
Capital Health Network
ACT's primary health network



Closing the Gap and the Care Coordination and Supplementary Services programs

The ACT PHN Closing the Gap and Care Coordination and Supplementary Services programs aim to improve primary healthcare for Aboriginal and Torres Strait Islander people in the ACT. This is achieved through providing education to healthcare providers and providing support in coordinating care for Aboriginal and Torres Strait Islander people with complex chronic conditions. Our education focuses both on cultural awareness, as well as the additional supports available to Aboriginal and Torres Strait people through Medicare and the Pharmaceutical Benefits Scheme.

Aboriginal and Torres Strait Islander people have the worst health outcomes of all Australians. Within the ACT population almost 65% of Aboriginal and Torres Strait Islander people have a chronic condition and over 30% have high or very high levels of psychological distress.

Over the past year:

- Winnunga Nimmityjah Aboriginal Health Service was contracted to provide the Care Coordination & Supplementary Services program to their patient base
- ACT PHN employed a Registered Nurse to provide the CCSS programs to mainstream general practices
- three cultural awareness training sessions were provided to over 130 primary healthcare practitioners
- in-practice education on Aboriginal and Torres Strait Islander health was provided to GPs, physiotherapists, ACT Health drug and alcohol services and ACT Council of Social Services by our GP Advisor - Aboriginal Health.



A CCSS client's story

CCSS client Charlotte

Charlotte has received assistance from the ACT PHN's CCSS Program with transport, welfare and the arrangement of medical and specialist appointments.

"Without this assistance, I wouldn't have been able to receive the medical help I needed as I can't afford medication and transport," said Charlotte, CCSS client.

The CCSS Team also provides valuable encouragement and emotional support to Charlotte to continue with her medical care. They have helped with the practical understanding of complex medical language.

Charlotte has also received free and confidential support through CHN's NewAccess Program.

"My Access Coach has been someone to talk to and who has helped me with anger management. I would recommend NewAccess to anyone," said Charlotte.

The CCSS Program continues to support Aboriginal and Torres Strait Islander Peoples who have had a chronic disease for at least 6 months to access health services.

Partners in Recovery participant Imelita shares her story

In the beginning Imelita was hesitant and resistant to let PIR or any new organisation help. "I have felt like so many doctors and counsellors in the past did not understand me, my illness, my experience, and what I live with every day – so why will PIR be different?

When you have mental illness, it is always there. Even on the better days things so often seem so overwhelming and exhausting that it is paralysing.

There are things you know you should do to find help to get yourself back on your feet but making it all happen, contacting the 'right' doctor, the 'right' services, getting paperwork together, explaining, articulating your needs – this seems so simple but for me it was like pushing against a brick wall.

I gave the PIR Program a chance. That I felt able to trust the program and that things worked out for me so far is in part due to the confidence I had in my support facilitator to be my advocate and help me get myself back on my feet.

I also think I was able to trust in the PIR Program because I did not feel under pressure to make decisions on the spot and knew they were on my 'side'. I liked the non-judgemental support and the fact that they were there to help me find the right kind of support I needed and wanted. As a result, I was able to make some informed and right decisions for me.

But they do not give false hope that everything will turn out right overnight if you take a certain action. They were there to support my progressive recovery and helped me to find myself again. My life is better today because I have seen people and services that have been right for my needs and today I am living a much more independent, fuller life than before coming into the program. Partners in Recovery helped lift the burden of anxiety around support seeking and helped my recovery more than I could have imagined."



PIR participant Imelita (left) with PIR Facilitator Fiona Cameron, Northside Community Services.



Partners in Recovery

Partners in Recovery (PIR) is a community based program aimed at supporting Canberrans living with severe and persistent mental health concerns to develop their own plans for sustained recovery, and by getting local services and supports from multiple sectors to work in a more collaborative, coordinated and integrated way. It is funded by the Australian Government through the ACT PHN.

Individuals who are eligible for PIR are linked in with a local PIR Support Facilitator who works together with the individual to develop their own plans based on their needs.

Over the past year, PIR innovation grants funded the following successful projects:

- Wellways' Peer Phone Line – provides peer based support to mental health consumers, as well as linking people in with appropriate services
- Woden Community Service enhanced Supported Tenancy Service project – two mental health specific positions were funded to better identify and support the needs of clients with severe mental illness
- Canberra Living Conditions Network (CLCN) program – Woden Community Service received funding to continue their work with the CLCN program, including the development of hoarding and squalor training modules for front line workers and the continuation of the Buried in Treasures program for clients with hoarding and squalor issues
- Strengthening Families initiative – during the year ACT Government Community Services Directorate (CSD) worked with PIR Support Facilitators to identify how to better support families with severe mental health issues through the Strengthening Families Initiative. They also worked with children of parents with a mental illness to develop a training package for workers
- Housing Waitlist review – ACT Government's Community Services Directorate completed a review of the ACT Housing waitlist to identify the needs of individuals with severe mental illness and how to better support these individuals to find housing, as well as ensuring their mental health needs are met
- MyFamily app through the Better Services portal – Community Services Directorate were funded to develop an application for families to use to store important information to share with relevant service providers. The aim of this project was to ensure that families did not have to tell their story each time they accessed a new service, that they could share important information with service providers as required.

During the year PIR had a strong focus on supporting participants to plan and apply for NDIS funding.



Gaylene Coulton, CHN; Gavin Bussenschutt, Wellways; Julie Porritt, CHN; Lauren Anthes, CHN; and Lachlan Atyeo, Wellways at the launch of Wellways' ACT Peer Phone Helpline

Mental health reform

In November 2015 the Commonwealth Department of Health announced their response to the National Mental Health Commission's review of mental health services in Australia. This announcement had a strong focus on the role of PHNs in regional mental health reform. ACT PHN has been funded to commission an evidence-based, integrated primary mental health stepped care model in the ACT.

ACT PHN created the Primary Mental Health Strategic Reform Group, consisting of senior stakeholders in ACT Government Directorates, Winnunga Nimmityjah Aboriginal Health Service, peak bodies, GPs, Mental Health Clinicians, carers and consumers. This group have contributed to the completion of a baseline mental health needs assessment to identify key areas of need and to inform the mental health reform planning process. In addition to this, the Reform Group has developed an evidence-based, integrated psychological interventions model which will form the base of a broader stepped care model. These psychological intervention services will be commissioned in 2016/17, aiming to increase access to the most appropriate type of intervention as early as possible. ACT PHN is also working closely with Winnunga Nimmityjah Aboriginal Health Service to develop a model of service provision specifically for clients who access their service.





Mental Health Nursing: walking alongside your client through their journey

CHN's Lisa Hawke

CHN's Lisa Hawke believes her good levels of empathy and her ability to communicate well have been crucial in her role as a Credentialed Mental Health Nurse. She feels that the key to mental health nursing is actually walking alongside your client through their journey. This is how she approaches her role which she loves.

Lisa commenced her career in the UK as a Registered Mental Nurse and came to Australia in 2006 where she became a Credentialed Mental Health Nurse. Her first job in Canberra was in the Acute Mental Health Unit at The Canberra Hospital. She then worked with the Queanbeyan community mental health area before returning to the tertiary sector, this time to the Calvary Hospital Acute Mental Health Unit. Lisa also taught at the Australian Catholic University and supervised nursing students on the hospital ward.

Lisa is CHN's Mental Health Clinical Manager. She triages clients into a suite of mental health programs, from clients with severe and persistent mental health issues (Partners in Recovery), to those who need to see a psychologist but face financial barriers (Health in Mind) to those living with mild-moderate anxiety or depression (NewAccess).

The new national mental health reform has opened up new opportunities. ACT PHN has also been funded as one of 10 national Lead Sites to trial innovative approaches to services for youth who are at risk of or who are experiencing severe mental health issues.

Prior to her current role, Lisa was working with general practices to encourage the engagement of mental health nurses to assist in the provision of coordinated clinical care for people with severe mental disorders.

Lisa's face lights up when she recalls a teenager that she helped and saw grow through this. The teenager had been diagnosed with bipolar and Lisa had assisted with symptom identification, medication education and lifestyle factors. However, Lisa felt there was still something missing in the teenager's recovery. She identified the need for a medication review by a psychiatrist but the teenager faced financial barriers. Following psychotic symptoms, Lisa advocated and liaised with the local mental health team and was able to help the client get into a public psychiatrist and receive a medication review. As a result, the client's emotional regulation improved and so did her relationships with her parents and partner. Lisa smiles when she says the teenager is now working and studying interstate with her partner.

Lisa believes that effective mental health nursing is equal parts skill, personality and intuition.

Testimonial from a Health in Mind Psychologist & their client

ACT PHN enables people to see a psychologist for free, where otherwise the cost would be a barrier to seeking help, through the Health in Mind program.

Zeb Khan has been in the field of psychology for 12 years. "It's rewarding to be part of the Health in Mind program and be able to help people when they need it. Without this program, those people would fall into the public system, face long waiting lists and be in a worse state when they ended up receiving help," said Zeb Khan, Health in Mind Psychologist.

Health in Mind client Tim was living with depression and anxiety when he knew he was going under.

"It took me a while to ask for help – men aren't very good at asking for help. I was busy putting everyone else first, which is what you do when you're a husband, father and employee. I was going through the motions of working but it was hard as I couldn't sleep at night from stress and I'd wake up really early. I knew that things weren't right.

"The first GP I spoke with about how I was feeling just gave me a few days off which was disappointing. I knew something was wrong so I went to a new GP who suggested we do a Mental Health Treatment Plan together and that's how I got connected to Health in Mind.

"At first I had no faith that I'd improve. I remember after a number of sessions with Zeb I had an epiphany moment when I told her that I wasn't worth receiving help. Her response shocked me and it was at that moment I realised I deserved support. Through reality-based help about my day-to-day life from Zeb, I feel so much better. We have worked together on strategies and now not only do I feel better but I feel motivated," said Tim.

Health in Mind Psychologist Zeb said we are slowly heading in the right direction to reduce the stigma of mental health.

"It's very positive to see people like well-known footy players telling their personal story in the public arena as it helps normalise mental health. Initiatives like RUOK Day and Mental Health Week are a good step too. We know that one in five people will experience mental health issues yet despite this they often fear asking for help as they're concerned about being judged," said Zeb.

Tim recommends that anyone feeling under pressure talk to their GP.

"If you feel you're going under, just chat with your GP. Don't be afraid about the term of mental health, I like to think of it as mind wellbeing," said Tim.





Health in Mind

Health in Mind (formerly ATAPS) is funded by the Commonwealth Department of Health through the ACT PHN. This program provides access to effective treatment for people with diagnosed mild to moderate mental health conditions, with financial barriers to gaining treatment, and who can respond well to focussed psychological strategies.

Cost is a significant barrier for accessing needed psychological services. Health in Mind providers deliver sessions at no cost to the client. In addition, Health in Mind provides services for 'hard to reach' groups such as culturally and linguistically diverse communities and people who are homeless or at-risk of homelessness.

Over the past year:

- Health in Mind continued to operate during the year while mental health reform planning commenced with over 20 contracted service providers delivering the program
- 1098 clients accessed the program with increased referrals for the Suicide Prevention Service and for young people
- the Health in Mind model was utilised to support families registered with the Asbestos Taskforce.

CDMLink

ACT PHN's Chronic Disease Management Link (CDMLink) focused on helping individuals with the management and prevention of Cardiovascular Disease, Type 2 Diabetes and Chronic Kidney Disease through lifestyle modification. Individuals who are overweight or obese and/or are at high risk of these chronic diseases are directed with a view to making an impact on known risk factors for the prevention or risk reduction of these diseases.

CDMLink commenced in 2014 as an extension of the HeartLink project (2011-2014). Results from the HeartLink program identified a need for a preventative disease-related services to reduce the overall disease burden in the ACT.

Chronic disease is the leading cause of illness, disability and death in Australia. In 2011, chronic disease accounted for 90% of all deaths. Chronic disease can be detrimental to a person's quality of life and has broader social and economic implications. In the ACT, cardiovascular disease was the second most common cause of death (28%) behind cancer in 2014.

Over the past year:

- the CDMLink Lifestyle Coaching service ran in six participating general practices across the ACT. This service focused on a health coaching model where patients were supported to set goals and work to achieve progress with the support of the lifestyle coach.
- most CDMLink clients felt their lifestyle had improved or they had taken action to improve their lifestyle since starting with the Lifestyle Coach.
- clients reported the face-to–face lifestyle coach was motivating and helped them identify day-to-day activities and strategies to lower their chronic disease risk.

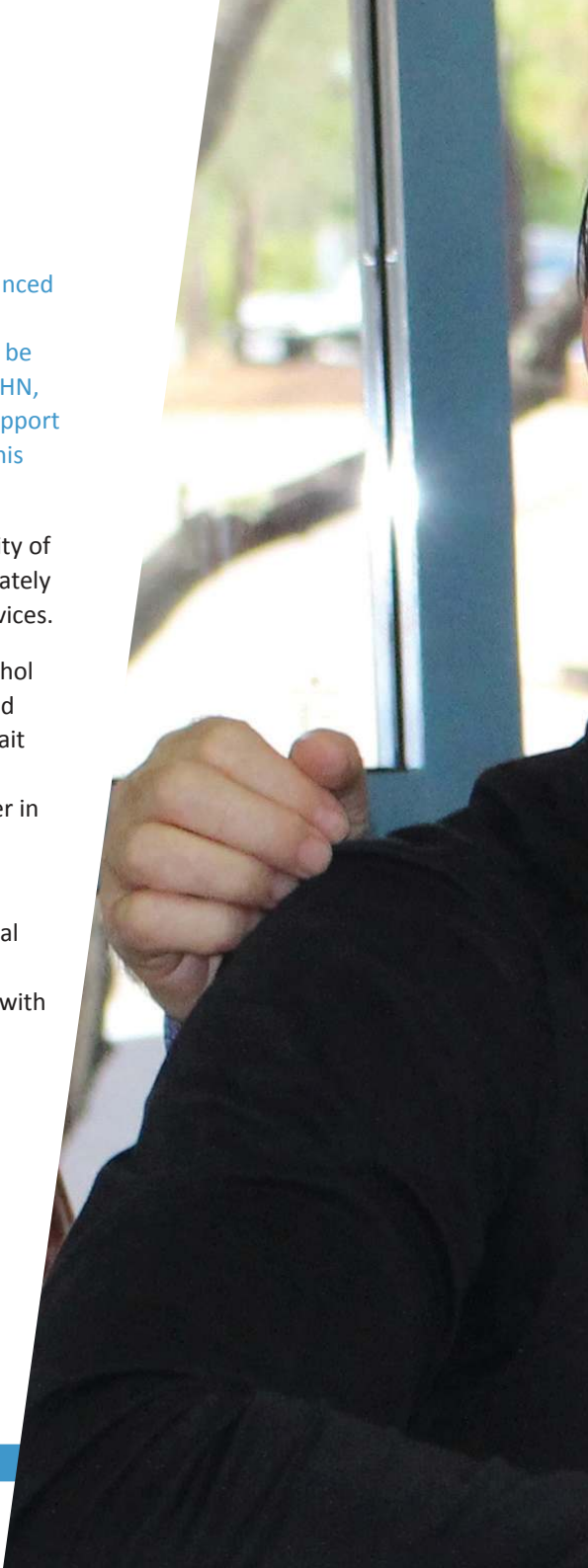
Alcohol & Drug services

On 6 December 2015, the Australian Government announced $60.375 million per annum (or $241.5 million over four years nationally) in additional drug treatment funding to be commissioned through Primary Health Networks. ACT PHN, ATODA and ACT Health have worked in partnership to support the needs assessment, planning and commissioning of this new drug treatment investment in the ACT.

The additional funding is intended to increase the capacity of the drug and alcohol treatment sector broadly, to adequately and effectively deliver evidence-informed treatment services.

A call for Expressions of Interest to deliver specialist alcohol and other drugs (AOD) counselling services and enhanced culturally safe AOD services for Aboriginal and Torres Strait Islander people was distributed to currently funded ACT service providers in June with services to commence later in 2016.

ACT PHN is working with Gugan Gulwan and Winnunga Nimmityjah Aboriginal Health Service to ensure additional targeted and culturally appropriate drug and alcohol treatment services for Indigenous Australians are linked with broader Indigenous health and youth services.





One of our Access Coaches, Daniel, talks about the NewAccess Program.

"NewAccess Program was a new and exciting opportunity for me to follow my passion to help others and be a support for those in need. It's become apparent that the service I'm delivering is pioneering how mental health services are delivered worldwide. Seeing the positive outcomes that my clients were achieving, I realised that this type of mental health program is not only sought after but needed to de-stigmatise mental health by taking a more accessible and a less clinical approach," said Daniel, NewAccess Coach.

b) *beyondblue* Program

NewAccess

CHN's NewAccess Program is an early intervention pilot, funded by *beyondblue* and Movember. The free and easily accessible program provides support for people who are not currently accessing existing mental health services, including 'hard to reach' groups such as men.

In the ACT, referral pathways are effective in addressing traditional access barriers to early intervention services with 80% of referrals being self-referrals. The primary presenting diagnosis for clients has been mixed anxiety and depression, with issues often including work and relationship related stress. CHN has partnered with large employers in the ACT, including the ACT Government, to provide NewAccess as a support service to their workforce.

Over the past year:

- 600 clients were seen by Access Coaches
- an independent evaluation demonstrated that the NewAccess Program achieved strong client outcomes and was a cost effective model
- four Access Coaches graduated from Flinders University with a Low Intensity Cognitive Behavioural Therapy qualification
- the NewAccess model was utilised to support families registered with the Asbestos Taskforce
- the NewAccess model was trialled to support Defence families through Defence Health and Defence employees through the Department of Defence.

NewAccess
A *beyondblue* program





Federal Minister for Health Sussan Ley (left) with Access Coaches, Prue (Centre) and Carla (right), seeing the NewAccess early intervention program in action.

c) ACT Health Programs

Connect Up 4 Kids

CHN's Connect Up 4 Kids program aims to assist in the prevention and management of childhood overweight and obesity [3-7yr olds] through the delivery of high quality, evidence-based resources and advice to general practice and the community sector. The support provided to primary care by the Connect Up 4 Kids program contributes to the creation of enhanced opportunities to discuss the healthy growth and development of young children and better connections across the primary care and community sector. CHN is funded by ACT Health to deliver the Connect Up 4 Kids program.

The prevalence of childhood overweight and obesity in the ACT has remained relatively stable over the past 10 years and the rate of overweight and obesity among children in the ACT continues to reflect the national average at around the 25%. Low proportions of ACT children meet the recommended nutritional guidelines for vegetable intake and the Australian recommendations for physical activity levels. Too much screen time is also an issue for a significant proportion of children.

Connect up 4 Kids targets these areas and other evidence based protective factors through the programs key messages.



Over the past year, we:

- delivered education and resources to 41 general practices across Canberra
- expanded resources to respond to emerging evidence and needs identified by health professionals
- provided 'Connecting the Dots for Healthy Kids" magnets to over 13,000 families in the ACT region through collaboration with the ACT Community Services Directorate (preschool entry packs) and ACT Health Directorate (kindergarten health screen)
- engaged with families attending playgroups with Tuggeranong and West Belconnen Child and Family centres, and Kippax Uniting Care had the opportunity to participate in a four-week Connect Up 4 Kids program to improve knowledge and skills associated with Connect Up 4 Kids key messages
- further enhanced community capacity through opportunities to engage with families through ACT Playgroups, Paint and Play (YMCA), and Lyons Early Childhood School.





Connect Up 4 Kids supporting UnitingCare Kippax families

Connect Up 4 Kids regularly worked with a number of playgroups at UnitingCare Kippax, including a playgroup for families under stress.

NewPIN Program Coordinator Joanne Nery at UnitingCare Kippax said they work with families under stress to break the cycle of destructive family behaviour and enhance parent-child relationships. They appreciate the Connect Up 4 Kids team visiting their group.

"Our parents often feel daunted talking to health professionals so having Connect Up 4 Kids visit is a non-confronting way for Mums to ask for information in an informal nature. It also helps other Mums to feel comfortable to ask questions or share tips amongst one another," said Joanne Nery.

NewPIN Family Worker Kate Bartlett said Connect Up 4 Kids reinforced some of their existing routines.

"We encourage the kids to get into a healthy routine of washing hands and then enjoy a fruit platter together. They often try a particular fruit for the first time as they see the other children trying it. The children loved the fun activities that the Connect Up 4 Kids team ran that encouraged healthy eating," said Kate Bartlett.

UnitingCare Kippax also runs seven playgroups to build social connectivity. The playgroups are open to anyone and enjoy a socioeconomic and cultural mix. Annette Jackson (pictured), Kippax Kids Co-ordinator said Connect Up 4 Kids visited each playgroup one week per term.

"It's great to have the team visit regularly as parents are more willing to ask them questions now that they have built that rapport. The children enjoy engaging in the activities, such as simple craft and the fishing game, while parents chat with the Connect Up 4 Kids Healthy Weight Facilitator," said Annette Jackson.

HIV Program

CHN's HIV Program aims to optimise the health of people with or at-risk of HIV and blood borne viruses, their friends and family.

New HIV infections are occurring at an increased level in the ACT, with up to about 20 new diagnoses per year. These people are often in higher need of intensive supportive counselling around the time of this diagnosis. Counselling and treatment for people with HIV and targeted screening for people engaging in ongoing risk behaviours can assist to reduce further HIV transmission. In addition, people who have lived with HIV for a long time can have a range of support and health management needs. For some, living for many years with HIV has led to a range of health problems that contribute to chronic diseases. They may have complex mental health needs requiring specialised counselling support. Some have difficulties with the uptake and adherence to the long-term treatments that help minimise the impact of HIV and reduce the likelihood of transmission. The HIV Program's counselling, nursing support, and workforce education are needed to reduce the likelihood of transmission and optimise management of people with HIV.

Over the last year, we:

- maintained the partnership with Canberra Sexual Health Centre and the AIDS Action Council to provide 43 outreach sexual health screening opportunities for priority populations. This included contact with men who access sex-on-premises venues, with a focus on innovative screening locations in "Testing Month".
- facilitated 10 HIV Clinical Care meetings. These were attended by a range of health professionals (including doctors and nurses from both hospital and general practice settings), allied health workers, staff from ACT Health, Commonwealth Department of Health and members of community organisations. Topics included avoiding HIV drug-drug interactions, HIV prevention using pre-exposure prophylaxis, kidney and bone health, smoking cessation, Hepatitis C and syphilis.
- provided 144 hours of specialised counselling capacity for people with HIV, their friends and families, as well as those at risk of acquiring HIV
- provided 40 point of care HIV tests (including an ongoing quality assurance program) through an ongoing supportive collaboration with Interchange General Practice under the leadership of Dr Tuck Meng Soo
- presented eight GP visits to discuss HIV and sexual health screening in general practice
- participated in the Canberra Alliance for Harm Minimisation & Advocacy's pioneering initiative to prevent drug overdoses by providing opiate users with take-home naloxone.





Practice Nursing: a privilege to work in an area characterised by change

As a Practice Nurse in the ACT for 24 years, Philip Habel has supported people living with HIV and helped develop an innovative outreach sexual screening model.

Philip's passion for HIV healthcare had both personal and professional origins. The 1990s saw HIV make a dramatic impact in Australia and Philip was personally touched by the epidemic. Philip volunteered with the AIDS Action Council caring for people with HIV in their homes, was involved in support groups and worked in the hospital setting for a number of years.

In 1992, Dr Peter Rowland received a grant to develop his general practice, Interchange General Practice, as a centre of expertise in HIV and to assist in the management of people with HIV in the ACT. Philip was inspired to join the practice which remains a centre of excellence in primary care HIV management, where he still works today with Practice Principal Dr Tuck Meng Soo.

Philip feels privileged to work in a changing area and see improvements in HIV management. He sees people who have accessed successful treatment shortly after infection and diagnosis with HIV infection having minimal impact on their health throughout their life. He also sees people who have had long-standing periods of uncontrolled HIV infection; which was common in the era before effective treatment became available. These people often have complex health needs and poorer outcomes.

Philip finds his role rewarding, particularly when helping people with multiple health problems, compounded by social isolation, anxiety and low self-esteem. After building trust, he encourages people to engage with medical and social services. He says it's wonderful to see these people working with health services, community organisations and HIV positive peers and feeling "worthy" to accept the support they require.

Philip looks back on his work-based initiatives with pride. He helped develop an innovative model of nurse-led HIV and sexual health screening through mobile clinics. Capital Health Network, Canberra Sexual Health Centre and AIDS Action Council provide free outreach clinics for men who have sex with men, same sex attracted youth and injecting drug users. He helped provide Fibroscan testing (to measure liver stiffness) and rapid HIV testing in general practice.

The Canberra Alliance for Harm Minimisation and Advocacy trail blazed a program to prevent drug overdoses, providing opiate users with take-home naloxone, the first peer-based initiative in Australia. Philip was involved in this program from the start and provides training input for this life-saving venture.

Philip is happy to see people making positive changes to their lives. He believes having a contact in general practice through a Practice Nurse, who is aware of the complexity over the entirety of your life, is key to better health outcomes.

Early Morning Centre (EMC) Primary Health Care Service

CHN established the primary healthcare service with funding support from ACT Health to provide accessible, affordable and connected 'in reach' primary healthcare to Canberrans who are homeless or at risk of homelessness.

The Early Morning Centre (EMC) is run by UnitingCare Canberra City. Interchange General Practice and West Belconnen Health Co-operative deliver the primary healthcare service at the EMC to vulnerable locals.

Many of the clients who were generally disconnected from mainstream primary healthcare services, now receive high quality primary healthcare in a familiar and trusted setting. While some of the clients access other primary healthcare services, very few have a regular GP or relate to a 'primary care home'. The success of the 'in reach' model could be promoted in other settings in the ACT to meet the needs of vulnerable groups in their catchment areas and a scoping study with ACT Health is underway.

Comments from clients who use the Early Morning Centre Primary Healthcare Service...

It's a good place...
non-judgmental...
friendly and easy...
trust their opinion...
good people

I get listened to

They make sure you are OK...
look after you...
want to help you out

Lifestyle Modification Program Directory (LiveHealthyCanberra)

LiveHealthyCanberra is a Lifestyle Modification Program Directory which will be launched in late 2016, funded by ACT Health as part of their "Healthy Weight Action Plan". CHN is delivering the web-based LiveHealthyCanberra directory which aims to connect people living in the Canberra region with programs and services that provide opportunities for improving health and reducing the risk of chronic conditions such as cardiovascular disease, Type 2 Diabetes, overweight and obesity and other lifestyle related chronic conditions.

LiveHealthyCanberra will provide information about walking groups, running, cycling and group fitness classes, healthy eating education and programs offered by dietitians, and social inclusion focussed community groups.

There has been a dramatic rise in the number of adults in the ACT who are overweight or obese from 22.9% (1995) to 63.6% (2010) putting a growing number of people at increased risk of developing chronic disease. This growth in obesity will potentially place increased pressure on the healthcare system as it responds to higher rates of major, preventable illness.

Over the past year the Lifestyle Modification Program Directory:

- has been branded as LiveHealthyCanberra and will be located at livehealthyCBR.com.au
- concept has been through a thorough consultation process incorporating government, primary care and community sector stakeholders
- team signed an agreement with the National Health Services Directory to act as a data source when launched in late 2016.





d) ACT Government Programs

Health Benefits of Work Programme - Comcare

Comcare, through the Health Benefits of Work Programme, ACT Implementation project, has been working with GPs to provide practical tools and resources to assist them to help injured or ill employees to return to or recover at work.

Comcare has partnered with CHN to more effectively connect with GP practices to understand the barriers, improve the systems and processes and provide education and support.

There is ever-increasing evidence that participation in work is good for health and wellbeing, but we know that too many people struggle to return to work following ill health and injury. GPs play a critical role in supporting employees through certification practices.

Over the past year, the project has:

- delivered a Certificate of Capacity in consultation with ACT GPs
- established a GP Liaison role to work with GP practices and CHN to better support GPs in their efforts to return their patients to meaningful work, and to provide a central contact point in Comcare
- in partnership with CHN, hosted three successful education events about chronic pain, managing mental health in the Comcare scheme and the health benefits of work
- contributed to a local focus for the Return to Work HealthPathway.

6. Capital Health Network Board

Capital Health Network Board as at 30 June 2016

Dr Martin Liedvogel

B Med, FRACGP



Chair, General Practice Director, elected 28/11/13, appointed as a transitional Director 19/2/15 to take effect from the 2015 AGM until the 2016 AGM

Practice Principal of Fisher Family Practice since 2006, and Holder Family Practice since 2016. Fisher Family Practice is a teaching practice for both registrars and medical students. Martin is a GP Supervisor and Medical Educator with GP Synergy, with an interest in practice ownership/leadership. He is also a FRACGP Examiner. Past experience includes Directorship of the General Practice Registrars Association, membership of the Royal Australian College of GP's Standing Committee — GP Advocacy and Support, a lecturer position at the University of NSW's School of Rural Health in Albury, Director training from the Australian Institute of Company Directors, and being the Medical Director at the Canberra Afterhours Locum Medical Service.

Professor Gabrielle Cooper

B Pharm, DHP, PhD, MAICD, MPSA, MSHPA



Primary Healthcare Director, re-elected 28/11/13

Professor of Pharmacy in the Faculty of Health at the University of Canberra having established the Discipline of Pharmacy in 2004. Gabrielle has had extensive national and international experience in hospital pharmacy and her research interests include clinical toxicology, pharmacist and technician education, dementia care and communication between healthcare settings and providers. She is a member of the ACT Branch Committee of the Pharmaceutical Society of Australia and the Society of Hospital Pharmacists and a range of other professional committees with a focus on optimal medication management and improved communication between consumers and care providers.

Professor Kirsty Douglas

MBBS, MD, FRACGP, DipRACOG, Graduate Certificate in Higher Education



General Practice Director, elected 24/9/15

Kirsty is Professor of General Practice at ANU and Director of the Academic Unit of General Practice at ACT Health. Kirsty's academic experience includes health services research at the Australian Primary Healthcare Research Institute, curriculum development and teaching at the ANU Medical School and management roles in both organisations. She is on the executive of the Australasian Association of Academic Primary Care. Kirsty has been an active GP clinician in Canberra since 1995; she worked for 12 years at Yarralumla Surgery, for 9 years at Winnunga Nimmityjah Aboriginal Health Service and has recently joined the team at the Interchange General Practice.

Dr Jeffrey Harmer AO



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

Appointed Director 1/6/13, reappointed for a further term 24/9/15

With a career in the public system spanning 33 years, Jeff has occupied a range of executive positions including Managing Director of the Health Insurance Commission, Secretary of the Department of Education, Science and Training, and Secretary of the Department of Families, Housing, Community Services and Indigenous Affairs. In 2009, Jeff was voted the inaugural Australian Government Leader of the Year, and in 2010 he was made an Officer of the Order of Australia (AO) in the Australia Day Honours List for the significant achievements in his public service career. Jeff holds a range of Board appointments with a number of not-for-profit organisations, was Chair of the Advisory Group for the Australian National Disability Insurance Scheme in the lead up to its introduction in July 2013 and is Co-Chair of the Ministerial Council on Child Care and Early Learning.

Mr Richard Lord



BPharm

Consumer Director, elected 27/11/14

Rick has been a member of the Council of the Ageing ACT Board and Chair of its Policy Committee since 2011. Rick is a member of the Healthcare Consumers' Association of the ACT, and the Canberra Hospital Cancer Clinical Governance Committee and Cancer Plan Advisory Committee. Rick has recently been appointed to the University of Canberra Pharmacy Advisory Committee as consumer representative. He is also Secretary of the Majura Men's Shed. Rick is a former president of the Weston Creek Community Association, and a retired pharmacist with experience in government, community and hospital pharmacy, and five years working with the World Health Organization as a consultant.

Dr John Norgrove



BSc, MBBS (Hons), FRACGP

General Practice Director, elected 27/11/14

A full-time GP current practising at the Annie Lim Family Practice in Deakin and at Duntroon Health Centre. John has previously worked as a medical officer in the Royal Australian Air Force (RAAF) and remains a Special Reservist. John has held the position of senior medical officer in several locations during his service with the RAAF, and serves as the chairman of the Board for his son's school.

Mr Glenn Keys

MAICD, FIEAust



Appointed Director, 19/4/16

Glenn is a graduate of the University of New South Wales and the International Test Pilots School. He is a member of the Australian Institute of Project Management, the Australian Institute of Company Directors and a Fellow of Engineers Australia. In 2003 Glenn co-founded Aspen and is Co-Executive Chairman of Canberra-based Aspen Medical Pty Ltd. Glenn also sits on a number of other Boards in the healthcare sector, disability sector and social businesses. In 2013 Glenn was appointed to the Board of the National Disability Insurance Agency (NDIA). Glenn was inducted into the EY Entrepreneur Global Hall of Fame in 2014. In November 2014, Glenn was awarded the 2015 ACT Australian of the Year and represented the ACT at the National Australia Day Awards in January 2015. He is an active Board Member of the National Capital Authority and was appointed Chair of the Canberra Business Chamber in February 2015. Glenn is the founder and Chair of Project Independence, a housing initiative for people with intellectual disabilities, which was officially launched in Canberra in February 2015.

Mrs Roslyn Jackson

Chartered Accountant



Appointed Director, 26/11/15

Roslyn Jackson is a Chartered Accountant with over 30 years' experience and has enjoyed a very diverse and exciting career. She has worked in public practice providing taxation advice, as a corporate accountant in the Australian Government, CFO for a large NFP and COO for an Australian Government Company.

Roslyn has also owned and operated a training and consulting company, based in Canberra, for over 20 years. She has developed and facilitated training packages for many businesses; both for profit and not-for-profit, and for the government sector; Australian, State and Local government. Roslyn has facilitated courses on behalf of the Australian Institute of Company Directors for just over 20 years.

Roslyn is an experienced non-executive director, having held numerous positions predominantly in the NFP health sector.

Other Directors during 2015 - 2016

Ms Linda Spurrier

Registered Nurse



Primary Healthcare Director, elected 28/11/13, term concluded 26/11/15

Employed as a Practice Nurse at Gordon Family Practice for the past four years, and was awarded the ACT Primary Healthcare Nurse for 2013. Previous to practice nursing, Linda worked for 13 years in the Emergency Department at The Canberra Hospital. Linda is the Consumer Director on the Board of Arthritis ACT, and ACT representative on the National Arthritis Consumer Representative Committee.

Board Councils and Committees

The CHN Board has established the following Councils and Committees to provide advice and recommendations to the Board:

i) ACT Clinical Council

The CHN Board and ACT Health have established a joint ACT Clinical Council. The ACT Clinical Council will provide a forum for a multidisciplinary group of lead clinicians to share their collective knowledge and expertise. The ACT Clinical Council will also provide advice on strategic clinical and wider health system issues and local strategies to improve the operation of the ACT healthcare system for patients, facilitating effective primary health, sub-acute and acute care provision to reduce avoidable hospital presentations and admissions. The ACT Clinical Council is co-chaired by:

- Dr Tanya Robertson (Co-chair), GP, Junction Youth Health Service, Canberra City and Jindabyne Medical Practice; Medical Director, GP Liaison Unit, Canberra Hospital
- Dr Boon Lim (Co-chair), Clinical Director, Department of Obstetrics and Gynaecology, Canberra Hospital.

ii) Community Advisory Council

The CHN Board has established the Community Advisory Council to provide advice and recommendations to the Board to ensure that strategies and initiatives are patient-centred, cost effective, locally relevant and aligned to improving local healthcare experiences and expectations. The Community Advisory Council is chaired by Mr Rick Lord, CHN Board member.

iii) General Practice Advisory Committee

The CHN Board has established the General Practice Advisory Committee to provide 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. The General Practice Advisory Committee is chaired by Dr John Norgrove, CHN Board member.

iv) Governance Committee

The CHN Board has established the Governance Committee to provide advice and recommendations to the Board in relation to leadership and management, efficient governance and the Board's operations. The Government Committee is chaired by Dr Martin Liedvogel, CHN Chair.

v) Audit and Risk Committee

The CHN Board has established the Audit 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. The Audit and Risk Committee is chaired by Dr Lesley Piko, Independent Chair.

7. Financial Highlights

At the end of CHN's first year operating as the ACT PHN, the company's financial position is strong. At 30 June 2016 CHN held $1.048M in net assets. CHN recorded a financial surplus in 2015-16 of $0.194M ($0.090 in 2014-15) and had total revenues of $9.357M.

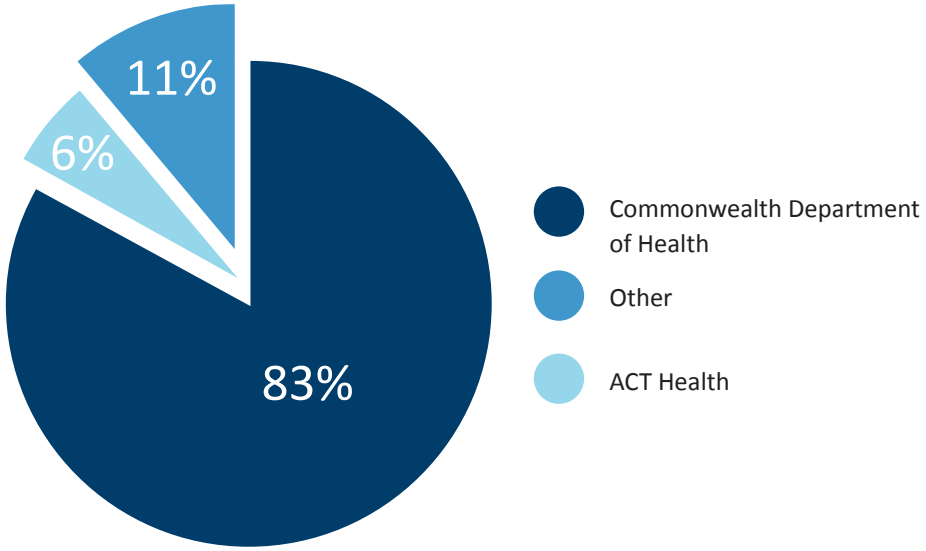
Total revenue for 2015-16 was 20% lower than that received in 2014-15 as CHN transitioned from operating as a Medicare Local to a PHN and the different funding arrangements that followed. More than 80% of total revenues were provided through program and operational funding from the Commonwealth Department of Health. $0.548M in funding was received from the ACT Health Directorate for program activities. CHN delivered 17 different programs in 2015-16 of which the largest programs were Partners in Recovery, Access to Allied Psychological Services, NewAccess and HealthPathways. Table 1 shows a summary of the sources of CHN income.

As the ACT PHN, CHN commenced the transition through 2015-16 towards being a commissioning organisation rather than using a direct service delivery model. This is reflected in the relative changes in the share of total expenditure between staff costs and service delivery costs. In 2014-15 service delivery costs were 38% of total expenditure but increased to 42% in 2015-16. Conversely, salary costs decreased as a percentage of total expenditure from 51% to 45%. This trend will continue in coming years as CHN further develops its capacity as a commissioning organisation. Total expenditure for 2015-16 decreased by 21% consistent with the reduction in total revenues for the year.

Income by funding source 2015-2016

	2015/16	2014/15
Source	Amount	Amount
Commonwealth Department of Health	$7,763,237	9,027,379
ACT Health	$548,013	$1,461,814
Other	$1,045,372	$1,241,746
Total	$9,356,622	$11,730,939

Table 1: Income by funding Source



Expenditure by Category 2015-2016

	2015/16	2014/15
Source	Amount	Amount
Staff salaries and on-costs	$4,104,230	$5,968,099
Service delivery costs	$3,855,240	$4,427,709
Operating costs	$1,203,482	$1,245,493
Total	$9,162,952	$11,641,301

Table 2: Total Expenditure by Category

Financial Management

The CHN Audit and Risk Committee in 2015-16 was chaired by Dr Lesley Piko and consisted of Board Directors Ms Roslyn Jackson and Mr Richard Lord. The CEO, Ms Gaylene Coulton and the CFO, Mr Brendan Egan attend Committee meetings to report and advise on matters dealing with financial management, risk management, audit and internal control. CHN staff provide secretariat support to the Committee. The Committee met on six occasions in 2015-16 and reported regularly to the Board.

Financial Statements

The members of CHN appointed RSM to be the company's auditors at the 2015 AGM. The financial statements and notes have been compiled in accordance with Australian Accounting Standards and the *Corporations Act 2001*. Full financial statements can be referenced on our website:
chnact.org.au/annual-reports.

Capital Health Network

ACT's primary health network

phn ACT

An Australian Government Initiative