





CHN

CAPITAL HEALTH NETWORK

ANNUAL REPORT 2022/23

phn ACT

An Australian Government Initiative

Capital Health Network

Partnering for better health

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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.

From the Chair

Capital Health Network (CHN) has continued to work in partnership with Government and private organisations over the past year to integrate health care, strengthen health equity and improve health outcomes, and I am proud of our achievements.

As ACT's Primary Health Network, we allocated over $23 million to 45 commissioned service providers (for 77 contracts) in 2022/23 to meet our community needs. This is an increase of $3 million from the previous year and $8 million from the year prior.

Throughout our Annual Report, we have used client stories to demonstrate the positive impacts that our commissioned services are having on Canberrans. This is particularly evident in the Government's nine key priority areas of mental health, aged care, Aboriginal and Torres Strait Islander health, digital health, alcohol and other drugs, workforce, care across the continuum, people at-risk of poor health outcomes and chronic disease management.



After an impactful career in the health sector, our highly regarded CEO, Megan Cahill, decided to step down from full-time employment and CHN on 30 June 2023. Megan's leadership over her three years as CEO, forged stronger relationships with key stakeholders in the ACT health system and supported the delivery of high-quality primary health care services. She left a legacy of a high performing culture at CHN, and we wish Megan all the best in her future endeavours.

Following a rigorous recruitment process, the Board was delighted to appoint Stacy Leavens to commence as the CEO on 1 July 2023. This has been a seamless transition as Stacy has been with CHN since 2018, overseeing CHN's key program areas including planning, commissioning and primary care engagement. CHN will continue to flourish with a stable workforce, and Stacy's corporate knowledge, and strong understanding of the Canberra community needs and health care sector.



CHN ALLOCATED OVER **$23 MILLION** TO **45** COMMISSIONED SERVICE PROVIDERS TO MEET OUR COMMUNITY NEEDS.

The CHN Board has remained unchanged over the last year, and I'd like to acknowledge the ongoing commitment of my fellow Board Directors and committee members in providing strategic direction to meet the goals of CHN. I am also grateful for the members of the three Advisory Councils that inform our decisions – the General Practice Advisory Council, Community Advisory Council and ACT Clinical Council. I sincerely thank each of you for your knowledge and time to inform our thinking. On behalf of the CHN Board, it gives me pleasure to present our Annual Report 2022/23. I trust that it adequately conveys the work of CHN and the impacts on the primary health space, over the last year.

Sincerely,

Julie Blackburn, CHN Chair



CHN Chair Julie Blackburn launching the Social Workers in General Practice launch.

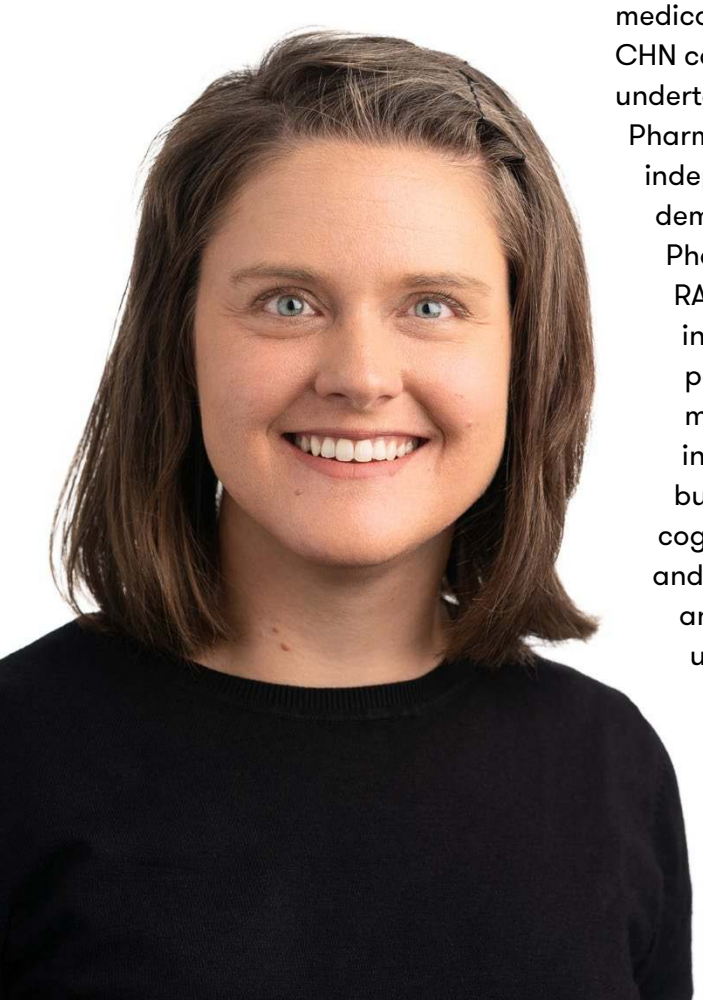


Former CHN CEO Megan Cahill at the launch of the permanent site of the Canberra Head to Health Centre.

From the CEO

It is a privilege to have taken over leadership of CHN at such a critical time, with key health reforms.
I also acknowledge the inspiring leadership of outgoing CEO Megan Cahill and commit to continuing our innovative work in the primary health care sector.
A key role of PHNs is to trial new initiatives to improve health outcomes. Over the last year, CHN commissioned two key trials that were a first in Australia:

- **Social Workers in General Practice trial** – We know that the social determinants of health are a significant barrier in accessing health services, particularly for people with complex social and health needs. To address this, CHN funded 4 general practices in the ACT to participate in the Social Workers in General Practice Pilot, with Social Workers as an integrated part of their general practice team. This has resulted in improved referral processes, support for patients while waiting for health care, improved continuity of care and development of partnerships with other agencies. The pilot is being evaluated by the University of Canberra (UC).



- **Pharmacists in Residential Aged Care Facilities trial** - Over 95% of residents living in residential aged care facilities (RACF) have experienced medication-related problems. CHN commissioned UC to undertake a trial embedding Pharmacists into RACFs. The independent evaluation demonstrated that having Pharmacists on-site at a RACF assist in a decrease in residents taking potentially inappropriate medicines, a decrease in anticholinergic drug burden (associated with cognitive decline, delirium and increased risk of falls) and a decrease in the usage and dosage of antipsychotic medicines.
- **ACT Breathlessness Intervention Service trial** - Many people with lung and heart conditions live with breathlessness every day. Even when they receive good medical care, managing this distressing symptom stops people doing simple day-to-day activities. CHN engaged University of Technology Sydney, Southside Physio and consumers and clinicians to co-design and develop a trial of a Breathlessness Intervention Service in the ACT. The 12-month trial was delivered by the Southside Physio multi-disciplinary team. Requiring a GP referral, the client received an initial home visit by a Physiotherapist, with 2 to 4 follow-ups at home or by phone by a Nurse or Physiotherapist. This pilot will contribute towards growing evidence about how a Breathlessness Intervention Service could work best for our local community.

One of our four key outcomes is a better supported workforce. We continued to support our wonderful local primary health care professionals by providing our Education Program. It was fantastic to see a significant increase of over 140% in attendees, compared to the previous year, with attendees increasing their knowledge and further developing clinical skills

across our 57 events, delivered to over 6,000 primary health care professionals. I sincerely thank each and every local primary health care professional for their commitment and dedication to their patients.

I'm also so pleased to see the success of the Vulnerable Populations COVID-19 Vaccination Program in removing barriers to vaccination for people at-risk of poor health outcomes. I thank the general practices, pharmacies and other health and community care providers that have used innovative models to provide COVID-19 vaccinations to over 2,100 people, over the last year.

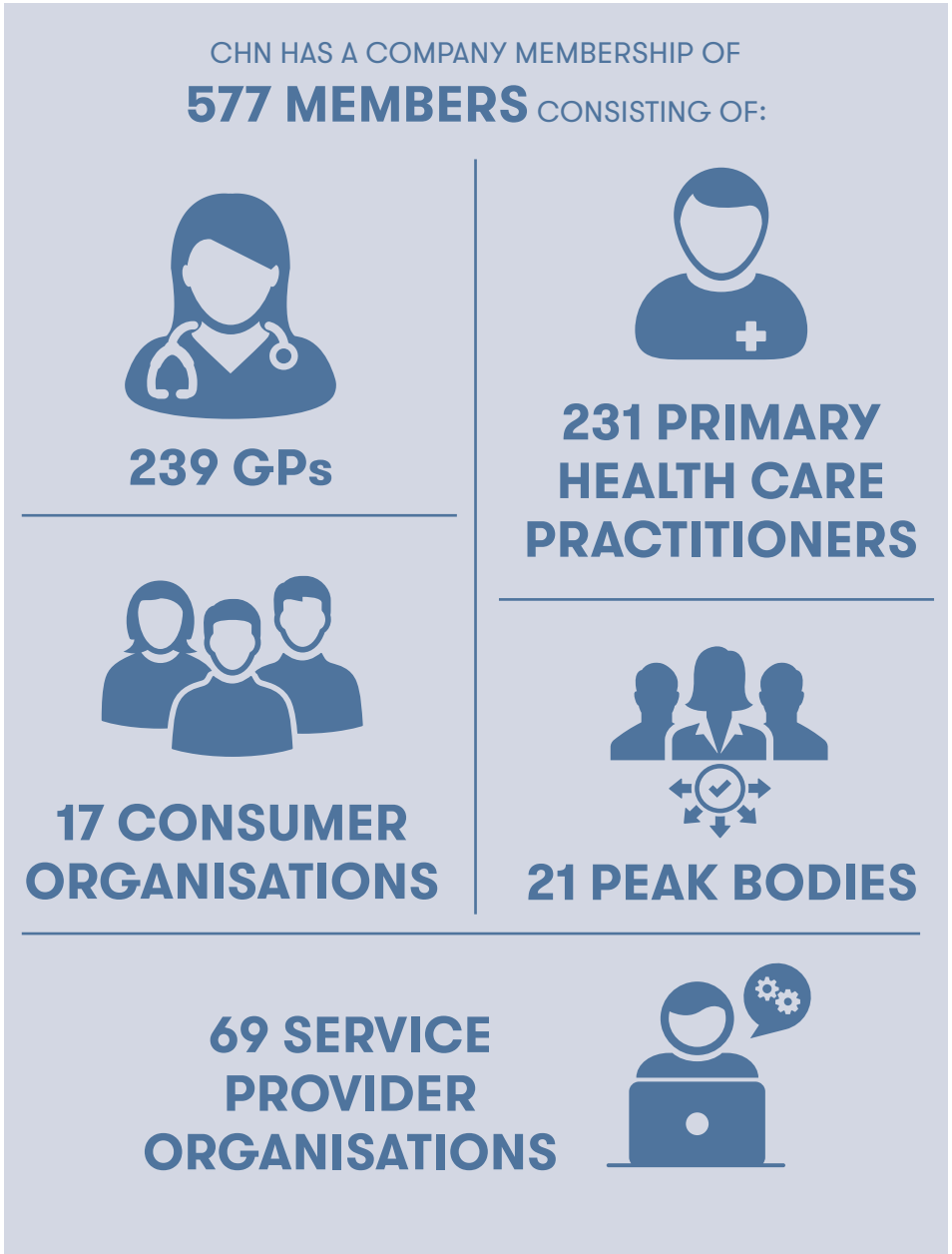
You can read more about this and our other innovative commissioned services in our Annual Report. Thank you for continuing to partner with us so together we can improve the health outcomes of Canberrans.

Kind regards

Stacy Leavens, CHN CEO



l-r: ACT Minister for Disability Emma Davidson, Carers ACT Lisa Kelly and ACT Minister for Health Rachel Stephen-Smith at CHN's Carers event.



CHN Board

Capital Health Network Board members (as at 30 June 2023)



Ms Julie Blackburn – Chair

RM, RN, GAICD

Chair, as elected by the Board November 2020 and re-elected at 2022 AGM
Primary Health Care Clinician Director, appointed 2019 AGM.
Ms Julie Blackburn brings over 25 years combined experience as a Registered Nurse and Registered Midwife, with currency in both roles through employment with the Discipline of Nursing at University of Canberra and at Calvary Public Hospital Bruce. Julie is an experienced non-executive director. She is currently Deputy Chair of Karralika Programs, and spent eight years prior to joining CHN on the Board of Directors with Defence Health and the Defence Health Foundation. Julie has direct experience in reporting to Ministers at both local and federal levels, including as a member of the ACT Ministerial Advisory Council for Women 2014-2018.



Ms Darlene Cox

BA Dip Ed, Grad Dip AppEc, B Ed

Consumer Director, appointed to fill a casual vacancy 22/8/2017, subsequently elected 2017 AGM and reappointed at 2020 AGM.
Darlene has been involved in the consumer movement since the late 1990s. She is an eminent advocate for health consumers with an excellent knowledge of the health system, both locally and nationally. Darlene has a strong, practical understanding of community engagement principles. She has been the Executive Director of Health Care Consumers' Association Incorporated since 2008. She is also a board member of Meridian. She has had a long-standing interest in improving the quality and safety of heath care and has longstanding connections with the Australian Health Practitioner Regulation Agency, Australian Medical Council, Australian Commission for the Safety and Quality of Health Care and the NPS MedicineWise.



Dr Mel Deery

MBBS (UNSW)

General Practice Director, elected 2017 AGM and reappointed at 2020 AGM.
Along with her husband John, Mel is a GP and practice owner at YourGP. She is passionate about developing YourGP to better fulfil the vision of 'genuine care, clinical excellence'. She enjoys all areas of general practice with special interests in paediatrics, women's health, pregnancy care and mental health.



Dr Niral Shah

MBBS, MS(Orthopaedic), MHSM, DCH, FRACGP

General Practice Director, appointed 2019 AGM and re-elected at 2022 AGM.
Dr Niral Shah is an overseas-trained doctor, obtaining his primary medical degree and specialist qualifications in Orthopedic Surgery from India. After six year of hospital experience in Australia, he joined general practice training in 2012. He completed his GP training in 2016 by working in rural as well urban general practice and an extended skills academic position at the ANU.

Niral is working part-time as a GP in a group practice in Gungahlin. He also is a senior medical educator with GP Synergy and has been actively involved in GP registrar training. He is also an ACT representative on the RACGP Faculty Board representing the ACT's voice, advocating for local issues at the Federal and State level and developing various quality improvement and continuing professional development programs.



Mr Steven Baker

BComm (Acctg), ICAA, MIIA, GAICD

Appointed Board Director, 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 25 years in professional services delivery in Australia and has worked for Ernst & Young, WalterTurnbull Pty Ltd, PricewaterhouseCoopers and currently for global consulting business Protiviti Pty Ltd. Steven has many years' experience providing professional consulting services, as well as board and committee experience within the health and education sectors.



Mr Peter Quiggin PSM KC

LLB, BSC, Grad Dip Prof Accounting, FAICD

Appointed Board Director, March 2022.
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 Tax 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.

CHN Advisory Councils

a) ACT Clinical Council

The CHN Board has established an ACT Clinical Council. The 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.

ACT Clinical Council members

(as at 30 June 2023)

- Jason McCrae (Co-Chair), Psychologist, Think Psychology Solutions
- Prof. Kirsty Douglas (Co-Chair), Director Academic Unit of General Practice, ACT Health
- Nike Aina, Senior Registered Nurse, LDK Greenway
- Adnan Alam, General Practitioner, Watson General Practice
- Adnan Asgar Ali, Director & Principal Physiotherapist, Accelerate Physiotherapy
- Kamla Brisbane, Carers ACT Representative
- Michael Culhane, Executive Group Manager, Policy Partnerships and Programs, ACT Health
- Dr Mel Deery, Board Member Capital Health Network; Practice Principal, Your GP@Crace, Your GP@Lyneham and Your GP@Denman
- Chelsea Hillenar, Community Care Health Promotion Project Officer, Canberra Health Services
- Jackie Lockley, Pharmacist, Capital Chemist O'Connor
- Ali Loom, Practice Nurse, Directions Health
- Shelley McInnes, Health Care Consumers' Association Consumer Representative
- Mary-Ann Ryall, Senior Staff Specialist in General and Geriatric medicine, Calvary Public Hospital

b) 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 consumer focused, cost effective, locally relevant and aligned to improving local health care experiences and expectations.

Community Advisory Council members

(as at 30 June 2023)

- Lisa Kelly (Chair), CEO, Carers ACT
- Lauren Anthes, CEO, Women's Centre for Health Matters
- Erin Barry, Director Policy & Evaluation, Youth Coalition of the ACT
- Kirsten Cross, Council of the Ageing Representative
- Chris Gough, Executive Director, Canberra for Harm Minimisation & Advocacy
- Wendy Prowse, CEO, ACT Disability, Aged & Carer Advocacy Services
- Paul Thompson, Mental Health Consumer Representative
- Chin Wong, Canberra Multicultural Community Representative
- Julie Blackburn, Chair, Capital Health Network
- Karin Calford, Health Care Consumers' Association Consumer Representative

General Practice Advisory Council

The CHN Board has established the General Practice Advisory Council 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.

General Practice Advisory Council members

(as at 30 June 2023)

- Dr Niral Shah (Chair), Board Member, Capital Health Network; My GP Gungahlin
- Dr Julie Carr, GP Liaison Officer, Canberra North Hospital
- Dr Melinda Choy, GP Policy Advisor, ACT Health
- Dr Emma Cunningham, Practice Owner, Wakefield Gardens Surgery
- Dr Mel Deery, Board Member, Capital Health Network; Practice Principal, Your GP@Crace, Your GP@Lyneham and Your GP@Denman
- Dr Felicity Donaghy, Practice Principal, Garema Place Surgery
- Dr Catherine Horan, GP, Fisher Family Practice; Directions Health
- Dr Emily Jehne, GP, Interchange Health Co-op
- Dr James Manley, GP registrar, Interchange General Practice; YourGP@Denman
- Dr Dorothy Monk, GP, Hawker Medical Practice
- Dr Anne-Marie Svoboda, GP, Fisher Family Practice; ACT Health GP Liaison Officer
- Dr Jessica Tidemaan, Staff Specialist ACT Women's Health; Senior Medical Officer Therapeutic Goods Administration



Priority Area One:
Workforce

1. Delivering education to primary health care

The CHN Education Program aims to increase knowledge, develop clinical skills and enhance the way in which health care is delivered and health professionals are supported. Over the last year, CHN delivered 57 events to over 6,053 primary health care professionals. This represents a significant increase of over 140% in attendees, compared to the previous year. Of these events, 16 were face-to-face training sessions, with the remaining 41 events delivered online.

Having held all events online the previous year, the easing of COVID-19 restrictions enabled a return to face-to-face delivery and with it the additional benefit of providing networking opportunities for primary care professionals, as well as education. A range of topics were covered including immunisation and COVID-19 updates, digital health, obesity management and a return of the popular Maternity Services Day with over 80 attendees for the full-day, face-to-face event.

There was an increased focus on integrated care, with CHN actively encouraging Allied Health Professional attendance at events. The popular Practice Connect event for Practice Managers and Practice Nurses was opened up to include Allied Health professionals. Two of these events focused on the integration between general practices and allied health providers, in relation to chronic disease management.

Testimonials

Participant quotes from post-event surveys:

- *"Incredible insights shared – this webinar truly broadened my horizons!"*
- *"Attending this event was a game-changer for my professional growth."*
- *"Engaging content, expert speakers – a perfect blend of learning and networking."*
- *"A well-organised F2F event that left me inspired and motivated!"*
- *"I can't wait to implement the strategies I learned – thank you for an enriching experience."*



Some of the attendees at CHN's RACF and Allied Health CONNECT event

2. Continuous quality improvement

Continuous Quality Improvement (CQI) is a cornerstone for providing high-quality care and services. CHN is continuing to support all CQI activities for primary care through our QuIK (Quality Improvement Kits) ecosystem. QuIK has several features to support primary care:

- QuIK Visits focus on identifying the needs of general practices and co-designing QuIK Cycles in collaboration with CHN
- QuIK Cycles focus on structured CQI activities, with primary care professionals able to earn CPD hours for their involvement.
- QuIK Skills (Clinical Audit Tool 4) focuses on enhancing the quality improvement skillset of primary care staff
- QuIK Library is a repository of resources developed to inform and support primary care in CQI.

Over the last year, CHN increased engagement with general practices and conducted 113 QuIK visits and QuIK Skills to general practices, assisting the practices' Quality Improvement activities (e.g. data quality, recording ethnicity, recording smoking and allergy status, focusing on a chronic conditions) as well as improving their capability to use their practice data.

CHN had over 1,200 information request engagements with general practices to assist with COVID-19 related activities, Practice Nurse support, Practice Incentive Program, clinical audit tool, data sharing and quality improvement related activities via email and phone.

Testimonials

Quotes from general practice staff following practice visits:

- *"Great experience; will definitely reach out again" - Practice Manager*
- *"It helped us to learn about QI projects and also how to access CAT4 software to check our patients" - GP*
- *"The visit was very helpful, and I appreciated the time spent" - Practice Manager*



Interchange Health Co-operative is one of many general practices implementing quality improvement initiatives

3. Practice Nurse support

Practice Nurses play a key role within primary health care. One of the key strategic outcomes of CHN is to ensure we have a skilled, capable and productive workforce that is delivering safe, high quality and effective services. To support Practice Nurses, CHN delivered the Transition to Practice (TPP) Program, in collaboration with the Australian Primary Health Care Nurses Association. The program aimed to build the knowledge, skills and confidence of nurses new or transitioning to a primary health care setting, through an evidence-based supportive approach.

Over the last year, CHN has supported 12 Practice Nurses with places in TPP. Nurses in the first intake are due to complete the program in September 2023. Interim feedback from participants is very positive, with many highlighting their mentor as the most beneficial aspect of the program.

CHN also provided 31 nurses with scholarships to undertake the Understanding Vaccines and the National Immunisation Program through South Australia Health. Thirty of these nurses have successfully completed the program.



Some of the Practice Nurses in the Transition to Practice (TPP) Program from Ochre Medical Centre Bruce.

Testimonials

From nurses completing TPP:

- *"My mentor is really listening to me and what my goals are moving forward and she is making sure we target them together."*
- *"The 2 initial meetings with the mentor were amazing. He is quite informative and helpful."*

From a TPP mentor

- *"I have observed a significant increase in confidence in both my mentees (clinical skills/communication). I have also felt my mentoring skills and confidence have drastically improved. I have been very appreciative of the support provided by the TTP staff."*

4. GP scholarship prize

CHN, in conjunction with the Academic Unit of General Practice at Australian National University (ANU) Medical School, administered a GP Scholarship Program for medical students, over the last year. The program aimed to assist medical students stay connected to senior doctors during their final year at medical school and subsequent years in junior doctor training. The connection with senior doctors aims to provide support, networking opportunities and mentorship, while transitioning into the hospital and/or in general practice environment.

Four successful students and their respective 4 GP mentors were connected during 2 formal mentoring dinners in the students fourth year at ANUMS and were offered conference attendance during their first 2 years as junior doctor.



GP scholarship prize recipients with their mentors.

5. GP peer support



CHN's Needs Assessment highlighted a large volume of external stressors on the primary care workforce due to circumstances resulting from the pandemic.

Over the last year, the GP Peer Support Program, administered by CHN in conjunction with the ANU Academic Unit of General Practice, provided support to GPs in their early to mid-careers. The aim of this program was to provide GPs with an experience of peer support, build skills and confidence in a variety of topics in relation to primary care. Discussion topics included development of interprofessional communication, networking opportunities, sharing of knowledge of running a primary care practice and discussing strategies to address potential risks of burn out, isolation, uncertainty, self-care and change management. The groups were run using a discovery model of education where no one is an expert, but rather all members share wisdom and experience with each other using supportive communication. The program will be evaluated via survey after each cycle and at the end of 2 years.

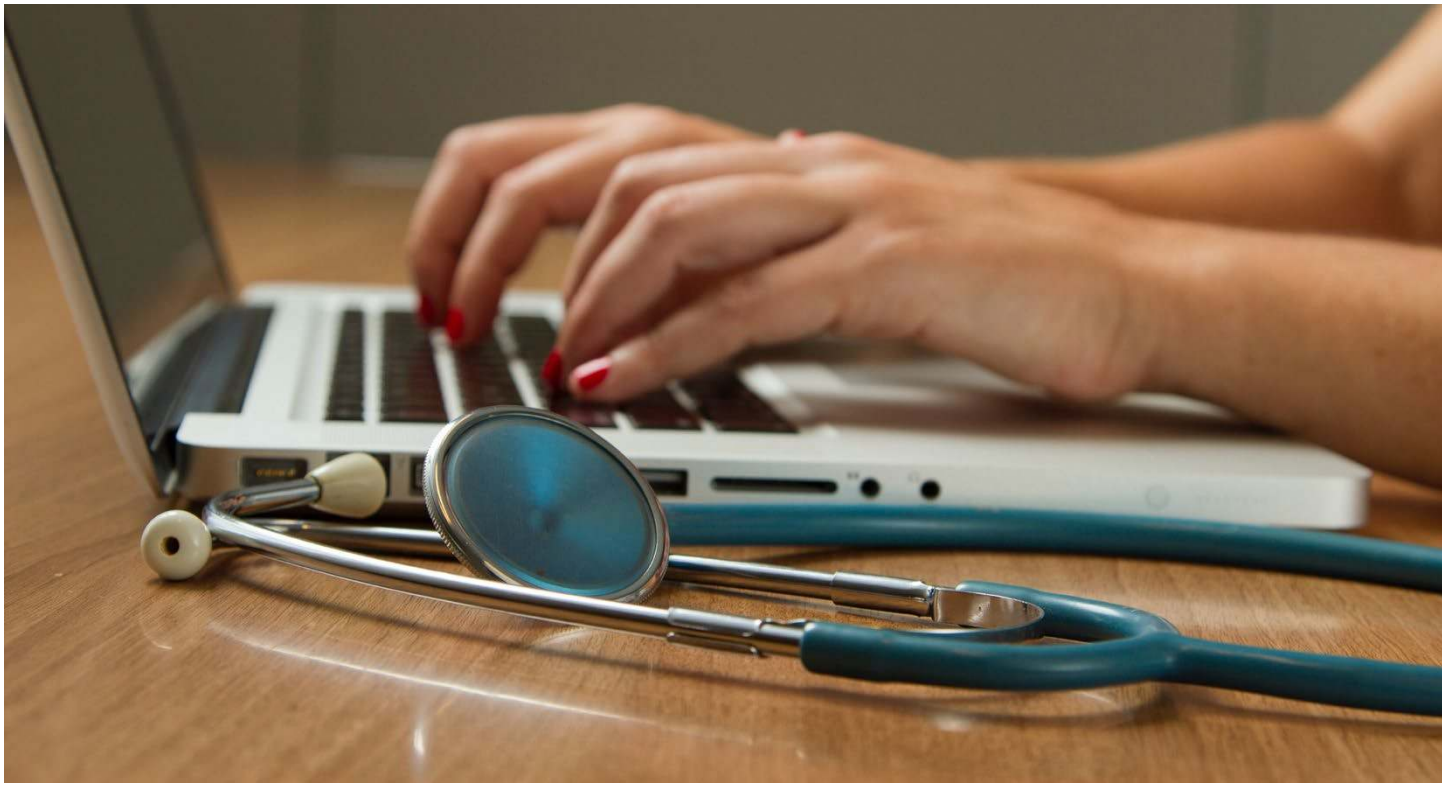
6. Workforce planning and prioritisation

The NSW and ACT Primary Health Networks (PHNs) were selected by the Department of Health and Aged Care (DoHAC) to conduct the Australian General Practice Training (AGPT) Workforce Planning and Prioritisation (GP WPP) activity across NSW and ACT. CHN was successful in its bid to lead the NSW and ACT GP WPP consortium, which is funded until the end of 2025.

The new national GP WPP Program looks at a range of different information and listens to communities. Based on what communities say and information about what their health care needs are now and into the future, the WPP program will make suggestions on places where doctors could be located while they are training to become GPs. These places are suggestions only and the 2 colleges in Australia who train doctors to become qualified GPs, the Royal Australian College of General Practice and the Australian College of Rural and Remote Medicine, make the decisions on where doctors do their training.

CHN works together with the 10 NSW Primary Health Networks on the WPP program. The suggestions the WPP Program reports make, may in the future change where doctors are trained to become GPs in NSW and ACT.

Following the grant agreement finalisation with DoHAC in August 2022, the WPP Program Data Reporting Framework was developed in November 2022, the ACT & NSW Steering Committee was established and the first WPP report was completed in February 2023, with prioritised catchments being considered by colleges for future GP registrar placement. The CHN WPP team lead an onboarding workshop for NSW PHNs in May 2022 with attendance from DoHAC and GP training colleges to ensure a high level of program understanding by all PHNs. During the workshop we collaboratively developed ways of working to support efficiency and collaboration across the ACT & NSW consortium.



Priority Area 2:
Care across the continuum

1. Social Workers in General Practice

CHN's 2021-2024 Needs Assessment identified the social determinants of health as a significant barrier in accessing health services. This is particularly perceived in the lack of support for people with complex social and health needs, when accessing and navigating between appropriate services.

As a first in Australia, CHN funded 4 general practices in the ACT to participate in the Social Workers in General Practice Pilot, with Social Workers as an integrated part of their general practice team. Four social workers were employed, 2 full-time and 2 part-time, and embedded in Interchange Health Co-op, Next Practice Deakin, Fisher Family Practice and Wakefield Gardens. The Social Workers were supported by funded professional clinical supervision and a community of practice. In addition, each practice had a funded nominated GP champion allocated for the pilot program.

The Social Workers were engaged in a range of activities involving direct patient support, including counselling, navigating complex health care systems and processes, and providing education to practice staff and patients on the scope of Social Workers within the general practice environment. This has resulted in improved referral processes and team communication, spread of workload across the teams, support for patients while waiting for health care, improved continuity of care, and improved referral processes and development of partnerships with other agencies.



The Social Workers in General Practice trial was launched at Fisher Family Practice in November 2022

Over the last year, 493 patients were seen by the Social Workers. Social Workers contributed to 77 patient care plans. The pilot program is being evaluated by the University of Canberra.

Testimonial

> *"The Social Workers have decreased pressure on GPs and brought new skills and experience to the practices. Social Workers are playing a role in supporting, connecting and 'anchoring' other members of the practice team, and educating the general practice teams."*
> *GP Champion feedback.*

2. ACT & SNSW HealthPathways

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

a) Engagement with HealthPathways

Over the last year, the site has maintained the engagement levels achieved during COVID-19. The number of pageviews and users accessing the site has doubled over the last 3 years, in comparison to the previous 3 years. Peaks in engagement with the site continue to reflect changes within the health system environment.

b) Supporting digital health initiatives

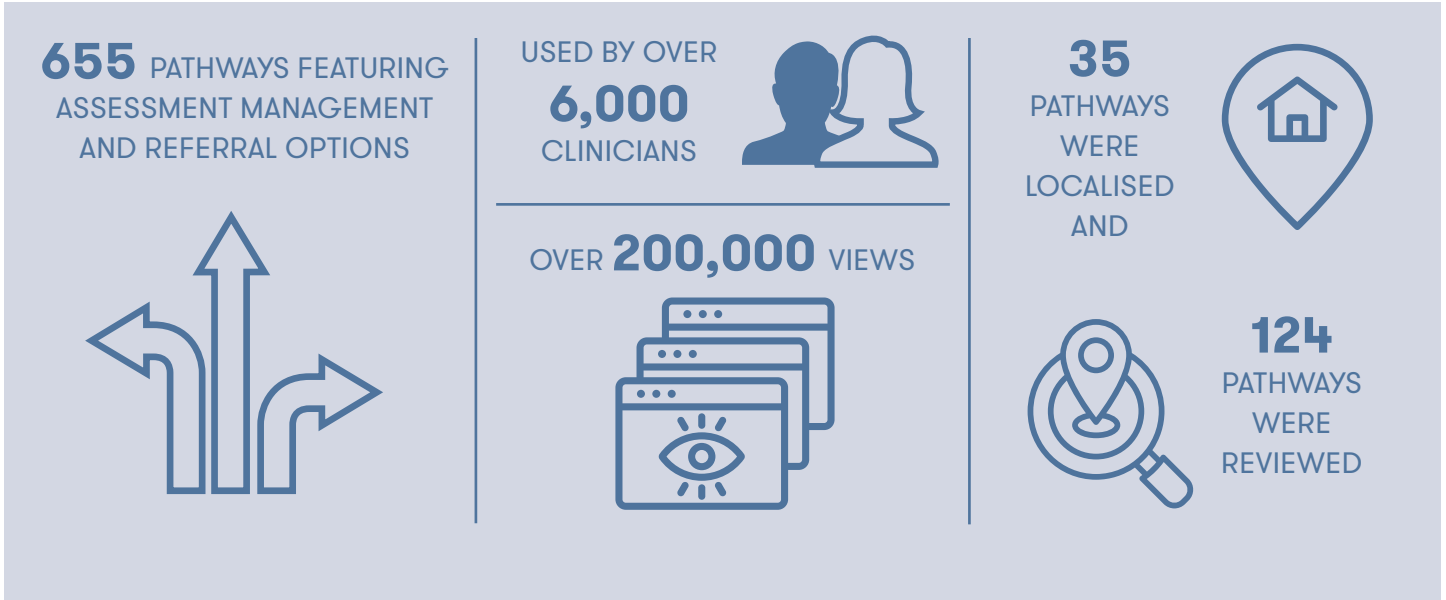
In the digital health space, the ACT & SNSW HealthPathways team supported the implementation of Canberra Script localising a pathway in July 2022 and promoting usageto HealthPathways users. The team also continued to see good engagement from HealthLink SmartForm users looking for more information on HealthPathways. **254** users accessed HealthPathways from the HealthLink SmartForm and they logged **2,625** pageviews.

c) Supporting best practice care for people at risk of poorer health outcomes

The team continued to prioritise supporting health professionals to provide the best possible care to people at risk of poorer health outcomes. Over the last year, the site library of clinical and patient information was improved, as well as the number of local service providers identified to First Nations and people from culturally and linguistically diverse (CALD) communities. The team also worked closely with local advocacy organisations to collate feedback to inform the pathways on the site. Feedback was received in areas of the health of people with variations of sex characteristics, dementia, advance care planning and carer's health.

d) Responding to local needs

The program continued to respond to local needs and develop new clinical pathways as required. Over the last year, the program localised 19 clinical pathways in response to our local health environment identified priorities and clinical areas of need.



- **Rapid localisations**
  The Mpox and Acute Rheumatic Fever pathways were rapidly localised in response to a number of cases near the region.

- **Identified Clinical Gap**
  The suite of genetics pathways was localised from a lead region collaboration with NSW HealthPathways teams. They were identified as a clinical gap on the site and feedback from advocacy stakeholders identified the role of GPs in supporting people living with these conditions: Rare and Undiagnosed Genetic Conditions, Familial Cancer Syndromes, Mitochondrial Disease, Huntington's Disease, Myotonic Dystrophy, Down Syndrome and Cystic Fibrosis.

- **HealthPathways collaboration**
  The Veterans' Health pathways were localised as part of a national HealthPathways collaboration. PHNs and HealthPathways teams across Australia had the opportunity to localise 2 foundational pathways to support GPs in a consultation and to refer to local services. These collaborations are a great example of the growing relationship between the regional HealthPathways programs and the potential for future partnerships in priority areas.

- **High interest and regional priority**
  The following pathways were localised due to a high number of searches from users or a regional priority: Cirrhosis, Gastro-oesophageal Reflux Disease, Community-acquired Pneumonia, Stroke, Gout and pseudogout, Perinatal Mental Health, Driver Assessment of Patients with Dementia and Breast Pain (Mastalgia).

e) Dementia Pathway Project

Over the last year, the ACT & SNSW HealthPathways Program continued to implement activities under the Commonwealth-funded Dementia Pathway Project, alongside Dementia Australia and other PHNs across Australia, to support the early diagnosis of dementia and to help facilitate early connections in dementia care.

The 3 main activities completed were:

- creating 2 consumer service guides for carers and patients that map local care and support services that can support people living with dementia to make those early connections in their dementia journey.

- providing local clinical and referral information for health professionals in the ACT to be hosted on the ACT & SNSW HealthPathways site. Dementia and Cognitive Impairment and Driver Assessment of Patients with Dementia and Dementia Support Services and Cognitive Impairment Specialised Assessment.

- facilitating an educational opportunity for health professionals in the ACT to provide the best possible care support for people living with dementia, their carers, families and friends.

Consumer feedback about the CHN Dementia Consumer Service Guides:

- *'They are really good documents that hopefully make it into Doctors surgeries and hospitals.'*

- *'Great to see a resource like this available.'*



3. Greater Choice for At Home Palliative Care Measure

The experience of death and dying has changed considerably in Australia over the last century. Social, economic, and carer circumstances have evolved, and life expectancy has increased alongside a greater prevalence of chronic conditions with complex symptoms and multi-morbidity. This has influenced a shift to larger proportion of deaths into hospitals and residential aged care facilities.

However, being cared for and dying at home is most people's preference. The Greater Choice for At Home Palliative Care (GCfAHPC) measure aims to help make that possible. The GCfAHPC measure provides funding for coordinating palliative care through PHNs. Goals include to:

- improve your access to the best palliative care at home
- support palliative care services in primary health and community care
- make sure you get the right care, at the right time and in the right place to reduce unnecessary hospital visits
- generate and use data to improve services
- use technology to provide flexible and responsive care, including after-hours care.

CHN conducted a needs review to better understand the current palliative needs in the ACT. As part of the review 55 stakeholders were consulted, describing barriers, enablers and insights that they have experienced when caring for palliative patients in the ACT. This valuable feedback has informed the activities that CHN has undertaken and are planning under the Greater Choice for At Home Palliative Care. The included an update of CHN's Advance Care Planning webpage.

During the Advance Care Planning week, in March 2023 CHN conducted 2 face-to-face workshops on Advance Care Planning workshop for Practice Nurses, promoting advance care planning programs and resources. Following the workshops, the HealthPathways team reported on an increase in the Advance Care Planning pathways in the ACT.

Two workshops held were sold-out including 'Mastery of Breathlessness' and an evening workshop titled 'Introduction of Palliative Care services in the ACT'. The aim of the second workshop was to increase understanding of 'who to' and 'when to' refer patients that are approaching end of life. These workshops were well attended by GPs, Research Nurses and Allied Health staff from the primary health care and community health sector. The HealthPathways palliative care referral pathways were reviewed and updated to ensure that they reflected the current referral pathways for palliative patients and their families in the ACT.

CHN is represented on the ACT Health Palliative Care Operations Committee and Governance Committee. CHN has also been supporting the Community Health Nursing Team to access palliative care assessment tools in the Digital Health Record to assess, monitor and respond to physical and psychosocial needs of patients as they approach end of life. CHN has promoted palliative care resources, learning opportunities and programs available to service providers and general practices through GP Liaison Units, CHN newsletters, HealthPathways and social media.



Mastery of Breathlessness Workshop

4. ACT Breathlessness Intervention Service

Many people with lung and heart conditions live with breathlessness every day. Even when they receive good medical care, managing this distressing symptom stops people doing simple day-to-day activities. Many people with chronic breathlessness and their family/carers experience anxiety, depression and social isolation. Chronic breathlessness is a frequent reason for ED visits and hospital admissions, resulting in high health care costs for services, out-of-pocket expenses and increased care and support needs provided by carers.

Internationally, growing research evidence supports the use of symptom-based care to lessen the effects of breathlessness on the quality of life and distress to families. There is compelling evidence that in the year after receiving brief symptom-based interventions through a Breathlessness Intervention Service (BIS), unplanned hospital admissions reduce by as much as 50-60%. Despite this, there are few available services in Australia, including the ACT, that focus on the management of this troubling symptom.

CHN engaged University of Technology Sydney (UTS), Southside Physio (SSP) and consumers and clinicians to co-design and develop a pilot of a Breathlessness Intervention Service in the ACT. The Breathlessness Intervention Service is addressing the local primary and community care needs. This pilot will contribute towards growing evidence about how a BIS could work best for our local community. It will also highlight to clinicians in the ACT the non-pharmacological interventions, including engagement of Allied Health practitioner's role in managing breathlessness to reduce distress and improve quality of life of patients and their carers.

The 12-month ABIS Pilot program was delivered by the Southside Physio multi-disciplinary team. Requiring a GP referral, the client receives an initial home visit by a Physiotherapist, with 2 to 4 follow-ups at home or by phone by a Nurse or Physiotherapist. Interventions are non-pharmacological and address the 'Breathing, Thinking and Functioning' components of breathlessness. Interventions are aimed at both patient and/or their carer. Similar pilot has been trialled in the UK.

Key outcomes

- ABIS opened referrals from general practice in March 2023 and 24 eligible patients have received at least one home consultation and 6 patients have finished the ABIS program.
- A one-day face-to-face workshop was delivered to 34 clinicians on the 'Mastery of Breathlessness', including the Southside Physio multi-disciplinary team delivering ABIS.
- Ethics approval was granted for collection of quantitative data of patient and carer outcome measures and qualitative data from patient, care and referring health professional interviews feeding into a rolling analysis to inform improvement strategies via a co-design process.

Client story

Tony* (not their real name) was referred to the ACT Breathlessness Intervention Service (ABIS) program with a history of chronic obstructive pulmonary disease, severe osteoarthritis and hypertension. Tony loved his garden and produced almost all of his food himself. He also had a great love and passion for producing several products from his olive trees.

Due to being anxious about feeling breathless, Tony reduced his activity level severely. This led to an increase in pain due to his osteoarthritis, which then further reduced his activity level.

Through the ABIS program, we increased Tony's activity level using a slow introduction to some functional activities, around and inside his house. Due to the education given, Tony was not scared or anxious to go into a state of being breathless and could manage it with breathing techniques. Slowly his osteoarthritis pain improved, and he managed a higher level of activity. Initially he seriously considered knee replacements, but after completing the program his pain reduced enough to go without surgery.

In our last session, Tony managed to have his olive trees in full production mode. Tony was loving every moment of it and was so appreciative of what the program meant to him.

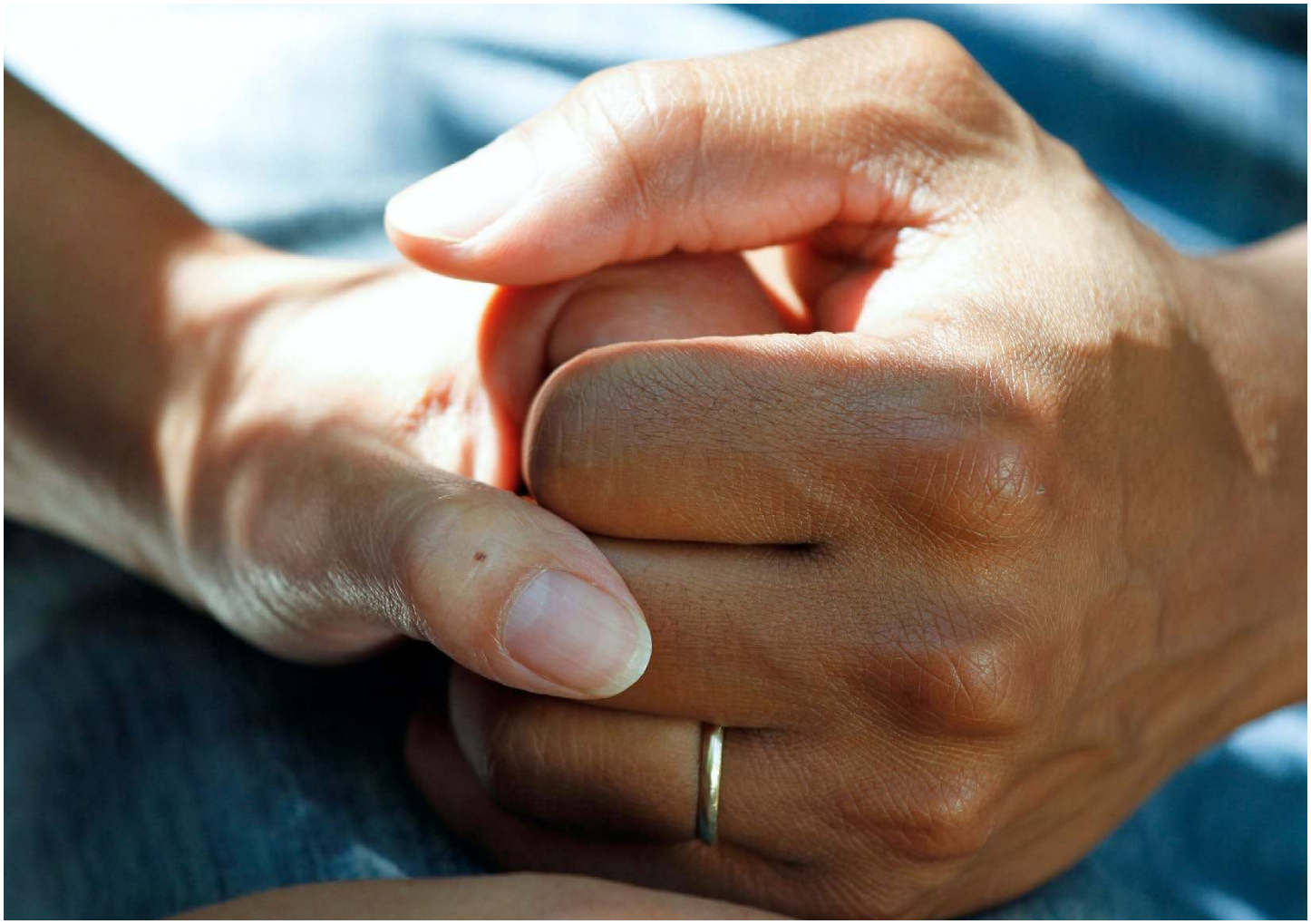


5. After Hours Home Palliative Medicines Program

When a patient with a life limiting illness identifies their preferred place of death to be home, it requires in-home support for both the patient and their caregivers. This includes ensuring that the caregiver has the capacity to confidently administer medication for symptom management, as the patient approaches end of life.

CHN identified that community pharmacists play an ongoing role in dispensing and delivering medication, as well as providing advice and education to patients and their caregivers on the quality use of medications. CHN commissioned Capital Chemist Wanniassa and Capital Chemist Charnwood to deliver the After-Hours Home Palliative Medicines Program. The program allowed for timely provision of palliative medicines to a patient's home, including Residential Aged Care Facilities (RACF) and education to the caregivers. This increased the chance of a patient staying at home for end-of-life care. The program included palliative care education for the community pharmacist, so that they had the confidence and skills to support dying patients and their caregivers.

As part of our work with supporting at- home Palliative Care within the ACT, CHN focused on supporting primary and community health care to recognise signs of deteriorating patients early to decrease the need for emergency access to these medications.





Priority Area 3:

People at-risk of poor health outcomes

1. Vulnerable Populations COVID-19 Vaccination Program

In response to the low vaccination numbers in vulnerable populations, the DoHAC funded the Vulnerable Populations COVID-19 Vaccination Program to remove barriers to vaccination.

Through the program CHN, ACT's PHN, commissioned general practice, pharmacies, other health and community care providers to undertake activities to promote and support COVID-19 vaccinations to vulnerable groups. The funding also covered the cost of vaccination for non-Medicare patients. Activities included:

- In-reach clinics e.g., Residential Aged Care Facilities, Supported Disability Accommodation or Supported Independent Living residents, Embassies, sex on premises locations
- Pop-up clinics e.g. held in community facilities or events
- Mobile clinics e.g. vaccinations offered from a purpose-built van at locations responsive to need
- Clinics at the general practice or pharmacy premises
- Support to access vaccination e.g. transport
- Vaccinations in home to those who are homebound
- Resource development to support people with language barriers.

Over the last 8 months, 2,102 vaccinations were provided, including 161 for non-Medicare clients and 85 homebound people.

CHN commissioned the following providers to deliver these services:

- Women's Centre for Health Matters
- Meridian Incorporated
- Gungahlin Square Priceline Pharmacy
- Amcal+ Pharmacy Belconnen
- Erindale Pharmacy
- Company Medical Services
- Erindale Healthcare
- Gungahlin Family Healthcare
- Guardian Pharmacy Belconnen
- Interchange Health Co-Operative
- Next Practice Deakin.

Testimonial

Guardian Pharmacy, Belconnen ran 3 successful vaccination pop-up clinics at the following venues:

- *Havelock Housing provide a range of affordable, social and specialist disability housing to assist those in need across the ACT and Southern NSW region. A BBQ was held to encourage residents and homeless clients to attend, with 26 people receiving COVID-19 vaccinations.*

- *Ngunnawal Street Pantry is a home-based volunteer run service for the local community to access donated food, clothes and other essentials. Three pop-up clinics were held, with the third clinic vaccinating 83 people within some of the target groups including children aged 5-11, children with disabilities aged 5-11, frail aged and refugees, some without Medicare.*

- *Canberra City Care provide a range of practical help for people experiencing financial hardship. 26 people were provided with COVID-19 vaccinations.*



A successful COVID-19 vaccination pop-up clinic was held at Havelock House for vulnerable populations.

2. Integrated AOD and Primary Care Outreach Services

People who experience drug dependence are likely to experience stigma, discrimination and ongoing impacts of criminalisation. This leads to a wide range of social and health inequities and requires an integrated approach in providing appropriate health care. Many people experiencing AOD dependence need multidisciplinary approaches to primary health care. However, they often face challenges navigating the primary health care system due to complex needs and a lack of tailored support services. Outreach services can reduce barriers and increase access to health services and treatment for people at-risk of poor health outcomes.

Directions Health's integrated AOD primary care and counselling/case management outreach and in-reach services provide wrap around, responsive health care for people at-risk of poor health outcomes. The services utilise a drop-in arrangement, optimising practitioner time and the clinics' accessibility to clients. PAT is Directions' mobile clinic; Pathways to Assistance and Treatment. This custom-built "clinic on wheels" enables Directions' staff to offer the full range of minor procedures and services usually on offer in a standard GP clinic, enhancing clients' access to health care.

Directions Health continues to provide comprehensive, respectful, non-judgemental support to people who are impacted by alcohol and other drugs (AOD), and their families in the ACT and surrounding regions of NSW. In 2022, an evaluation of the PAT service was completed by ANU, commissioned by ACT Health in collaboration with CHN, and results were overwhelmingly positive. Feedback from PAT clients and service users surveyed and interviewed included: 72% reported that their health had improved since they started using PAT services; 67% said having access to PAT reduced the need for them to attend the Emergency Department; 83% for whom substance use was an issue said PAT had helped them manage their alcohol and other drug use.

Over the last year, across the combined outreach locations, Directions' PAT service conducted a total of 313 clinics with 2,860 people. This equated to an average of 16 client presentations per clinic, demonstrating consistently high demand for the service.

Client story

Kate* (not her real name) has a history of childhood trauma and spent much of her childhood in foster care. She lives in public housing and has longstanding mental health issues. She is currently diagnosed with depression and anxiety, has difficulty regulating her emotions and has a history of self-harming when distressed. She has struggled with substance use since her late teens, which increases when her mental health deteriorates, creating a vicious cycle.

Kate has attended the clinic for treatment of wounds and other relatively minor ailments, as well as STI and BBV treatment. She is prescribed opioid maintenance therapy on daily pickups, and assistance was sought from the local pharmacy to also provide her Hepatitis C treatment and anti-depressants daily. The importance of using sterile equipment and not sharing equipment was emphasised and she now attends the Needle and Syringe Program weekly outreach service if she needs equipment.

Over the past 3 months, Kate reports that her mental health has been more stable, her mood has lifted, and she has reduced her substance use. Her self- harming behaviour, including her need for wound treatment, has also decreased. She was referred for priority dental work and this has contributed to reduced pain and discomfort and improved self-esteem. She was previously unreliable in attending dental appointments, and consequently was placed at the end of the waiting list. However, staff advocated on her behalf and helped with transport, resulting in a positive outcome.

PAT staff will continue to support Kate to improve her health and wellbeing and will seek to create opportunities for her to confide in them.





Priority Area 4:
Mental Health

1. Regional Mental Health Planning and Commissioning

Regional collaborative commissioning is a whole-of-system approach to the planning, development, and delivery of health services, with the aim of enabling and supporting value-based care across the health system. As part of the ACT Regional Mental Health and Suicide Prevention Plan 2019-2024 (the ACT Plan), CHN and ACT Health Directorate have committed to collaborate and partner in the planning, funding and delivery of services to support regional commissioning. This is an important step towards integrated mental health care, with commissioners working together to improve the health outcomes of at-risk populations and operating in partnership as one health system.

In 2022-23, the ACT Plan was in its third year of implementation. During this year, CHN and ACT Health Directorate identified opportunities to strengthen the integration of mental health and suicide prevention activities in the ACT and update the ACT Plan to reflect the changing environment of the mental health sector. This included a joint workshop to capture areas of further action towards local collaboration, and the establishment of new governance groups to support the influence of ACT mental health and suicide prevention initiatives. This work is continuing across 2023-24 as the ACT Plan enters its final implementation year and opportunities for the next stage of regional mental health planning and commissioning arise.



2. Adult mental health centre: Head to Health Canberra

Canberra Head to Health moved to permanent site

Head to Health sites operate around Australia and offer an entry point for adults to access a range of mental health services, without needing an appointment or paying a fee. These services address fragmentation in the mental health service system and enhance local service integration to offer a seamless care pathway for consumers to receive the right level of care, at the right time, to meet their mental health needs.

In February 2023, Canberra Head to Health moved to the permanent site in the Canberra city, launched by Federal Assistant Minister for Mental Health and Suicide Prevention, Ms Emma McBride. CHN, ACT's PHN, commissioned Think Mental Health to deliver this centre.

There was a significant increase in demand for services and increasing complexity of consumers help seeking since the launch. During the last 6 months, staffing expanded to include psychiatry, a full-time peer worker and full complement of multidisciplinary mental health clinicians. This has enabled an expansion of both wellbeing and clinical services, which have been well received by consumers and referrers alike.



The permanent Head to Health Canberra site was launched by Federal Assistant Minister for Mental Health and Suicide Prevention, Ms Emma McBride (centre), joined by the Federal Member for Canberra, Alicia Payne MP and Head to Health Peer Worker, Mimi Woods.

The range of services offered within the Centre has further grown to address demand and identified need. Additions to clinical services include addition of a second skills group within the Dialectical Behaviour Therapy (DBT) program, along with 2 new clinical groups; Introduction to Cognitive Behaviour Therapy (CBT) and Healing from Trauma. The wellbeing services have also expanded to include a second Peer Social group (young persons), along with a Mindfulness and Relaxation group.

Over the last year, a total of 1,835 contacts to the Centre (both phone and walk-ins), of these 883 completed the Intake process (Initial Assessment and Referral (IAR) and service navigation).

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Over this 6-month reporting period, Head to Health has provided 85 psychiatric appointments (since late February), 90 comprehensive mental health assessments, more than 900 individual psychological sessions and provided over 1600 hours of clinical services to consumers. Wellbeing services have been provided to 34 consumers over the reporting period.

Testimonial

- *"I am very happy, I decided to walk into that front door and ask for help. The service has been a blessing for me. I knew I needed assistance but waiting times at private practices were long and was going to be costly. Following the intake interview, I had an appointment with a psychologist within a fortnight. Throughout those visits it was recommended to have a review with a psychiatrist and that appointment was also available within a fortnight. I am feeling hopeful that I can continue to make improvements and grow following the release of past trauma. All staff I have had contact with are friendly and professional and very approachable. I will highly recommend Head to Health to family and friends if needed."*

Client story

Hua* (not her real name) was struggling with relationship difficulties with her husband, whom she had recently realised was emotionally abusive. She described struggling with depression, anxiety and stress associated with this relationship, as well as financial constraints, care taking for ageing and ill parents and unstable accommodation with her husband.

Hua was provided a range of resources and was invited to attend the Understanding Trauma Psychoeducation Group, as she expressed having limited understanding of trauma and its effects. She was very engaged across the 4 weeks of the group, made insightful reflections on her experiences, connected with other consumers in the group and applied the learning in her life across those weeks. Towards the end of the group, she emailed the services, reporting "I can't thank you enough for your Trauma Group sessions. They've helped me so much, including this morning when I was unnecessarily dreading an incoming phone call but was able to establish why and then let the fear go!" and has since engaged in other groups the service is able to offer.

This is a great example of the value of short-term psychoeducation-based groups where consumers can learn about a psychological/ mental health related topic in a safe, non-confrontational manner as it does not require the unpacking of their own trauma experiences. The group aims to educate consumers about the impact of trauma and provide brief soothing and grounding skills. They are provided with the pathways they can take to address their trauma experiences empowering them to take ownership of their experience.



3. Mental health services for young people: headspace

The ACT has 2 headspace centres, one in Tuggeranong and the other in Braddon. CHN, ACT's PHN, commissioned Grand Pacific Health to operate both centres, as the lead agency.

headspace promotes early help seeking by young people aged 12-25 years old, providing holistic care in the areas of mental health, physical and sexual health, alcohol and other drugs, and vocational/educational support. This support is provided in a variety of methods, including online and phone support, mental health counselling, GP support, peer support and care coordination.

Over the last year, both headspace Canberra (Braddon) and headspace Tuggeranong jointly delivered services to over 1,400 young individuals. Notably, there was a near 40% surge in service occasions provided by both centres in the last year with over 5,000 occasions of service delivered compared to the preceding year of over 3,600, underscoring the escalating demand and recognition of headspace services within the Canberra region.

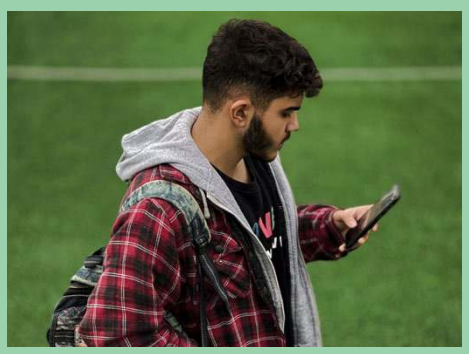
Testimonials

- *"A very supportive environment and lovely individuals who make you feel empowered about your own health care and support progress."*
- *"I would recommend this service to everyone. My child's needs were met and when extra support was needed, they were happy to help."*
- *"Very thoughtful and client orientated."*

Client story

Zach* (not his real name) presented to headspace Canberra experiencing heightened stress due to study. He presented with difficulties associated with an ADHD diagnosis (focus, motivation, inconsistent routine), high levels of anxiety, low self-worth and body image issues. He wanted assistance to support him in completing outstanding and upcoming assignments.

Zach was referred to the Youth Care Coordination stream within headspace. During sessions there was a focus around the implementation of the study plan and developing a structured daily routine. Supportive counselling also provided a safe space for Zach to start unpacking some of the issues connected to his low self-worth and body image issues.



Throughout the duration of support with headspace Canberra, he was also supported in connecting with a Psychiatrist to complete a formal ADHD assessment. Upon the completion of the episode of care, Zach was referred to headspace Digital Work and Study for an additional 3-month support.

4. Safe Haven

Options to seek face-to-face support can sometimes be limited for people experiencing emotional distress or suicidal thoughts. Some of the reasons include living away from home for study, homelessness, not feeling comfortable to talk to family or friends, or lack of resources and knowledge.

CHN, ACT's PHN, partnered with ACT Health to jointly fund and commission Stride Mental Health to run Safe Haven Belconnen to provide a safe space for people experiencing suicidal thoughts or emotional distress to drop in for support. The Safe Haven Belconnen team are all peer workers, people with a lived experience of mental health issues, who are appropriately trained to support guests of Safe Haven.

Safe Haven Belconnen saw an increase of 23% in face-to-face visits and 24% in individual contacts, with over 1,400 guest visits to the service. The number of average weekly visits grew from 23 in the first half of the year, to 32 in the second half of the year. Over the year, Save Haven provided over 2,500 guest support activities, including follow-up calls, face-to-face support and referrals to emergency services.

The Police, Ambulance, and Clinician Early Response (PACER) team now sometimes bring guests to Safe Haven Belconnen instead of to the Emergency Department.



Safe Haven Belconnen

Testimonials

- *"You make me feel calm, safe, accepted and heard, thank you."*
- *"I am grateful to have had your support during one of the darkest times. Thank you for your patience, understanding and advice. I hope you don't underestimate the impact you have on the people who walk through your door."*
- *"Thank you for being a place where I have been able to feel safe, heard and understood. Thank you for the laughs and showing me there are still people out there who care."*

Safe Haven has provided peer support to many University students coping with the pressures of undertaking study, some feeling isolated as they didn't grow up in Canberra. Staff have supported guests with study plans, alongside safety planning, and provided a safe space to talk about the pressure. This has helped people to continue studying and, in some cases, to access On-Campus Support for their mental health.

SAFE HAVEN BELCONNEN HAD AN INCREASE OF **24%** IN INDIVIDUAL CONTACTS WITH OVER **1,400** GUEST VISITS



Client story

Safe Haven staff supported a young individual who was experiencing symptoms of psychosis for the first time, causing a great deal of fear and anxiety. Staff were able to provide peer support on the subject of recovering from episodes of psychosis and re-assured the young person that they were not alone. The guest continues to access Safe Haven when they are feeling at risk and have consented to staff supporting them to access Emergency Services when they are feeling too unsafe to remain at home.



5. Support following a suicide attempt: The Way Back Support Service

Suicide and intentional self-harm are tragic and preventable health issues. In 2023, the national reported suicide rate was approximately 9 deaths per day (AIHW, 2023). People who have attempted suicide or experienced a suicidal crisis often experience severe distress in the days and weeks immediately afterwards, and they are at high risk of attempting again. Providing individuals with support at times when they are most vulnerable is critical to ensuring that support is effective in achieving safety. Presenting at and/or being admitted to hospital following a suicide attempt or suicidal crisis is a time of heightened risk, therefore health interventions must support vulnerable individuals when transitioning out of acute settings and into the community.

CHN, ACT's PHN, commissioned Woden Community Service (WCS) to deliver The Way Back Support Service (TWBSS) to support people in the first few months following a suicide attempt. People who have experienced a suicide attempt are referred to the program by Canberra Health Services (CHS) hospital emergency department and mental health units for follow-up psychosocial support which can last up to 12 weeks. This is seen as a critical suicide prevention aftercare response for a person at a high-risk time and is a key element of the LifeSpan integrated framework for suicide prevention. WCS provides integrated and person-centred care to people at-risk of poor health outcomes empowering them to feel healthier and more confident about their future. TWBSS provided 148 episodes of care over the last year. The program governance is supported through a collaboration with key stakeholders, including service users that has resulted in a streamlined referral process and opportunity for further co-design of service.

Client story

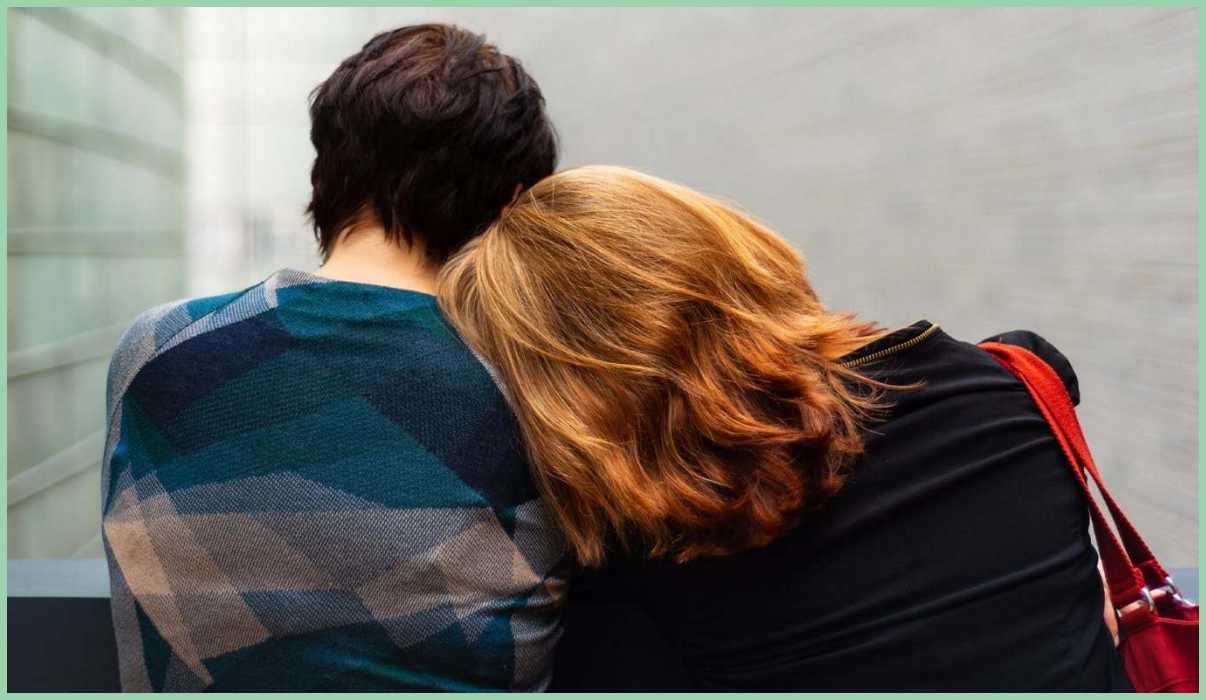
Grace* (not her real name) attempted suicide multiple times, often following periods of conflict and arguments with her parents regarding her life choices, including her tertiary studies and future prospects.

Grace's parent's expressed scepticism regarding mental health issues and concerns and were not supportive of supporting mental health support and treatment for her. Grace did not have a formal mental health diagnosis in place.

Grace said her parents were high achievers academically and professionally, and they often voiced the same high expectations of Grace. Grace "hated" her university course and was failing as a result. Following TWBSS Support Coordinator facilitating a meaningful discussion with Grace's parents regarding the negative impacts of these expectations on Grace, she successfully transferred to a different university program that was aligned with her creative passions.

Grace was linked in with a psychiatrist who diagnosed her with dissociate identity disorder and it was identified that she had 5 separate personalities, with individual history, traits, likes and dislikes. This formal diagnosis was a significant milestone and the start of Grace's recovery journey. Grace was finally accessing the correct medical treatment she needed, and this led to significant improvements in her mental wellbeing.

Grace reported regular use of the therapeutic tools given to her when she struggled with emotional dysregulation. She learned coping tools to manage her relationship with her parents and reported an increase in self-confidence. She gained full-time employment and was optimistic about the future. During Grace's final session with TWBSS support coordinator, she called the service "life changing".



6. Mental health services for the LGBTIQA+ population: Inclusive Pathways

LGBTIQA+ communities have diverse health needs. Prevailing social stigma and discrimination have led to greater barriers to accessing health services and poorer mental health outcomes. Therefore, there is a need for community-oriented and person-centred mental health services that identify and understand the intersectional needs of the LGBTIQA+ community.

CHN, ACT's PHN, commissioned Meridian to run the Inclusive Pathways program to provide high-quality and trauma informed evidence-based psychological therapies and psychosocial strategies to the LGBTIQA+ community that live/work/study in the ACT.

Over the last year Inclusive Pathways, through its comprehensive and individualised approach, provided invaluable support to 85 clients with diverse lived experiences. By combining evidence-based psychological strategies with specialised care, the program empowered clients to address mental health concerns and explore their identities with an affirming and inclusive approach. When surveyed, 93% of service users reported an excellent experience with the Inclusive Pathways team and 98% of clients agreed or strongly agreed they felt safe to be themselves and accepted.

98% OF INCLUSIVE PATHWAYS CLIENTS AGREED OR STRONGLY AGREED THEY FELT SAFE TO BE THEMSELVES AND ACCEPTED.



Client story

Melissa* (not her real name), a 48-year-old woman who recently came out as gay, had been married to a man and was struggling to navigate the implications of her sexuality on her personal life. Inclusive Pathways supported Melissa in addressing her mental health concerns, exploring her identity, and managing the stigma associated with coming out later in life.

To address Melissa's multifaceted needs, the Clinical Care Coordinator referred her to a Psychologist within the Inclusive Pathways program. The Inclusive Pathways Psychologist engaged in a collaborative therapeutic process with Melissa.

Melissa gained a deeper understanding of identity as a lesbian woman and gradually reconciled the guilt and shame associated with disclosure later in life. Melissa developed improved coping skills, being empowered to manage depression through therapeutic strategies. The process strengthened her self-esteem, self-acceptance and self-compassion, leading to an overall improvement in her mental wellbeing. Through this holistic approach, Melissa's journey towards self-acceptance and well-being was supported, allowing her to rebuild a healthier and more fulfilling life aligned with her authentic self.

7. Mental health support: Next Step

The ACT experienced a demand for health care service delivery for people experiencing mild-to-severe mental illness and complex mental health issues. There was a need for services to improve suicide prevention and address service gaps in the provision of psychological therapies for people in underserviced and hard to reach populations.

825 CLIENTS RECEIVED FREE PSYCHOLOGICAL SUPPORT THROUGH NEXT STEP.



CHN, ACT's PHN, commissioned Marymead CatholicCare to deliver Next Step, a mental health stepped care program which provides free and confidential low and high intensity psychological support services for people of all age groups. The Next Step program is based on the UK's Improving Access to Psychological Therapies (IAPT) model, where clients presenting with symptoms are assessed and then 'stepped' into a low or high intensity mental health service that best suits their needs. Next Step services are offered by trained clinical and non-clinical workforces who provide Cognitive Behavioural Therapy (CBT) to help participants work through difficult times in their life that impact the way they function day-to-day.

Over the last year, 825 new clients were seen through the Next Step Program, with over 3,500 low intensity occasions of service and over 4,600 high intensity occasions of service. Of particular note is the continuing trend of high referral numbers from females aged 13-16 years to the High Intensity Next Step program. These clients particularly request a female practitioner and prefer face-to-face appointments. It is currently the most referred age group.

Client story

Chloe* (not her real name) is a teenager who presented for support with recent experiences of anxiety, an upset stomach and intense worry about her social interactions and performance at school. Chloe related this to experiences of a difficult teacher the previous year, as well as being bullied by her peers.

Chloe's symptoms were interfering with her engagement in classes and leading her to withdraw from peer relationships and new activities. Chloe completed 11 treatment session of cognitive behavioural therapy (CBT). Sessions with Chloe initially focused on her developing awareness of other's responses in social situations. This was then the basis for Chloe engaging in interventions that tested her anxious beliefs about interactions with others. Additionally, Chloe was assisted to reduce habits of over apologizing to others and over criticizing her efforts when she was trying to do tasks around others, especially in school. At Chloe's last appointment she reported improvement in her anxious symptoms and much greater confidence at school. Chloe also reported a greater sense of self-worth and more trust in her connections with friends.

8. Psychosocial support for people with severe mental illness: New Path; Bloom Healthy Living; Alongside

Within the ACT, there are individuals who live with severe mental illness and associated psychosocial functional impairment who do not receive support from the National Disability Insurance Scheme (NDIS).

Through the National Psychosocial Support Measure, CHN commissioned 3 services to provide recovery-focused psychosocial supports to people with severe mental health illness and issues, with assistance from the ACT Government under Mental Health Community Funding and the Bilateral Agreement between the Commonwealth and the ACT Government for the National Psychosocial Support Measure.

a) Woden Community Service – New Path

New Path delivered by Woden Community Service is an early intervention recovery program for 18–35-year-olds whose ability to manage daily activities and to live independently in the community has been seriously affected by their mental health issues. Participants receive support through a range of co-designed activities linked to an individual recovery plan.

WCS worked closely with CHN to bring New Path and Continuity of Support together under the umbrella of the Commonwealth Psychosocial Support Program (CPSP). This has provided a single point of access and recovery-oriented time-limited support to a broader range of people, with timely re-entry if required. It has also provided a pathway to support participants to access the NDIS. In addition, the CPSP team used CHN's additional funding to introduce the new Access Enabling stream. This stream assisted participants to get into the NDIS for longer term support, while maintaining a level of therapeutic intervention to continue the participant's recovery journey. As a result, work was undertaken with 172 participants over 2,455 occasions of service, 1,630 through the New Path stream, 699 through the Continuity of Service Stream and 126 through Access Enabling.



Client story

Jasmine* (not her real name) is a resilient young woman who embarked on a transformative journey with the New Path program to help overcome the challenges of selective mutism. Jasmine initially struggled interacting with others, relying solely on typing messages to her father to communicate on her behalf, while spending most of her time at home.

Through intensive weekly support and careful planning, Jasmine began exploring her interests in the community and joined a creative group. Initially, making eye contact and engaging with other group members seemed daunting, but with time and guidance, she slowly started connecting with her peers. One significant step forward was when Jasmine was enrolled in courses at the Canberra Institute of Technology (CIT), and her worker attended classes with her, demonstrating her communication method, where Jasmine typed her responses while her worker interacted verbally. This technique not only helped Jasmine feel more at ease but also fostered understanding and acceptance among her classmates.

Recognising the importance of independence, the focus of Jasmine's recovery shifted towards building life skills essential for adulthood. Her worker provided support to navigate public transportation, obtain a library card, open a bank account, and successfully enrol at CIT. These achievements empowered Jasmine and helped her feel more capable of facing life's challenges. After a period of success and growth, Jasmine felt a setback after 6 months and realised the weight of a lifetime with selective mutism. The anxiety of not being able to communicate verbally hindered her academic progress at CIT and created uncertainties about her future.

Returning to New Path for a second period of support, Jasmine has since developed the confidence to attend Drop-in-group sessions independently. Her delightful sense of humour and exceptional skills in board games made her well-liked by other group members. Most importantly, Jasmine was receptive to the idea of treatment, understanding its potential to transform her life. With the assistance of New Path, Jasmine's dedicated recovery worker helped her find a skilled therapist in Sydney. Jasmine accessed to 12 months of specialised cognitive-behavioural therapy with a clinical psychologist. This step would serve as the foundation for her personal growth and pave the way for a flourishing life. Jasmine's journey is a shining example of how the extended duration of New Path can yield sustainable and life-altering recovery outcomes. Her determination, coupled with the unwavering support from her recovery worker and the program, helped her to manage selective mutism and embrace a future full of possibilities.



b) Flourish – Bloom Healthy Living

The Bloom Healthy Living Program delivered by Flourish is a recovery-based peer-led program designed for 35-64+ year old participants that promotes healthy living. The program can help build life skills, promote good health, support engagement in education, volunteering or employment, and help participants learn how to better manage their finances. Peer Workers conduct initial assessments and are key contributors in developing monthly group calendars, which are co-designed with the people accessing the service.

Over the last year, 188 people were supported through 3,557 service contacts, totalling 3,285 hours of support. However, clients are still impacted by the absence of long-term psychosocial support services, the length of the NDIS application processes, a person's ineligibility for access to the NDIS and the extended waiting lists of other short-term service providers within the region. Therefore, several participants remain within the program for longer than 3 to 6 months. However, this number has been reducing and additional network pathways have been established with Woden Community Service, Directions, Toora and Calvary to increase cross-referrals and provide an increased network of supports to participants.

In addition, Flourish Australia provided 50 iPads with data access to participants which improved participant capacity and agency regarding support-based goals such as:

- increased access to and engagement with education opportunities
- employment identification, management and completion of applications
- increased access to online agency portals (e.g. myGov, Centrelink, Access Canberra)
- increased autonomy and supports for development of daily living skills.



Client story

Eri (* not her real name) identified several barriers to community access, also finding it difficult to keep track of financial stresses. She has since received support from Flourish to attend appointments and build capacity to better navigate public transport systems. With the help of the CPS iPad, Eri said she's found it easier to keep track of her bills and maintains connections with others. She's found several online word games that she likes to complete and talk to friends about. She has also been able to maintain access to her online religious community, reading the bible and attending some church sessions online on the days she finds it difficult to go out. Eri now feels like she is better able to organise her day and self-motivate, making it easier to break down and meet larger goals.



c) Directions - Alongside

Alongside began in January 2023, under a CPSP grant. The service offered integrated care, working closely with Directions' Psychiatrist, primary care health team and counselling and case management teams to meet clients' complex needs. Services were provided to 28 clients, with 206 direct one-on-one occasions of service.

Client story

Olivia (* not her real name) is a young female living in shared mental health accommodation. The client was engaged in sex work and chose to work with a female peer mental health worker, who she knew to have extensive experience in this area. The client had multiple diagnoses including post-traumatic stress, borderline personality disorder, autism and alcohol and sex dependency. She uses self-harm as a coping mechanism when stressed, and has experienced domestic and sexual violence in her personal and work relationships.

A support plan focusing on living skills, healthy eating, personal hygiene, healthy boundaries and self-compassion was developed between Olivia and the peer mental health worker. Olivia has identified feeling better in her body, managing her mood and 'keeping on top of day-to-day stuff' as key goals.

Olivia was supported to access health, sexual health, legal and trauma services. She was also helped to take on some behavioural activation and enjoyable activities to lift her mood and create routine in her days.

9. Mental health services for young people with emerging Borderline Personality Disorder: The WOKE Program

A complex mental health issue that emerges in early adulthood is borderline personality disorder (BPD). It is a personality disorder classified by ongoing behavioural issues and feelings that cause decreased functioning and increased distress over time. BPD affects 1-3% of the population and has a lifetime prevalence of 5.9%.

CHN, ACT's PHN, commissioned the University of Canberra (UC) to develop and implement a program that focuses on early intervention for mood regulation in emerging adults (aged 15-21 years) at high risk of BPD. UC conducted the intervention program, named WOKE, that utilises dialectical behavioural therapy (DBT) performed by student clinicians, under the supervision of skilled psychologists. This program teaches clients and their family and/or their supports, skills and techniques which can then be effectively adapted to their environment to assist with reducing psychological distress and which are transferrable through all areas of an individual's life.

Over the last year, UC delivered 940 sessions (207 more than the previous financial year), of which 331 were group sessions and 480 individual sessions. They also implemented an enhanced focus on family involvement in response to parent feedback from previous programs, which saw the addition of 2 parent-only group sessions. The newly introduced parent-only group sessions worked on increasing understanding of the

difficulties young people face and how to use behavioural principles to support change. In addition, evaluation components were added to determine the impact on families of the enhancements. The greater emphasis on family engagement saw 17 families also engage with individual treatment sessions, and 52 family sessions being run in program 8.



The WOKE team and special guests.

Client story

Jessica* (not her real name) was referred to the WOKE program for assistance managing emotion dysregulation and suicidal behaviour, including impulsive non-suicidal self-injury, suicidal ideation and suicidal urges. These difficulties were impacting her academic performance and her interpersonal relationships with peers and at home. Jessica's pattern included difficulties managing intense emotions such as anger, anxiety, shame, sadness and loneliness, leading to risky impulsive behaviour. Jessica described an increase in impulsive behaviours, such as engaging in conflict with family members and peers (e.g. yelling, screaming, angrily lashing out), self-harm by punching self, cutting or 'clawing' at forearms, and suicidal behaviour including hospitalisation for an overdose. At the completion of the WOKE program, Jessica had stabilised and made significant progress. Life-threatening behaviours including non-suicidal self-injury, suicidal ideation and suicidal urges were no longer pervasive and her capacity to regulate her emotions had improved. Jessica reported 'feeling better' and cited the increased use of the DBT skills such as self-validation and self-soothing as being instrumental in helping her. She also reported being able to seek support more effectively because of her learning the interpersonal effectiveness skills. Jessica had a positive experience with her therapist and indicated that she was feeling much more stable and ready to benefit from psychological treatment after WOKE.

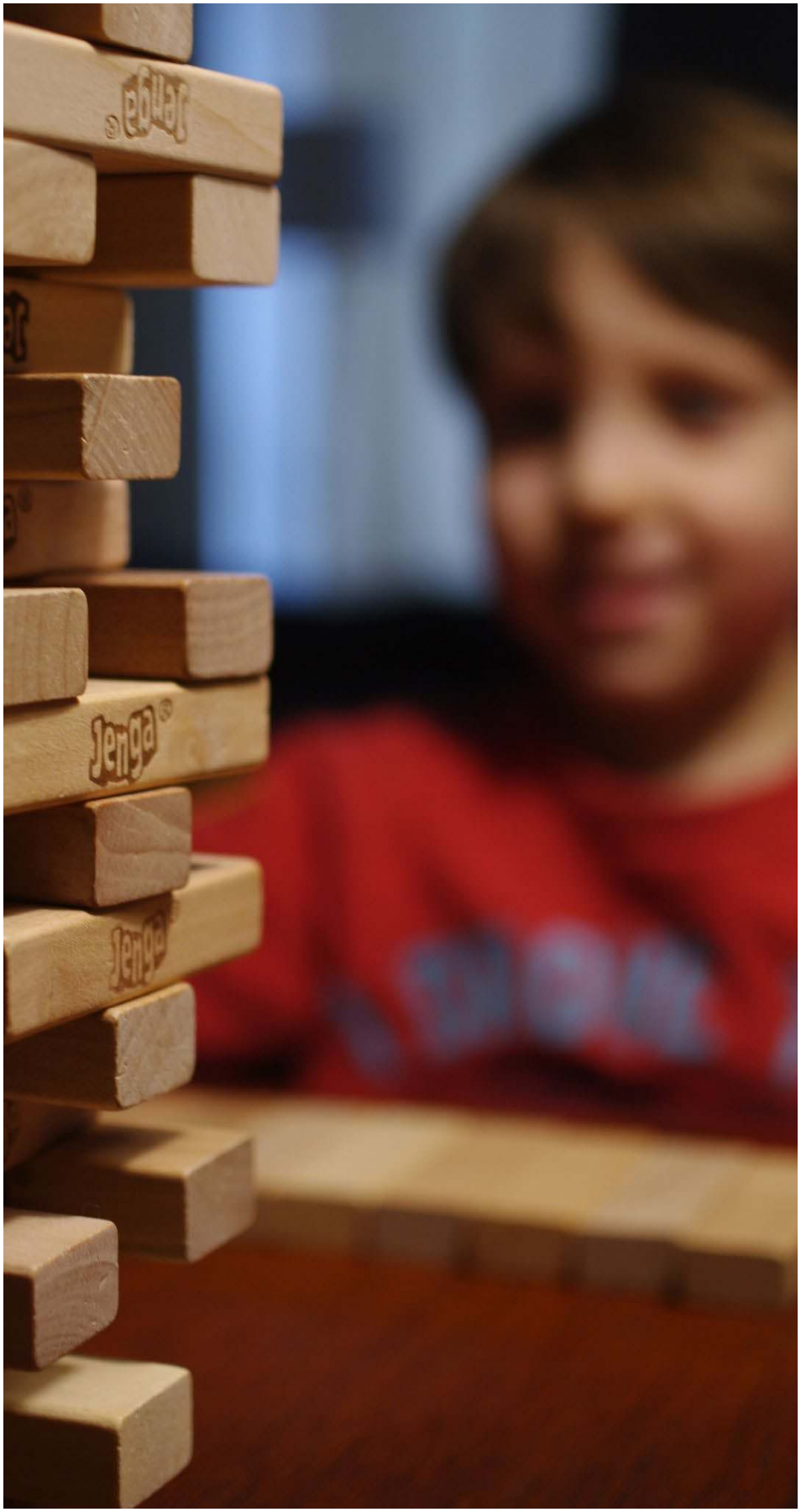


10. Therapeutic service for children: Stepping Stones

Many children experience trauma and do not receive any psychological support. Lack of support may lead to behaviour changes, nightmares, anxiety, grief and low mood. Children may also not adequately develop many important life skills due to being in a traumatic situation. This could lead to complex mental health issues growing up, which could affect their day-to-day lives.

CHN, ACT's PHN, commissioned Marymead CatholicCare to provide Stepping Stones, a free, therapeutic service for children aged 12 and under who have experienced trauma. Trauma may include a single incident or repeated traumatic incidents such as abuse, neglect or witnessing family violence. Through a trauma informed multidisciplinary team approach, this program supports children and their families to recover from the impacts of adverse childhood experiences (trauma) with a particular focus on the child's mental health, wellbeing and development.

Over the last year, 94 clients received support, with 100% achieving one or more of their identified goals by discharge and with 84% experiencing a reduction in symptoms.



Client story

Krishna* (not his real name) was referred to Stepping Stones by a family member. Krishna's family member shared concerns for the young person as he had experienced various traumatic life events at such a young age, including parental drug use, a history of maternal mental health challenges, and exposure to Domestic and Family Violence (DFV) perpetrated toward his mother by her now ex-partner. Krishna's presenting concerns included emotional dysregulation, aggressive behaviours in home and school settings, anxiety (hypervigilance, sensitivity to sound), sense of low self-worth, negative and rigid thinking patterns, and sensory sensitivities. Krishna's school attendance was limited to 3 hours per day, and he was suspended from school regularly due to violent outbursts toward other students or teachers.

Krishna and his mother attended sessions with a Psychologist to engage in a Cognitive Behaviour Therapy (CBT) treatment model designed to help children and families manage emotional and psychological difficulties. This involved a combination of individual child and joint parent-child sessions, focused on building Krishna and his mother's understanding of emotions and learn skills for working with the thoughts, physical sensations, and behaviours associated with strong emotions.

Krishna's mother engaged in individual sessions with the Stepping Stones Family Worker focused on helping Krishna to recognise, respond to and manage his emotions. The work also engaged with his mother around her own mental health, depression and suicidal ideation.

Krishna's school attendance increased substantially, with Krishna attending full school days on most days of the week. Krishna's teachers reflected that he had effectively used the cognitive flexibility skills at school, and emotion coaching strategies, with positive outcomes.



11. headspace Early Psychosis



In 2022, CHN received funding from the Australian Government for the establishment of a headspace Early Psychosis (hEP) site in the ACT under the Early Psychosis Youth Services (EPYS) Program. This program aimed to reduce the incidence and severity of psychosis within the community through prevention, early detection and coordinated care delivery for young people aged 12-25.

Data from existing hEP sites indicates that the program is easy to access, receives strong engagement from young people and their families, and is utilised at high rates by some priority populations, including First Nations and LGBTQIA+ young people. A 2020 evaluation of the program also found high client and family satisfaction ratings, reductions in symptom severity and suicidality, improvements in young people's functioning and social participation.

Over the last year, CHN engaged in a number of development and planning activities for the upcoming hEP service. This included research into local needs, analysis of the service model, relationship-building and increasing service awareness, exploring opportunities for integration alongside Canberra Health Services, and producing procurement resources for the lead agency role and a property consultant opportunity.

12. Child and Youth Mental Health Services Alliance

The Office for Mental Health and Wellbeing, CHN and the Youth Coalition of the ACT have worked closely together over recent years to understand the needs of the 'missing middle' - children and young people with moderate to severe mental health issues who experience difficulties accessing services. This research led to the release of the report 'Understanding the Missing Middle'. Findings of this report described the need for services across sectors to work collaboratively to address service and system constraints and challenges that contribute to the missing middle. Based on this recommendation, a range of stakeholders across the mental health, education, child, youth and family sectors participated in strategic planning activities to design a Child and Youth Mental Health Services Alliance (the Alliance) in the ACT.

The Alliance provides a structured mechanism for people with lived experience and community, government and private services to identify key priorities, improve communication and collaboration, and support shared decision-making. Three Alliance forums are held each year to facilitate collective strategic discussions, goal setting and prioritisation, which allows stakeholders to progress service system improvements. The Alliance is supported by a youth reference group, a coordinating committee, and relevant mental health executives. It also facilitates the establishment of working groups to progress Alliance priorities. The first Alliance working group, established at the beginning of 2023, supports the collaborative development of 3 upcoming child and youth mental health services in the ACT, including CHN's headspace Early Psychosis service.

The Alliance promotes trust and respect, and is underpinned by principles of equity, learning, human rights, diversity, inclusion, participation, transparency, and accountability. At its core, the Alliance recognises that the interests of children and young people come first. The Alliance has members from over 40 different local organisations and groups, who all share the aim of delivering more coordinated and integrated support for

children and young people. The establishment and leadership of the Alliance through a partnership between the Office for Mental Health and Wellbeing, Capital Health Network and the Youth Coalition of the ACT is an example of effective collaboration across community and government, with a recognition that change is best achieved through collaborative processes.



Priority Area 5:
Aged Care

1. Pharmacists in Residential Aged Care Facilities trial

Over 95% of residents living in residential aged care facilities (RACF) have experienced medication-related problems. To combat this, CHN commissioned the University of Canberra (UC) to undertake a trial embedding pharmacists into RACFs. Phase one consisted of a randomised controlled trial where Pharmacists were employed to be on-site part-time to conduct medication management and phase two involved a Pharmacist on-site for all control RACFs involved in phase 1.

As a first in Australia, the Pharmacists in Residential Aged Care Facilities trial aimed to reduce inappropriate medications, medication-related adverse effects, and hospitalisations, as well as improve quality use of medicines indicators such as reducing use of chemical restraints.

The Pharmacists worked collaboratively with the facilities care teams, other prescribers, allied health professionals, community and hospital pharmacists, alongside the resident and their family. CHN commissioned UC to undertake an independent evaluation, which was launched in February 2023. Multiple stakeholders were consulted as part of the evaluation to share insights and learnings of embedding pharmacists in the RACFs. The trial showed that having an on-site Pharmacist resulted in a reduction in residents taking potentially inappropriate medicines.

The independent evaluation demonstrated that having a Pharmacist on-site at a RACF assisted in:

- a decrease in the proportion of residents taking potentially inappropriate medicines
- a decrease in anticholinergic drug burden, which is associated with cognitive decline, delirium and increased risk of falls
- a decrease in the usage and dosage of antipsychotic medicines prescribed for residents
- establishing positive collaborative working relationships between on-site pharmacists, GPs and other prescribers (nurse practitioners, geriatricians, and other specialists), allied health professionals, and community and hospital pharmacists), RACFs managers, staff, residents and family members.



l-r: Sam Kosari, UC Associate Professor of Pharmacy; Tom Chan, Pharmacist; Sam Tosh, Regional Director of Southern Cross Care, ACT and Southern NSW; Christine Pratt, resident; former CHN CEO, Megan Cahill.

2. Support for older people to access help: care finder

Some older Australians need additional support to access the help they need to remain in their own home. Some of the barriers are:

- communication and language barriers
- difficulty in navigating complex information and systems
- difficulty processing information due to cognitive decline
- reluctance to engage with a need for support
- reluctance to engage with government services.

In response to a recommendation of the Royal Commission into Aged Care Quality and Safety, the DoHAC implemented the care finder program nationally, following the successful trail of the Aged Care System Navigators program.

The care finders program provides tailored intensive support to older people in the target group to:

- help people understand and access aged care services and connect with other relevant supports in their community
- target people who have one or more reasons for requiring intensive support to interact with My Aged Care and access aged care services and other relevant community supports
- resolve homelessness or reduce the risk of homelessness.

CHN commissioned 5 care finder providers within the ACT to deliver these services:

- ADACAS
- Community Services # 1
- Meridian
- Northside Community Services
- Woden Community Services.



Client story

Care finder met with Jacob* (not his real name) at the hotel he lives at and took extra time to reassure Jacob that all actions and decisions would be led by him, as Jacob was concerned about engaging with someone that would try to make him move to a nursing home. Jacob has a few health issues which impact his breathing and mobility. He is diagnosed with anxiety and depression, which is managed by his GP. Jacob mentioned his very difficult separation from his ex-wife and the subsequent breakdown in relationship with his children.

Jacob identified that he required assistance with transport, an aid for showering and assistance with shopping. Care finder explained services were available through My Aged Care and Jacob agreed that care finder could help with the process. Jacob was contacted by My Aged Care RAS Assessor who completed an assessment with Jacob and approved him for transport, individual support, and for goods and equipment.

Jacob advised his Medicare was not functioning as it should be, and he also needed to call Centrelink to update his address. Jacob advised he finds it very difficult to complete these tasks and required assistance with this. Care finder assisted Jacob to contact Medicare and reinstate his services and to call Centrelink to update his address.



3. Support for older people in Residential Aged Care Facilities: telehealth

To improve the virtual care capacity in Residential Aged Care Facilities (RACFs), CHN funded 25 RACF to purchase better equipment for enhanced virtual consultations (of the 28 RACFs in the ACT). The funding aims to improve access to:

- the right care at the right time for residents
- usual and preventative care that helps reduce unplanned hospitalisations.

Some examples of the virtual care capacity enhancement equipment included computers on wheels and remote tele-monitoring systems. The computer on wheels can assist facilities with data entry and keeping the digital records most up-to-date for quality improvement activities. The remote patient tele-monitoring system also provides access to care for residents, especially in reaching GPs for telehealth appointments for screening and follow-up, and specialist appointments to provide integrated care in the ACT.

4. Support for older people in the community: healthy ageing

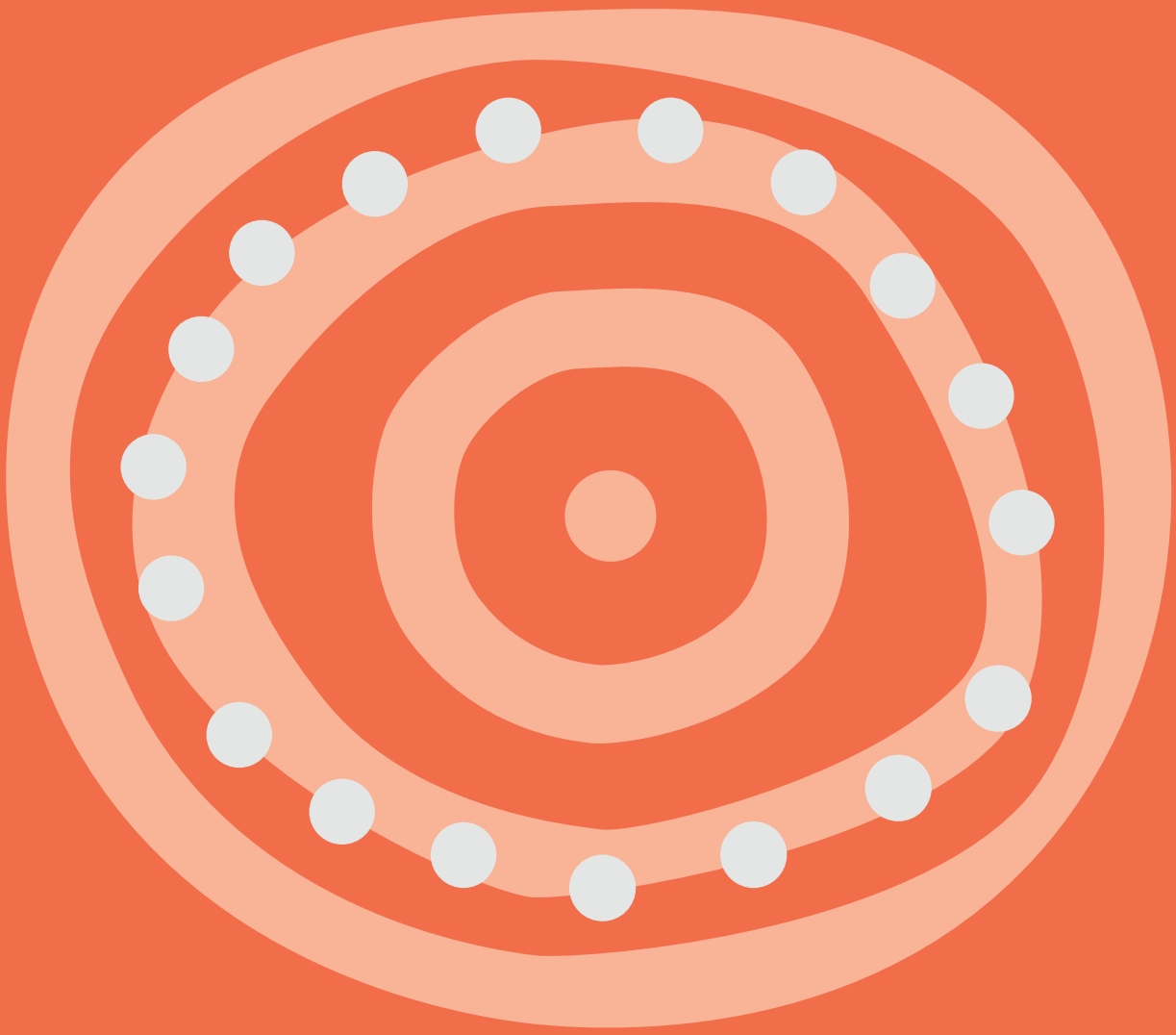
CHN funded 6 healthy ageing programs to help older persons achieve health and wellbeing in place for longer and reduce the need of more acute care. The healthy ageing programs provide:

- nutrition classes and other information sessions on health and wellbeing for older persons, to help them retain independence (Annecto and Interchange Health Co-operative)
- exercise classes and multi-modal care with Nurse Coordinators, GPs and other allied health professionals (Interchange Health Co-operative and Fisher Family Practice)
- wrap around support services for people impacted by alcohol and drug use, including older people or people who age prematurely (CAHMA)
- education for primary care staff on how to care and better manage wounds in the community (Wound Innovations)
- innovative technology to assist carers for people with dementia in their care journey and provide better care for older persons diagnosed with dementia (Carer's ACT).



Led by Annecto dietitian Baan Kinani

Join us for a healthy morning tea and find out how eating well could improve your life.



Priority Area 6:

Aboriginal and Torres Strait Islander Health

Aboriginal and Torres Strait Islander health is one of the 9 key priority areas for CHN. CHN recognises the importance of partnerships to improving access to culturally safe health and wellbeing services that take a holistic and integrated approach to meeting the needs of the more than 8,900 Aboriginal and Torres Strait Islander people living in the ACT. We acknowledge and strive to work together with the many other organisations providing important services to the First Nations community.

a) Cultural Competency Framework

Our continued commitment and journey in the implementation of our Cultural Competency Framework (CCF) has been one of reflection, learning, growth and progress. The implementation of the CCF across all areas of our organisation is the responsibility of all staff and is driven by our internal Cultural Diversity Working Group. This Working Group comprises representatives from each business area and endorsed by an Executive representative.

Through the development and implementation of the CCF, not only will our organisation's relationship with the First Nations community improve, we will also ensure the cultural safety of our staff, stakeholders and the communities that we serve.



l-r: CHN Indigenous Health Program Manager, Sharon Storen and GP Advisor, Dr Naomi Luck.

Current priority actions being implemented:

- Cultural Immersion experience and annual Cultural Awareness Training for CHN staff.
- Core Cultural Competencies embedded into individual performance management processes via the implementation of a self-reflection tool for individual First Nations Cultural Competency as part of staff performance reviews.
- Internal 'Staff Guide to Aboriginal and Torres Strait Islander Culture' is used in new staff orientation and is always available to all staff.
- Development has begun on a First Nations Data Governance Framework for CHN.
- CHN is developing new relationships with external stakeholders, especially in the Allied Health space, and expanding their training and education programs to these fields.

b) Cultural Awareness Training and Practice Improvement Activities

CHN partnered with local organisation Coolamon Advisors to provide Cultural Awareness Training for primary health care providers in the ACT, services commissioned by CHN and CHN staff. The training provided to these target groups is supported by the Indigenous Health Team, who also provide in-service training and education to improve the services offered to our First Nations community in the primary care environment. These practice visits educate GPs, Practice Managers, Practices Nurses and Allied Health Professionals about the fundamentals of providing culturally safe care, as well as raising awareness of government initiatives and programs that are available to our First Nations community as part of the Closing the Gap initiative aims.

CHN created and published the Aboriginal and Torres Strait Islander Health Toolkit for General Practices. This Toolkit acts as a guide for anyone working in general practice to improve the services that they offer to First Nations clients. It covers everything from asking the question to ascertain a patient's Indigenous identity, to safe language to use, to MBS items that should be offered to First Nations clients. The Toolkit is available here and has been promoted through newsletters and at educational events for health professionals in the ACT.

Approximately 17.5% (AIHW) of First Nations people living in the ACT received a MBS715 Indigenous Health Assessment in 2020/21.



Coolamon Advisors provided Cultural Awareness Training for primary health care providers in the ACT, services commissioned by CHN and CHN staff.

c) Integrated Team Care Program

To support local First Nations people with chronic disease, CHN partners with local organisations to provide care coordination and supplementary services and funding to First Nations people living with chronic illness. The Integrated Team Care (ITC) Program assists their clients to navigate the health care system, improving integration of care among the multidisciplinary professionals who provide services to their clients by liaising directly with these practitioners. The program also offers transport assistance, health literacy support, care planning and financial assistance for some of the appointments and medical equipment that these clients require.

CHN, ACT's PHN, partnered with Grand Pacific Health to support clients who have been referred to them through mainstream GPs and Winnunga Nimmityjah Aboriginal Health and Community Services to provide the program for their internally referred clients. Over the last year, 11,077 occasions of service were provided to assist First Nations people through the ITC Program.



Client story

Craig* (not his real name) had significant health issues, many of which were unmanaged. Through the ITC Program, delivered by Grand Pacific Health, Craig was supported to attend medical appointments. The ITC Program was also able to cover some medical bills, including diagnostics.

Now that Craig's health issues are being managed he said thanks to GPH "my life is now considerably better, I have much less stress in my life".

Craig said for anyone thinking of asking for help from GPH "I would say, don't hesitate to ask. The reception I got was amazing, if you're worried or stressed out, GPH is there to help".



OVER 11,000 OCCASIONS OF SERVICE WERE PROVIDED TO ASSIST FIRST NATIONS PEOPLE THROUGH THE INTEGRATED TEAM CARE PROGRAM.

d) Mental health support

To support local First Nations people to improve their mental health, CHN commissioned local Aboriginal Community Controlled Health Organisation, Winnunga Nimmityjah Aboriginal Health and Community Services to provide evidence-based, culturally sensitive mental health services to eligible First Nations people aged under 25 years.

Program achievements:

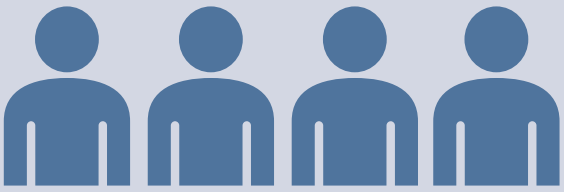
- **1,404** mental health encounters recorded in total by Winnunga Nimmityjah services and staff
- **1,146** mental health encounters provided by Psychiatrist/Psychologist
- **53** GP mental health care plans and follow up MBS claims
- **376** individual clients seen by Psychiatrists, Psychologists and GPs.

Due to increased demand from clients of Grand Pacific Health's ITC Program, CHN secured extra funding to support access to mental health services. This funding was used to run a cultural healing program and to help pay for psychological, psychiatric and social work services. The ITC Program reports 54 unique instances of financially assisting clients to access psychologists, psychiatrists and other social health services.

The Cultural Healing Program delivered by GPH, titled Art for Healing, saw a group of community members come together to talk about their mental health and share their experiences while participating in traditional Aboriginal art activities. The group gathered regularly for 6 months and were supported and led by the Aboriginal Outreach Worker to ensure that discussions were held safely and respectfully.

Using a psychological distress assessment tool, 10% of participants reported major improvement and 50% reported moderate positive improvement to their mental health. Social and cultural connection through attending the group were specifically raised as important outcomes for these clients, and many requested the program be continued regularly so that they can maintain these significant improvements that they've noticed in their own wellbeing.

376 CLIENTS UNDER 25 YEARS WERE SEEN BY PSYCHIATRISTS, PSYCHOLOGISTS AND GPs.



e) HealthPathways



CHN's Indigenous Health Team continued their partnership with ACT & SNSW HealthPathways team to ensure appropriate pathways were available for Aboriginal and Torres Strait Islander Health, in line with the Closing the Gap targets. The ACT & SNSW HealthPathways team is the lead region for the Aboriginal and Torres Strait Islander Health pathways suite.

The ACT & SNSW HealthPathways program is actively working towards increasing the library and listings of identified resources and services for First Nations communities. This information is identified on the site through the use of flag icons. There are 154 pathways with an Aboriginal and Torres Strait Islander health icon indicating that there is identified information and/or services for First Nations communities.
Click here to view.

f) AOD support for Aboriginal and Torres Strait Islander people

People who experience drug dependence and/or have lived experience of drug dependence in the ACT experience stigma, discrimination and ongoing impacts of criminalisation. This leads to a wide range of social and health inequities and requires an integrated approach in providing appropriate harm reduction services. For Aboriginal and Torres Strait Islander communities, the ongoing impacts of colonisation compound these health inequities. Therefore, the Indigenous community in the ACT need holistic and culturally sensitive harm reduction and health services that empower community members.

CHN commissioned Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) to deliver The Connection, a peer-based drug and alcohol service, run by and for Aboriginal and Torres Strait Islander people. The Connection focuses on the specific needs of members of the Indigenous community in the ACT. It aims to improve the health literacy of service users and to empower people to take agency of their health and wellbeing through the provision of culturally secure peer treatment support and case management services.

The Connection runs group workshops for Indigenous clients that focus on consultation with local community and helping to address identified needs. The Connection runs across all programs of CAHMA ensuring local Aboriginal and Torres Strait Islander people can access culturally safe and secure services within CAHMA and the health care sector. The Connection workers have accompanied clients to Winnunga Nimmityjah Aboriginal Health Centre to support and advocate for them at medical appointments and to assist them to attend the Wellbeing Group.

Over the last year, The Connection provided culturally appropriate and sensitive services to 109 Aboriginal and/or Torres Strait Islander people in the ACT, and 100% of service users participated in the ATODA Service User' Satisfaction and Outcomes survey providing positive endorsement of the program.

Client story

Darcy* (not his real name) is an Aboriginal man in his 40s who has little connection with his family. He has chronic mental health conditions and, until recently, was a frequently using cannabis, which had a significant impact on his physical and mental health.

The Connection workers encouraged Darcy to set personal boundaries around his cannabis use e.g. limiting his use. However, after a few weeks, Darcy decided to cease smoking cannabis altogether and try to improve his physical health. At this time, he was suffering from chronic bronchitis and high blood pressure.

Since ceasing his use of cannabis, Darcy has made many lifestyle changes, including enrolling in online studies. The Connection facilitated his studies by helping him access a new laptop, software and improve his computer literacy. His lack of experience with academic work was an initial barrier in his studies, however he has an inquisitive mind, is an avid reader and loves to learn new skills with enthusiasm. He has worked hard and with determination, leading him to successfully completing his first semester.

Darcy no longer suffers from severe coughing fits, is eating more healthily and his blood pressure is in a normal range for a man his age. His mental health has improved considerably as well. He still suffers from bouts of social anxiety and mood swings, but overall, he is in a much happier place than he was a year ago.



g) Peer Treatment Support Service

People who experience drug dependence and/or have lived experience of drug dependence experience stigma, discrimination and ongoing impacts of criminalisation. This leads to a wide range of social and health inequities and requires an integrated approach in providing appropriate harm reduction services. Peer based health promotion and treatment is a community-centred public health approach that empowers individuals to make healthier choices by promoting leadership of those who have lived experience in the community.

CHN commissioned CAHMA to deliver the Peer Treatment Support Service (PTSS). PTSS workers are peers who are skilled in complex case management, and who work to support individuals' long-term health and wellbeing by meeting them where they are and walking with them through their journey. PTSS workers help individuals with specific issues around drug and alcohol as well as general health, holistic wellbeing and social support. CAHMA works to meet and empower individuals in achieving goals and addressing needs through a person-centred approach.

PTSS continues to provide a high level of support to people who use drugs and also other drug treatment services in the ACT.

This is done by providing complex case management and patient advocacy across a diverse range of ACT health and social services associated with alcohol, tobacco and other drugs (ATOD) treatment and holistic care.

Over the last year, CAHMA provided ATOD treatment services to 243 clients, with 511 occasions of service, demonstrating significant community demand of PTSS. Community need has focused on access to primary health care services, access to detoxification and rehabilitation treatment, pre-hospital planning and post hospital stabilisation, access to mental health services, case management which addresses the social determinants of health (e.g. homelessness, Child and Youth Protection Service engagement, food and clothing relief, referral and support to access legal services).

Client story

Todd* (not his real name) presented to CAHMA through the COVID-19 pandemic with ongoing anxiety, PTSD, depression, low self-esteem and struggles to maintain sobriety for alcohol and heroin use. When Todd first engaged with CAHMA, he was living with his partner and reported ongoing domestic and family violence and was struggling with his living situation. He also had lack of support due to a tendency to isolate from social and emotional support networks.

CAHMA's PTSS empowered Todd to utilise a variety of CAHMA harm reduction services and projects, including naloxone training; brief intervention; ongoing grief counselling and peer treatment support. During this time, he consistently maintained weekly case management attendance and discussed strategies for harm reduction and addressing ongoing triggers. Various referrals were also made for Todd to engage with a variety of community and counselling services in the ACT.

Throughout his engagement with CAHMA, Todd demonstrated deep insight into his past and present struggles. He is determined and highly motivated to achieve what he sets out to do, despite any challenges he may face along the way. He has engaged well with other organisations, such as Onelink, Everyman and St Vincent de Paul.

Now, more than a year after he first engaged with CAHMA's PTSS, Todd is doing very well. He has a new property, lives independently and is very engaged with CAHMA on several projects. Todd has expressed feeling good and more confident in social settings. He feels like he has more control over his life and is looking forward to exploring opportunities for personal and professional development.





Priority Area 7:
Digital Health

a) Promotion and education

CHN hosted 3 educational webinars, covering topics such as My Health Record, electronic prescribing, secure messaging and electronic referrals. Digital health staff also presented at other CHN events to promote digital health tools and platforms. CHN also co-promoted 2 digital health webinars hosted by other PHNs, with one targeted at medical specialists to encourage uptake and use of digital health tools in practice, the other promoting Provider Connect Australia (PCA) to general practices.

Regular communication promoting digital health tools and platforms was provided to CHN's members and key stakeholders, including short promotional articles, sharing Australian Digital Health Agency (ADHA) resources and materials, as well as original resources created by CHN. The team also interviewed users of digital health platforms for articles informing readers about the benefits of using digital health tools from a first-hand, medical professionals' perspective. One of these articles, promoting the Head to Health service and their integrated remote patient monitoring services, was published in the Australian Healthcare and Hospitals Association's, The Health Advocate magazine.

Promotion of My Health Record and eNRMC (electronic National Residential Medication Charts) in Residential Aged Care Facilities (RACFs) saw increased interest in both tools.

b) Improved use of digital health in the ACT

There has been a substantially improved used of digital health in the ACT. This is demonstrated by:

- the ACT having the highest recorded use and uploads to My Health Record by specialists.
- 85% of local RACFs receiving a telehealth grant through CHN to purchase better equipment for enhanced virtual consultations.
- the Canberra Script team seeing a marked increase in registrations for the platform
- the use of telehealth in the ACT increasing, particularly the use of HealthDirect's Video Call platform. CHN promoted the use of telehealth, including specific promotional materials for HealthDirect Video Call platform.
- our collaborative partner, Canberra Health Services, reporting that the use of HealthLink SmartForms to refer patients to their services saw a markable increase after the articles, videos and events CHN created and hosted to promote the platform.
- the number of electronic prescriptions increasing since the launch of this tool in the ACT in 2021. There are 1,224,970 prescription records uploaded in My Health Record.



c) Introduction of new platforms and tools

CHN successfully promoted transitioning practices from NASH SHA-1 to NASH SHA-2, as required by Services Australia. 102 general practices successfully transitioned to the new NASH SHA-2 certificate.

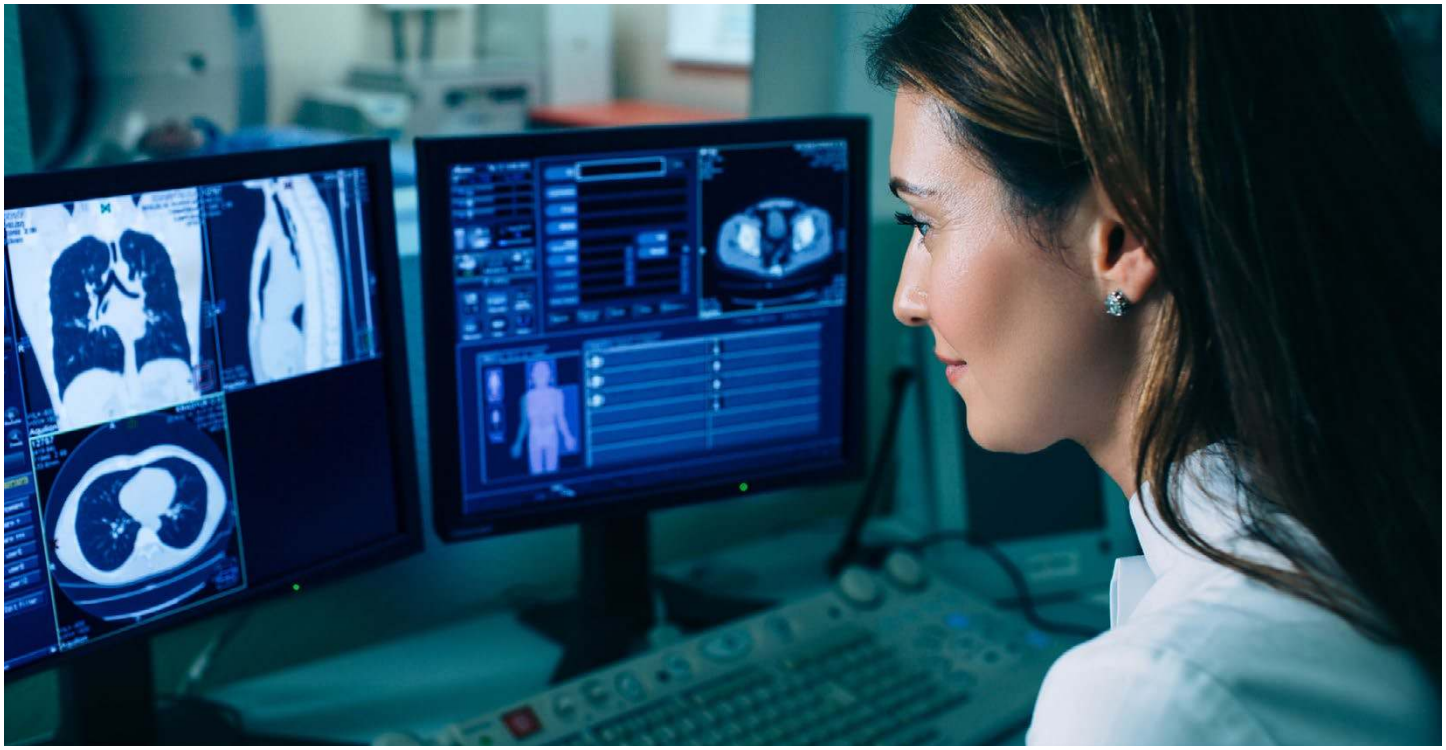
The launch of the Provider Connect Australia (PCA) pilot project saw 5 practices successfully sign up as pilots in the ACT catchment. These pilot sites were assisted with their registration in collaboration with the ADHA's PCA Team. As a result of this pilot, the CHN provided useful feedback to the PCA Team about ways to improve the registration process and improvements that these practices believed would increase buy-in from other practices going forward. The PCA platform was launched nationally in July 2023.

d) Stakeholder relationships

CHN's focus has shifted to better align with the idea of a better integrated health care system. With the introduction of the 10-Year Primary Health Care Plan, Strengthening Medicare Taskforce Report and the National Allied Health Framework, CHN's scope has broadened to include more medical professionals and their practices in our work. This has included working with Specialists, Allied Health professionals, RACFs and Canberra Health Services. The development of these relationships has become a major focus, with more support and educational events being offered to these medical professionals.

CHN's ongoing relationships with fellow PHNs from around Australia has continued to develop. Regular meetings and information sharing has allowed PHN teams to share experience, solutions to shared problems or obstacles faced, and collaborate on educational events or projects.

Attendance at the national Digital Health Festival allowed CHN to learn about new tools, platforms and innovations being explored by users, PHNs and suppliers alike.





Priority Area 8:
Alcohol and other drugs

1. Non-Residential Withdrawal Support Service

A significant number of people in the ACT are impacted by Alcohol and Other Drug (AOD) issues, including people with insecure accommodation and experiencing homelessness. Many of these individuals also experience mental health challenges and other health conditions. Residential Withdrawal services in the ACT have a high demand and limited supply of services, therefore non-residential services can improve access to health services. The provision of quality primary health, AOD and outreach support services is of key importance to tackling these issues and reducing health inequity experienced by these individuals.

The Karralika Programs Non-Residential Withdrawal Support Service (NRWSS) supports people with anticipated mild to moderate withdrawal symptoms, to safely withdraw or reduce their substance use in the comfort of their own home. CHN commissioned Karralika Programs to pilot the program in 2018. Due to its success, in 2021 CHN was successful in achieving a Community Health and Hospitals Program Grant to expand the program so up to 4 Registered Nurses could be employed.

Over the last year, 119 people were referred to the NRWSS program and a total of 1,648 direct client contacts occurred. Clients utilising the service provided overwhelmingly positive feedback by rating their physical and psychological health and overall quality of life at the beginning and end of the NRW program. The mean score for the clients self-rated physical health, psychological health and overall quality life all increased significantly throughout the course of the program, illustrating the significance of non-residential withdrawal support services in empowering individuals to self-manage their AOD related health issues, mental health and improve their holistic wellbeing.

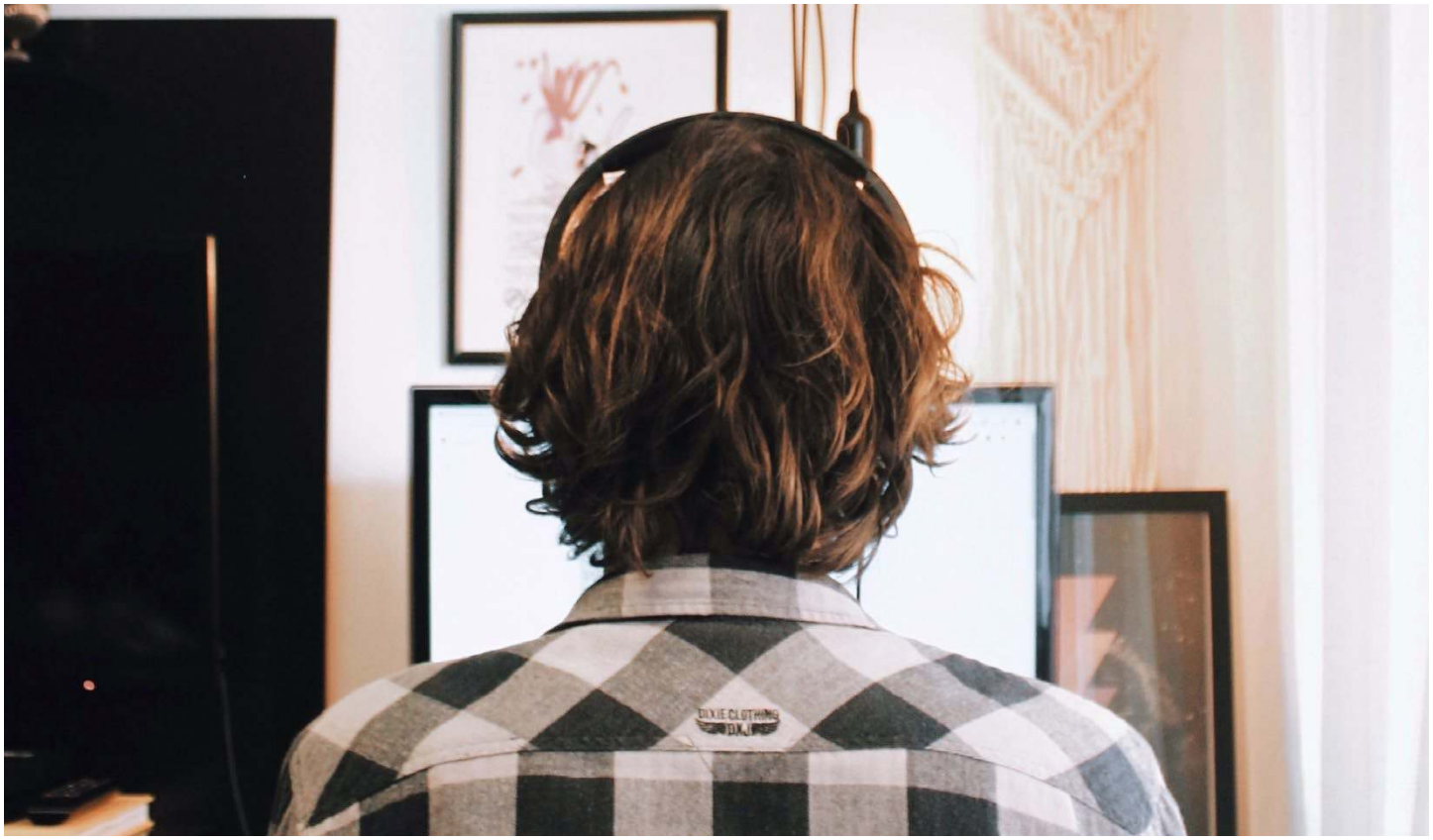
Client story

David* (not his real name) was referred by the Canberra Recovery Service (CRS) to Karralika NRWSS for detox and withdrawal support. The NRWSS nurse assessed and enrolled David to the NRW program to provide withdrawal support while detoxing at CRS.

David received telehealth support daily and nurse visits every second day. David's random urine drug screen was positive for methamphetamine and amphetamine. Nurses worked with David to develop a withdrawal treatment and relapse prevention plan to identify coping strategies to ease his cravings and reach his treatment goals with short interventions.

David experienced common withdrawal symptoms such as irritability, anxiety, fatigue and sleep problems. On Day 4, he reported feeling restless, anxious and having nightmares. The NRWSS nurse collaborated with his GP to explore about his possible treatment plan to assist with his withdrawal symptoms and identify an appropriate course of pharmacological treatment.

Following a GP-approved, integrated course of treatment, David was no longer reporting experience of any withdrawal symptoms. On Day 9, he began participating in the rehabilitation groups. David successfully completed his detox. After 10 days of detox and providing 3 consecutives negative UDS for methamphetamine and amphetamine, he was discharged from NRWSS to the CRS rehabilitation program.



2. Community-Based AOD Counselling: Karralika Justice Services

Individuals linked with the criminal justice system, particularly people with lived experience of alcohol and other drug (AOD) dependence, are vulnerable to relapse and recidivism without appropriate, person-centred care. Such populations experience intersectional barriers, challenges and stigma in seeking care, and therefore there needs to be strong collaboration between the AOD sector and ACT Corrections staff in ensuring individuals are supported by trauma informed, specialist therapeutic care and AOD counselling.

Karralika provides community-based Alcohol and Other Drug (AOD) Counselling Services for individuals linked with the criminal justice system in the ACT. Funding provided by CHN, ACT's PHN, to Karralika Programs supports the employment of one counsellor to deliver the service. Karralika is addressing specialist AOD use needs for those in contact with the justice system through flexible models of care. In 2023, Karralika Programs was supported by CHN to continue to employ a specialised AOD Case Manager who has provided invaluable, holistic support to program participants that extends beyond therapeutic counselling.

The program has continued to thrive, and the establishment of strong collaborative relationships with ACT Corrections staff in the community and the Alexander Maconochie Centre continues to provide programs and support to people at-risk of poor health outcomes. Both new and existing clients receive ongoing support, overcoming challenges associated with their alcohol and other drug use and linking criminogenic factors through a mix of face to face, telehealth and online support to meet their individual needs and circumstances. The service continues to experience high demand, with a notable increase in referrals in each quarter. Over the last year, 123 new clients associated with the criminal justice system were supported by Karralika to access AOD counselling services based on harm minimisation.

Client story

Dylan* (not their real name) was referred by their Alexander Maconochie Centre (AMC) Case Manager. Dylan has been involved with the justice system for many years and has been incarcerated at the AMC previously.

The Karralika AOD Counsellor met with Dylan in preparation for their release. Dylan had a history of substance use, which escalated after a loved one passed away. He had no prior experience of AOD treatment and his lifelong symptoms may suggest deeper mental health issues. The Counsellor identified lack of impulse control and risk-taking behaviour, as demonstrated by his occasional recreational drug use in the past.

Initial sessions were focussed on creating a therapeutic alliance and creating a collaborative, initial relapse prevention plan which highlighted risks; protective factors; short- and long-term goals; a timeline of steps and daily protective behaviours as well as supports. Dylan was supported to engage with the ACT Corrective Services (ACTCS) Psychologist, which he found extremely helpful. Treatment modalities included psychoeducation, harm minimisation, Cognitive Behaviour Therapy (CBT), somatic awareness and relaxation techniques and mindful self-compassion. Dyaln engaged in a total of 8 counselling sessions.

Dylan is progressing well and is on track with many of his personal and life goals, including maintaining his driver's licence and employment, spending regular time with his children, and pursuing recreational hobbies and sports. He has engaged with the ACTCS Psychologist and have found it very beneficial. Dylan believes Karralika was pivotal in his success in transitioning back into the community.



123 NEW CLIENTS ASSOCIATED WITH THE CRIMINAL JUSTICE SYSTEM WERE SUPPORTED TO ACCESS AOD COUNSELLING SERVICES.



3. Multidisciplinary AOD support: Althea Wellness Centre

People who experience drug dependence experience stigma, discrimination and ongoing impacts of criminalisation. This leads to a wide range of social and health inequities and requires an integrated approach in providing appropriate health care. Many people experiencing AOD dependence need multidisciplinary approaches to primary health care. Accessing specialist public mental health services remains the most challenging issue for individuals with co-occurring AOD dependence, mental health conditions and complex health and social needs.



1,364 CLIENTS RECEIVED MULTIDISCIPLINARY AOD SUPPORT.

Althea Wellness Centre is a primary and secondary health care service that provides integrated multidisciplinary care for clients with current or past alcohol and drug dependency, complex health and social needs in collaboration with other programs and services. Althea is comprised of GP, nursing, psychiatry, psychology, non-dispensing pharmacist and AOD practitioners, supported by reception staff and management. Althea is located at Directions Health Services' Woden site. The service is additionally funded by CHN and ACT Health to provide outreach to several other locations within the ACT to reduce barriers to health care and better engage people at-risk of poor health outcomes and hard to reach population groups.

Althea Wellness Centre is currently operating at full capacity, demonstrating a consistently high demand for service. Over the last year, 1,364 clients access the service, with 7,242 occasions of service. This service has been very well endorsed by service users who would otherwise find it very difficult to access specialist, multidisciplinary primary health care including access to a GP, psychiatrist, psychologist, non-dispensing pharmacist, AOD practitioners and other referring clinicians who provide additional support to patients. 100% of service users would recommend the service to peers in need of assistance and 100% of service users were satisfied with the services provided by the Althea team. The service works closely with Directions AOD and psychosocial teams, ensuring clients receive holistic person-centred care.

The service has been life changing for clients with co-occurring conditions who have previously experienced greater health inequities, including high rates of avoidable hospitalisations, due to lack of access to specialist care. Althea has continued to see clients in person throughout the current COVID-19 pandemic, with screening and safety measures, offering telehealth alternatives where appropriate.

Client story

In 2020, Binh* (not her real name) initially sought support from Directions Treatment & Support Services to address her alcohol dependence and develop strategies to cope with triggers. Binh's personal journey involved many traumatic experiences, including homelessness, sexual assault and domestic violence, co-occurring mental health issues, self-harm, losing custody of her children and challenges with alcohol dependence. She felt overwhelmed with hopelessness and helplessness and was experiencing panic attacks, had very low mood, had difficulty sleeping and in poor physical health.

In 2021, Binh began engaging with Althea Wellness Centre. Over the course of 2 years, Althea GPs, nurses and psychiatrist, along with AOD practitioners, provided persistent support and shared care for Binh. This collaborative approach aimed to simultaneously address her alcohol use disorder, anxiety and depression and physical well-being. She was treated for injuries sustained from physical and sexual assault and self-harm and was provided psychological support. She was also experiencing a range of other complex issues, including financial and legal difficulties, and was linked with Legal Aid. While her mental and physical health needs were addressed, she continued to experience difficulties with her alcohol dependence.

Over the course of 2022, Binh's improved mental and physical health empowered her to work towards developing strategies to mitigate her dependence on alcohol. She felt a renewed sense of hope and motivation to overcome her alcohol dependence, and was referred to Toora Women where she successfully participated in an abstinence based AOD day program. Althea maintained contact and support with Binh while she continued to engage with Toora, to ensure continuity of care and support along her journey.

Binh's journey to recovery exemplifies the strength and resilience she possesses, despite enduring significant hardships and trauma. Through the collaborative efforts of Althea clinicians, Binh has been able to address her alcohol use dependence, improve her physical health, access specialist mental health assessment and treatment and regain a sense of purpose.



4. Withdrawal, Day and Residential AOD programs: Arcadia House

People who experience drug dependence experience stigma, discrimination and the ongoing impacts of criminalisation. This leads to a wide range of social and health inequities and requires an integrated approach in providing appropriate health care. Demand reduction, to support people to recover from harmful substance use, is a core element of the national approach to harm minimisation. People who are seeking to successfully withdraw, recover and abstain from AOD dependence need holistic therapeutic support in order to develop and maintain a healthy lifestyle that is substance-free.

Directions Health runs Arcadia House which is a 12-bed facility providing Withdrawal, Day and Residential rehabilitation programs. Over the last year, 38 clients accessed the service. Arcadia House is a Therapeutic Community utilising 'Community as Method' to support clients in the development of life skills and sustainable positive behaviour change as the foundation for their continued recovery. The program incorporates Cognitive Behavioural Therapy (CBT) psychoeducational groups and peer support into the Therapeutic Community approach to provide comprehensive evidence-based treatment. CHN, ACT's PHN, funds the Day Program which is designed for those unable to access residential treatment due to external responsibilities and for those not requiring the intensity of a residential program but needing more than tradition community-based treatment options.

ACT residents participating in the residential rehabilitation program step-down to the Day Program for the final stage of their treatment. This supports the transition back to community living and an opportunity to implement relapse prevention strategies prior to completion. Each client works collaboratively with their Case Manager, creating an individual treatment plan based on their goals and strategies to achieve them with discharge-planning incorporated throughout the treatment journey. Case Managers facilitate access to services to address complex needs, including mental and physical health services, legal, employment, housing, child protection and others. Clients are supported pre and post admission by the Arcadia Continuum of Care Team to ensure clients ongoing support no matter what their circumstances. Clients report consistently high satisfaction rates from services provided at Arcadia House, with 89% of Arcadia respondents indicating that all or most of their needs were met.

Client story

Divya* (not her real name) lives with her partner and child. She had taken leave from her full-time job prior to contacting Directions Health due to her alcohol dependence. Divya had self-referred to Directions to seek support regarding her alcohol use and mental health, as well as feelings of suicidal ideation associated with her return to drinking. She reported recent diagnosis of liver cirrhosis, major dental issues and mental health diagnoses of anxiety, depression, with symptoms of complex PTSD due to a history of trauma. She also reported family and domestic violence (FDV) in her previous relationship.

Divya reported numerous previous withdrawal attempts with varying levels of success, including residential withdrawal support service and multiple admissions to the Canberra Hospital withdrawal unit. Divya was admitted to Arcadia House residential program after completing 7 days in withdrawal unit at the Canberra Hospital. Divya completed the first 8 weeks of her program in residential, then successfully self-advocated to complete the second half of her treatment as Day Program, due to financial strain and wanting to return to her family.

Divya's attendance over the second 8 weeks was exemplary and she graduated from the Arcadia House Day Program. She created an Individual Treatment Plan, in collaboration with her Case Manager, which focused on her treatment issues such as emotional regulation, relapse prevention and addressing her previous FDV experience.

Divya was referred to a FDV service and commenced specialist FDV counselling prior to graduation to ensure a warm referral and reduce the risk of relapse by addressing her trauma. Her anxiety was treated with an integrated approach through therapeutic strategies at Arcadia House and medications prescribed by her GP. At Arcadia she learnt mindfulness and grounding techniques as other strategies to address her anxiety. Arcadia worked collaboratively with Divya's medical care team to have major dental work completed, to complete tests to ascertain her liver functionality and to obtain a Mental health care plan as part of her exit plan.

Divya's physical health and quality of life scores improved markedly. She was able to seek support on healing her relationship with her child and her overall family dynamic. She engaged with Continuum of Care team post-graduation and is a member of Arcadia's graduates' group and continues to attend SMART Recovery groups at Directions Health.



5. AOD counselling: Reaching Out and Support Connections

a) The Reaching Out Program

People who are experiencing drug dependence and/or have lived experience of drug dependence in the ACT experience stigma, discrimination and ongoing impacts of criminalisation. This leads to a wide range of social and health inequities and requires an integrated approach in providing appropriate health care. Furthermore, assertive outreach services can improve access to health services for individuals unable to access services due to personal circumstances and/or risk of being identified in service settings.

CHN, ACT's PHN, commissioned Marymead CatholicCare to run the Reaching Out Program. Reaching Out provides Alcohol and Other Drugs (AOD) counselling through assertive outreach, where counsellors meet individuals where they feel most safe and comfortable in the privacy of their home. This person-centred, individualised approach can improve therapeutic alliance between counsellors and their clients, and lead to more holistic and sustainable health outcomes. Due to the impacts of COVID-19, the counselling team has also developed initiatives for providing more flexible delivery of services through telehealth and supporting clients to use digital apps where necessary. Over the last year, 234 new clients accessed the service.

Marymead CatholicCare has continued to provide person-centred and comprehensive counselling services for people experiencing AOD dependence in the ACT. The Reaching Out AOD counsellors provide a high level of individualised support to clients with continuity of care and minimal disruption, despite issues such as the higher rates of cold/flu and COVID-19 in the winter months. A COVID-19 initiative by the team has continued to provide improved client outcomes through the flexible delivery of services, including telehealth and digital apps, where necessary. AOD Counselling includes a wide range of therapeutic approaches and harm reduction strategies, to empower individuals through strengths-based, person-centred care.



100% OF SERVICE USERS SURVEYED ENDORSED THE REACHING OUT PROGRAM AND SUPPORT CONNECTIONS PROGRAM POSITIVELY.



100% OF SERVICE USERS SURVEYED ENDORSED THE SERVICE POSITIVELY; "THANKS TO MY COUNSELLOR - SHE HELPED CHANGE MY LIFE".

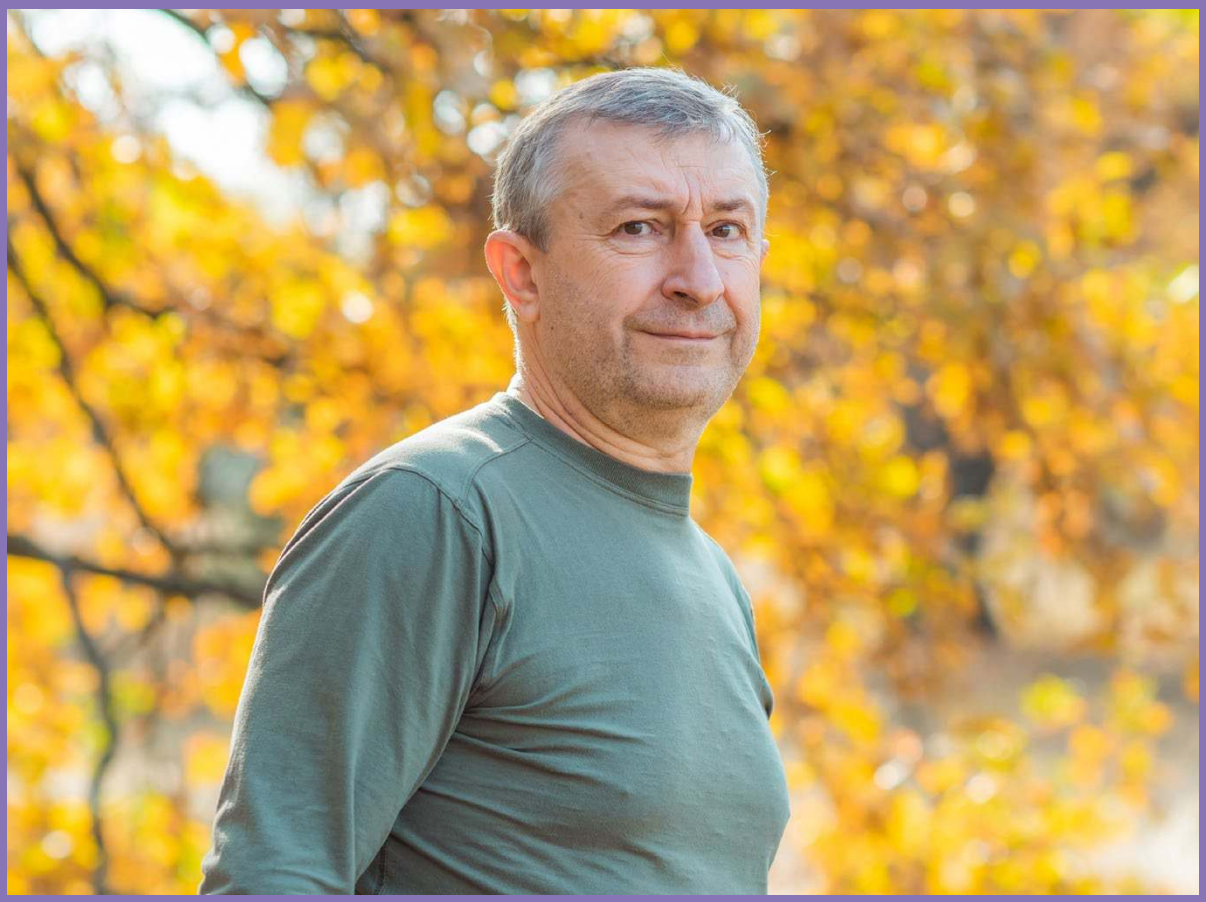
Client story

Vince* (not his real name) was referred to Reaching Out by the Detox Unit at the Canberra Hospital. Vince had a diagnosis of generalised anxiety disorder and social anxiety, which significantly impacted attempts of reducing his dependence on alcohol. He had medical issues associated with long-term substance use, including hospitalisations for pancreatic and liver issues.

Vince had resumed drinking a month after detox which promoted his engagement in counselling. Vince identified his long-term goal was to "create a sustainable and healthy relationship with alcohol" and, in the short-term, cut back in his overall alcohol consumption.

Therapeutic interventions were strengths-based and included existential themes of navigating life's uncertainty, while exercising freedom with responsibility. Vince explored harm reduction measures like drinking with other people instead of alone, slower paced drinking, hydration and planning non-drinking days. He was also able to implement other lifestyle changes, such as a regular gym routine.

Vince's confidence levels improved in many areas of his life, saying "I'm here, I'm alive and well". This was a stark contrast to debilitating anxiety and physical illness prior to detox when hospitalisation was needed to restore his health and wellbeing. Vince completed treatment feeling "happy, comfortable and in control."



b) AOD Support Connections

People who experience drug dependence and/or have lived experience of drug dependence in the ACT experience stigma, discrimination and ongoing impacts of criminalisation. This leads to a wide range of social and health inequities and requires an integrated approach in providing appropriate health care. Many people experiencing AOD dependence need multidisciplinary approaches to providing comprehensive, specialist health care through integrated AOD counselling and case management. Furthermore, outreach services can improve access to health services for individuals unable to access services due to personal circumstances and/or risk of being identified in service settings.

CHN, ACT's PHN, commissioned Marymead CatholicCare to provide AOD Support Connections. This outreach case management program works in partnership with anyone over 16 who want to stop or reduce their use of alcohol and other drugs. AOD Support Connections Case Manager can assist individuals to make meaningful and sustainable changes to their AOD dependence and broader lifestyles. This includes developing therapeutic alliance to provide holistic, person-centred care; developing crisis and relapse prevention plans; exploring harm reduction strategies to help individuals become more in control of their dependence; and connecting individuals with other community and health services in order to improve their health and wellbeing.

The AOD Support Connections Case Manager continues the provision of holistic support to clients who self-identify problematic use of alcohol and other drugs. This involves collaborative case planning that empowers clients to make changes to their alcohol and other drug use, connect with physical and mental health services, address legal, financial or housing problems, safety plan around domestic and family violence, build formal and informal support networks. The Case Manager has continued to work closely with housing and homelessness services, allied health providers and numerous community agencies to provide holistic and coordinated care for a highly complex client group. This period saw consistency in referral rates; high rates of service user engagement; and stronger stakeholder relationships with other community services. A total number of 101 service users were supported in the last year with 585 occasions of service.



100% OF CLIENTS POSITIVELY ENDORSE THE SERVICE THROUGH CATHOLICCARE AOD SUPPORT CONNECTIONS SURVEYS COMPLETED.

Client story

Anna* (not her real name) was referred to AOD Support Connections following a custodial sentence. Prior to incarceration, Anna was experiencing drug dependence and experienced a significant relationship breakdown, resulting in her mother taking over the care of her child.

The AOD Support Connections Case Manager developed a relapse prevention plan in collaboration with Anna, identifying her potential triggers and protective factors. Since engagement with the program, Anna reports sustained abstinence. Additionally, Anna was supported to explore accommodation options, which included writing support letters and advocating on her behalf. Anna has recently signed a lease for a private rental and has regained independent care of her child. She has obtained part-time employment and reports to be reconnecting with social interests and rebuilding relationships with her family and social networks, after many years of isolation.

The Case Manager received the following feedback from Anna's mother at the end of the support period:

"I would like to take this opportunity to express my deepest gratitude for your support over the past year. (My daughter) has reached a number of important milestones during that time, all of which would not have been possible without your assistance… Thank you from the bottom of my heart".



6. AOD Day Program: Toora Women

Women who experience alcohol and other drug (AOD) dependence and/or have lived experience of AOD dependence in the ACT experience significant stigma, discrimination and barriers to accessing health care. This leads to a wide range of social and health inequities, therefore supporting women to address AOD dependence issues requires a person-centred approach. Peer based health promotion is a powerful method for empowering women holistically to make healthier choices by feeling more connected to community members who have lived experience.

The Toora Women AOD Service (and Day Program) is an evidence-based health program for women to help them learn the skills they need to live a full and meaningful life free from alcohol and other drugs dependence. It is an 8-week group program funded by the Australian Government's PHN Program and ACT Health. Each client is allocated their own case coordinator to develop their individual treatment plan and to make sure they receive a full wrap-around service of supports. Clients are supported in an affirming, women-led community through harm minimisation strategies to better address the determinants behind their AOD dependencies and feel empowered to have improved mental health and holistic wellbeing.

The Toora AOD Service (and Day Program) provides a safe and respectful environment for women to build relationships with one another in order to learn from each other and explore personal issues that led to their AOD dependence. It allows women to challenge harmful behaviours; to trust and build on their strengths; develop new skills; and make positive choices for the future. Over the last year, Toora AOD Services supported 256 women experiencing AOD dependence, thereby representing the community's need for this vital service.



Client story

Tina* (not her real name) is a professional woman who initially accessed Toora Women in 2021 for counselling for alcohol dependence. At the time, Tina experienced domestic violence. In early 2022, Tina engaged in a residential rehabilitation program at Arcadia House (Directions Health), however she found it difficult to be in a residential program with other male residents and self-discharged. Eventually, Tina relapsed and accessed the Canberra Hospital Withdrawal Unit again.

Tina re-engaged with counselling services at Toora Women for approximately 6 months before entering the Toora Women Day Program. The initial counselling support and transition into day program has provided Tina with consistent AOD support to remain abstinent from alcohol for 9 weeks – a far longer period in comparison to previously when Tina was solely engaging in counselling.

The Day Program was a suitable alternative option to a residential program for Tina. The regular 3 days of day program has provided education and routine for Tina to obtain a level of stability and confidence. The day program has provided peer interaction with other women which has significantly improved Tina's sense of community connection.

Since Tina has engaged in Toora Day Program and counselling, she has obtained stability through abstinence from alcohol. She has been able to maintain a good routine and engage in other social activities such as going to the gym due to maintaining her sobriety.

Tina feels healthier and more confident and is activating some of the education learnt in the day program. Tina is becoming more assertive; setting boundaries with men who previously took advantage of her when drinking and no longer in an abusive relationship. Tina feels confident with moving forward and maintaining her sobriety. Tina has completed Day Program but will continue to engage with Toora Women's other services, including SMART Recovery meetings.





Priority Area 9:
Chronic Disease

Chronic disease management is one of the 9 key priority areas for CHN. Many of our initiatives reported in our other 8 key priority areas support primary health care professionals or commissioned service providers to help consumers manage chronic disease. You can read about these specific initiatives throughout the Annual Report. Some key examples are below.

a) Commissioned services

- Mental health – CHN commissioned 11 local services to provide mental health programs for Canberrans.
- Integrated Team Care Program – To support local First Nations people with chronic disease, CHN partnered with local organisations to provide care coordination services and funding for certain approved medical equipment and support services for eligible First Nations people.
- Pharmacists in Residential Aged Care Facilities (RACF) – To support people living in RACF, many with chronic disease, CHN commissioned the University of Canberra to trial the Pharmacists in RACF Program.
- ACT Breathlessness Intervention Service trial – To support people living with breathlessness, CHN engaged University of Technology Sydney, Southside Physio and consumers and clinicans to co-design and develop a trial of a Breathlessness Intervention Service in the ACT. CHN commissioned the Southside Physio multi-disciplinary team to deliver the service.
- Healthy ageing grants to support early intervention initiatives to support health ageing and ongoing management of chronic conditions within the community setting.

b) Support for primary health care professionals

- Delivering education to primary health care – CHN's Education Program aims to increase knowledge, develop clinical skills and enhance the way in which health care is delivered and health professionals are supported. Many events have a chronic disease focus.
- ACT & SNSW HealthPathways – HealthPathways is a web-based clinical tool that provides health professionals with localised and evidence-based pathways, with many chronic disease pathways.
- Providing support to general practice – CHN continued to support general practice, with a key focus on quality improvement.





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 2023.

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. Steven Baker
Ms. Julie Blackburn
Ms. Darlene Cox
Dr. Mel Deery
Mr. Peter Quiggin KC
Dr. Niral Shah

Operating Results

The result from ordinary activities amounted to a surplus of $65,562 (2022: deficit of $91,065).

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. At 30 June 2023 the number of members was 577 (2022: 568). 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

DIRECTORS' REPORT (Continued)

Objectives and Strategies

Goals and Objectives	Long Term or Short Term Objective	Strategies to meet objectives
Whole person, one system healthcare	Short and long term	• 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
High performing primary and community care	Short and long term	• 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

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 Financial 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 six months. 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 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 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

DIRECTORS' REPORT (Continued)

Information on Board Members

Mr. Steven Baker

Appointment to office	Appointed for a 1st term on 5 March 2021.
Qualifications	BComm (Acctg), ICAA, MIIA, 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 Ernst & Young, WalterTurnbull Pty Ltd, PricewaterhouseCoopers and currently for global consulting business Protiviti Pty Ltd. Steven has many years' experience providing professional consulting services, as well as board and committee experience within the health and education sectors
Special Responsibilities	Member Audit and Risk Committee

Ms. Julie Blackburn

Appointment to office	Elected for a 2nd term at the 2022 AGM on 27 October 2022.
Qualifications	RN, RM, GAICD
Experience	Julie has a variety of experiences as a registered nurse, midwife, and company Director. Julie currently works as a Lecturer of Nursing at the University of Canberra, and supporting parent education, maternity care, and women's health via the casual relief pool at Calvary Public Hospital. She has also been contributing to the work of Karralika Programmes, including for past 8 years as Company Director/Deputy Chair. Julie has previous board experience in Private Health Insurance. Over the past decade, she has worked with government through a variety of ministerial appointments, providing advice and advocacy on matters relating to military families, women and family health, primary health care, and drug and alcohol policy
Special Responsibilities	Chair of the Board of Directors, re-appointed October 2022 AGM

Ms. Darlene Cox

Appointment to office	Elected for a 3rd term at the 2020 AGM on 26 November 2020.
Qualifications	BADipEd, GradDipAppEc, BEd
Experience	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 has been the Executive Director of Health Care Consumers' Association since 2008. She is active on a range of local and national committees including the Australian Commission on Safety and Quality in Healthcare and NPS Medicine Wise. Darlene is also a Director of Meridian Inc.

CAPITAL HEALTH NETWORK LIMITED

ABN 82 098 499 471

DIRECTORS' REPORT (Continued)

Special Responsibilities	Chair Audit and Risk Committee

Dr. Mel Deery

Appointment to office	Elected for a 2nd term at the 2020 AGM on 26 November 2020.
Qualifications	MBBS (UNSW).
Experience	Along with her husband John, Mel is a GP and practice owner at YourGP. She is passionate about developing YourGP to better fulfil the vision of 'genuine care, clinical excellence'. She enjoys all areas of general practice with special interests in paediatrics, women's health, pregnancy care and mental health.
Special Responsibilities	Chair Nominations Committee

Mr Peter Quiggin KC

Appointment to office	Appointed for a 1st Term on 17 March 2022.
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 and Risk Committee

CAPITAL HEALTH NETWORK LIMITED

ABN 82 098 499 471

DIRECTORS' REPORT (Continued)

Dr. Niral Shah

Appointment to office	Elected for a 2nd term at the 2022 AGM on 27 October 2022.
Qualifications	MBBS, MS (Orthopaedics), MHSM, DCH, FRACGP
Experience	Niral is a GP medical educator. He graduated in medicine from India and relocated to his new home Canberra in 2008. He is passionate about improving access to affordable quality health care for everyone especially disadvantaged and under privileged part of the community. He enjoys all areas of general practice with a specific interest in musculoskeletal health, sports injury and mental health. He is actively involved in GP training as a GP supervisor and medical educator. Niral has also been involved in broader advocacy role as a RACGP faculty board member for the ACT. He has previous governance experience as a medical administrator and board member on Coast City country GP training board.
Special Responsibilities	Chair General Practice Advisory Council

Meetings of Directors

The number of meetings of the company's Board of Directors (the board) held during the year ending 30 June 2023, and the number of meetings attended by each Director were:

REGISTER OF DIRECTORS' ATTENDANCE FINANCIAL YEAR 2022 – 2023

DIRECTOR	25/8/22	15/9/22	27/10/22	8/12/22	2/2/23	2/3/23	27/4/23	15/6/23	TOTAL
Steven Baker	✔	✔	✔	✔	✔	✔	✔	Apology	7/8
Julie Blackburn	✔	✔	Apology	✔	✔	✔	✔	✔	7/8
Darlene Cox	✔	✔	✔	✔	✔	Apology	✔	✔	7/8
Mel Deery	✔	✔	✔	Apology	✔	✔	Apology	✔	6/8
Peter Quiggin KC	✔	✔	✔	✔	✔	✔	✔	✔	8/8
Niral Shah	Apology	Apology	✔	✔	✔	Apology	✔	Apology	4/8

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.

Signature	Signature
Julie Blackburn CHAIR OF THE BOARD	Darlene Cox DIRECTOR

Dated this 21st day of September 2023

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AUDITOR'S INDEPENDENCE DECLARATION UNDER S60-40 OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION ACT 2012 TO THE DIRECTORS OF CAPITAL HEALTH NETWORK LIMITED

As lead auditor of Capital Health Network, I declare that, to the best of my knowledge and belief, during the year ended 30 June 2023 there have been no contraventions of:

i. the auditor independence requirements as set out in the *Australian Charities and Not-For-Profits Commission Act 2012* in relation to the audit; and

ii. any applicable code of professional conduct in relation to the audit.

Shane Bellchambers
Canberra, ACT
Registered Company Auditor
BellchambersBarrett

Dated this 21st day of September 2023

Liability limited by a scheme approved under Professional Standards Legislation

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2023

	Note	2023	2022
		$	$
Revenue	2	31,835,566	27,047,106
Audit, legal and consultancy expense		(38,100)	(53,253)
Communications		(220,099)	(242,632)
Consultants and contractors		(590,863)	(259,793)
Depreciation and amortisation expense		(183,901)	(191,430)
Right-of-use asset depreciation		(275,301)	(284,418)
Employee benefits expense		(5,564,196)	(5,131,055)
Financial expenses		(149,491)	(131,574)
Occupancy		(68,637)	(60,803)
Professional development		(180,921)	(163,174)
Service provision		(23,553,106)	(20,209,884)
GST receivable write-off		-	(67,522)
Other expenses		(945,389)	(342,633)
Total expenses		(31,770,004)	(27,138,171)
Current year surplus / (deficit) before income tax		65,562	(91,065)
Income tax expense		-	-
Net current year surplus		65,562	(91,065)
Other comprehensive income		-	-
Total comprehensive income for the year		65,562	(91,065)

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 2023

	Note	2023	2022
		$	$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	3	12,639,387	9,092,479
Trade and other receivables	4	491,448	982,343
Other assets	5	2,466,807	2,525,140
TOTAL CURRENT ASSETS		15,597,642	12,599,962
NON-CURRENT ASSETS			
Plant and equipment	6	447,760	489,789
Right of use assets	7	291,588	556,169
TOTAL NON-CURRENT ASSETS		739,348	1,045,958
TOTAL ASSETS		16,336,990	13,645,920
LIABILITIES			
CURRENT LIABILITIES			
Lease liabilities	8	341,756	310,642
Trade and other payables	9	370,322	504,262
Contract Liabilities	10	13,474,614	10,338,128
Provisions	11	291,847	405,135
TOTAL CURRENT LIABILITIES		14,478,539	11,558,167
NON-CURRENT LIABILITIES			
Lease liabilities	8	29,203	365,685
Provisions	11	151,934	110,316
TOTAL NON-CURRENT LIABILITIES		181,137	476,001
TOTAL LIABILITIES		14,659,676	12,034,168
NET ASSETS		1,677,314	1,611,752
EQUITY			
Retained earnings		1,677,314	1,611,752
TOTAL EQUITY		1,677,314	1,611,752

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 2023

	Retained Surplus	Total
	$	$
Balance at 30 June 2021	1,702,817	1,702,817
Comprehensive Income		
(Deficit) for the year	(91,065)	(91,065)
Balance at 30 June 2022	1,611,752	1,611,752
Comprehensive Income		
Surplus for the year	65,562	65,562
Balance at 30 June 2023	1,677,314	1,677,314

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 2023

	Note	2023	2022
		$	$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipt from customers, government and others		38,530,588	30,553,757
Payments to suppliers and employees		(34,618,081)	(30,512,134)
Interest received		130,080	46,976
Interest paid on lease		(37,719)	(59,710)
Net cash generated from operating activities		4,004,868	28,889
CASH FLOWS FROM INVESTING ACTIVITIES			
Payment for plant and equipment		(141,872)	(28,861)
Net cash (used in) investing activities		(141,872)	(28,861)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of lease liabilities		(316,088)	(271,416)
Net cash (used in) financing activities		(316,088)	(271,416)
Net increase (decrease) in cash held		3,546,908	(271,388)
Cash and cash equivalents at beginning of financial year		9,092,479	9,363,867
Cash and cash equivalents at end of financial year	3	12,639,387	9,092,479

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 2023

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 14 September 2023 by the directors of CHN.

Note 1: Summary of Significant 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 2023

Note 1: Summary of Significant Accounting Policies (continued)

b. **Cash and Cash Equivalents**

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities on the statement of financial position.

c. **Trade and Other Debtors**

Trade and other debtors include amounts due from members as well as amounts receivable from customers for goods sold in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.
Accounts receivables are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Refer to Note 1(i) for further discussion on the determination of impairment losses.

d. **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.

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 1: Statement of Significant Accounting Policies (continued)

e. **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.

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.

f. **Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).
Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.
Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities, which are recoverable from or payable to the ATO, are presented as operating cash flows included in receipts from customers or payments to suppliers.

g. **Trade and Other Payables**

Trade and other payables represent the liabilities for goods and services received by the company during the reporting period that remain unpaid at the end of the reporting period. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 1: Statement of Significant Accounting Policies (continued)

h. **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 (ECL's) for financial assets held at amortised cost by recognising a loss allowance based on lifetime ECL's 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.

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.

i. **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.

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 1: Statement of Significant Accounting Policies (continued)

j. **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.
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.

k. **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*.

l. **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.

m **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.

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 1: Statement of Significant Accounting Policies (continued)

n. **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.

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.

o. **New or Amended Accounting Standards Adopted by the Entity**

There have been no new or amended accounting standards adopted by the entity during the period.

p. **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 2023

	Note	2023 $	2022 $
Note 2. Revenue			
Grants received		31,705,861	26,958,635
Sponsorship and event registration		-	12,238
Non-Government funding sources		3,821	29,257
Interest income		125,884	46,976
		31,835,566	27,047,106

Grants Received
The majority of the Company's funding is in the form of grants from government department bodies. The Entity has assessed that the majority 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 is recognised as the Company delivers the required services.

Note 3. Cash and Cash Equivalents			
CURRENT			
Cash on hand		361	366
Cash at bank		12,639,026	9,092,113
		12,639,387	9,092,479
Note 4. Trade and Other Receivables			
CURRENT			
Trade debtors		35,373	685,956
Other receivables		767	-
Net GST receivables		455,308	296,387
		491,448	982,343
a. **Financial assets at amortised cost classified as trade and other receivables**			
Total trade and other receivables		491,448	982,343
Less net GST receivables		(455,308)	(296,387)
Financial assets as trade and other receivables	12	36,140	685,956

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

	Note	2023 $	2022 $
Note 5. Other Assets			
CURRENT			
Deposits received		13,033	11,261
Prepayments		476,940	231,564
Prepaid service delivery		1,883,984	2,189,697
Term Deposits – greater than 3 Months		92,850	92,618
		2,466,807	2,525,140
Note 6. Plant and Equipment			
Plant and equipment - at cost		1,042,924	934,854
Less: Accumulated depreciation		(700,040)	(639,727)
		342,884	295,127
Leasehold improvements - at cost		487,342	487,341
Less: Accumulated depreciation		(382,466)	(292,679)
		104,876	194,662
Total plant and equipment		447,760	489,789

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 30 June 2021	379,564	272,794	652,358
Additions	18,386	10,475	28,861
Depreciation expense	(102,823)	(88,607)	(191,430)
Balance at 30 June 2022	295,127	194,662	489,789
Additions	141,872	-	141,872
Depreciation expense	(94,115)	(89,786)	(183,901)
Balance at 30 June 2023	342,884	104,876	447,760

CAPITAL HEALTH NETWORK LIMITED
ABN 82 098 499 471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 7. Right of Use Assets

CHN's lease portfolio includes leased motor vehicle and a leasehold building. The current lease agreement ends in July 2024.

	Note	2023 $	2022 $
i. AASB 16 related amounts recognised in the balance sheet			
Right of use assets			
Leased premises		1,385,026	1,377,564
Less accumulated amortisation		(1,093,438)	(821,395)
Total right of use asset		291,588	556,169
ii. AASB 16 related amounts recognised in the statement of profit or loss			
Amortisation expense		(275,301)	(284,418)
Finance costs		(37,719)	(59,710)
		(313,020)	(344,128)

Note 8. Lease Liabilities

Current		341,756	310,642
Non-current		29,203	365,685
	12	370,959	676,327

Note 9. Trade and other payables

CURRENT			
Creditors and accrued expenses		370,322	504,262
Financial liabilities as trade and other payables	12	370,322	504,262

Note 10. Contract Liabilities

Unearned government grant income		13,474,614	10,338,128

Note 11. Provisions

CURRENT			
Provision for annual leave entitlements		256,179	362,864
Provision for long service leave		35,668	42,271
		291,847	405,135
NON-CURRENT			
Provision for long service leave		151,934	110,316
Total employee provisions		151,934	110,316

CAPITAL HEALTH NETWORK LIMITED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 12: 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:

		2023 $	2022 $
Financial assets	**Note**		
Held at amortised cost			
Cash and cash equivalents	3	12,639,387	9,092,479
Trade receivables	4a	36,140	685,956
Total financial assets		12,675,527	9,778,435
Financial liabilities			
Lease liabilities	8	370,959	676,327
Trade payables	9	370,322	504,262
Total financial liabilities		741,281	1,180,589

Note 13. Key Management Personnel Compensation

a.	Key management personnel compensation	921,310	934,482

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 14. 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. A number of 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 $
Health Care Consumers Association ACT	Provision of consumer representation on CHN committees, support and advice on consumer matters & advice in relation to the Health Pathways Program.	11,000
Meridian Incorporated	Psychological Therapies Targeting Priority Populations – Service Delivery expenses.	453,297

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

Note 14. Other Related Parties (continued)

Name of Related Party	Nature of Transaction	Amount $
Meridian Incorporated	Delivery of COVID-19 Vaccination Support Program to At-Risk Populations	52,006
Karralika Programs Inc.	Community Based Alcohol and Other Drug Counselling for those linked with the Criminal Justice System	245,443
Karralika Programs Inc.	Community Health and Hospitals Program	786,213
Dr Mel Deery (YourGP)	Strengthening Medicare GP Grants Program	121,000

Note 15. Contingent Liabilities

The Company has provided bank guarantees of $74,877 (2022: $74,877) to the National Australia Bank for its obligations under its office lease.

Note 16. Events After the Reporting Period

No other matter or circumstance has arisen since 30 June 2023 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 17: 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 2023, the number of members was 577 (2022: 568). Membership is cyclical, requiring renewals every three years.

Note 18. Company Details

The register office and principal place of business of the Company is

Capital Health Network Limited
Unit 2, Geils Court,
Deakin ACT 2600

Note 19. Auditors Remuneration	2023 $	2022 $
Auditing or reviewing the financial statements	14,160	11,100
Audit of grant acquittals	17,480	19,400
Other	4,500	4,500
	36,140	35,000

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 10-24, 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 2023 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 subs 60.15(2) of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Signature

Julie Blackburn
CHAIR OF THE BOARD

Signature

Darlene Cox
DIRECTOR

Dated this 21st day of September 2023

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INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF CAPITAL HEALTH NETWORK LIMITED

Report on the Audit of the Financial Report

Opinion

We have audited the accompanying financial report of Capital Health Network Limited (the Company), which comprises the statement of financial position as at 30 June 2023, the statement of profit or loss, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

In our opinion, the accompanying financial report of Capital Health Network has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* (the ACNC Act), including:

(i) giving a true and fair view of the registered entity's financial position as at 30 June 2023 and of its financial performance for the year then ended; and

(ii) complying with Australian Accounting Standards – AASB 1060: *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* and Division 60 of *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the registered entity in accordance with the ACNC Act and ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Information Other than the Financial Report and Auditor's Report Thereon

The directors are responsible for the other information. The other information comprises the information included in the annual report for the year ended 30 June 2023 but does not include the financial report and our auditor's report thereon. Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Directors for the Financial Report

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

Liability limited by a scheme approved under Professional Standards Legislation

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INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF CAPITAL HEALTH NETWORK LIMITED

In preparing the financial report, the directors are responsible for assessing the ability of the registered entity to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the registered entity or to cease operations, or has no realistic alternative but to do so.

The directors are responsible for overseeing the registered entity's financial reporting process.

Auditor's Responsibility for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the registered entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the registered entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the registered entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



Shane Bellchambers
Canberra, ACT
Registered Company Auditor
BellchambersBarrett

Dated this 21st day of September 2023


CHN