

## 2015-16 REPORTING TEMPLATE

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### PHN OPERATIONAL AND FLEXIBLE FUND

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<b>Date Submitted</b>	12 February 2016

In submitting this Reporting Template to the Department of Health, the PHN has ensured that all internal clearances have been obtained and the Planning and Reporting Template has been endorsed by the CEO and any other appropriate personnel and/or Board members.

In submitting the Six and 12 Month Report, PHNs are required to meet all the requirements under 'Item E – Reports' of the Primary Health Networks Core Funding Schedule.

Prompts in the Activity Name Column must be addressed. Prompts in blue are a guide only and is not an exhaustive list. Include any information deemed appropriate in providing a holistic report of activities conducted by the PHN.

ACTIVITY NAME:	ESTABLISHMENT AND TRANSITION ACTIVITY
<p>PRIORITY ESTABLISHMENT ACTIVITY:</p> <p>Provide a description of the activity, detail progress of the activity and provide estimated completion dates for:</p> <ul style="list-style-type: none"> <li>• Establishing Clinical Councils;</li> <li>• Establishing Community Advisory Committees;</li> <li>• Stakeholder management / engagement activity; and</li> <li>• Office establishment</li> </ul> <p>Describe any key achievements.</p> <p>Describe any barriers or challenges and strategies undertaken to address these matters.</p>	<p>SIX MONTH REPORT:</p> <p><b>CLINICAL COUNCILS</b></p> <p>The Murray PHN has established the Interim Clinical Council. This 13 member Advisory Council has been developed with the specific dual purposes of providing clinical and medical input into planning and commissioning processes and introduce the system of regional Clinical Councils that will capture community input across a regional scale of geographically and issue liked communities. The Interim Clinical Council has been established with a specific 12 month maximum timeframe to enable the establishment of the emergence of the Murray PHN Clinical Council for which the membership will comprise the Chairs of the Regional Clinical Councils (likely to number between 4-6) and the 4 GP Medical Advisers that are located in the 4 Regional Offices that service the whole Murray PHN catchment.</p> <p>The first Murray PHN Interim Clinical Council is scheduled to be held on 26 February.</p> <p><b>COMMUNITY ADVISORY COUNCILS</b></p> <p>The Murray PHN is undertaking a consultative process to establish the Regional Community Advisory structures. The Murray PHN catchment region takes in a large geographical area with diverse communities in need and capacity across North West, Central and North East Victoria and the community of Albury in NSW. This catchment region has not traditionally been regarded as one catchment area of shared boundary and interests. Rather in a regional context, communities contained within our catchment area would regard that this area is a grouping of a number of discrete and historically well recognised identifiable geographical regions that includes significant areas and requirement to incorporate cross border (Vic/NSW) relationships and arrangements. For these reasons, Murray PHN has undertaken a process to engage the communities to confirm the regional Community Advisory Council boundary structures, define membership composition, incorporate and utilise existing advisory structures and recognise capacity for cross border inclusion. Murray PHN will be convening Community Advisory Council Consultation Forums throughout our region over March and April 2016 to provide community input to resolve and confirm these respective issues that will be critical to the success of the Community Advisory Council role and contribution. The geographical configuration of the Regional</p>

Community Advisory Councils will be used by the Murray PHN interim Clinical Council to inform the development and establishment of the respective Regional Clinical Councils

We anticipate that the Murray PHN will be convening the first meetings of the Regional Clinical Advisory Councils in June/July 2016. The Chairs of the respective Regional Community Advisory Councils will constitute the membership of the catchment wide Murray PHN Community Advisory Council which will be established in the latter half of 2016.

**BOARD CHANGES**

<b>Name</b>	<b>Position on Board</b>	<b>Date of appointment</b>
Mr Fabian Reid	Chair	22/3/2012
Dr Talitha Barrett	Deputy Chair	22/3/2012
Dr Christopher Atkins	Member	22/3/2012
Mr Victor Hamit	Member	22/3/2012
Mrs Susanne Clarke	Member	22/3/2012
Mr Edward Rayment	Member	22/3/2012
Professor Hal Swerissen	Member	19/9/2012
Ms Leonie Burrows	Member	17/6/2015
Ms Dianne Thomas	Member	15/7/2015
Mr Kevin Boote	Member	17/6/2015

In November 2015 - February 2016 the Murray PHN Board facilitated and participated in the development of the Murray PHN Strategic Plan.

**TWELVE MONTH REPORT: NOT APPLICABLE UNTIL SEPTEMBER**

- Describe progression of activities since the Six Month Report. Are activities progressing according to plan? Describe barriers or challenges.
- Describe any achievements in the past twelve months.
- Describe any learnings from the past twelve months.
- If applicable, attach an updated table with changes to the Board since the Establishment and Transition Report submitted in February 2016.
- If applicable, describe training and development activities provided to Clinical Councils and Community Advisory Committees.

PRIORITY TRANSITION ACTIVITY (to 31 December 2015):  
 Describe activities undertaken during the transition from Medicare Locals and provide estimated completion dates for:

- Transfer of records;
- Transfer of assets, IP or third party services;
- Transfer of data, information systems and operational information; and
- Planned training and recruitment.

Describe any key achievements.

Describe any barriers or challenges and strategies undertaken to address these matters.

SIX MONTH REPORT:  
 A great deal of work to establish and then consolidate the operations of the Murray PHN was completed in the six months to December 2015. The activities and key achievements have been grouped and listed below:

Transition from Medicare Locals was formally completed with the Lower Murray ML, Goulburn Valley ML and Hume ML each signing of a *Transfer Deed* in September 2015. This deed provided the details of all of the records, assets, third party services, employees and IP which were required by Murray PHN in its establishment and operation. There was generally good cooperation with ML Management and staff throughout this process. All ML branding has been removed.

Human Resources for the Murray PHN was re-designed across the company to reflect the PHN environment. During the foundation phase, some 28 employees from the Loddon Mallee Murray ML were redeployed, 19 employees from other MLs were either transferred or employed into new roles and a further 23 were employed to fill new roles within the organisation. Directly delivered clinical services from Goulburn Valley and Hume MLs were transferred, and then sub-contracted resulting in a small number of redundancies. An “all staff day” in November brought together people from across the region and was important in establishing a shared vision and values. As at 31/12/2015, the staffing levels across the company were as follows:

- Corporate office – 28 positions (24.1 FTE)
- Central Victoria – 15 positions (13.0 FTE)
- Goulburn Valley – 8 positions (7.0 FTE)
- North East – 11 positions (9.2 FTE)
- North West – 8 positions (7.1 FTE)
- TOTAL – 70 positions (60.4 FTE)**

Physical facilities to accommodate regional office operations were established for Mildura, Bendigo, Shepparton and Albury. Interim arrangements were first put into place to quickly establish a local presence, and these have since been replaced with longer-term arrangements. Albury and Bendigo offices are utilising part or all of the space formerly occupied by MLs, but Mildura and Shepparton are in new accommodation which required fit-out and furnishing.

ICT infrastructure was assisted by an early decision to move to “cloud-based” infrastructure as it would have been impossible to create a traditional network architecture in the time available. Each facility has now been connected to the Murray PHN domain and are accessing their applications and the internet through a single wide-area network (WAN). The installation of a single telephony solution has commenced to be completed early in 2016.

	<p><u>ICT systems</u> have been established where the former ML systems were seen to be inadequate for the PHN environment. Data which was migrated from the ML's resided in a range of different formats and systems which resulted in a lot of manual aggregation. Office 365, Skype for business, OneDrive and Sharepoint now provide the core business applications, Microsoft Dynamics NAV and CRM have been introduced for Finance and CRM functions. The creation of a new website was initially delayed while we were waiting for branding, but this was re-branded and launched in August 2015.</p>
<p><b>SERVICE CONTINUITY</b> (to 31 December 2015): Describe any key achievements.</p> <p>Describe any barriers or challenges to service continuity and strategies undertaken to address these matters.</p> <p>Provide details on any services transitioned from the Medicare Local(s) but no longer being delivered and the rationale for it.</p>	<p><b>SIX MONTH REPORT:</b></p> <p>A considerable effort has been applied to ensure service continuity and appropriate transition arrangements from each Medicare Local to the Murray PHN.</p> <p>During the reporting period we have been successful in ensuring the continuity of all health services previously either directly delivered or subcontracted by Medicare Locals.</p> <p>Where services were directly delivered by Medicare locals (with the exception of mental health services) a competitive tender process was undertaken to find suitable service providers with the capability and capacity to deliver the services. Where services were previously subcontracted by Medicare Locals, Murray PHN has worked with each of the providers to support continuity through a due diligence of the service arrangement and then execution of a new service agreement. Overall this has resulted in 54 service delivery contracts.</p> <p><b>Barriers or challenges and strategy to manage</b></p>

	<p>Overall, the transition to Murray PHN has gone very smoothly. We have worked closely with stakeholders and service providers to proactively and constructively address any issues that arose through the transition period. There were some initial difficulties in accessing necessary information regarding 1`active clients within services directly delivered by a Medicare Local but this was resolved and clients transitioned to the new service arrangements.</p> <p><b>Details on any services transferred from ML but no longer being delivered.</b></p> <p>At the time of transition, Castlemaine Health (subcontractor to Loddon Mallee Murray Medicare Local) advised that they were seeking to cease Physiotherapy services to the community of Maldon which they were visiting for 4 hours per month. The service aimed to do this because the service was not efficient or being utilised by people who had specific need. The services planned the exit with the local GP and organized referral pathways to the main service in Castlemaine (15 minutes away). The Maldon service finished in September 2015.</p>
<p>FUNDING If extension granted, describe use of Establishment and Transition Funding.</p>	<ul style="list-style-type: none"> <li>• If extension granted to 31 December 2015, attach a Financial Declaration for use of Establishment and Transition Funding with Six Month Report.</li> </ul> <p>Not applicable – Financial Declaration submitted 6 November 2015.</p>

ACTIVITY NAME	OPERATIONAL AND FLEXIBLE FUND
<p>GP AND STAKEHOLDER ENGAGEMENT:</p> <p>Describe any key achievements with:</p> <ul style="list-style-type: none"> <li>• LHNs / HHSs;</li> <li>• Health Service Providers; and</li> <li>• Practice Support Activities.</li> </ul> <p>Describe any barriers or challenges and strategies undertaken to address these matters.</p>	<p>SIX MONTH REPORT:</p> <p>Effective GP and stakeholder engagement underpins the impact of Murray PHN and its performance overall. It is a whole of organisation activity and has been shaped by a Stakeholder Engagement Strategy that was prepared by the Executive in November 2015. The application of the International Association for Public Participation (IAP2) framework has been an integral tool to manage and contextualise the purpose and goal of engagement throughout the organisation’s work. Specific achievements of our engagement are described in terms of it’s the engagement goal and these listed below with further detail and achievement following.</p> <ul style="list-style-type: none"> <li>• Positioning the Purpose of the Murray PHN organisation across catchment area</li> <li>• Supporting General Practice</li> <li>• Providing a platform for Clinical Leadership and Health Integration</li> </ul> <p><b>Engagement Goal : <i>Positioning the Purpose of the Murray PHN organisation across catchment area</i></b></p> <ul style="list-style-type: none"> <li>• From July to November 2015, Murray PHN Board meetings were preceded with Stakeholder Engagement evenings located across the catchment. It provided an opportunity for clinical and community leaders to meet Board and executive team to listen to the purpose and development of the Murray PHN and also provide input to the key health system issues and health priorities relative to each area.</li> <li>• Registered Stakeholders are an important component of the constitutional arrangements and engagement systems of Murray PHN. These are non-member stakeholders of Murray PHN that play an important role in supporting Murray PHN to be locally connected and responsive to health needs and priorities. As of December 2015, Murray PHN has 445 individuals and 181 organisations as registered stakeholders to the organisation.</li> <li>• Murray PHN is a participant of the Loddon Mallee and Hume Department of Health and Human Services Health Services Groups. These forums bring together the Chief Executives of private hospitals and sub acute health facilities across the respective DHHS regions of Victoria. It has provided an important platform to focus on the joint interest in the communities located within the DHHS region/Murray PHN catchment areas and build the basis for joint areas of strategic interest.</li> <li>• Murray PHN established regional centres located in Albury, Shepparton, Mildura and Bendigo. This allows for organisational objectives and priorities to be deployed in locally relevant ways. Each regional hub is led by a Regional Manager who form an integral part of the organisational Executive team. Regional managers have been recruited from within the local areas and have well established and credentialed networks with health services and leaders</li> </ul>

from within the area. This has been a deliberate strategy in order to build the engagement and goodwill between health services and the regional, operational arms of the Murray PHN.

**Engagement Goal : *Supporting General Practice***

- Direct engagement with General practice has been a deliberate and important early strategy of the organisation. Early objectives of engagement have been to:
  - Identify and confirm personnel and operating systems and tools within each practice
  - Ascertain key health priorities and system issues to feed into early needs assessment understandings
  - Connect general practice personnel to specific initiatives and priorities of Murray PHN, including health pathways, Pen clinical audit tool, health system reform information,
  - Position and build relationship between practice personnel and regional practice support staff
- Each of the 4 regional include have staff whose role is to support quality improvement, workforce and the integration of general practice and other health services within the respective regional areas. All roles are occupied and work within regional teams.
- A Medical Advisor within each of the 4 regional centres of the organisation. The Medical Advisor is a registered GP whose role is to support peer to peer engagement and GP input into the strategic and operational development of the organisation.
- There are 186 General Practices across the catchment, with on-site visits made with all practices. Direct engagement with General Practice is also supported by practice networks, communications and regionally specific initiatives. Some examples include:
  - Systematic roll out and support of pen clinical audit tool
  - Implementation of bowel cancer screening program within Bendigo and Loddon
  - Immunisation strategy
  - Development of chronic disease coordination program within Benalla and Wangaratta
- Continuing professional development has been an important platform to engage directly with clinicians across the local health system, particularly General practitioners. CPD is delivered locally via each regional hub with a total of 31 professional development and networking events conducted since the establishment of Murray PHN. Where possible, CPD content is uploaded as an ongoing resource for clinicians (refer <http://www.murrayphn.org.au/information-and-resources-for-health-professionals/health-professionals-resources#>)

**Engagement Goal : *Providing a platform for Clinical Leadership and Health Integration***

	<ul style="list-style-type: none"> <li>• In November 2015, the Murray PHN Board approved the procurement of the Health Pathways platform. Direct engagement with clinical leaders across the health system is extensive and in progress and includes: <ul style="list-style-type: none"> <li>○ Executive to executive engagement with tertiary hospitals (4) within the catchment to confirm mutual interest and leadership to support improved quality of referrals and coordination of care within primary health sector</li> <li>○ Broad information about the objectives of health pathways to health services across the catchment</li> <li>○ Securing support from specialists within hospitals to participate in clinical editorial workgroups for specific health pathways</li> <li>○ Recruitment of clinical editors (4) to facilitate clinical workgroups for health pathways. Clinical editors must be registered with AHPRA.</li> </ul> </li> </ul> <p>A challenge for the organisation is to establish systems and protocols to ensure that engagement activities and outcomes is captured in a systemic way to inform organisational planning and decision making. The organisation is in its early stages and as a result the systems, capacity and strategy of organisational engagement has yet to be fully formed and mature.</p>
	<p>TWELVE MONTH REPORT: <b>NOT APPLICABLE UNTIL SEPTEMBER</b></p>
<p>POPULATION HEALTH PLANNING: Describe progress towards:</p> <ul style="list-style-type: none"> <li>• Development of Baseline Needs Assessment; and</li> <li>• Development of a health services commissioning plan.</li> </ul> <p>Describe any barriers or challenges and strategies undertaken to address these matters.</p>	<p>SIX MONTH REPORT:</p> <p>The organisation is progressing with the development of its baseline needs assessment. It draws from the range of State, Commonwealth and Local data sets. Importantly, it references the previous work of the former Medicare Locals (4) from across the Murray PHN catchment, as well as recognise and synthesize the collective population health evidence that exists with many health and relevant stakeholders relative to the catchment of the Murray PHN. With this in mind, data that has recently been released by the Department through the PHN website will be integrated into this synopsis.</p> <p>Additional external support is being sourced to support rapid synthesis and analysis of this work in order to meet required timelines. This work will then form the basis of engagement with stakeholders across the Murray PHN catchment.</p>

	<p>The principle challenge for the organisation is to manage both the time and deliverables associated with this work, as well as embed sound population health methodologies as part of the ongoing operation of the organisation.</p>
<p>SERVICE DELIVERY (Activity 1): Describe key achievements with:</p> <ul style="list-style-type: none"> <li>Health service activities delivered, including whether they are delivered directly or purchased/commissioned as identified in the Establishment and Transition Plan.</li> </ul>	<p>TWELVE MONTH REPORT: <b>NOT APPLICABLE UNTIL SEPTEMBER</b></p> <p>SIX MONTH REPORT:</p> <p><b>Service Activity- continuity of services.</b></p> <p>Across Murray PHN, the focus for the reporting period has been on establishment and service continuity. A qualitative review was conducted in December 2015 through service providers. In summary, the achievements identified can be grouped into two main themes: improved engagement with patients and improved collaboration with other health professionals.</p> <p><b>Engagement with patients.</b> Service providers report that they have had success with engagement with patients and other health professionals. This had led to improved patient attendance at appointments, improved follow up processes and improved patient compliance.</p> <p><b>Improved collaboration with other health professionals.</b> Service providers report that they have strengthened relationships and collaboration with other service providers, which has led to improvements in care coordination for patients.</p> <p>Example of a good news story:</p> <p>“Key achievements include an increase in patient demand for these services, patient awareness of services offered. Relationships between allied health and general practice providers have strengthened considerably, and the true integration of allied health into the practice team, culture, and processes has led to smoother care and timely communication with the patient at the centre.”</p> <p>“One of my patient gave me a copy of a letter he received from an orthopedic surgeon, Dr. Falkenberg. This patient has Rheumatoid Arthritis with severe deformities to his feet. When I first saw this patient he had multiple ulcers on his feet, they are now all healed. In this letter it said: " It is an extraordinary feat of podiatry that he has not developed an ulcer there" Well that was nice. This patient is very pleased with what "we" have achieved, it's always a team work, even if the team only consists of me and the patient. “</p>

<p>SERVICE DELIVERY (Activity 2): Describe key achievements with: Health service activities delivered, including whether they are delivered directly or purchased/commissioned as identified in the Establishment and Transition Plan. <b><i>Copy and Paste this component for each activity approved in the 2015-16 Establishment and Transition Plan</i></b></p>	<p>TWELVE MONTH REPORT: <b>NOT APPLICABLE UNTIL SEPTEMBER</b></p>		
	<p>SIX MONTH REPORT:</p>		
	<p>The following services were continued by Murray PHN into the reporting period:</p>		
	<p><b>REGION</b></p>	<p><b>CONTRACTED PROVIDER</b></p>	<p><b>SERVICE ACTIVITY(S)</b></p>
	<p>Central VIC</p>	<p>Bendigo Health Care Group</p>	<p>Dietetics; Podiatry</p>
	<p>Central VIC</p>	<p>Castlemaine District Community Health Ltd</p>	<p>Counselling</p>
	<p>Central VIC</p>	<p>Castlemaine Health</p>	<p>Physiotherapy</p>
	<p>Central VIC</p>	<p>East Wimmera Health Service</p>	<p>Community nursing; Dietetics; Occupational therapy</p>
	<p>Central VIC</p>	<p>Eloquent Speech Pathology</p>	<p>Speech Pathology</p>
	<p>Central VIC</p>	<p>Heathcote Health</p>	<p>Diabetes education; Physiotherapy</p>
	<p>Central VIC</p>	<p>Inglewood District Health Services</p>	<p>Diabetes education; District nursing; Mental health nursing; Physiotherapy; Social work (other drugs)</p>
	<p>Central VIC</p>	<p>Mallee District Aboriginal Services</p>	<p>Youth Counselling</p>
	<p>Central VIC</p>	<p>Njernda Aboriginal Corporation</p>	<p>Aboriginal health</p>
	<p>Central VIC</p>	<p>Northern District Community Health Service</p>	<p>Diabetic education; Dietetics; Occupation therapy; Podiatry/foot care</p>
	<p>Central VIC</p>	<p>Swan Hill District Health</p>	<p>Dietetics; Podiatry; Speech pathology</p>
	<p>Central VIC</p>	<p>Wimmera Hearing Society Inc.</p>	<p>Hearing screen</p>
	<p>Goulburn</p>	<p>Alexandra Medical Centre</p>	<p>Diabetes Education</p>
<p>Goulburn</p>	<p>Cobram District Health</p>	<p>Dietetics; Diabetes Education; Podiatry</p>	
<p>Goulburn</p>	<p>Eildon Medical Centre</p>	<p>Diabetes education</p>	
<p>Goulburn</p>	<p>Euroa Medical Family Practice</p>	<p>Diabetes education; Dietetics</p>	
<p>Goulburn</p>	<p>Honeysuckle Regional Health</p>	<p>Care Coordination and Health Promotion</p>	
<p>Goulburn</p>	<p>Janette Tregenza</p>	<p>Diabetes education</p>	

	Goulburn	Kilmore Medical Centre	Diabetes education; Dietetics; Exercise physiology	
	Goulburn	Kilmore Medical Practice	Diabetes	
	Goulburn	Murchison Medical Clinic	Podiatry; Exercise physiology; Physiotherapy; Dietetics	
	Goulburn	Myrtle Street Clinic	Diabetes education	
	Goulburn	Princess Park Clinic	Dietetics	
	Goulburn	Shepparton Medical Centre	Dietetics; Exercise physiology	
	Goulburn	Yea Medical Centre	Diabetes education	
	Macedon	Cobaw Community Health Service	Physiotherapy; Speech Pathology	
	North East	Alpine Health	Dietetics; Diabetes education	
	North East	Balance Up Nutrition	Dietetics	
	North East	Beechworth Health Service	Dietetics	
	North East	Benalla Health	Diabetes educator; Dietetics	
	North East	Border Dietitians	Dietetics	
	North East	Gateway Health	Diabetes Educator	
	North East	Indigo North Health Inc.	Occupational therapist; Physiotherapy; General podiatrist; Allied health assistant	
	North East	Kelly Creamer Podiatry	Podiatry	
	North East	Kiewa Valley Physiotherapy	Physiotherapy	
	North East	Ovens Valley Physiotherapy	Physiotherapy	
	North East	Ovens Valley Podiatry	Podiatry	
	North East	Tallangatta Health Service	Physiotherapy	
	North East	The Foot Centre	Podiatry	
North East	Upper Murray Health & Community Services	Service coordination; Exercise physiotherapy; Occupational therapy; Physiotherapy; assistant (Physiotherapy); Allied health assistant (Podiatry); Physiotherapy; Allied health Chronic disease management; After hours nursing		
North East	Vision Australia	Occupational therapy; Orientation and mobility; Optometry; Orthoptics; Adaptive tech work		

	North West	Irymple Foot Clinic	Podiatry
	North West	Karen Bulman	Dietetics
	North West	Lynette Flavel	Diabetes education
	North West	Mallee Track Health and Community Service	Podiatry; Social work; Speech pathology; Community nurse; Community health education; Allied health assistant
	North West	Mildura Base Hospital	Autism Assessment and Diagnosis Service
	North West	Mildura Base Hospital	Geriatrician Services
	North West	MyChemist Mildura	Opioid Replacement Therapy Services
	North West	Robinvale District Health Services	Aboriginal allied health assistant; Community health nurse; Dietetics; Occupational therapy; Physiotherapy; Podiatry; Social worker; Speech pathology; Allied health assistant
	North West	Sunraysia Community Health Services	Movement Disorders Nurse Service
	North West	Sunraysia Community Health Services	Pain Management Service
	North West	Sunraysia Community Health Services LTD	Opioid Replacement Therapy Services
	TWELVE MONTH REPORT: NOT APPLICABLE UNTIL SEPTEMBER		
PERFORMANCE MANAGEMENT: Describe progress towards development of Local Performance Indicators.	<p>SIX MONTH REPORT: Development of Local Performance Indicators will follow the confirmation of the scope and development of the Needs Assessment and Strategic Plan for the organisation. The significance of a strong performance management orientation has been reflected within the position descriptions and establishment of organisational systems that are in the closing stages of finalisation.</p>		
	TWELVE MONTH REPORT: NOT APPLICABLE UNTIL SEPTEMBER		
OTHER ACTIVITY: Describe progress and key achievements of other activities detailed in the 2015-16 Establishment and Transition Plan.	<p>SIX MONTH REPORT: There has been excellent dialogue and cooperation with neighbouring PHNs (including NSW) and particularly with the other five PHN's in Victoria. "Communities of practice" are being facilitated by this PHN Alliance for people to share information and collaborate on shared areas of interest and responsibility. Although still in the formation stages, this level of cooperation is expected to reduce duplication and improve outcomes for Victorian PHNs.</p>		

<p>Describe how your PHN has facilitated innovation and collaboration and shared learnings with other PHNs.</p> <p>Describe any barriers or challenges and strategies undertaken to address these matters.</p>	<p>TWELVE MONTH REPORT: <b>NOT APPLICABLE UNTIL SEPTEMBER</b></p>
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**FINANCIAL REPORT**

- Attach an Asset Register.
- Under Item E.4 of the Primary Health Networks Core Funding Schedule, the **Six Month Performance Report** must include an unaudited Income and Expenditure Statement, against the approved Annual Operational and Flexible Funds Budget.
- Under Item E.4 of the Primary Health Networks Core Funding Schedule, the **Twelve Month Performance Report** must include an Audited Income and Expenditure Statement, due 30 September 2016.