



ACT
Government

ACT Health

DELIVERING BETTER CARE FOR CANBERRANS WITH COMPLEX NEEDS IN GENERAL PRACTICE STAGE 2: GRANTS PROGRAM

Funding Guidelines

Applications open:
17 January 2022

Applications close:
18 March 2022

Accessibility

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Acknowledgment of Country

ACT Health Directorate acknowledges the Traditional Custodians of the land, the Ngunnawal people. The Directorate respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. It also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

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Introduction

The ACT Government is pleased to announce the opening of this grants program as the key initiative of Stage 2 of the Delivering Better Care for Canberrans with Complex Needs in General Practice 2019-20 Budget Measure,¹ and part of its commitment to:

- help vulnerable Canberrans access innovative, responsive, integrated health services
- help combat chronic disease and improve people's overall health and wellbeing
- support the primary care sector in the ACT to provide such care.

A total of \$800,000 has been allocated for this Grants Program.

Aim and Purpose

The Grants Program aims to build the capacity of General Practitioners or Practices (GPs)² to address barriers to, or enhance, the provision of integrated care³ to improve health outcomes for people with complex needs and chronic health conditions.⁴

This is an opportunity for GPs, or health care providers⁵ working with or through GPs, to seek one-off or seed funding for innovative projects targeting groups who are at greatest risk of poor health outcomes.

1 <https://www.treasury.act.gov.au/budget/budget-2019-20/budget-news/future-proofing-canberras-health-and-hospital-services>

2 For the purposes of this Grants opportunity, both General Practitioners and General Practices are equally eligible candidates and so “GPs” in this and related documents refer to both. Where a “General Practice” is mentioned, this can include both a single practice or a cluster or network of practices.

3 Integrated care in this context is understood as involving the provision of seamless or coordinated, effective and efficient care that reflects the whole of a person's health needs – including physical, psychosocial and mental health – and in partnership with the individual, carers and/or family members, and other health service and care providers. Integrated care is brought about through a range of strategies and methods at the funding, administrative, organisational, service delivery and clinical levels to create connectivity, alignment and collaboration within and between the different sections of the health system. The goal of this approach is to enhance quality of care, quality of life, consumer satisfaction, and better efficiency in the healthcare system.

4 While there is no universally agreed definition of what chronic conditions are, it is generally accepted that they are long-term conditions with persistent negative health effects. According to the National Strategic Framework for Chronic Conditions (Department of Health, 2017, National Strategic Framework for Chronic Conditions. Available at:

<https://www.health.gov.au/sites/default/files/documents/2019/09/national-strategic-framework-for-chronic-conditions.pdf>, p.6.) chronic conditions:

- have complex and multiple causes;
- may occur as a single condition in a person, or along with other diseases (comorbidity);
- usually progress gradually;
- can occur at any age, although they are more common as people get older;
- can affect quality of life;
- can create limitations and disability; and
- are not usually immediately life-threatening but can shorten life expectancy.

Chronic conditions include (but are not limited to) diabetes, obesity, arthritis, chronic pain, asthma, ageing and frailty, dementia, cardiovascular disease, chronic obstructive pulmonary disease, mental health conditions, and substance use issues.

5 Primary care providers include General practitioners (GPs), nurses, nurse practitioners, allied health professionals, midwives, pharmacists, dentists, and Aboriginal health practitioners. (AIHW, May 2016.

Projects may be based either within or across the primary care sector, and/or together with the acute, non-primary care specialist, or community care sectors. This may include development, trialling, and evaluation of integrated care delivery systems or other collaborative⁶ approaches.

Background

Nationally, there is a growing consensus that a person-centred, integrated primary care system is the most effective and efficient approach to support and treat people with multiple and complex care and service needs.⁷ Primary health services play an important role in prevention, early intervention, and providing comprehensive and coordinated care. This approach has significant potential to improve individual and community health outcomes and reduce demand on secondary and tertiary services.

It is also well-known that people facing socio-economic disadvantage experience chronic conditions at a greater rate than the general population.⁸ The challenges these groups face in managing their chronic health conditions and co-morbidities can further add to their disadvantage and embed them in a cycle of deterioration, both in their physical and mental health, and social determinants of health. GPs face significant challenges in supporting patients with such complex needs – difficulties linking up with specialist services, delayed investigations or interventions due to long wait times, lack of a particular service, or the high cost of private non-GP specialist services. Achieving better integration of care for disadvantaged or vulnerable groups has the potential to significantly improve physical and mental health outcomes, have possible flow-on benefits for psychosocial wellbeing, and reduce the burden on the health system through avoidable hospital admissions.

Applicants and Partners

The Grants Program is directed towards primary health care service providers in the ACT, as well as non-clinical providers who are key stakeholders in supporting primary care delivery in the ACT.

Primary health services provide ongoing care for people with a chronic health concern and can be delivered in settings such as General Practices, Aboriginal Community Controlled Health Organisations, community health centres, and allied health practices.

Primary Health Care in Australia. Available at: <https://www.aihw.gov.au/reports/primary-health-care/primary-health-care-in-australia/contents/about-primary-health-care>

6 Collaborative approaches partner with a stakeholder and/or stakeholder groups for the development of mutually agreed solutions and joint plan of action; involves two way / multi-way communication with learning, negotiation and decisionmaking on both sides; where stakeholders work together to take action. From the Accountability AA1000 Stakeholder Engagement Standard (2015), pg 22; 2015. Available at:

https://www.accountability.org/static/940dc017198458fed647f73ad5d47a95/aa1000ses_2015.pdf

7 <https://www.pc.gov.au/research/ongoing/report-on-government-services/2021/health/primary-and-community-health>

8 Australian Institute of Health and Welfare (2020) Health across socioeconomic groups., AIHW, Australian Government.

Grant applications may also be made by stakeholders in the secondary, tertiary and community care sectors, in partnership with a GP.

Applicants can therefore be:

- a General Practice or cluster of Practices, or a single Practitioner (GP), OR
- a clinical or non-clinical service provider in the primary care and community sectors partnering with at least one GP; OR
- a health service provider in the secondary and tertiary sectors partnering with at least one GP.

In all cases, either the Applicant and/or the Partner must be a GP and can request advice and support from the ACT Health Directorate when conceptualising and developing their projects – please see the Application Process section below for more information.

Collaborating organisations' roles will be key to assessing the strength of an application. For each such Partner, please attach evidence of their commitment in the form of a Statement of Intent. This can be an email or a signed document in electronic or hardcopy format and must be on organisational letterhead. The Statement should describe for that Partner:

- Its role in project co-design
- Its intended contributions to project implementation
- Any funding it will in turn receive from the grant
- Its institutional capacity to deliver on these commitments such as expertise and availability of staff, office space, use of equipment.

Partner contributions can include:

- Lived experience knowledge in design and implementation
- Shared responsibilities with carrying out activities
- Research
- Training
- Technical / specialist expertise
- Engagements and linkage with priority population groups
- Monitoring and evaluation
- Financial support both during and after project end – please also specify amounts in the Budget template
- In-kind support both during and after project end - these are non-monetary contributions that are provided free of charge e.g. labour, goods, services, advertising.

Grant Parameters

Total funding for this Grants Program is \$800,000, with grants to be disbursed by 30 June 2022. Projects should aim to commence no later than September 2022.

The Grants Program aims to provide seed funding for initiatives of a scale sufficient to provide long term, measurable results, with a view to becoming self-sustaining. Applications for grants up to a maximum of \$300,000 will be considered. The grant period will be up to a maximum of two years.

There are no restrictions on the number of applications that an individual or group can submit, although each proposal must be submitted on a separate application form.

Types of initiatives

It is understood that the provision of integrated, patient-centric care in the primary health sector requires system-wide reform. This Grants Program attempts to find innovative solutions that, while small scale, can still provide important lessons learned to address these challenges. To encourage this, proposals that address barriers to integration across a wide range of service delivery activities and approaches will be considered with a focus on priority population groups and long-term impact.

Applicants have considerable latitude with determining types of interventions suited to their organisational capacity and role within health care sector, provided they meet all the assessment criteria. Grants can also be used to extend or further develop existing initiatives and programs, provided the funded activities meet all assessment criteria.

The approaches and examples outlined below are for guidance purposes only and are not meant to be prescriptive:⁹

- Care coordination and collaboration: designing, reviewing, or trialing models of integrated care, including by co-design
- Development of integrated care teams covering a local area or neighborhood
- Formal integration of services that are person-centered and meet the needs of a specific population cohort
- Development of an active Community of Practice for specific cohorts or issues
- Specialist in-reach or support to General Practice/s
- Integrating allied health services
- Integrating primary care providing services with Aboriginal Community Controlled Health Organisations
- Increased capacity to incorporate 'social prescribing'¹⁰ and/or connecting people to services that can provide support with housing, employment, transport, education and in workplace and family environments
- Improving communication, data gathering and data linkages across care settings between primary, secondary and tertiary care, and within multidisciplinary teams
- Connecting groups who face particular barriers to access primary health care, such as people living with a disability, or people experiencing homelessness, with primary care services and trusted providers
- Innovative funding models that move away from the current volume-based approach and encourage co-investment and quality improvement.

⁹ The Capital Health Network's Needs Assessments may be useful in formulating project ideas and objectives.

¹⁰ Defined by the Royal Australian College of General Practitioners as 'a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services'. Also see the results of their RoundTable on this issue: <https://www.racgp.org.au/advocacy/advocacy-resources/social-prescribing-report-and-recommendations>

In addition to the above, there is evidence and broad agreement of the following principles underlying best practice in primary care for disadvantaged groups:¹¹

- Co-designed,¹² or designed with input from service users/those with a lived experience
- Group-specific, interdisciplinary primary health care centered model with a strong focus on the social determinants of health and specific needs of patients
- Person-centred care
- Promotion of patients' and family / caregiver's engagement in the care process
- Continuity of care, comprehensive case management
- Strong coordination and communication across a multidisciplinary team
- Strong information technology support
- Welcoming, non-judgmental environment
- Active outreach and in-reach.

Priority population groups and chronic conditions

Initiatives that focus on groups at increased risk of experiencing poor health outcomes will be prioritised. This includes:

- Groups whose members are less or least likely to seek out timely primary health care
- Groups where there are known service provision gaps and barriers to primary health care access, such as for people with disability.
- Hard to reach groups in the ACT, for example, recently arrived migrants from culturally and linguistically diverse (CALD) communities, women and children experiencing domestic violence, people experiencing homelessness and/or extreme socioeconomic disadvantage, and people transitioning from the justice system, rehabilitation or other care arrangements.

Outcomes and Evaluation

Projects should demonstrate how they contribute to achieving the following outcomes:

- Primary care providers have improved service integration and coordination of care with other primary health providers or other areas of the health system
- Patients have a reduced need to access acute and secondary services

¹¹ See for example, Levesque, J. F., Harris, M. F., & Russell, G. (2013). Patient-centred access to health care: conceptualising access at the interface of health systems and populations. *International Journal for Equity in Health*, 12(1), 18. doi: 10.1186/1475-9276-12-18; and Hochman, M., & Asch, S. M. (2017). Disruptive models in primary care: caring for high-needs, high-cost populations. *Journal of General Internal Medicine*, 32(4), 392-397. doi: 10.1007/s11606-016-3945-2

¹² Co-design is defined as a way "to explore both problems and solutions collaboratively; to connect stakeholders with citizen groups in a meaningful way; to design solutions that are grounded in both community need and government constraints; to open up the project's goals and outcomes to citizen input." From the Victorian Government's Human Centred Design Playbook: <https://www.vic.gov.au/co-design>

- People living with chronic health conditions and complex needs have improved physical and mental health, with identified long term beneficial impacts.

Projects will need to use relevant and appropriate outcome measures or indicators for reporting, and/or use existing evaluation tools. At the proposal stage, Applicants should identify the key outcomes their project is aiming to achieve, e.g. patient-, organisational- or system-focused. The following examples are a starting point, and assistance can be provided during the application process to identify appropriate outcomes measures:

- Capital Health Network's Needs [Assessment 2017-18](#) and [Update 2021](#) – these outline recommendations for **addressing gaps in service delivery** with respect to Chronic Conditions and Continuum of Care
- Measuring **integration**, e.g.: Number of shared clients between services at start and end; Number of communications between services re clients at start and end.
- Social Snapshot tool developed by the Australian National University (C Phillips and P Tait) – this is a validated tool that would allow applicants to demonstrate they were targeting a **socio-economically disadvantaged population**.
- **Wellbeing Indicators** – the [Health Domain](#) has the following indicators that can reflect changes in perceptions of individual health over time, using survey data: Access to Health Services, Mental Health and Overall Health.
- The [12-item General Health Questionnaire \(GHQ\)](#) is the most extensively used self-administered screening instrument for common mental disorders, in addition to being a more general measure of **psychological health**. Its brevity makes it attractive for use in busy clinical settings, as well in settings in which patients need help to complete the questionnaire.
- **Quality of Life surveys** - The [Health-related Quality of Life \(HRQoL\)](#) tools are most frequently used to evaluate the impact of chronic illness or its treatment. The [Global Quality of Life Scale](#) is a new type of scale used to assess patients' overall perspective on QoL. The [WHO Quality of Life Bref](#) measures QoL within the context of an individual's culture, value systems, personal goals, standards and concerns.

Initiatives should take a quality improvement approach, learning from ongoing evaluation and adjusting strategies as required, for example, Plan-Do-Study-Act (PDSA) cycles. Evaluation should therefore be built into project planning and timelines for implementation and reporting. Evaluation could also take the form of a publication in a peer-reviewed journal. It is important to acknowledge that, as with most prevention and early intervention initiatives, the benefits may take some time to become evident.

As this Grants Program seeks to produce innovative approaches that can be adapted and replicated by others, a summary of the funded initiatives and the results of their evaluation may be made public.

Please note: This program only provides seed or one-off funding that is time limited. Successful applicants should have no expectation that funding will be renewed beyond the grant period or that receiving a grant in any way represents a commitment to recurrent funding. Applications should describe plans for continuity and sustainability, either by showing that additional funding is not required following project end or by identifying future funding sources that could be leveraged if projects would require funding beyond the life of this grants program.

COVID-19

COVID-19 will likely continue to be a reality for Canberrans in some form over the course of this Program. Public restrictions and the resulting challenges may impact the delivery of your proposed projects. Applications will need to describe a contingency plan outlining how activities may need to be adapted or could potentially be delivered in a restricted environment e.g., via online workshops, or delivered to a small group, sufficiently distanced, in an outdoor setting. Any costs that may be incurred in implementing precautionary or safety measures should be factored into the costings outlined in the Budget.

The ACT Government reserves the right to reposition, modify or amend how the grants are administered or to postpone or cancel the Program if it is deemed reasonable and necessary to do so.

Assessment

Applications should outline a project plan that addresses the aims of the grants program and the assessment criteria outlined below. The 'SMART goals' should be used to explain how proposal objectives are:

- **Specific:** in reflecting clearly what is to be accomplished; why it is important; who would be involved in initiating and implementing the activities and who is to benefit from them; where it would be located; what financial, technical and in-kind resources are needed and available.
- **Measurable:** using existing data or by developing data gathering tools that can inform efforts to track progress over time, and the achievement of outputs.
- **Achievable:** within the financial, human resource and time constraints of the grant, the institutional capabilities of the Applicant and Partners, and keeping in mind external risks that can be anticipated over the grant's implementation period.
- **Relevant:** to the needs of the target group and their particular circumstances, as demonstrated by evidence – e.g. surveys, news articles, research or studies in publications or by research institutes. The interventions of the project should be geared to the socio-economic environment in which this population lives.
- **Time-bound:** so that the activities are to be implemented with demonstrable achievements within the duration of the project.

The project plan should include a timeline, budget, performance indicators or outcome measures, plans for ongoing evaluation over the duration of the project, evidence for sustainability (if required) and potential for long-term impact.

An Assessment Panel will review all eligible applications and recommend suitability and priority within the available funds. The Panel will make its recommendation based on the information provided in the application.

Applications must meet all the criteria below to be eligible for assessment. These criteria differ in their relative importance, and this is reflected in the maximum possible score against each one. The total scores across all criteria will form the basis for application ranking.

ASSESSMENT CRITERIA	SCORE
1. Co-design and collaboration with or through General Practice: The proposal clearly outlines opportunities for partnerships, collaboration and improved service integration within the current health system, including mental health, or other key elements of the human services system. Applications should detail how, and to what extent, key collaborators were engaged in project planning. All applications involving collaboration will need to include a Statement of Intent signed by Partners.	25
2. Focus on priority populations Project activities directly address the chronic conditions and complex needs of disadvantaged and/or vulnerable populations.	20
3. Innovation Addresses unmet need, existing gaps in service delivery, or emerging areas of need. May include development of new ways of working together, such as through the establishment of multi-disciplinary teams, use of communications platforms, or changes to organisational/system practices or protocols.	15
4. Capacity building of the involved primary care provider(s): Demonstrates how the project will lead to an upgrade and advancement of the functioning of both the involved General Practice(s) and/or other Partners. Explanation of how delivering project outcomes will measurably increase Applicants' and Partners' institutional capability following project end.	10
5. Financial Sustainability Demonstrates that the innovation will be sustainable beyond funding from the grant. Additional funding is not needed for continuing project activities following project end, or if needed, can be secured from identified existing funding sources.	10
6. Evaluation Evaluation is built into the project plan and budget, using validated measurement and evaluation tools. Provides for clearly defined indicators and intended performance measures to enable an assessment of project impact and sustainability.	10
7. SMART Objectives Specific objectives clearly relate to the aims and expected outcomes of the Grant Program, as outlined above. Objectives are achievable, keeping in mind any future funding limitations, and there is efficient use of resources reflected in a budget with detailed costings. The benefits anticipated to be achieved are measurable. Evidence is provided to demonstrate the initiative is relevant to identified needs and can deliver with activities that are timebound.	10
TOTAL	100

Alignment with ACT Government and national policies

The ACT and Australian Governments have outlined several policies that call for improvements in integrated care, particularly in relation to chronic conditions and comorbidities. Proposals should indicate how they are consistent with principles or directions outlined in (at least a number of) the following plans or policies:

- *Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020-2030* - high performing, safe health system delivering person centred service and safe and effective care.
- *ACTHD Strategic Plan 2020-25* – work with priority communities and stakeholders to co-design initiatives that improve health and wellbeing; encourage innovative, integrated models of care and service delivery; expand care in the community; medical research translation; engage with partners and improve coordination.
- *Future focused primary health care: Australia's Primary Health Care 10 Year Plan 2022-2032, Consultation Draft October 2021* – outlines future directions in primary health care reform towards achieving care system integration and sustainability, among other objectives.
- *Healthy Canberra: ACT Preventive Health Plan 2020-25* – work in partnership with the ACT community to tailor responses to meet the need of all population groups, including people experiencing homelessness, people with a mental illness, people living with domestic and family violence, LGBTIQ+ people, culturally and linguistically diverse people.
- The ACT Government's *Closing the Gap Jurisdictional Implementation Plan, 2021* and the *ACT Aboriginal and Torres Strait Islander Agreement 2019-2028: Significant Area Health Wellbeing* - outline targets and priorities actions for improvements in Aboriginal and Torres Strait Islander people that include primary care.

ACT Government funding policies

To be eligible, Applicants must meet all of the below criteria:

- 1) Be a viable legal entity as defined by the Australian Tax Office, for example:
 - a) an individual (sole trader)
 - b) a private company
 - c) a public company
 - d) a cooperative
 - e) a partnership.
- 2) Have an Australian Business Number (ABN) or provide evidence that they have applied for one.
- 3) Have a current Public Liability Insurance policy with cover of a minimum of \$10 million per event. Applicants without current insurance must provide evidence of a quotation for Public Liability Insurance.
- 4) Deliver the grant funded activities in the ACT for ACT Residents
- 5) Ensure that the application is signed by the Practice owner or Chief Executive Officer, or equivalent, of the applicant organisation. This person must have ultimate financial and management responsibility for the organisation.
- 6) Must not have overdue reporting requirements including financial acquittal for any previous ACT Government grant.

- 7) May be asked to provide copies of recent audited financial statements to help support their claim of financial viability.
- 8) Must not be a political party.
- 9) If they are a General Practice, must be accredited or registered for accreditation as such, or will need to show they intend to register for accreditation, if successful in their grant application.

The funding awarded will be determined by an Assessment Panel in accordance with the criteria outlined above.

The ACT Government reserves the right not to award funding if the Assessment Panel deems none of the submitted applications meet the Assessment Criteria. It also reserves the right vary the grant parameters if circumstances require. The Assessment Panel may decide that a proposal should only be partially funded.

Funding exclusions and limitations

- Business as usual activities
- Projects or initiatives that do not occur within the Australian Capital Territory
- Fundraising, recruitment, or promotional activities such as conferences, competitions and prize giving events
- Travel and accommodation
- Fees for attendance at conferences and trade exhibitions
- Applications for equipment only. Purchase of equipment may be considered to a limited extent if it is demonstrated to be essential to the outcome of the project
- Costs associated with capital works or with the fixed costs for the running of an organisation (utilities, leasing, property maintenance)
- Costs associated with activities that have already taken place.

Research and/or training activities must demonstrate how they are directly related to achieving the outcomes of the Project. Applicants are encouraged to also consider linkages with research institutions and other ongoing streams of research and training related to chronic disease for people with complex needs that may be taking place within the ACT Health Directorate or elsewhere.

Application Process

Please complete all parts and questions of the Application Form, which is available for download from health.act.gov.au/news/new-funding-opportunity-primary-care-projects. Incomplete applications will not be considered.

Applications should be submitted electronically to: Health.Policy@act.gov.au. You will receive an email acknowledgement of receipt. If you do not receive an acknowledgement within two working days, please email us to check that your application has been received.

Applications close at **5.00 pm on Friday, 18 March 2022**. Late applications will not be accepted. Decisions of the Assessment Panel will be communicated to all Applicants within 4 weeks. Applicants who are not selected for funding will have an opportunity to seek feedback from the ACT Health Directorate.

These grants will be administered by the ACT Health Directorate.

The Directorate is aware that General Practices and Practitioners serving patients from marginalised population groups have restricted capacity to take on the additional work required in applying for grants opportunities, even for improvement activities. The ACT Health Directorate seeks to provide equal opportunities to a diverse range of organisations and interventions and to that end will be available to support Applicant and Partner organisations. The ACT Health Directorate, with the assistance of the Capital Health Network where appropriate, can provide information on interpreting the Guidelines, the Program's conceptual basis, the types of interventions, potential partners and collaborators, and outcome measures. Applicants with such enquiries are requested to contact the ACT Health Directorate as early in the application process as possible at Health.Policy@act.gov.au

Please ensure your application is signed by your Practice owner/ Chief Executive Officer or equivalent, prior to emailing scanned versions. Unsigned applications will not be accepted. Please also include signed Statements of Intent from any partners.

The Grant Guidelines and Application Form will be available for download until 18 March 2022 at: health.act.gov.au/news/new-funding-opportunity-primary-care-projects.

This site will be updated with any new announcements or information relating to the Grants Program both during and after the application period.