



ANNUAL REPORT HEARING BRIEF

Population Health Division Strategic Framework 2013-2017

- The Population Health Division Strategic Framework 2013-17 will be reviewed in light of the new organisation responsibilities.

Cleared as complete and accurate:	15/11/2018	
Cleared by:	Director-General	Ext: 50823
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ANNUAL REPORT HEARING BRIEF

GBC18/688

Portfolio/s: Health and Wellbeing

Health and Wellbeing

ISSUE: CLINICAL LEADERSHIP ROLES AND THE RECRUITMENT OF A CHIEF MEDICAL OFFICER

Talking points:

- The ACT Chief Medical Officer position was advertised as a six month temporary contract on 15 November 2018, with applications closing on 29 November 2018. A long term recruitment process will commence in late 2018, early 2019.
- On 16 July 2018, the Office of Professional Leadership was created within Health Policy and Strategy division of ACT Health, aligning the reporting lines for the professional leadership roles of Chief Medical Officer (CMO), Chief Nursing and Midwifery Officer (CNMO), and Chief Allied Health Officer (CAHO).
- The Office of Professional Leadership has a critical role in fostering a high performance culture through the ACT Health system by creating an environment for consistent, high quality clinical standards and multi-disciplinary collaboration.

The Office plays a key role in:

- Identifying trends in the delivery of health services and workforce across the ACT
- Encouraging leadership and strategic direction for the clinical workforce
- Collaborating with other areas that lead whole of ACT health strategy and planning functions, both within the Health Directorate, Canberra Health Services
- Leading and maintaining high professional standards, recruitment and education required under the National Registration and Accreditation Scheme (NRAS)

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- Providing expert, strategic, timely advice on emerging issues at the local, state, national and international levels; and develops policies and initiatives which support the delivery of health priorities and achievement of government health objectives
- Guiding and promoting research and continuous improvement of professional practice
- Representing the Territory on relevant national forums.
- On 1 October 2018, the reporting lines for the CMO, CNMO and CAHO were aligned to the Deputy Director-General, Health Systems Policy and Strategy within the ACT Health Directorate.

Clinical Leadership Roles – ACT Health Directorate

- The Chief Medical Officer (CMO) is responsible for the provision of professional and strategic leadership for the medical professions within ACT Health, Canberra Health Services and across the Territory, and for collaborating and providing advice to the ACT Government regarding medical matters. The position is responsible for assisting in the delivery of workforce reforms, workforce planning, professional education, and for strengthening and developing medical services through innovative models of care and service delivery. The position represents the ACT Government, and ACT Health system at national forums and is instrumental in ensuring the future capability of the medical profession.
- The Chief Nursing and Midwifery Officer (CNMO) is responsible for the provision of professional and strategic leadership for the nursing and midwifery professions within ACT Health, Canberra Health Services and across the Territory, and for collaborating and providing advice to the ACT Government regarding nursing and midwifery related matters. The position is responsible for assisting in the delivery of workforce reforms, workforce planning, professional education, and for strengthening and developing nursing and midwifery services through innovative models of care and service delivery. The position represents the ACT Government, and ACT Health system at national forums and is instrumental in ensuring the future capability of the nursing and midwifery profession.

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- The Chief Allied Health Officer (CAHO) is responsible for the provision of professional and strategic leadership for the allied health professions within ACT Health, Canberra Health Services and across the Territory, and for collaborating and providing advice to the ACT Government regarding allied health matters. The position is responsible for assisting in the delivery of workforce reforms, workforce planning, professional education and for strengthening and developing allied health services through innovative models of care and service delivery.

Difference Between Roles – ACT Health Directorate and Canberra Health Services

- The CMO previously had hospital based operational responsibilities for supervision and provision of clinical services. These responsibilities are now managed by the Director of Medical Services in addition to other responsibilities such as GP and Primary Health, Health Technology Management, Medical Imaging, Pharmacy and Pathology. This in keeping with operating models in other states and jurisdictions.
- The CMO role is responsible for developing a collaborative and strategic approach to medicine for the ACT and at a national level. The role is responsible for setting the strategic, professional and workforce oriented agenda for medicine in the ACT including the creation and maintenance of effective clinical governance policy in relation to medicine and continuous improvement of medical practice to improve clinical and health system outcomes and drive system wide improvement.
- The CNMO role previously combined the role of Chief Nurse, which is a hospital based, operational role; with that of the CNMO which is a territory wide, professional leadership role. The CNMO role is no longer responsible for the hospital based aspects of the position allowing it to focus on strategic workforce and professional matters across the territory. The two roles will work closely together to ensure consistency of professional practice and standards.

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- The Chief Nurse is an operational role providing professional supervision and direction to nursing and midwifery staff. The Chief Nurse will focus on matters such as rostering and resourcing for Canberra Health Services, implementation of quality and safety improvement programs, management of nursing and ward support services.
- Having the CMO, CNMO and CAHO together in one functional area helps to promote multi-disciplinary and integrated health care across the ACT health system.

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ANNUAL REPORT HEARING BRIEF

GBC18/688-111

Portfolio/s: Health and Wellbeing

ISSUE: CHEMOTHERAPY CO-PAYMENTS

Talking points:

- On 4 July 2018, the Chief Minister announced that the ACT Government would meet the costs of co-payments for chemotherapy for cancer, and that patients would no longer be directly charged.
- From 6 August 2018, ACT Health (now Canberra Health Services, CHS) began covering the co-payment for patients requiring injectable and infusible chemotherapies in ACT public hospitals.
- The majority of chemotherapies administered through an ACT public hospital are provided through an arrangement with Slade Pharmacy, and reimbursed to Slade on a monthly basis by CHS.
- The ACT Government has also committed to covering the co-payment for oral chemotherapy medications dispensed through ACT public hospitals.
 - There have been initial challenges processing this change and some patients will be reimbursed for chemotherapy co-payments which they have paid for since 6 August 2018.
- The Government acknowledges there are challenges covering the co-payment for oral chemotherapy medications dispensed through community pharmacies and is continuing to investigate options for
- The ACT Health Directorate has initiated discussions with the Pharmacy Guild of Australia in relation to community pharmacy involvement in chemotherapy co-payment coverage outside ACT public hospitals. There are administrative barriers to overcome to include the majority of oral medications, which are provided through community pharmacies.
- Presently, Patients continue to pay co-payment for oral chemo medication administered outside the ACT public hospital system.

Cleared as complete and accurate:	30/10/2018	
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Background Information

CHS estimate the cost of the co-payment subsidy for injectable and infusible chemotherapy medicines at approx\$550,000 p.a. The cost of including oral medications is not yet known.

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GBC18/689 - 1

Portfolio/s: Mental Health

ISSUE: Strategic Objective 5 – Reducing the Use of Seclusion in Mental Health Episodes

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Strategic Indicator 5: Proportion of Clients with a Mental Health Seclusion Episode

Detail	Period	Value	Target
The proportion of mental health clients who are subject to a seclusion episode while being an admitted patient in an ACT public mental health inpatient unit	2017–18	7%	<3%

Talking Points

- The percentage of mental health clients who were subject to seclusion during admission to an ACT public mental health inpatient unit in 2017-18 was seven per cent.
- This is above the target of < 3 per cent set for 2017-18. The three per cent target was set prior to the opening of Dhulwa and the Mental Health Short Stay Unit.
- The above target result is due to an increase in the number of acute mental health beds in the ACT in recent years, which increases the potential for seclusion episodes. This increase has not been factored into the target.
- The Secure Mental Health Unit (Dhulwa) is a forensic mental health unit which opened with ten beds in November 2016, and the Mental Health Short Stay Unit (MHSSU) is an acute inpatient unit at Canberra Hospital which opened with six beds in January 2016.
- Historically, ACT public mental health inpatient services have consistently reported a low proportion of seclusion episodes, with one of the lowest rates of all jurisdictions.
- The target for 2018-19 has been reviewed and it has been recommended that it be increased to <five per cent, to account for the increased number of acute mental health beds in the ACT.

Cleared as complete and accurate: 31/10/2018
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ANNUAL REPORT HEARING BRIEF

Key Information

- On occasion, patients with high acuity needs require multiple seclusion episodes, which affects the result due to the overall low number of people subject to seclusion.
- ACT Health is committed to reducing the number of seclusion episodes in all mental health inpatient services, while ensuring the safety of the consumer and others during their treatment and care.
- The national definition of seclusion applied to this indicator is the confinement of a consumer or patient at any time of the day or night alone in a room or area from which free exit is prevented.

Comparison of ACT data with other jurisdictions

- There is no publicly reported data that compares the *proportion* of seclusion episodes, as per the Annual Report indicator.
- The Australian Institute of Health and Welfare (AIHW) publishes data on the *rate* of seclusion events (rate per 1,000 bed days) – refer table below.
 - It is anticipated that the AIHW will publish 2017-18 data in early 2019.
- Both indicators are calculated using acute inpatient data from public hospital services.
- In 2016-17, the AIHW reported that the ACT had the lowest rate of seclusion events in Australia: 2.8 seclusions events per 1,000 bed days.

Seclusion data for public sector acute mental health hospital services, states and territories, 2008–09 to 2016–17 Rate of seclusion per 1,000 bed days.

Seclusion metric	State/territory	2008–09	2009–10	2010–11	2011–12	2012–13	2013–14	2014–15	2015–16	2016–17
Rate of seclusion events per 1,000 bed days	National total	15.6	13.9	12.1	10.6	9.8	8.2	7.9	8.1	7.4
	NSW	11.1	12.4	10.2	9.9	9.1	7.9	8.2	8.7	6.9
	Vic	18.8	19.4	15.1	13.3	10.9	9.2	7.5	8.6	9.3
	Qld	18.2	15.0	17.2	13.3	12.7	11.1	11.4	9.4	7.9
	WA	15.3	11.6	8.3	4.7	6.0	5.2	4.3	4.8	4.8
	SA	n.a.	7.6	7.7	10.1	9.1	4.6	5.0	5.0	6.6
	Tas	15.4	11.5	14.7	11.9	19.7	15.2	10.1	13.1	10.2
	ACT	13.3	1.7	0.7	1.3	0.9	1.1	2.7	1.6	2.8
	NT	n.a.	23.8	19.9	26.2	16.6	22.3	30.9	23.9	17.0

Source: AIHW *Mental health services in Australia* online report: <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary-of-mental-health-services-in-australia>

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TRIM Ref: GBC18/689

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Portfolio/s: Mental Health

ISSUE: STRATEGIC OBJECTIVE 6 – MAINTAINING REDUCED RATES OF PATIENT RETURN TO AN ACT PUBLIC ACUTE PSYCHIATRIC INPATIENT UNIT

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Strategic Indicator 6: Acute Psychiatric Unit Patient 28 Day Readmission Rate

Detail	Period	Value	Target
Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit	2017–18	n/a	<10%

Talking Point

- The result for this strategic indicator for 2017-18 was not published in the Annual Report, as ACT Health is currently unable to report on it.
- This is due to the data being unable to distinguish between unplanned readmissions from planned readmissions.
- This is in part due to the Auditor-General’s 2017 Report - *Mental Health Services - Transition from Acute Care*:
 - This report recommended that clinical review/audits for readmissions within 28 days not be conducted by the inpatient facility staff receiving the consumer, due to a potential perception of a conflict of interest.

Key Information

- A base target of <10% was set for 2017-18.
- The definition used in ACT Health for this indicator is based on the Australian Council of Healthcare Standards (ACHS).
- A clinical review/audit is required to determine if a return to hospital for an inpatient admission within 28 days is part of planned or unplanned treatment and care.
- The intent of the indicator is to show the proportion of readmissions within 28 days that are unexpected and not part of an ongoing supported recovery treatment plan.
- The national definition of this indicator includes both planned and unplanned readmissions and is not based on the ACHS definition. It is proposed the indicator be aligned with the national definition for consistency in 2018-19.

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Portfolio/s: Mental Health

**ISSUE: OUTPUT 1.2B – CHILDREN AND YOUTH MENTAL HEALTH
PROGRAM COMMUNITY SERVICE CONTACTS**

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	2017-18 Original Target	2017-18 Actual Result	% Variance from original Target
Children and Youth mental health community contacts	72,000	71,634	1%

Talking Points

- The Child and Adolescent Mental Health Service (CAMHS) community contacts include:
 - the Northside and Southside community teams,
 - The Cottage,
 - Dialectical Behaviour Therapy Program,
 - Childhood Early Intervention Team,
 - Specialist Youth Mental Health Outreach Program,
 - Perinatal Mental Health Consultation Service and
 - the Eating Disorders Program.
- The service achieved 71,634 occasions of service against a target of 72,000, is a variance of one per cent.

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Portfolio/s: Mental Health

ISSUE: OUTPUT 1.2C – MENTAL HEALTH REHABILITATION AND SPECIALITY SERVICES

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	2017-18 Original Target	2017-18 Actual Result	% Variance from original Target
Mental Health Rehabilitation and Speciality Service	26,250	31,629	20%

Talking Points

- The Mental Health Rehabilitation and Speciality Service include the mental health services listed for this program area, these include:
 - Aboriginal and Torres Strait Islander Mental Health Services,
 - Mental Health Services Intellectual Disability,
 - Neuropsychology,
 - Mental Health Dual Diagnosis,
 - the Older Persons Mental Health Community Team and
 - the Adult Mental Health Rehabilitation Unit.
- The outcome achieved was 31,629 occasions of service against the target of 26,250, an overachievement of 20 per cent.
- The overachievement was due to clinic activities particularly for the Aboriginal and Torres Strait Island Services, adult mental health day service and dual diagnosis.

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ANNUAL REPORT HEARING BRIEF

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Portfolio/s: Mental Health

**ISSUE: OUTPUT 1.2D – PROPORTION OF DETAINEES AT THE ALEXANDER
MACONOCHIE CENTRE WITH A COMPLETED HEALTH
ASSESSMENT WITHIN 24 HOURS OF DETENTION.**

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	2017-18 Original Target	2017-18 Actual Result	% Variance from original Target
Proportion of detainees at the Alexander Maconochie Centre with a completed health assessment within 24 hours of detention	100%	100%	

Talking Points

- All clients who are admitted to the Alexander Maconochie Centre undergo a combined general health and mental health risk assessment within 24 hours of detention.
- This health assessment is made under Section 68 of the *Corrections Management Act 2007*.
- The outcome achieved was 100 per cent against the target of 100 per cent.

Cleared as complete and accurate: 26/10/2018
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ANNUAL REPORT HEARING BRIEF

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Portfolio/s: Mental Health

ISSUE: OUTPUT 1.2E – PROPORTION OF DETAINEES AT THE BIMBERI YOUTH JUSTICE CENTRE WITH A COMPLETED HEALTH ASSESSMENT WITHIN 24 HOURS OF DETENTION.

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	2017-18 Original Target	2017-18 Actual Result	% Variance from original Target
Proportion of detainees at the Bimberi Youth Justice Centre with a completed health assessment within 24 hours of detention	100%	100%	

Talking Points

- All young people who are admitted to Bimberi Youth Justice Centre should receive a combined general health and mental health assessment within 24 hours of entry into detention, conducted by health professional.
- This assessment is made under Section 160 of the *Children and Young People Act 2008*.
- The outcome achieved was 100 per cent against the target of 100 per cent.

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ANNUAL REPORT HEARING BRIEF

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Portfolio/s: Mental Health

ISSUE: OUTPUT 1.2F – JUSTICE HEALTH SERVICES COMMUNITY CONTACTS

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	2017-18 Original Target	2017-18 Actual Result	% Variance from original Target
Justice Health Services community contacts	155,000	154,866	<1%

Talking points:

- The Justice Health Services community contacts include primary health care provided at Alexander Maconochie Centre, and Bimberi Youth Justice Centre and Forensic Mental Health Services.
- The outcome achieved was 154,866 against the target of 155,000, which is a variance of less than one per cent.
- The contacts include both direct and indirect clinical contact for all services within Justice Health Services.

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Portfolio/s: Mental Health

ISSUE: OUTPUT 1.2G – PERCENTAGE OF CURRENT CLIENT ON OPIOID TREATMENT WITH MANAGEMENT PLANS.

(Page 74)

	2017-18 Original Target	2017-18 Actual Result	% Variance from original Target
Percentage of current clients on opioid treatment with management plans	98%	97%	1%

Talking Point

- A management plan is completed for all new clients on pharmacotherapy treatment for opioid dependency. This indicator provides an indication of the comprehensiveness of the Alcohol and Drug Service for people on opioid treatment.
- The outcome achieved was 97 per cent, against a 98 per cent target.
- The underachievement is a result of not being able to engage a small number of clients to complete the management plan, due to their refusal. While it is preferable that each client has an updated management plan, not having a plan will not preclude them from the program.
- This output only includes data of people on the Alcohol and Drug Service Opioid Treatment Program at Building 7.

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ANNUAL REPORT HEARING BRIEF

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Portfolio/s: Mental Health

ISSUE: OUTPUT 1.2H – ALCOHOL AND DRUG SERVICES COMMUNITY CONTACTS

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	2017-18 Original Target	2017-18 Actual Result	% Variance from original Target
Alcohol and Drug Services community contacts	70,000	63,912	9%

Talking Points

- Alcohol and Drug Services community contacts include medical outpatients, withdrawal counselling, withdrawal triage, diversion, opioid treatment services (including key worker and direct dosing contacts), co – morbidity, consultation and liaison, counselling and treatment.
- The outcome achieved was 63,912 occasions of service against the target of 70,000, is an underachievement of nine per cent.
- The underachievement is due to unexpected staff vacancies which impacted on direct contacts.

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ANNUAL REPORT HEARING BRIEF

GBC18/689

Portfolios: Mental Health**ISSUE: ACT HEALTH ORGANISATIONAL REFORM****Talking points:**

- A significant achievement this year was the transition of ACT Health. In March this year, the decision to create two health organisations with clear scope and accountabilities was announced. On 1 October 2018, two directorates were formally established and ACT Health and Canberra Health Services became operational.
- Staff who deliver frontline health services to the Canberra community now come under the umbrella of a dedicated health services delivery organisation – Canberra Health Services.
- The ACT Health Directorate, is now responsible for strategic policy, research and planning and will set the strategic direction for health services across the ACT.
- The creation of two health organisations has enabled a clearer focus on efficiency and effectiveness for clinical operations, and enabled the ACT Health Directorate to undertake core strategy and system stewardship functions.
- This change is an essential evolution for our growing population and expanding health system, and has also brought greater clarity about the distinct roles and responsibilities of frontline staff and corporate staff.
- For patients, consumers and their families, the transition has been a seamless one.
- People visiting our public hospitals, our popular Walk-in Centres or accessing the many community-based health services that we offer have continued to be seen by the same hard working and dedicated people who make up our health system.

Key Information

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- The ACT Health Directorate Executive Leadership Team, with the support of a dedicated Transition Office, were responsible for overseeing the transition planning.
- The transition was managed within the current funding envelope, with a clear aim to minimise duplication of functions across the organisations, whilst ensuring each organisation had the requisite capability to be effective.
- New capabilities were identified to ensure the success of the two organisations and the fulfilment of their purpose – this includes the strategic commissioning and procurement functions in the ACT Health Directorate. These will be critical to ensuring the directorate is able to hold the territory’s health services accountable for the delivery of high quality, effective health services. These capabilities are currently being recruited to.

Achievements

- The project successfully achieved the overall aim to split the organisation by 1 October 2018. This is reflected with the following benefits/achievements:
 - Organisational structures for the ACT Health Directorate and Canberra Health Services established
 - Administrative Arrangements enacted
 - Cost centres, ABNs, bank accounts, Financial Delegations and Instructions for each organisation established and operational
 - HR Delegations Manual, Change Leadership Training, Staff Workshops and Change Management Guide completed
 - Activities planned for Strategic Accommodation, Parking, Switchboard, Procurement, realignment of Contracts and identification of Health Infrastructure assets, risks, systems and processes completed
 - Governance framework developed and endorsed
 - Aligning Government Directory to new organisational structure and mapping systems and administrators to new structure and cost centres are 80-99% complete
 - Extensive consultation with senior leaders, staff and external stakeholders including unions.

Project governance

- To achieve the successful separation of the organisations from 1 October 2018, a Steering Committee, the Transition Advisory Committee, and six Working Groups were established to oversee and progress required work against the project schedule.

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- The Transition Advisory Committee was comprised of the Director-General, three Deputy-Director Generals, Executive Director People and Culture, Chief Finance Officer, Chief Information Officer and Director Transition Office.
- The Transition Advisory Committee met fortnightly and monitored project risk, timeframes and activities of working groups established to deliver on project elements.
- Working Groups comprised staff working in key functional areas of Finance, HR, IT, Corporate Services, and Shared Services. Their participation was in addition to their regular duties.

Financial

- There was no allocated budget for the ACT Health Transition Project. Staffing was sourced through reallocation of existing staff and through engagement of corporate support functions. Costs were contained through use of internal resources and supports where available.
- Spring Green Consulting were engaged to support the project and provided continuity from the Form and Function review.

Recruitment

- All executive roles have been sized to ensure equity and transparency.
- Recruitment processes to fill changed executive roles are now underway.

Next Steps

- Governance frameworks are being implemented and refined
- Process review, policy updates and settling of team structures will continue throughout the next few months.

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Portfolio/s: Mental Health

ISSUE: ACT HEALTH TERRITORY-WIDE HEALTH SERVICES STRATEGY
Talking points:

- Work on the Territory-wide Health Services Strategy (the Strategy) is progressing and the Territory-wide Health Services Advisory Group has provided feedback resulting in a revised draft of the Strategy.
- The revised Strategy will be considered by the Advisory Group out of session in November 2018, and then will be put to Minister/s for final endorsement.
- Implementation of the Strategy will be phased in from late 2018 to take full advantage of the development of the two new organisations and the recruitment of a new leadership team.
- Feedback to date from ACT Health staff and the Advisory Group indicates a high level of support for the refreshed Strategy.
- The development of the Specialty Services Plans (SSPs) is also progressing well. There are 46 SSPs in total in development. This includes 40 specialty services and six core services e.g pathology and pharmacy.
- The progress of the development of all SSPs, including the Mental Health SSP, is below:
 - **Phase 1** has involved profiling the current services. Work to date has included stakeholder engagement with these service providers:
 - CHHS service providers;
 - Calvary;
 - ACT Health GPs;
 - Other GPs; and
 - NGOs.
 - **Phase 2** analysis is also underway and data that identifies current demand for inpatient and outpatient services is being collated.

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ANNUAL REPORT HEARING BRIEF

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Portfolio/s: Mental Health

ISSUE: STAFFING PROFILE – MENTAL HEALTH, JUSTICE HEALTH, ALCOHOL AND DRUG SERVICES (MHJHADS) WORKFORCE

Headcount	2016-17	2017-18	2018-19 FYTD
Administrative Officers	69	75	76
General Service Officers and Equivalent	14	13	7
Health Assistants	21	20	20
Health Professional Officers	194	195	196
Medical Officers	87	85	90
Nursing Officers	319	317	296
Professional Officers	1	1	1
Senior Officers	17	23	18
Technical Officers	2	0	0
Grand Total	724	729	704

Note: Data for the 2018-19 FY to date is provided as of 26 October 2018.

Full Time Equivalent	2016-17	2017-18	2018-19 FYTD
Administrative Officers	63.0	68.1	69.7
General Service Officers and Equivalent	9.9	10.2	7.0
Health Assistants	18.3	16.7	16.3
Health Professional Officers	168.5	168.6	171.9
Medical Officers	70.6	68.8	72.6
Nursing Officers	282.4	289.6	273.4
Professional Officers	0.8	0.8	0.8
Senior Officers	15.8	21.8	16.6
Technical Officers	0.7	0	0
Grand Total	630.1	644.5	628.4

Note: Data for the 2018-19 FY to date is provided as of 26 October 2018.

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Talking points:

- Workforce data is provided by ACT Health Performance, Reporting and Data.
- The data reported in the Annual Report is a snapshot of the last pay period of the financial year from the workforce profile provided by Shared Services .

Cleared as complete and accurate: 13/11/2018
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ANNUAL REPORT HEARING BRIEF

GBC18/689 - 16

Portfolio/s: Mental Health**ISSUE: ACT HEALTH SYSTEM-WIDE DATA REVIEW****Talking points:**

- ACT Health undertook a System-Wide Data Review in 2017-2018 to address underlying issues around data and reporting, after it was unable to provide data on emergency department performance, elective surgery waiting times and mental health data for the 2017 Report on Government Services.
- The ACT Health System-Wide Data Review is now complete, with the Minister for Health and Wellbeing tabling of the Outcomes Report in the Legislative Assembly on 21 August 2018.
- The Outcomes Report made nine key recommendations, and set out a three-year program of activities that was developed in accordance with best practice data management and performance reporting principles.
- Implementing this program of activities is now a top priority in order to ensure that the outcomes of the Review result in meaningful change for patients, the broader community and the ACT Health workforce.
- To ensure this, on 21 August 2018 Minister Fitzharris also tabled an Implementation Plan that covers the first six months of the three-year program of activities (to December 2018).
- The Implementation Plan will be updated by ACT Health every six months to include updates on projects underway and projects planned to start over the next six months.
- One of the immediate activities already underway by ACT Health is to develop and enhance dedicated mental health performance metrics.

This work will:

- consolidate existing information and reporting;
- make information more relevant to stakeholder and community requirements;
- to develop metrics that will support mental health reforms at the local and national level; and

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- address the information management recommendations from the Auditor-General's 2017 report *Mental Health Services – Transition from Acute Care*.
- More broadly, this project will support high-priority work to identify and report relevant health information to improve access to data online and help Canberrans be more in control of their own health care.
- This will include:
 - enhanced quarterly performance updates from 2018-19;
 - developing new public reporting for patients, consumers and the broader ACT community;
 - developing and enhancing dedicated mental health performance metrics;
 - building a new data repository to deliver high quality and timely information; and
 - real time performance metrics, such as emergency department average wait times, patients currently waiting, and patients receiving treatment.
- Overall, these new ways of collecting, reporting and managing health data will inform strategic decision-making and support ACT Health to drive reform and innovation.

Key Information

The nine key Review recommendations

1. Build a new data repository, which will collect, store, extract and transform quality data to deliver better insights to the community;
2. Embed new governance structures to delineate roles and responsibilities in relation to data across ACT Health, ensuring accountability and transparency is a priority;
3. Continually improve the accuracy of data through robust data quality assurance activities;
4. Improve the understanding of data to ensure that the data produced and shared amongst all ACT Health stakeholders has embedded and consistent definitions and interpretation;
5. Maintain security and privacy of the data held by ACT Health;

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6. Continually improve internal workforce capabilities around data to build a strong data and analytics team, and train the health workforce to leverage the use of data for decision-making;
7. Improve communication about data across ACT Health, mobilising a cultural shift around data management, with the intent of creating a new relationship between data, the community and stakeholders;
8. Improve communication about data across ACT Health, mobilising a cultural shift around data management, with the intent of creating a new relationship between data, the community and stakeholders; and
9. Be transparent within and outside ACT Health, by meeting regulatory requirements as well as deliver insights and intelligence about the healthcare services delivered throughout the ACT.

Notable outcomes achieved through the Review process

- Meeting external reporting obligations such as the *2018 Report on Government Services* and the *ACT Health Annual Report 2016-17*;
- Ensuring security and access policies are in place, so that personal information is kept confidential and is stored and released with the appropriate privacy safeguards;
- Embedding strong governance models to ensure decisions regarding our data is made by those with appropriate skill and delegation;
- Building enduring relationships with external data reporting agencies, such as the Australian Institute of Health and Welfare (AIHW);
- Embedding a number of key quality assurance processes to ensure the data is accurate and correct at the time of release;
- Developing an annual audit program across our data collection and reporting systems to ensure that each year a sample of patient journeys will be followed from the initial collection point, to when the record is reported in a dataset. This process demonstrates confidence and transparency across the data and reporting systems;
- Reaching an agreement with the AIHW to accredit ACT Health to use the national health metadata registry 'MeTEOR' as a data repository for all definitions and standards. Although this work is in the initial stages, it is a major improvement and will ensure our existing and new standards and definitions are robust and consistent with national requirements;
- Investing in our staff, and embedding a culture of respect and innovation to ensure we attract and retain a skilled workforce;
- Developing end to end documentation for all national data collections, from collection point right through to reporting, which demonstrates transparency of data management processes and mitigating gaps in collection;

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- Identification of over 130 performance indicators that are currently published. The System-Wide Data Review assessed and restructured this information so that it is informative, can easily be found and navigated through ACT Health websites and other media platforms. This will encompass the Quarterly Reporting arrangements and recommendations on format, structure and metric frequency for system performance reporting to consumers; and
- Rolling out a new data repository that is innovative and a first for the ACT Government that has the potential to be expanded and adapt to changing community health needs.

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Portfolio/s: Mental Health**ISSUE: MENTAL HEALTH BED OCCUPANCY****Talking Points*****Input for briefing***

- ACT public hospitals achieved a mental health bed occupancy rate of 93 per cent for the 2017-18 financial year.
- The national average length of stay in public hospitals for mental health overnight patients during 2016-17 was 17.4 days.
 - Source: *Mental Health Services in Australia* online report, published by the Australian Institute of Health and Welfare.
- Canberra Hospital: the average length of stay for mental health overnight patients was 12.1 days. Services included in this average length of stay are:
 - Dhulwa Mental Health Secure Unit;
 - Adult Mental Health Unit;
 - Mental Health Short Stay Unit; and
 - Brian Hennessey Rehabilitation Unit.
- Calvary Public Hospital Bruce: the average length of stay for mental health overnight patients was 26.8 days. Services included in this average length of stay are:
 - Calvary 2N ward; and
 - Older Persons Mental Health Inpatient Unit.
- During 2017-18, there were 1,979 mental health overnight separations. In comparison:
 - 2016-17: 1,989 mental health overnight separations.
 - 2015-16: 1,565 mental health overnight separations.

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Portfolio/s: Mental Health**ISSUE: ACT HEALTH ACCREDITATION****Talking points:**

- The Australian Commission on Safety and Quality in Health Care (The Commission) introduced the National Safety and Quality Health Service Standards (National Standards) framework as part of the Australian Health Service Safety and Quality Accreditation Scheme in 2013.
- The National Standards are designed to assist health service organisations to deliver safe and high quality care. They aim to:
 - reduce patient harm
 - provide a nationally consistent set of quality and safety measures, and
 - ensure a minimum standard of patient care delivered by health services across Australia.
- The Australian Council on Healthcare Standards (ACHS) conducted an organisation wide re-accreditation survey (OWS) of ACT Health against the ten National Standards on 19-23 March 2018.
- ACT Health received the formal Not Met Core Action Report from ACHS on 4 April 2018. This report identified that whilst 176 of the 209 core actions within the National Standards were assessed as 'Met', 33 core actions were assessed as 'Not Met'.
- The 33 Not Met Core Actions were identified within the following National Standards:
 - Standard 1, Governance for Safety and Quality in Health Services in relation to organisational governance.
 - Standard 3, Health Care Associated Infection Prevention and Management.

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TRIM Ref: COR18/23433

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- Standard 4, Medication Safety. Areas identified relate to the storage and management of certain high risk medications, and medication monitoring systems.
- Standard 5, Patient Identification.
- Standard 6, Clinical Handover
- ACHS provided ACT Health a remediation period of 90 days to address the Not Met Core Actions with reassessment to occur 3 -5 July 2018.
- Led by the Interim Director General, ACT Health formed a Leadership Committee to provide governance to oversee the activity ACT Health was required to implement to address the Not Met Core Actions.
- Two surveyors from ACHS attended ACT Health to conduct the reassessment survey on 3-5 July of activity ACT Health had undertaken to address the 33 Not Met Core Actions.
- At completion of the re-assessment survey, surveyors advised ACT Health that the intent of the 33 Not Met Core Actions had been addressed and confirmed ACT Health had met National Standards accreditation requirements.
- Surveyors observed ACT Health was implementing sustainable systems and processes providing direction and strong governance from both a corporate and clinical governance perspective.
- Surveyors acknowledged the demonstrated commitment and focus of staff and Executive to drive sustainable positive change inP the culture of the organisation. They observed ACT Health as an organisation of cohesion, teamwork, focused on what's best for the patient, achieving great outcomes for Canberran's.
- The final report of the ACHS National Standards Survey for ACT Health was received on 1 August 2018.
- ACT Health has been awarded three years accreditation by ACHS until July 2021. Accreditation against the National Standards applies to all ACT Health facilities including Canberra Hospital Campus, Mental Health Facilities, UCH, Community Health Centres and Walk-in Centres.

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- ACT Health is committed to continuous improvements in the delivery of safe quality care to the Canberra Community.
- The Commission have released the Second Edition of the National Standards with implementation from January 2019.
- ACT Health is not required to be formally assessed to the second edition of the National Standards until 2021, which is when the organisations current accreditation status ends.

ACT Health is currently transitioning to the Second Edition of the National Standards. This includes refreshing and aligning committee structures with the new standards, identifying and implementing activity to ensure the new content within the Standards are implemented across ACT Health over 2019.

Mental Health commissioning an independent review into the safety of patients in inpatient units (including Advisory Body)

- Based on assessment findings during OWS and in accordance with Advisory no. 13/01, ACHS and the Commission contacted ACT Health on 26 March 2018 to report an identified significant patient safety risk.
- Surveyors identified concern with the response to a number of suicides that had occurred in inpatient facilities, with delays and inadequate processes in the identification of patients at increased risk of harm and implementation of early action to reduce the risk of harm.
- The Chief Health Officer (CHO) as ACT Health's delegated Regulator received notification of this risk and monitored ACT Health's response to address the risk.
- To address the risk, ACT Health developed a comprehensive Action Plan including action to:
 - remove ligature points and develop a prototype replacement to ensure adequate and safe personal privacy in the Adult Mental Health Inpatient Unit (AHMU) at Canberra Hospital
 - conduct an independent external review of 'Mental Health Inpatient Services within ACT Health
 - establish a Mental Health Advisory Body.
- Following an inspection of AHMU and review of evidence, on 14 June 2018, the CHO confirmed the significant patient safety risks identified by the surveyors had been appropriately mitigated.

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- To date the Ligature Minimisation project work at AMHU has involved the removal of all ensuite bathroom doors and the approval of a prototype room incorporating all the remaining room improvements including door pressure sensors and electrostatic vision panels on the main access door into each consumer room. The remaining work to implement the approved prototype room design is expected to be completed by mid-2019 subject to operational constraints.

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Portfolio/s: Mental Health
ISSUE: WORKFORCE SHORTAGES
Talking Points

- Specialty Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) nationally, internationally and in the ACT continue to face shortages of clinical staff while at the same time growth in services and service demand has increased.
- In the ACT, these workforce challenges are felt most keenly across the acute and community settings, with impact on service delivery.
- MHJHADS have convened a Workforce Development Committee, and a Workforce Project Officer has commenced to develop a MHJHADS workforce action plan that will provide a sustainable workforce for the future – including training, development, recruitment, upskilling and retention of MHJHADS staff.
- A Group Attraction and Retention Incentive (ARIn) has recently been approved for, staff specialist and senior staff specialist consultant psychiatrists working in Mental Health. The implementation of the ARIn has commenced. The ARIn brings the ACT into line with pay rates for mental health specialist medical officers in other jurisdictions.
- In addition, the Office of the Chief Psychiatrist is actively working with a number of recruitment agencies to recruit to locum and permanent staffing positions, with the aim of achieving sustainable staffing levels that allow continued safe clinical care and reasonable staff access to leave.
- In August 2018, the Chief Psychiatrist and Clinical Director for Adult Acute Mental Health Services commenced.
- As at 23 October 2018, the medical staffing at Adult Mental Health Unit is:
 - five FTE psychiatrists two are permanent staff and two are locums;
 - six Resident Medical Officers; and
 - three psychiatric registrars.

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Key Information

- ACT Health is managing current services with existing staff and locums, while actively recruiting to vacant medical positions and working hard to encourage clinicians to make the ACT a location of choice. The workforce of psychiatrists is currently a suppliers' market, with a large number of psychiatrists preferring locum work rather than seeking full time positions.
- There is a nation-wide shortage of consultant psychiatrists which is projected to continue past 2030, continuing an ongoing high reliance on overseas trained doctors. Regional areas are more affected by shortfalls than metropolitan areas.
- The public mental health service has been reliant on filling vacancies by applying Area of Need provisions to allow suitably qualified overseas trained consultants to be employed under particular supervisory and contractual arrangements.
- All vacant medical positions are advertised through the ACTPS jobs website and other relevant sites. Where there are no suitable Australian qualified applicants the 'Area of Need' allows for overseas applicants to be considered for vacant medical positions.
- The timeframes for recruitment of psychiatrists and specialist mental health professionals can vary depending on where the successful candidate comes from. Overseas applicants can take up to 12-18 months to place, and interstate applicants take three to six months to place. Local applicants can often commence employment within six to eight weeks.

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Portfolio/s: Mental Health**ISSUE: CORONIAL INQUEST INTO SUICIDE AT CANBERRA HOSPITAL****Talking Points**

- The ACT Government has sincere sympathy for the families and friends of people who have died by suicide.
- ACT Health is not able to comment about coronial matters while they are before the ACT Coroner.
- ACT Health works closely with the ACT Coroner to actively support the coronial inquest process. We strive and are committed to improving the quality of services we provide to patients and the community to support the delivery of these services.

Key Information

- There were four deaths by suicide of inpatients at Canberra Hospital in the period January 2015 to November 2016. These deaths are the subject of a coronial investigation. Coroner Hunter has investigated these deaths together in one inquest. The ACT Government Solicitor (ACTGS) is representing the Territory.
- The Coronial Inquest was heard in two stages:
 - The first stage occurred on 10-13 and 17-20 April 2018, and 1-4 May 2018 and heard the factual elements relevant to the cause and manner of each death and evidence from ACT Health staff of their provision of care and treatment or their involvement with the four people.
 - The second stage occurred 3-7 September 2018 and addressed the systems issues, including policies and procedures underlying the care provided to the four people.
- During the first stage of the Inquest, Coroner Hunter made interim findings in relation to the cause and manner of the four deaths.
- While the evidence provision for the coronial Inquest has concluded, the inquest is still underway with the submission process and therefore no further information can be given at this time.

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Portfolio/s: Mental Health**ISSUE: CHWC INFRASTRUCTURE EXPANSION TIMEFRAMES –
ADOLESCENT MENTAL HEALTH SECTION****Talking points:**

- As stated in the context of the Select Committee on Estimates 2018-19, the Expansion of the Centenary Hospital for Women and Children project is forecasted for completion during the financial year 2021-22, with elements of the project due for staged completion over this period. This estimated completion timeframe includes building and commissioning of the new and refurbished infrastructure.
- As part of the CHWC Expansion project, this Government is committed to delivering an Adolescent Mental Health Inpatient Unit (AMHIU) and planning work for this new service is underway. It is expected that the AMHIU will be completed during the 2021-22 financial year.
- Construction of the expansion project will start in the 2018-19 financial year, with completion of the security enhancement works to support a Custodial Birth Suite were completed in October 2018.
- The next phase of this project is to commence design work, in conjunction with ongoing Territory-wide health services planning work.
- Since the expansion was announced in last year's Budget, ACT Health has been working to undertake project due diligence and determine the final staging and scheduling of works, and this has led to greater certainty around timeframes.
- It is important to highlight that the expansion is happening in an existing facility on the Canberra Hospital, which is an operational campus. There are existing health services that will need to be considered carefully and we also need to ensure there is a continuation of care and services for our patients and their families while this major project is underway.
- A tender process is currently progressing through final stages to engage design consultants for the development of a Proof of Concept for the project. The commencement of design works is a critical milestone to progress forward with final stages of planning for the project.

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- The 2017-18 Budget announced an estimated capital cost of \$70 million for the expansion of the CHWC.
- The Government has allocated \$68.075 million in budget and forward estimates for the CHWC Expansion, including the AMHIU, with \$2.5 million available in 2018-19 to progress due diligence.
- The final cost estimate for the project is subject to Government's consideration of the outcomes of the Proof of Concept design and a final detailed project proposal.

Key Information

- Expansion of the CHWC is a commitment of this Government from the 2016 election.
- The expansion will improve the services and support for patients of maternity and paediatric services and provide new services, including an adolescent mental health unit and expanded neonatal intensive care service.
- The project is responding to the significant growth in demand for these services for the Canberra and surrounding NSW's communities.
- The commitment for the CHWC expansion provides for an adolescent mental health unit, an adolescent gynaecology service, paediatric high-dependency/high-care unit, and more paediatric and neonatal intensive care beds. Note, some of these elements are intended for delivery through the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre project (e.g. paediatric intensive care beds and high dependency unit).

Funding for the Expansion of the CHWC

2018-19 Budget

	2018-19	2019-20	2020-21	2021-22	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Capital Provision	4,000	33,500	28,075	0	65,575
Capital Injection	2,500	0	0	0	2,500

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Portfolio/s: Mental Health

ISSUE: CORONIAL FINDINGS INTO THE DEATH OF STEVEN FREEMAN

Talking Points

- Mr Steven Freeman's death in May 2016 was a tragedy. The ACT Government acknowledges the grief, loss and sadness that his family has experienced.
- The ACT Government also acknowledges the significant impact that his death has had on our Aboriginal and Torres Strait Islander community.
- The Government has supported the coronial process and has worked closely with the Coroner to provide all relevant documents and evidence during the Inquest.
- Since the death of Mr Freeman, the Government has made significant changes to improve detainee health, care and safety in the Alexander Maconochie Centre, including the commissioning of the Moss Review, which has led to an extensive reform program.
- On 11 April 2018, Coroner Cook handed down his findings in this matter, and did not make adverse findings against any individual person or the Territory. Coroner Cook made comment on a number of matters of public safety, which were found to have arisen in connection with the Inquest and made seven recommendations.
- ACT Health and ACT Corrective Services worked collaboratively to provide a response to the Coroner concerning the recommendations.

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Background Information

- Coroner Cook made the following seven recommendations:

Recommendation 1 – Supported

The ACT Government should review the then existing practices and remove inconsistencies in policies and procedures relied upon by correctional officers so as to ensure prisoner safety and welfare checks through musters and headcounts which require eye contact and facial recognition to be complied with. The extent of compliance with those procedures, given their purpose is to ensure the safety and wellbeing of a detainee, should be evaluated and tested periodically to ensure they are effective and practical and minimise compliancy through their routine.

Recommendation 2 – Supported in Principle

The ACT Government should consider the viability or effectiveness that a daily structured compulsory physical education and training session might have on a prisoner focusing on the prisoner's well-being and rehabilitation coupled with drug rehabilitation counselling. Any consideration of such course would need, I acknowledge, to be factored into current alcohol and drug support programs within the AMC and the various sentencing period for detainees.

Recommendation 3 – Supported

The ACT Government should ensure that minimising the infiltration of illicit substances into custodial facilities remains at the forefront of screening technology.

Recommendation 4- complete

ACT Health should consider obtaining, either by consent from a prisoner or through reliance on legislation a prisoners medical records and all relevant reports from alcohol and drug perspective created prior to incarceration for incorporation into the detainee's electronic medical file for the purposes of an AMC induction or prior to any assessment for access to pharmacotherapy treatment. Further, for detainees who are placed on pharmacotherapy, such as the MMP, that in the interest of the health and safety of the detainee and his or her wellbeing, information of this type should be shared with ACT Corrective Services conducting prisoner headcounts and musters for the very purpose of determining a detainees' location, safety and wellbeing. Equally, any independent urinalysis results undertaken by ACT Corrective Services should be placed on the detainee's medical record to enable medical staff to have a complete picture of the detainee's use of illicit substances as well as those substances prescribed through the Hume Health Centre.

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Recommendation 5 – complete

The ACT Standard Operating Procedures should be reviewed and the focus should be on prescribing individualised treatment setting out the parameters for commencement doses of methadone for instance by anywhere from 5mg to 20mg with the ability to increase daily on medical review only.

Recommendation 6 – complete

The ACT Standard Operating Procedure should be reviewed to ensure that those who have only recently commenced on the methadone program not be allowed to self-prescribe increases for a set period of time to ensure they are in a physiological sense, capable of accommodating the increased amount of methadone. Further and in the alternative, the ACT Government should consider whether not it is even appropriate to allow such increases to occur for a Schedule 8 drug.

Recommendation 7- complete

Justice Health Services to consider whether or not adopting the National Guidelines to replace its ACTOMTG and incorporating random urinalysis or blood tests where there is no objective medical history of opioid dependence prior to placement on the MMP.

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Portfolio/s: Mental Health**ISSUE: PHILIP MOSS REVIEW AND HEALTH SERVICES COMMISSIONER – INITIATED REVIEW INTO HEALTH SERVICES AT THE AMC****Talking Points**

- On 10 November 2016, I publically released the report of the Independent Inquiry into the Treatment in Custody of Mr Freeman (the Moss Review) in my capacity as the Minister for Corrections.
- The Government's response to the Moss Review was tabled in the ACT Legislative Assembly on 16 February 2017. All recommendations made by Mr Moss have been agreed to wholly, or in principle. The Moss Implementation Inter-Directorate Working Group (IDPT) was established to progress actions in relation to recommendations of the Moss Review.
- ACT Health and Justice and Community Safety Directorate (JACS) worked together on the Moss Implementation Annual Report in a collaborative process between all stakeholder agencies and non-government organisations involved in the implementation of Moss Report recommendations.
- On 9 March 2018, the Health Services Commissioner (HSC), Ms Karen Toohey, completed a Commission initiated consideration of the provision of health services at the Alexander Maconochie Centre (AMC). The review considered the operation of the methadone program at the AMC.
- On 24 August 2018, I tabled the Government's response to the HSC report in the Assembly. The Report made 16 recommendations. The Report and recommendations have been considered and the ACT Government has agreed to 12, agreed in principle to three and noted one of the recommendations.
- On 25 October 2018 I delivered a Ministerial Statement in the Assembly on the closure of the Moss Review Recommendations.

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Key Information

Health Services Commissioner ORT Review

- The HSC review focused on a number of aspects of the Opioid Replacement Therapy (ORT) program, including:
 - The role of ORT in the prison context;
 - Assessment and prescription practice in the ORT program;
 - Induction onto methadone;
 - Dosing practice;
 - managing the risk of diversion of methadone; and
 - Throughcare and transition to ORT in the community.
- As part of the review process, the Commission visited the AMC on 28 March 2017 and 4 April 2017. These visits were supported by ACT Health and JACS.
- During these visits the Commission observed medication administration by nurses, including the new electronic Methadone administration system, iDose. The Commission also interviewed detainees and staff and reviewed health records.
- The HSC report contains 16 recommendations:
 - Ten relate specifically to ACT Health;
 - Two relate specifically to ACT Correctives Services; and
 - Four are joint recommendations for ACT Health and ACT Corrective Services.

Moss Review

- The independent Moss Review was released in February 2017. The ACT Government agreed to eight of the nine recommendations. The ninth recommendation was noted as it related to the independent Health Services Commissioner.
- The Government has since made significant changes to improve detainee health, care and safety in the AMC as part of its response to the Moss Review. In February 2018, I tabled an Annual Report on the implementation of the Moss Review recommendations. Seven of the nine recommendations of the Moss Review have been found satisfied by the Moss Implementation Steering Committee.
- The remaining two will have longer term implications for Government and are being progressed by the relevant directorates.

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- Recommendation 5 relates to the introduction of Winnunga into the AMC. Since 2 July 2018 staff from Winnunga have been present at the AMC developing protocols for service delivery.

Background Information

- Justice Health Service (JHS) has undertaken the following to improve the provision of health care to detainees at AMC:
 - Review of procedures for prescribing and monitoring the methadone program in AMC through a Quality Improvement Activity with subsequent identification and implementation of a more robust process;
 - Implementation by the Primary Care Team of a more assertive follow-up system for people discharged from Canberra Hospital to the AMC;
 - In November 2017 the new Mental Health electronic clinical record system was made available to all JHS staff at the AMC;
 - Improvement of the documentation process for Induction Assessments, including better documentation of illicit drug use, withdrawal and resultant management plans; and
 - Review and re-design of many of the clinical forms currently used at AMC to assist in documenting the clinical care provided.
- Out of the nine Moss Review recommendations, the following are those that relate to ACT Health.

Recommendation 4: That the arrangements for the provision of health care at the Alexander Maconochie Centre be established, under contract or memorandum of understanding, to reflect the respective responsibilities of AMC (ACTCS) and Justice Health Services (ACT Health).

Recommendation 5: That Winnunga Nimmityjah Aboriginal Health Service be integrated into the provision of health care at the AMC, in order to introduce its holistic model of care to Indigenous detainees.

Recommendation 7: That the Health Services Commissioner (of the ACT Human Rights Commission) conduct an own-initiative investigation into the prescription of methadone to detainees at the AMC.

Recommendation 9: That the Inquiry's conclusions, which provide detail of various aspects of the treatment in custody of Steven Freeman that were deficient, be addressed with a view to implementing change and bringing about improvement. All conclusions are bolded throughout the Report.

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Portfolio/s: Mental Health**ISSUE: WINNUNGA DELIVERING HEALTHCARE AT AMC****Talking Points**

- On 10 November 2016, I publically released the report of the Independent Inquiry into the Treatment in Custody of Mr Freeman (the Moss Review) in my capacity as the Minister for Corrections.
- The Government's response to the Moss Review was tabled in the ACT Legislative Assembly on 16 February 2017.
- Recommendation 5 of the Moss Review is the integration of Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga) to provide a holistic approach to health care at the Alexander Maconochie Centre (AMC) in a culturally safe way.
- On 22 June 2018, a contract between the ACT Government and Winnunga was signed which enables Winnunga to provide health care to detainees at the AMC.
- The soft launch on 15 October 2018 provides the opportunity for the ACT Corrective Services, Canberra Health Services and Winnunga to come together as one team and build on the collaborative foundations of the model of care.
- Winnunga will not commence the provision of health services at this time, but will familiarise themselves with the centre, client identification and communications and general set up.
- Canberra Health Service, ACT Corrective Services and Winnunga will work together to establish a 24/7 serviced delivered by Winnunga and will confirm what that looks like in practice with an aim of 'going live' this year.
- The working group established to work through the commissioning of the integrated services has concluded. A Memorandum of Understanding is being drafted for the delivery of coordinated health care services to Aboriginal and Torres Strait Islander detainees at the AMC.

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Key Information

LOCATION

- Winnunga will be operating out of the Hume Health Centre in the former health ward 3, they will also have an administrative base in Women's Community Centre.

SERVICES

- Winnunga will initially provide nursing and GP services to a limited number of clients as they being to commission their service.
- All other services including Forensic Mental Health Services, Alcohol and Other Drugs Service (including Opioid Replacement Therapy prescription and administration), Dental and Inductions for all detainees will continue to be provided by Justice Health Services.

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ANNUAL REPORT HEARING BRIEF

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Portfolio/s: Mental Health**ISSUE: NEEDLE AND SYRINGE PROGRAM****Talking Points**

- In April 2015, in response to the Deed of Agreement between the Territory and the Community and Public Sector Union (CPSU) the Needle Syringe Program (NSP) Working Group was established to develop a preferred model for an NSP at the Alexander Maconochie Centre (AMC).
- In August 2016, the preferred model was agreed by consensus decision - being a Supervised Injecting Room within the Health Centre at the AMC. The Ballot for voting by eligible Corrections Officers was coordinated through the Electoral Commission; and the voting opened on 1 September 2016 and closed on 15 September 2016.
- The outcome of the ballot was that the preferred model was not supported. On the returned 155 admitted votes, four were supported and 151 were opposed.
- The Health Services Commissioner in the initiated consideration of the provision of health services at the AMC report recommended the ACT Government to “undertake further work to progress the implementation of the ACT Government policy of a needle syringe program in the AMC, consistent with services available in the ACT community, to reduce risks of blood borne virus transmission”.
- The ACT Government agreed in principle to the recommendation, however is not achievable at this time. The process for considering the NSP was set out in the former Justice and Community Safety Directorate’s Enterprise Agreement 2011-2013 and in a subsequent Deed of Agreement between the ACT Government and Community and Public Sector Union. The current Enterprise Agreement expired on 30 June 2017. Negotiations for the agreement are underway and progress on the NSP is subject to the EBA.

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ANNUAL REPORT HEARING BRIEF

GBC18/689 - 26

Portfolio/s: Mental Health

ISSUE: ESTABLISHMENT OF THE OFFICE FOR MENTAL HEALTH AND WELLBEING

Talking points:

- As the Minister for Mental Health, the establishment of the Office for Mental Health and Wellbeing (the Office) remains a key priority for me. I believe the Office has the potential to make real and lasting change for mental health consumers, carers and their families.
- The Office was officially launched on 14 June 2018, following Cabinet endorsement of the model for the Office.
- The recruitment of the Coordinator-General for the Office has been finalised and the successful candidate, Dr Elizabeth Moore will commence with the Office on 3 December 2018. The Coordinator-General brings great experience to the ACT and will provide important strategic leadership and direction for our mental health system.
- The Coordinator-General has been a Fellow of the Royal Australian and New Zealand College of Psychiatrists for over 25 years; has worked in both public and private hospital and community settings, and has held clinical and administrative positions in mental health across Australia.
- Since the launch of the Office, the two Change Leaders have been recruited and have undertaken a broad range of stakeholder engagement across Government and the Community to build relationships and identify key priorities to be included in the work plan.
- The Office will lead a process of co-design to develop a new Territory-wide vision for mental health in the ACT. This new vision will reflect how Canberra wishes to foster the mental health and wellbeing of its people into the 21st century.
- Following the commencement of the Coordinator-General, the Agency Stewardship Group will co-design the vision and an initial work plan with the community as a priority within the first 100 days.

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Key Information

- The consulting company Synergia was contracted to help with the design and development of the model for the Office. Synergia delivered their final report to ACT Health on 23 February 2018.
- The content and recommendations of Synergia's final report were informed by extensive community and stakeholder consultations conducted by Synergia. This included consultation with the Coordinator-General for Family Safety, the Human Rights Commission, the Aboriginal and Torres Strait Islander Elected Body, the Capital Health Network, the Mental Health Community Coalition, the Mental Health Consumer Network, Carers ACT and members of the public in community forums.
- Synergia's final report contained 20 recommendations which fall into five categories, which describe the functions that Synergia believe the Office will require to fulfil its mission. These five functions include:
 1. Developing and maintaining a territory wide approach to mental health in the ACT;
 2. Coordinating mental health policies, strategies and funding in the ACT;
 3. A focus on systemic reform and improvement across the continuum of mental health care, including physical health, drug and alcohol and the social determinants of health;
 4. The monitoring and reporting of services and outcomes relating to mental health in the ACT; and
 5. Community engagement to promote mental health and wellbeing.
- The Office sits within the new Health Directorate and the Coordinator-General will report directly to the Director-General. It will ensure independence from the operational service system, at the same time will enable a strong mandate to work across ACT Government agencies, akin to the role of the Coordinator-General for Family Safety.
- In order to ensure the Office retains a level of independence from the day-to-day running of ACT Health, it will have the authority to conduct reviews and produce reports as the Coordinator-General deems necessary or at the request of the Minister for Mental Health.
- While the Office was formally launched on 14 June 2018, the commitment of action within 100 days will be taken to start with the commencement of the Coordinator-General.

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Portfolio/s: Mental Health**ISSUE: IMPACT OF NDIS IN MENTAL HEALTH COMMUNITY****Talking points:**Experience of the ACT Mental Health Community Sector

- On the 26 June 2018, the Mental Health Community Coalition launched a report titled 'When the NDIS came to the ACT – A story of hope and disruption in the mental health sector' (the Report) that outlines the experience of the ACT mental health community sector following the introduction of the NDIS.
- The Report highlights the challenges faced by the ACT community sector during the transition to the NDIS. This includes the ongoing challenges faced in meeting the diverse psychosocial support needs of people with mental illness, the tensions that arise around notions of disability and recovery, the NDIS pricing structure and sustainability of providers, as well as the potential of the scheme to transform lives.

NDIS and Mental Health Interface work:

- At the Disability Reform Council meeting in March 2018, the ACT Government elected to take the national lead on mainstream interface work related to the interface between the NDIS and mental health services.
- This includes developing a clearer and shared understanding of decision-making, and the interpretation and application of the Applied Principles and Tables of Support to determine system responsibilities.
- A jurisdictional workshop was hosted by the ACT Office of Disability in collaboration with the ACT Health Directorate on 8 June 2018. Since June 2018, there have been two "deep dive" forums between the ACT Government and the National Disability Insurance Authority (NDIA).

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Psychosocial Participant Pathway:

- The ACT has nominated to trial the tailored psychosocial participant pathway being led by the NDIA.
- Key themes from the NDIA work to develop the psychosocial pathway include:
 - ensuring that planners with specialist knowledge are available;
 - staff training to ensure effective initial engagement with people;
 - strengthening referral pathways between the NDIS and community programs;
 - better describing the flexibility in support use, in anticipation of episodic need;
 - ensuring NDIS plans are recovery oriented and focus on capacity building; and
 - improved pathways for those not eligible for the NDIS.

Key Information

Psychosocial Disability Stream Announcement

- On 10 October 2018 the Federal Minister for Families and Social Services, the Hon Paul Fletcher MP, and the Assistant Minister for Social Services, Housing and Disability Services, the Hon Sarah Henderson MP, jointly announced that people with severe and persistent mental health issues will have improved access and support in the NDIS.
- According to the announcement, the new stream will be implemented progressively and includes:
 - the employment of specialised planners and Local Area Coordinators;
 - better linkages between mental health services and NDIA staff and partners, and;
 - a focus on recovery-based planning and episodic needs.
- This reform follows recommendations by the national peak organisation, Mental Health Australia, in its *National Disability Insurance Scheme Psychosocial Disability Stream Report*.

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National Psychosocial Support Measure

- On 23 June 2018, the Federal Minister for Health the Hon Greg Hunt announced that the Bilateral Agreements between the Commonwealth and all States and Territories, including the ACT, regarding the new national psychosocial support measure had been finalised.
- The Bilateral Agreement between the ACT and Commonwealth will enhance funding for psychosocial support measures for people with functional impairment, resulting from severe mental illness, who are not found eligible for the NDIS, or who are otherwise not engaged with the NDIS.
- Total funding from the ACT for the Bilateral Agreement is \$2 million over four years, with the Commonwealth funding \$1.3 million over the same period.
- Commonwealth funding will be administered by the Capital Health Network (CHN, ACT's primary health network). Target areas will be informed by the Fifth National Mental Health and Suicide Prevention Plan and priorities identified in the integrated regional planning process between ACT Health Directorate and the CHN.
- On 26 October 2018, a National Psychosocial Support Measure Industry Briefing was held with the ACT Health Directorate and the CHN.

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Portfolio: Mental Health**ISSUE: EATING DISORDER SERVICES IN THE ACT****Talking points:**

- Eating disorders are a range of serious illnesses that cause high levels of psychological distress for people experiencing them. The management of eating disorders is complex and they are poorly understood.
- Eating disorders have not always received appropriate consideration from health systems. In Australia and overseas there are gaps in the range of services that are available for people with eating disorders. The ACT Government is committed to exploring and addressing these gaps.
- On 24 October 2018 the Minister for Mental Health presented the ACT Government's response to *Petition 7-18 Eating Disorder Health Care Services in the ACT*, which called for the development of eating disorder services in the ACT.
- As part of this response, the Minister for Mental Health tabled the Eating Disorders Position Statement for the ACT, which was developed by the Eating Disorders Working Group established in June 2018.
- The Position Statement establishes a clear ACT Government commitment to provide the best services and care for people with eating disorders, when they need it and where they need it. It describes a number of short-term initiatives and longer term projects that will be explored.
- In recognition of the complexity of eating disorder management, and the need to provide flexible care across a range of settings, the initiatives described in the Position Statement range from Primary and Community Care through to interventions in hospital settings.
- However, the key focus of the service developments detailed in the Position Statement are community and outpatient services in order to address eating disorder problems early.
- A focus on early intervention and keeping people with eating disorders out of hospital will help to reduce much of the severity, duration, and impact of eating disorders.

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Key Information

- Currently in the ACT there are a number of services available for people with eating disorders, including Canberra Health Services (CHS), private health organisations, general practitioners, and non-government organisation services.
- The ACT Health Eating Disorders Program is a specialist tertiary service which provides free, public, specialist eating disorders therapy to people with a primary diagnosis of an eating disorder.
- People with eating disorders who require inpatient treatment in the ACT are cared for by multidisciplinary teams at the Paediatrics Ward at the Centenary Hospital for Women and Children, or the general medical or inpatient mental health wards at Canberra Hospital and Calvary Public Hospital Bruce.

Development of the Position Statement

- The petition, developed by Ms Molly Saunders and sponsored by Michael Petersson MLA, requests the establishment of a specialist in-patient treatment centre for eating disorders in the ACT or, in the absence of such a unit, the provision of 10 long-stay hospital beds for intensive and specialised treatment of eating disorders.
- The Working Group included key stakeholders from the Capital Health Network, the Australian National University, the national peak body for eating disorders The Butterfly Foundation, ACT Health Directorate policy staff, CHS clinical staff, and the Principle Petitioner.
- Wider consultation for the Position Statement included seeking feedback from the ACT's mental health peak organisations, the Mental Health Community Coalition, the Mental Health Consumer Network and Carers ACT, in addition to the New South Wales Institute for Eating Disorders, Inside Out.
- Initial analysis of current national and ACT data by the Eating Disorders Working Group suggests that there may not be enough demand for inpatient services to operate such a unit safely, as a constant throughput of cases is necessary to ensure the development and maintenance of staff skills.
- Where possible, treatment for eating disorders should be offered in the settings that are the least restrictive. As a result, admission to a specialised eating disorder in-patient unit should be rarely required. In cases where admission to a specialised eating disorder in-patient unit is required, ACT Health Directorate will aim to develop relationships with specialised interstate services to arrange appropriate treatment and ensure continuity of care.
- The Eating Disorders Working Group found that the development of services must be across multiple settings with a particular focus on services aimed at early intervention and prevention of eating disorders.

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Portfolio/s: Mental Health**ISSUE: ADULT COMMUNITY MENTAL HEALTH SERVICES****Talking points:**

- The Adult Community Mental Health Services (ACMHS) Model of Care (MoC) was endorsed on 17 October 2017.
- The proposed timeline forecasts a staged, transition period of implementation.
- Workforce planning, policy and procedure development, communication and training, evaluation and planning of future phases for further improvement and sustainability support are all underway.
- The first new service, the Assertive Community Outreach Service (ACOS) officially commenced operations on 14 June 2018 with a graduated roll-out of the remaining new teams to occur throughout the remainder of 2018.
- All permanent ACMHS staff have been allocated positions under the new MoC workforce profile and will commence in their new roles as their respective teams come on line.
- As part of the staged progression of the MoC, the Therapies Team officially commenced in mid October 2018, and the Access Mental Health Team and Home Assessment, Acute Response Team (HAART) in November 2018. These are exciting and significant milestones for the roll out of this new MoC.

Key Information

- Workforce planning has been completed and all existing permanent staff within the ACMHS program have been allocated positions within the new MoC workforce profile.
- A number of Quality Improvement projects are currently in train to allow pilot testing of each of the functions of the new MoC before each new service comes online. This process will allow clinical and operational governance systems and referral pathways to be evaluated while maintaining a safe platform of service delivery.

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- The MoC encompasses:
 - a) Service Principles:
 - Recovery-oriented and person-centred;
 - Integrated, multidisciplinary and evidence-based;
 - Embracing of diversity and complexity;
 - Timely, accessible and responsive;
 - Committed to Supported Decision Making; and
 - Committed to safety, quality and harm reduction.
 - b) Services Provision:
 - Access Assessment and Triage: 24 hours a day, seven days a week, centralised intake;
 - Acute response and Intensive Home Treatment: brief crisis intervention in a person's home or community setting as an alternative to inpatient admission and to facilitate earlier hospital discharge;
 - Community Recovery Service: clinical case management (short or longer-term) using a strengths-based approach;
 - Assertive Community Outreach Service: clinical case management for people with longer term complex service engagement needs; and
 - Individual Therapies: structured therapy programs as an adjunct to clinical case management.

Background Information

- ACMHS are specialist community-based mental health assessment and treatment services for adults in the ACT experiencing moderate to severe functional impairment due to serious mental illness with associated complex needs and risk.
- The work on the new MoC has been undertaken by the ACMHS MoC Project Steering Committee, comprised of representatives from ACT Health and relevant peak bodies including the Mental Health Community Coalition ACT, ACT Mental Health Consumer Network, Capital Health Network and Carers ACT. There have also been a number of targeted and focused community consultations with other key stakeholders in preparation of the proposed ACMHS MoC.

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ANNUAL REPORT HEARING BRIEF

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Portfolio/s: Mental Health

ISSUE: BRIAN HENNESSY REHABILITATION CENTRE – EXTENDED CARE UNIT AND SUPPORTED ACCOMMODATION

Talking Points

- The mental health rehabilitation services delivered at Brian Hennessy Rehabilitation Centre (BHRC) were transitioned to the University of Canberra Hospital (UCH) on 17 July 2018.
- In the 2018-19 budget \$22.8 million was allocated for supported accommodation to expand the mental health system to provide more community based alternatives for the provision of mental health care.
- Included in this initiative is an investment to refurbish the ten bed Extended Care Unit at BHRC to provide an upgraded facility where mental health patients can gradually transition from an inpatient clinical setting into supported accommodation.
- As of 23 October 2018, there are six residents currently residing in the Extended Care Unit. Following the refurbishment the remaining beds will be utilised.
- In the supported accommodation initiative there was also funding for three houses to be built in the community to provide long term supported accommodation for people with mental illness.
- These supported accommodation facilities will provide the appropriate care in the appropriate place, enabling greater access and interaction with the community and the person's support networks.
- Housing ACT has agreed to work with ACT Health to deliver this initiative. Housing ACT will provide the land and take the lead on the construction of the dwellings which will be funded by MHJHADS. A community organisation will be engaged to provide disability support to the residents and manage the property.

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- MHJHADS and Housing ACT staff are working together to identify suitable land for the supported accommodation houses in the community.
- An initial block of land has been identified in Florey and a community consultation process including letter box drop, drop in information session on site and information on the YourSay website has been completed.
- The house on the Florey site is expected to be completed in February 2019.
- The supported accommodation initiative also provides for the establishment of a Southside Community Step Up Step Down (SCSUSD). The SCSUSD will provide short-term residential support for people with the aim of preventing admission to hospital, and will be run in partnership between ACT Health and a non-government organisation.
- ACT Health will provide clinical services including a range of therapeutic interventions, and a community agency that will have a 24/7 onsite presence and provide for practical and psychosocial support for people in the program.

Background Information

- The residents who remained in the Extended Care Unit included those people who are subject to a court order or who required a further period of care before they are transitioned to supported accommodation.
- All residents in the Extended Care Unit at BHRC are eligible for the National Disability Insurance Scheme (NDIS) and will be assisted to access individual NDIS packages for the necessary psychosocial support required to enable them to transition to living in the community.

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Portfolio/s: Mental Health**ISSUE: ADOLESCENT MENTAL HEALTH SERVICES IN THE ACT****Talking Points**

- The Government is committed to developing youth-focused mental health services, by expanding the size and range of services at the Centenary Hospital for Women and Children, including the planning of a dedicated child and adolescent mental health unit.
- ACT Health has commenced preliminary work on the new unit, which has an estimated completion date in 2022.
- In October 2018 a Child and Adolescent InPatient Unit Working Group was established with membership made up of interested stakeholders including consumer and carers representation. This Working group will be fundamental in establishing an evidence based Model of Care for the new unit.
- In the 2018-19 Budget, \$2.1 million was provided to expand Child and Adolescent Mental Health Services (CAMHS) through the establishment of an Assertive Outreach Program (AOP).
- The AOP is a recovery-focused community based service which will treat adolescents and children aged 12-18 years who are experiencing severe, high prevalence mental illness.
- The AOP will specifically target vulnerable groups who, due to a range of complex issues, may face barriers in accessing CAMHS and other community-based mental health services such as Headspace, The Junction and Catholic Care Next Step.
- In November 2017, the Perinatal Mental Health Consultation Service (PMHCS) expanded to improve specialist psychiatry services for new Canberra mothers, and the CAMHS Consultation Liaison Service extended its services to seven days a week in January 2018.

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- In addition, the Government has committed \$100,000 over two years to support the expansion of Menslink's counselling program to include boys aged 10 to 12 years, a cohort where demand for services has increased.
- Currently, children and young people up to 16 years of age presenting with acute mental health issues are admitted to Centenary Hospital for Women and Children's paediatric adolescent ward. They receive support through the CAMHS consultation liaison service, who provide ongoing consultation with paediatric staff.
- CAMHS also runs education and therapeutic group programs at The Cottage Adolescent Day Program for adolescents significantly impacted by mental illness.
- Dependent on diagnostic criteria, young people aged 16 to 18 years can receive inpatient treatment at the Adult Mental Health Unit Vulnerable Persons Suite. Clinical care is provided in close consultation with CAMHS to ensure appropriate developmental and therapeutic approaches are taken in order to support the young person and their family.
- ACT Health funds CatholicCare to provide a Community Facility Based Adolescent (13-17 years) Step Up Step Down Program (STEPS), which provides 24 hour supported accommodation for a period up to three months.
- On 22 February 2018, ACT Health entered into a Service Funding Agreement with Headspace National. ACT Health provided initial funding of \$200,000 to enable Headspace to enhance its clinical capacity and reduce wait times for early intervention mental health services. Through this new funding, Headspace Canberra is able to deliver 'onespace' sessions for young people aged 12-25.
- Headspace Canberra is delivering a short-term, one to three planned appointment support-option, known as Onespace, available to young people and parents/caregivers. Onespace takes a pragmatic strengths-based approach to addressing clients' presenting concern and follows a model of Solution Focussed Brief Therapy.

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- The implementation of ACT Government funding to headspace for Onespace has resulted in the following:
 - responding to all new referrals within 24 hours via the phone;
 - significant increase in the ability to offer additional initial assessments with reduced wait times;
 - an additional treatment option for young people, accessible within five days; and
 - the quickest intervention option for young people and their family and friends at Headspace Canberra.

Key Information

- The funding for the STEPS program has been maintained through a three year (2016-19) Service Funding Agreement. 2017-18 funding to CatholicCare is approximately \$1.23 million of which approximately \$1.03 million is allocated to the STEPS program.
- The clinical preference for adolescents is community based care. The CAMHS community teams provide comprehensive assessment and clinical management for children and young people with moderate to severe mental health issues.
- If a young person requires longer or more intensive inpatient treatment, service at a suitable facility in another State or Territory is sought, due to the highly specialised nature of inpatient child and adolescent services. The number of transfers is very low.
- A number of programs are run in conjunction with other directorates and the non-government sector including:
 - The Primary School Mental Health Early Intervention program: a partnership with the Education Directorate to deliver the Understanding and Responding to Feeling and Behaviours in Schools program.
 - An assertive outreach program established through the 2016-17 budget initiative Mental Health Follow Up for Young People and Intensive Clinical Rehabilitation Service. This program provides assertive outreach and intensive mental health treatment and care for young people aged 14-25 years in the ACT who are at high risk of developing or are currently experiencing early onset psychosis. It also supports highly vulnerable young people aged 14 -18 years experiencing severe anxiety or depression with multiple barriers to accessing office based treatment.
 - Headspace Canberra: a youth-specific mental health service which aims to reduce the impact of mental health problems on young people aged 12-25 years by enabling early access to and engagement with quality and integrated services, providing treatment for mild to moderate mental health problems.

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Headspace

- Onespace sessions provide young people and their family and friends an additional service stream that is offered alongside current Headspace services funded by the Primary Health Care Network – Commonwealth Department of Health, In-Kind partners and the Medicare Benefit Scheme.
- Onespace sessions are provided by Allied Health Professionals from ACT Government funding and are offered to young people and their family and friends requiring low to moderate support as a therapeutic option.
- ACT Health is currently exploring options for the continuation of Onespace funding with the Capital Health Network, beyond 2018.

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Portfolio/s: Mental Health**ISSUE: INCIDENTS IN MENTAL HEALTH UNITS****Talking Points**

- There were four reported significant incidents of violence against staff working in the Dhulwa Mental Health Unit (Dhulwa) in July 2018. These four incidents remain the subject of police investigation, so ACT Health are unable to make any further comment at this time.
- There were two significant incidents of violence against staff working in the Adult Mental Health Unit (AMHU) in September 2018. These two incidents remain the subject of police investigation, so ACT Health are unable to make any further comment at this time.
- There were three significant incidents of violence against ward persons working in the AMHU in October 2018.
- Working in mental health clinical services can be extremely rewarding, however it is also recognised that at times it can also be challenging and present risks, especially for those nurses and other health professionals working in our acute and secure services. This challenge is faced across jurisdictions.
- While we can never fully remove this risk, any instances of violence or aggression in our mental health services will be investigated and reviewed to ensure that processes are improved and the risk to staff and patients is minimised.
- Dhulwa is the secure mental health facility in the ACT and it is specifically designed to meet the needs of people who have complex clinical presentations. Staff are trained as specialists in the management of behavioural extremes and on occasion this includes responding to and managing violence.

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- AMHU is an acute inpatient unit that provides voluntary and involuntary psychiatric care and treatment for people with a mental health illness who require hospitalisation. Staff are trained in the management of behavioural extremes and on occasion this includes responding to and managing violence.
- The ACT Government has committed to developing a Nurse Safety Strategy through the Parliamentary Agreement. This work is underway and the development of a well-formulated, effective and evidence-based strategy is a priority for Government.
- The ACT Government acknowledges the essential role nurses play in our health care system and recognises the right of every individual to feel safe at work.

Background Information

- The provision of mental health services is a challenging area within ACT Health and unfortunately from time to time episodes of aggression and violence can occur. The staff do provide a compassionate service that is as diverse as the vulnerable people that receive the services.
- The people admitted to Dhulwa are unable to be treated in less restrictive clinical settings in the ACT. As such, Dhulwa has the highest staffing levels, staff who are highly skilled with specific training on de-escalation and management of complex behaviour. There are dedicated security staff and educational programs to help keep both staff and patients safe.
- ACT Health staff are encouraged to report any incidents or injury.
- Any allegation involving a physical assault is reported to the police.
- ACT Health is currently developing a new strategy focussed on the safety of our staff in the workplace. The strategy will focus on high risk areas, including our mental health units.
- ACT Health continue to work with staff, unions such as the ANMF, and other key stakeholders in the development of the strategy.
- This strategy is a key priority for ACT Health and is expected to be completed later this year.

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ANNUAL REPORT HEARING BRIEF

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Portfolio/s: Mental Health**ISSUE: SUICIDE PREVENTION****Talking points:**

- Suicide prevention remains a priority of the ACT Government.
- Suicide prevention has been a focus of community mental health funding, including:
 - Continued Step Up Step Down (SUSD) residential and outreach psychosocial supports, through Wellways Adult SUSD & Youth SUSD, Catholic Care STEPS and Woden Community Services Transition to Recovery services;
 - Improved services for people at higher risk, such as increased funding to Detention Exit Community Outreach (DECO);
 - Public awareness campaigns to destigmatise mental health and suicide through support of Mental Health Week, and Let's Talk Grants;
 - Development of tools and data identification for improved access to suicide-related data and analysis with the Australian National University (ANU) and NOUS consultancy group (commissioned by Beyond Blue); and
 - Identification of 'suicide hotspots' in the ACT and implementation of mitigation strategies in collaboration with Transport Canberra and City Services.

LifeSpan Integrated Suicide Prevention

- The ACT Government has committed \$1.545 million to establish a pilot version of the Black Dog Institute's LifeSpan Integrated Suicide Prevention Framework in the ACT over the next three years.
- LifeSpan is an evidence-based approach to integrated suicide prevention. LifeSpan combines nine strategies that have strong evidence for suicide prevention into one community-led approach incorporating health, education, frontline services, business and the community.

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ANNUAL REPORT HEARING BRIEF

- LifeSpan aims to build a safety net for the community by connecting and coordinating new and existing interventions and programs, and building the capacity of the community to better support people facing suicide crisis. This integrated evidence-based approach is likely to be more beneficial to the wider ACT community and the health economy.
- ACT Health Directorate has executed a contract with the Black Dog Institute to enable the establishment and implementation of the LifeSpan Pilot in the ACT.
- ACT Health Directorate has been working closely with the local public health network, the Capital Health Network, to further support the coordinated and integrated implementation of LifeSpan in the ACT.
- A LifeSpan Steering Committee, composed of key local agencies and stakeholders, has been established and is active in guiding this work in the ACT.

Way Back Support Service

- The Way Back Support Service is being piloted in the ACT providing a non-clinical service developed to support people for up to three months, after they have attempted suicide. Client intake in the ACT commenced in October 2016.
- The 2018/19 ACT Budget provides an additional \$350,000 for suicide prevention activity, which will support the Way Back Support Service to continue until June 2019.
- Subject to service demands, future funding may extend services to people who have experienced a suicidal crisis.
- Way Back was designed by beyondblue and is funded in the ACT by the ACT Government. The local service provider, Woden Community Service, is engaged by beyondblue to deliver Way Back in the ACT.
- Way Back has a high level of service demand. Since program commencement 316 referrals have been received as at 30 September 2018, with 288 meeting the eligibility criteria.

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- In recognition of the high level of demand in 2017/18, ACT Health Directorate provided additional funding to beyondblue to extend the pilot until December 2018 and fund an additional support co-ordinator.
- The Federal Government 2018/19 budget included a significant national investment in Way Back. ACT Health Directorate is currently in discussion with the Capital Health Network and beyondblue to determine what this investment means for the delivery of the program in the ACT.
- An evaluation of the ACT trial is currently being finalised and this report will be used to inform future funding of this service.

Key Information

LifeSpan Integrated Suicide Prevention

- In October 2016, ACT Labor made an election commitment (Priority 2, EC LAB O93a) to allocate \$1.5 million to implement a pilot version of LifeSpan to reduce suicide rates in the ACT.
- In the 2017/18 Budget, the ACT Government committed \$1.545 million to establish a pilot version of the Black Dog Institute's LifeSpan program in the ACT from 2018/19 to 2021/22, under the 'Better care when you need it - Suicide prevention', budget measure.
- The LifeSpan Integrated Suicide Prevention Framework is developed by the Black Dog Institute and the National Health and Medical Research Council Centre for Research Excellence in Suicide Prevention.
- The LifeSpan trial in the ACT will involve the simultaneous implementation of nine evidence based strategies:
 1. Improving emergency and follow-up care for suicidal crisis;
 2. Using evidence-based treatment for suicidality;
 3. Equipping primary care to identify and support people in distress;
 4. Improving the competency and confidence of frontline workers to deal with suicidal crisis;
 5. Training the community to recognise and respond to suicidality;
 6. Promoting help-seeking, mental health, and resilience in schools;
 7. Engaging the community and providing opportunities to be part of the change;
 8. Encouraging safe and purposeful media reporting; and
 9. Improving safety and reducing access to means of suicide.

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