

Dear [REDACTED]

### DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by ACT Health Directorate (ACTHD) on **Monday 23 May 2022**. The application was rescoped on **Tuesday 14 June 2022**.

The rescoped application requested access to:

*“A copy of the Ministerial Briefs with the titles outlined below, excluding all attachments to the briefs:*

Record Number	Title
GBC22/157	Weekly Brief - Minister for Health - 7-11 March 2022
GBC22/165	Assembly - March 2022 - Minister for Health - Speeches - Nurse/Midwife ratios
GBC22/172	Weekly Brief - Minister for Health - 14-18 March 2022
GBC22/181	FINAL Cabinet Submission - Minister for Health - CAB21/848 - Update on Gov't Response to 9th Assembly Standing Committee on Health, Ageing and Community Services Report 10 - Report on Inquiry into Maternity Services in the ACT (Rec 2)
GBC22/183	Weekly Brief - Minister for Health - 21-25 March 2022
GBC22/200	Weekly Brief - Minister for Health - 28 March - 1 April 2022
GBC22/211	Cabinet Submission - Minister for Health - <i>“Redacted”</i>
MIN22/402	Initiated Brief - Minister for Health - Freedom of Information (FOI) application from <i>“Redacted”</i> regarding Consultation paper issued in Oct 2021 on mandatory vaccinations for workers in health care settings ACTHDFOI 21-22.39
MIN22/410	Initiated brief - Minister for Health - Finalisation of 2021-22 ACT Health Directorate and Calvary Health Care ACT Ltd Performance Plan
MIN22/413	Initiated brief - Minister for Health - Canberra Hospital Master Plan Implementation update
MIN22/414	Letter - Minister for Health - The Future of the ACT's Live Music Industry - <i>“Redacted”</i>
MIN22/417	Initiated Brief - Minister for Health - Freedom of Information (FOI) application from regarding the subject line of all final ministerial briefs ACTHDFOI 21-22.50
MIN22/426	Initiated brief - Minister for Health - Digital Health Record (DHR) Program: Monthly Briefing 21 March 2022
MIN22/430	Letter - Minister for Health - FMMOOS/21.07 FSANZ Board Appointments responses due 7 April 2022 - <i>“Redacted”</i>
MIN22/433	Initiated brief - Minister for Health - Industrial Relations meeting with ACTHD and Russell Noud

MIN22/443	Letter - Minister for Health & Minister for Mental Health - Directions Hearing Decision " <i>Redacted</i> "
MIN22/484	Initiated brief - Minister for Health - Reduced opening hours for the Access and Sensory Vaccination
MIN22/505	Request for Advice - Minister for Health - Enterprise Bargaining Approach (Health Briefing - 4 April 2022)
MIN22/506	Request for Advice - ACT Health Workforce Strategy 2022-2032 and ACT Health Workforce Plan 2023-2033
MIN22/507	Initiated Brief - Minister for Health - Proposal to strengthen Clinical System Governance
MIN22/517	Initiated Brief - Minister for Mental Health - Freedom of Information (FOI) application from " <i>Redacted</i> " Final briefs prepared for any ACT Minister(s) or ACT Government witnesses during the 2020 – 2021 Annual Reports Hearings ACTHDFOI 21-22.49
MIN22/524	Initiated brief - Minister for Health - Proposed ACT Health measures to support the Federal Election
MIN22/526	Initiated brief - Minister for Health - Northside Hospital project update
MIN22/528	Initiated Brief - Minister for Health - Freedom of Information (FOI) application from " <i>Redacted</i> " regarding Management of ACT Health Facebook page ACTHDFOI 21-22 52
COR22/7396	QTB - Current Public Health Social Measures - March 2022
COR22/7400	QTB - NEW ACT Child care closures due to COVID -- March 2022
COR22/7401	QTB - Latest Quarterly Reporting - March 2022
COR22/7404	QTB - ED Performance - March 2022
COR22/7409	QTB - Glitch in the ACT Health 'push' notification system - March 2022
COR22/7412	QTB ROGS Data resubmit - March 2022
COR22/7416	QTB Territory-wide Health Services Plan
COR22/7417	QTB Health Infrastructure Key Facts and Figures - March 2022
COR22/7421	QTB Digital Health Record - March 2022
COR22/7422	QTB - Culture Review and Canberra Health Services Workplace Culture Initiatives - March 2022
COR22/7441	QTB - Current Public Health Social Measures - March 2022
COR22/8416	QTB - Alcohol and other Drugs - March 2022
COR22/9224	QTB - Canberra Times article - Health officials obscured COVID-19 information
COR22/9773	QTB - Health - Latest Quarterly Reporting
COR22/9775	QTB - Health - ED Performance
COR22/9780	QTB - Health - ROGS Data
COR22/9782	QTB - Health - Territory-wide Health Services Plan
COR22/9783	QTB - Health - Alcohol and other Drugs
COR22/9788	QTB - Health - Health Infrastructure Key Facts and Figures
COR22/9789	QTB - Health - Digital Health Record
COR22/9790	QTB - Health - Culture Review and Canberra Health Services Workplace Culture Initiatives
COR22/9792	QTB - Health - Canberra Times article - Health officials obscured COVID-19 information
COR22/9793	QTB - Health - Mid-Year Review ACT COVID-19 Public Health Response
GBC22/158	Weekly Brief - Minister for Mental Health - 7-11 March 2022

GBC22/161	Cabinet Submission - Minister for Mental Health - CAB 22/210 - Ministerial Statement on Mental Health
GBC22/171	FINAL Cabinet Submission - Minister for Mental Health - CAB22/119 - National Disaster Mental Health and Wellbeing Framework
GBC22/173	Weekly Brief - Minister for Mental Health - 14-18 March 2022
GBC22/175	Cabinet Submission - Minister for Mental Health - CAB22/217 - Mental Health Bilateral Agreement
GBC22/176	Cabinet Submission - Minister for Mental Health - CAB22/240 - A Framework for Change: ACT Mental Health Workforce Strategy
GBC22/177	Government Business - next steps - bilateral agreement mental health and suicide prevention
GBC22/184	Weekly Brief - Minister for Mental Health - 21-25 March 2022
GBC22/187	Assembly Business Paper - Minister for Mental Health - CAB22/250 - Ministerial Statement - Bilateral Agreement on Mental Health and Suicide Prevention
GBC22/198	Government Business - "Redacted"
GBC22/199	Government Business - Correspondence from Minister Tara Cheyne - Appointment of new Official Visitor - Mental Health
GBC22/201	Weekly Brief - Minister for Mental Health - 28 March - 1 April 2022
GBC22/211	Cabinet Submission - Minister for Health - "Redacted"
GBC22/417	Initiated Brief - Minister for Health - Freedom of Information (FOI) application from "Redacted" regarding the subject line of all final ministerial briefs ACTHDFOI 21-22.50
GBC22/443	Letter - Minister for Health & Minister for Mental Health - Directions Hearing Decision "Redacted"
COR22/7442	QTB -Mental Health - COVID-19 - Calvary mental health unit COVID Changes - March 2022
COR22/7443	QTB - Mental Health - Culture Review (Mental Health) - March 2022
COR22/7444	QTB - Mental Health - Mental Health Access & Utilisation - March 2022
COR22/7445	QTB - Mental Health - Safe Haven - March 2022
COR22/7446	QTB - Mental Health - Youth Navigation Portal - March 2022
COR22/7447	QTB - Mental Health - Expanding Public Health Services for Eating Disorders (EPHSED) in the Territory Project - March 2022
COR22/7449	QTB - Mental Health - Future planning for Health Services Across the ACT - March 2022
COR22/7450	QTB - Mental Health - Suicide Prevention Programs - March 2022
COR22/7451	QTB - Mental Health - NEW Mental Health and Suicide Prevention National Agreement - March 2022
COR22/9905	QTB - Mental Health - COVID-19 and Mental Health – impacts and ACT funded supports - April 2022
COR22/9906	QTB - Mental Health - COVID-19 - Calvary mental health unit COVID Changes - April 2022
COR22/9907	QTB - Mental Health - Culture Review (Mental Health) - April 2022
COR22/9909	QTB - Mental Health - Mental Health Access & Utilisation - April 2022
COR22/9911	QTB - Mental Health - Youth Navigation Portal - April 2022
COR22/9914	QTB - Mental Health - Future planning for Health Services Across the ACT - April 2022
COR22/9915	QTB Mental Health - Suicide Prevention Programs - April 2022

I am an Information Officer appointed by the Director-General of ACT Health Directorate (ACTHD) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. ACTHD was required to provide a decision on your access application by **Tuesday 12 July 2022**.

I have identified 70 documents holding the information within scope of your access application. These are outlined in the schedule of documents included at Attachment A to this decision letter.

### **Decisions**

I have decided to:

- grant full access to 51 documents;
- grant part access to 13 documents; and
- refuse access to six documents.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as Attachment B to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The *Human Rights Act 2004*.

### **Full Access**

I have decided to grant full access to 51 documents at references 1, 4, 7, 10, 12, 14-16, 18, 21-42, 48-49, 51 and 54-70.

### **Refuse Access**

I have decided to refuse access to six documents.

Documents at references 3, 19, 44-45, 47 and 50 are wholly comprised of information classified as Cabinet information, and under Schedule 1.6 (1) Cabinet Information, they are taken to be contrary to the public interest to release. Schedule 1.6 (1) provides that Cabinet Information is information that:

- Schedule 1.6 (1)(a) that has been submitted, or that a Minister proposes to submit, to Cabinet for its consideration and that was brought into existence for that purpose; and
- Schedule 1.6 (1)(b) that is an official record of Cabinet; and
- Schedule 1.6 (1)(d) the disclosure of which would reveal any deliberation of Cabinet (other than through the official publication of a Cabinet decision).

### **Partial Access**

I have decided to refuse access to 13 documents.

Documents at references 2, 5, 8, 46 and 53 are partially comprised of information classified as Cabinet information, and under Schedule 1.6 (1) Cabinet Information, they are taken to be contrary to the public interest to release.

### Public Interest Factors Favouring Disclosure

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2, 2.1(a)(i) promote open discussion of public affairs and enhance the government's accountability; and
- Schedule 2, 2.1(a)(ii) contribute to positive and informed debate on important issues or matters of public interest.

### Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2, Schedule 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the *Human Rights Act 2004*; and
- Schedule 2, Schedule 2.2 (a)(xi) prejudice trade secrets, business affairs or research of an agency or person.

Documents at references 6, 9, 11, 13, 17, 20 and 52 have been identified containing information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act. The information contained in these documents are partially comprised of personal information of ACT Government employees' mobile numbers.

Document at reference 43 has redactions to information regarding the business affairs of a non-ACT Government organisation. The release of this information could be detrimental to the business and not in the public interest.

I have given significant consideration to the factors favouring disclosure and I believe the factors favouring non-disclosure outweighed these as the information requested would not provide any government information pertinent to your request regarding the personal information. The release of the business affairs of another agency could reasonably be expected to be detrimental to the Directorate and the non-ACT Government agency. Therefore, I have determined the information identified is contrary to the public interest and would not advantage the public in disclosing this information.

### Charges

Processing charges are not applicable to this request.

### Disclosure Log

Under section 28 of the FOI Act, ACTHD maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

### Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman  
GPO Box 442  
CANBERRA ACT 2601  
Via email: [ACTFOI@ombudsman.gov.au](mailto:ACTFOI@ombudsman.gov.au)  
Website: [ombudsman.act.gov.au](http://ombudsman.act.gov.au)

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal  
Level 4, 1 Moore St  
GPO Box 370  
Canberra City ACT 2601  
Telephone: (02) 6207 1740  
<http://www.acat.act.gov.au/>

**Further assistance**

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email [HealthFOI@act.gov.au](mailto:HealthFOI@act.gov.au).

Yours sincerely



Chadia Rad  
**Senior Director**  
Ministerial and Government Services

11 July 2022

## FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

APPLICANT NAME		WHAT ARE THE PARAMETERS OF THE REQUEST			FILE NUMBER	
[REDACTED]		<i>'A copy of the Ministerial Briefs with the titles outlined below, excluding all attachments to the briefs.'</i>			<b>ACTHDFOI21-22.63</b>	
Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 4	GBC22/157 - Weekly Brief - Minister for Health - 7-11 March 2022	18 March 2022	Full Release		YES
2.	5 – 8	GBC22/172 - Weekly Brief - Minister for Health - 14-18 March 2022	25 March 2022	Partial Release	Schedule 1.6 Cabinet	YES
3.	9 – 13	GBC22/181 - FINAL Cabinet Submission - Minister for Health - CAB21/848 - Update on Gov't Response to 9th Assembly Standing Committee on Health, Ageing and Community Services Report 10 - Report on Inquiry into Maternity Services in the ACT (Rec 2)	7 April 2022	Refuse Release	Schedule 1.6 Cabinet	NO
4.	14 – 17	GBC22/183 - Weekly Brief - Minister for Health - 21-25 March 2022	1 April 2022	Full Release		YES
5.	18 – 22	GBC22/200 - Weekly Brief - Minister for Health - 28 March - 1 April 2022	8 April 2022	Partial Release	Schedule 1.6 Cabinet	YES
6.	23 – 26	MIN22/402 - Initiated Brief - Minister for Health - Freedom of Information (FOI) application from regarding	25 March 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES

		Consultation paper issued in Oct 2021 on mandatory vaccinations for workers in health care settings ACTHDFOI 21-22.39				
7.	27 – 31	MIN22/410 - Initiated brief - Minister for Health - Finalisation of 2021-22 ACT Health Directorate and Calvary Health Care ACT Ltd Performance Plan	22 March 2022	Full Release		YES
8.	32 – 36	MIN22/413 - Initiated brief - Minister for Health - Canberra Hospital Master Plan Implementation update	22 March 2022	Partial Release	Schedule 1.6 Cabinet	YES
9.	37 – 39	MIN22/417 - Initiated Brief - Minister for Health - Freedom of Information (FOI) application from regarding the subject line of all final ministerial briefs ACTHDFOI 21-22.50	6 April 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
10.	40 – 44	MIN22/426 - Initiated brief - Minister for Health - Digital Health Record (DHR) Program: Monthly Briefing 21 March 2022	20 March 2022	Full Release		YES
11.	45 – 47	MIN22/430 - Letter - Minister for Health - FMMOOS/21.07 FSANZ Board Appointments responses due 7 April 2022 - <i>“Redacted”</i>	7 April 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
12.	48 – 50	MIN22/433 - Initiated brief - Minister for Health - Industrial Relations meeting with ACTHD and Russell Noud	22 March 2022	Full Release		YES
13.	51 – 54	MIN22/484 - Initiated brief - Minister for Health - Reduced opening hours for the Access and Sensory Vaccination	4 April 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
14.	55 – 57	MIN22/505 - Request for Advice - Minister for Health - Enterprise Bargaining Approach (Health Briefing - 4 April 2022)	7 April 2022	Full Release		YES
15.	58 – 61	MIN22/506 - Request for Advice - ACT Health Workforce Strategy 2022-2032 and ACT Health Workforce Plan 2023-2033	5 April 2022	Full Release		YES



16.	62 – 66	MIN22/507 - Initiated Brief - Minister for Health - Proposal to strengthen Clinical System Governance	5 April 2022	Full Release		YES
17.	67 – 69	MIN22/517 - Initiated Brief - Minister for Mental Health - Freedom of Information (FOI) application from Final briefs prepared for any ACT Minister(s) or ACT Government witnesses during the 2020 – 2021 Annual Reports Hearings ACTHDFOI 21-22.49	8 April 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
18.	70 – 76	MIN22/524 - Initiated brief - Minister for Health - Proposed ACT Health measures to support the Federal Election	10 April 2022	Full Release		YES
19.	77 – 81	MIN22/526 - Initiated brief - Minister for Health - Northside Hospital project update	7 April 2022	Refuse Release	Schedule 1.6 Cabinet	NO
20.	82 – 84	MIN22/528 - Initiated Brief - Minister for Health - Freedom of Information (FOI) application from 'Redacted' regarding Management of ACT Health Facebook page ACTHDFOI 21-22 52	20 April 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
21.	85 – 88	COR22/7396 - QTB - Current Public Health Social Measures - March 2022	11 March 2022	Full Release		YES
22.	89 – 90	COR22/7400 - QTB - NEW ACT Childcare closures due to COVID-- March 2022	23 March 2022	Full Release		YES
23.	91 – 92	COR22/7401 - QTB - Latest Quarterly Reporting - March 2022	21 March 2022	Full Release		YES
24.	93 – 94	COR22/7404 - QTB - ED Performance - March 2022	22 March 2022	Full Release		YES
25.	95 – 96	COR22/7409 - QTB - Glitch in the ACT Health 'push' notification system - March 2022	17 March 2022	Full Release		YES
26.	97 – 99	COR22/7412 - QTB ROGS Data resubmit - March 2022	17 March 2022	Full Release		YES
27.	100	COR22/7416 - QTB Territory-wide Health Services Plan	17 March 2022	Full Release		YES
28.	101 – 102	COR22/7417 - QTB Health Infrastructure Key Facts and Figures - March 2022	18 March 2022	Full Release		YES
29.	103 – 104	COR22/7421 - QTB Digital Health Record - March 2022	17 March 2022	Full Release		YES

30.	105 – 106	COR22/7422 - QTB - Culture Review and Canberra Health Services Workplace Culture Initiatives - March 2022	17 March 2022	Full Release		YES
31.	107 – 109	COR22/8416 - QTB - Alcohol and other Drugs - March 2022	18 March 2022	Full Release		YES
32.	110 – 111	COR22/9224 - QTB - Canberra Times article - Health officials obscured COVID-19 information	23 March 2022	Full Release		YES
33.	112 – 113	COR22/9773 - QTB - Health - Latest Quarterly Reporting	22 March 2022	Full Release		YES
34.	114 – 116	COR22/9775 - QTB - Health - ED Performance	30 March 2022	Full Release		YES
35.	117 – 119	COR22/9780 - QTB - Health - ROGS Data	17 March 2022	Full Release		YES
36.	120	COR22/9782 - QTB - Health - Territory-wide Health Services Plan	17 March 2022	Full Release		YES
37.	121 – 123	COR22/9783 - QTB - Health - Alcohol and other Drugs	18 March 2022	Full Release		YES
38.	124 – 125	COR22/9788 - QTB - Health - Health Infrastructure Key Facts and Figures	18 March 2022	Full Release		YES
39.	126 – 127	COR22/9789 - QTB - Health - Digital Health Record	17 March 2022	Full Release		YES
40.	128 – 129	COR22/9790 - QTB - Health - Culture Review and Canberra Health Services Workplace Culture Initiatives	17 March 2022	Full Release		YES
41.	130 – 133	COR22/9792 - QTB - Health - Canberra Times article - Health officials obscured COVID-19 information	23 March 2022	Full Release		YES
42.	134 – 135	COR22/9793 - QTB - Health - Mid-Year Review ACT COVID-19 Public Health Response	24 March 2022	Full Release		YES
43.	136 – 138	GBC22/158 - Weekly Brief - Minister for Mental Health - 7-11 March 2022	18 March 2022	Partial Release	Schedule 2, 2.2 (a)(xi) Business Affairs	YES
44.	139 – 141	GBC22/161 - Cabinet Submission - Minister for Mental Health - CAB 22/210 - Ministerial Statement on Mental Health	18 March 2022	Refuse Release	Schedule 1.6 Cabinet	NO
45.	142 – 145	GBC22/171 - FINAL Cabinet Submission - Minister for Mental Health - CAB22/119 - National Disaster Mental Health and Wellbeing Framework	23 March 2022	Refuse Release	Schedule 1.6 Cabinet	NO
46.	146 – 149	GBC22/173 - Weekly Brief - Minister for Mental Health - 14-18 March 2022	25 March 2022	Partial Release	Schedule 1.6 Cabinet	YES

47.	150 – 154	GBC22/176 - Cabinet Submission - Minister for Mental Health - CAB22/240 - A Framework for Change: ACT Mental Health Workforce Strategy	13 April 2022	Refuse Release	Schedule 1.6 Cabinet	NO
48.	155 – 159	GBC22/177 - Government Business - next steps - bilateral agreement mental health and suicide prevention	22 March 2022	Full Release		YES
49.	160 – 162	GBC22/184 - Weekly Brief - Minister for Mental Health - 21-25 March 2022	1 April 2022	Full Release		YES
50.	163 – 165	GBC22/187 - Assembly Business Paper - Minister for Mental Health - CAB22/250 - Ministerial Statement - Bilateral Agreement on Mental Health and Suicide Prevention	1 April 2022	Refuse Release	Schedule 1.6 Cabinet	NO
51.	166 – 169	GBC22/198 - Government Business - “Redacted”	8 April 2022	Full Release		YES
52.	170 – 172	GBC22/199 - Government Business - Correspondence from Minister Tara Cheyne - Appointment of new Official Visitor - Mental Health	5 April 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
53.	173 – 176	GBC22/201 - Weekly Brief - Minister for Mental Health - 28 March - 1 April 2022	8 April 2022	Partial Release	Schedule 1.6 Cabinet	YES
54.	177 – 178	COR22/7442 - QTB - Mental Health - COVID-19 - Calvary mental health unit COVID Changes - March 2022	7 March 2022	Full Release		YES
55.	179 – 180	COR22/7443 - QTB - Mental Health - Culture Review (Mental Health) - March 2022	17 March 2022	Full Release		YES
56.	181 – 184	COR22/7444 - QTB - Mental Health - Mental Health Access & Utilisation - March 2022	16 March 2022	Full Release		YES
57.	185 – 186	COR22/7445 - QTB - Mental Health - Safe Haven - March 2022	16 March 2022	Full Release		YES
58.	187	COR22/7446 - QTB - Mental Health - Youth Navigation Portal - March 2022	15 March 2022	Full Release		YES
59.	188 – 190	COR22/7447 - QTB - Mental Health - Expanding Public Health Services for Eating Disorders (EPHSED) in the Territory Project - March 2022	15 March 2022	Full Release		YES

60.	191	COR22/7449 - QTB - Mental Health - Future planning for Health Services Across the ACT - March 2022	17 March 2022	Full Release		YES
61.	192 – 194	COR22/7450 - QTB - Mental Health - Suicide Prevention Programs - March 2022	15 March 2022	Full Release		YES
62.	195	COR22/7451 - QTB - Mental Health - NEW Mental Health and Suicide Prevention National Agreement - March 2022	16 March 2022	Full Release		YES
63.	196 – 197	COR22/9905 - QTB - Mental Health - COVID-19 and Mental Health – impacts and ACT funded supports - April 2022	15 March 2022	Full Release		YES
64.	198 – 199	COR22/9906 - QTB - Mental Health - COVID-19 - Calvary mental health unit COVID Changes - April 2022	1 April 2022	Full Release		YES
65.	200 – 201	COR22/9907 - QTB - Mental Health - Culture Review (Mental Health) - April 2022	17 March 2022	Full Release		YES
66.	202 – 205	COR22/9909 - QTB - Mental Health - Mental Health Access & Utilisation - April 2022	16 March 2022	Full Release		YES
67.	206	COR22/9911 - QTB - Mental Health - Youth Navigation Portal - April 2022	15 March 2022	Full Release		YES
68.	207	COR22/9914 - QTB - Mental Health - Future planning for Health Services Across the ACT - April 2022	17 March 2022	Full Release		YES
69.	208 – 210	COR22/9915 - QTB Mental Health - Suicide Prevention Programs - April 2022	30 March 2022	Full Release		YES
70.	211 – 212	COR22/9916 - QTB - Mental Health - Mental Health and Suicide Prevention National Agreement	30 March 2022	Full Release		YES
<b>Total Number of Documents</b>						
<b>70</b>						



**MINISTERIAL BRIEF**

**ACT Health Directorate**

**Tracking No.: GBC22/157**

**To:** Minister for Health

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**CC:** Rebecca Cross, Director-General

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**From:** Deborah Anton, Deputy Director-General

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**Subject:** Minister’s Weekly Brief

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**Critical Date:** Friday, 18 March 2022

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**Critical Reason:** To ensure you are briefed on current issues and events

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**Recommendations**

That you note the:

- Information in the Minister’s Weekly Brief for 7-11 March 2022;
- Media and Communication forecast at Attachment A;
- Freedom of Information requests update at Attachment B; and
- Ministerial & Government Services Report at Attachment C.

**Noted / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister’s Office Feedback

**KEY TOPICS/EMERGING ISSUES**

1. Nil.

**UPDATES ON KEY PROJECTS/PIECES OF WORK****Northside Clinical Services Plan**

2. The Health System Planning and Evaluation Division is in the process of engaging a consultant to deliver the Northside Clinical Services Plan. This will be a high priority area of work over the next four to five months and will inform requirements for the northside hospital.

**Kids at Play Active Play – Parent Workshop**

3. As part of the Kids at Play Active Play project, the Health Promotion team in collaboration with the Child Development Service (Community Services Directorate) have been working in partnership to develop an online workshop for parents/carers of children aged two (or upwardly mobile) to five.
4. This 1 ½ hour workshop, called Active Play Milestones, will provide evidence-based information on the benefits of active play, active play developmental milestones for this age group, how parents/carers can assist/encourage their child to be active and reach these milestones, screentime, and resources that are available to support them.
5. The first workshop was delivered on 15 March 2022, by a Child Development Service paediatric physiotherapist, with support from the Kids at Play Active Play staff. Workshops will be delivered once per term throughout 2022.

**Pill Testing**

6. Pill Testing Australia (PTA) has confirmed that a pill testing service will take place at the Groovin the Moo festival on 24 April 2022. PTA intend to use public donations to support the service.
7. ACT Health will assist will stakeholder engagement with EPIC, Events ACT, ACT Policing and ACT Ambulance.
8. PTA have advised the festival service will not impact their engagement with the fixed site pilot.
9. The tender for building works to enable the fixed site pilot closed on 16 March 2022. Strategic Infrastructure advise there has been good engagement with reputable contractors.

**Aboriginal and Torres Strait Islander Research Project**

10. The Centre for Health and Medical Research continues to work with Health Partnerships and Epidemiology on the Aboriginal and Torres Strait Islander Research Project deliverable in the Directorate's Phase One Action Plan for the ACT Aboriginal and Torres Strait Islander Agreement 2019-2028.

11. Following significant challenges throughout 2021 in recruiting an Aboriginal and Torres Strait Islander person to conduct research into the community's health and wellbeing strengths and needs, the project pivoted to focusing on preparing a demographic report with information regarding educational attainment, housing, economic participation and more.
12. The demographic report can serve as a foundation for further exploration and community consultation led by an Aboriginal and Torres Strait Islander researcher.

### **RESPONSES TO MINISTER'S COMMENTS ON BRIEFS**

AHM22/10 – Health Ministers' Meeting (HMM) OOS 436 National Code Website  
Please discuss Commonwealth work on regulatory model for SRAHP (par 16-17).  
Will this have implications for ACT implementation of HCW Code of Conduct?

13. The Australian Government approved the co-design and development of a co-regulatory model for Self-Regulated Health Professions (SRHPs) not covered under the National Registration and Accreditation Scheme (NRAS).
14. The aim of the model is to legislate via a co-regulatory scheme (Scheme) including nationally consistent minimum skills, qualifications and probity checks required for SRHPs to provide health-related services across the health and care sectors.
15. The Scheme will provide a central mechanism for the public to determine which profession and professionals to seek health-related services from and encourage usage of professions included in the Scheme, and also support workforce planning, and mapping of workforce supply and demand by capturing enhanced SRHP workforce data. This will enable targeted activities from all Governments to boost workforce numbers in areas of supply shortage.
16. The Scheme's proposed co-regulatory model will include a:
  - Certification Framework which establishes minimum standards that must be met by individual self-regulated health professionals for certification, and a
  - National Register which provides the public with identifiable information of appropriately qualified and screened professionals, including details of any misconduct findings relating to the individual.
17. The first Working Group of the Jurisdictional Certification of Self-Regulated Health Professions is scheduled for 6 April 2022. Prior to this only workshops have been conducted by the project team:
  - The motivation for the Scheme is to assist an informed approach to policy and program design to have the right profession providing services in the right place, including decisions on employment. An added benefit will be improved accuracy of health workforce data.
  - The Scheme's National Register of credentialed practitioners would capture all relevant information from other registers, such as Health Complaints entities.
  - The criteria to define which health practitioners would be involved is likely to be settled through a phased approach. Initial thinking is to include those with a

single certifying entity (eg: one identified professional peak body) for a profession/ discipline and those that require a qualification of AQF 7 and above (Bachelor degree minimum). Consideration of inclusion of lower level qualified disciplines may also be required from a risk mitigation perspective.

18. It is not anticipated that the co-regulatory model for Self-Regulated Health Professions will interfere with the ACT implementation of Health Care Workers Code of Conduct as both schemes will be complementary.
- The Scheme does not intend to interfere with other regulatory systems, such as National Code of Conduct, NDIS Quality and Safeguards Commission, Health Complaints Commissioner processes, Aged Care Quality and Safety Commission.
  - The complaints about health practice would continue as is the status quo, or as is implemented with an ACT Code of Conduct.
  - Adverse findings from health complaint investigations, such as practice limitations, would be shared with the Scheme to include on the National Register.
  - The anticipated timeframe for the SRHP scheme to be introduced is 2025, possibly 2026 given some delays to date.
  - It is expected that by this date, all jurisdictions will have legislation in place for the National Code of Conduct.

#### **MINISTER'S OFFICE REQUESTS FOR INFORMATION**

19. Nil.

#### **KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS**

20. Nil.

Action Officer: Chadia Rad, Senior Director, Ministerial and Government Services

#### **Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Media and Communications Forecast
Attachment B	Freedom of Information Requests Update
Attachment C	Ministerial & Government Services Report





**MINISTERIAL BRIEF**

**ACT Health Directorate**

**Tracking No.: GBC22/172**

**To:** Minister for Health

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**CC:** Rebecca Cross, Director-General

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**From:** Deborah Anton, Deputy Director-General

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**Subject:** Minister’s Weekly Brief

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**Critical Date:** Friday, 25 March 2022

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**Critical Reason:** To ensure you are briefed on current issues and events

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**Recommendations**

That you note the:

- Information in the Minister’s Weekly Brief for 14-18 March 2022;
- Media and Communication forecast at Attachment A;
- Freedom of Information requests update at Attachment B; and
- Ministerial & Government Services Report at Attachment C.

**Noted / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister’s Office Feedback

**KEY TOPICS/EMERGING ISSUES****Yamba Precinct Car Park**

1. With the recent completion of the Canberra Hospital Master Plan the implementation has now begun. Yamba Precinct Carpark is the first project to be funded from Phase 1.
2. Tenders to undertake proof of concept, feasibility and costings were received on 10 March 2022.
3. Tenders are currently under evaluation with a preferred tenderer expected to be selected the week of 21 March 2022.
4. The project is expected to conclude mid-year with a business case to be submitted based on the outcomes of the project.
5. Development application documentation is an optional extra included within the tenderer to allow effecting and timely continuation of this project.
6. Project Governance has been established and key stakeholders notified.
7. We will work with your office to prepare a media release should you wish to announce the award of the tender.

**UPDATES ON KEY PROJECTS/PIECES OF WORK****Health Funding Senior Officials Group**

8. The Health Funding Senior Officials Group (HFSOG) has been established to provide executive, cross-directorate leadership for the design and establishment of improved governance mechanisms to monitor and manage ACT Local Hospital Network expenditure, service delivery and cost effectiveness initiatives to support the delivery of better value health care for the ACT community. [REDACTED]  
[REDACTED]  
[REDACTED]
9. Core membership is comprised of the Deputy Director-General, ACT Health Directorate (ACTHD) (Chair), Deputy Under-Treasurer and Deputy Chief Executive, Canberra Health Services (CHS) and has both decision-making and information sharing functions in accordance with the Cabinet Submission and standalone briefs to you on the structure (MIN21/2296).
10. Prior to the completion of the 2022-23 Budget, the Group is working collaboratively to develop the operational principles for the Health Funding Model and to identify mechanisms to incentivise increasing revenue from sources other than ACT government.
11. The Group is meeting monthly, and you will be updated on progress after each meeting.

### **Mapping of Community Assistance and Support Program (CASP) Referral Pathways**

12. In July 2021 (MIN21/365) you indicated agreement that commissioning may represent an opportunity to streamline Community Assistance and Support Program (CASP) referral pathways.
13. A consultant from Chris Nightingale Consulting has been engaged to map referral pathways to, between, and from CASP service providers, as well as provide recommendations for improving CASP's visibility and referral processes.
14. All CASP service providers have been alerted to this work and have agreed to participate in consultant-led consultations.
15. In forming his conclusions, the consultant will account for the ACT Council of Social Services (ACTCOSS's) central repository for information about CASP service provider capacity.
16. You have been invited, and confirmed to attend the first CASP commissioning forum with the community support subsector on 31 March 2022.
17. The consultant will deliver his report by 13 May 2022. The findings and recommendations will inform a second Community Support Subsector Roundtable, which is scheduled for May/June 2022.

### **RESPONSES TO MINISTER'S COMMENTS ON BRIEFS**

18. Nil.

### **MINISTER'S OFFICE REQUESTS FOR INFORMATION**

19. Nil.

### **KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS**

#### **Integrated Care Working Group**

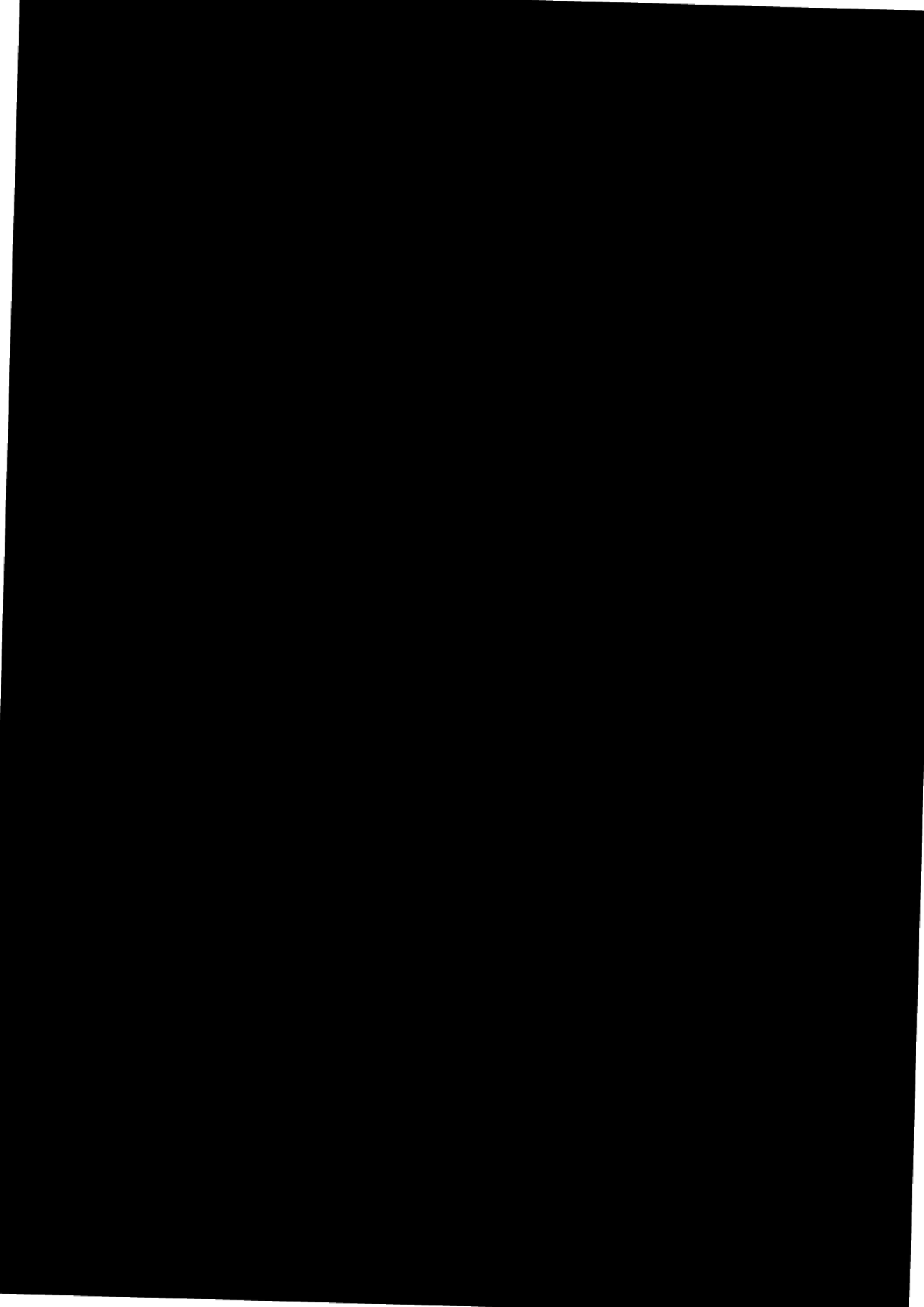
20. Established under the ACT Health and Wellbeing Partnership Board, the Integrated Care Working Group has been tasked with co-designing and testing approaches within the ACT health system to operate as 'one health system' and provide seamless, effective and efficient health care for the ACT community. The Working Group has the needs of the health care user as its first priority.
21. The Working Group held its first meeting on 17 March 2022, with representatives closely involved in integrated care within their own organisations attending to lend their perspectives and shared understanding of what integrated care is, as well as to work through in detail the intended scope of the Working Group. Representatives attended from CHS, Calvary Health Care Bruce, Carers ACT, Health Care Consumers Association, Capital Health Network, the Australian National University and the University of Canberra. Representatives strongly support the inclusion of Winnunga Nimmityjah, and contact will be made with Winnunga ahead of the next meeting to invite them onto the Working Group.

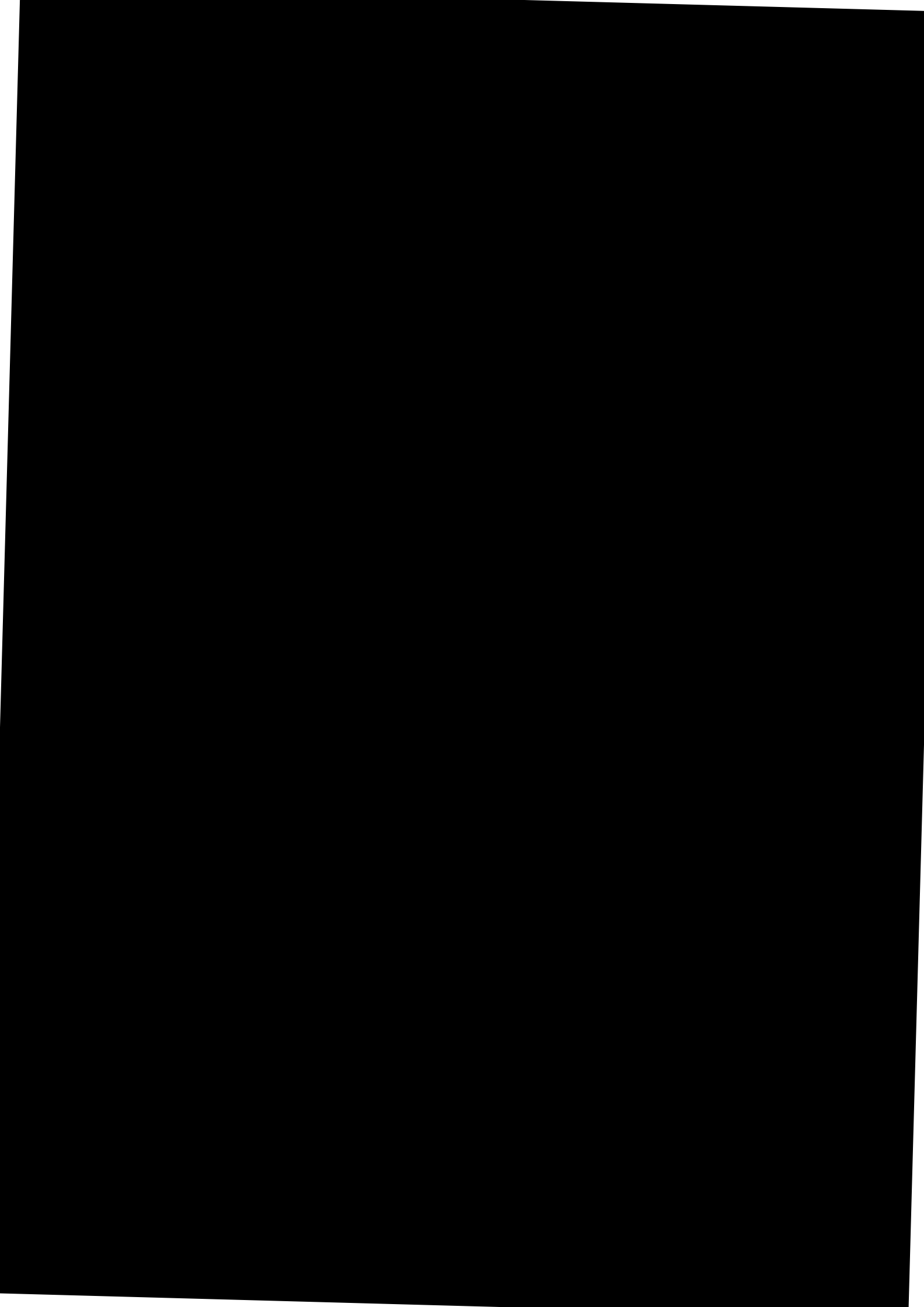
22. Given the Commonwealth's focus on integrated care, the Directorate will be meeting with representatives from the Department of Health to discuss them also joining the Working Group.
23. You will be kept updated on the Working Group's progress as its work evolves.

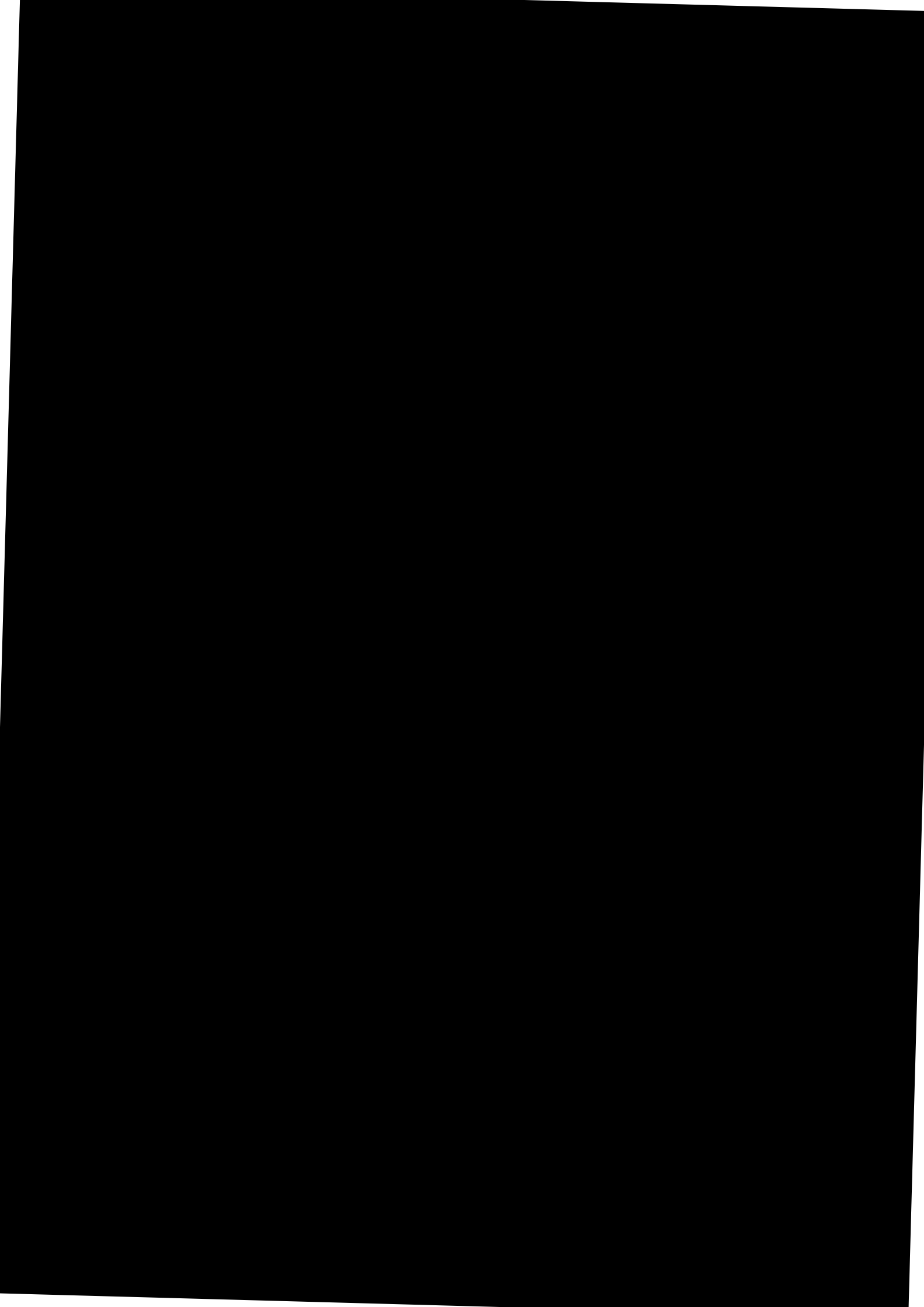
Action Officer: Chadia Rad, Senior Director, Ministerial and Government Services

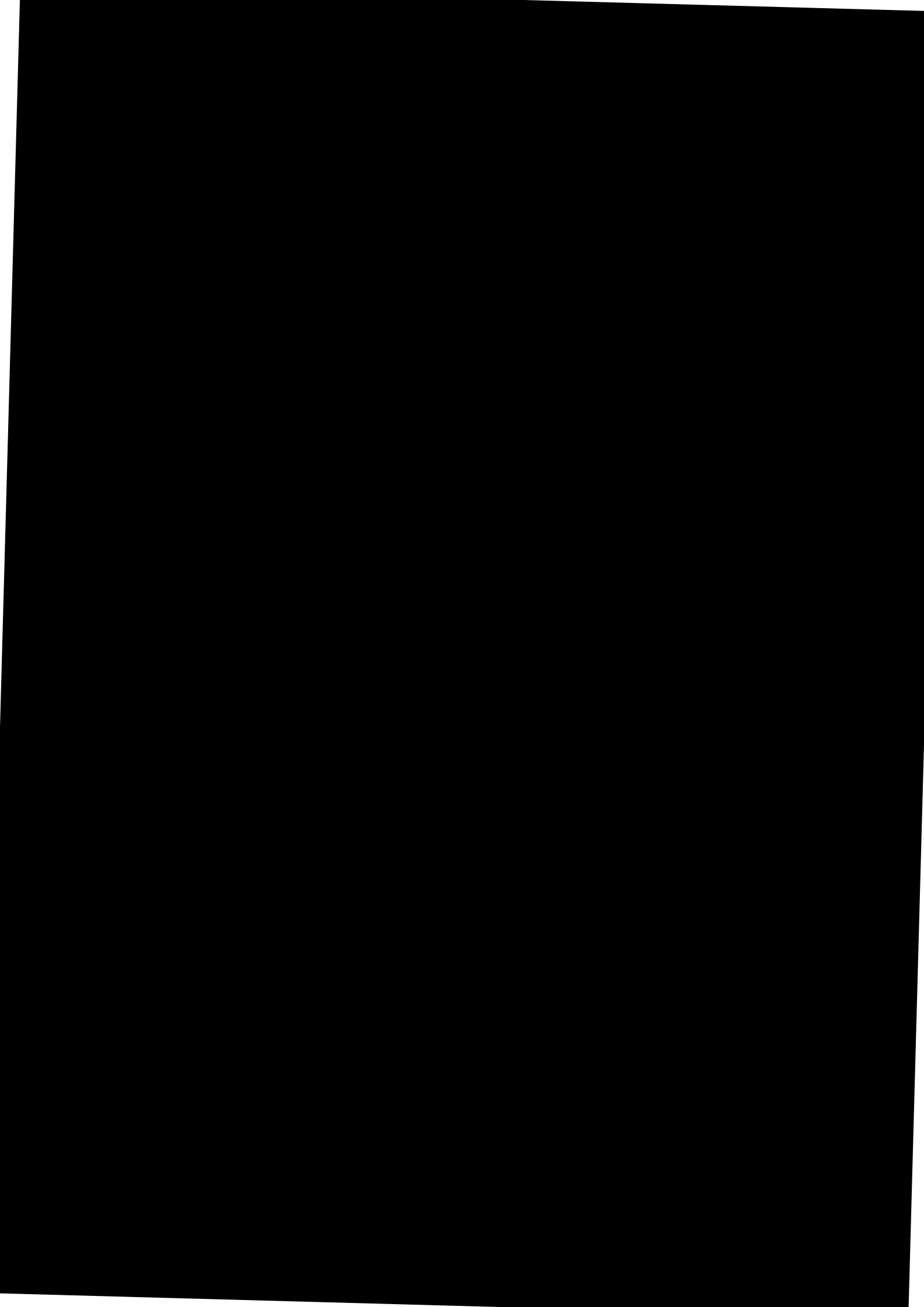
### Attachments

Attachment	Title
Attachment A	Media and Communications Forecast
Attachment B	Freedom of Information Requests Update
Attachment C	Ministerial & Government Services Report

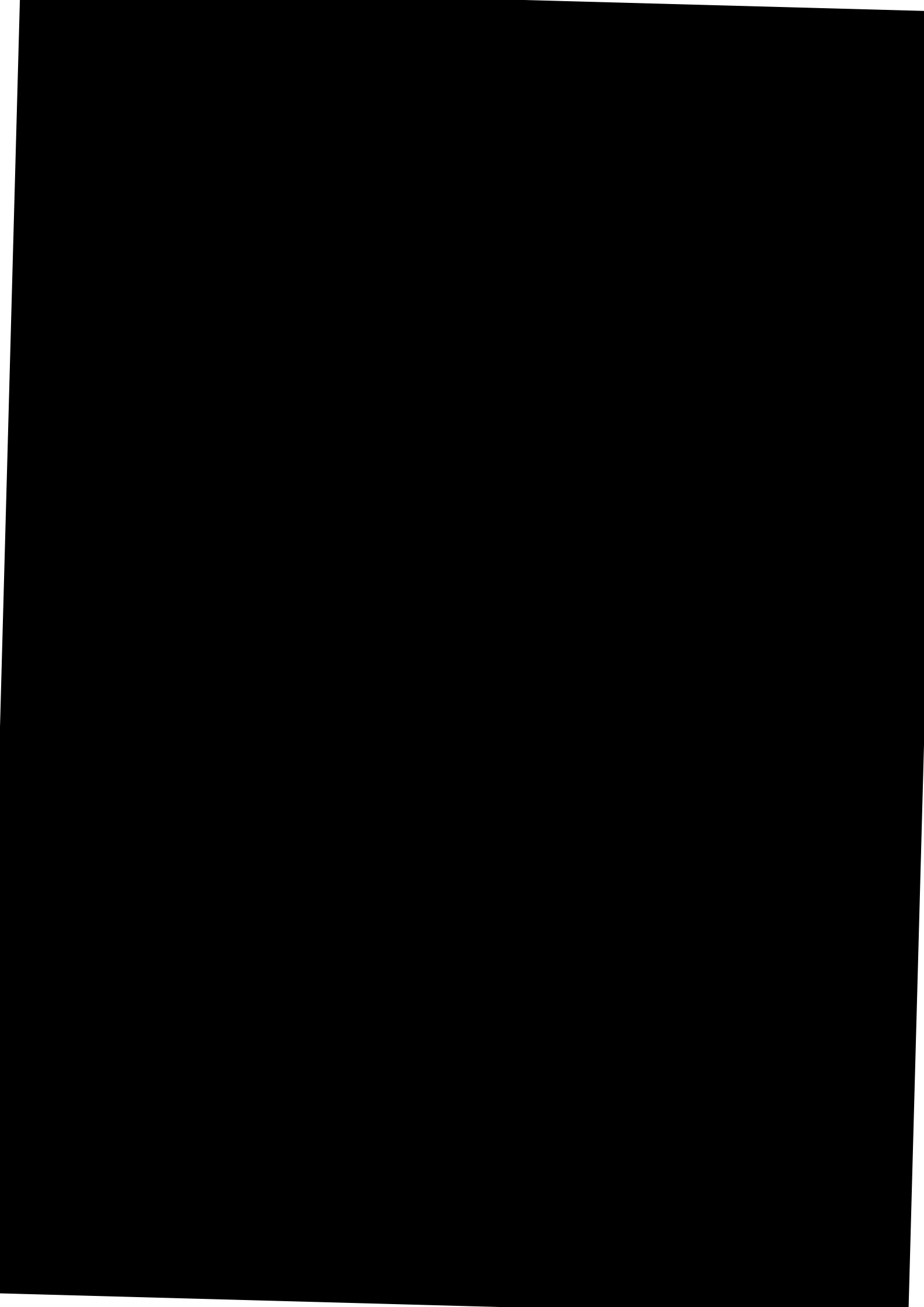












**MINISTERIAL BRIEF****ACT Health Directorate****Tracking No.: GBC22/183**

**To:** Minister for Health

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**CC:** Rebecca Cross, Director-General

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**From:** Deborah Anton, Deputy Director-General

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**Subject:** Minister's Weekly Brief

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**Critical Date:** Friday, 1 April 2022

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**Critical Reason:** To ensure you are briefed on current issues and events.

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**Recommendations**

That you note the:

- Information in the Minister's Weekly Brief for 21-25 March 2022;
- Media and Communication forecast at ([Attachment A](#));
- Freedom of Information requests update ([Attachment B](#)); and
- Ministerial & Government Services Report ([Attachment C](#)).

**Noted / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister's Office Feedback

**KEY TOPICS/EMERGING ISSUES****Calvary Public Hospital Bruce Emergency Department**

1. Due to the COVID-19 pandemic, on 13 August 2021, Calvary Public Hospital Bruce (CPHB) converted the Short Stay Unit (SSU) of the CPHB Emergency Department (ED) into a COVID-19 'Red Zone' where patients with suspected COVID-19 are triaged until their COVID-19 status is confirmed.
2. At the Calvary Network Committee meeting on 22 March 2022, ACT Health Directorate (ACTHD) was advised by the General Manager, CPHB that from Monday, 28 March 2022, CPHB is aiming to close eight beds in the COVID-19 'Red Zone' of the ED and re-open ten beds in the SSU. This remains down from the SSU's capacity of nineteen beds.

**UPDATES ON KEY PROJECTS/PIECES OF WORK****Activity Forecasting: Health Policy Analysis**

3. ACTHD has engaged Health Policy Analysis to undertake activity forecasting over the next twenty years (i.e. 2020-21 to 2040-41). The contract was executed on 23 March 2022 for a five year period for a total price of \$639,652.
4. This includes two forecasting updates (2024 and 2026), the development of a scenario modelling tool and a project in 2023 to extend the forecasting to community health and outpatient activity.
5. The forecasting update is expected to be complete by July 2022, although there is some risk to this timeframe due to delays securing current activity data in the format required (the Directorate is working internally to resolve this delay).

**Northside Clinical Services Plan**

6. ACTHD has entered into contract discussions with a preferred tenderer and expects to execute a contract by 1 April 2022 and then to launch into the project. The Directorate has been undertaking early planning work across a range of 'deep dive' service areas and will brief you further when the consultant is onboard.

**LGBTIQ+ Health Scoping Study implementation**

7. ACTHD has engaged KPMG, subcontracting Collective Action, to develop a costed implementation plan for the LGBTIQ+ Health Scoping Study recommendations and to lead the codesign of a gender focused health service.
8. KPMG has commenced a series of workshops with government and community stakeholders to codesign the model of care for the gender focused health service. Workshops are being held across March and April 2022.
9. Following the workshops, KPMG will hold a session with all workshop participants to test and validate the draft model of care. A Listening and Consultation Report will be developed to consolidate the input heard through the workshops. The final model will be presented to ACTHD and progressed for Ministerial endorsement with advice regarding implementation.

10. The deliverables and their due dates are as follows:
  - a) Listening and Consultation Report: May 2022.
  - b) Costed Implementation Plan: July 2022.
  - c) Gender focused health service model of care: July 2022.
11. ACTHD is also collaborating with Canberra Health Services on their work to increase capacity of their gender focused health services.

#### **Disability Health Strategy (DHS)**

12. The membership of the DHS Steering Committee has been selected and letters will be sent this week to successful and unsuccessful applicants. Once all members have accepted their position, we will provide a full list of names to you. Membership consists of people with disability, carers of people with disability, service providers, advocacy groups, and ACT Government representatives.
13. The first Steering Committee meeting will be held on Thursday, 28 April 2022. Dougie Herd (Executive Director, Community Connections) and Maria Travers (EBM, Health Policy and Strategy Branch) are the Committee Co-Chairs. An invitation has been sent to you for the first meeting, however we understand that other commitments may preclude your attendance of this occasion.

#### **RESPONSES TO MINISTER'S COMMENTS ON BRIEFS**

14. Nil.

#### **MINISTER'S OFFICE REQUESTS FOR INFORMATION**

15. Nil.

#### **KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS**

##### **Ngunnawal Bush Healing Farm – Program**

16. The 11th program at the Ngunnawal Bush Healing Farm, named Mulleun (meaning wedge-tailed eagle), will commence on Monday, 4 April 2022. It will run for ten weeks, concluding on Thursday, 9 June 2022 and will accommodate thirteen participants.
17. Activities will be delivered through a mixture of face-to-face engagements at the Farm, on Mondays and Thursdays, and virtual delivery using Microsoft Teams, on Tuesdays and Wednesdays. A detailed COVID-19 safety plan has been implemented to minimise risks to participants, staff and providers.
18. Owing to some unanticipated absences, the program delivery team has been supplemented by two temporary employees to ensure that participants are properly supported and that the program runs smoothly.

Action Officer: Chadia Rad, Senior Director, Ministerial and Government Services

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Media and Communications Forecast
Attachment B	Freedom of Information Requests Update
Attachment C	Ministerial & Government Services Report

**MINISTERIAL BRIEF****ACT Health Directorate****Tracking No.: GBC22/200**

**To:** Minister for Health

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**CC:** Rebecca Cross, Director-General

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**From:** Deborah Anton, Deputy Director-General

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**Subject:** Minister's Weekly Brief

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**Critical Date:** Friday, 8 April 2022

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**Critical Reason:** To ensure you are briefed on current issues and events

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**Recommendations**

That you note the:

- Information in the Minister's Weekly Brief for 28 March – 1 April 2022;
- Media and Communication forecast at Attachment A;
- Freedom of Information requests update at Attachment B; and
- Ministerial & Government Services Report at Attachment C

**Noted / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister's Office Feedback

**KEY TOPICS/EMERGING ISSUES**

1. Nil.

**UPDATES ON KEY PROJECTS/PIECES OF WORK****Canberra Health Annual Research Meeting planning**

2. Planning for Canberra Health Annual Research Meeting (CHARM) 26-29 July 2022 is progressing according to schedule.
3. Abstract submissions open Tuesday, 12 April 2022 and close Monday, 16 May 2022.
4. The CHARM Program Committee has now recommended three keynote speakers, all tentatively confirmed, and is finalising a diverse and interesting program for the four-day event featuring a mix of both online and face to face events.
5. An overview of the proposed program is as follows:
  - a) Tuesday 26 July 2022 – ACT in profile: Big Initiatives
    - Introduction of Research Strategic Plan, Canberra Health Services (CHS) Research Strategy, significant initiatives from partner universities
    - Keynote speaker: Prof Alex Brown, ANU National Centre for Indigenous Genomics
  - b) Wednesday 27 July 2022 – Focus day: Quality data driving learning health systems
    - Showcasing how data is crucial to supporting high-value research and improving outcomes
    - Keynote speaker: Dr Daniel Ford, Johns Hopkins Institute for Clinical and Translational Research – How Johns Hopkins and other US health systems are using Epic to promote both clinical research and quality of care
  - c) Thursday 28 July 2022 – ACT research in focus
    - Open paper sessions, showcasing the work of clinicians and students in the ACT and region
    - Keynote speaker: Darlene Cox, Health Care Consumers Association, Consumer co-design in health care
  - d) Friday 29 July 2022 – 3 Minute thesis and workshop day
    - 3 Minute thesis competition plus a series of exciting research workshops (workshop themes to be confirmed)

**National Cervical Screening Program – Self-collection policy**

6. From 1 July 2022, all women and people with a cervix screening under the National Cervical Screening Program (NCSP) will have the choice to screen using either a self-collected vaginal sample or a clinician-collected sample.

7. Both screening options will still be accessed through a healthcare provider.
8. Self-collection is currently available only to people with a cervix who:
  - a) have never participated in the NCSP and are 30 years of age or over; or
  - b) are overdue for cervical screening by two years or longer and are 30 years of age or over
9. Offering self-collection provides greater choice in screening options and is expected to increase participation in cervical screening and support better outcomes in under-screened people.
10. Expanded self-collection has the potential to remove some cultural and personal barriers that may discourage some people with a cervix from screening, especially
  - a) Aboriginal and Torres Strait Islander people;
  - b) culturally and linguistically diverse people with a cervix; and
  - c) gender and sexually diverse people.
11. Improving participation in the NCSP is a critical step towards the Australian Government's goal to eliminate cervical cancer by 2035 in conjunction with the Human Papillomavirus (HPV) vaccination program.

#### **Community Support Subsector Roundtable, 31 March 2022**

12. ACT Health Directorate (ACTHD) has received very positive feedback on the Community Support Subsector (CSS) Roundtable from key subsector stakeholders, including ACT Council of Social Service (ACTCOSS) and Carers ACT.
13. Discussions throughout the day were candid and robust, and provided valuable insights to inform the objectives and outcomes of the CSS program, which will replace existing subsector programs from 1 July 2023 (i.e., the Community Assistance and Support Program (CASP) and Flexible Family Support (FFS) and Transitional Care).
14. The facilitator (ThinkPlace) will deliver a 'listening report' no later than 14 April 2022, and you will be provided with a copy.
15. The listening report will inform a discussion paper that will provide an outline of the post-commissioned CSS program. The discussion paper will be circulated to all relevant stakeholders and published on Community Services Directorate's (CSD) Commissioning for Outcomes website.
16. Allowing for a reasonable window for feedback on the discussion paper, a second roundtable will be scheduled for a date sometime between end-June and mid-July 2022. The second roundtable will address both the 'design' and 'procure' phases of commissioning.



**Women's Health Matters newly appointed Chief Executive Officer**

17. Vivien Bevan has been the interim Chief Executive Officer (CEO) of Women's Health Matters (WHM) since September 2021 while recruitment was undertaken to permanently fill this position. Vivien finished in this position on 31 March 2022.
18. Lauren Anthes has been appointed as permanent CEO of WHM and will commence on 25 April 2022. Lauren has worked across both ACT and Commonwealth Governments as well as not-for-profit and private sectors, including Capital Health Network.
19. WHM have contingency plans in place for the three weeks in April when there is no CEO. Engagement between ACTHD and WHM will continue as usual during this time.

**Youth at Risk Program**

20. As part of the Bilateral Agreement, the ACT Government achieved matched funding from the Commonwealth Government for the implementation of a Youth at Risk Program to address the needs of young people with complex needs including experience of trauma and alcohol and other drugs and who are at risk of mental illness. You requested advice on the timeframes for implementing this service in a verbal briefing on the outcomes of the Bilateral Agreement negotiations.
21. [REDACTED]
22. The component of the program that involves augmentation/expansion of existing non-government service providers would be expected to be able to occur in 2022 with new services taking a longer period of time (see additional information below on scoping).
23. There is no capacity to undertake this work within the current staff profile of the Mental Health and Suicide Prevention Branch. The flexible use of resources is being planned to enable commencement of the planning as early as possible.
24. Program Development workThe 2021 scoping project on youth with complex needs recommended that new investment is required to deliver a comprehensive, integrated, efficient and effective approach for improving outcomes for adolescents and their families.
25. The youth at risk program aims to deliver a Territory-wide multi-disciplinary response to trauma and fully coordinated responses to young people at risk of developing enduring mental illness. The key elements are:
  - a) An evidence-guided therapeutic approach that delivers integrated care through a new adolescent trauma service and building sector partnerships and enhancing outreach

b) A territory-wide integrated framework of supports for reforming the current service and for building increased capability to respond to youth at risk across sectors, settings and professions

26. While the scoping study has set out the framework for this new service and a broad staffing profile. The detailed project planning, full co-design of the model and development of the staged implementation phases has not yet occurred. It is expected this planning and co-design will take up to six months. This planning would be followed by procurement and progressive implementation.

#### **RESPONSES TO MINISTER'S COMMENTS ON BRIEFS**

27. Nil.

#### **MINISTER'S OFFICE REQUESTS FOR INFORMATION**

28. Nil.

#### **KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS**

29. Nil.

Action Officer: Chadia Rad, Senior Director, Ministerial and Government Services

#### **Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Media and Communications Forecast
Attachment B	Freedom of Information Requests Update
Attachment C	Ministerial & Government Services Report

**ACT Health Directorate**

UNCLASSIFIED

<b>To:</b>	Minister for Health	Tracking No.: MIN22/402 (ACTHDFOI21-22.39)
<b>CC:</b>	Rebecca Cross, Director-General	
<b>From:</b>	Charmaine Smith, Executive Branch Manager, COVID-19 Vaccine Program	
<b>Subject:</b>	Freedom of Information application from [REDACTED] regarding documents relevant to the decision not to mandate vaccinations for, and not to include prison officers be vaccinated in the AMC	
<b>Critical Date:</b>	25/03/2022	
<b>Critical Reason:</b>	FOI was provided to [REDACTED] at COB 24 March 2022.	

**Recommendations**

That you:

1. Note ACT Health Directorate's response at Attachment A; and

**Noted / Please Discuss**

2. Note the Media Talking Points at Attachment B.

**Noted / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister's Office Feedback

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**Background**

1. On Tuesday 18 January 2022, [REDACTED] submitted an access application under the *Freedom of Information Act 2016* (the Act) to the ACT Health Directorate (ACTHD) requesting:

*'all documents which are relevant to two distinct decisions:*

1. *The decision to not mandate that prison officers be vaccinated.*
2. *The decision to not include prison officers among the category of workers who could not enter the CHS clinic located in the Alexander Maconochie Centre noting that it was mandated that security officers at all other CHS clinics across Canberra be vaccinated.'*

**Issues**

2. After conducting a search for all relevant documents, ACTHD has identified 22 documents containing the information that meets the scope of the request.
3. The decision letter and accompanying documents released to Ms Tongs are at Attachment A.

**Financial Implications**

4. Processing fees are not applicable to this request.

**Consultation**Internal

5. Not applicable

Cross Directorate

6. Not applicable

External

7. Not applicable

**Work Health and Safety**

8. Not applicable

**Benefits/Sensitivities**

9. The *Public Health (Health Care and Support Workers COVID-19 Vaccination) Emergency Direction 2021* 'the direction' provides that workers at a health care facility must have received COVID-19 vaccination (dose one by 29 October 2021 and dose two by 1 December 2021).

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10. The direction provides that a health care facility means:
  - a. a hospital, including a day hospital; or
  - b. a hospice; or
  - c. all health care facilities operated by Canberra Health Services.
11. This direction included all Canberra Health Services (CHS) employees who work at the Alexander Maconochie Centre (AMC) in the justice health facility, but not prison officers who are employed by Corrective Services (Justice and Community Safety Directorate JACS)) who may attend the health facility together with detainees.
12. The Chief Health Officer (CHO) is conscious of ensuring that restrictions imposed through public health directions are proportionate and absolutely necessary.
13. [REDACTED]  
[REDACTED] wrote to CHS in October 2021, following the public consultation period, expressing concerns that corrections staff were not included in this Direction. This correspondence was sent to the CHO for response.
14. Due to the rapidly changing COVID-19 environment, and multiple consultations between CHS and JACS to ensure the information provided was current and accurate, a response to this correspondence was delayed.
15. As a result of this delay, [REDACTED] have submitted an FOI request for any documents related to the mandating of vaccination for corrections staff. The only information that ACTHD holds is related to the original correspondence from [REDACTED]
16. While not mandatory, all correctional officers at the AMC were prioritised for vaccination in early 2021, during Phase 1B of the COVID-19 vaccination program rollout.

#### **Communications, media and engagement implications**

17. Media talking points have been prepared at [Attachment B](#). The ACTHD media team will support your offices should any media issues arise.
18. The decision letter and accompanying documents in response to [REDACTED]' FOI access applications will be uploaded to the ACTHD Disclosure Log in accordance with the Act.

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Signatory Name: Charmaine Smith Phone: 5124 6394  
Executive Branch Manager, COVID-19  
Vaccine Program

Action Officer: Laura McNeill Phone: 5124 9605  
Executive Officer

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	ACTHD Response
Attachment B	Media Talking Points

UNCLASSIFIED

**ACT Health Directorate**

<b>To:</b>	Minister for Health	Tracking No.: MIN22/410
<b>CC:</b>	Rebecca Cross, Director-General	
<b>From:</b>	Jacinta George, Executive Group Manager, Health System Planning and Evaluation	
<b>Subject:</b>	Provision of the signed 2021-22 ACT Health Directorate and Calvary Health Care ACT Ltd Performance Plan	
<b>Critical Date:</b>	Not applicable	
<b>Critical Reason:</b>	Not applicable	

**Recommendation**

That you note the signed 2021-22 Performance Plan at Attachment A.

**Noted / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister's Office Feedback

**Background**

1. In December 2021, ACT Health Directorate (ACTHD) provided you with a copy of a Minute (Attachment B), advising that negotiations with Calvary Health Care ACT Ltd (Calvary) had concluded, resulting in the finalisation of the 2021-22 Performance Plan (the Plan). On 14 December 2021, Rebecca Cross, Director General, signed the Performance Plan on behalf of the ACT; and on 3 March 2022, it was signed by the General Manager of Calvary Public Hospital Bruce (CPHB), the Regional Chief Executive Officer (CEO), Calvary; and the Deputy CEO and National CEO of the Little Company of Mary Health Care Ltd.

2. The Plan sets out the service, performance and funding expectations for services delivered through CPHB, in line with the ACT Government's priorities and expectations, and in accordance with the requirements of the Calvary Network Agreement (CNA).
3. The Performance Plan is at Attachment A. Further information on activity targets, funding and how performance will be measured is set out below.

### **Issues**

4. The agreed funding follows the Budget outcomes. Beyond that, ACTHD aims each year in its negotiating strategy to progress the Territory goals of quality and safety, value for money and overall improved governance. New additions and improvements relating to key performance indicators, incident reporting, the sub-contracting of elective surgery and enhanced governance are set out below.
5. The Key Performance Indicators (KPIs) relating to the Emergency Department (ED), Elective Surgery and Quality and Safety issues, against which Calvary's performance will be measured for 2021-22 are detailed in Schedule C of the Plan. The other KPIs are for total National Weighted Activity Units (NWAU), and Accreditation against the National Safety and Quality Health Service Standards.

### New additions to the 2021-22 Plan

#### *Key Performance Indicators*

6. This year, ACTHD successfully negotiated the addition of two new KPIs concerning overdue elective surgeries and patient experience. In relation to overdue elective surgeries, the aim is to reduce the number of patients who are ready for care and overdue for surgery against clinically recommended timeframes. The aim of the KPI for patient experience is to improve the number of patients surveyed reporting a positive experience and satisfaction with the care provided by Calvary.
7. Schedule C of the Plan accounts for impacts of the COVID-19 pandemic to be considered when assessing Calvary's delivery and performance against the KPIs of ED times, overdue elective surgeries, and elective surgery patient admission timeframes for Categories 2 and 3.

#### *Incident Reporting*

8. Improvements were achieved to incident reporting requirements (Clause 12 of the Plan) in consideration of Harm Score 1 and 2 clinical incidents, with Calvary formally agreeing to report incidents of significance involving patients, staff or the CPHB and Claire Holland House (CHH) infrastructure, to ACTHD and/or Ministers as soon as possible via short message or telephone depending on the urgency of the incident, with advice provided in writing within two business days.



9. The 2021-22 Plan introduced three new categories of incidents to be reported by Calvary to ACTHD (Clause 12 of the Plan), including incidents detrimental to the general health of the community, incidents resulting in a major breach to the ACT Health Care Facilities Code of Practice 2001 and breaches against target for indicators of Category 1 patients, ED times and elective surgery patient admission timeframes.
10. There has been progressive improvement in the practice of reporting incidents over this financial year.
11. The CNA provides for subcontracting with the agreement of the Territory. Subcontracting of service delivery is provided for at Clause 9 of the Plan. ACTHD successfully negotiated a set of criteria to support the subcontracting of elective surgery.
12. These provisions are currently activated, for the purposes of catch up due to the disruptions of the pandemic.

#### Improvements to governance

13. The 2021-22 Plan provided improvements to governance, including the establishment of a new governance committee, the CPHB-ACTHD Capital Project Committee and the inclusion of a new data schedule and a timetable for submission to ACTHD for 2021-22. A comprehensively revised and streamlined document will provide the basis for ensuring negotiations for next year's plan are focused on devising the main schedules without the need to revisit the structure and language in the body of the Plan.

#### **Financial Implications:**

14. The 2021-22 Plan provides Calvary with \$261 million in recurrent funding.
15. The Plan provides Calvary with an additional \$16.2 million in capital funding for Calvary Critical Infrastructure, and capital grants for the Strategic Asset Management Plan, Endoscopy, ICT, and the Better Infrastructure Fund.
16. Agreement to a price of \$5,944 per NWAU, as per your guidance (MIN21/1882 refers) was achieved and is set out in Schedule B of the Plan. The price applies to additional activity throughout the year if required and not to the funding base.
17. COVID-19 funding arrangements are set out in Schedule G of the Plan repeating the arrangements in place in 2019-20 and 2020-21.

#### **Consultation**

##### Internal

18. Not applicable.

##### Cross Directorate

19. Not applicable.

External

20. Reaching agreement on the activity targets, funding and performance measures in the 2021-22 Plan involved extensive negotiations between ACTHD and Calvary through formal meetings, discussion and via the Calvary Network Committee.

**Work Health and Safety**

21. Nil.

**Benefits/Sensitivities**Benefits

22. Given the delay in handing down the Budget last year into the cycle of this financial year-based Plan, it is an achievement to now have the Plan finalised. ACTHD has also progressed the Territory's goals of quality and safety, value for money and overall improved governance. This has been achieved by new additions and improvements relating to key performance indicators, incident reporting, the sub-contracting of elective surgery and enhanced governance mechanisms.

Sensitivities

23. ACTHD anticipates negotiations for the 2022-23 Plan, as required by the CNA to commence at the end of this month. A delayed budget in 2022 will impact on the funding negotiations, for the third year running. An option that Calvary has proposed is to sign a Plan before 1 July 2022 and update the funding schedule (Schedule B) for budget outcomes.

**Communications, media and engagement implications**

24. Nil.

Signatory Name:	Jacinta George, Executive Group Manager, Health System Planning and Evaluation	Phone:	5124 9699
Action Officer:	Camille Carroll, Senior Director, Governance and Reporting, Local Hospital Network Commissioning	Phone:	6207 7662

**Attachments**

Attachment	Title
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## OFFICIAL

Attachment A	2021-22 ACT Health Directorate and Calvary Health Care ACT Ltd Performance Plan
Attachment B	Director-General Minute - Finalisation of 2021-22 ACT Health Directorate and Calvary Health Care ACT Ltd Performance Plan

**ACT Health Directorate****To:** Minister for Health

Tracking No.: MIN22/413

**CC:** Rebecca Cross, Director-General**From:** Liz Lopa, Executive Group Manager, Strategic Infrastructure**Subject:** Canberra Hospital Master Plan Implementation update**Critical Date:** Not applicable**Critical Reason:** Not applicable**Recommendation**

That you note the information contained in this brief.

**Noted / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister's Office Feedback

**Background**

1. [REDACTED]
2. [REDACTED]
3. Phase one of the Master Plan implementation was partially funded through the 2021-22 Budget with funding received for the feasibility and design of the new Yamba Drive carpark.

## Issues

### Masterplan Governance

4. The first meeting of the Canberra Hospital Master Plan Implementation Project Control Group was held on 16 March 2022. The group has been established to provide strategic advice, review implementation progress, support efficient decision making, consult on campus and cross-government issues and support timely recommendations and advice to the Minister for Health. Membership includes Canberra Health Services (CHS), Major Projects Canberra (MPC), Environment, Planning and Sustainable Development Directorate (EPSDD), and the Chief Minister, Treasury and Economic Development Directorate (CMTEDD).

### Yamba multistorey carpark


5. The procurement process for the Yamba multistorey carpark closed on 10 March 2022. Three tenderers were approached, and the review of tenders is currently occurring. To support the project, a Yamba Precinct Carpark Stakeholder Design Team is currently being established with expected representation to include CHS, MPC, EPSDD, Transport Canberra and City Services (TCCS), ACT Emergency Services Agency and the ACT Health Care Consumers' Association.

### Masterplan phase 2 works and the Business Case



6. [REDACTED]
7. [REDACTED]
8. [REDACTED]
9. Two 'construction' projects are also included in the business case – namely the demolition of Building 6 and the fit-out of the Inpatient Units (IPUs) in the Critical Services Building (CSB).

#### *Building 6 demolition*

10. The Master Plan identifies the current Building 6 footprint as the location for a new pathology building, connected to the CSB. Pathology is currently housed in Building 10 – a building that is not fit for modern pathology delivery and requires extensive works.
11. As part of a workshop with MPC, CHS and Treasury in late 2021, the need to quickly demolish Building 6 was identified in the context of the operations of the new CSB.

12. Building 6 will have asbestos making demolition more complex, and the demolition of the building will likely require some partial or full closure of Hospital Road. It was identified that this would be better to be undertaken before the CSB is open, so as to not interfere with the operations and access to that building, particularly to the new Emergency Department.
13. 
14. Before demolition, further contaminant testing will need to be undertaken, a demolition plan produced, and a Development Application (DA) submitted and approved. To move as quickly as possible on this, CHS has identified \$250,000 in uncommitted funds from an existing project that can be reprioritised this financial year. The funding will be utilised for consultants to undertake the critical path works, including the DA application and the demolition plan.
15. A CHS brief outlining the criticality of the funding reprioritisation will include a request for reprioritisation of existing funding to enable works to create vital accommodation within the existing Pathology building. An additional 10.5 full time anatomical pathology staff will be required to bolster the additional go live CSB workload.
16. The other factor to be considered is the decanting of CHS staff working in Building 6. The Master Plan accommodation audit identified around 200 workstations in the building, with operations being administrative (for example finance), with no clinical operations. Accommodation will need to be identified for these functions either on or off the campus. ACTHD is contacting relevant CHS executive this week to begin discussions on decanting of staff.
17. If ACTHD is able to move quickly to get the demolition plan and DA completed and the decanting undertaken, it is feasible that demolition of Building 6 would start in the 2023 calendar year and be completed by the time the CSB is operational. Advice from MPC is that this can be achieved.

#### *CSB IPUs*

18. 
19. 
20. The 64 beds would replace wards currently in Building 1 and start the decanting and decommissioning process for that tower.

## OFFICIAL

21. The identification of the services to be relocated to the new IPUs will be identified with CHS. But the removal of any services from Building 1 will help reduce the load on that infrastructure and serve to extend the life of the asset while the new inpatients buildings on the Building 4 and 10 sites are constructed.
22. CHS is submitting a separate Business Case identifying the need for an uplift in the existing Better Infrastructure Fund. The increased funding will enable vital capital works immediately required within Building 1 and 12, which will support ongoing building compliance and safety.

Critical Services Building scope increases

23. As part of the CHE project, additional scope items have been identified as needed in the CSB. These scope changes have been identified and endorsed through the project governance process – including all members of the CHE Project Board.

24. [REDACTED]

25. [REDACTED]

26. [REDACTED]

**Financial Implications**

27. [REDACTED]

28. [REDACTED]

**Consultation**Internal

29. Not applicable.

Cross Directorate

30. MPC and CHS have been consulted on this brief. Treasury has been briefed on the Master Plan business case.

External

31. Not applicable.

**Work Health and Safety**

32. Not applicable.

**Benefits/Sensitivities**

33. The Canberra Hospital Master Plan will deliver many benefits to users of the Canberra Hospital campus – including workforce, patients and visitors. The implementation of the Plan will address the ageing infrastructure assets, better organise the campus and provide opportunities for growth into the future.
34. The Master Plan Business Case provides for the strategic planning and design of new assets, rather than taking a project-by-project approach and will allow for better service and infrastructure planning.

**Communications, media and engagement implications**

35. Stakeholder and community engagement has been undertaken on Master Plan and CHE projects. Consultation will continue during the feasibility and design of the new buildings ahead of the [REDACTED]

Signatory Name: Liz Lopa, Executive Branch Manager, Phone: 0466 688 496  
Strategic Infrastructure

Action Officer: Liz Lopa, Executive Branch Manager, Phone: 0466 688 496  
Strategic Infrastructure



**ACT Health Directorate**

UNCLASSIFIED

**To:** Minister for Health  
Minister for Mental Health

**CC:** Rebecca Cross, Director-General  
Deb Anton, Deputy Director-General

**From:** Chadia Rad, Senior Manager, Ministerial and Government Services

**Subject:** Freedom of Information application from [REDACTED] (MLA) regarding the subject line of all final ministerial briefs

**Critical Date:** 06/04/2022

**Critical Reason:** FOI will be delivered to applicant on this day

Tracking No.: MIN22/417 (ACTHDFOI21-22.50)

**Recommendation**That you note ACT Health Directorate's response to [REDACTED] MLA at Attachment A.**Noted / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister's Office Feedback

That you note ACT Health Directorate's response to [REDACTED] MLA at Attachment A.**Noted / Please Discuss**

Emma Davidson MLA ...../...../.....

Minister's Office Feedback

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**Background**

1. On Thursday 10 March 2022, [REDACTED] (MLA) submitted an access application under the *Freedom of Information Act 2016* (the Act) to the ACT Health Directorate (ACTHD) requesting:

*'The subject line of all final ministerial briefs from 10th of February 2022 to 9th of March 2022 generated for or directed to any ACT Government Minister.'*

**Issues**

2. A search was conducted of all relevant records systems. ACTHD has produced two documents containing the data extracted that meets the scope of the request.
3. The decision letter, schedule and accompanying documents released to [REDACTED] are at Attachment A.

**Financial Implications**

4. Processing fees are not applicable to this request.

**Consultation**Internal

5. Not applicable.

Cross Directorate

6. Canberra Health Services, Chief Minister, Treasury and Economic Development Directorate, Community Services Directorate, Education Directorate, Environment Planning and Sustainable Development Directorate, Justice and Community Safety Directorate, Transport Canberra and City Services Directorate and Major Projects Canberra. Each of these directorates received this FOI request and are responding independently.

External

7. Not applicable.

**Work Health and Safety**

8. Not applicable.

**Benefits/Sensitivities**

9. Partial redactions have been made to document at reference 1. The redacted information contains personal information contrary to the public interest to disclose under the test set out in section 17 of the Act.

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**Communications, media and engagement implications**

10. Media talking points have not been prepared due to the broad nature of this request and can be prepared by ACTHD media team should any media issues arise.
11. The decision letter, schedule and accompanying documents in response to [REDACTED] FOI access applications will be uploaded to the ACTHD Disclosure Log in accordance with the Act.

Signatory Name: Chadia Rad Phone: 5124 6216  
 Senior Director, Ministerial and  
 Government Services

Action Officer: Dee Chicco, A/g Assistant Director Phone: 5124 9820  
 Ministerial and Coordination

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	ACTHD Response

UNCLASSIFIED

**ACT Health Directorate**

<b>To:</b>	Minister for Health	Tracking No.: MIN22/426
<b>CC:</b>	Rebecca Cross, Director-General	
<b>From:</b>	Peter O'Halloran, Chief Information Officer and Executive Group Manager, Digital Solutions Division	
<b>Subject:</b>	Digital Health Record Program – Monthly Briefing March 2022	
<b>Critical Date:</b>	20/03/2022	
<b>Critical Reason:</b>	For the briefing to be available for the Digital Health Record Update with the Minister on Monday, 21 March 2022	

**Recommendations**

That you:

1. Note the update on the status of the Digital Health Record Program as per the Program Status Report as of 6 March 2022 at Attachment A.

**Noted / Please Discuss**

2. Note the Epic provided Executive Summary on the Digital Health Record – February 2022 at Attachment B.

**Noted / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister's Office Feedback

## Background

1. At a meeting held with ACT Health Directorate (ACTHD) on 21 January 2021, you requested a monthly briefing on the Digital Health Record (DHR) Program to keep you up to date with the status of the Program. These meetings have been scheduled for the third Monday of every month and commenced on 24 May 2021.

## Issues

2. The DHR Program is currently in Tranche 2 – Delivering the Capability. Both the DHR Implementation Project and the DHR Technical Project within the DHR Program are moving from Phase 2 Workflow Adoption, Configuration and Build to Phase 3 Testing, Content Build and Training Preparations.
3. The program is currently reporting a red status. Epic are reporting the program as stable at a serious status with a score of 2/5 against an average customer score of 3.45/5. There are now three critical areas receiving daily executive attention to ensure progress. These are integration, reporting and end user devices. All critical areas have plans to meet for the Go-Live schedule to remain viable.
4. The following achievements have been delivered in the last month:
  - The Program has reduced from five critical issues to three critical issues. User provisioning and access has improved from critical to serious as data on around 40,000 providers has been collected manually and has commenced loading into the Epic system to create provider records for clinical staff. The Learning Management System has also improved from critical to serious as the DHR Program have performed User Acceptance Testing on the training course build in the Human Resource Information Management Solution Learning platform. This consisted of loading of 1661 classes, 209 exams, 3189 questions and 2000 curriculum items.
  - The DHR Implementation team completed six weeks of application testing. 91 per cent of the 590 test scripts were executed and passed. six per cent of scripts were blocked waiting for Epic software development or fixes to be applied, two per cent scripts failed and one per cent are still in progress. Throughout this time 19 priority 1 (Go-Live critical) issues were found. 15 have been resolved with four actively been worked on for resolution prior to integrated testing commencing on 28 March 2022.
  - Build configuration tasks are also continuing as testing is occurring. The build completion rate is now at 87 per cent.
  - Clinical content is also being implemented in the system and this work will continue until the end of May 2022.
  - The DHR Technical team have delivered connectivity for 40 of 49 systems required for Go-Live. The remaining nine systems have been risk assessed with new critical deadlines for each individual system outlined ranging from end March 2022 to end May 2022.

5. Work is continuing with Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB) on the end-user engagement activities and change management activities required of the health services. A Supplementary DHR Business Case is being led by ACT Health to cover health service activities/uplift of licences across the public health system. This Business Case has been submitted through the ACTHD processes. Discussions on the viability of the plans to support the training through backfill and slow-down of services is occurring with CHS and CPHB.
6. Several DHR Program leadership members attended an Epic Go-Live at the National University Hospital in Singapore at the beginning of March 2022. Attendees were Peter O'Halloran and Rebecca Heland from ACTHD, Nasa Walton and Kerri McGufficke from CHS and Rachael Henson from CPHB. This health service went live with Epic whilst there were around 27,000 COVID-19 cases per day in the region. Whilst there were a few areas over Go-Live that caused some issues (such as user provisioning and access accounts) overall the health services returned to normal capacity within the first two weeks of Go-Live. This health service implemented similar modules to the ACT and had higher bed numbers and activity figures to the public health system in the ACT.

### **Financial Implications**

7. The eight year DHR Program is currently forecasting a \$11.892 Million overspend.
8. It should be noted that delays in the DHR Program are costly due to the size of the team within ACT Health and Epic (burn rate of the DHR Program is \$165,000 per day).

### **Consultation**

#### Internal

9. Nil for the purpose of this briefing.

#### Cross Directorate

10. Over 500 subject matter experts have been identified from across the health services to provide key clinical guidance to the Program team to ensure the program remains clinically led.

#### External

11. Keith McNeil, Chief Clinical Information Officer, Queensland Health, is the independent Chair of the Program Board and Darlene Cox, Executive Director, Health Care Consumers Association ACT is a member of the Program Board.
12. External organisations such as Winnunga Nimmityjah Aboriginal Health and Community Services continue to be consulted through attendance at direction setting sessions and meetings with the Senior Director, DHR Implementation Project.
13. There are representatives from the following external organisations on the following Steering Committees for the Program:

Consumer Experience Steering Committee

- Health Care Consumers Association;
- ACT Mental Health Consumer Network;
- Carers ACT;
- Meridian;
- People with Disabilities ACT; and
- A consumer representative from CPHB.

Union Engagement Advisory Committee

- Australian Nursing & Midwifery Foundation;
- Australian Salaried Medical Officers Federation;
- Community and Public Sector Union;
- Professionals Australia;
- Health Services Union;
- Visiting Medical Officers Association (ACT); and
- Australian Medical Association (ACT).

**Work Health and Safety**

14. Nil.

**Benefits/Sensitivities**

15. The Program Board have approved for a revised approach for the benefits management work for the DHR Program. The independent consultant, Abt Associates are drafting a headline Benefits Management Plan that will go through DHR Program governance for approval in March 2022. This company partners with BDNA and has significant experience in Queensland Health.

**Communications, media, and engagement implications**

16. The Program team would like to continue to work with your office through the ACT Health Communications team to provide you with the opportunity to participate in media or community opportunities for the DHR.

Signatory Name: Peter O'Halloran

Phone: 5124 9000

Action Officer: Sandra Cook

Phone: 5124 9129

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	DHR Program Status Report – Report compiled 6 March 2022
Attachment B	Epic Executive Summary on the Digital Health Record – February 2022



**ACT Health Directorate**

<b>To:</b>	Minister for Health	Tracking No.: MIN22/430
<b>From:</b>	Fiona Barbaro, A/g Executive Group Manager, Population Health Division	
<b>CC:</b>	Rebecca Cross, Director-General	
<b>Subject:</b>	Food Ministers' Meeting out of session item: Food Standards Australia New Zealand Board Appointments	
<b>Critical Date:</b>	7 April 2022	
<b>Critical Reason:</b>	A response is due to the Food Regulation Secretariat by close of business Thursday, 7 April 2022.	

**Recommendations**

That you:

1. Sign the response sheet at Attachment A to support the appointment of Jane Lovell and Deon Mahoney as members of the Food Standards Australia New Zealand (FSANZ) Board;

**Signed / Not Signed / Please Discuss**

2. Note the out of session paper at Attachments B;

**Noted / Please Discuss**

3. Note the curriculum vitae for Jane Lovell at Attachments C; and

**Noted / Please Discuss**

4. Note the curriculum vitae for Deon Mahoney at Attachments D.

**Noted / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister's Office Feedback
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**Background**

1. The *Food Standards Australia New Zealand Act 1991 (FSANZ Act)* sets out the requirements for the members of the FSANZ Board. The Board consists of a Chairperson, a Chief Executive Officer and ten part-time members.
2. FSANZ Board members may be drawn from the following areas:
  - three nominated by the lead New Zealand Minister on the Food Ministers' Meeting (FMM);
  - one nominated by Australian consumer organisations;
  - one nominated by the National Health and Medical Research Council;
  - three nominated by Australian public bodies or organisations relating to science or public health; and
  - two nominated by Australian bodies or organisations relating to the food industry.
3. Before appointing a person to the FSANZ Board, the Australian Government Minister for Health (or delegate) must:
  - a) be satisfied that the person is suitably qualified for appointment because of expertise in one or more prescribed areas; and
  - b) have gained the agreement of the Food Ministers Meeting to the appointment.

**Issues**

4. Two FSANZ board members' positions expired on 6 July 2021 and remain vacant.
5. Nominations were sought and 14 nominations were received. The selection advisory committee for the positions has recommended Jane Lovell and Deon Mahoney as the preferred candidates.
6. [REDACTED] has extensive governance experience in current and previous Board representation. She has experience in export, food safety activities, food labelling, trialling and registration of agricultural chemicals and government. Her curriculum vitae (CV) is at [Attachment C](#).
7. [REDACTED] has a strong knowledge of food science/technology and food safety. He has a Master of Science in Agriculture, Graduate Diploma in Agricultural Microbiology and a Diploma of Applied Science. His CV is at [Attachment D](#).
8. It is recommended you sign the response sheet at [Attachment A](#) to support the appointment of both [REDACTED].

**Financial Implications**

9. Not applicable.

**Consultation**Internal

10. Not applicable.

Cross Directorate

11. Not applicable.

External

12. Not applicable.

**Work Health and Safety**

13. Not applicable.

**Benefits/Sensitivities**

14. No benefits or sensitivities have been identified in relation to this matter.

**Communications, media and engagement implications**

15. Not applicable.

Signatory Name: Fiona Barbaro, A/g Executive Group      Phone: 0435 572241  
 Manager, Population Health

Action Officer: Victor Martin, Executive Branch      Phone: 5124 9262  
 Manager, Health Protection Service

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Response sheet – FMMOOS/22.07 – FSANZ Board Appointments
Attachment B	Out of session paper - FMMOOS/22.07 – FSANZ Board Appointments
Attachment C	Curriculum vitae – [REDACTED]
Attachment D	Curriculum vitae – [REDACTED]

**ACT Health Directorate**

**To:** Minister for Health Tracking No.: MIN22/433

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**From:** John Fletcher, Executive Group Manager, Corporate and Governance

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**Subject:** Industrial Relations meeting with ACT Health Directorate and Russell Noud

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**Critical Date:** 22/03/2022

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**Critical Reason:** This is the date the meeting will take place

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**Recommendation**

That you:

1. Note the information in this brief ahead of your meeting with Russell Noud on 22 March, regarding Enterprise Bargaining.

**Noted / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister's Office Feedback

**Background**

1. The Minister's Office has requested a meeting with Russell Noud; Executive Group Manager, Industrial Relations & Public Sector Employment, Workforce Capability and Governance (WCAG) and the Industrial Relations team within the ACT Health Directorate (ACTHD) to discuss upcoming bargaining for enterprise agreements specific to Health. Following the issuing of the Notice of Employee Representational Rights (NERRs) in late February, certain unions have commenced lobbying efforts with the office prior to issuing their logs of claims to Health.
2. For this round of bargaining, ACTHD will lead the Health Bargaining Team which also includes representatives from Canberra Health Service (CHS) and Calvary for the four

key health enterprise agreements. These agreements are for medical practitioners, nurses and midwives, health professionals and support services.

3. This approach will enable the Territory and each employer to consider their position and respond to the log of claim during the bargaining process.
4. All members of the Health Bargaining Team are also in the lead negotiators group which has commenced weekly meetings with Chief Minister, Treasury and Economic Development Directorate (CMTEDD) on the common core bargaining process. Members of the Health Bargaining Team can also attend common core negotiations on specific matters.
5. ACTHD and CHS are presently using a pulse survey to gauge feedback on the Enterprise Agreements for the workforce, excluding matters outside of our control (including the government wage policy). This feedback may inform management and the bargaining position of each Health employer. Calvary have opted not to participate on this occasion.

### Issues

6. The ACTHD and the CHS are presently consulting employees and management to inform any directorate specific claims for the core and health specific enterprise agreements.
7. Unions are presently finalising consultation with their members to inform their log of claims. However, all unions consulted to date have indicated the claims are likely to be rolled over from the previous bargaining round.
8. Over the past few months multiple unions continue to raise concerns about the status of Calvary as a separate employer under the ACTPS enterprise agreements. On all occasions the unions have been referred to WCAG to arise these concerns.
9. Each of the key health enterprise agreements will have known areas of focus for this round of bargaining, with all parties largely rolling over claims from the previous bargaining round.
10. Secure Employment continues to be a focus for many unions, but there is an ongoing tension regarding the promotion of permanent employment and the health response to COVID-19 whereby a surge workforce is required, on a temporary basis only.
11. Interest based bargaining (IBB) is a consensus-seeking and cooperative approach which focuses on the interests that underline positions or claims.
12. Health is open to bargain in this manner and in good faith, but this arguably precludes any party from placing conditions or demands on the scope of bargaining, including requesting assurances all existing conditions will be maintained.

### Financial Implications

Potential financial implications relevant to each agreement are listed at [Attachment A](#).

**Consultation**

There is a health system wide bargaining team, and each employer is represented. ACTHD and CHS are also consulting their workforces on the upcoming bargaining to gauge employee views.

**Work Health and Safety**

Not applicable.

**Benefits/Sensitivities**

Benefits and sensitivities relevant to each agreement are listed at Attachment A.

**Communications, media and engagement implications**

Not applicable.

Signatory Name: John Fletcher, Executive Group      Phone: 5124 9869  
 Manager, Corporate and Governance

Action Officer: Bernadette Panek, Senior Director IR      Phone: 5124 3086

<b>Attachment</b>	<b>Title</b>
Attachment A	Financial implications relevant to each agreement

**ACT Health Directorate**

<b>To:</b>	Minister for Health	Tracking No.: MIN22/484
<b>CC:</b>	Emma Davison, MLA, Minister for Disability Rebecca Cross, Director General, ACT Health Dave Peffer, Chief Executive Officer, Canberra Health Services Catherine Rule, Director General, Community Services Directorate Leesa Croke, Coordinator-General, COVID-19 (Non-health) Response	
<b>From:</b>	Dr. Robyn Walker, Executive Group Manager, COVID-19 Response	
<b>Subject:</b>	Reduced opening hours for the Access and Sensory Vaccination Clinic	
<b>Critical Date:</b>	04/04/2022	
<b>Critical Reason:</b>	To reduce the number of patients that may need to have their appointments rescheduled due to a change in opening hours	

**Recommendation**

That you:

1. Agree to reduce the opening hours of the Access & Sensory Clinic due to decreased service demand.

**Agreed / Not Agreed / Please Discuss**

Rachel Stephen-Smith MLA ..... /...../.....

Minister's Office Feedback

**Background**

1. The Access and Sensory Clinic provides greater access for people with disability, mental health conditions, or who require additional support to be vaccinated against COVID-19.
2. The clinic offers longer appointment times, sensory muted spaces, accessible vaccination stations, disability parking and space for a support person or worker who can also be vaccinated at the same time as the primary patient.

**Issues**

3. Demand for COVID-19 vaccines at mass vaccination clinics has reduced substantially following a period of peak demand in late 2021. As of 30 March 2022, there were 4,047 future COVID-19 vaccine appointments scheduled across Territory-run clinics. Of these, 78.1 per cent (3,165) are second paediatric dose appointments for 5 to 11 year olds and most (60per cent) will have been completed by close of business on 10 April 2022.
4. Lower ongoing demand for future appointments has resulted in the Australian Institute of Sport (AIS) Arena mass vaccination clinic moving to a walk-in model for vaccines. A brief containing options for the ongoing use of Territory-run clinics will be provided in April 2022, pending a decision about the co-administration of influenza vaccines at these sites during Winter.
5. The Access and Sensory Clinic operates on an appointment-only basis. Like the AIS Arena site, it too has experienced reduced demand for appointments. As of 30 March 2022, there were 138 future COVID-19 vaccine appointments scheduled specifically at the Access and Sensory Clinic site. Of these 87.6per cent (121) are second dose paediatric appointments for 5 to 11 year olds and most (74.3per cent) will be completed by close of business on 9 April 2022.
6. Due to reduced Access and Sensory service demand, Canberra Health Services (CHS) propose reducing their opening hours from current operating hours of Monday, Tuesday, and Saturday from 8:30am to 8:00pm; to a reduced operating schedule of Monday and Saturday (8:30am to 3:00pm).
7. Changes would come into effect from the week commencing 11 April 2022. Noting that there are only three appointments scheduled for Tuesday 5 April, CHS have asked the bookings team to reschedule these appointments to enable staff to be redeployed on this day.
8. This reduction will impact approximately 12 additional patients who have appointments scheduled between now and the end of May 2022. If you support this proposal, these patients would be rescheduled to an alternative time of mutual convenience by the COVID-19 Vaccine Booking Team at ACT Health.



9. The proposed changes to clinic operation hours (from 8:30am to 3:00pm) mean that the Access and Sensory Clinic would no longer operate in the evenings. CHS report that evening appointments are in very low demand for adult patients. Rather, these appointments have been used for children (aged 5 to 11 years) who attend for vaccination after school. Following the changes, children will still be able to attend for vaccination outside of school hours on Saturdays.
10. CHS report that no future appointments are currently scheduled at the Access and Sensory Clinic after 3pm, from close of business on Saturday 9 April 2022.

### **Financial Implications**

11. Nil.

### **Consultation**

#### Internal

12. CHS has informed this briefing.

#### Cross Directorate

13. Nil.

#### External

14. Nil.

### **Work Health and Safety**

15. If you support this proposal, nursing staff that would otherwise have staffed the Access and Sensory Clinic on Monday evenings and Tuesdays, can be redeployed to support other areas of CHS.


### **Benefits/Sensitivities**

16. Previous changes to the opening hours of the Access and Sensory Clinic have on occasion led to complaints to ACT Health and / or relevant Ministers.
17. ACT Health intend to mitigate any inconvenience experienced by impacted patients by working with them to reschedule their appointments early. Information about reduced hours (including our reason for the reduction) will be on the ACT COVID-19 website, and shared with members of the COVID-19 Disability Oversight Group and ACT Office for Disability to help inform the community.
18. If agreed, the operating hours can be reviewed at any time if demand increases.

### **Communications, media and engagement implications**

19. All communications related to the change will be managed by the COVID-19 Response Branch communications team.

## OFFICIAL

Signatory Name: Dr. Robyn Walker, Executive Group      Phone:   
Manager, COVID-19 Response

Action Officer: Stacey Burns      Phone: 5124 6608

**ACT Health Directorate**

<b>To:</b>	Minister for Health	Tracking No.: MIN22/505
<b>CC:</b>	Director-General	
<b>From:</b>	Jodie Junk-Gibson, Executive Branch Manager, People Strategy and Culture	
<b>Subject:</b>	ACT Public Service Enterprise Bargaining: Calvary Public Hospital Bruce Staff	
<b>Critical Date:</b>	Not applicable	
<b>Critical Reason:</b>	Not applicable	

**Recommendation**

That you:

1. Note the information contained in this brief.

**Noted / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister's Office Feedback

**Background**

1. You requested a briefing on the proposed strategy for including Calvary Public Hospital Bruce staff during the enterprise bargaining process.

**Issues**

2. Each Health employer issued the Notice of Employee Representational Rights (NERRs) to their respective workforces within the deadlines set by Workforce Capability and Governance (WCAG).
3. For this round of enterprise bargaining, Calvary is participating as a separate employer, in:
  - a. Negotiations for the core terms and conditions, including attending the weekly lead negotiators briefings held by WCAG and once bargaining commences a Calvary representative may attend all negotiations meetings; and
  - b. The Health Bargaining Team which includes representatives from Canberra Health Service (CHS) and Calvary on the four key enterprise agreements for medical practitioners, nurses and midwives, health professionals and support services.
4. This approach enables Calvary to inform their position on the core and health specific agreements and respond in due course to the logs of claims from unions and nominated representatives during the bargaining process.
5. WCAG provides regular communication on the proposed changes to the core terms, however these updates are not suitable for release due to the sensitive nature of the information. It is anticipated once bargaining for the core agreement commences, staff communications on bargaining will be released by WCAG, and Calvary as a separate employer may elect to share these communications (in full or in part) with its workforce.
6. The Health Bargaining Team intends to prepare regular and system wide communications for use across all three employers for the key agreements. This will include updates immediately following bargaining meetings, general progress communications and staff information sessions on key agreements prior to voting on each agreement.
7. While there is a general commitment to ensuring consistency in bargaining communications across the health employers, it is important to note each health employer may also elect to use tailored communications specific to the needs of its workforce, at any time during bargaining. Should the need arise this is ultimately a business decision for the respective CEO or Director-General.

8. WCAG has proposed a Memorandum of Understanding (MoU) between the Territory and Calvary to enable administrative arrangements, including mobility between CHS and Calvary and recognition of prior service. This is under consideration by Calvary. If supported by Calvary, WCAG will assemble a team to work through the terms of the MoU which will include representatives from ACT Health Directorate (ACTHD) and CHS.
9. If an MoU is reached, a subsequent communications plan will be developed and implemented to support informing the Health workforce of the change and greater mobility between Health employers.

#### **Financial Implications**

10. Not applicable.

#### **Consultation**

11. Industrial relations representatives from WCAG, CHS and Calvary were consulted by ACTHD in responding to this request for a briefing.

#### **Work Health and Safety**

12. Not applicable.

#### **Benefits/Sensitivities.**

13. Not applicable

#### **Communications, media and engagement implications**

14. Not applicable.

Signatory Name: Jodie Junk-Gibson, Executive Branch Manager, People Strategy and Culture Phone: 5124 9923

Action Officer: Bernadette Panek, Senior Director IR Phone: 5125 3086

**ACT Health Directorate**

<b>To:</b>	Minister for Health	Tracking No.: MIN22/506
<b>CC:</b>	Rebecca Cross, Director-General	
<b>From:</b>	Dr Dinesh Arya, Chief Medical Officer	
<b>Subject:</b>	ACT Health Workforce Strategy 2022-2032 and ACT Health Workforce Plan 2023-2033	
<b>Critical Date:</b>	Not applicable	
<b>Critical Reason:</b>	Not applicable	

**Recommendation**

That you note the draft ACT Health Workforce Strategy 2022-2032 at Attachment A.

**Noted / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister's Office Feedback

**Background**

1. Having an ACT Health Workforce Strategy and Workforce Plan are of critical significance. The need for an ACT Health Workforce Strategy and Plan has been noted in several ACT public health system-wide publications, including the:
  - ACT Health Corporate Plan 2018-2021;
  - ACT Health Directorate Strategic Plan 2020-25; and
  - Territory-wide Health Services Plan 2021-2026.

2. The last ACT Health Workforce Plan was for the period 2013 to 2018.
3. Not having a clear health workforce strategy and plan is a missed opportunity to support service delivery in an informed and structured manner. Conversely, having an explicit strategy and plan are also necessary to deliver on existing services and planned major infrastructure developments such as the Northside hospital and to make informed decisions to meet government commitments.

### Issues

4. The development and implementation of a Health Workforce Strategy and Health Workforce Plan will be managed as a project as part of our ACT-wide planning and stewardship responsibility.
5. The Workforce Education and Training Working Group of the ACT Health and Wellbeing Partnership Board may be able to provide support to the strategy development process.
6. The ACT Health Workforce Strategy 2022-32 (draft document included at Attachment A) will:
  - set out the overarching priorities and strategies to build a sustainable skilled and productive health workforce for the ACT; and
  - outline essential supports needed to guide workforce design, provide the structure needed to support and build capacity and capability of our workforce, including leadership and culture.
7. The ACT Health Workforce Plan 2023-2033 will:
  - guide long-term health workforce planning for the ACT and ensure that we have the right people with the right skills where they are required most;
  - analyse the current workforce, future gaps in service delivery and the desired future workforce. Projections and forecasting will be objective, but also consider matters of workforce capacity, capability, sustainability, culture, and wellbeing; and
  - be reviewed annually. Each year an annual workforce plan will be delivered to ensure that short term workforce initiatives are developed and implemented.

8. Proposed timeline for the development of the ACT Health Workforce Strategy 2022-32 and ACT Health Workforce Plan 2023-2033 is as follows:

	2022		2023	
	Strategy	Plan	Strategy	Plan
1 <sup>st</sup> Qtr	DRAFT ready for consultation		First review of priorities begins	Formation of planning streams
2 <sup>nd</sup> Qtr		Planning Team in Place	STRATEGY 2022-32 updated	DRAFT Workforce Plan 2023-33
3 <sup>rd</sup> Qtr	Final STRATEGY 2022-32 released	Consultation on 'planning' begins	Progress report priorities 1 and 2	Final Workforce Plan 2023-33
4 <sup>th</sup> Qtr		Need and demand projections available	Progress report priorities 3 and 4	DRAFT Annual Workforce Plan for 2024 begun

9. The development of the ACT Health Workforce Strategy and Plan is currently being supported through ACT's Flexible Funding pool allocation.
10. Deliverable for 2022-2023 will include:
- consultation on the draft ACT Workforce Strategy 2022-32;
  - delivery of the ACT Workforce Strategy 2022-32;
  - develop Workforce Planning Framework;
  - consultations and Implementation of the Workforce Plan 2023-33; and
  - baseline workforce projections and forecasting commenced.

### **Consultation**

#### Internal

11. Consultation will occur across the ACT Health Directorate.

#### Cross Directorate

12. Stakeholders within other Directorates may be consulted.

#### External

13. Stakeholders within and external to the ACT public health system will be consulted.

### **Work Health and Safety**

14. None identified.



**Benefits/Sensitivities**

15. A clear ACT Health Workforce Strategy will provide clear guidance to the ACT healthcare system about priorities and general direction in relation to workforce development. A long-term Workforce Plan that is updated annually will be a useful reference and resource manual for health providers in the ACT seeking guidance in relation to the size and shape of the health workforce

**Communications, media and engagement implications**

16. Not applicable.

Signatory Name: Dr Dinesh Arya, Chief Medical Officer Phone: 5124 9637

Action Officer: Pieta McCarthy Phone: 5124 9554

**Attachments**

Attachment	Title
Attachment A	Draft ACT Health Workforce Strategy 2022-23

**ACT Health Directorate**

<b>To:</b>	Minister for Health	Tracking No.: MIN22/507
<b>CC:</b>	Rebecca Cross, Director-General	
<b>From:</b>	Dr Dinesh Arya, ACT Chief Medical Officer	
<b>Subject:</b>	Proposal to strengthen Clinical System Governance	
<b>Critical Date:</b>	Not applicable	
<b>Critical Reason:</b>	Not applicable	

**Recommendation**

That you note the information contained in this brief.

**Noted / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister's Office Feedback

**Background**

1. Both Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB) have accountability for quality improvement and patient safety within their respective organisations. However, the systems and processes to ensure ACT-wide clinical system governance have not yet evolved.
2. To ensure that the ACT Health Directorate (ACTHD) can fulfill its system stewardship responsibility it has initiated a project to ensure effective clinical system governance and oversight across the jurisdiction.

3. Essential considerations to ensure effective clinical system governance are:
  - timely, accurate, and necessary quality, safety and performance information to provide oversight, and monitor, evaluate and improve safety and quality across the system;
  - proactively identifying, assessing, analysing and responding decisively to emerging clinical quality and safety trends and population needs;
  - having necessary systems and processes to improve the clinical system performance and support health services to understand and address systems issues arising from feedback (including complaints/concerns and clinical events); and
  - supporting development of clinical leadership, innovation, and improvement across the ACT health system.
4. The recently completed review of the ACT Quality Strategy 2018 – 2028 also identified an urgent need to develop and implement a robust ACT-wide Clinical Systems Governance structure.

### Issues

5. A jurisdiction-wide structure to support, implement and maintain the clinical system governance is essential both to manage current, new and emerging clinical risks and to implement system improvements in an organised and systematic manner.
6. To provide necessary scaffolding to the clinical system, it is proposed that an ACT Clinical System Governance Committee (CSGC) is formed. Membership of this committee will include leaders with specific accountabilities for clinical system improvement and clinical governance within their healthcare organisation. All ACT public health services will be required to be a member. Canberra Health Network (CHN) and private health service providers will also be invited to join this committee with the agreement that they will be guided by system-wide learnings identified by the CSGC. The committee will also have representation from the community (consumer/carer/family), Aboriginal and Torres Strait Islander and other cultural/ethnic groups. A Southern NSW Local Health District (LHD) representative with specific accountability for clinical system governance will also be invited to join.
7. The Clinical System Governance Committee may have the following functions:
  - Ensure a system is in place for current and future clinical committees, processes and mechanisms to be 'plugged in' to the ACT clinical system governance structure, depending upon need and evolution of clinical system governance in the ACT.
  - Undertaking essential clinical system governance functions, including learning from errors and omissions.
  - Informing health system strategic planning from a clinical perspective.
  - Developing a mechanism for independent investigation of serious complaints and incidents, as required.

- Developing system-wide clinical policies, guidelines, registries, pathways, and other clinical decision support tools to enable consistency of clinical practice and clinical care delivery.
  - Developing clinical leadership capability and capacity.
  - Supporting clinical innovation and improvement.
  - Developing and supporting system-wide clinical networks and committees.
  - Providing oversight of performance of the clinical system and enabling improvement.
  - Ensuring reporting, measurement and evaluation leads to service improvement.
  - Ensuring the clinical system remains integrated, coordinated, and continue to provide direction and control from a clinical perspective as the health system matures.
8. Subcommittees of the CSGC may be formed as required to support and enhance the functions of the CSGC.
9. It is proposed that the CSGC ensure development of following identified priorities in the Phase 1 (red boxes). Other elements identified in Figure 1 can evolve in due course:
- clinical policy control;
  - system-wide learnings from review of clinical incidents;
  - developing clinical leadership;
  - actively developing quality improvement and innovation; and
  - communication.



## Phase 1 (red)



**Figure 1: Proposed elements of clinical system governance – A phased approach**

**Financial Implications**

10. This project is currently being supported by the ACTHD's Flexible Funding pool allocation.

**Consultation**Internal

11. Consultation is progressively occurring with ACTHD Divisions.

Cross Directorate

12. Presentations are planned with CHS through Executive, senior clinical leadership and quality and safety leads as well as CPHB through Executive, senior clinical leadership and quality and safety leads.

External

13. Consultation will also occur with the CHN, private hospitals in the ACT and Southern NSW LHD.

**Work Health and Safety**

14. No issues identified.

**Benefits/Sensitivities**

15. An effective structure for clinical system governance will provide necessary scaffolding to the clinical system and will facilitate clinician engagement in improving the ACT clinical system.
16. The development of an ACT Clinical Systems Governance structure requires extensive consultation and inclusion of all stakeholders involved in quality improvement and patient strategy initiatives across the public and the private healthcare system. This process itself will also ensure cohesion and better integration.

**Communications, media and engagement implications**

17. A communications and implementation plan including the initiatives and timeframe for the implementation of the ACT Clinical Systems Governance structure is under development.
18. As part of ACT-wide clinical system governance regular progress updates on progress against initiative targets will be provided.

## OFFICIAL

Signatory Name: Dr Dinesh Arya, Chief Medical Officer Phone: (02) 5124 9320

Action Officer: Catherine Trevorow, Acting Director Phone: (02) 5124 6292  
Quality and Safety, ACT Health  
Directorate

**ACT Health Directorate**

UNCLASSIFIED

<b>To:</b>	Minister for Mental Health	Tracking No.: MIN22/517 (ACTHDFOI21-22.49)
<b>From:</b>	Deb Anton, Deputy Director-General	
<b>CC:</b>	Rebecca Cross, Director-General	
<b>Subject:</b>	Freedom of Information application from [REDACTED] (MLA) regarding Final briefs prepared for any ACT Minister(s) or ACT Government witnesses during the 2020 – 2021 Annual Reports Hearings	
<b>Critical Date:</b>	08/04/2022	
<b>Critical Reason:</b>	Response to consultation will be delivered on this day.	

**Recommendation**

That you note the ACT Health Directorate's response at Attachment A.

**Noted / Please Discuss**

Emma Davidson MLA ...../...../.....

Minister's Office Feedback

**Background**

1. On Thursday 10 March 2022, [REDACTED] (MLA) submitted an access application under the *Freedom of Information Act 2016* (the Act) to the ACT Health Directorate (ACTHD) requesting:

*'any final briefs prepared for any ACT Minister(s) or ACT Government witnesses during the 2020 – 2021 Annual Reports Hearings.*

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*I ask that my request be transferred to other entities that may hold relevant documents. Duplicate documents may be excluded.'*

### Issues

2. A search was conducted of all relevant records systems. ACTHD has identified 77 documents containing the information that meets the scope of the request. These cross over both the Health and Mental Health portfolios and are being released in full.
3. Briefs prepared for the Minister for Mental Health for Annual Report Hearings which relate to your portfolio responsibilities are pages 11 to 45 of Attachment A.
4. The following points highlight sensitivities contained in the documents being released:
  - The following Annual Report hearing brief titled '*COVID-19 - Calvary mental health unit COVID Changes*' at pages 11-12 includes information on the transfer of patients from the Older Person's Mental Health Inpatient Unit to the Medical Mental Health Unit (MMHU) on 13 January 2022 a day prior to the MMHU being notified as an approved mental health facility under the Mental Health Act which came into effect from 14 January 2021.

### Financial Implications

5. Processing fees are not applicable to this request.

### Consultation

#### Internal

6. Not applicable.

#### Cross Directorate

7. Canberra Health Services, Chief Minister, Treasury and Economic Development Directorate, Community Services Directorate, Education Directorate, Environment Planning and Sustainable Development Directorate, Justice and Community Safety Directorate, Transport Canberra and City Services Directorate and Major Projects Canberra. Each of these directorates received this FOI request and are responding independently.

#### External

8. Not applicable.

### Work Health and Safety

9. Not applicable.

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**Benefits/Sensitivities**

10. Partial redactions have been made to documents that contains mobile phone numbers of ACT Government staff members. This is contrary to the public interest to disclose under the test set out in section 17 of the Act.
11. Confirmation on any content that may be sensitive in nature or not appropriate for public release was sought from relevant business units.

**Communications, media and engagement implications**

12. Media talking points have been prepared at Attachment B. The ACTHD media team will support your offices should any media issues arise.
13. The decision letter, schedule and accompanying documents in response to [REDACTED] FOI access applications will be uploaded to the ACTHD Disclosure Log in accordance with the Act.

Signatory Name: Deb Anton Phone: 5124 9983  
Deputy Director-General

Action Officer: Chadia Rad Phone: 5124 6216  
Senior Director, Ministerial and  
Government Services

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	ACTHD Response
Attachment B	Media Talking Points

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**ACT Health Directorate**

**To:** Minister for Health

Tracking No.: MIN22/524

**CC:** Chief Minister

Minister for Industrial Relations and Workplace Safety

Kathy Leigh, Head of Service

Rebecca Cross, Director General, ACT Health

Leesa Croke, Coordinator General Whole of Government COVID-19 (Non-Health) Response

Deborah Anton, Deputy Director General, ACT Health

Damian West, Deputy Director General, Workplace Capability and Governance

**From:** Dr Vanessa Johnston, Acting Chief Health Officer

**Subject:** Proposed measures for supporting the Federal election

**Critical Date:** **10/04/2022**

**Critical Reason:** To allow the Chief Health Officer to sign the standing exemption with effect from 11:59pm on 10 April 2022.

**Recommendations**

That you:

1. Note the Chief Health Officer will sign an updated Standing Exemption for Essential Workers to incorporate federal election workers, for commencement from 11:59pm on 10 April 2022 (Attachment A);

**Noted / Please Discuss**

2. Note the Chief Health Officer intends to develop a standing exemption to permit asymptomatic household contacts to temporarily leave their place of residence for the purpose of voting on election day; and

**Noted / Please Discuss**

3. Note the work being undertaken by ACT Health in collaboration with the Australian Electoral Commission to disseminate voting advice to eligible voters in quarantine or isolation and ensure access to voting services for persons with COVID-19.

**Noted / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister's Office Feedback
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### **Background**

1. The COVID-19 Policy and Support Branch has been in regular contact with the Australian Electoral Commission (AEC) since late 2021, to determine appropriate arrangements for the upcoming Federal election in May 2022.
2. On 9 February 2022 the Electoral Commissioner wrote formally to the Chief Health Officer (CHO) seeking support for an exemption for eligible COVID-19 positive persons and asymptomatic household contacts to leave quarantine or isolation to vote, and requesting advice on the feasibility of establishing polling booths in existing COVID-19 testing clinics in the ACT. A copy of the letter is available at [Attachment B](#).
3. The Office of the Chief Health Officer (OCHO) responded on 16 March 2022 ([Attachment C](#)), outlining that the ACT:
  - a. supports the development of a standing exemption for asymptomatic household contacts to leave quarantine to vote in the federal election;
  - b. does not support COVID-19 positive electors leaving isolation for the purpose of voting and notes that this cohort should utilise the emergency phone voting service; and
  - c. does not support the establishment of voting services in COVID-19 testing clinics, but noted that ACT Health would assist through providing materials and information at testing clinics and on the ACT's COVID-19 website advising of voting options for persons in quarantine or isolation on election day.
4. On 22 March 2022, the AEC provided a paper to the Australian Health Protection Principal Committee (AHPPC), requesting that all jurisdictions endorse the following:
  - a. implementation of a standing exemption for asymptomatic household contacts to leave quarantine to attend polling booths on election day;

- b. the use of existing state and territory health messaging services to persons in isolation or quarantine to disseminate voting advice; and
  - c. approving AEC access to relevant personal information for the purpose of verifying elector eligibility to access the AEC's emergency telephone voting service.
5. On 29 March 2022, the Electoral Commissioner wrote again to the CHO requesting formal validation of the proposals in the AHPPC paper (Attachment D). OCHO responded to this on 1 April 2022, a copy of which is provided at Attachment E.
6. On 13 January 2022, National Cabinet agreed to all jurisdictions implementing a standing exemption under their own public health arrangements to allow 'close contact' essential workers in priority industries to return to work, to be implemented as practical by each state and territory.
7. The most recent update to the ACT's standing exemption for essential workers was made on 1 April 2022, to incorporate pharmacists and pharmacy workers in community pharmacies as essential workers. You were briefed on this amendment on 31 March 2022 (Attachment F).
8. On 23 March 2022, the AEC requested in writing that the ACT amend its standing exemption for essential workers to include all workers supporting the delivery of the federal election.

## Issues

### Consideration of federal election workers as essential workers

9. The federal election must be held no later than 21 May 2022.
10. In recognition of the critical work required by a large temporary workforce to prepare for and conduct the election, the AEC has made representations to all Australian states and territories to seek implementation of a standing exemption for workers employed by the AEC or otherwise associated with the election.
11. The AEC is seeking for similar conditions to apply to their workforce as are already in place for existing standing exemptions that permit asymptomatic household contacts to return to essential work.
12. Following ongoing communication between the AEC and OCHO, on 23 March 2022 the AEC confirmed their formal request that the existing standing exemption for essential workers be amended to include federal election workers. The AEC has requested this exemption commence as soon as possible and remain in place until the return of the writ after polling day.

13. The AEC has requested that the definition of a federal election worker extends broadly enough to capture workers not specifically employed by the AEC but who are otherwise involved in work to support the election, including delivery drivers, scrutineers and party staff distributing voting cards at polling booths.
14. The CHO has considered the request and is supportive of expanding the standing exemption to include federal election workers, however is not supportive of extending the exemption to workers not engaged directly by the AEC. This is due to reduced oversight by the AEC of these workers and associated lack of accountability to ensure that eligibility criteria and conditions are met by the relevant worker seeking to use the exemption.
15. An amended standing exemption has been drafted to incorporate federal election workers as essential, defined as follows:
  - a. a person who is employed by or engaged on behalf of the AEC to perform functions of election delivery; or
  - b. a freight or transport worker engaged to transport federal election supplies or materials to support election delivery.
16. The AEC was provided with the draft standing exemption on 28 March 2022 for review and did not raise any concerns.
17. The ACT undertook consultation with the relevant union (Community and Public Sector Union (CPSU)) in relation to the expansion of the standing exemption, who raised no concerns.
18. The CHO intends that the updated standing exemption commence from 11:59pm on 10 April 2022. A copy of the draft standing exemption is provided at [Attachment A](#).
19. The CHO will write to the Electoral Commissioner to advise of the updated standing exemption, once signed.

#### Quarantine exemptions for household contacts to attend polling booths

20. The AEC has made representations to all Australian states and territories to seek implementation of a standing exemption to permit household contacts to temporarily leave quarantine to vote on election day.
21. The CHO is supportive of this proposal and has formally provided this endorsement in writing to the Electoral Commissioner.
22. A standing exemption is in the process of being drafted, in consultation with the Government Solicitor's Office.
23. At a minimum, household contacts will be required to be asymptomatic to be eligible to leave quarantine. Additional conditions, including potential testing requirements and transport restrictions, are under consideration.

24. The ACT will liaise with other jurisdictions during the development of the exemption conditions to seek consistency with other states and territories.
25. A copy of this exemption will be provided to you once finalised.

#### Use of ACT Health messaging services for voting information

26. The AEC has requested that all states and territories distribute messaging to COVID-19 positive persons and household contacts through existing health messaging services that details voting options for persons in quarantine or isolation. In the ACT, messaging to these cohorts occurs predominantly through the REDCap system via Short Message System (SMS) and email.
27. The ACT is not supportive of using existing health messaging systems to provide voting information, as personal details are collected for these systems on the understanding that these details are used for health-related purposes only.
28. The ACT has offered the following alternative options to support the AEC to disseminate voting advice to the community:
  - a. Providing printed materials to people visiting ACT Health testing clinics in the week leading up to the federal election, detailing how to vote if in isolation or quarantine on election day.
  - b. Displaying information for voters in isolation or quarantine on the ACT COVID-19 website, online COVID-19 registration forms, and Verification of eligibility for phone voting services
29. The AEC will implement emergency telephone voting services, available to COVID-19 positive electors and symptomatic household contacts who have not already voted, after 6:00pm on the Wednesday prior to polling day.
30. On 29 March 2022, the Electoral Commissioner formally requested that the CHO grant the AEC access to relevant personal health information to verify eligibility for accessing the emergency telephone voting service.
31. The AEC advised that requests for access to public health information would be minimal, utilised only as an integrity measure where the AEC suspects a voter has made a false declaration as a diagnosed case of COVID-19.
32. ACT Health supports this proposal in principle and will assess requests for disclosure of personal health information under the *Health Records (Privacy and Access) Act 1997* (ACT).
33. Under the Health Records Act, it is permissible for ACT Health to disclose personal health information to another entity only if the consumer has consented to the disclosure in writing and signed a consent form.

34. ACT Health has requested that the AEC provide the draft consent form that they intend to implement for the purpose of verifying voter eligibility. Once received, legal advice will be sought from the Government Solicitor's Office on whether the consent form satisfies the requirements under the *Health Records (Privacy and Access) Act 1997* (ACT). We will only seek to implement the process where relevant legal requirements are met.

### **Financial Implications**

35. Nil

### **Consultation**

#### Internal

36. The COVID-19 Medical Officer team has been consulted on the addition of federal election workers to the existing standing exemption for essential workers and the implementation of a direct standing exemption for asymptomatic household contacts to vote on election day.
37. The COVID-19 Communications team have been consulted on the proposed dissemination of printed materials and use of the ACT COVID-19 website and social media to communicate voting advice.

#### Cross Directorate

38. The Coordinator-General, Whole of Government COVID-19 (Non-Health) Response; and Deputy Director General, Workplace Capability and Governance have been consulted in the development of this briefing.

#### External

39. A draft standing exemption to incorporate federal election workers as essential workers was circulated to the CPSU on 30 March 2022. No concerns were raised.

### **Work Health and Safety**

40. The return of household contacts to the workplace creates a considerable risk of potential COVID-19 transmission. Due to this, the standing exemption for essential workers is only applicable in situations where the risk of ceasing critical service delivery has a serious impact on the community and all lower-risk options for maintaining critical services have been exhausted.
41. Employers seeking to use the standing exemption are subject to existing work, health and safety (WHS) legislative requirements to minimise risk to employees. The standing exemption itself is unable to mandate advice for employers, as an exemption to a Public Health Direction cannot override separate legislation.
42. The AEC has undertaken significant planning and developed extensive documentation for ensuring a COVID safe election, which they have presented to relevant stakeholders and unions.

43. The ACT WHS Commissioner has published advice for employers to assist them in continuing to meet their obligations under WHS legislation, which is also accessible through the ACT's COVID-19 webpage.

#### **Benefits/Sensitivities**

44. The right for eligible Australians to cast their vote in the Federal Election is protected in Commonwealth legislation. It is critical that the ACT Government work with the AEC to ensure that the Federal election operates effectively while public health risks are mitigated as far as practicable.

#### **Communications, media and engagement implications**

45. The standing exemptions will be published on the ACT's COVID-19 website, which already details key information about eligibility requirements.
46. The CHO will write formally to relevant stakeholders to advise of changes to the standing exemption.
47. The COVID-19 Communications Branch will develop a communication plan for ensuring wide dissemination of voting advice for persons in quarantine or isolation.

Signatory Name: Dr Vanessa Johnston

Phone:

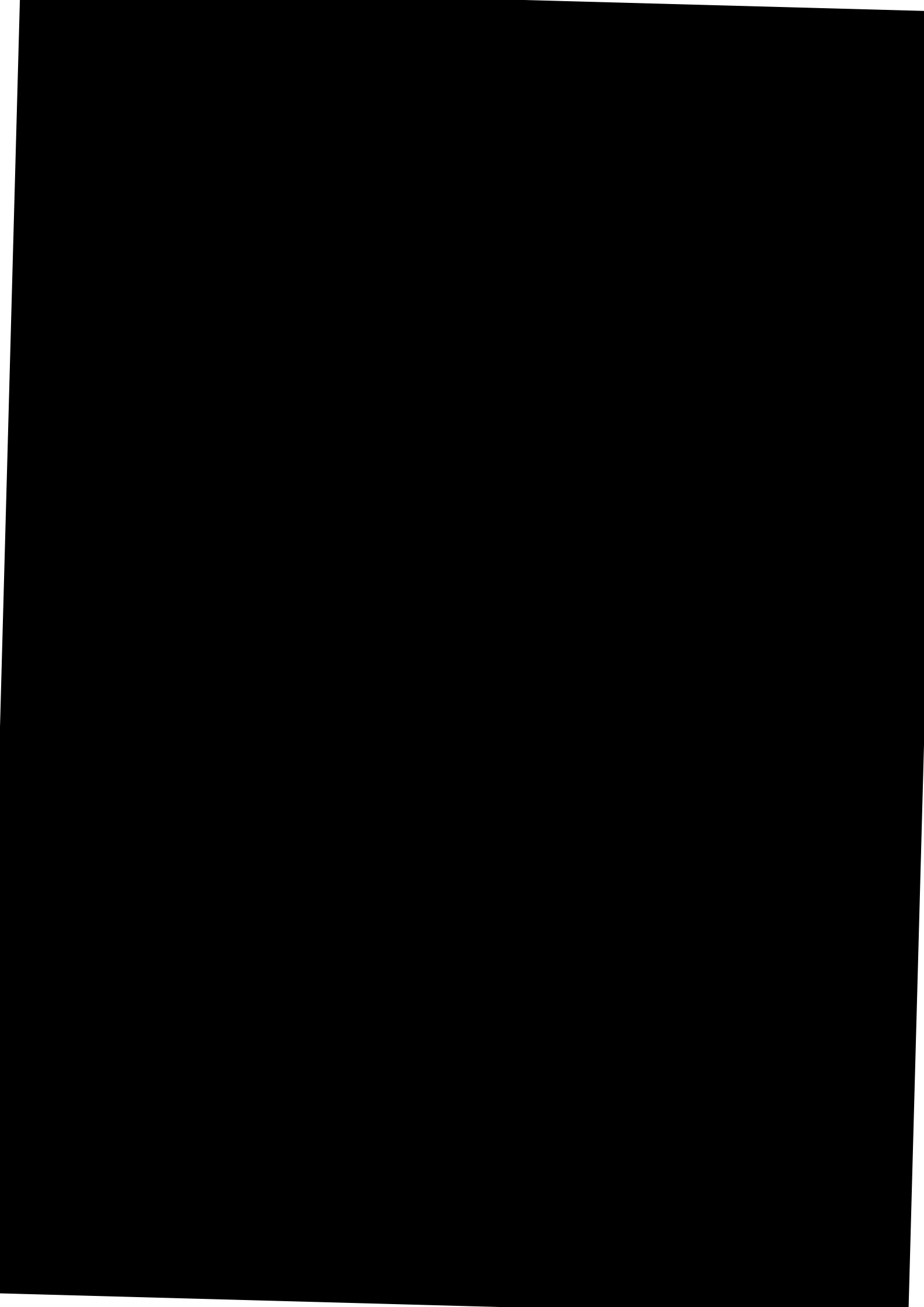
Action Officer: Vanessa Dal Molin

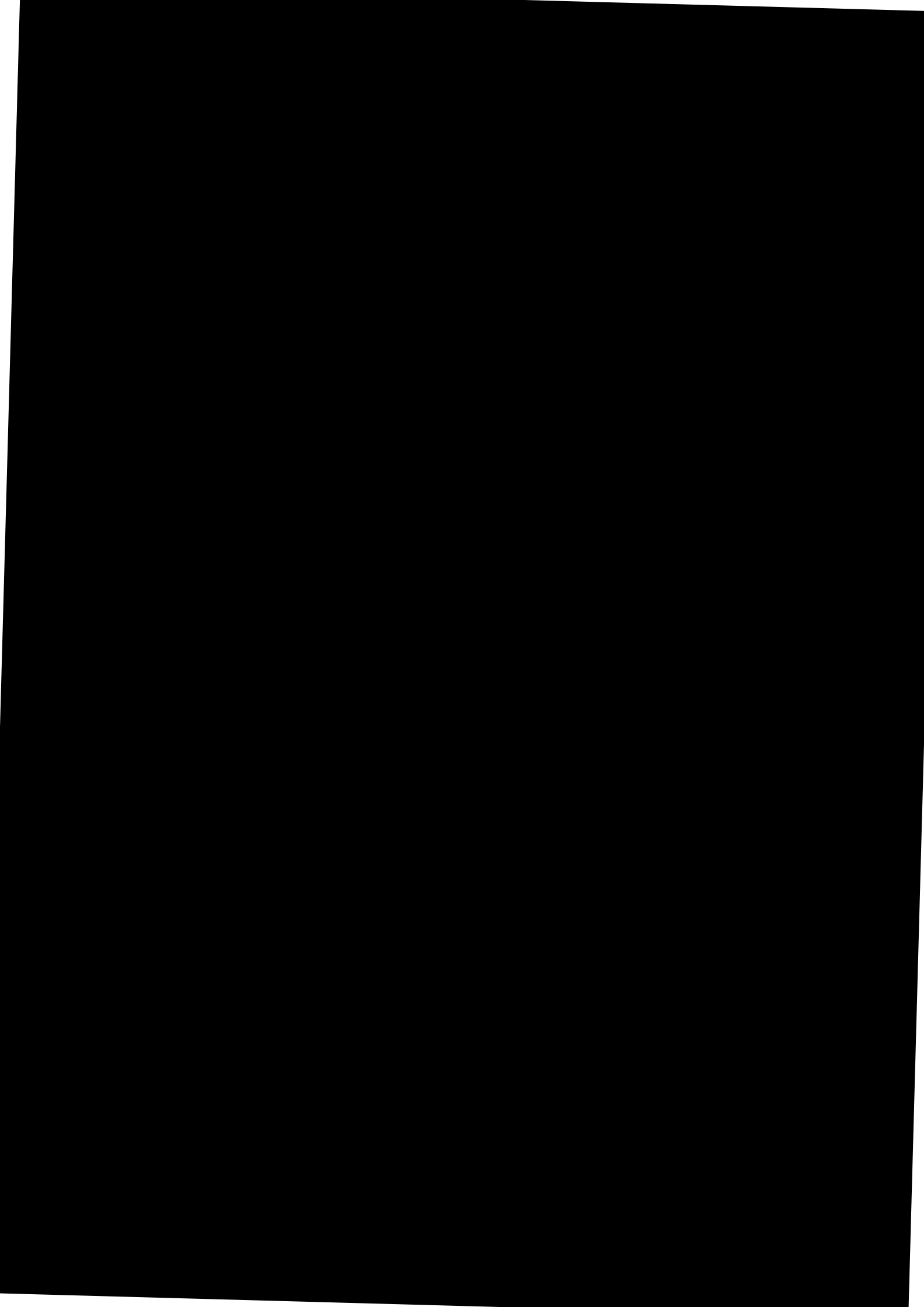
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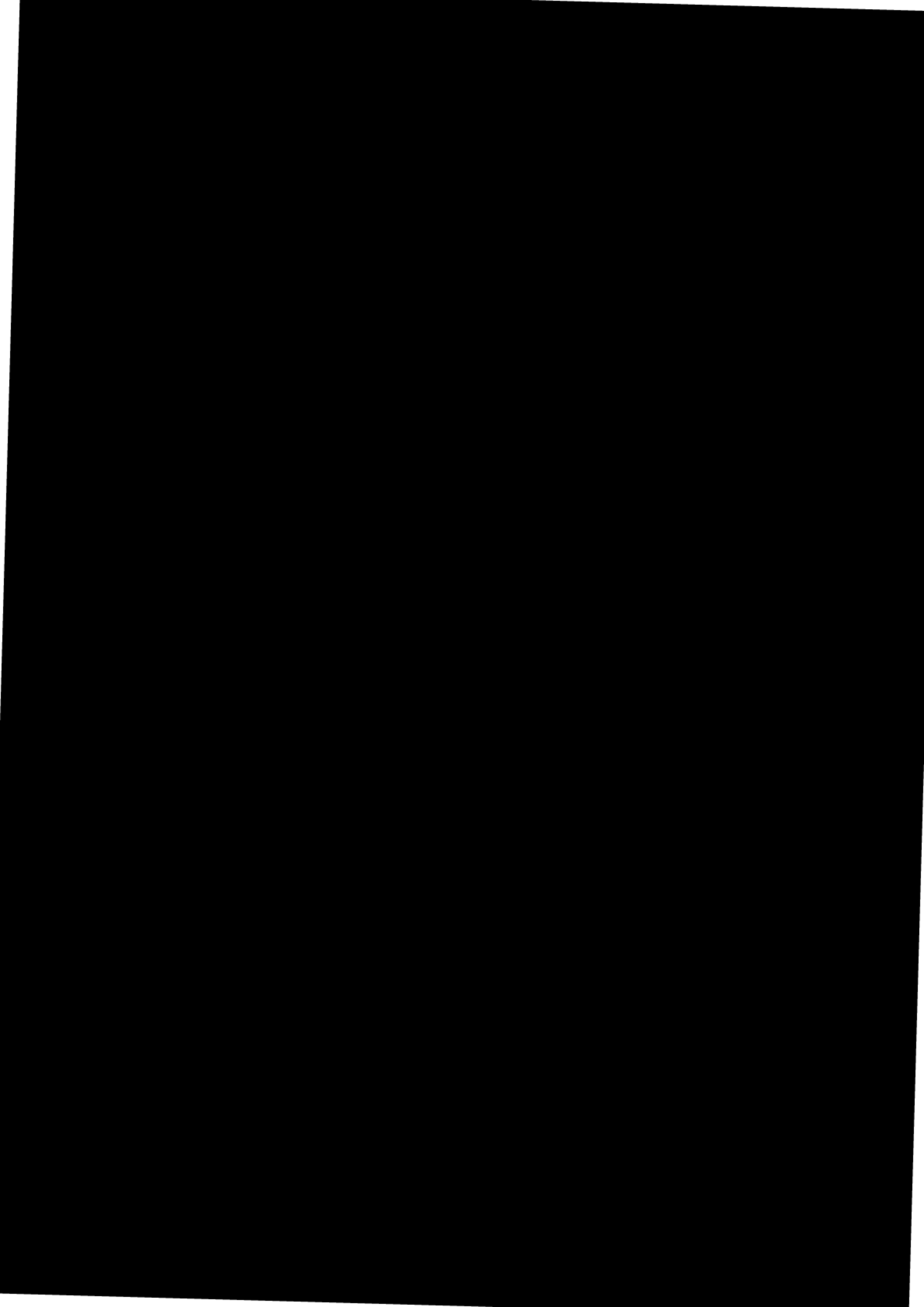
#### **Attachments**

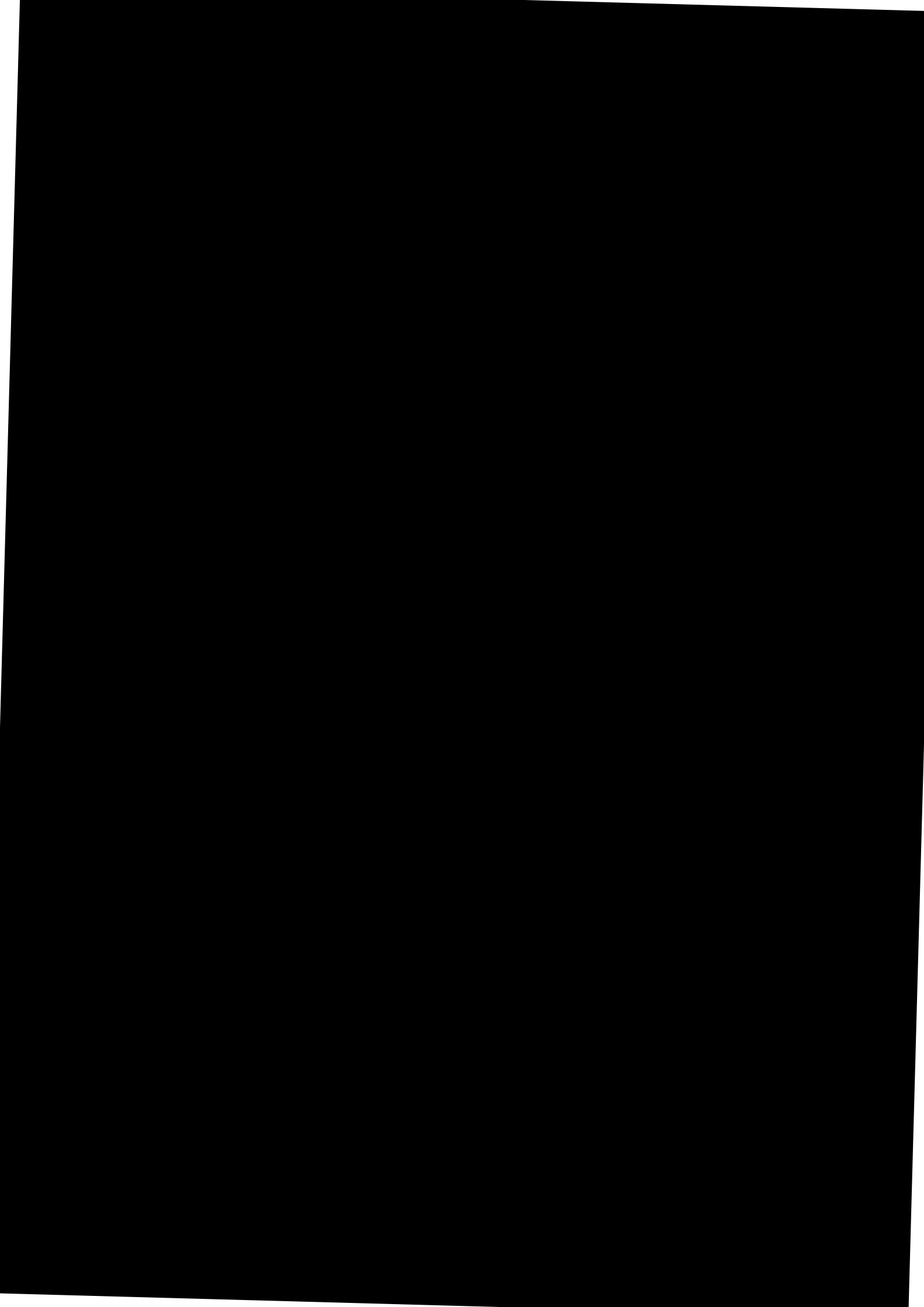
<b>Attachment</b>	<b>Title</b>
Attachment A	Draft updated standing exemption for essential workers
Attachment B	Electoral Commissioner Correspondence to Chief Health Officer – 9 February
Attachment C	Response to Electoral Commissioner – 15 March
Attachment D	Electoral Commissioner Correspondence to Chief Health Officer – 29 March 22
Attachment E	Response to Electoral Commissioner – 1 April
Attachment F	Updated Standing exemptions for essential workers - pharmacy workers

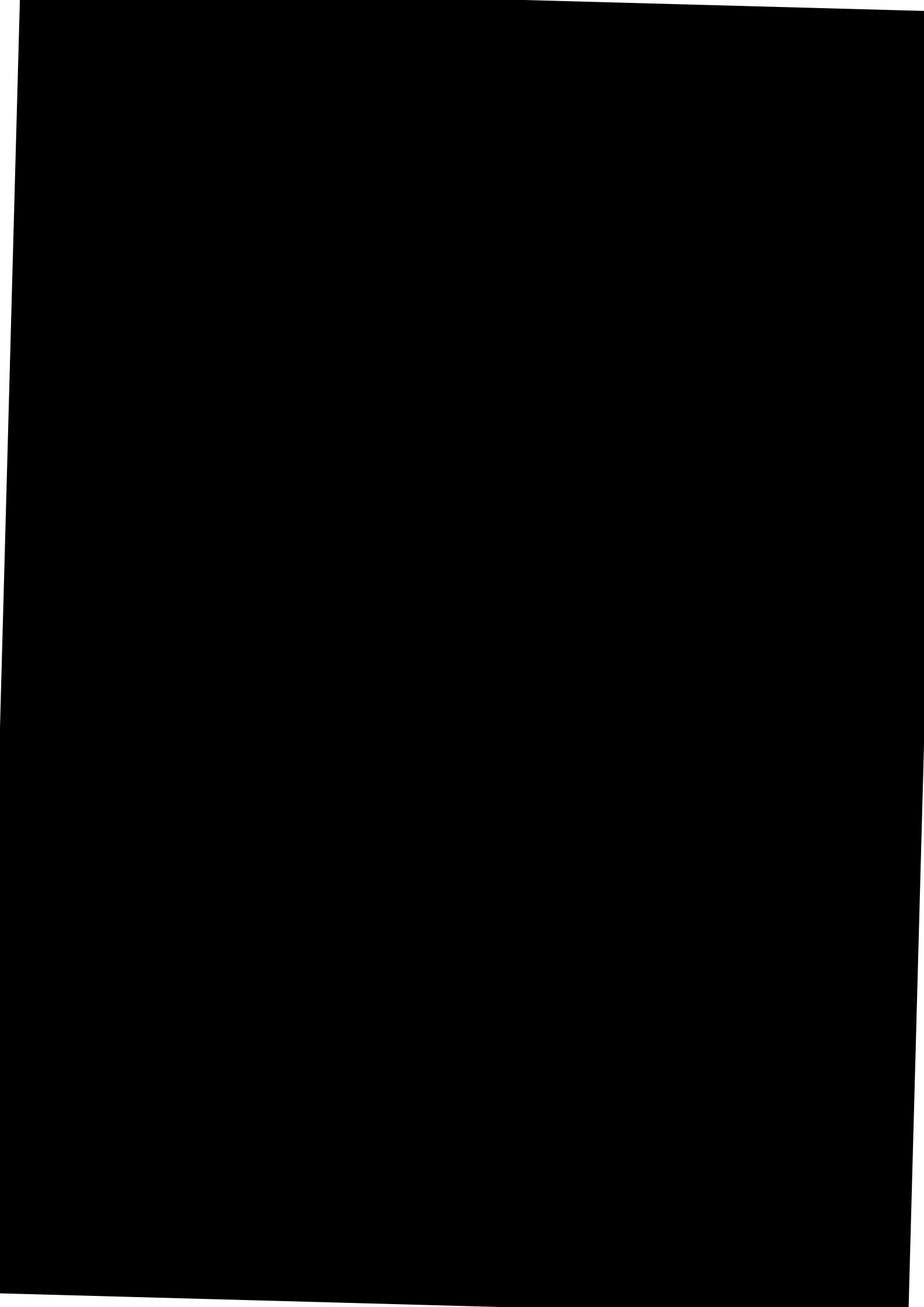












**ACT Health Directorate**

UNCLASSIFIED

**To:** Minister for Health Tracking No.: MIN22/528 (ACTHDFOI21-22.52)

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**CC:** Rebecca Cross, Director-General

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**From:** John Fletcher, Executive Group Manager, Corporate & Governance

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**Subject:** Freedom of Information application from [REDACTED] (Constituent) regarding the management of ACT Health Facebook page

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**Critical Date:** 20/04/2022

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**Critical Reason:** Response to consultation will be delivered on this day.

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**Recommendations**

That you note ACT Health Directorate's response to [REDACTED] (Constituent) at Attachment A.

**Noted / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister's Office Feedback

**Background**

1. On Monday 21 March 2022, [REDACTED] (Constituent) submitted an access application under the *Freedom of Information Act 2016* (the Act) to the ACT Health Directorate (ACTHD) requesting:

*'Any information regarding the management of the ACT Health facebook page.*

*Specifically I am interested in policy and/or procedures that allow for public comments to be hidden, or members of the public to be outright banned from viewing the ACT*

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*Health facebook page. I want to know how staff members determine whether to hide a comment and/or ban an account from viewing the ACT Health facebook page.'*

### Issues

2. A search was conducted of all relevant records systems. ACTHD has produced one document containing the information that meets the scope of the request.
3. The decision letter and accompanying documents released to [REDACTED] are at Attachment A.

### Financial Implications

4. Processing fees are not applicable to this request.

### Consultation

#### Internal

5. Not applicable.

#### Cross Directorate

6. Not applicable.

#### External

7. Not applicable.

### Work Health and Safety

8. ACT Health opposes the disclosure of the names of individual staff who manage the ACT Health Facebook. The Director General has identified such an action as a Work Health and Safety risk.
9. Public servants have a right to be safe at work and safe from harm as a result of their work (<https://www.oaic.gov.au/freedom-of-information/guidance-and-advice/public-servants-names-and-contact-details>, Office of the Australian Information Commissioner).

### Benefits/Sensitivities

10. The evolution of the digital environment – including its ubiquity, accessibility and longevity gives rise to new risks for public servants. These risks include the traceability and trackability of public servants' personal lives and the risk of physical or online harassment.
11. The FOI applicant has a history of creating 'unrest' on ACT Health's online platforms (examples can be provided upon request).
12. The applicant has breached multiple community guidelines on ACT Health's social media platforms, including abusive language, discriminatory language, spam, link baiting, inaccurate, false and misleading information, anti-vaccination sentiment and

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downplaying the pandemic and public health measures. The applicant has been reminded of the guidelines on numerous occasions and notified when in breach of both the specific breach and the associated consequences.

13. The applicant's online presence has encouraged and inspired other users to disregard or act inconsistently with public health advice and policies in the ACT.

#### **Communications, media and engagement implications**

14. Media talking points have not been prepared and can be prepared by ACTHD media team should any media issues arise.
15. The decision letter and accompanying documents in response to [REDACTED] FOI access applications will be uploaded to the ACTHD Disclosure Log in accordance with the Act.

Signatory Name: John Fletcher Phone: 5124 9869  
 Executive Group Manager  
 Corporate & Governance

Action Officer: Jo Spencer Phone: 5124 6568  
 Executive Branch Manager  
 Communications and Government

#### **Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	ACTHD Response

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GBC22/132

**Portfolio:** Health**COVID-19: CURRENT PUBLIC HEALTH SOCIAL MEASURES****Talking points:**

- The ACT currently has low level Public Health Social Measures in place, in line with the National Plan to Transition Australia's National COVID-19 Response.
- On 8 January 2022, the ACT Government reinstated some Public Health Social Measures in response to increased transmission of the Omicron Variant of Concern.

**Current Business Restrictions**

- From 6:00pm on 18 February 2022, the following changes to business restrictions were implemented in the ACT:
  - All density limits removed
  - All capacity signage requirements removed.
  - Requirement for patrons to be seated while eating and drinking removed.
  - Dancing permitted at all businesses and venues.

**Face masks**

- From 6:00pm on 25 February 2022, any person aged 12 and over is required required to wear a mask in the following settings:
  - on public transport, including a public bus, light rail vehicle, taxi, rideshare vehicle, hire car or demand response service vehicle
    - drivers of these vehicles must also wear a face mask when transporting passengers
  - on buses chartered for school excursions carrying children in Years 7 to 12
  - staff and visitors entering a high-risk setting, which includes:
    - hospitals
    - residential aged care facilities
    - correctional centres, detention place or other places of custody
    - residential accommodation facilities that support people who require frequent, close personal care and who are vulnerable to severe disease
  - in all indoor spaces at a school, early childhood education and care setting, including out of school hours, noting that only children in years 7 to 12 are required to wear a face mask while in an indoor space at school

Cleared as complete and accurate: 11/03/2022  
Cleared by: Executive Branch Manager  
Contact Officer name: Vanessa Dal Molin Ext: 49401  
Lead Directorate: Health  
Cleared for release: Yes  
TRIM Ref: GBC22/132

- children in years 3 to 6 are encouraged to wear a mask when indoors at school if they are comfortable doing so at the discretion of the student and their parent of carer
- staff who are providing a service to a person with a disability which is funded or provided:
  - under the National Disability Insurance scheme under the National Disability Insurance Scheme Act 2013 of the Commonwealth; or
  - by the ACT Government for the primary purpose of providing support to people living with disability, including the Special Needs Transport and Flexible Bus Service operated by the Transport Canberra and City Services Directorate.
- staff who are working for an in-home and community aged care provider including:
  - an approved provider for whom a home care subsidy or a flexible care subsidy is payable under the Aged Care Act 1997 (Cth), or
  - service provider of a Commonwealth-funded aged care service, as defined in the Aged Care Quality and Safety Commission Act 2018, delivering services outside of a residential aged care facility setting
- in Canberra Airport and on domestic flights into and out of Canberra Airport.

**Visitors to Residential Aged Care Facilities**

- From 11:59pm on 25 February 2022, restrictions on visitors to residential aged care facilities were removed. Visitors are to comply with policies established by the relevant residential aged care facility.

**Visitors to Healthcare Facilities**

- From 16 February 2022, health facility visitor restrictions were eased to allow two visitors per patient per day, however only one visitor is allowed at any one time.

**Events and Performance Venues, Conferences and Cinemas**

- From 11:59pm on 25 February 2022, event organisers will no longer be required to seek an exemption for events greater than 2,000 people.
- Organisers of events greater than 5,000 people will still be required to submit their COVID Safety Plan for review. This will enable ACT Health to continue to work with large event organisers to ensure their events continue to be COVID Safe.

**Check In CBR**

- On 7 February 2022, the ACT Government announced changes to Check in CBR requirements to better reflect the Territory's current public health situation and response.

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Cleared by: Executive Branch Manager  
Contact Officer name: Vanessa Dal Molin Ext: 49401  
Lead Directorate: Health  
Cleared for release: Yes  
TRIM Ref: GBC22/132

## QUESTION TIME BRIEF

- From 11:59pm on 11 February 2022, the use of the Check In CBR app is required at the following venues of high impact:
  - Licensed bars and pubs
  - Registered clubs and nightclubs
  - Strip clubs and brothels
  - Organised events that are not ticketed or pre-registered, including conferenced, markets, music and cultural events.
- Staff and visitors entering Schools and early childhood education and care are also asked to check in using the Check in CBR app, as stipulated in the ACT Government's *Health Guidelines for Schools and Early Childhood Education and Care (including out of school hours care)*.
- Other businesses and settings are no longer required to display their QR codes or ask visitors and customers to check in. However, they are encouraged to continue to display QR codes for voluntary use by customers and visitors who want to keep a record of where they have been.
- The Check in CBR app has been updated to enable automatic notification of users if they have been at one of the higher impact settings during a COVID-19 exposure. This new function went live on 4 March 2022.

### Check in CBR and Human Rights considerations

- Section 12 of the *Human Rights Act 2004* (HRA) provides that everyone has the right not to have his or her privacy, family home or correspondence interfered with unlawfully or arbitrarily.
- The preamble to the HRA recognises that few rights are absolute and section 28 of the HRA provides that the rights which the legislation protects may be subject to reasonable limits that can be demonstrably justified in a free and democratic society.
- The collection of check in information for certain settings remains an important tool in the ACT's public health response. In view of this there have been careful considerations in relation to the future use of Check in CBR, noting the recent changes to test, trace, isolate and quarantine requirements.
- The imposition on the right to privacy by contact tracing is a legitimate purpose in responding to and alleviating the public health emergency.
- It remains important to note that there are a number of privacy safeguards in place and specifically in relation to check in information, the *COVID-19 Emergency Response Act 2020* protects the collection, use and disclosure of check-in information.
- The *COVID-19 Emergency Response Act 2020* limits the use of collected personal information to contact tracing and compliance with contact tracing obligations only, and in doing so positively engages the right to privacy.

Cleared as complete and accurate: 11/03/2022  
Cleared by: Executive Branch Manager  
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Lead Directorate: Health  
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TRIM Ref: GBC22/132

## QUESTION TIME BRIEF

- Canberrans can be assured that their check in data continues to be protected and is not accessed unless it is required for contact tracing purposes. Data continues to be deleted after 28 days.

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Lead Directorate: Health  
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TRIM Ref: GBC22/132

GBC22/131

**Portfolio:** Health**COVID-19: PUBLIC HEALTH RESPONSE TRANSITION FOR EDUCATIONAL SETTINGS****Talking points:**

- The ACT Government recognises that COVID-19 will not be able to be kept out of education settings due to the high transmissibility of the Omicron variant and the nature of interactions in educational settings.
- In the timeframe that Omicron has been circulating in the ACT, between 15 December 2021 to 18 March 2022, 10,264 school-aged children (aged 5-16 years) have been reported as cases of COVID-19. 17 of these cases have been admitted to hospital, with zero (0) deaths recorded.
- Between 2 December 2021 and 10 March 2022, a total of 96 Early Childhood Education and Care (ECEC) services had to close for one to five days. Decisions to close were made on the basis of risk of COVID-19 transmission or inability to operate due to quarantining staff.
- A further 183 services (ECEC, Out of School Hours Care (OSC) and Family Day Care (FDC) educators) partially closed (room or rooms but not whole service).
- The public health response is aimed at keeping education and care settings open, while minimising the spread of COVID-19 and the impact on learning as much as possible.
- Consistent with the response to COVID-19 exposures across other settings, ACT Health Directorate (ACTHD) transitioned the public health response for educational settings to COVID-19 exposures to be led by each individual education provider, with operational support from the Education Directorate (EDU) and ACTHD on an as-needs basis.
- This transition has been informed by the local epidemiology, national context, resourcing, and importantly, the increasing capability of educational settings to implement effective risk mitigation measures and COVID-19 exposure response processes in line with ACTHD guidance and health advice.
- ACTHD has worked with the EDU to update the *Health Guidelines for Schools and Early Childhood Education and Care (including out of school hours care)* (the Health Guidelines), which was initially published on 21 January 2022 and updated on 11 March 2022, to ensure it reflects the current operational framework.

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Contact Officer name: Vanessa Dal Molin Ext: 49401  
Lead Directorate: Health  
Cleared for release: Yes  
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## QUESTION TIME BRIEF

- The Health Guidelines identify separate advice for responses to COVID-19 exposures across three educational settings:
  - K-12 and OSHC settings
  - Individual settings within K-12 school settings involving provision of personal care to students with personal care needs, including in specialist schools
  - ECEC settings – daycare and preschools
- On 15 March 2022, Children’s Education and Case Assurance (CECA) distributed advice to the ECEC sector regarding the changed actions to take in response to COVID-19 exposures in ECEC settings. This information had previously been communicated to the sector at a forum on 3 March 2022.
- Staff and children who have had a COVID-19 exposure at these settings (day care and preschool) are now able to return to the service provided they have no symptoms and have had a negative test result in the last 48 hours. Staff and students who are in quarantine as household contacts cannot attend services during this time, they should continue to quarantine and follow the advice provided by ACTHD.
- These updated recommendations provide a proportionate response to the current level of public health risk, and take into account information regarding the severity of illness from Omicron and information from exposures across educational settings in the ACT in early 2022. ACTHD continues to review recommendations for educational settings in response to the changing COVID-19 situation.
- ACTHD continues to work closely with the EDU to develop appropriate operational processes to implement the Health Guidelines, including clear escalation points to the Health Emergency Control Centre (HECC) Outbreak Response team, if required.
- ACTHD are working closely with EDU to refine resources to assist education service providers to manage exposures, including templates to support the settings with their communications and standardised reporting.
- Rapid Antigen Tests (RATs) are being distributed by the EDU through schools to students and staff, as well as staff and carers in Early Education and Care settings, to ensure easy access to tests and this will continue until the end of term 1.
- ACTHD have supported the development of communications to assist families in understanding how to use RATs with children.

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Cleared by: Executive Branch Manager  
Contact Officer name: Vanessa Dal Molin Ext: 49401  
Lead Directorate: Health  
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GBC22/131

**Portfolio:** Health**QUARTERLY PERFORMANCE REPORTING AND PUBLICATION OF DATA FOR CONSUMERS****Talking points:**Quarterly Performance Report – July to September 2021Patient experience

- 91 per cent of patients provided positive feedback on their experience within Canberra Health Services.
- 93 per cent reported a positive experience at Calvary Public Hospital Bruce.

Emergency presentations

- 54.4 per cent of patients were treated and left the emergency department within four hours, an increase of 0.6 per cent from the previous quarter.
- Cat 1 patients were treated immediately - in line with the recommended national treatment times.
- Cat 2 patients waited on average only 7 minutes for treatment - in line with the recommended national treatment times.
- In the less urgent triage categories 3, 4 and 5, the median waiting time to treatment decreased compared with the previous quarter.
  - The median waiting time for these triage categories ranged between 54-67 minutes for these three categories.

*Improving performance*

- The 2021-22 Budget included:
  - new investments to deliver 24/7 medical imaging service at Calvary Public Hospital Bruce's Emergency Department.
    - This builds on the expansion completed last year that provided a 50 per cent increase in treatment spaces.
  - \$23 million to expand the capacity of Canberra Hospital's emergency department, expanding the Emergency Medical Unit, increasing the workforce including the introduction of a medical navigator and establishing an Acute Medical Unit.
- The Government's investments build on and support the work underway at both hospitals to revise their model of care, and continued focus on improving the experience for people who need care at our hospitals.

### Elective surgery

- In Quarter 1 2021-22, the ACT delivered 3,650 elective surgeries, a decrease of 7.9 per cent from the previous quarter.

#### *2020-21 Elective Surgery Performance*

- The ACT public health system delivered a record 15,324 elective surgeries in 2020-21. over 1,000 more elective surgeries than the previous record number of 14,015 in 2018-19.
- The most recent AIHW report on elective surgery waiting times for 2020-21 shows that at the 90<sup>th</sup> percentile the ACT had:
  - the fewest number of days waited for cardio-thoracic surgery and plastic and reconstructive surgery;
  - the second fewest days waited for gynaecology surgery, neurosurgery and urological surgery .
- A record number of Orthopaedic surgeries were undertaken in 2020-21- nearly 400 more than the previous record.
- However, Orthopaedic surgery and ENT surgery continue to present the biggest challenge in waiting times in the ACT.

#### *Improving performance*

- The ACT Government continues to invest in this area and has committed to delivering more than 60,000 elective surgeries over the next four years.
- The 2021-22 Budget continues the significant programs of investments made in public surgery by the ACT Government with \$46 million allocated for more emergency and elective surgeries over the coming years.
  - \$39 million to increase emergency surgery capacity at Canberra Hospital with more surgeries and more beds; and
  - \$7 million to deliver more elective surgery in 2021, including additional funds for high value surgeries, begin planning the Northside Elective Surgery Centre and establish the enhanced recovery after surgery program.

### Walk-in Centres and COVID-19 Testing Centres

- Non-COVID presentations decreased by 32.3 per cent this quarter with almost 13,900 presentations.
- The median wait time for treatment across the network was only 10 minutes.
- Almost 80 per cent of people presenting were treated at the Walk-in Centre and only 7 per cent of people were redirected to an Emergency Department.
- During Quarter 1, the five COVID-19 respiratory clinics and testing centres saw a total of 138,598 presentations, an increase of 224.4 per cent from the previous quarter.

Cleared as complete and accurate: 21/03/2022  
Cleared for public release by: Executive Group Manager Ext: 49000  
Contact Officer name: Peter O'Halloran  
Lead Directorate: Health  
TRIM Ref: GBC22/132



GBC22/131

**Portfolio: Health****ACT's Emergency Department (ED) Performance**

- Our emergency departments continue to treat high numbers of presentations.
- In 2020-21 the ACT's emergency departments had 153,718 presentations, a 9 per cent increase in presentations on the previous financial year.
- In the time of the COVID-19 pandemic our health services have also needed to put in place additional safety measures in both Emergency Departments to ensure we manage patients with COVID-19 symptoms safely, this has impacted:
  - capacity to admit short stay patients, as space has been required to isolate COVID-19 patients on presentation;
  - increased staff demand;
  - significant clinical staff shortages resulting from staff entering quarantine; and
  - delayed patient flow resulting from additional demand on pathology testing.
- To continue to enhance ED performance we have invested \$128 million to expand critical public hospital services. This includes \$23 million for the Canberra Hospital Emergency Department and \$16 million for more patients to receive services at Calvary Public Hospital Bruce, including the expansion of Calvary's medical imaging to a 24/7 service that commenced at the end of January 2022. This means patients will not have to wait overnight or come back the next day for imaging when they present to Calvary's emergency department.
- To further enhance ED performance both hospitals have improvement programs in place. These efforts are continuing even with the additional pressure of managing the COVID-19 outbreak.
- The improvement programs include:
  - at Canberra Hospital, recruitment of additional emergency staff specialists;
  - increasing the medical navigator's operational hours to 16 hours per business day from 7 February 2022;
  - re-establishing nursing models in the ED; and
  - in December 2021, a 12-bed pilot of the Acute Medical Unit commenced with a view to roll out the new 24-bed facility in February 2023, enabling patients to be admitted expeditiously from the ED and have their care plans commenced early, which reduces their length of stay and creates capacity in the ED;
  - at Calvary, strengthening the ED model of care, patient flow, staff allocation, staff skills, and education and team culture;

Cleared as complete and accurate: //22

Cleared for public release by: Executive Group Manager Ext: 49699

Contact Officer name: Jacinta George Ext: 49699

Lead Directorate: Health

TRIM Ref: GBC22/131

## QUESTION TIME BRIEF

- introduction of a stronger escalation policy and practice for long wait patients; and
- in December 2021, additional nurse practitioners were brought on board to improve the assessment and treatment of lower acuity patients.
- These improvements at Canberra Hospital sit alongside the Timely Care Strategy, which includes:
  - the establishment of a daily hospital huddle with clinicians to identify areas under pressure and action accordingly;
  - a CHS-wide Huddle each morning attended by senior clinical staff enabling a shared responsibility and understanding of the clinical and operational demand on services with collaborative problem solving;
  - a weekend Patient Flow meeting to support safe and timely discharges over the weekend;
  - ED redesign projects including staffing and new positions in the emergency department to manage timely care;
  - discharge processes that identify appropriate patients and facilitate timely discharges, including using discharge lounges, that then increase the availability of beds across the system; and
  - project work to examine how Canberra Hospital can best configure wards to enhance models of care and support clinical teams.

### Key Information

Total ED Presentations:

	2019-20	2020-21	Percentage Change	Q1 2021-22
Number of presentations	141,021	153,718	9%	35,511

- Based on Quarter 1 results, the highest number of presentations in a single day was 489 on 11 August 2021.

Latest available SOT<sup>1</sup> results:

Q1 21-22	Cat 1	Cat 2	Cat 3	Cat 4	Cat 5
% SOT	100%	74.8%	34.5%	47.1%	75.8%
SOT Targets	100%	80%	75%	70%	70%

<sup>1</sup> "Seen on Time" refers to the measure of the percentage of emergency department presentations whose assessment and treatment is commenced within the timeframes recommended by the Australasian College of Emergency Medicine Triage Scale.

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 Cleared for public release by: Executive Group Manager Ext: 49699  
 Contact Officer name: Jacinta George Ext: 49699  
 Lead Directorate: Health  
 TRIM Ref: GBC22/131

**GBC222/131****Portfolio: Health****A GLITCH IN THE ACT HEALTH 'PUSH' NOTIFICATION SYSTEM****Talking points:**Laverty Pathology COVID-19 result - error

- All Laverty Pathology COVID-19 results are manually uploaded by Laverty to an ACT Health Directorate portal.
- On 11 January 2022, it was recognised that ACT Health Directorate had not received a feed from Laverty pathology for 20 days. It is not uncommon for Laverty Pathology to not upload a feed every day.
- ACT Health Directorate contacted Laverty on 11 January 2022 and advised no results had been received since from them since 22 December 2022.
- Laverty confirmed that this was the result of human error on their behalf and subsequently uploaded all the results for that time period. This feed held 166 positives and 1,130 negative COVID-19 results.
- This resulted in the 166 positive cases receiving automated messaging from ACT Health Directorate, including those who had completed their isolation period. Some patients would not have received any initial contact from ACT Health Directorate, but may have received delayed notification of clearance from isolation.
- It was confirmed that Laverty had already sent a notification to all patients of the outcome of the test (both positive and negative).

Response

- ACT Health Directorate is working with Laverty to ensure results are uploaded regularly and we do not experience large delays in future.
- Currently there is no alert to advise if the Laverty results are not being regularly received.
- ACT Health Directorate is investigating the possibility of an alert when feeds haven't been uploaded within a reasonable timeframe, noting the complexity associated with an irregular upload schedule.

**Background**ACT Health notification process

- Once results are uploaded by Laverty, they are extracted from the portal and uploaded into the ACT Health Directorate REDCap and Notifiable Disease Management System (NDMS).
- If a positive result is received in NDMS the patient is notified by SMS (from REDCap) and sent a link to a short form survey.

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Cleared for public release by: Executive Branch Manager Ext: 49000  
Contact Officer name: Peter McNiven  
Lead Directorate: Health  
TRIM Ref: GBC22/131

## QUESTION TIME BRIEF

- On receipt of the completed survey REDCap then sends an email containing further information around the management of COVID-19. Cases also receive an automated message to release them from isolation after day seven.
- There is no communication with individuals who received a negative COVID-19 result.



## Question Time Brief

GBC22/131

**Portfolio:** Health

### REPORT ON GOVERNMENT SERVICES (ROGS) DATA

#### Talking points:

##### Health Sector Overview

- The ACT has the highest life expectancy at birth in Australia – 85.9 years for females and 82.1 years for males (EA.29).
- Between 2017-19 and 2018-20 life expectancy at birth for all ACT residents has increased by 0.5 years.
- The ACT Government's Preventive Health Plan sets out our goals to continue to improve health outcomes across the life-course, building on the nation leading health outcomes we have.

##### Primary and Community Care

##### *General practice funding*

- The Commonwealth Government spends less per person on general practitioners in the ACT at \$345.0 than any other jurisdiction and \$92 less than the national average (\$437.1) (10A.2).
- The ACT has the lowest rate of bulk-billing of any jurisdiction due to a lack of investment, frozen indexation rates, and cutting of bulk-billing incentives by the Commonwealth Government.
- On 1 January 2020, the Commonwealth cut bulk-billing incentives previously available to Canberra general practitioners, to help those who most need access to primary health care.
- The ACT Government continues to invest in increasing access to primary care, with our network of nurse-led Walk-in Centres, investments in community partners to support those most in need, and roll out of targeted grant rounds. The ACT is likely to employ more female than male GPs, as the younger generation of GPs has a higher number of females. *Potentially Preventable Hospitalisations*

Cleared as complete and accurate:	17 March 2022	
Cleared by:	Chief Information Officer	Ext: 49000
Contact Officer name:	Peter O'Halloran	Ext: 49000
Lead Directorate:	Health	
TRIM Ref:	GBC22/131	

- In 2019-20, the ACT had the lowest rate of Potentially Preventable Hospitalisations of all jurisdictions (21.2 per 1,000 people), the lowest rate being for Chronic conditions (8.8 per 1,000 people) (10A.65).
- The ACT had the second lowest rates of Potentially Preventable Hospitalisations for Indigenous Australians, at two-thirds the national rate (48.0 compared to 72.2 per 1,000 people, respectively) (10A.66). However, this still is more than double the non-Indigenous ACT rate at 20.5.
  - The ACT Government continues to work closely with our local Aboriginal and Torres Strait Islander community to improve the cultural competency and accessibility of public hospital services and support community controlled services to deliver more services.

### *Vaccination coverage*

- The uptake of vaccination against COVID-19, means that the ACT is leading the world in the proportion of the population who are vaccinated. The ACT continues to see the benefits of this vaccination, with low COVID-19 case numbers.
- The ACT had the highest proportion of children aged 12 months to less than 15 months (96.4 per cent) and aged 24 months to less than 27 months (93.5 per cent) fully immunised of all states and territories in 2020-21 (10A.48).
- In the ACT in 2020-21 almost two-thirds (64.0 per cent) of people aged 65 years and over received an influenza vaccine, compared to 60.3 per cent nationally (10A.49).

### *Cancer screening*

- In 2019-2020, participation rates for BreastScreen were higher in the ACT than nationally, with over half (57.3 per cent) of women 50 to 74 years screened, compared to 49.4 per cent nationally (10A.50).
- Almost 6 in 10 women in the ACT (58.5 per cent) aged 25 to 74 years participated in cervical screening programs between 2018-2020, compared to 55.9 per cent nationally (10A.52).

### Public Hospitals

- The ACT spends more per person on public hospital services than other jurisdictions, except the Northern Territory.
- Recurrent expenditure in the ACT on public hospital services increased from \$1,546 million in 2018-19 to \$1,653 million in 2019-20 (12A.1).
- The 2021-22 Budget includes record investments in the hospital system, expanding critical hospital services and improving the public health system.
- In 2019-20 ACT public hospital services employed an average of 18.3 full-time equivalent (FTE) staff per 1,000 persons, compared to an FTE of 15.7 nationally (12A.9).

*Emergency Department*

- For the most urgent triage category patients waiting times are in line with the recommended national treatment times.
- The proportion of all ED presentations with a length of stay of four hours or less ending in admission in 2020-21 increased by 3 per cent, to 38 per cent of presentations—compared to 42 per cent nationally.
- Over half (51 per cent) of ED presentations at Calvary Public Hospital Bruce (CPHB) had an ED stay within four hours ending in admission (12A.32).
- The ACT Government has invested \$23 million in the 2021-22 Budget to support the Canberra Hospital ED, with an expanded Emergency Medical Unit, new Acute Medical Unit and more staff including a medical navigator.
- The 2021-22 Budget also included funding for 24/7 imaging at CPHB to build on the 50 per cent expansion of the ED completed in 2020.

*Elective Surgery*

- The ACT Government invested \$20 million in 2020-21 to deliver additional elective surgeries due to the impact of COVID-19 in 2019-20.
- In 2020–21, the ACT had the highest turnover of the public hospital elective surgery waiting lists in the country, with more removals due to surgery than additions (12A.33).
- This was due to the Government delivering a record 15,324 elective surgeries in 2020-21, over 1,300 more than the previous record set in 2018-19.
- The 2021-22 Budget continues the significant programs of investments made in public surgery by the ACT Government with \$46 million allocated for more emergency and elective surgeries over the coming years.
  - \$39 million to increase emergency surgery capacity at Canberra Hospital with more surgeries and more beds; and
  - \$7 million to deliver more elective surgery in 2021, including additional funds for high value surgeries, commencement of planning the Northside Elective Surgery Centre and establishment of the enhanced recovery after surgery program.
- In 2020-21, half of patients were admitted for elective surgery within 49 days (the median waiting time)—up from 48 days in 2019–20. The median waiting time for elective surgery at the Canberra Hospital was 37 days and CPHB was 57 days (12A.19).
- Across Australia, Indigenous Australians are waiting longer for elective surgery than Other Australians.
  - At the 50<sup>th</sup> percentile Aboriginal and Torres Strait Islander people wait 2 days less in the ACT than nationally at 55 days. This number has been fairly consistent since 2016-17. This is 6 days longer than non-Indigenous Canberrans.

GBC22/131

**Portfolio:** Health**Territory-wide Health Services Plan**

- The Territory-wide Health Services Plan (the Plan) will set a roadmap for this decade to redesign, invest in and redevelop health services funded by the ACT Government.
- This will include the strategies and actions required to continue to meet the needs of a growing community and to improve access and health service outcomes for Canberrans.
- The strategies and actions reflect a comprehensive assessment of service needs across the care continuum on a geographic basis and for population groups with the poorest health outcomes.
- The future services directions for the Plan will be:
  - Key areas of service demand and reform – addressing key areas of demand across emergency departments, surgery, medicine, cancer services, mental health and health protection and prevention.
  - Transitions of care – supporting seamless transitions across the service system as patients move through primary, community, acute, outpatient and residential health settings.
  - The ACT’s role as a local, Territory and regional service provider – formalising arrangements across the service system for how and where services are delivered.
  - Strengthening core ACT Government funded clinical services across areas such as clinical pharmacy and pathology services, medical imaging and allied health.
- The Plan will be finalised and made public by mid-2022. A draft was released for public consultation over June and July 2021 and the final version will reflect feedback from stakeholders and the public.
- Following the finalisation of the Plan, a key focus will be on developing a Northside Clinical Services Plan to guide planning for a northside hospital.

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**Health Infrastructure Key Facts and Figures**

- Over the last decade, we have invested almost \$1.3 billion dollars in health infrastructure across the Territory.
- On the Canberra Hospital Campus, we are investing some \$186 million in infrastructure improvements.
  - Construction of the new Cancer Wards, Wards 14A and 14B has been completed.
  - Construction of a new 10-bed Mental Health Unit, Ward 12B and a new Neurostimulation Therapy Suite within the Adult Mental Health Unit have been completed.
  - Construction of the new 8-bed Intensive Care Unit expansion is nearing completion.
  - There is refurbishment of major cancer treatment and medical imaging equipment spaces and we are undertaking significant building services improvements across older buildings.
- The \$50 million Centenary Hospital for Women and Children (CHWC) Expansion Project includes a series of new building and refurbishment components.
  - The refurbishment of the Paediatric High Care Ward was completed in October 2020 and the new administration building was completed in July 2021.
  - The expansion will further deliver a new Adolescent Mental Health Unit, Adolescent Mental Health Day Service and clinical administration and education spaces.
  - It will also provide refurbishment of the Maternity Assessment Unit, Gynaecology Procedure Suite, Ante-Natal Ward, Early Pregnancy Assessment Unit and the Neonatology Special Care Nursery.
- We have also invested in car parking at the Canberra Hospital with a new 1,150 parking space area at the former CIT site in Woden completed as part of the Canberra Hospital Expansion in August 2021 and \$3 million of funding provided in the 2021-22 Budget to undertake feasibility and design work for a new multi-storey carpark at the Canberra Hospital as part of the Canberra Hospital Master Plan.
- These projects, along with the Canberra Hospital Master Plan and other major investments, will not only transform the physical infrastructure on the Canberra Hospital campus but also allow for new and expanded services to be delivered to the community.
- Since 2018-19, the ACT Government has committed more than \$52 million for expanded services and enhanced infrastructure at Calvary Public Hospital Bruce, including:

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- expansion of the Emergency Department, which has provided an extra 22 treatment spaces and additional staff;
  - two new theatres, both now open to deliver more elective surgeries;
  - upgrade of Calvary's Keaney Building for an Adult Mental Health Unit;
  - refurbishment of the Maternity Unit, delivering upgrades to birth suites and patient rooms as well as additional beds;
  - updates to existing fire safety systems, electrical systems, ICT network infrastructure and the nurse call/medical emergency alert systems.
- In addition, the Clare Holland House Expansion project strengthened palliative care, with the ACT Health Directorate delivering a redesigned facility with an additional eight inpatient areas.

### Planned health infrastructure for the future

- We will build a new Northside Hospital, with construction to start by mid-decade with over \$13 million of funding provided in the 2021-22 Budget for the continuation of planning and design works.
- We have committed to invest around \$21 million to establish an elective surgery centre at the University of Canberra campus with over \$1 million in the 2021-22 budget allocated to develop feasibility and design options for the Northside Elective Surgery Centre.
- Other projects that are in the planning phase include:
  - a new Aboriginal and Torres Strait Islander Alcohol and Other Drug rehabilitation facility;
  - a rebuild of youth mental health and addiction facilities in Watson;
  - a southside hydrotherapy pool;
  - an eating disorder residential facility; and
  - the expansion of the ACT's network of walk-in health centres.

**TRIM Ref:** GBC22/131**Portfolio:** Health**DIGITAL HEALTH RECORD****Talking points**

- The Digital Health Record (DHR) is a key priority in achieving the vision outlined in the *2019-29 ACT Digital Health Strategy*. It will enable clinicians to have a single view of a patient and to have access to all relevant treatment protocols and forms, in context for each case.
- The Digital Health Record complements the national My Health Record and will be a more detailed record.
- The Digital Health Record will be implemented in all ACT public health services, including across our public hospitals, Walk-in Centres, Community Health Centres, and Justice Health.
- The ACT's Digital Health Record is being purpose built to securely manage information in one place to ensure that patient information is protected.
- The Digital Health Record will contain the detail of a person's care, including which bed they are in, which theatre they are booked into, detailed observations and the time their treatments and medications are required and administered.
- The Digital Health Record team consists of approximately 135 staff.

**Progress Update**

- Phase 3: Testing, Content Build and Training preparations commenced on 17 January 2022 and goes through until 26 August 2022. Key activities during this period incorporate:
  - Continue configuring the DHR system based on testing and development needs;
  - Complete application testing and commence system integrated testing;
  - Modify training documentation based on the configuration of the DHR system;
  - Configure technical environments for the required operation of the DHR;
  - Complete training preparations; and
  - Commence Go-Live preparation activities
- The DHR Program Board is monitoring the progress of some critical issues (third party integration and reporting) on a weekly basis. Plans are in place to deliver these key pieces of work within the program schedule timelines.

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- The first round of application testing has now been completed. The next activity is to perform system integrated testing which validates the patient and clinical workflows utilising the DHR system. This activity will continue until 1 July 2022.
- Training preparations and organisational readiness activities are well underway.
- The DHR Program is still tracking to deliver on 12 November 2022.

**Vaccination and COVIDCare@HOME**

- The vaccination capability within the ACT's new Digital Health Record was fast-tracked to support the ACT COVID-19 Vaccination Program. This was commissioned as the Vaccine Information Management System (VIMS).
- Canberrans can make their own vaccination bookings for ACT Government vaccination hubs and access their vaccine related activity through a secure web portal, MyDHR.
- This VIMS system guides nurses through pre-vaccine check lists, recording vaccination details, report to the Australian Immunisation Register and provides digital confirmation to health consumers about their vaccination.
- The VIMS solution has now been extended to assist with the COVIDCare@Home program. Clinical staff have access to enrol patients into the COVIDCare@Home program and then patients will enter information on oxygen saturations, temperature and clinical presentations through questionnaires into the MyDHR app.
- This allows clinical staff to review dashboards to see which patients are requiring active monitoring or may be deteriorating and focus their attention on these patients.
- With the escalation of cases in the ACT, survey data collected is helping to identify patients at risk for the COVIDCare@Home Program to proactively manage.

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GBC22/131

**Portfolio:** Health

## **Culture Review and Canberra Health Services Workplace Culture Initiatives**

- The Culture Reform Oversight Group and the Culture Review Implementation Steering Group have been established to ensure effective and efficient implementation across the ACT public health system of the 20 recommendations accepted from the *Final Report: Independent Review into Workplace Culture within ACT Public Health Services*.
- Three working groups of the Oversight Group have been established to focus on system-wide issues, specifically:
  - System-wide Human Resources (HR) and people related matters;
  - Early intervention, supporting proactive engagement over matters that impact the workforce of the system; and
  - Professional Transitions to Work, supporting the transition of students to early career professionals.
- As at the 14 February 2022 Oversight meeting a total of nine recommendations from the Culture Review have been completed.
- At the 14 February 2022 Oversight Group meeting, of 92 discrete actions to implement the recommendations, 65 have been completed, with 13 on track and 14 actions being actively managed to ensure all recommendations are addressed by 30 June 2022.
- The annual assessment using the Organisational Culture Improvement Model to evaluate the effectiveness of initiatives progressed and to identify future activities has been completed for 2021 at each organisation with some positive results reported and key priorities identified for further work in each organisation.
- Regular workplace culture surveys have been established in each organisation, ACT Health Directorate, Canberra Health Services and Calvary Public Hospital Bruce to measure staff engagement.
- ACTHD participated in the whole of Government engagement survey in August 2021. High level results have been provided to the organisation for consideration.

### Management and Leadership Training

- Leadership Development training has commenced with the first training cohort completed on 8 December 2021.
- A total of 250 participants from ACT Health Directorate (ACTHD), Canberra Health Service and Calvary Public Hospital will participate in the program by 30 June 2022.

### Example Activities

- The rollout of the internationally recognised ‘Speaking up for Safety’ program continues at both Calvary Public Hospital Bruce and Canberra Health Services (CHS). More than 74 per cent of staff at Calvary Public Hospital have been trained in the program to date and approximately 56 percent have been trained at CHS. This is an ongoing investment to

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## QUESTION TIME BRIEF

provide staff with an evidence-based approach to communication by teaching and reinforcing skills to enable a 'speaking up' culture.

- Work is progressing to integrate the Values in Action Framework at Calvary Public Hospital to embed the values in the culture, particularly in areas of performance development and planning processes.
- CHS is piloting the SCORE Civility Program. SCORE stands for Strengthening a Culture of Respect and Engagement. The aim of the program is to transform a culture of disrespect, by addressing long-term issues, facilitating safe and honest discussions, and teaching new skills to cultivate an improved, safe and respectful workplace culture.
- CHS has launched Green Buddies, a program to support the wellbeing of nursing and midwifery staff in the Women, Youth and Children division. Developed by clinical staff, the initiative has trained 12 inaugural volunteer Buddies to support the wellbeing of their colleagues.
- A mentor program aimed at supporting Junior Medical Officers (JMOs) has also been rolled out across CHS. Blue Buddies are informal near-to-peer mentors who help JMOs with advice and guidance.

### COVID-19 support for staff

- Responding to the COVID-19 pandemic has resulted in necessary changes to work practices and new ways of working introduced. However, the focus on improving workplace culture continues and importantly action has been taken to support staff during the added stresses of the COVID-19 pandemic.
- CHS has communicated the evidence based *Supporting Our Staff During the COVID-19 Pandemic Framework* which summarises key considerations for supporting CHS staff, including being heard, protected, prepared, supported and cared for. The Framework also provides a practical checklist to help manager's with key responsibilities.
- To ease the impact of the COVID-19 pandemic on the health and wellbeing of CHS team members, a number of support avenues have been put into place. The CHS Staff Health and Wellbeing COVID-19 Response Strategy 2021 outlines supports available to ensure the health and wellbeing needs of staff are being met.
- CHS continues to implement the Staff Health and Wellbeing Strategy 2020-23 which outlines what CHS is doing to support the physical and mental health and wellbeing of staff. Initiatives include providing a range of education and awareness workshops to support physical and mental health and wellbeing.

**ALCOHOL AND OTHER DRUGS****Talking points:**

- The ACT Government invests more than \$22 million each year in specialist alcohol, tobacco and other drug treatment and support services in the Territory.
- A further \$984,000 has been provided to alcohol and other drug services to support the wellbeing of Canberrans during lockdown. This is in addition to the \$518,000 provided in 2020 to support alcohol and other drug services to respond to COVID-19.
- The 2021-22 ACT Government Budget will provide \$11 million in additional funding over the forward estimates to expand and improve alcohol and other drug services. This includes:
  - \$982,000 to expand the existing Needle and Syringe Program and to explore options for a medically supervised drug consumption facility; and
  - \$803,000 to commence design work for a new Aboriginal and Torres Strait Islander residential alcohol and other drug rehabilitation facility in partnership with Winnunga Nimmityjah and for the redevelopment of the Ted Noffs Foundation and CatholicCare facilities in Watson.

**Infrastructure upgrades**

- The Government is investing \$1.3 million for repairs and upgrades at the Karralika facilities in Fadden and Isabella Plains – these projects are under way now.

**Drug Strategy Action Plan**

- The current iteration of the Drug Strategy Action Plan ends in December 2021. A review of the plan, including its Governance is in its final stages and currently being reviewed by valued partners.
- Similarly, the progress report on the action plan from July 2020 to December 2021 is being developed. This document will highlight the achievements of the action plan, as well as identifying areas where further progress is needed. The review and progress report are intended to be published together in March 2022.
- During 2021 the Government has made progress on further minimising harm and delivering on our Drug Strategy Action Plan, including:
  - Joint funding with the Capital Health Network and the John James Foundation for the Mobile Primary Care Outreach Clinic;
  - The medically supervised injecting facility feasibility study was published;

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Lead Directorate: Health  
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## QUESTION TIME BRIEF

- The Aboriginal and Torres Strait Islander Alcohol and Other Drug Residential Rehabilitation Model of Care was finalised in partnership with Winnunga Nimmityjah; and
- Funding has been set aside for a fixed-site pill testing pilot to commence in 2022.

### Wastewater analysis

- ABC radio news reported on 15 March 2022 that wastewater testing in October 2021 indicated the highest levels of cannabis detected since testing began in 2018.
- The ABC report did not provide the context that cannabis was detected at record high levels across Australia in later 2021, including substantial increases in regional NSW.
- Cannabis use appears to be higher during COVID-19 lockdown periods. Cannabis is largely locally produced in Australia and supply appears to be relatively robust compared to some other drugs under pandemic conditions. Caution needs to be used in interpreting long term drug trends based on pandemic period consumption patterns.
- The ABC report also noted that the testing indicated significantly reduced consumption of ecstasy (MDMA), methamphetamine and cocaine consumption in the ACT during the testing period. The reductions in MDMA and methamphetamine consumption mirrored national trends.

### Pill testing

- Pill testing, also known as drug checking, is a harm reduction service that analyses the contents of drugs to help members of the public avoid the unknown and potentially dangerous substances in illicit drugs. Appropriate information and counselling is provided to service users based on their specific test result to encourage choices that reduce overall drug use and the harms associated with taking drugs.
- The ACT Government considers that pill testing as a component of harm reduction measures is a sensible approach to limiting the dangers of illicit drug use by Canberrans.
- The 2021-22 ACT Budget included \$260,000 funding for a fixed-site pill testing pilot. Planning is underway for the pilot to commence in 2022. A fixed-site service pilot will make pill testing available to a larger target population on a regular basis.
- In line with the ACT Government's commitment to preventing and reducing the harms associated with drug use, ACT Health Directorate (ACTHD) has developed The Festivals Pill Testing Policy, which provides guidance to event planners regarding harm minimisation at large events such as music festivals.
- The ACT Government understands that Pill Testing Australia (PTA) is working with the promoter of Groovin the Moo festival regarding the possibility of providing a pill testing service at the festival in April 2022.
- The Festivals Pill Testing Policy will support a pill testing service at Groovin the Moo. ACTHD will provide assistance with stakeholder engagement across Government.

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## QUESTION TIME BRIEF

- The ACT Government does not approve or condone illicit drug use. It is risky and dangerous to consume illicit drugs. It is illegal to possess, manufacture and distribute illicit drugs. Pill testing is about preventing and reducing the harms associated with drug use and has the potential to save lives.

### Alcohol and other drug statistics

- In the National Drug Strategy Household Survey 2019, the ACT had the lowest proportion of lifetime risky drinking over the past year, at 14.1 per cent compared with the national average of 16.8 per cent.
- The ACT also had the lowest rate of recent illicit drug use of any Australian jurisdiction in 2019, at 14.6 per cent.
- The 2018 ACT Service Users' Satisfaction and Outcomes Survey, conducted by the Alcohol Tobacco and Other Drug Association ACT, found that 92 per cent of respondents were either mostly or very satisfied with the service they had received, and there was no significant difference in consumer satisfaction based on length of time waited.

### Canberra Health Service (CHS), Alcohol and Drug service wait times

- Demand for the CHS' Alcohol and Drugs Service remains steady. The current waiting time for an Alcohol and Drugs Service Addiction Medicine Specialist Outpatient Appointment is approximately one to two weeks. In line with COVID restrictions, Specialist appointments are being offered via Telehealth.
- The current waiting time for the Inpatient Withdrawal Unit is approximately one to two weeks.
- Access for counselling is triaged according to risk and other vulnerabilities. The current wait time for an initial appointment for adults is two to four weeks and for ongoing therapy up to two months.
- Other programs offered during this wait time include SMART (Self-Managed and Recovery Training) recovery, group counselling and referral to Alcohol and Other Drug Non-Government Organisations for counselling.
- Counselling sessions are being offered via Telehealth to adhere to COVID restriction requirements. Some therapeutic and peer support groups are being conducted virtually.
- The CHS, Alcohol and Drug Service, has recently deployed Drug and Alcohol Nurses to work directly with clients struggling with substance use and dependence while in quarantine and isolation. This initiative is part of a wider community response in collaboration with the Public Health Emergency Coordination Centre (HECC).

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**Portfolio:** Health**Covid-19: Canberra Times Article – Health Officials Obscured  
Covid-19 Information****Talking points:**

- The ACT Health Directorate does not have complete and effective data on vaccination status or palliative care status for COVID-19 patients. It would be inappropriate for ACTHD to use incomplete data sets and anecdotal evidence in public messaging, even when that information would likely align with our public health goals of increasing vaccination rates amongst Canberrans.
- ACTHD is working with the Commonwealth and other jurisdictions to review nationally consistent surveillance data supporting death reporting.
- ACTHD has and will continue to keep the community informed on all health matters.
- The ACT Health Directorate must protect the privacy of all individuals and ensure that any release of health information can not result in the identification of individuals.
- The ACT is a small jurisdiction and our numbers are small compared to the bigger jurisdictions.
- 

*Vaccination status of inpatients*

- Canberra Health Services (CHS) provides the ACT Health Directorate with details of people that have been admitted to ACT hospitals who have COVID-19. This includes details of those who have died of or with COVID-19.
- It is not mandated that patients disclose their vaccination status to Canberra Hospital staff and proof of vaccination is not required on admission.
- There are several reasons why the COVID-19 vaccination status of a hospital patient might be unknown at the time of admission.
  - Critically ill patients may not be able to confirm their vaccination status and there may be differences in names or other identifying details that may limit information gathered from the Australian Immunisation Register.
  - Data cleansing may identify the vaccine status at a later time.
- Identifying trends in COVID-19 deaths can be complex and takes into consideration age, underlying health conditions, vaccination status etc.

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Lead Directorate: Health  
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- Age greater than 70 years , Aboriginal and Torres Strait Islanders, people living with disability and those with cognitive impairment or dementia are known to be at serious risk from COVID-19. Those receiving treatment for cancers, chronic inflammatory conditions, chronic kidney, lung, liver and heart disease, diabetes, morbid obesity and the immunosuppressed are also at increased risk.
- Contributing factors leading to death in people who have COVID-19 are complex and it was important to carefully consider all information available to ACTHD in order to present an accurate and complete picture of this data.
- It was also important to consider how this was presented to not create an unrealistic expectation of the effectiveness of the vaccine in preventing death in individuals who had severe comorbidities in addition to COVID-19.
- While anecdotally we did see a correlation between people receiving palliative care and death from COVID-19 in the ACT, ACTHD did not have adequate records to confidently make this assertion based on data-driven evidence. This is because ACTHD collects and reports data consistent with nationally agreed surveillance definitions for deaths associated with COVID-19. Whether an individual was receiving palliative care does not form part of the surveillance definition.

### **Background information**

- On 16 February 2022, ACT Health Directorate (ACTHD) received an application under Freedom of Information (FOI) legislation for documents relating to all documents prepared in relation to a media statement to The Canberra Times.
- On 24 January 2022 ACTHD received a media enquiry from The Canberra Times relating to getting a breakdown of vaccine status and co-morbidities for people who had died from COVID-19. Further questions were sent by the journalist on 25 January 2022.
- There was a delay in providing a response to the Canberra Times, with the response provided on 3 February 2022.
- The journalist has subsequently FOI'd ACTHD for related correspondence.

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GBC22/131

**Portfolio: Health****Quarterly Performance Reporting and Publication of Data for Consumers****Talking points:**Quarterly Performance Report – July to September 2021Patient experience

- 91 per cent of patients provided positive feedback on their experience within Canberra Health Services.
- 93 per cent reported a positive experience at Calvary Public Hospital Bruce.

Emergency presentations

- 54.4 per cent of patients were treated and left the emergency department within four hours, an increase of 0.6 per cent from the previous quarter.
- Cat 1 patients were treated immediately - in line with the recommended national treatment times.
- Cat 2 patients waited on average only 7 minutes for treatment - in line with the recommended national treatment times.
- In the less urgent triage categories 3, 4 and 5, the median waiting time to treatment decreased compared with the previous quarter.
  - The median waiting time for these triage categories ranged between 54-67 minutes for these three categories.

*Improving performance*

- The 2021-22 Budget included:
  - new investments to deliver 24/7 medical imaging service at Calvary Public Hospital Bruce's Emergency Department.
    - This builds on the expansion completed last year that provided a 50 per cent increase in treatment spaces.
  - \$23 million to expand the capacity of Canberra Hospital's emergency department, expanding the Emergency Medical Unit, increasing the workforce including the introduction of a medical navigator and establishing an Acute Medical Unit.
- The Government's investments build on and support the work underway at both hospitals to revise their model of care, and continued focus on improving the experience for people who need care at our hospitals.

Elective surgery

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## QUESTION TIME BRIEF

- In Quarter 1 2021-22, the ACT delivered 3,650 elective surgeries, a decrease of 7.9 per cent from the previous quarter.

### *2020-21 Elective Surgery Performance*

- The ACT public health system delivered a record 15,324 elective surgeries in 2020-21. over 1,000 more elective surgeries than the previous record number of 14,015 in 2018-19.
- The most recent AIHW report on elective surgery waiting times for 2020-21 shows that at the 90<sup>th</sup> percentile the ACT had:
  - for the fewest number of days waited for cardio-thoracic surgery and plastic and reconstructive surgery;
  - The second fewest days waited for gynaecology surgery, neurosurgery and urological surgery.
- A record number of Orthopaedic surgeries were undertaken in 2020-21- nearly 400 more than the previous record.
- However, Orthopaedic surgery and ENT surgery continue to present the biggest challenge in waiting times in the ACT.

### *Improving performance*

- The ACT Government continues to invest in this area and has committed to delivering more than 60,000 elective surgeries over the next four years.
- The 2021-22 Budget continues the significant programs of investments made in public surgery by the ACT Government with \$46 million allocated for more emergency and elective surgeries over the coming years.
  - \$39 million to increase emergency surgery capacity at Canberra Hospital with more surgeries and more beds; and
  - \$7 million to deliver more elective surgery in 2021, including additional funds for high value surgeries, begin planning the Northside Elective Surgery Centre and establish the enhanced recovery after surgery program.

### Walk-in Centres and COVID-19 Testing Centres

- Non-COVID presentations decreased by 32.3 per cent this quarter with almost 13,900 presentations.
- The median wait time for treatment across the network was only 10 minutes.
- Almost 80 per cent of people presenting were treated at the Walk-in Centre and only 7 per cent of people were redirected to an Emergency Department.
- During Quarter 1, the five COVID-19 respiratory clinics and testing centres saw a total of 138,598 presentations, an increase of 224.4 per cent from the previous quarter.

**ACT's Emergency Department (ED) Performance**

- Our emergency departments continue to treat high numbers of presentations.
- In 2020-21 the ACT's emergency departments had 153,718 presentations, a 9 per cent increase in presentations on the previous financial year.
- In the time of the COVID-19 pandemic, our health services have also needed to put in place additional safety measures in both Emergency Departments to ensure we manage patients with COVID-19 symptoms safely, this has led to:
  - increased staff demand;
  - significant clinical staff shortages resulting from staff entering quarantine;
  - delayed patient flow resulting from additional demand on pathology testing; and
  - reduced capacity to admit short stay patients, as space has been required to isolate COVID-19 patients on presentation.
- To continue to enhance ED performance, we have invested \$128 million to expand critical public hospital services. This includes \$23 million for the Canberra Hospital Emergency Department and \$16 million for more patients to receive services at Calvary Public Hospital Bruce, including the expansion of Calvary's medical imaging to a 24/7 service that commenced at the end of January 2022. This means patients will not have to wait overnight or come back the next day for imaging when they present to Calvary's emergency department.
- To further enhance ED performance both hospitals have improvement programs in place. These efforts are continuing even with the additional pressure of managing the COVID-19 outbreak.
- The improvement programs include:
  - at Canberra Hospital, recruitment of additional emergency staff specialists;
  - increasing the medical navigator's operational hours to 16 hours per business day from 7 February 2022;
  - re-establishing nursing models in the ED; and
  - in December 2021, a 12-bed pilot of the Acute Medical Unit commenced with a view to roll out the new 24-bed facility in February 2023, enabling patients to be admitted faster from the ED and have their care plans commenced early, which reduces their length of stay and creates capacity in the ED;
  - at Calvary, this includes strengthening the ED model of care, patient flow, staff allocation, staff skills, and education and team culture;

# QUESTION TIME BRIEF

- introduction of a stronger escalation policy and practice for long wait patients; and
- in December 2021, additional nurse practitioners were brought on board to improve the assessment and treatment of lower acuity patients.
- These improvements at Canberra Hospital sit alongside the Timely Care Strategy, which includes:
  - the establishment of a daily hospital huddle with clinicians to identify areas under pressure and action accordingly;
  - a CHS-wide Huddle each morning attended by senior clinical staff enabling a shared responsibility and understanding of the clinical and operational demand on services with collaborative problem solving;
  - a weekend Patient Flow meeting to support safe and timely discharges over the weekend;
  - ED redesign projects including staffing and new positions in the emergency department to manage timely care;
  - discharge processes that identify appropriate patients and facilitate timely discharges, including using discharge lounges, that then increase the availability of beds across the system; and
  - project work to examine how Canberra Hospital can best configure wards to enhance models of care and support clinical teams.

## Key Information

Total ED Presentations:

	2019-20	2020-21	Percentage Change	Q1 2021-22
Number of presentations	141,021	153,718	9%	35,511

- Based on Quarter 1 results, the highest number of presentations in a single day was 489 on 11 August 2021.

Latest available SOT<sup>1</sup> results:

Q1 21-22	Cat 1	Cat 2	Cat 3	Cat 4	Cat 5
% SOT	100%	74.8%	34.5%	47.1%	75.8%
SOT Targets	100%	80%	75%	70%	70%

<sup>1</sup> "Seen on Time" refers to the measure of the percentage of emergency department presentations whose assessment and treatment is commenced within the timeframes recommended by the Australasian College of Emergency Medicine Triage Scale.

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**QUESTION TIME BRIEF**

On 30 March 2022, the capacity to admit short stay patients at Calvary Public Hospital Bruce improved as ten short stay beds reopened. However, this remains below full capacity of nineteen beds

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## Question Time Brief

GBC22/131

**Portfolio:** Health

### REPORT ON GOVERNMENT SERVICES (ROGS) DATA

#### Talking points:

##### Health Sector Overview

- The ACT has the highest life expectancy at birth in Australia – 85.9 years for females and 82.1 years for males (EA.29).
- Between 2017-19 and 2018-20 life expectancy at birth for all ACT residents has increased by 0.5 years.
- The ACT Government's Preventive Health Plan sets out our goals to continue to improve health outcomes across the life-course, building on the nation leading health outcomes we have.

##### Primary and Community Care

##### *General practice funding*

- The Commonwealth Government spends less per person on general practitioners in the ACT at \$345.0 than any other jurisdiction and \$92 less than the national average (\$437.1) (10A.2).
- The ACT has the lowest rate of bulk-billing of any jurisdiction due to a lack of investment, frozen indexation rates, and cutting of bulk-billing incentives by the Commonwealth Government.
- On 1 January 2020, the Commonwealth cut bulk-billing incentives previously available to Canberra general practitioners, to help those who most need access to primary health care.
- The ACT Government continues to invest in increasing access to primary care, with our network of nurse-led Walk-in Centres, investments in community partners to support those most in need, and roll out of targeted grant rounds. The ACT is likely to employ more female than male GPs, as the younger generation of GPs has a higher number of females. *Potentially Preventable Hospitalisations*

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TRIM Ref:	GBC22/131	

- In 2019-20, the ACT had the lowest rate of Potentially Preventable Hospitalisations of all jurisdictions (21.2 per 1,000 people), the lowest rate being for Chronic conditions (8.8 per 1,000 people) (10A.65).
- The ACT had the second lowest rates of Potentially Preventable Hospitalisations for Indigenous Australians, at two-thirds the national rate (48.0 compared to 72.2 per 1,000 people, respectively) (10A.66). However, this still is more than double the non-Indigenous ACT rate at 20.5.
  - The ACT Government continues to work closely with our local Aboriginal and Torres Strait Islander community to improve the cultural competency and accessibility of public hospital services and support community controlled services to deliver more services.

### *Vaccination coverage*

- The uptake of vaccination against COVID-19, means that the ACT is leading the world in the proportion of the population who are vaccinated. The ACT continues to see the benefits of this vaccination, with low COVID-19 case numbers.
- The ACT had the highest proportion of children aged 12 months to less than 15 months (96.4 per cent) and aged 24 months to less than 27 months (93.5 per cent) fully immunised of all states and territories in 2020-21 (10A.48).
- In the ACT in 2020-21 almost two-thirds (64.0 per cent) of people aged 65 years and over received an influenza vaccine, compared to 60.3 per cent nationally (10A.49).

### *Cancer screening*

- In 2019-2020, participation rates for BreastScreen were higher in the ACT than nationally, with over half (57.3 per cent) of women 50 to 74 years screened, compared to 49.4 per cent nationally (10A.50).
- Almost 6 in 10 women in the ACT (58.5 per cent) aged 25 to 74 years participated in cervical screening programs between 2018-2020, compared to 55.9 per cent nationally (10A.52).

### Public Hospitals

- The ACT spends more per person on public hospital services than other jurisdictions, except the Northern Territory.
- Recurrent expenditure in the ACT on public hospital services increased from \$1,546 million in 2018-19 to \$1,653 million in 2019-20 (12A.1).
- The 2021-22 Budget includes record investments in the hospital system, expanding critical hospital services and improving the public health system.
- In 2019-20 ACT public hospital services employed an average of 18.3 full-time equivalent (FTE) staff per 1,000 persons, compared to an FTE of 15.7 nationally (12A.9).

## *Emergency Department*

- For the most urgent triage category patients waiting times are in line with the recommended national treatment times.
- The proportion of all ED presentations with a length of stay of four hours or less ending in admission in 2020-21 increased by 3 per cent, to 38 per cent of presentations—compared to 42 per cent nationally.
- Over half (51 per cent) of ED presentations at Calvary Public Hospital Bruce (CPHB) had an ED stay within four hours ending in admission (12A.32).
- The ACT Government has invested \$23 million in the 2021-22 Budget to support the Canberra Hospital ED, with an expanded Emergency Medical Unit, new Acute Medical Unit and more staff including a medical navigator.
- The 2021-22 Budget also included funding for 24/7 imaging at CPHB to build on the 50 per cent expansion of the ED completed in 2020.

## *Elective Surgery*

- The ACT Government invested \$20 million in 2020-21 to deliver additional elective surgeries due to the impact of COVID-19 in 2019-20.
- In 2020–21, the ACT had the highest turnover of the public hospital elective surgery waiting lists in the country, with more removals due to surgery than additions (12A.33).
- This was due to the Government delivering a record 15,324 elective surgeries in 2020-21, over 1,300 more than the previous record set in 2018-19.
- The 2021-22 Budget continues the significant programs of investments made in public surgery by the ACT Government with \$46 million allocated for more emergency and elective surgeries over the coming years.
  - \$39 million to increase emergency surgery capacity at Canberra Hospital with more surgeries and more beds; and
  - \$7 million to deliver more elective surgery in 2021, including additional funds for high value surgeries, commencement of planning the Northside Elective Surgery Centre and establishment of the enhanced recovery after surgery program.
- In 2020-21, half of patients were admitted for elective surgery within 49 days (the median waiting time)—up from 48 days in 2019–20. The median waiting time for elective surgery at the Canberra Hospital was 37 days and CPHB was 57 days (12A.19).
- Across Australia, Indigenous Australians are waiting longer for elective surgery than Other Australians.
  - At the 50<sup>th</sup> percentile Aboriginal and Torres Strait Islander people wait 2 days less in the ACT than nationally at 55 days. This number has been fairly consistent since 2016-17. This is 6 days longer than non-Indigenous Canberrans.

GBC22/131

**Portfolio:** Health**Territory-wide Health Services Plan**

- The Territory-wide Health Services Plan (the Plan) will set a roadmap for this decade to redesign, invest in and redevelop health services funded by the ACT Government.
- This will include the strategies and actions required to continue to meet the needs of a growing community and to improve access and health service outcomes for Canberrans.
- The strategies and actions reflect a comprehensive assessment of service needs across the care continuum on a geographic basis and for population groups with the poorest health outcomes.
- The future services directions for the Plan will be:
  - Key areas of service demand and reform – addressing key areas of demand across emergency departments, surgery, medicine, cancer services, mental health and health protection and prevention.
  - Transitions of care – supporting seamless transitions across the service system as patients move through primary, community, acute, outpatient and residential health settings.
  - The ACT’s role as a local, Territory and regional service provider – formalising arrangements across the service system for how and where services are delivered.
  - Strengthening core ACT Government funded clinical services across areas such as clinical pharmacy and pathology services, medical imaging and allied health.
- The Plan will be finalised and made public by mid-2022. A draft was released for public consultation over June and July 2021 and the final version will reflect feedback from stakeholders and the public.
- Following the finalisation of the Plan, a key focus will be on developing a Northside Clinical Services Plan to guide planning for a northside hospital.

Cleared as complete and accurate: 17/03/2022  
Cleared for public release by: Executive Group Manager  
Contact Officer name: Jacinta George  
Lead Directorate: Health  
TRIM Ref: GBC22/131

**ALCOHOL AND OTHER DRUGS****Talking points:**Wastewater analysis- October 2021

- The most recent wastewater testing indicated record high levels of cannabis use across Australia, including substantial increases in regional NSW – not just in the ACT.
- Cannabis use appears to be higher during COVID-19 lockdown periods.
- Cannabis is largely locally produced in Australia and supply appears to be relatively robust compared to some other drugs under pandemic conditions. Caution needs to be used in interpreting long term drug trends based on pandemic period consumption patterns.
- There was also record low consumption of MDMA and MDA in the ACT in the most recent survey.
- Methamphetamine and cocaine consumption in the ACT also decreased during the testing period.
- The ACT continues to sit well below the national capital city average for methamphetamine consumption in the latest survey.

Alcohol and other drug statistics

- In the most recent National Drug Strategy Household Survey (2019), the ACT had:
  - the lowest proportion of lifetime risky drinking over the past year, at 14.1 per cent compared with the national average of 16.8 per cent.
  - the lowest rate of recent illicit drug use of any Australian jurisdiction, at 14.6 per cent;
  - The lowest daily smoking rate at 8.2%.
- Since 2001 recent illicit drug use in Canberra has declined from 17.8 per cent of the population to 14.6 per cent (lowest of any jurisdiction) in 2019.

Pill testing

- The ACT Government considers that pill testing, as a component of harm reduction measures, is a sensible approach to limiting the dangers of illicit drug use by Canberrans.
- In September 2020, the ACT Government published *The Festivals Pill Testing Policy*, which provides guidance to event planners regarding harm minimisation at large events such as music festivals.

Cleared as complete and accurate: 18/3/22  
Cleared by: Executive Group Manager  
Contact Officer name: Fiona Barbaro Ext: 46146  
Lead Directorate: Health  
TRIM Ref: GBC22/131

## QUESTION TIME BRIEF

- This policy was based on the success of the two pilots of pill testing at Groovin the Moo in 2018 and 2019 and the final evaluation report conducted by the Australian National University.
- The ACT Government understands that Pill Testing Australia (PTA) is working with the promoter of Groovin the Moo festival regarding the possibility of providing a pill testing service at the festival in April 2022. ACT Government is not funding this service, in accordance with the Festivals Pill Testing Policy.
- The ACT Government does not approve or condone illicit drug use. It is risky and dangerous to consume illicit drugs. It is illegal to possess, manufacture and distribute illicit drugs. Pill testing is about preventing and reducing the harms associated with drug use and has the potential to save lives.

### *Static pill testing site*

- The 2021-22 ACT Budget included \$260,000 funding for a fixed-site pill testing pilot. Planning is underway for the pilot to commence in 2022. A fixed-site service pilot will make pill testing available to a larger target population on a regular basis.
- The pilot is anticipated to open in coming months in Civic.

### 2021-22 ACT Budget

- The ACT Government invests more than \$22 million each year in specialist alcohol, tobacco and other drug treatment and support services in the Territory.
- The 2021-22 ACT Government Budget includes \$11 million in additional funding over the forward estimates to expand and improve alcohol and other drug services. This includes:
  - \$982,000 to expand the existing Needle and Syringe Program and to explore options for a medically supervised drug consumption facility; and
  - \$803,000 to commence design work for a new Aboriginal and Torres Strait Islander residential alcohol and other drug rehabilitation facility in partnership with Winnunga Nimmityjah and for the redevelopment of the Ted Noffs Foundation and CatholicCare facilities in Watson; and
  - \$984,000 provided to alcohol and other drug services to support the wellbeing of Canberrans during lockdown.
- This is in addition to the \$518,000 provided in 2020 to support alcohol and other drug services to respond to COVID-19.

### Infrastructure upgrades

- The Government is investing \$1.3 million for repairs and upgrades at the Karralika facilities in Fadden and Isabella Plains – these projects are under way now.
- The Government is reviewing other appropriate AOD infrastructure upgrades and projects for the remaining \$3m funding.

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Cleared by: Executive Group Manager  
Contact Officer name: Fiona Barbaro Ext: 46146  
Lead Directorate: Health  
TRIM Ref: GBC22/131

Drug Strategy Action Plan

- The current iteration of the Drug Strategy Action Plan ended in December 2021. A review of the plan, including its Governance is to be published very shortly
- Similarly, the progress report on the action plan from July 2020 to December 2021 has been drafted. This document will highlight the achievements of the action plan, as well as identifying areas where further progress is needed. The review and progress report are intended to be published together in April 2022.
- ACT Health is leading a comprehensive collaborative process to design the next plan with valued partners in the AOD and other related sectors. The next plan will be published in the second half of 2022.
- During 2021 the Government has made progress on further minimising harm and delivering on our Drug Strategy Action Plan, including:
  - Joint funding with the Capital Health Network and the John James Foundation for the Mobile Primary Care Outreach Clinic;
  - The medically supervised injecting facility feasibility study was published;
  - The Aboriginal and Torres Strait Islander Alcohol and Other Drug Residential Rehabilitation Model of Care was finalised in partnership with Winnunga Nimmityjah.
- The 2018 ACT Service Users' Satisfaction and Outcomes Survey, conducted by the Alcohol Tobacco and Other Drug Association ACT, found that 92 per cent of respondents were either mostly or very satisfied with the service they had received, and there was no significant difference in consumer satisfaction based on length of time waited.

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Contact Officer name: Fiona Barbaro Ext: 46146  
Lead Directorate: Health  
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**Health Infrastructure Key Facts and Figures**

- Over the last decade, we have invested almost \$1.3 billion dollars in health infrastructure across the Territory.
- On the Canberra Hospital Campus, we are investing some \$186 million in infrastructure improvements.
  - Construction of the new Cancer Wards, Wards 14A and 14B has been completed.
  - Construction of a new 10-bed Mental Health Unit, Ward 12B and a new Neurostimulation Therapy Suite within the Adult Mental Health Unit have been completed.
  - Construction of the new 8-bed Intensive Care Unit expansion is complete.
  - There is refurbishment of major cancer treatment and medical imaging equipment spaces and we are undertaking significant building services improvements across older buildings.
- The \$50 million Centenary Hospital for Women and Children (CHWC) Expansion Project includes a series of new building and refurbishment components.
  - The refurbishment of the Paediatric High Care Ward was completed in October 2020 and the new administration building was completed in July 2021.
  - The expansion will further deliver a new Adolescent Mental Health Unit, Adolescent Mental Health Day Service and clinical administration and education spaces.
  - It will also provide refurbishment of the Maternity Assessment Unit, Gynaecology Procedure Suite, Ante-Natal Ward, Early Pregnancy Assessment Unit and the Neonatology Special Care Nursery.
- We have also invested in car parking at the Canberra Hospital with a new 1,150 parking space area at the former CIT site in Woden completed as part of the Canberra Hospital Expansion in August 2021 and \$3 million of funding provided in the 2021-22 Budget to undertake feasibility and design work for a new multi-storey carpark at the Canberra Hospital as part of the Canberra Hospital Master Plan.
- These projects, along with the Canberra Hospital Master Plan and other major investments, will not only transform the physical infrastructure on the Canberra Hospital campus but also allow for new and expanded services to be delivered to the community.



## QUESTION TIME BRIEF

- Since 2018-19, the ACT Government has committed more than \$52 million for expanded services and enhanced infrastructure at Calvary Public Hospital Bruce, including:
  - expansion of the Emergency Department, which has provided an extra 22 treatment spaces and additional staff;
  - two new theatres, both now open to deliver more elective surgeries;
  - upgrade of Calvary's Keaney Building for an Adult Mental Health Unit;
  - refurbishment of the Maternity Unit, delivering upgrades to birth suites and patient rooms as well as additional beds;
  - updates to existing fire safety systems, electrical systems, ICT network infrastructure and the nurse call/medical emergency alert systems.
- In addition, the Clare Holland House Expansion project strengthened palliative care, with the ACT Health Directorate delivering a redesigned facility with an additional eight inpatient areas.

### Planned health infrastructure for the future

- We will build a new Northside Hospital, with construction to start by mid-decade with over \$13 million of funding provided in the 2021-22 Budget for the continuation of planning and design works.
- Over \$1 million in the 2021-22 budget allocated to develop feasibility and design options for the Northside Elective Surgery Centre.
- Other projects that are in the planning phase include:
  - a new Aboriginal and Torres Strait Islander Alcohol and Other Drug rehabilitation facility;
  - a rebuild of youth mental health and addiction facilities in Watson;
  - a southside hydrotherapy pool;
  - an eating disorder residential facility; and
  - the expansion of the ACT's network of walk-in health centres.

**TRIM Ref:** GBC22/131**Portfolio:** Health**DIGITAL HEALTH RECORD**

- The Digital Health Record (DHR) is a key priority in achieving the vision outlined in the *2019-29 ACT Digital Health Strategy*. It will enable clinicians to have a single view of a patient and to have access to all relevant treatment protocols and forms, in context for each case.
- The Digital Health Record complements the national My Health Record and will be a more detailed record.
- The Digital Health Record will be implemented in all ACT public health services, including across our public hospitals, Walk-in Centres, Community Health Centres, and Justice Health.
- The ACT's Digital Health Record is being purpose built to securely manage information in one place to ensure that patient information is protected.
- The Digital Health Record will contain the detail of a person's care, including which bed they are in, which theatre they are booked into, detailed observations and the time their treatments and medications are required and administered.
- The Digital Health Record team consists of approximately 135 staff.

**Progress Update**

- Phase 3: Testing, Content Build and Training preparations commenced on 17 January 2022 and goes through until 26 August 2022. Key activities during this period incorporate:
  - Continue configuring the DHR system based on testing and development needs;
  - Complete application testing and commence system integrated testing;
  - Modify training documentation based on the configuration of the DHR system;
  - Configure technical environments for the required operation of the DHR;
  - Complete training preparations; and
  - Commence Go-Live preparation activities
- The first round of application testing has now been completed. The next activity is to perform system integrated testing which validates the patient and clinical workflows utilising the DHR system. This activity will continue until 1 July 2022.
- Training preparations and organisational readiness activities are well underway.
- The DHR Program is still tracking to deliver on 12 November 2022.

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Cleared by: Chief Information Officer Ext: 49000  
Contact Officer name: Peter O'Halloran Ext: 49000  
Lead Directorate: Health  
TRIM Ref: GBC22/131

**Vaccination and COVIDCare@HOME**

- The vaccination capability within the ACT's new Digital Health Record was fast-tracked to support the ACT COVID-19 Vaccination Program. This was commissioned as the Vaccine Information Management System (VIMS).
- Canberrans can make their own vaccination bookings for ACT Government vaccination hubs and access their vaccine related activity through a secure web portal, MyDHR.
- This VIMS system guides nurses through pre-vaccine check lists, recording vaccination details, report to the Australian Immunisation Register and provides digital confirmation to health consumers about their vaccination.
- The VIMS solution has now been extended to assist with the COVIDCare@Home program. Clinical staff have access to enrol patients into the COVIDCare@Home program and then patients will enter information on oxygen saturations, temperature and clinical presentations through questionnaires into the MyDHR app.
- This allows clinical staff to review dashboards to see which patients are requiring active monitoring or may be deteriorating and focus their attention on these patients.
- With the escalation of cases in the ACT, survey data collected is helping to identify patients at risk for the COVIDCare@Home Program to proactively manage care.

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Cleared by: Chief Information Officer Ext: 49000  
Contact Officer name: Peter O'Halloran Ext: 49000  
Lead Directorate: Health  
TRIM Ref: GBC22/131

GBC22/131

**Portfolio:** Health

## **Culture Review and Canberra Health Services Workplace Culture Initiatives**

- The Culture Reform Oversight Group and the Culture Review Implementation Steering Group have been established to ensure effective and efficient implementation across the ACT public health system of the 20 recommendations accepted from the *Final Report: Independent Review into Workplace Culture within ACT Public Health Services*.
- Three working groups of the Oversight Group have been established to focus on system-wide issues, specifically:
  - System-wide Human Resources (HR) and people related matters;
  - Early intervention, supporting proactive engagement over matters that impact the workforce of the system; and
  - Professional Transitions to Work, supporting the transition of students to early career professionals.
- As at the 14 February 2022 Oversight meeting a total of nine recommendations from the Culture Review have been completed.
- At the 14 February 2022 Oversight Group meeting, of 92 discrete actions to implement the recommendations, 65 have been completed, with 13 on track and 14 actions being actively managed to ensure all recommendations are addressed by 30 June 2022.
- The annual assessment using the Organisational Culture Improvement Model to evaluate the effectiveness of initiatives progressed and to identify future activities has been completed for 2021 at each organisation with some positive results reported and key priorities identified for further work in each organisation.
- Regular workplace culture surveys have been established in each organisation, ACT Health Directorate, Canberra Health Services and Calvary Public Hospital Bruce to measure staff engagement.

### Management and Leadership Training

- Leadership Development training has commenced with the first training cohort completed on 8 December 2021.
- A total of 250 participants from ACT Health Directorate (ACTHD), Canberra Health Service and Calvary Public Hospital will participate in the program by 30 June 2022.

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Cleared for public release by: Executive Branch Manager Ext: 49923  
Contact Officer name: Jodie Junk-Gibson Ext: 49923  
Lead Directorate: Health  
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### Example Activities

- The rollout of the internationally recognised ‘Speaking up for Safety’ program continues at both Calvary Public Hospital Bruce and Canberra Health Services (CHS). More than 74 per cent of staff at Calvary Public Hospital have been trained in the program to date and approximately 56 percent have been trained at CHS. This is an ongoing investment to provide staff with an evidence-based approach to communication by teaching and reinforcing skills to enable a ‘speaking up’ culture.
- Work is progressing to integrate the Values in Action Framework at Calvary Public Hospital to embed the values in the culture, particularly in areas of performance development and planning processes.
- CHS is piloting the SCORE Civility Program. SCORE stands for Strengthening a Culture of Respect and Engagement. The aim of the program is to transform a culture of disrespect, by addressing long-term issues, facilitating safe and honest discussions, and teaching new skills to cultivate an improved, safe and respectful workplace culture.
- CHS has launched Green Buddies, a program to support the wellbeing of nursing and midwifery staff in the Women, Youth and Children division. Developed by clinical staff, the initiative has trained 12 inaugural volunteer Buddies to support the wellbeing of their colleagues.
- A mentor program aimed at supporting Junior Medical Officers (JMOs) has also been rolled out across CHS. Blue Buddies are informal near-to-peer mentors who help JMOs with advice and guidance.

### COVID-19 support for staff

- Responding to the COVID-19 pandemic has resulted in necessary changes to work practices and new ways of working introduced. However, the focus on improving workplace culture continues and importantly action has been taken to support staff during the added stresses of the COVID-19 pandemic.
- CHS has communicated the evidence based *Supporting Our Staff During the COVID-19 Pandemic Framework* which summarises key considerations for supporting CHS staff, including being heard, protected, prepared, supported and cared for. The Framework also provides a practical checklist to help manager’s with key responsibilities.
- To ease the impact of the COVID-19 pandemic on the health and wellbeing of CHS team members, a number of support avenues have been put into place. The CHS Staff Health and Wellbeing COVID-19 Response Strategy 2021 outlines supports available to ensure the health and wellbeing needs of staff are being met.
- CHS continues to implement the Staff Health and Wellbeing Strategy 2020-23 which outlines what CHS is doing to support the physical and mental health and wellbeing of staff. Initiatives include providing a range of education and awareness workshops to support physical and mental health and wellbeing.

GBC22/189

**Portfolio:** Health**ISSUE: COVID-19: PUBLICATION OF COVID-19 DATA****Talking points:**

- Privacy protection obligations require that personal health information and a person's health status should not be released without the consent of the patient or their legal guardian.
- Due to the population size and demographics of the ACT, divulging de-identified information may prove to be difficult where there is a reasonable possibility that the identity of the individual (or individuals) about whom the information is concerned may be readily ascertained.
- From 1 April 2022, ACT Health has committed to publishing more detailed COVID-19 health surveillance information on its website.
- This information supplements the current daily and weekly information updates and includes more detailed information on age groups, hospitalisation information, and the geographic spread of cases across the ACT.
- ACT Health is working with the Commonwealth and other jurisdictions to review nationally consistent surveillance data to support death reporting.

Ministerial briefing

- From 1 January 2022, I have received 32 briefings with the ACT Health Directorate and Chief Health Officer regarding COVID-19.
  - The Acting Health Minister, Chris Steel MLA, received an additional 14.
- The Security and Emergency Management Committee of Cabinet has regular briefings on the status of COVID-19 in the ACT community.
- The current Shadow Minister for Health has not received or requested a briefing from officials on the status of COVID-19 in the ACT, unlike her predecessors who had regular briefings with the Chief Health Officer.

Vaccination status of inpatients

- The Clinical Health Emergency Coordination Centre (CHECC) provides the ACT Health Directorate with details of people that have been admitted to ACT public hospitals who have COVID-19. This includes details of those who have died of or with COVID-19 as well as vaccination status, if known.
- It is not mandated that patients disclose their vaccination status to hospital staff and proof of vaccination is not required on admission.

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Cleared by: Executive Group Manager  
Contact Officer name: Dr Robyn Walker Ext: 43330  
Lead Directorate: Health  
Cleared for release: Yes  
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- There are several reasons why the COVID-19 vaccination status of a hospital patient might be unknown at the time of admission.
  - Critically ill patients may not be able to confirm their vaccination status and there may be differences in names or other identifying details that may limit information gathered from the Australian Immunisation Register.
  - Data cleansing may identify the vaccine status at a later time.

#### Risk factors

- Identifying trends in COVID-19 deaths can be complex and takes into consideration age, underlying health conditions, vaccination status etc.
- Known population groups at serious increased risk from COVID-19 include:
  - people aged greater than 70 years,
  - Aboriginal and Torres Strait Islander people,
  - people living with disability; and
  - those with cognitive impairment or dementia.
- Key known underlying health factors leading to increased risk include:
  - those receiving treatment for cancers;
  - chronic inflammatory conditions;
  - chronic kidney lung, liver and heart disease;
  - diabetes;
  - morbid obesity and;
  - the immunosuppressed.
- Contributing factors leading to death in people who have COVID-19 are complex and it was important to carefully consider all information available to ACT Health in order to present an accurate and complete picture of this data.
- It was also important to consider how this was presented to not create an unrealistic expectation of the effectiveness of the vaccine in preventing death in individuals who had severe comorbidities in addition to COVID-19.
- While anecdotally we did see a correlation between people receiving palliative care and death from COVID-19 in the ACT, ACT Health did not have adequate records to confidently make this assertion based on data-driven evidence.
- This is because ACT Health collects and reports data consistent with nationally agreed surveillance definitions for deaths associated with COVID-19. Whether an individual was receiving palliative care does not form part of the surveillance definition.

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Cleared by: Executive Group Manager  
Contact Officer name: Dr Robyn Walker Ext: 43330  
Lead Directorate: Health  
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**Background information**

- On 24 January 2022 ACT Health received a media enquiry from The Canberra Times relating to getting a breakdown of vaccine status and co-morbidities for people who had died from COVID-19. Further questions were sent by the journalist on 25 January 2022.
- There was a delay in providing a response to the Canberra Times, with the response provided on 3 February 2022.
- On 16 February 2022, ACT Health Directorate (ACTHD) received an application under Freedom of Information (FOI) legislation for documents relating to all documents prepared in relation to a media statement to The Canberra Times.

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Lead Directorate: Health  
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gnGBC22/131

**Portfolio:** Health

**Mid-Year Review ACT COVID-19 Public Health Response**

	<b>Original Budget 2021-22 \$000's</b>	<b>Budget Review 2021-22 \$000's</b>	<b>Total 2021-22 \$000's</b>
ACT Health Directorate	24,613	26,334	50,947
Hospital services	60,516	28,168	88,684
NPCR Revenue	42,564	50,784	139,632
<b>Total</b>	<b>127,693</b>	<b>105,286</b>	<b>279,262</b>

- The 2021-22 Mid-Year Review provides \$105.3 million for the expansion of the COVID-19 Public Health Response.
- Total 2021-22 COVID-19 Public Health Response to \$279.3 million (including Commonwealth funding through the National Partnership on Covid-19 Response (NPCR)).
- The funding is provided for the expansion of the following activities:

Health Emergency Control Centre (HECC)

- This funding will enable the ACT Government to continue to respond to the COVID-19 pandemic until 30 June 2022.
- It will ensure that we can prepare our public health and hospital system for the upcoming winter months, where we expect to see a potential surge in COVID-19 cases complicated by a potential influenza surge. Funding will mean that Canberrans can continue to access testing at Government sites, vaccination, purchase of personal protective equipment. It will also mean that we will be able to support individuals who are affected by COVID-19 through wellbeing support and community engagement.
- HECC resourcing levels have increased from 98 to 230 FTE since the outbreak in August 21 with the emergence of Omicron.
- The impacts of the Omicron variant over recent months has seen significant increase in case numbers (up to 1,852 per day in January 2022) and hospitalisations (up to 68 in-patients as at 24 January 2022).

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 Cleared for public release by: Executive Branch Manager  
 Contact Officer name: Jean-Paul Donda/  
 Vanessa Dal Molin  
 Lead Directorate: Health  
 TRIM Ref: GBC22/131

### Quarantine

- This funding is required for costs associated with quarantine which were not funded in the 2021-22 Budget including Ragusa operational costs and the extension of the use of the quarantine facilities at ANU.

### Rapid Antigen Tests (RATs)

- The purchase of RATs will support the delivery of education and other critical ACT Government services, support the vulnerable members of our community and will ensure an adequate stockpile moving into winter.

### Information Technology

- This funding will cover the purchase of ICT equipment, licenses and workforce (including 1,500 onboarded staff members) to support the covid response including the set-up of testing sites and implementation of the Check In CBR application including enhancements and functionality.

### COVID-19 Vaccination Program

- The ACT is required to administer approximately 410,000 additional vaccines for adults in the ACT and surrounding region. Rollout is expected to continue at mass clinics until at least April 2022.
- Additional funding is also required to support the rollout of the paediatric vaccination program. It is anticipated that there are between 43,000 and 48,000 eligible children living in the ACT and surrounding region that require vaccination at ACT clinics with demand to continue through to April 2022.

### Hospital Services

- This funding will cover the significant increases in testing and hospitalisations seen since August 21 and with the relaxation of lockdowns. Testing capability will now allow for at least 3,225 tests a day with a surge capacity to 5,375 tests per day.
- This funding will cover non-clinical costs at Calvary Public Hospital Bruce, including COVID leave, additional PP&E, security costs, works relating to the COVID-19 Respiratory Assessment Unit and COVID-19 testing costs in 2021-22.

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Contact Officer name: Jean-Paul Donda/  
Vanessa Dal Molin  
Lead Directorate: Health  
TRIM Ref: GBC22/131



**MINISTERIAL BRIEF**

**ACTHD Directorate**

**Tracking No.: GBC22/158**

**To:** Minister for Mental Health

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**CC:** Rebecca Cross, Director-General

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**From:** Dr Elizabeth Moore, Coordinator-General

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**Subject:** Minister’s Weekly Brief

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**Critical Date:** Friday, 18 March 2022

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**Critical Reason:** To ensure you are briefed on current issues and events

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**Recommendations**

That you note the:

- Information in the Minister’s Weekly Brief for 7-11 March 2022;
- Media and Communications Forecast at Attachment A; and
- Ministerial & Government Services at Attachment B.

**Noted / Please Discuss**


Emma Davidson MLA ...../...../.....

Minister’s Office Feedback

**KEY TOPICS**

1. Nil.

**UPDATES ON KEY PROJECTS/PIECES OF WORK****Moderated Online Social Therapy (MOST)**

2. 
3. This new proposal will enable ACTHD to analyse the assumptions and budget to identify what might be able to be achieved over an 18-month trial with a budget of \$1.8 million.

**RESPONSES TO MINISTER'S COMMENTS ON BRIEFS****GBC22/116 National Disaster Mental Health Framework – Cabinet Submission**

The Minister commented *“Given the cross-Directorate work currently underway on community recovery from COVID, I hope that this has been discussed extensively with the Inclusion and Participation Branch in Community Services Directorate. The framework aligns well with what we already know of community recovery needs, and the most effective approaches to it, based on existing research”*.

4. ACTHD has worked closely with the Community Services Directorate (CSD) Inclusion and Participation Branch in the development of mental health and broader community responses to the pandemic and will continue this close working relationship as we respond to future disasters impacting on mental health.
5. This area will be a key area for collaboration on the development of an implementation of the National Disaster Mental Health Framework.

**MINISTER'S OFFICE REQUESTS FOR INFORMATION**

6. Nil.

**KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS****Mental Health Non-Government Organisation (NGO) agreements**

7. ACTHD will work with mental health funded providers from March 2022 to early May 2022, to negotiate and finalise two-year extensions from July 2022 to June 2024, before they expire in June 2022.
8. The Branch wrote to all funded mental health NGOs in December 2021 to advise of the commissioning plan going forward. A follow up email was sent on 15 March 2022, requesting input and feedback regarding their Service Funding Agreement Schedules. A forum is also being held in the last week of March 2022. This is an opportunity to discuss the commissioning process, share priorities and discuss options and issues for the longer-term commissioning process.

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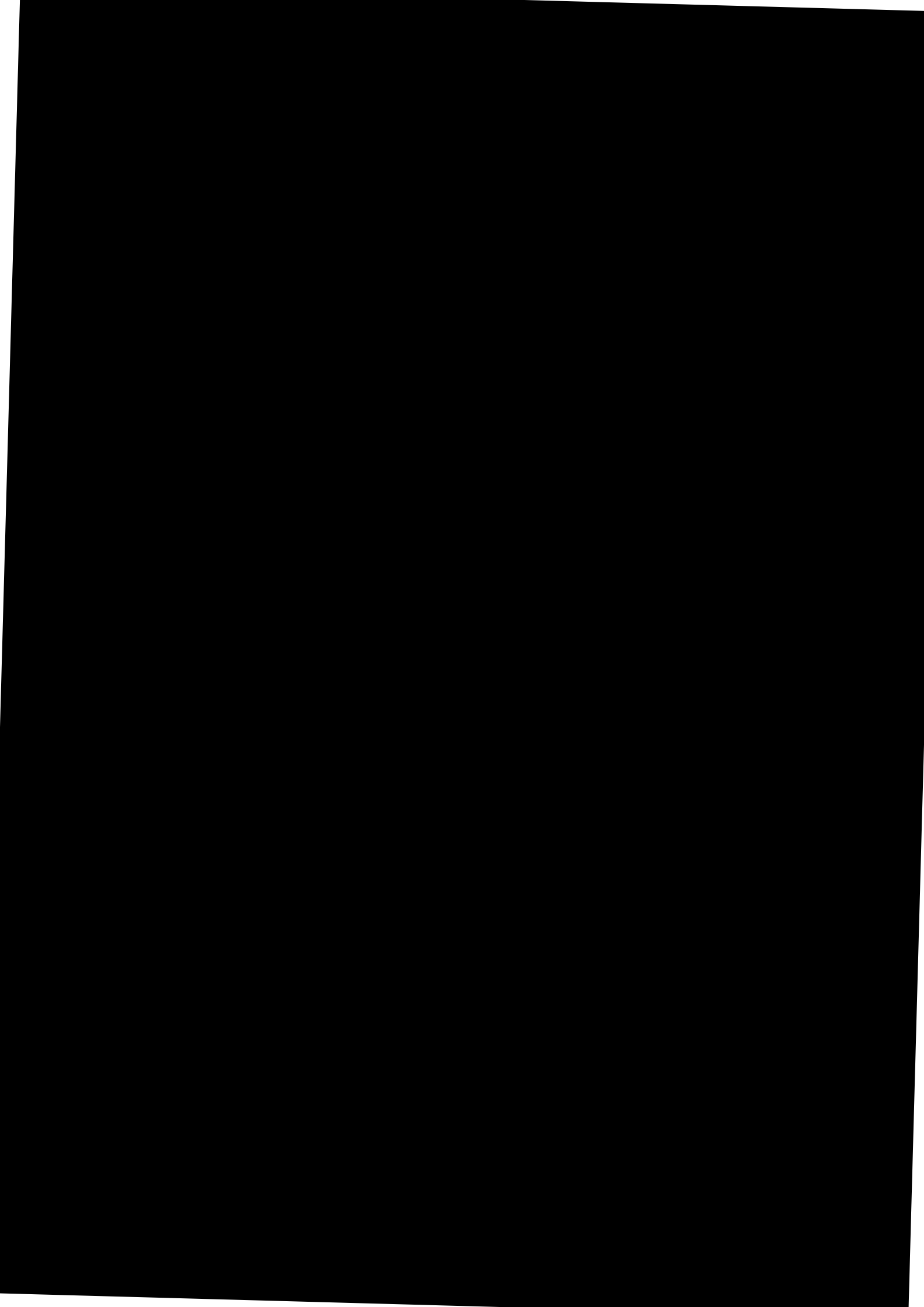
9. In order to stagger the commissioning process, some business units are providing their NGOs a one-year extension to their contracts and have already commenced the commissioning discussions with their NGOs. Mental health funded organisations will receive two-year extensions of their contracts, with the comprehensive commissioning process commencing in the second part of 2022.
10. Through the commissioning process, the Branch will look to incorporate key strategic priorities including: a shift to focusing on outcomes and person-centred care; improved integration of services; collaboration, co- design and continuous improvement and services that are responsive and integrated.

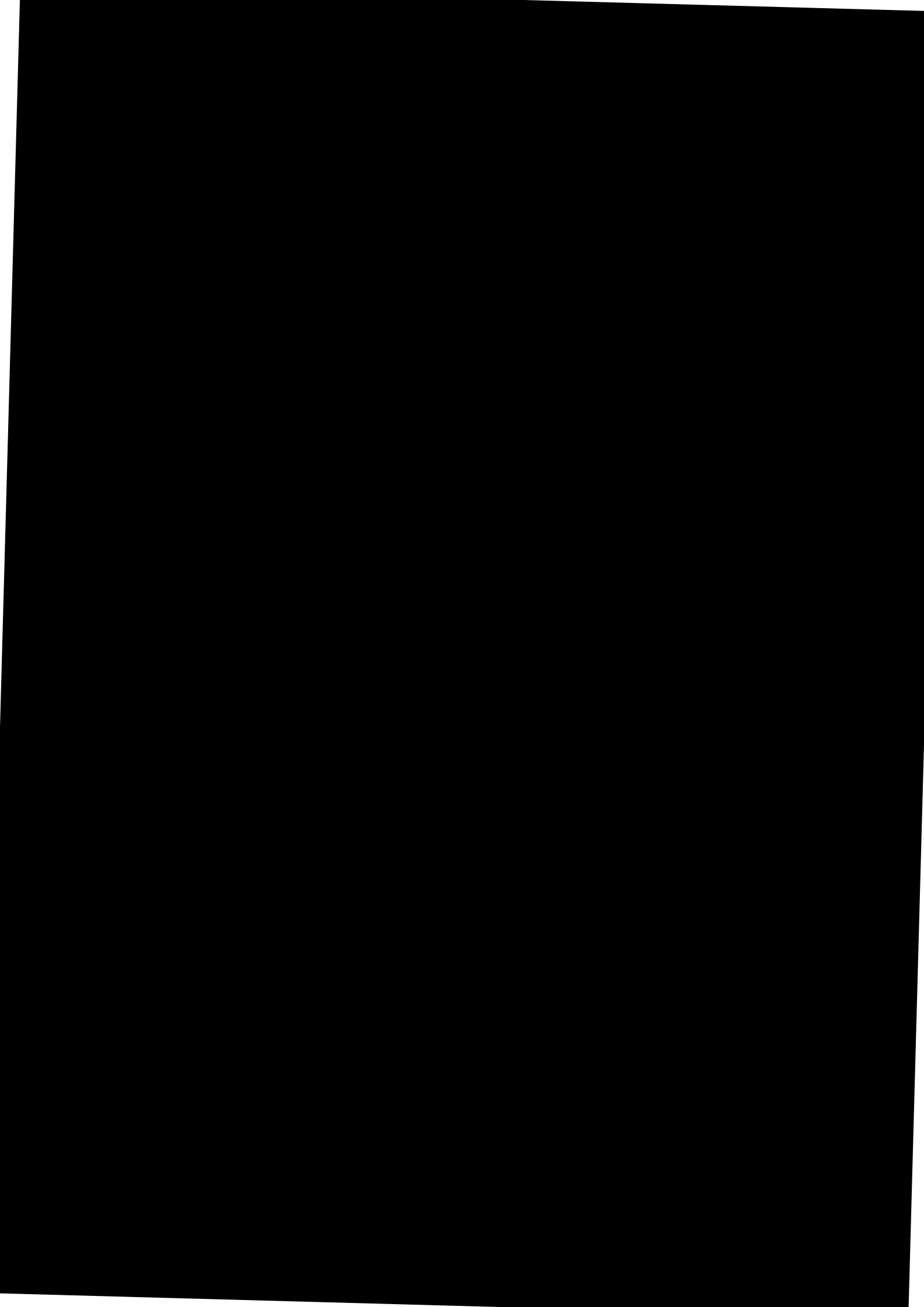
Action Officer: Chadia Rad, Senior Director, Ministerial and Government Services

#### Attachments

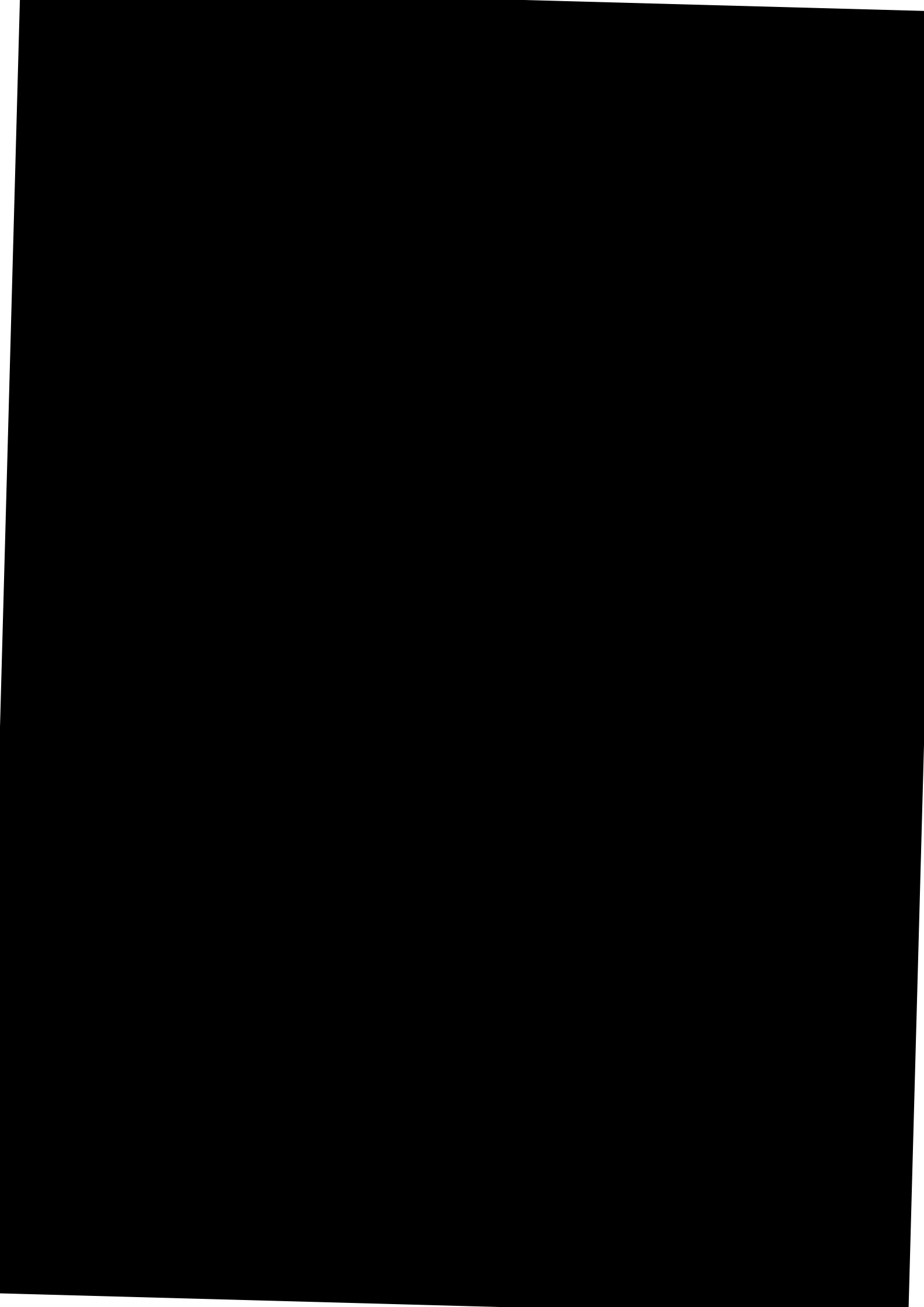
Attachment	Title
Attachment A	Media and Communications Forecast
Attachment B	Ministerial & Government Services

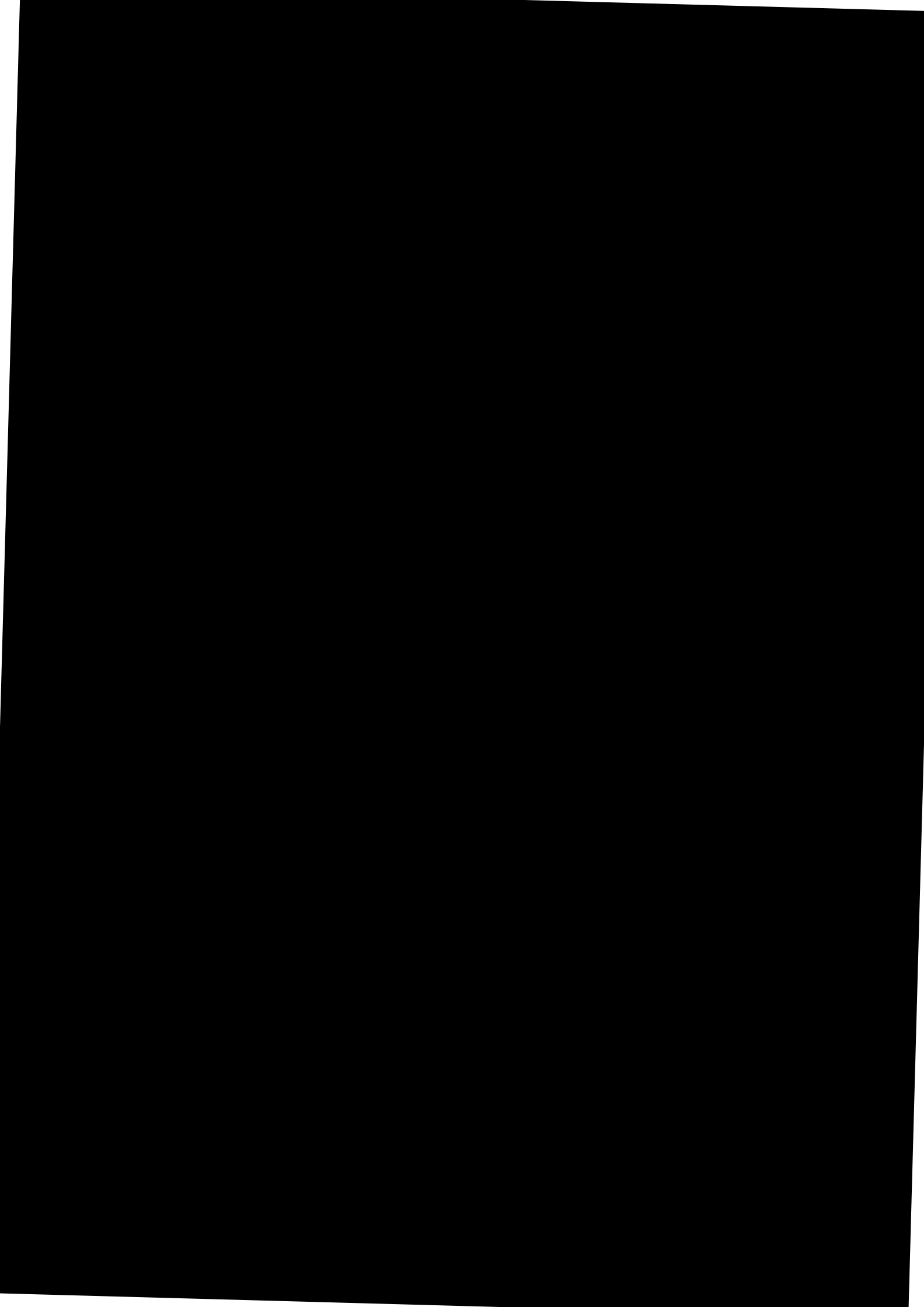
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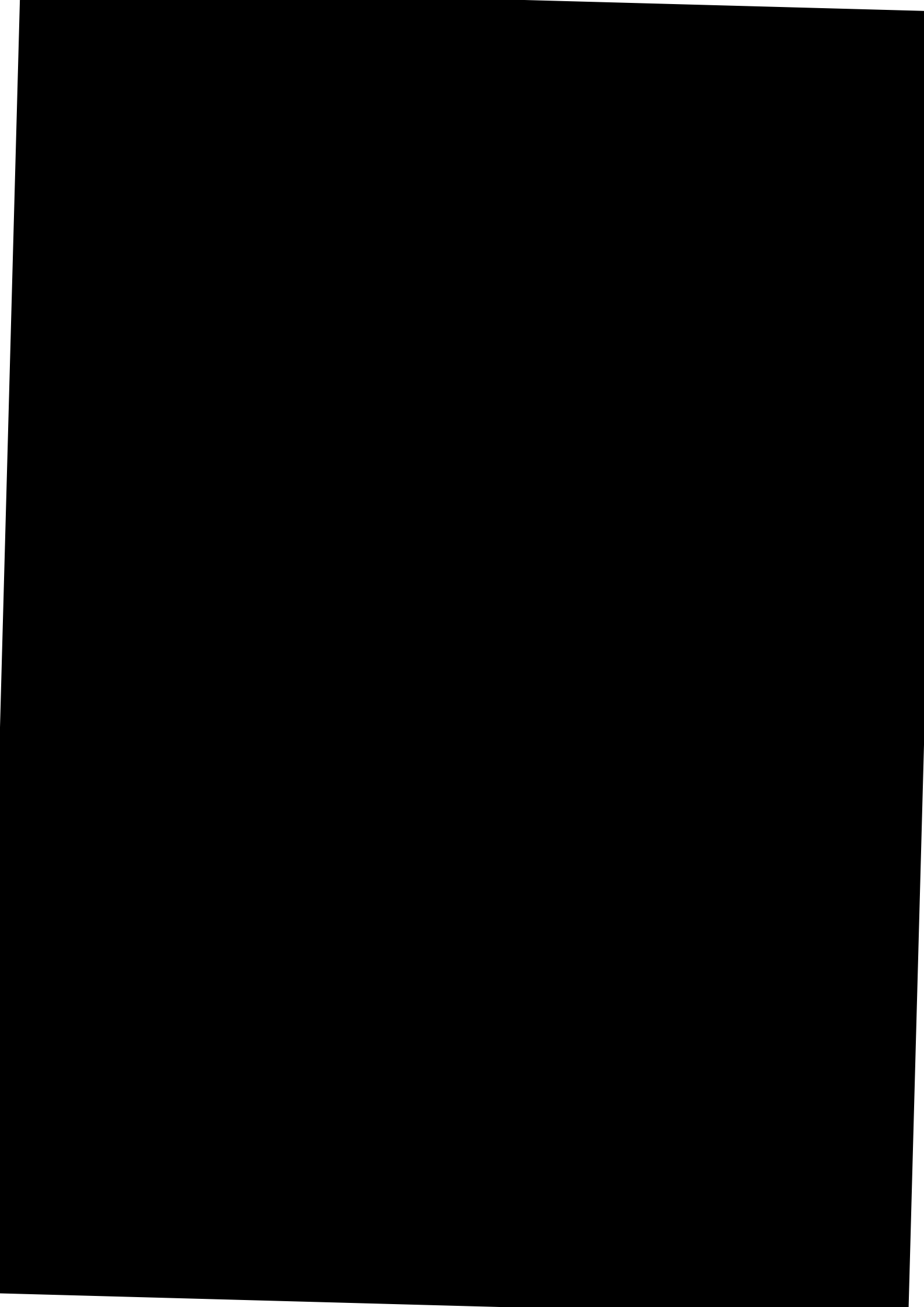


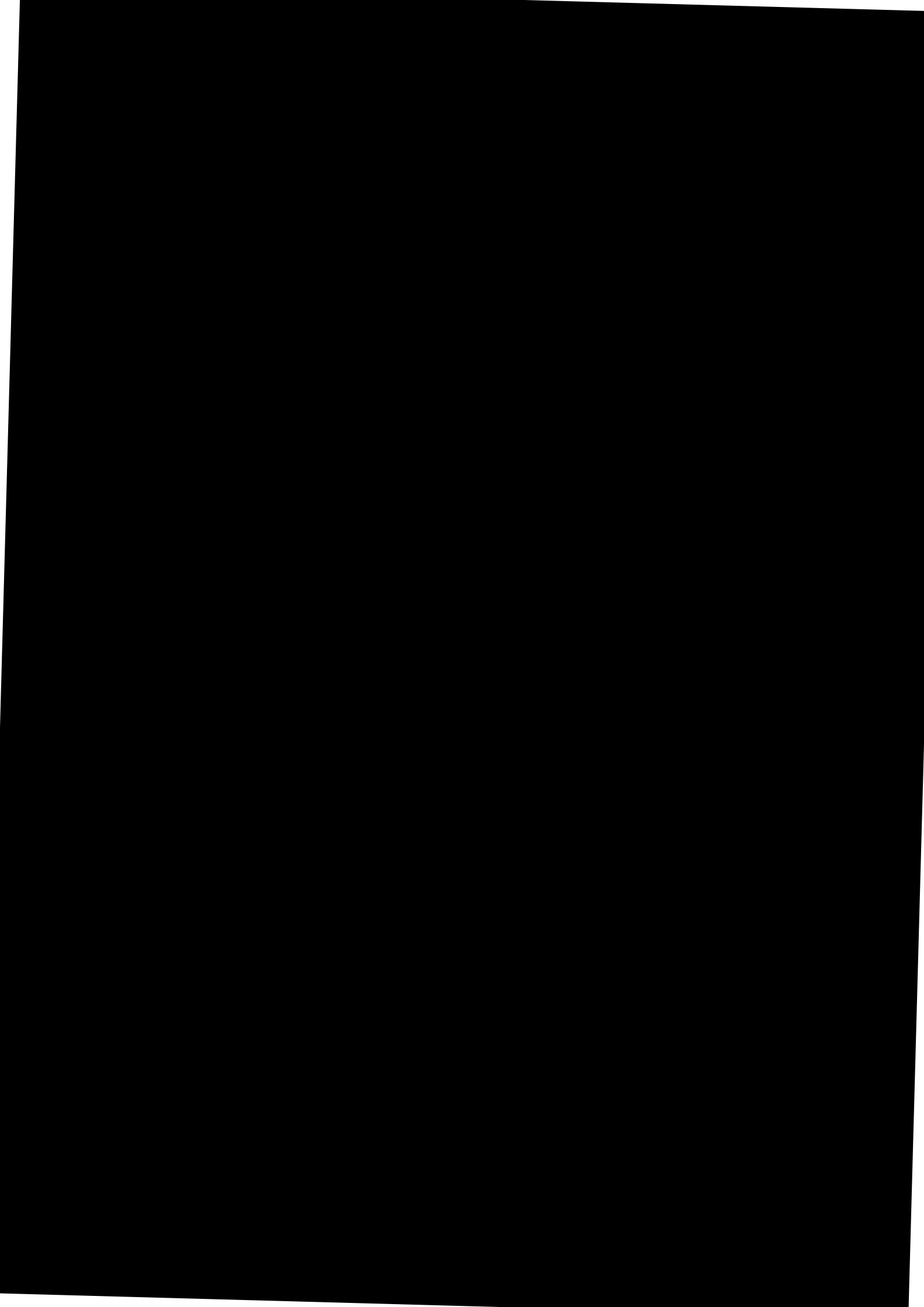


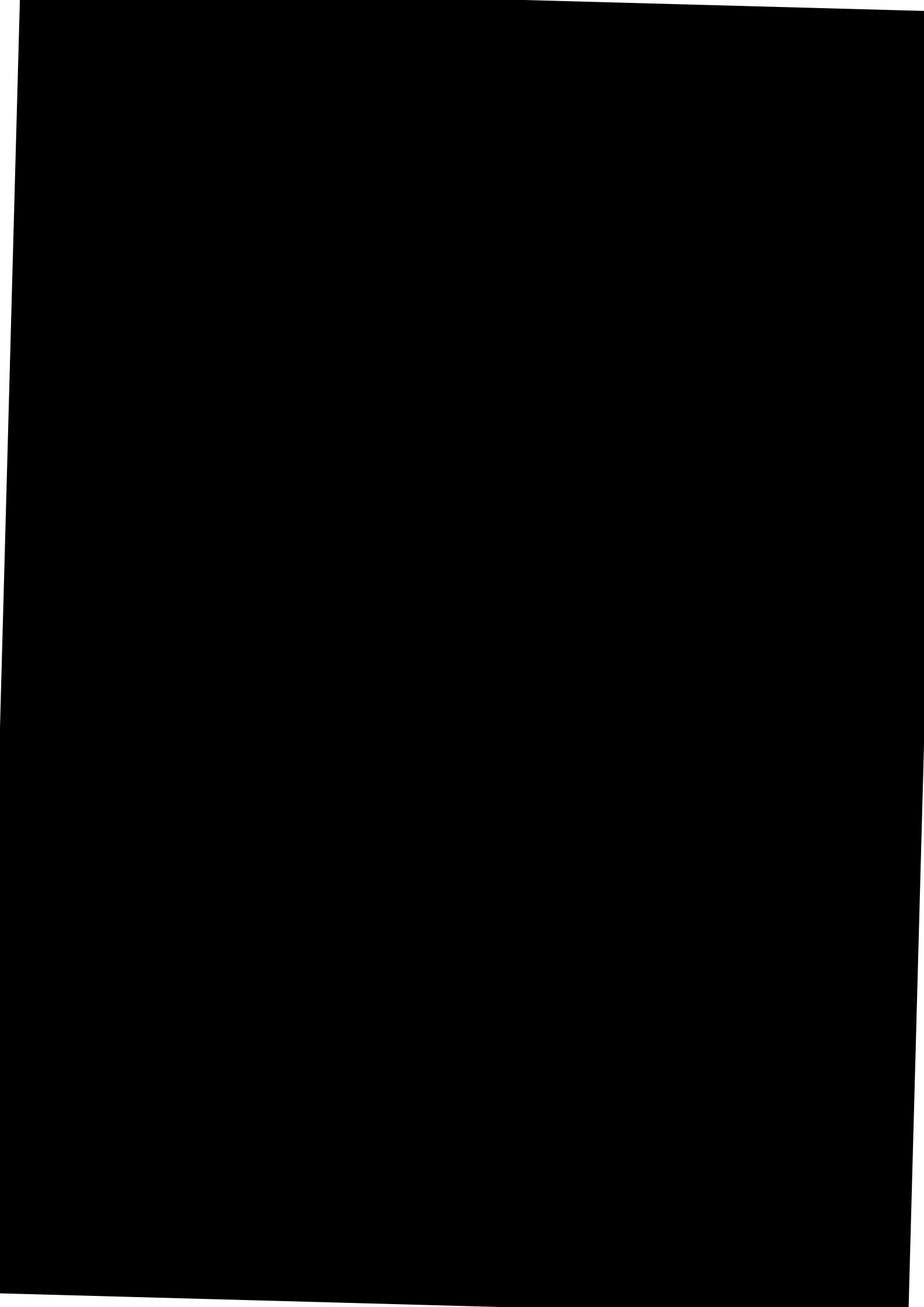












**MINISTERIAL BRIEF**

ACTHD Directorate

Tracking No.: GBC22/173

**To:** Minister for Mental Health

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**CC:** Rebecca Cross, Director-General

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**From:** Dr Elizabeth Moore, Coordinator-General

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**Subject:** Minister's Weekly Brief

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**Critical Date:** Friday, 25 March 2022

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**Critical Reason:** To ensure you are briefed on current issues and events

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**Recommendations**

That you note the:

- Information in the Minister's Weekly Brief for 14-18 March 2022;
- Media and Communications Forecast at Attachment A; and
- Ministerial & Government Services at Attachment B.

**Noted / Please Discuss**

Emma Davidson MLA ...../...../.....

Minister's Office Feedback

**KEY TOPICS**

1. Nil.

**UPDATES ON KEY PROJECTS/PIECES OF WORK****Moderated Online Social Therapy (MOST)**

2. The 2021-22 ACT Budget included \$8.526 million for 'More support for Community Delivered Mental Health'. The Budget papers do not explicitly identify an amount for MOST.
3. Regular meetings have been held between Orygen Digital (provider of MOST) and ACTHD since late 2021. Discussions are now focused on defining the scope of implementation for a trial period to test the MOST program in the ACT context. This will include an independent review of implementation and uptake of MOST in the ACT as well as ongoing evaluation of MOST by Orygen Digital and their research partners. This will inform how MOST is provided and any developments required for further use in the ACT.
4. As a result, ACT Health Directorate (ACTHD) have determined that a trial period of 18 months and a funding allocation of \$1.8M for Orygen Digital would be appropriate. An independent review of the implementation of MOST in the ACT would also be funded out of the allocation. Orygen Digital have provided advice that they would recommend a two year trial and have identified costings of \$2.6M. ACTHD is reviewing this proposal.
5. ACTHD have also met with officers from Queensland Health and non-government agencies involved in the rollout of MOST to share an understanding of their process, the progress they have made and how they are configuring MOST in Queensland. They noted it has taken them two years to have a fully developed plan for a trial. Queensland have allocated \$8M over two years for MOST to operate in seven Health and Hospital Service Districts. They are also conducting an independent evaluation.
6. Once the scope of implementation in the ACT is finalised a procurement process can commence. ACTHD is seeking approval for a single select approach and will provide a Request for Quote to Orygen Digital. This process is expected to take 3- 4 months to have a final contract in place so service delivery would commence in the second half of 2022.

**Older Persons Mental Health Strategy – for discussion, next steps**

7. Noting the proposed actions have financial implications yet to be determined, Treasury recommends the Strategy not be presented for endorsement and launch at this time, [REDACTED]
8. Alternatively, Treasury suggests the Strategy be revised and updated to remove references to the proposed actions and their implementation plans before providing to Cabinet for endorsement.

**RESPONSES TO MINISTER'S COMMENTS ON BRIEFS**

9. Nil.

**MINISTER'S OFFICE REQUESTS FOR INFORMATION****Weekly ACT Emergency Department presentations and public specialised Mental Health data 7/03/2022 – 13/03/2022**

10. A rise in community mental health services for number of females age 65+ years is noted and will be monitored.
11. Presentations to the Emergency Department are within the normal range.

**KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS****Wellways Reconciliation Action Plan**

12. Staff from the Mental Health Policy Unit attended the Wellways Reconciliation Action Plan event, held on 18 March 2022.
13. While Wellways were understanding that you could not attend due to other responsibilities, they were happy to see ACTHD representatives.
14. Lachlan Atyeo, the Regional Manager for Wellways, enquired whether there was any information that could be shared regarding the possibility for any future funding for the SUSD At Home project. Staff informed Mr Atyeo that there was no information that could be shared.
15. Mental Health Policy and Strategy are interested in this model being trialled by Wellways and will have further discussion with him through the recontracting and recommissioning processes.

**St Francis Xavier College**

16. The Office for Mental Health received a request from St Francis Xavier College for someone to present to year 10 students as part of a panel on career pathways. This was a year group that previously received the Youth Aware of Mental Health (YAM) program.
17. Ciaran Bird from the Office of Mental Health and Wellbeing presented on alternative pathways to Nursing practice, mental health, and beyond.
18. Discussion was based on Mr Bird's experiences as a vocational package student in college, his travel post school, his pathway to a Masters of Business Administration and the opportunities that are available for those students who may not know what they want to do directly after leaving school.

**Integrated Care Working Group**

1. Established under the ACT Health and Wellbeing Partnership Board, the Integrated Care Working Group has been tasked with co-designing and testing approaches within the ACT health system to operate as 'one health system' and provide seamless, effective and efficient health care for the ACT community. The Working Group has the needs of the health care user as its first priority.



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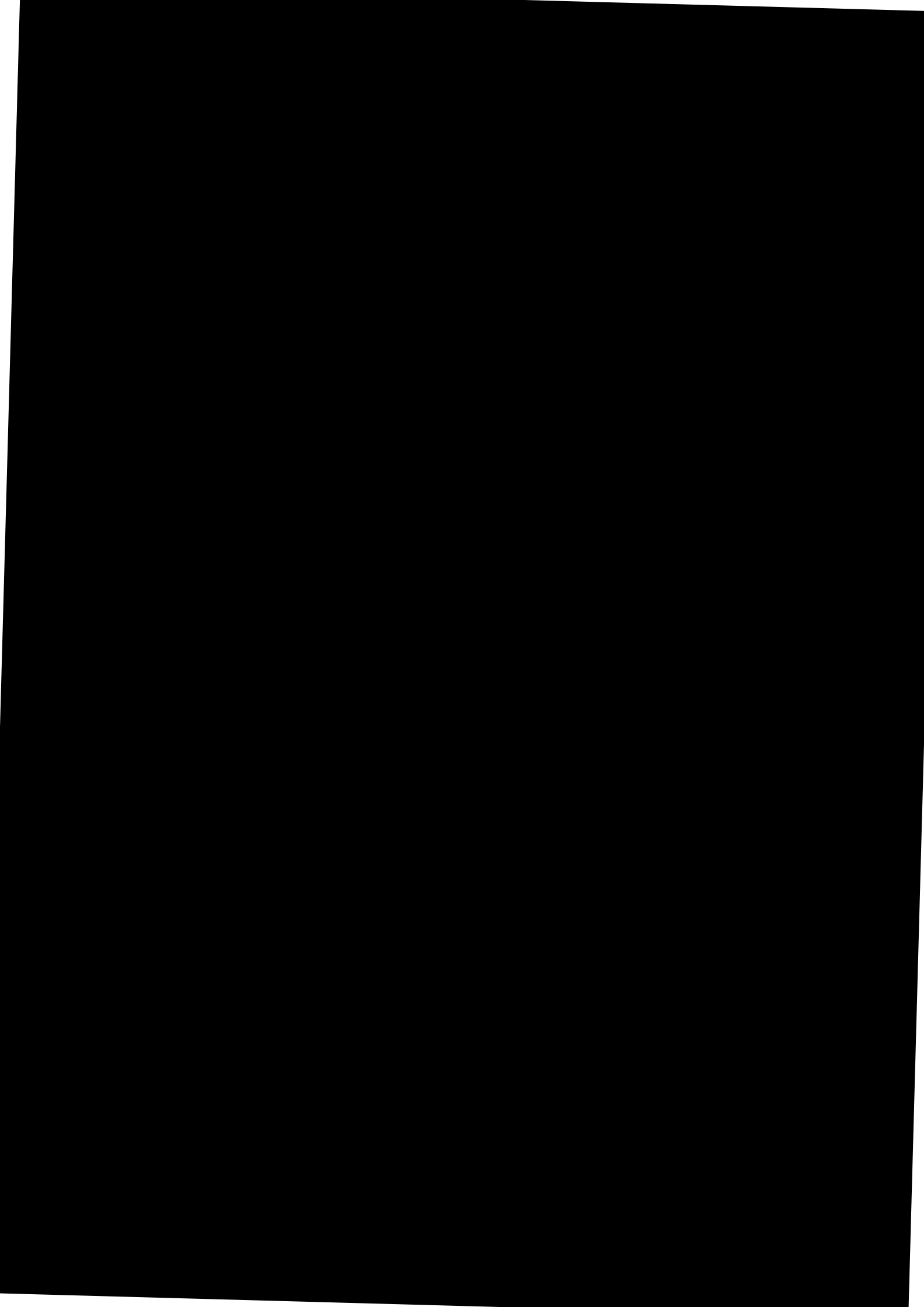
2. The Working Group held its first meeting on 17 March 2022, with representatives closely involved in integrated care within their own organisations attending to lend their perspectives and shared understanding of what integrated care is, as well as to work through in detail the intended scope of the Working Group. Representatives attended from Canberra Health Services, Calvary Health Care Bruce, Carers ACT, Health Care Consumers Association, Capital Health Network, the Australian National University and the University of Canberra. Representatives strongly support the inclusion of Winnunga Nimmityjah, and contact will be made with Winnunga ahead of the next meeting to invite them onto the Working Group.
3. Given the Commonwealth's focus on integrated care, the Directorate will be meeting with representatives from the Department of Health to discuss them also joining the Working Group.
4. You will be kept updated on the Working Group's progress as its work evolves.

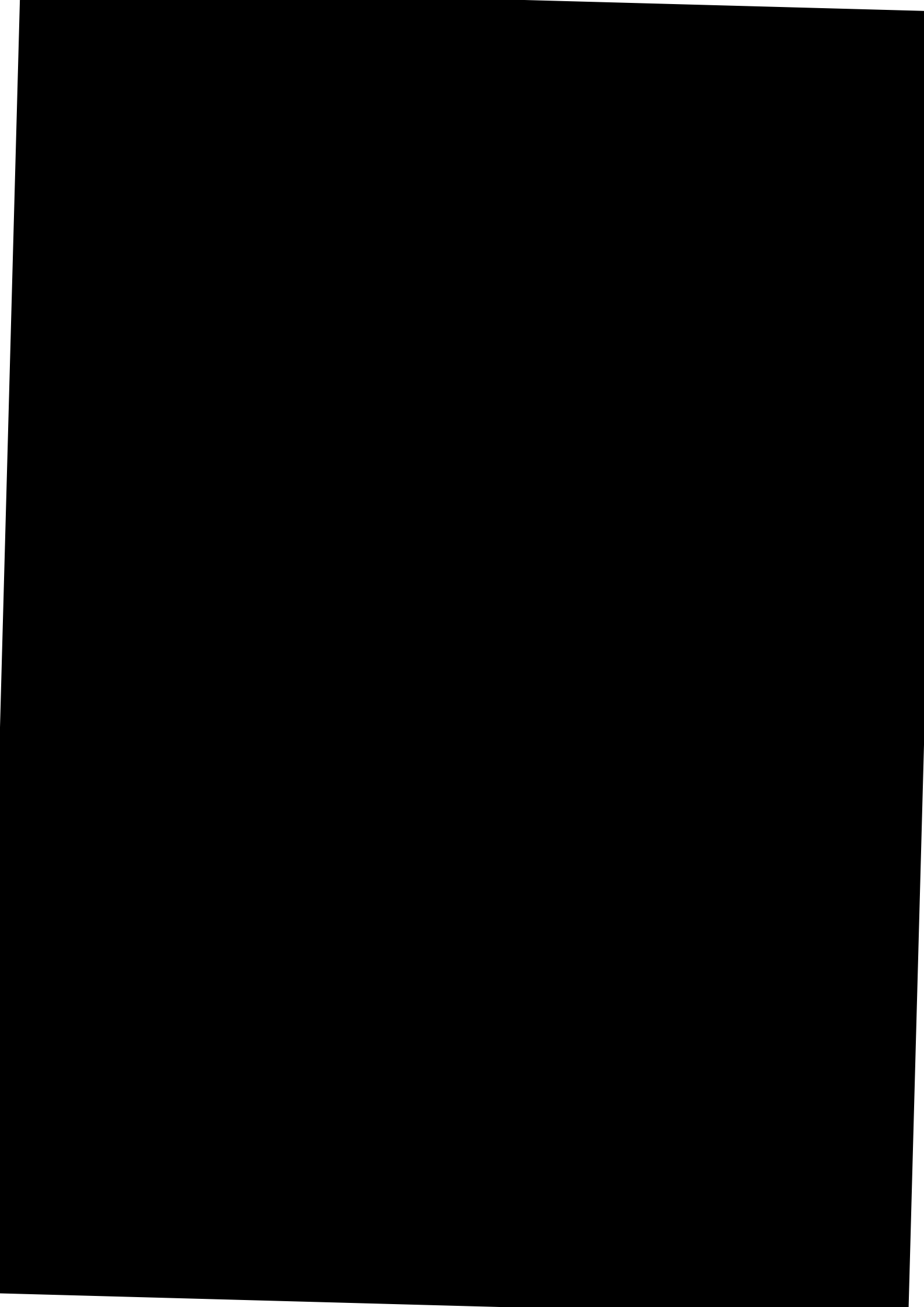
Action Officer: Chadia Rad, Senior Director, Ministerial and Government Services

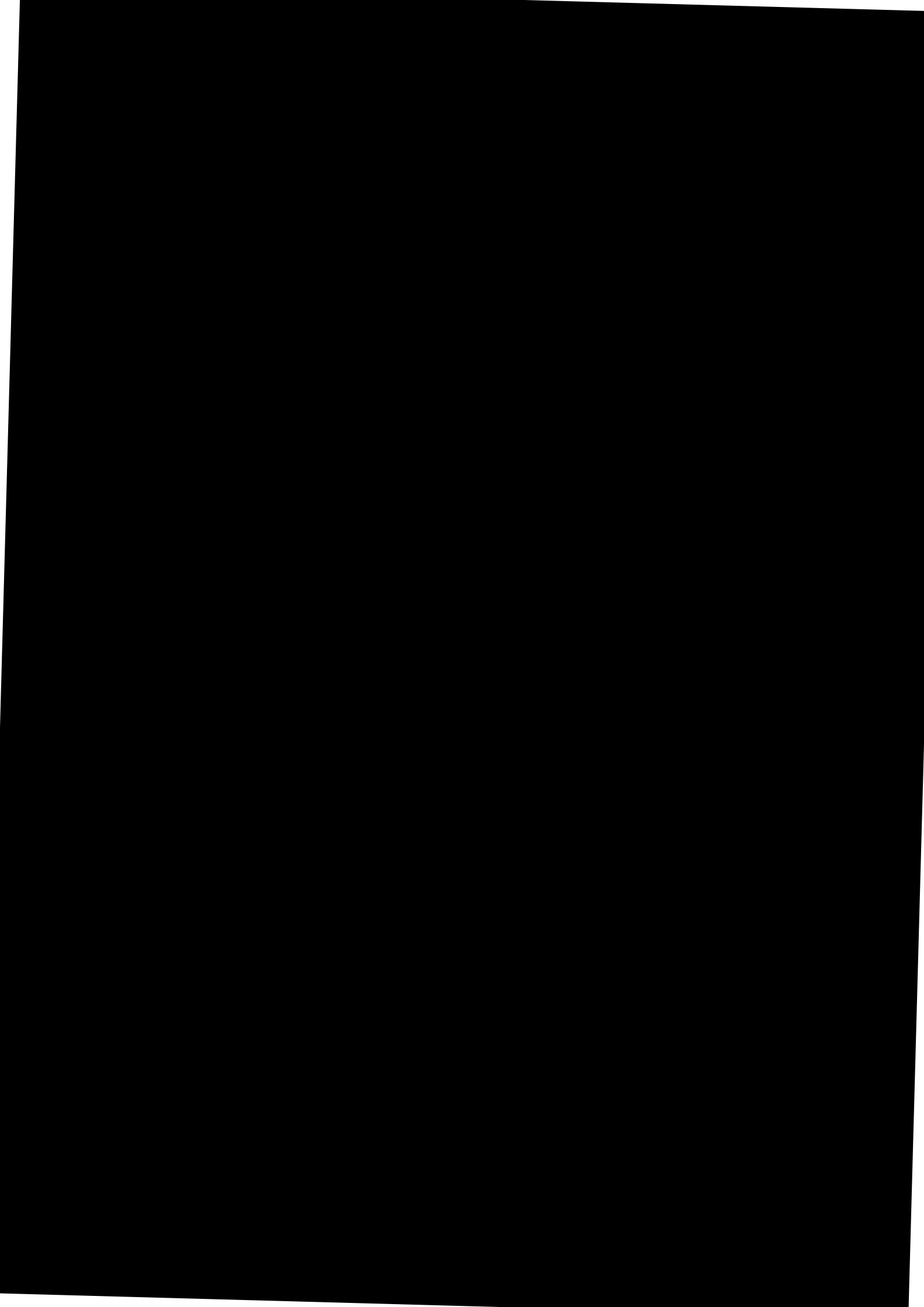
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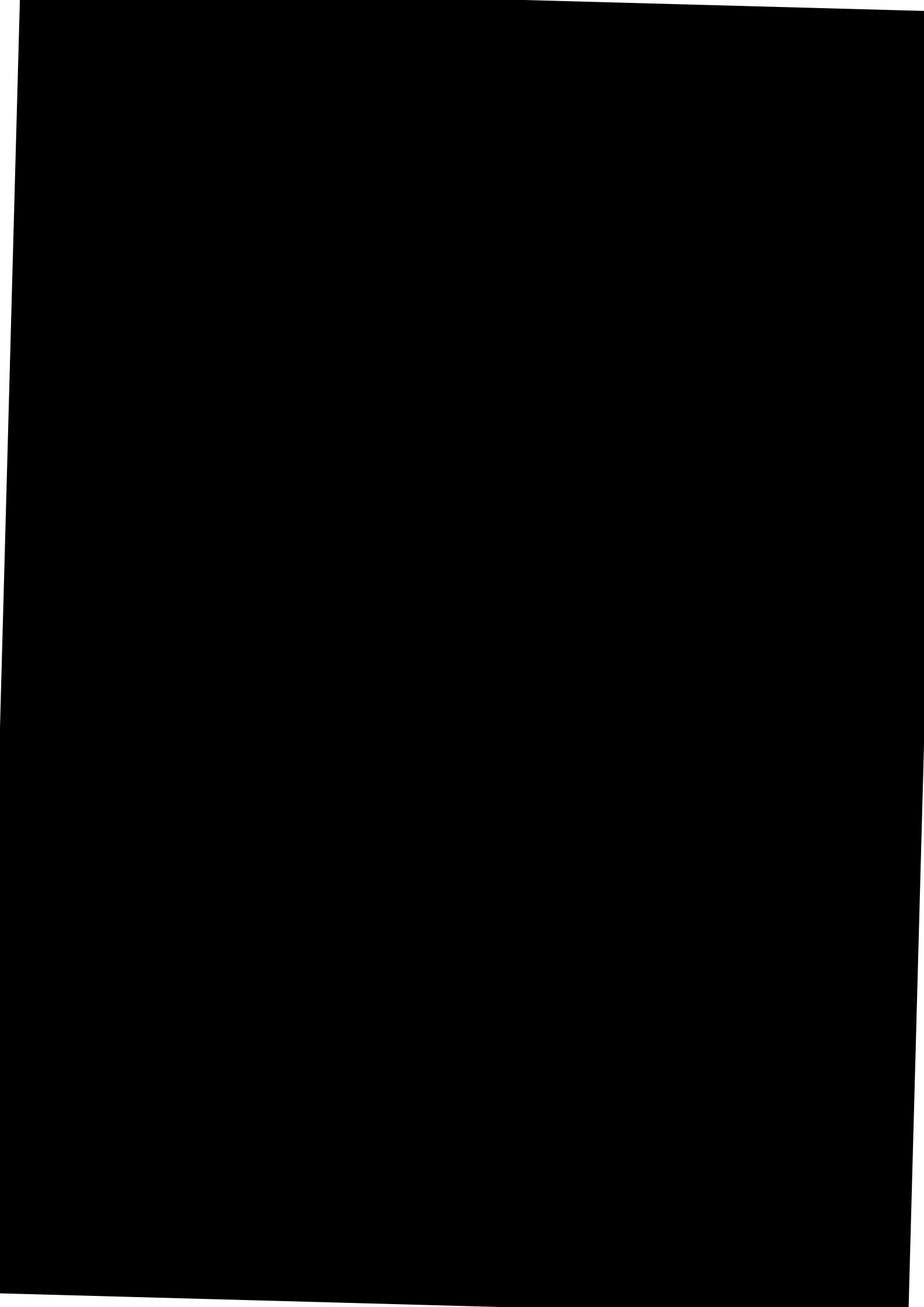
Attachment	Title
Attachment A	Media and Communications Forecast
Attachment B	Ministerial & Government Services

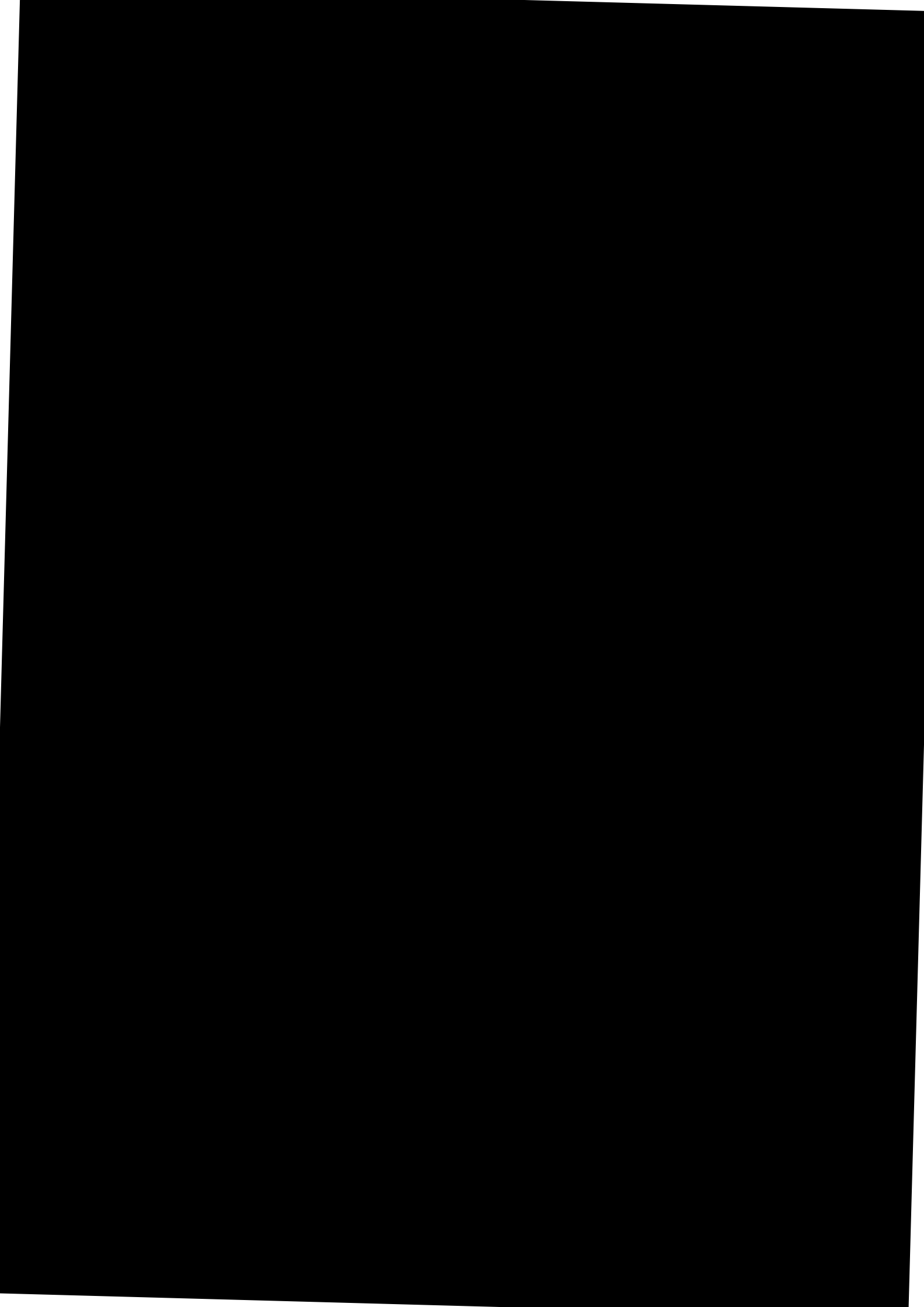
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**ACT Health Directorate**

<b>To:</b>	Minister for Mental Health	Tracking No.: GBC22/177
<b>Date:</b>	22/03/2022	
<b>CC:</b>	Chief Minister Minister for Health Rebecca Cross, Director General Deborah Anton, Deputy Director-General	
<b>From:</b>	Dr Elizabeth Moore, Coordinator-General	
<b>Subject:</b>	Bilateral Schedule on Mental Health and Suicide Prevention	
<b>Critical Date:</b>	25/01/2021	
<b>Critical Reason:</b>	The Bilateral Schedule needs to be signed before the Commonwealth Government enter their Caretaker period.	

**Recommendations**

That you:

1. sign the letter to the Chief Minister (Attachment A) seeking agreement for you to sign the Bilateral Schedule on Mental Health and Suicide Prevention (Bilateral Schedule) at Attachment B;

**Signed / Not Signed / Please Discuss**

2. subject to receiving a response from the Chief Minister, sign the Bilateral Schedule at Attachment B; and

**Signed / Not Signed / Please Discuss**

3. sign the Letter at Attachment C in reply to Minister Hunt and Assistant Minister Coleman offering the Bilateral Schedule.

**Signed / Not Signed / Please Discuss**

Emma Davidson MLA ...../...../.....

Minister's Office Feedback
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**Background**

1. On 21 March 2022, ACT Cabinet considered CAB22/217 – Bilateral Agreement on Mental Health and Suicide Prevention.
2. Following this meeting, ACT Cabinet:
  - a. endorsed the penultimate draft Bilateral Schedule; and
  - b. agreed to you signing the final Bilateral Schedule once received, in consultation with the Treasurer and Minister for Health.

**Issues**

3. Minister Greg Hunt MP and Assistant Minister David Coleman MP wrote to you on 24 March 2022 to offer the Bilateral Schedule for the ACT (Attachment D).
4. The Bilateral Schedule is consistent with the draft endorsed by ACT Cabinet on 21 March 2022. As such, this brief seeks your signature on:
  - a. a letter to the Chief Minister at Attachment A seeking his agreement to you executing the Bilateral Schedule;
  - b. the Bilateral Schedule at Attachment B; and
  - c. the letter of reply Minister Hunt and Assistant Minister Coleman at Attachment C.
5. The Chief Minister/Treasurer is separately being briefed to sign the National Mental Health and Suicide Prevention Agreement (National Agreement) at the same time.

**Financial Implications**

6. The total value of the Bilateral Agreement is \$38,134,404 from 2022-23 to 2025-26.
7. This includes \$12,895,634 of ACT Government investment and \$25,238,770 in Commonwealth contribution over four years. Business cases are progressing to ensure ACT Government investment is allocated in the 2022-23 Budget. Consultation with Treasury has also confirmed that while the ACT contribution will come from within the Health Funding Envelope (HFE), Commonwealth funds will be passed through on top of the HFE.



8. It is noted that initiatives funded under the Bilateral Schedule have time-limited Commonwealth funding attached until 2025-26. ACT Health Directorate (ACTHD) will work with Treasury to consider funding implications and approaches for co-funded initiatives beyond the life of the Bilateral.

### **Consultation**

#### Internal

9. Relevant ACTHD representatives were consulted in negotiation of the National Agreement and associated Bilateral including Health System Planning and Evaluation, Digital Health Record and Maternity Services Inquiry Project team.

#### Cross Directorate

10. Relevant Directorates were consulted in negotiation of the National Agreement and associated Bilateral, including Community Services Directorate and Canberra Health Services Child Adolescent Mental Health Services and Mental Health Justice Health Alcohol Drug Services.

#### External

11. Woden Community Services were consulted on opportunities for enhancing suicide aftercare services.

### **Work Health and Safety**

12. Nil.

### **Benefits/Sensitivities**

13. The Bilateral Letter of Offer needs to be accepted before the Federal Government enter their caretaker period.
14. Initiatives under the Bilateral Schedule are mostly co-funded with at least 50:50 contributions shared by the ACT and Commonwealth Governments.
15. The Bilateral Schedule specifically includes investment in key ACT priorities committed to in the 10th Parliamentary Agreement of the Legislative Assembly including additional funding for aftercare, youth with complex needs at risk of mental ill-health and early intervention service eating disorders with matched funding as follows:
  - a. \$1,200,000 over four years for improved aftercare services to support individuals following a suicide attempt and / or suicidal crisis;
  - b. \$957,000 over four years additional funding for the community based Early Intervention Service Eating Disorders that promotes help seeking behaviour and early intervention treatment for people in the early stages of developing an eating disorder and those with an eating disorder of low to moderate severity; and
  - c. \$4,049,843 over four years to commission a youth at risk program to address identified system gaps and unmet need and improve access to youth mental

health services. This program will deliver a Territory-wide multi-disciplinary response to trauma and coordinated responses to young people at risk of developing enduring mental illness. The program will be informed by ACT's scoping study that outlines support needs for young people at risk of mental health concerns.

16. Other initiatives proposed by the Commonwealth and funded under the Bilateral Schedule include:
- a. Commonwealth only investment in an Adult Mental Health 'Head to Health' Centre for the ACT;
  - b. co-funding for the establishment and ongoing operation of enhancements to build on ACT child (up to 12 years) (and family) mental health initiatives to improve access to multidisciplinary team care for children, informed by local co-design (Kids Head to Health hub);
  - c. Commonwealth only investment enhancement of one Headspace youth mental health service to improve access to youth mental health services; and
  - d. funding to work collaboratively to build on existing infrastructure to enhance digital capture and reporting of perinatal mental health screening data from public antenatal and postnatal care settings in the ACT and to identify and address gaps in perinatal mental health screening.

### **Communications, media and engagement implications**

17. Signing the Bilateral Schedule is likely to attract positive media attention.
18. A draft media release has been provided by the Commonwealth and consultations have occurred between your Office and Minister Hunt's Office on the final content.

Signatory Name: Dr Elizabeth Moore Phone: X55335

Action Officer: Cheryl Garrett Phone: X47127  
 Executive Branch Manager,  
 Mental Health and Suicide  
 Prevention

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Letter to the Chief Minister
Attachment B	Bilateral Schedule
Attachment C	Letter of Reply
Attachment D	Letter from Minister Hun and Assistant Minister Coleman - Bilateral Schedule Offer



**MINISTERIAL BRIEF**

**ACT Health Directorate**

**Tracking No.: GBC22/184**

**To:** Minister for Mental Health

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**CC:** Rebecca Cross, Director-General

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**From:** Dr Elizabeth Moore, Coordinator-General

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**Subject:** Minister’s Weekly Brief

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**Critical Date:** Friday, 1 April 2022

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**Critical Reason:** To ensure you are briefed on current issues and events

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**Recommendations**

That you note the:

- Information in the Minister’s Weekly Brief for 21-25 March 2022;
- Media and Communications Forecast at Attachment A; and
- Ministerial & Government Services Attachment B.

**Noted / Please Discuss**

Emma Davidson MLA ...../...../.....

Minister’s Office Feedback

**KEY TOPICS**

1. Nil.

**UPDATES ON KEY PROJECTS/PIECES OF WORK****MindMap Usage Update (period 03.02.22 – 03.03.22)**

2. There have been 1127 new users/visits to the MindMap site this period. This is up from the 909 last period (03.01.22 – 03.02.22).
3. Phone calls to MindMap have been fairly consistent (36 this period, 42 last period).
4. The one active hold client is still attending sessions while on the waitlist for the next headspace program.
5. Development of the evaluation framework for MindMap is also underway and will be finalised over the next month.
6. The next MindMap Governance Committee meeting is scheduled for 7 April 2022.

**It's Your Move Communication Awareness (Population Health Project)**

7. It's Your Move (IYM) is an ACT Health Directorate (ACTHD) initiative that enables high school students to develop creative solutions to improve their school community's health. It is delivered in partnership with the ACT Education Directorate (EDU).
8. IYM is currently focusing on the It's Your Move Outdoor Environment Project (IYMOEP) with Caroline Chisholm School (CCHS). The project aims to support a physically active lifestyle and improve mental health outcomes for the school community.
9. In late 2020, CCHS students consulted with their school community and worked with undergraduate design students from the University of Canberra (UC) to codesign innovative outdoor spaces for the CCHS senior campus.
10. A key element of this project was the design and development of a bike track located on the grounds of the CCHS.
11. The Office for Mental Health and Wellbeing were a key stakeholder in this project and provided \$10,000 towards the implementation.
12. The bike track was recently promoted on social media from ACTHD and EDU and is publicly available for all community members.

**RESPONSES TO MINISTER'S COMMENTS ON BRIEFS**

13. Nil.

**MINISTER'S OFFICE REQUESTS FOR INFORMATION**

14. Nil.

**KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS****2022 ACT Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Community Forum**

15. The Minister for Mental Health had agreed to attend and open the ACT Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Community Forum in

## SENSITIVE - CABINET

2021. Unfortunately, the event was postponed several times due to COVID. An online webinar forum was held on 10 September 2021, which the Minister attended and opened; however, it was always intended that the face-to-face event would be held as soon as possible.

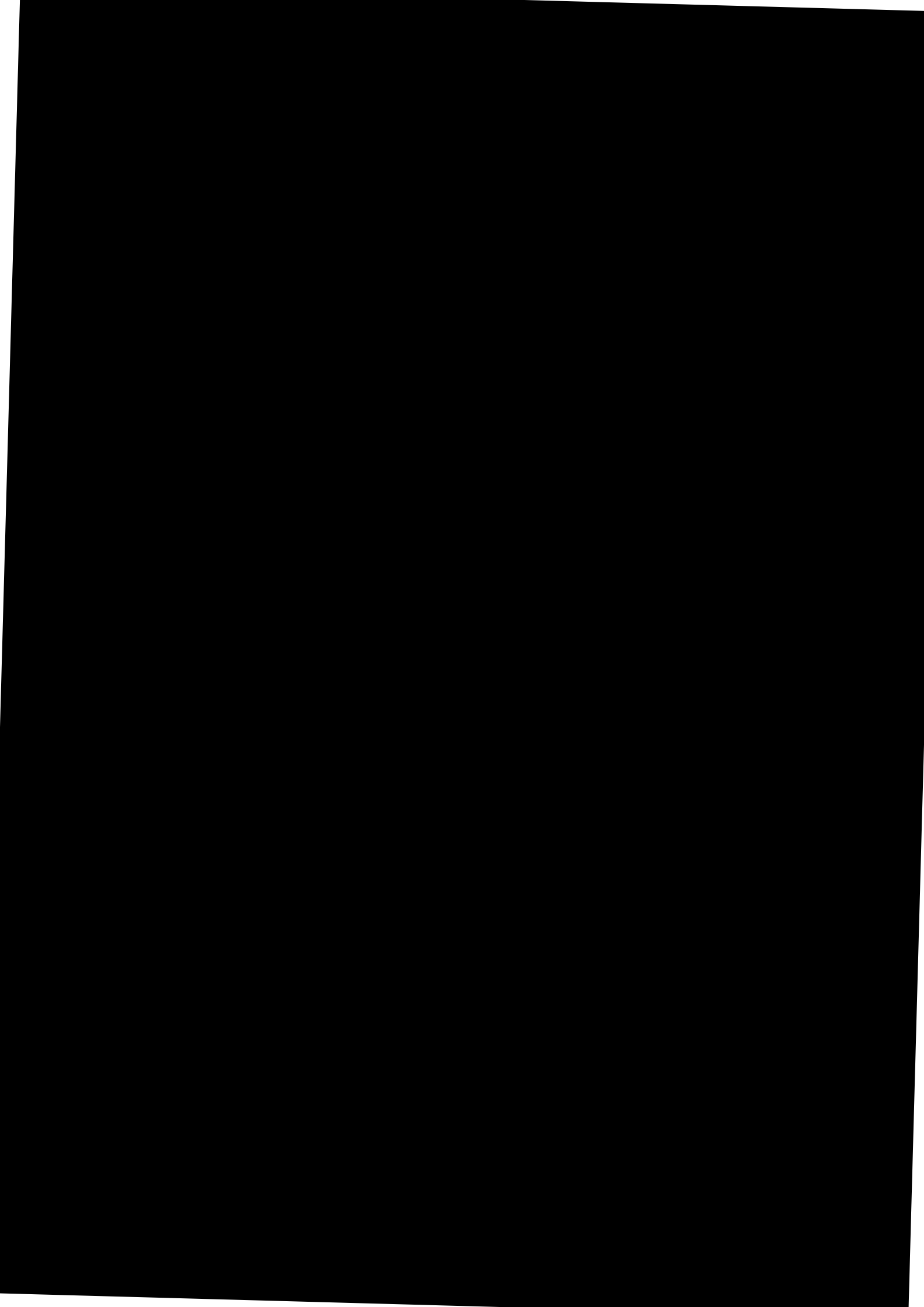
16. The event is now being rescheduled and we are seeking to confirm the Minister's availability for a Friday in May/June. Possible dates at this stage are Friday 13 May, Friday 27 May, or Friday 3 June, with the event running from 10.00am to 1.00pm.
17. The venue will be most likely be Yarramundi Reach (subject to availability).

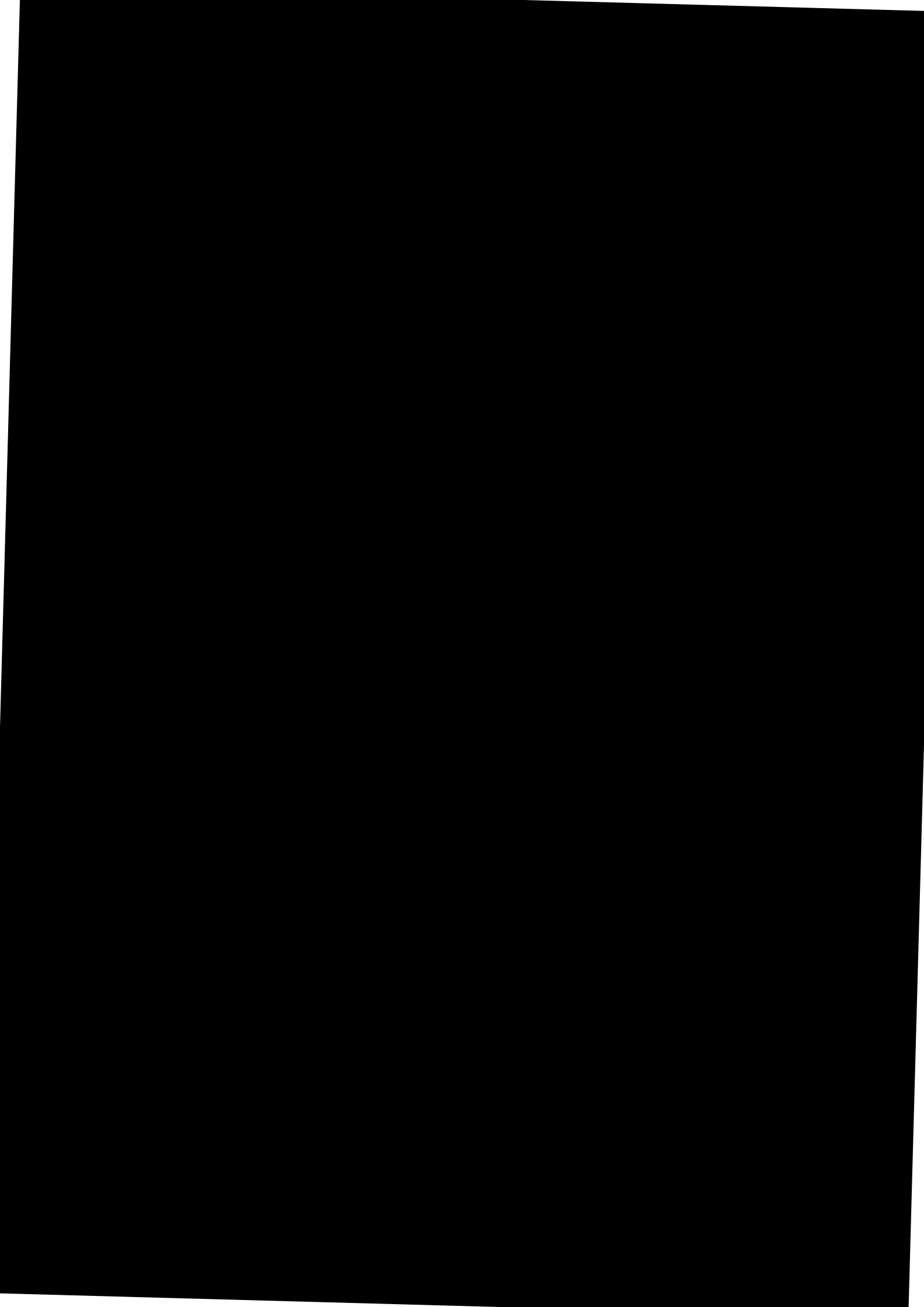
Action Officer: Chadia Rad, Senior Director, Ministerial and Government Services

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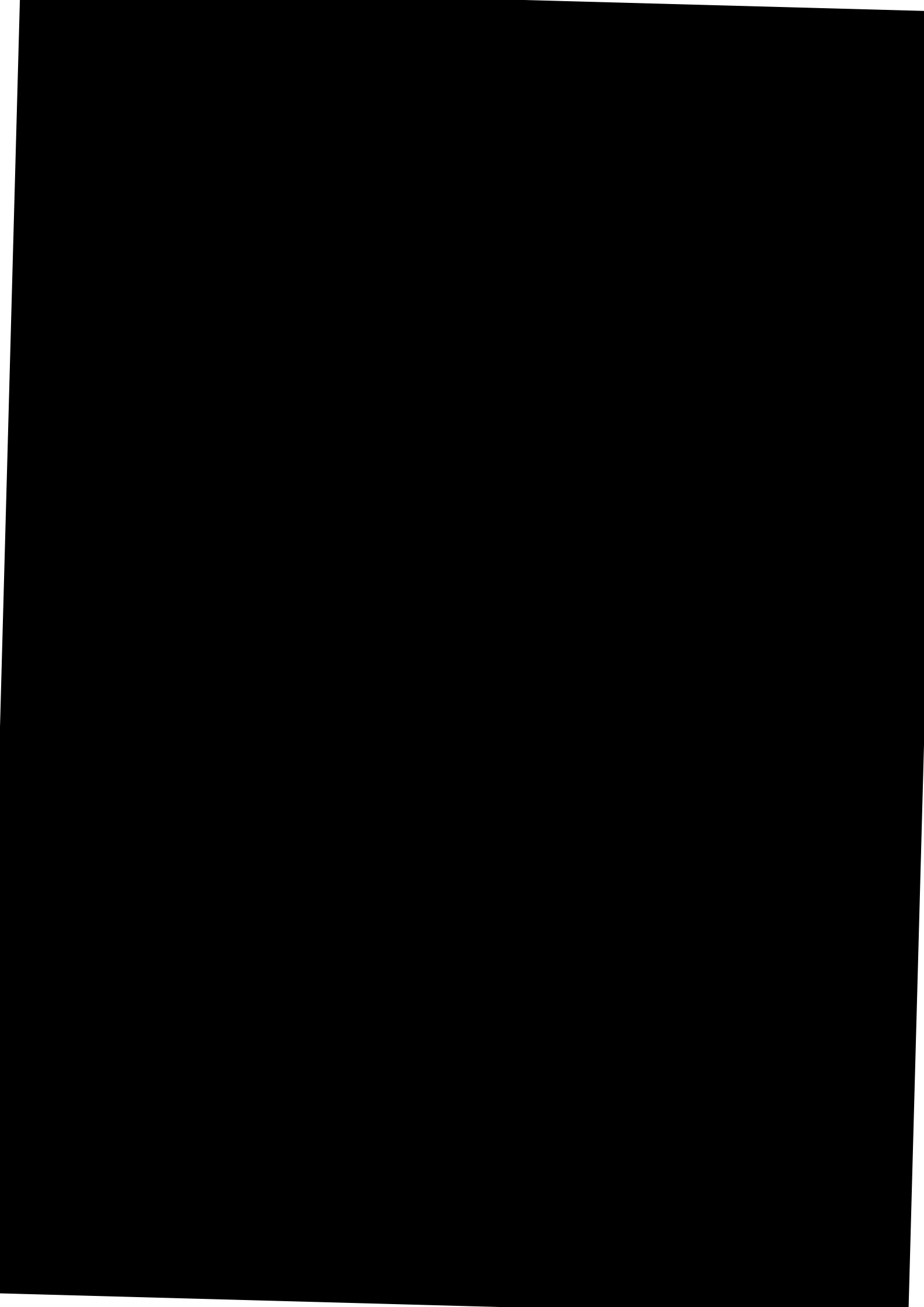
Attachment	Title
Attachment A	Media and Communications Forecast
Attachment B	Ministerial & Government Services

SENSITIVE - CABINET









**ACT Health Directorate**

**To:** Minister for Mental Health Tracking No.: GBC22/198

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**Date:** 05/04/2022

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**CC:** Ms Rachel Stephen-Smith MLA, Minister for Health

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**From:** Dr Elizabeth Moore, Coordinator General, Mental Health and Wellbeing

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**Subject:** Acknowledgement of the National Mental Health Workforce Strategy

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**Critical Date:** 08/04/2022

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**Critical Reason:** A response to the request for endorsement of the National Mental Health Workforce Strategy is required by this date.

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- DG       .../.../...
- CG       .../.../...

**Recommendations**

That you:

1. Note the information contained in this brief and its attachments; and

**Noted / Please Discuss**

2. Agree to sign and send the letter at Attachment A to Minister Greg Hunt.

**Agreed / Not Agreed / Please Discuss**

Emma Davidson MLA ...../...../.....

Minister's Office Feedback

## Background

1. On 31 March 2022, the Commonwealth Minister for Health, the Hon Greg Hunt MP, wrote to Rachel Stephen-Smith MLA, seeking the ACT Government's endorsement of the final ten-year National Mental Health Workforce Strategy (the Strategy). Copies of the letter and the Strategy are available at [Attachments B and C](#) respectively.
2. Development of the Strategy has been overseen by an independent National Mental Health Workforce Strategy Taskforce, with representatives from professional groups and consumers and carers.
3. In addition, the Strategy was informed by a series of roundtables with state and territory government officials led by the Commonwealth and the Taskforce. Representatives from the ACT Health Directorate's (ACTHD) Mental Health and Suicide Prevention Division (MHSPD) attended these roundtables and participated in the development of the Strategy.
4. Based on this feedback, the final Strategy identifies practical approaches that can be implemented by Australian governments across four Strategic Pillars to improve the mental health workforce and to support our mental health workers. These Strategic Pillars include:
  - a. Attract and Train;
  - b. Maximise, Distribute and Connect;
  - c. Support and Retain; and
  - d. Data, Planning, Evaluation and Technology.
5. As a Strategy developed in cooperation by all governments, the implementation of this Strategy is also expected to be shared. The Commonwealth propose to establish a national governance mechanism to oversee the implementation of the Strategy and develop a series of implementation plans to guide activity across governments, regulators, peak bodies, colleges, training and education providers and consumers and carers.

## Issues

6. Before any implementation plans can be developed and the Strategy finalised, it requires endorsement by all governments. In his letter, Minister Hunt requested the ACT Government to provide its endorsement of the Strategy by 8 April 2022.
7. Given the significance of this work and the long timeframe of the Strategy, ACTHD considers it necessary for the Strategy to be noted and endorsed by Cabinet before notification of endorsement can be provided to Minister Hunt.
8. As such, ACTHD will prepare a Cabinet submission to present the ACT Cabinet with the opportunity to review and endorse the Strategy in due course.

9. In the meantime, ACTHD has drafted a response addressed from you to Minister Hunt to acknowledge his letter and inform him that ACT Cabinet endorsement will be required and that this cannot be provided within his timeframe of 8 April 2022.
10. This letter is available at Attachment A for your review and signature.

### **Financial Implications**

11. There are no financial implications. However, once implementation plans for the Strategy are developed these will likely require future budget business cases in order to provide funding for the ACT components.

### **Consultation**

#### Internal

12. MHSPD consulted with the Office of the Chief Psychiatrist during the development of the Strategy and to inform ACT Government input into the roundtables.

#### Cross Directorate

13. MHSPD consulted with the Mental Health, Justice Health and Alcohol and Drugs Services Division of the Canberra Health Service during the development of the Strategy and to inform ACT Government input into the roundtables.

#### External

14. MHSPD worked with the Commonwealth and state and territory governments during the development of the Strategy.

### **Work Health and Safety**

15. Nil.

### **Benefits/Sensitivities**

16. This Strategy is an important opportunity to improve the quality, supply and distribution of the mental health workforce and to support our mental health workers. This is a significant piece of work that will guide action and investment over the next ten years.
17. It is noted that the Strategy has not been considered by Health Chief Executives.
18. MHSPD have reached out to mental health senior officials in all states and territories to seek advice on their proposed response to Minister Hunt's correspondence. Advice has only been received from Victoria, who like the ACT will also require Cabinet consideration and will not be in a position to provide endorsement by 8 April 2022.

### **Communications, media and engagement implications**

19. Once finalised, the Strategy will be released publicly which may attract media attention the Strategy and the commitments within it.

## OFFICIAL

Signatory Name: Elizabeth Moore, Coordinator-  
General, Office for Mental Health  
and Wellbeing Phone: X49273

Action Officer: Cheryl Garrett, Executive Branch  
Manager, Mental Health Policy and  
Strategy Phone: X47127

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Reply letter to Minister Greg Hunt
Attachment B	Letter from Minister Greg Hunt to Rachel Stephen-Smith
Attachment C	Final National Mental Health Workforce Strategy

**ACT Health Directorate****To:** Minister for Mental Health

Tracking No.: GBC22/199

**Date:** 01/04/2022**CC:** Rebecca Cross, Director-General**From:** Dr Elizabeth Moore**Subject:** Letter to Tara Cheyne, MLA re appointment of new Official Visitor**Critical Date:** 05/04/2021**Critical Reason:** To provide letter prior to lodgement of Cabinet papers on 5 April 2022**Recommendations**

That you:

1. Note the information contained in this brief;

**Noted / Please Discuss**

Choose an item. MLA ...../...../.....

Minister's Office Feedback

**Background**

1. Official Visitor (OV) appointments are made under the Official Visitor Act 2012. (the OV Act). The appointment of Mental Health OVs are also guided by the *Mental Health Act 2015*.
2. In accordance with the OV Act there must be at least one Mental Health OV. The total number of appointees is at discretion and recommendation of the responsible Minister.
3. In 2019 the Minister for Mental Health agreed to move from four to two Mental Health Official Visitors as two positions was commensurate with the number of visitable places and demonstrated demand. Additional visitable places since been added.
4. The ACT Government Governance Principles, Appointments, Boards and Committees in the ACT identifies that appointments must not be made or re-made for more than two full terms unless Cabinet agree there is a compelling justification. Grounds for consideration mentioned in the legislation include “there is a business critical need for continuity, or a full merit selection process showed that re-appointment is clearly the best alternative”.

**Issues**

5. Following reforms to the Official Visitor scheme, the responsibility for the OV Act became the responsibility of the Minister for Human Rights.
6. One OV appointment is due to cease in June 2022.
7. A merit based selection process for the vacant OV position was undertaken with an independent selection panel comprised of Public Trustee, Public Advocate and the ongoing Mental Health OV.
8. The panel has completed a report and make recommendations for the appointment of a new OV who has a very strong research, policy and clinical background.
9. The selection panel has a strong and intimate knowledge of, and commitment to the scheme and the role of OVs. The recommendation made are supported overall.

**Financial Implications**

10. Not applicable

**Consultation**Internal

11. Nil

Cross Directorate

12. Nil

External

13. Nil

**Benefits/Sensitivities**

14. In 2019 there was significant feedback from the mental health community that it would be highly advantageous and appropriate for the positions of Mental Health OVs to be filled by people with lived experience of mental illness and there was criticism of the past practice of appointment of people with clinical service delivery backgrounds.
15. [REDACTED]  
[REDACTED]  
[REDACTED]
16. It is noted that with this appointment there will be two male Mental Health OVs. Given the high rates of trauma and vulnerabilities experienced by people with mental illness, the gender balance for Mental Health OVs warrants consideration.
17. This concern may be able to be addressed if the broader OV scheme could support access to female OV if requested by a person receiving a mental health service.

Signatory Name: Dr Elizabeth Moore

Phone: X49600

Action Officer: Lee-Anne Rogers

Phone: X 49862



**MINISTERIAL BRIEF**

ACT Health Directorate

Tracking No.: GBC22/201

**To:** Minister for Mental Health

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**CC:** Rebecca Cross, Director-General

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**From:** Dr Elizabeth Moore, Coordinator-General

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**Subject:** Minister's Weekly Brief

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**Critical Date:** Friday, 8 April 2022

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**Critical Reason:** To ensure you are briefed on current issues and events

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**Recommendations**

That you note the:

- Information in the Minister's Weekly Brief for 28 March – 1 April 2022
- Media and Communications Forecast at Attachment A; and
- Ministerial & Government Services at Attachment B.

**Noted / Please Discuss**

Emma Davidson MLA ...../...../.....

Minister's Office Feedback

**KEY TOPICS****Early Intervention Service Eating Disorders – Consultation with unions**

1. Formal letters of consultation on the Early Intervention Service Eating Disorders (EISED) were sent to six unions on 10 February 2022. Three responded advising no opposition to engaging a non-government organisation to deliver the EISED and there was nil response from one. Detailed responses were received from the Australian Nursing and Midwifery Federation (ANMF) and Community and Public Service Union (CPSU).
2. Responses were provided to CPSU and ANMF on 23 March 2022 and are attached for information at Attachment C and D.
3. When the letters were emailed, the unions were also advised that you had presented a Ministerial Statement on the Update to the ACT Eating Disorders Position Statement: Response to Dr Marisa Paterson's e-petition 'Starving for Services - Lack of Eating Disorder Services in the ACT in the Legislative Assembly. You also tabled an Update to the ACT Eating Disorders Position Statement which provides a comprehensive summary of the work currently underway across the full program of work to support people with eating disorders. It was further noted that while this includes reference to the EISED, it does not pre-empt the Cabinet's consideration of the service provider for the EISED, which is referenced response to unions.

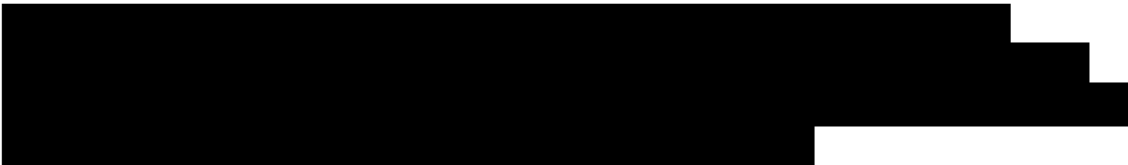
**UPDATES ON KEY PROJECTS/PIECES OF WORK**

4. Nil.

**RESPONSES TO MINISTER'S COMMENTS ON BRIEFS****Youth at Risk Program**

5. As part of the Bilateral Agreement, the ACT Government achieved matched funding from the Commonwealth Government for the implementation of a Youth at Risk Program to address the needs of young people with complex needs including experience of trauma and alcohol and other drugs and who are at risk of mental illness. You requested advice on the timeframes for implementing this service in a verbal briefing on the outcomes of the Bilateral Agreement negotiations.
6. The 2021 scoping project on youth with complex needs recommended that new investment is required to deliver a comprehensive, integrated, efficient and effective approach for improving outcomes for adolescents and their families.
7. The youth at risk program aims to deliver a Territory-wide multi-disciplinary response to trauma and fully coordinated responses to young people at risk of developing enduring mental illness. The key elements are:
  - a) an evidence-guided therapeutic approach that delivers integrated care through a new adolescent trauma service and building sector partnerships and enhancing outreach.
  - b) a territory-wide integrated framework of supports for reforming the current service and for building increased capability to respond to youth at risk across sectors, settings and professions.

## SENSITIVE - CABINET

8. While the scoping study has set out the framework for this new service and a broad staffing profile. The detailed project planning, full co-design of the model and development of the staged implementation phases has not yet occurred. It is expected this planning and co-design will take up to 6 months. This planning would be followed by procurement and progressive implementation.
9. 
10. The component of the program that involves augmentation/expansion of existing non-government service providers would be expected to be able to occur in 2022.
11. There is no capacity to undertake this work within the current staff profile of the Mental Health and Suicide Prevention Branch. The flexible use of resources is being planned to enable commencement of the planning as early as possible.

**MINISTER'S OFFICE REQUESTS FOR INFORMATION****ACT Emergency Department presentations and public specialised Mental Health data****21/03/2022 – 27/03/2022**

12. There has been a drop in suicidal/self-harm presentations to the emergency department for 12-17 year age group which has been persistently higher over the past five weeks.

**KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS****Online Forum – Commissioning Mental Health Service in the Community**

13. An online workshop was held on 30 March 2022 with current NGO partners funded to deliver mental health and suicide prevention programs and services, whose contracts expire in June 2022.
14. Approximately 27 people attended with a good representation from the sector. A session recording and written summary will be shared to ensure those that could not attend will still have access to the same information.
15. Information about Agreement Variations was shared, including the timeline for finalising and executing variations by the end of May 2022.
16. The second part of the session included a pre-planning discussion on the commissioning work to take place over the next two years, noting that this work would involve a broader group of stakeholders.
17. NGO stakeholders had a few questions, most notably about juggling priorities and the limited funding envelope. There was also interest in the collection of data and consistency of reporting information with other funding bodies.

**Youth Systems Modelling Project Workshop One:**

18. The Office hosted the first co-design workshop (the Workshop) for the Right care, first time, where you live Program in partnership with the University of Sydney Brain and Mind Centre on 29 March 2022.

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## SENSITIVE - CABINET

19. The Workshop brought together 28 stakeholders across from the ACT children and youth mental health sector and included clinicians, peak body and advocacy groups, policy makers and Consumer and Carer representatives.
20. The Workshop consisted of a series of activities to identify stakeholders desired outcomes from the modelling tool, map the current ACT mental health system, map the social determinants of mental health and wellbeing in children and young people in the ACT and how these can positively or negatively impact on psychological distress.
21. There was strong engagement from stakeholders and a keen interest in the tool and how it will be used for future policy and planning activities.

Action Officer: Chadia Rad, Senior Director, Ministerial and Government Services

#### Attachments

Attachment	Title
Attachment A	Media and Communications Forecast
Attachment B	Ministerial & Government Services
Attachment C	Response letter to CPSU and ANMF – Mr Cullen
Attachment D	Response letter to CPSU and ANMF – Ms Northam

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GBC22/132

**Portfolio/s:** Mental Health**COVID-19 - Calvary mental health unit COVID Changes****Talking points**

- With the rise in COVID-19 cases in December 2021-January 2022, the Territory re-instated the dedicated COVID-19 respiratory assessment unit at Calvary Public Hospital Bruce (CPHB).
- The Respiratory Unit is located in the building that usually accommodates the Older Persons Mental Health Inpatient Unit (OPMHU).
- While the Respiratory Unit is in operation, CPHB will make use of the Medical Mental Health Unit (MMHU) at Calvary Private Hospital (CPH). This is under a contractual arrangement with the private hospital which provides for surge capacity for the Territory's COVID-19 response.
- The MMHU was re-approved as an approved mental health facility on 14 January 2022.
- The COVID-19 respiratory assessment unit is also able to accommodate mental health patients who are also positive, or are suspected to be positive, to COVID-19.

**Key Information**

- There have been no changes to the physical structure of the MMHU at CPB since the facility was approved as a private psychiatric facility and subsequently as an approved mental health facility under the *Mental Health Act 2015* (the Act).
- The admission criteria for transfer of patients to the MMHU will remain the same as on the previous occasion, which spanned August to November 2021.
- The MMHU will not be an approved mental health facility for the following purposes:
  - Correctional patients under chapter 6 of the Act;
  - Emergency detention under chapter 8 of the Act; and
  - Assessment whether emergency detention required under section 309 of the *Crimes Act 1900*.
- There is no confirmed date as to when the public mental health patients accommodated at the MMHU will return to CPHB. Once patients are transferred back to CPHB, the MMHU mental health facility approval will be revoked and the facility can operate as a private facility under the private psychiatric facility licence.

Cleared as complete and accurate: 07/03/2022  
Cleared for public release by: Director-General  
Contact Officer name: Dr Dinesh Arya Ext: x49637  
Lead Directorate: Health  
TRIM Ref: GBC22/132

**Background Information**

- With a rise in COVID-19 cases, a designated treatment space was required for a respiratory ward. The OPMHU was deemed suitable and was repurposed as a respiratory ward.
- You approved the MMHU as an approved mental health facility in August 2021 to allow involuntary mental health patients to be transferred from CPHB to the facility to make space for the Respiratory Unit.
- On 25 November 2021, patients from the MMHU were returned to CPHB and the MMHU was returned to CPB to be used as a private psychiatric facility in accordance with their private psychiatric facility licence.
- On 17 December 2021, you revoked the instrument notifying the MMHU at CPB as an approved mental health facility under the *Mental Health Act 2015*.
- On 11 January 2022, Dr Dinesh Arya, the ACT Chief Psychiatrist was advised that due to the upsurge in COVID-19 cases in the ACT, the OPMHU was required to be repurposed again as a respiratory facility.
- On 14 January 2021, you again approved the MMHU as an approved mental health facility.

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**Portfolio/s:** Mental Health**Culture Review (Mental Health)****Talking points:**

- The mental health and wellbeing of our workforce is central to the changes that we will implement, ensuring our staff feel valued, safe and supported in the important work they do for our community.
- The effect of this will be a better public health system for staff and the Canberra community.
- The Culture Reform Oversight Group and the Culture Review Implementation Steering Group are ensuring effective and efficient implementation across the ACT public health system, including implementation of the 20 recommendations accepted from the *Final Report: Independent Review into Workplace Culture within ACT Public Health Services*.
- A comprehensive program plan will ensure that core objectives are met.
- As at 14 February 2022, fourteen formal Oversight Group meetings have taken place.
- Three working groups of the Oversight Group have been established to focus on system-wide issues, specifically:
  - System-wide Human Resources (HR) and people related matters;
  - Early intervention, supporting proactive engagement over matters that impact the workforce of the system; and
  - Supporting the transition of students to early career professionals.

**Second Annual Review of the Culture Review Implementaiton**

- Ms Renee Leon was contracted to undertake the second annual review of the culture review implementation in May 2021.
- Ms Leon met with a range of key stakeholders in May and June of 2021 including the Minister for Health, Minister for Mental Health and members of the Oversight Group and gained insights to inform the annual review.
- Focus Groups were undertaken with staff from across the public health system and other key stakeholder groups during August and September 2021.
- The final report on the Annual Review was tabled on 11 November 2021 by the Minister for Health.
- Progress is being made cross-system to action the findings from the second annual review.

Cleared as complete and accurate: 17/03/2022  
Cleared for public release by: Executive Branch Manager Ext: 49923  
Contact Officer name: Jodie Junk-Gibson Ext: 49923  
Lead Directorate: Health  
TRIM Ref: GBC22/132

### Management and Leadership Training

- Leadership development training commenced in December 2021, with the launch of the ACT public health system leadership development program.
- There will be a total of 12 cohorts, with 250 participants from ACT Health Directorate, Canberra Health Service and Calvary Public Hospital Bruce attending.
- The Culture Reform Oversight Group acknowledged that substantial and enduring cultural change take time and require sustained effort over several years, and the ACT public health system is in an early phase of positive change.

### **Background Information**

- On 10 September 2018, the former Minister for Health and Wellbeing, Ms Meegan Fitzharris announced the Independent Review into the Workplace Culture within ACT Public Health Services in response to significant negative reporting about poor workplace culture across the three arms of the ACT Public Health Service over an extended time period. The Minister appointed an independent panel to undertake the review.
- The panel presented the *Final Report of the Independent Review into the Workplace Culture within ACT Public Health Services* to Minister Fitzharris on 5 March 2019. The Final Report was released to staff and the public on 7 March 2019.
- The Review overwhelmingly highlighted:
  - Inappropriate behaviours and bullying and harassment in the workplace;
  - Inefficient procedures and processes including complaints handling;
  - Inadequate training in dealing with inappropriate workplace practices;
  - Poor leadership and management at many levels throughout the ACT public health system;
  - Inefficient and inappropriate Human Resource practices, including recruitment; and
  - Considerable disengagement by clinicians from the management of ACT public hospitals and health services.
- The Final Report was tabled on 19 March 2019 in the ACT Legislative Assembly.
- The former Minister for Health and Wellbeing tabled the Government Response to the Report on 16 May 2019. In the response, the Government agreed to all 20 recommendations of the Report. Implementation over the next three years formally commenced.



GBC22/132

**Portfolio/s:** Mental Health

**MENTAL HEALTH ACCESS AND UTILISATION**
**Talking points:**

- In May 2020, the ACT Government announced the \$4.5 million COVID-19 Mental Health Support Package to address increased demands on mental health support services to ensure Canberrans can receive the support they need. The package included a number of initiatives to support services that can reduce the for mental health care in our emergency departments and acute mental health services.
- A range of new projects are underway and in the early planning stages, to meet the needs of the growing Canberra community. This investment aims to develop a dynamic and flexible service that improves safety for staff and consumers and improves the quality of care that can be provided.
- The ACT Government, through Canberra Health Services and ACT Health Directorate, is acting now to increase Territory-wide capacity so we can continue to provide care that meets the needs of the community.
- The *2022 Report on Government Services*, which includes data up to the 2019-20 financial year, shows that demand for government mental health services continues to increase year on year. This includes services in hospital admitted patient settings, emergency departments and community mental health settings.

Mental health presentations to emergency departments

- The number of mental health presentations to ACT emergency departments rose from 384 in September 2021 to 422 in November 2021 before dropping to 373 in January 2022.

*Table 1: Mental health presentations to ACT EDs, 6 months to 28 February 2022*

	<b>Sep 2021</b>	<b>Oct 2021</b>	<b>Nov 2021</b>	<b>Dec 2021</b>	<b>Jan 2022</b>	<b>Feb 2022</b>
Canberra Hospital ED	229	283	271	248	228	231
Calvary Public Hospital Bruce ED	155	135	151	143	145	167
<b>ACT ED total</b>	<b>384</b>	<b>418</b>	<b>422</b>	<b>391</b>	<b>373</b>	<b>398</b>

Cleared as complete and accurate: 16/03/2022  
 Cleared for public release by: Coordinator General  
 Contact Officer name: Elizabeth Moore  
 Lead Directorate: Health  
 TRIM Ref: GBC22/132

Ext: 49273

## Access to mental health services for admitted patients (Quarterly Performance Report July to September 2021)

- ACT Health Directorate has reviewed the methodology for calculating mental health overnight bed days of care, and will replace this metric with 'Accrued Mental Health Care Days'. The new metric captures only the bed days occurring within the reporting period and aligns the ACT with National Standards for reporting on mental health care days. Consultation has occurred with both health services to agree and implement the change. This proposed change will not impact funding.
- This change will be implemented for reporting on Quarter 2, 2021-22 data.
- The total number of mental health overnight bed days of care decreased by 23.2 per cent in the July to September 2021 quarter, when compared with the previous quarter. When compared to the same quarter in the previous year there was an 11.1 per cent increase.

*Table 2: Comparison of mental health overnight bed days of care*

	<b>July to September 2021 (bed days)</b>	<b>April to June 2021 (bed days)</b>	<b>Percentage change (%)</b>
Canberra Hospital	5,755	8,767	-34.4
Calvary Public Hospital Bruce	3,142	3,351	-6.2
University of Canberra Hospital	1,585	1,536	3.2
<b>ACT Total</b>	<b>10,482</b>	13,654	<b>-23.2</b>

- The average length of stay for mental health overnight patients decreased by 24.0 per cent in the July to September 2021 quarter, when compared with the previous quarter. When compared to the same quarter in the previous year there was a 10.6 per cent increase.

*Table 3: Comparison of average length of stay for mental health overnight patients*

	<b>July to September 2021 (days)</b>	<b>April to June 2021 (days)</b>	<b>Percentage change (%)</b>
Canberra Hospital	14.2	21.8	-34.9
Calvary Public Hospital Bruce	20	21.3	-6.1
University of Canberra Hospital	54.7	56.9	-3.9
<b>ACT Total</b>	<b>17.7</b>	<b>23.3</b>	<b>-24.0</b>

Note: The ACT has three hospitals providing mental health services, each providing a different mix of admitted patient services. Canberra Hospital is a tertiary referral hospital, Calvary Public Hospital Bruce is a public general hospital and the University of Canberra Hospital is a public rehabilitation and subacute hospital.

## **Background Information**

### New projects and funding commitments

- The projects planned by the ACT Government will improve and expand clinical spaces to provide improved physical and psychological safety for people admitted to acute services as well as improving staff safety and reduce the level of occupational violence. These projects include:
  - Increasing the High Dependency bed capacity across the Territory to meet the changing demand for access to high acuity services; and
  - Increasing the Low Dependency (LDU) bed capacity across the Territory to meet the increasing demand for access to acute Mental Health services.
- Ward 12B Mental Health Unit (10 beds) commenced activity on 20 September 2021 and has been utilised at 87 per cent from this date until the end of February 2022.
- As part of the \$4.5 million Mental Health Support Package, the ACT Government is investing in programs to increase options to respond early to mental health issues and suicidal crisis, reducing demand on critical emergency and crisis services:
  - \$720,000 to expand Access Mental Health and Home Assessment Acute Response Team (HAART);
  - \$720,000 to expand the tri-service Police, Ambulance and Clinician Emergency Response (PACER) service to 7 days a week;
  - \$500,000 for transitional accommodation services to address delays to discharge from acute services due to accommodation issues;
  - \$341,843 to commence work on establishing two safe haven cafes that are aimed at better support for people in distress and reduce demand on emergency and crisis services;
  - \$250,000 for an Aboriginal and Torres Strait Islander Mental Health Program;
  - Funding to support community organisations adapt to new modes of service delivery; and
  - A grants program to support innovative approaches to promote mental health and wellbeing in the ACT community. The range of projects will be supported by appropriate resources to match the increase in capacity and demand.

- The ACT Government has also committed to a range of additional investments and supports for mental health and suicide prevention in the Parliamentary and Governing Agreement for the 10th Legislative Assembly, including:
  - Expansion to Police, Ambulance & Clinician Early Response (PACER) as a proof-of-concept in partnership with the ACT Ambulance Service and Canberra Health Services. Where police would traditionally be the first responders to a mental health call-out, the PACER capability provides a more holistic mental health response to the Canberra community's most vulnerable mental health patients.
  - Improving the emergency department experience for people with the development of a Psychiatric Alcohol and non-prescription Drugs Assessment Unit;
  - Building additional supported accommodation houses;
  - Boosting community counselling, mentoring, home visits, advocacy and casemanagement for young people; and
  - Improving the range of programs that target and support youth mental health, eating disorders, alcohol and substance use with mental health, First Nations mental health, First Nations suicide prevention and postvention and respite for mental health carers.

### Calculation methods

#### *Tables 2 and 3*

- Overnight bed days and average lengths of stay are calculated in accordance with national counting rules, where a patient's episode of care is not counted until the episode is complete and they are discharged from hospital.
- Depending on the timings of patient admissions and discharges within a quarter, and due to the relatively small population serviced by ACT public hospitals, a small number of episodes of care can result in substantial differences in results when comparing consecutive quarters.

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**Portfolio/s:** Mental Health**Safe Haven****Talking points:**

- The ACT Government is committed to continuing its investment to ensure more mental health support for Canberrans during and beyond the COVID-19 pandemic. A key initiative being progressed is the pilot of the community based Safe Haven in Belconnen.
- The service commenced on Saturday 27 November 2021 and is open Tuesday to Saturday from 4:30-9 pm.
- The Safe Haven is a warm, non-clinical, safe space where people can freely go if they are experiencing emotional distress, mental health concerns, isolation and loneliness and are seeking social connection and support.
- Early efforts at promotion and engagement with key community stakeholders has ensured early awareness of the service and the numbers of guests attending have reflected this work.
- Stride Mental Health, the non-government organisation delivering the service, is continuing to develop and promote the service across the ACT.
- ACT Health Directorate and Capital Health Network are continuing to work collaboratively on both the Safe Haven and Commonwealth funded Head to Health Hub.
- The Safe Haven is staffed by peer workers who are available to support people that present to navigate their distress in a way that is meaningful to them. Importantly, the service offers opportunities for people to increase self-determination, self-efficacy and foster hope.
- The Head to Health service is also designed to provide a welcoming, low stigma, soft entry point to engagement and assessment for people with conditions too complex for many current primary care services but who are not eligible for or are awaiting care from state or territory public community mental health.
- The ACT Head to Health complements mental health services already provided in the community and is working closely with the Safe Haven.
- Think Mental Health began operating the Head to Health Hub phone support service on Monday 18 October 2021 and now has a centre located in Deakin, which is available for walk in and face-to-face appointments.
- Both of these developments are an important addition to the mental health service system, enabling improved community based responses to people experiencing distress and/or mental health concerns and reducing demand on emergency departments when a person's needs may be better met in a less clinical, less stressful environment.

Cleared as complete and accurate: 16/03/2022  
Cleared for public release by: Coordinator General  
Contact Officer name: Elizabethe Moore  
Lead Directorate: Health  
TRIM Ref: GBC22/132

Ext: 49273

**Background Information**

- The 6 May 2020 Mental Health Support Package included \$341,843 to deliver a pilot Safe Haven Café for the Canberra community. In the 2020-2021 budget announcement of 9 February 2021, an additional \$80,000 was allocated as part of the extension of the COVID-19 Mental Health Support Package.
- The ACT Safe Haven Café model was the result of a significant co-design process. Guided by a consultant with experience of co-design and the development of similar spaces, two design teams were established, bringing a diverse range of stakeholders with lived and learnt experience of distress together to identify key elements of the design.
- It was intended that Canberra Health Services would implement a Safe Haven Café on the Canberra Hospital campus. Unfortunately, there is no feasible location at Canberra Hospital whilst the campus is going through significant construction work.
- The Belconnen Community Health Centre was chosen as the site for a community based Safe Haven as it is close to public transport, shopping centres and the Walk-In Centre; and Calvary Public Hospital. The service is referred to as Safe Haven rather than Safe Haven Café to reduce any confusion as the site was previously used as a café open to the public.

GBC22/132

**Portfolio: Mental Health****Youth Navigation Portal****Talking points:**

- A key project from the Children and Young People Review was to develop and implement a Youth Navigation Portal for the ACT. The Youth Navigation Portal (the Portal) was also a recommendation of the ACT Youth Advisory Committee.
- This was in response to a common theme raised by young people around a lack of knowledge and understanding about what mental health services are available and how to access them.
- The Portal was launched on 19 October 2021 under the newname MindMap: the winning name from a competition that was open to all ACT young people and targeted school students.
- MindMap is an online triage navigation portal specifically focused for young people, parents and carers in the ACT, seeking mental health related support, services and information. MindMap supports the mental health of children and young people aged 0-25 years in the ACT.
- MindMap provides a consolidated and coordinated approach for young people seeking support and assistance online and will link up with existing services within the Canberra region.
- Since it's launch, MindMap has had over 8,200 page visits, with 80-90 per cent new visitors. It is important to note that engagement varies for each page visitor, however at least 11 per cent of visitors have returned to the page multiple times (figures as at 1 March 2022).
- In the early months male service users have been more frequent than females. This may mean that many males who had not previously sought assistance in this area are now able to do so in a way that has limited impact on their peer status or relationships with parents. Overall usage since launch has resulted in higher female usage (63 per cent female compared to 37 per cent male). It should be noted that usage data is relying on Google Analytics, therefore unless cookies have been cleared recently on a shared device, the demographic data could be built on an other device users data profile.
- Development of an evaluation framework for MindMap is underway to build our understanding of how well the initiative is meeting community needs and how it could be improved in future.
- The Office for Mental Health and Wellbeing and Marymead are working closely to continue stakeholder engagement with service providers to ensure the information is accurate and up to date.

Cleared as complete and accurate: 15/03/2022

Cleared for public release by: Coordinator General Mental Health

Ext: 4 9273

Contact Officer name: Dr Elizabeth Moore

Ext: 4 9273

Lead Directorate: Health

TRIM Ref: GBC22/132

**Expanding Public Health Services for Eating Disorders (EPHSED) in the Territory Project****Talking points:**Petition No. 34-21

- The petition “Starving for Services – Lack of Eating Disorder Services in the ACT” was tabled by Dr Marisa Paterson, MLA on 30 November 2021. The Petition has 741 signatures.
- The Petition called for the following actions to be undertaken:
  - Update the Assembly about progress on the ACT Government's 'Eating Disorder Position Statement'
  - Refresh the 'Position Statement' considering the 'Project Agreement for the Community Health and Hospitals Program Australian Capital Territory Initiatives' with the Commonwealth Government which commits to establishing a community-based residential eating disorder treatment centre
  - Detail actions that have been taken to improve access for more patients to the Eating Disorders Program
  - Commit to reviewing demand and backlog to ensure appropriate resourcing and support for the Eating Disorders Program.
- The ‘Update to the ACT Eating Disorders Position Statement’ recently tabled in the Legislative Assembly during the March sitting week responds to this petition and provides a comprehensive update of progress made under the Expanding Public Health Services for Eating Disorders (EPHSED) in the Territory project.

New Services to be established under the Project

- In the 2019/20 budget, the ACT Government committed \$2.2M to establish an Eating Disorders Specialist Clinical Hub (Clinical Hub), establish a non-government organisation (NGO) operated early intervention service and develop a Territory-wide model of care for eating disorders.
  - The Clinical Hub was officially launched on 25 January 2022 as the central referral point for public ACT eating disorder services.
  - The EISED is expected to be operational in the 2022/23 financial year, in alignment with the funding start date.
  - The Territory-wide Model of Care for Eating Disorders is currently in development. This model of care will establish an effective “Stepped Care” model in the ACT for all



public eating disorder services.

- The Commonwealth has committed \$13.5M over three years for a Residential Treatment Centre for eating disorders to be established in the ACT. The first funding instalment was provided to the ACT in the 2021-2022 financial year.
- The ACT Government has completed a model of care for the ACT Residential Eating Disorders Treatment Centre, which was endorsed in March 2021, and identified a site for the Centre.
- The concept design phase for the ACT Residential Eating Disorders Treatment Centre is underway, with Collard Clarke Jackson Canberra Pty Ltd announced as the successful applicant for the design tender on 20 February 2022. .
- The EPHSED Project was established in July 2019 to progress work on both the ACT Government and Commonwealth commitments.

#### Existing Services

- Current outpatient public eating disorder services in the ACT include:
  - The ACT Eating Disorders Clinical Hub was officially launched on 25 January 2022 by the Minister for Mental Health. The Hub is a new service offering for the ACT that provides a single point of access for eating disorders in the ACT, bringing together resources and expertise to provide timely treatment for people on the spectrum of eating disorders. The Hub is also available to provide advice, support and training for people and clinicians working with people with eating disorders.
  - Once a referral is received, the Hub will undertake a detailed intake, triage, and assessment process to determine the best care pathway. If clinically indicated, the Hub can provide referrals to the Short Term Recovery Intervention for Disordered Eating (STRIDE) Program, Parenting Group or the Eating Disorders Program (EDP).
  - The STRIDE Program offers short-term cognitive behavioural therapy (CBT) of up to 10 sessions to eligible individuals for their eating disorder or disordered eating behaviour. The STRIDE Program is staffed by provisional psychologists (undertaking post-graduate psychology training) under the supervision of board-approved clinical psychology supervisors.
  - The six week Parenting Group provides psychoeducation and support in implementing the first phase of Maudsley family-based therapy approach. This group is for parents and carers who have a loved one under the age of 18 who have been referred by the Clinical Hub.
  - The EDP is a specialist outpatient therapy service working with individuals and their families whose primary presenting issue is an eating disorder. EDP provides evidence based psychological treatment options such as Maudsley Family Based Therapy (FBT) and CBT as indicated.
  - The Women, Youth & Children Nutrition Service can provide counselling and advice regarding disordered eating to people under 25 years and all women during pregnancy and up to two years after birth.

Cleared as complete and accurate: 15/03/2022  
Cleared for public release by: Coordinator-General  
Contact Officer name: Elizabeth Moore Ext: 49273  
Lead Directorate: Health  
TRIM Ref: GBC22/132

## QUESTION TIME BRIEF

- Current inpatient public eating disorder services in the ACT include:
  - In September 2021, the ACT Government announced \$195,000 under the Mental Health and Community Support Package for the recruitment of an in-reach clinician. This clinician will support eating disorders patients admitted to hospital, facilitate early discharge, support families and carers and connect patients to services post-discharge. This position commenced in February 2022.
  - ACTHD inpatient weight stabilisation is available at the Canberra Hospital and Calvary Public Hospital Bruce (CPHB). For people aged 16 years or under, inpatient management is in the Paediatric ward. For people over 16, inpatient management at the Canberra Hospital is in the Adult General Medicine Ward.
  - If medically stable, patients can be admitted to CPHB Mental Health Ward 2N or the Adult Mental Health Unit at the Canberra Hospital. This is mainly for treatment of acute psychiatric and suicidality risk, rather than access to an eating disorder specific program.

### Key Information

- The ACT Government is committed to improving the range of eating disorder services that are available to support people in the ACT.

### Background Information

- The ACT Government developed the ACT Eating Disorders Position Statement, which was presented to the Legislative Assembly by Minister Rattenbury on 25 October 2018. The Position Statement describes the guiding principles and options for developing eating disorders services in the ACT. This includes the prioritisation of early intervention and the establishment of an effective “Stepped Care” model.
- The EPHSED Project aims to improve and expand eating disorder services in the ACT across the full spectrum of care and to provide the best treatment for people with eating disorders when and where they need it. It seeks to strengthen the current eating disorders services provided in the Territory, through investigating and implementing service improvement projects and expand on services to ensure that appropriate care is available for the community.
- The EPHSED Project includes the following to be completed by 30 June 2024:
  - Development of a Territory-wide Model of Care for Eating Disorder Services;
  - Establishment of local and interstate networks and relationships;
  - Clinical processes and training;
  - Community engagement, education and health;
  - Establishment of a Clinical Hub;
  - Establishment of an Early Intervention Service; and
  - Establishment of the ACT Residential Eating Disorders Treatment Centre.

**Future planning for Health Services Across the ACT (Mental Health focus)****Talking points:**

- A Territory-wide Health Services Plan will be finalised and made public by mid-2022. A draft was released for public consultation over June and July 2021 and the final version will reflect feedback from stakeholders and the public.
- The Territory-wide Health Services Plan will set a roadmap for this decade to redesign, invest in and redevelop health services funded by the ACT Government.
- The Territory-wide Health Services Plan will include the strategies and actions that reflect a comprehensive assessment of service needs across the care continuum on a geographic basis and for population groups with the poorest health outcomes.
- A Mental Health Services Plan (the Plan) cascading from the Territory-wide Health Services Plan is being developed. The Plan will establish the medium to long term priorities for service development and redesign of ACT Government provided and funded mental health services in the ACT.
- The Plan is aligned to the Regional Mental Health and Suicide Prevention Plan.
- The key themes for actions and strategies identified for inclusion within the draft Plan are:
  - Ensuring the right service mix, geographic distribution, care environment and equity of access to services.
  - Improving navigation, care coordination and access to services when needed.
  - Improving linkages between services and transitions of care.
  - Specific service developments or reform addressing key areas of demand.
- Workforce, Technology, Research, Infrastructure and Data are recognised as key enabling activities to support achievement of the strategies and actions in the Plan.
- The Plan will have a strong focus on actions that will shift the focus of service provision from the hospital to the community setting.
- An example of these longer term strategies where the focus is shifting from hospital to community is being addressed via the Territory-wide model of care for eating disorders.
  - This is being developed as part of the Expanding Public Health Services for Eating Disorders in the Territory project.

Cleared as complete and accurate: 17/03/2022

Cleared for public release by: Executive Group Manager

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Contact Officer name:

Jacinta George

Ext: 5124 9699

Lead Directorate:

Health

TRIM Ref:

GBC22/132

GBC22/132

**Portfolio: Mental Health****Suicide Prevention Programs****Talking points:****ACT Suicide Prevention Framework**

- The ACT Government commitment to suicide prevention commenced in the 2018-19 Budget with investment of \$1.545 million in the Black Dog Institute's (BDI) LifeSpan Integrated Suicide Prevention Framework over three years to June 2021. LifeSpan is an evidence-informed approach to integrated suicide prevention.
- The high fidelity research trial of the Lifespan framework in the ACT with BDI concluded 30 June 2021.
- The Office for Mental Health and Wellbeing (OMHW) is continuing its priority focus on multifaceted approaches to suicide prevention in the ACT and continues to have a suicide prevention team.
- The OMHW is continuing to implement many of the suicide prevention initiatives commenced through the trial, ensuring they align with the recent Final Advice of the National Suicide Prevention Advisor to the Prime Minister and the National Suicide Prevention Taskforce.
- The OMHW is currently reviewing the framework and governance processes that supported the LifeSpan model for suicide prevention. This includes revising the former ACT LifeSpan Steering Committee, and the five ACT LifeSpan Working Groups (which focussed on Health Services, Schools, Aboriginal and Torres Strait Islander suicide prevention, and Improving Public Safety and Community Awareness).
- Question Persuade Refer (QPR), a free online suicide prevention training program, has been promoted on social media platforms during the pandemic. There has been an increase in uptake of QPR training in the community during this time.
- QPR is promoted across the ACT, including via Healthier Work who encourage workplaces to support their staff to complete QPR training.
- QPR is also being promoted to teachers and school communities by the ACT Education Directorate.
- In September 2020, local media and communication stakeholders received Mindframe Plus training, provided by Everymind, in safe and purposeful media reporting and communication about suicide.

**Aboriginal and Torres Strait Islander Suicide Prevention**

- This is a major priority for ACT Suicide Prevention, and is guided by a proactive Working Group with membership from Winnunga Nimmityjah and other key organisations and individuals in the local community.

Cleared as complete and accurate: 15/03/2022

Cleared for public release by: Coordinator General Mental Health

Ext: 4 9273

Contact Officer name: Elizabeth Moore

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Lead Directorate: Health

TRIM Ref: GBC22/132

## QUESTION TIME BRIEF

- The development of a culturally appropriate Aboriginal and Torres Strait Islander suicide prevention, aftercare, and postvention service for the ACT continues to progress.
- The ACT Government strongly agrees with the evidence that the service needs to include suicide prevention, intervention, aftercare and postvention services within a holistic care model. ACT Health Directorate is undertaking a commissioning process to establish the new service, which is designed and delivered by Aboriginal and Torres Strait Islander people. This commissioning process is expected to be completed late-2021.
- In December 2020, to build capacity in suicide prevention, Wesley Mission trained 10 members of the local Aboriginal and Torres Strait Islander community in suicide prevention. Another Wesley Mission training program is expected to occur in early 2022.
- The Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Community Forum was postponed several times due to the pandemic. A virtual forum was held via webinar on 10 September 2021, and a face-to-face forum is planned to occur in the first half of 2022.

### **Youth Aware of Mental Health (YAM)**

- The YAM Program is an evidence-based program developed to promote mental health and address suicidal behaviour in young people.
- Commonwealth Government funding enabled this program to be delivered to year 9 students in high schools across the ACT from 2020.
- Since 2020, YAM has reached a cumulative total 5,141 ACT Year 9 students across 29 schools.
- The program continues to be implemented in partnership with Mental Health in Mind (MHiM) and Mental Illness Education ACT (MIEACT).

### **Way Back Support Service**

- The Way Back Support Service, developed by Beyond Blue, is a non-clinical suicide prevention service that provides follow-up support to people for up to three months, after they have attempted suicide.
- In the ACT, Way Back Support Service is jointly funded by the ACT and Australian Governments and is delivered by the Woden Community Service through a partnership with Capital Health Network.
- In the context of COVID-19, the Way Back Support Service now uses an online platform, phone and SMS systems, in addition to face-to-face support.

### **Connecting with People (CwP) Suicide Prevention Training**

- CwP is an evidence informed, compassion-based approach to suicide prevention and risk mitigation which aims to develop a shared language to improve understanding of suicidal distress.

Cleared as complete and accurate: 15/03/2022

Cleared for public release by: Coordinator General Mental Health

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Lead Directorate: Health

TRIM Ref: GBC22/132

**QUESTION TIME BRIEF**

- In March 2021 the OMHW supported the commencement of CwP compassion-based suicide prevention training in the division of Mental Health, Justice Health, Alcohol and Drug Services. Planning for commencement of training in the ACT Emergency Departments and community Non-Government Sector is underway.
- CwP will continue to be facilitated online during COVID-19 restrictions through WebEx, with a hybrid face to face / online model commencing in 2022. To date 51 training seminars have been completed.
- This work is directly relevant to recommendation four of the *National Suicide Prevention Adviser – Final Advice*, which recommends that all governments to commit to prioritising evidence-based and compassion-focused workforce development.

**Key Information:**

- The ABS Causes of Death report states, there were 3,139 deaths due to suicide (2,384 males and 755 females) in 2020. This compares to 3,318 suicides in 2019 (2,502 males and 816 females). In 2020, 57 suicide deaths were recorded in the ACT, compared to 53 deaths recorded in 2019.
- The suicide rate per 100,000 population declined in all jurisdictions except the ACT in 2020 compared to 2019.
- The standardised suicide rate in the ACT in 2020 was 13.1 suicide deaths per 100,000 population. This was above the national rate of 12.1 suicide deaths per 100,000 population in 2020.

Cleared as complete and accurate: 15/03/2022

Cleared for public release by: Coordinator General Mental Health

Ext: 4 9273

Contact Officer name: Elizabeth Moore

Ext: 4 9273

Lead Directorate: Health

TRIM Ref: GBC22/132

GBC22/132

**Portfolio:** Mental Health**Mental Health and Suicide Prevention National Agreement****Talking points:**

- In early 2021, the National Cabinet committed to finalising a new National Mental Health and Suicide Prevention Agreement (National Agreement) by November 2021.
- The National Agreement sets a national, integrated, system-level framework for mental health and suicide prevention reform and commitments between the Commonwealth, State and Territory Governments.
- All jurisdictions negotiated the development of the National Agreement throughout 2021.
- In late 2021, the Commonwealth extended the Agreement finalisation deadline due to the scope of the National Agreement and to further consult with key national and local organisations and consumer and carer representatives.
- The ACT nominated community representatives were the ACT Mental Health Consumer Network, Carers ACT and the Mental Health Community Coalition of the ACT.
- In early 2022, the Commonwealth, states and territories have continued to work together to finalise the National Agreement, with the Commonwealth, New South Wales, Queensland, South Australia, Northern Territory and Tasmania signing the Agreement in March.
- ACT, Victoria and Western Australia are all separately continuing bilateral negotiations with Commonwealth.
- The Commonwealth have been working separately with all states and territories to negotiate a range of Bilateral Mental Health and Suicide Prevention Agreements to sit under the National Agreement. These Bilateral Agreements detail commitments and funding at jurisdictional levels.
- Negotiations for the ACT's bilateral agreement under the National Agreement are still ongoing. As such, the ACT will further progress the bilateral agreement before providing endorsement of the multilateral *National Agreement on Mental Health and Suicide Prevention*.
- The ACT expect that the ongoing negotiations will be finalised in the coming months and result in a positive outcome for the ACT and the Commonwealth.

Cleared as complete and accurate: 16/03/2022  
Cleared for public release by: Coordinator-General  
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Lead Directorate: Health  
TRIM Ref: GBC22/132

Ext: 49392

GBC22/190

**Portfolio: Mental Health****COVID-19 impacts on Mental Health and ACT responses****Talking points:**

- Fear, worry, and stress are normal responses to threats, and at times when we are faced with uncertainty or change. Understandably, people are experiencing increased concerns about their mental health during the lockdown and as we continue to face uncertainty around new variants of COVID-19 in the ACT.
- The full scope of the impacts on the mental health and wellbeing of our community are continuing to be monitored and are expected to be experienced well beyond the time of the pandemic.
- While the 2021 lockdown period resulted in less presentations to ED for mental health and suicidal/self-harm, the demand has returned to pre-lockdown levels.
- In addition, younger people continue to report higher level of poor mental health and psychological distress and we have seen increasing numbers of 12-17 years olds accessing public mental health services.
- Mindmap, the ACT's online youth mental health portal (funded through a Commonwealth grant ) was co-designed and implemented with young people. It was launched in late 2021 and is helping to support young Canberrans to improve their mental health and access appropriate services when needed.
- The ACT Government is committed to continuing its investment to support the mental health and wellbeing of Canberrans during and beyond the COVID-19 pandemic. ACT Government has boosted funding for mental health, alcohol and other drug services and primary health care across the city, to support the wellbeing needs of Canberrans during and after lockdown.
- Additional funding was provided during 2020 and \$260,000 funding was announced in August 2021 at the beginning of lockdown to extend a range of existing mental health supports. In September 2021 we subsequently announced \$3.6 million in COVID-19 support funding for community and mental health services to help Canberran's struggling during lockdown.
- The 2021-22 ACT Budget built on this funding with the allocation of a further \$10.3 million for community and NGO supports over four years to extend support for people needing mental health care with a focus on young people and their families in the ACT.
- This combination of short and long-term funding has been crucial in helping the ACT's mental health services meet our community's increased need for support during the pandemic.
- The funding provided during the pandemic has enabled a range of new and expanded supports including the Discharge Accommodation Program, the first Safe Haven in the ACT and for an Aboriginal and Torres Strait Islander Suicide Prevention service.

Cleared as complete and accurate: 15/03/2022

Cleared for public release by: Coordinator General Mental Health Ext: 49273

Contact Officer name: Elizabeth Moore

Lead Directorate: Health

TRIM Ref: GBC22/190



## QUESTION TIME BRIEF

- The funding is also helping people to better understand their mental health and wellbeing needs and have greater access to support when and where they need it.
- The ACT Government has continuously provided messaging to the ACT community on supporting and maintaining good mental health. These have been through the ACT Health COVID website and social media.
- We will continue to work with specific groups as required to ensure appropriate and targeted messages across the community.
- The Office continues to meet regularly with peak mental health non-government organisations to identify the emerging and ongoing issues impacting consumers, carers and community service providers.
- The ACT Government is contributing to the implementation of the National Mental Health Pandemic Response Plan and other nationwide mental health reforms. The work in monitoring and responding to the mental health needs across the ACT community is ongoing.

GBC22/190

**Portfolio/s:** Mental Health**COVID-19 - Calvary mental health unit COVID Changes****Talking points**

- With the rise in COVID-19 cases in December 2021-January 2022, the Territory re-instated the dedicated COVID-19 respiratory assessment unit at Calvary Public Hospital Bruce.
- The Respiratory Unit is located in the building that usually accommodates the Older Persons Mental Health Inpatient Unit.
- While the Respiratory Unit is in operation, Calvary Public Hospital Bruce will make use of the Medical Mental Health Unit at Calvary Private Hospital . This is under a contractual arrangement with the private hospital which provides for surge capacity for the Territory's COVID-19 response.
- The Medical Mental Health Unit was re-approved as an approved mental health facility on 14 January 2022.
- The COVID-19 respiratory assessment unit is also able to accommodate mental health patients who are also positive, or are suspected to be positive, to COVID-19.

**Key Information**

- There have been no changes to the physical structure of the Medical Mental Health Unit (MMHU) at Calvary Public Hospital Bruce (CPHB) since the facility was approved as a private psychiatric facility and subsequently as an approved mental health facility under the *Mental Health Act 2015* (the Act).
- The admission criteria for transfer of patients to the MMHU will remain the same as on the previous occasion, which spanned August to November 2021.
- The MMHU will not be an approved mental health facility for the following purposes:
  - Correctional patients under chapter 6 of the Act;
  - Emergency detention under chapter 8 of the Act; and
  - Assessment whether emergency detention required under section 309 of the *Crimes Act 1900*.
- The date of return of the public mental health patients to CPHB is subject to review by the Clinical Health Emergency Coordination Centre (CHECC). Once patients are transferred back to CPHB, the MMHU mental health facility approval will be revoked and the facility can operate as a private facility under the private psychiatric facility licence.

Cleared as complete and accurate: 01/04/2022  
Cleared for public release by: Director-General  
Contact Officer name: Dr Dinesh Arya Ext: x49637  
Lead Directorate: Health  
TRIM Ref: GBC22/190

**Background Information**

- With a rise in COVID-19 cases, a designated treatment space was required for a respiratory ward. The OPMHU was deemed suitable and was repurposed as a respiratory ward.
- You approved the MMHU as an approved mental health facility in August 2021 to allow involuntary mental health patients to be transferred from CPHB to the facility to make space for the Respiratory Unit.
- On 25 November 2021, patients from the MMHU were returned to CPHB and the MMHU was returned to CPB to be used as a private psychiatric facility in accordance with their private psychiatric facility licence.
- On 17 December 2021, you revoked the instrument notifying the MMHU at CPB as an approved mental health facility under the *Mental Health Act 2015*.
- On 11 January 2022, Dr Dinesh Arya, the ACT Chief Psychiatrist was advised that due to the upsurge in COVID-19 cases in the ACT, the OPMHU was required to be repurposed again as a respiratory facility.
- On 14 January 2021, you again approved the MMHU as an approved mental health facility.

GBC22/132

**Portfolio/s:** Mental Health**Culture Review (Mental Health)****Talking points:**

- The mental health and wellbeing of our workforce is central to the changes that we will implement, ensuring our staff feel valued, safe and supported in the important work they do for our community.
- The effect of this will be a better public health system for staff and the Canberra community.
- The Culture Reform Oversight Group and the Culture Review Implementation Steering Group are ensuring effective and efficient implementation across the ACT public health system, including implementation of the 20 recommendations accepted from the *Final Report: Independent Review into Workplace Culture within ACT Public Health Services*.
- A comprehensive program plan will ensure that core objectives are met.
- As at 14 February 2022, fourteen formal Oversight Group meetings have taken place.
- Three working groups of the Oversight Group have been established to focus on system-wide issues, specifically:
  - System-wide Human Resources (HR) and people related matters;
  - Early intervention, supporting proactive engagement over matters that impact the workforce of the system; and
  - Supporting the transition of students to early career professionals.

**Second Annual Review of the Culture Review Implementaiton**

- Ms Renee Leon was contracted to undertake the second annual review of the culture review implementation in May 2021.
- Ms Leon met with a range of key stakeholders in May and June of 2021 including the Minister for Health, Minister for Mental Health and members of the Oversight Group and gained insights to inform the annual review.
- Focus Groups were undertaken with staff from across the public health system and other key stakeholder groups during August and September 2021.
- The final report on the Annual Review was tabled on 11 November 2021 by the Minister for Health.
- Progress is being made cross-system to action the findings from the second annual review.

Cleared as complete and accurate: 17/03/2022  
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TRIM Ref: GBC22/132

### Management and Leadership Training

- Leadership development training commenced in December 2021, with the launch of the ACT public health system leadership development program.
- There will be a total of 12 cohorts, with 250 participants from ACT Health Directorate, Canberra Health Service and Calvary Public Hospital Bruce attending.
- The Culture Reform Oversight Group acknowledged that substantial and enduring cultural change take time and require sustained effort over several years, and the ACT public health system is in an early phase of positive change.

### **Background Information**

- On 10 September 2018, the former Minister for Health and Wellbeing, Ms Meegan Fitzharris announced the Independent Review into the Workplace Culture within ACT Public Health Services in response to significant negative reporting about poor workplace culture across the three arms of the ACT Public Health Service over an extended time period. The Minister appointed an independent panel to undertake the review.
- The panel presented the *Final Report of the Independent Review into the Workplace Culture within ACT Public Health Services* to Minister Fitzharris on 5 March 2019. The Final Report was released to staff and the public on 7 March 2019.
- The Review overwhelmingly highlighted:
  - Inappropriate behaviours and bullying and harassment in the workplace;
  - Inefficient procedures and processes including complaints handling;
  - Inadequate training in dealing with inappropriate workplace practices;
  - Poor leadership and management at many levels throughout the ACT public health system;
  - Inefficient and inappropriate Human Resource practices, including recruitment; and
  - Considerable disengagement by clinicians from the management of ACT public hospitals and health services.
- The Final Report was tabled on 19 March 2019 in the ACT Legislative Assembly.
- The former Minister for Health and Wellbeing tabled the Government Response to the Report on 16 May 2019. In the response, the Government agreed to all 20 recommendations of the Report. Implementation over the next three years formally commenced.

GBC22/132

**Portfolio/s:** Mental Health

**MENTAL HEALTH ACCESS AND UTILISATION**
**Talking points:**

- In May 2020, the ACT Government announced the \$4.5 million COVID-19 Mental Health Support Package to address increased demands on mental health support services to ensure Canberrans can receive the support they need. The package included a number of initiatives to support services that can reduce the for mental health care in our emergency departments and acute mental health services.
- A range of new projects are underway and in the early planning stages, to meet the needs of the growing Canberra community. This investment aims to develop a dynamic and flexible service that improves safety for staff and consumers and improves the quality of care that can be provided.
- The ACT Government, through Canberra Health Services and ACT Health Directorate, is acting now to increase Territory-wide capacity so we can continue to provide care that meets the needs of the community.
- The *2022 Report on Government Services*, which includes data up to the 2019-20 financial year, shows that demand for government mental health services continues to increase year on year. This includes services in hospital admitted patient settings, emergency departments and community mental health settings.

Mental health presentations to emergency departments

- The number of mental health presentations to ACT emergency departments rose from 384 in September 2021 to 422 in November 2021 before dropping to 373 in January 2022.

*Table 1: Mental health presentations to ACT EDs, 6 months to 28 February 2022*

	<b>Sep 2021</b>	<b>Oct 2021</b>	<b>Nov 2021</b>	<b>Dec 2021</b>	<b>Jan 2022</b>	<b>Feb 2022</b>
Canberra Hospital ED	229	283	271	248	228	231
Calvary Public Hospital Bruce ED	155	135	151	143	145	167
<b>ACT ED total</b>	<b>384</b>	<b>418</b>	<b>422</b>	<b>391</b>	<b>373</b>	<b>398</b>

Cleared as complete and accurate: 16/03/2022  
 Cleared for public release by: Coordinator General  
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 Lead Directorate: Health  
 TRIM Ref: GBC22/132

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## Access to mental health services for admitted patients (Quarterly Performance Report July to September 2021)

- ACT Health Directorate has reviewed the methodology for calculating mental health overnight bed days of care, and will replace this metric with 'Accrued Mental Health Care Days'. The new metric captures only the bed days occurring within the reporting period and aligns the ACT with National Standards for reporting on mental health care days. Consultation has occurred with both health services to agree and implement the change. This proposed change will not impact funding.
- This change will be implemented for reporting on Quarter 2, 2021-22 data.
- The total number of mental health overnight bed days of care decreased by 23.2 per cent in the July to September 2021 quarter, when compared with the previous quarter. When compared to the same quarter in the previous year there was an 11.1 per cent increase.

*Table 2: Comparison of mental health overnight bed days of care*

	<b>July to September 2021 (bed days)</b>	<b>April to June 2021 (bed days)</b>	<b>Percentage change (%)</b>
Canberra Hospital	5,755	8,767	-34.4
Calvary Public Hospital Bruce	3,142	3,351	-6.2
University of Canberra Hospital	1,585	1,536	3.2
<b>ACT Total</b>	<b>10,482</b>	13,654	<b>-23.2</b>

- The average length of stay for mental health overnight patients decreased by 24.0 per cent in the July to September 2021 quarter, when compared with the previous quarter. When compared to the same quarter in the previous year there was a 10.6 per cent increase.

*Table 3: Comparison of average length of stay for mental health overnight patients*

	<b>July to September 2021 (days)</b>	<b>April to June 2021 (days)</b>	<b>Percentage change (%)</b>
Canberra Hospital	14.2	21.8	-34.9
Calvary Public Hospital Bruce	20	21.3	-6.1
University of Canberra Hospital	54.7	56.9	-3.9
<b>ACT Total</b>	<b>17.7</b>	<b>23.3</b>	<b>-24.0</b>

Note: The ACT has three hospitals providing mental health services, each providing a different mix of admitted patient services. Canberra Hospital is a tertiary referral hospital, Calvary Public Hospital Bruce is a public general hospital and the University of Canberra Hospital is a public rehabilitation and subacute hospital.

## **Background Information**

### New projects and funding commitments

- The projects planned by the ACT Government will improve and expand clinical spaces to provide improved physical and psychological safety for people admitted to acute services as well as improving staff safety and reduce the level of occupational violence. These projects include:
  - Increasing the High Dependency bed capacity across the Territory to meet the changing demand for access to high acuity services; and
  - Increasing the Low Dependency (LDU) bed capacity across the Territory to meet the increasing demand for access to acute Mental Health services.
- Ward 12B Mental Health Unit (10 beds) commenced activity on 20 September 2021 and has been utilised at 87 per cent from this date until the end of February 2022.
- As part of the \$4.5 million Mental Health Support Package, the ACT Government is investing in programs to increase options to respond early to mental health issues and suicidal crisis, reducing demand on critical emergency and crisis services:
  - \$720,000 to expand Access Mental Health and Home Assessment Acute Response Team (HAART);
  - \$720,000 to expand the tri-service Police, Ambulance and Clinician Emergency Response (PACER) service to 7 days a week;
  - \$500,000 for transitional accommodation services to address delays to discharge from acute services due to accommodation issues;
  - \$341,843 to commence work on establishing two safe haven cafes that are aimed at better support for people in distress and reduce demand on emergency and crisis services;
  - \$250,000 for an Aboriginal and Torres Strait Islander Mental Health Program;
  - Funding to support community organisations adapt to new modes of service delivery; and
  - A grants program to support innovative approaches to promote mental health and wellbeing in the ACT community. The range of projects will be supported by appropriate resources to match the increase in capacity and demand.



- The ACT Government has also committed to a range of additional investments and supports for mental health and suicide prevention in the Parliamentary and Governing Agreement for the 10th Legislative Assembly, including:
  - Expansion to Police, Ambulance & Clinician Early Response (PACER) as a proof-of-concept in partnership with the ACT Ambulance Service and Canberra Health Services. Where police would traditionally be the first responders to a mental health call-out, the PACER capability provides a more holistic mental health response to the Canberra community's most vulnerable mental health patients.
  - Improving the emergency department experience for people with the development of a Psychiatric Alcohol and non-prescription Drugs Assessment Unit;
  - Building additional supported accommodation houses;
  - Boosting community counselling, mentoring, home visits, advocacy and casemanagement for young people; and
  - Improving the range of programs that target and support youth mental health, eating disorders, alcohol and substance use with mental health, First Nations mental health, First Nations suicide prevention and postvention and respite for mental health carers.

### Calculation methods

#### *Tables 2 and 3*

- Overnight bed days and average lengths of stay are calculated in accordance with national counting rules, where a patient's episode of care is not counted until the episode is complete and they are discharged from hospital.
- Depending on the timings of patient admissions and discharges within a quarter, and due to the relatively small population serviced by ACT public hospitals, a small number of episodes of care can result in substantial differences in results when comparing consecutive quarters.

GBC22/190

**Portfolio: Mental Health****Youth Navigation Portal****Talking points:**

- A key project from the Children and Young People Review was to develop and implement a Youth Navigation Portal for the ACT. The Youth Navigation Portal (the Portal) was also a recommendation of the ACT Youth Advisory Committee.
- This was in response to a common theme raised by young people around a lack of knowledge and understanding about what mental health services are available and how to access them.
- The Portal was launched on 19 October 2021 under the newname MindMap: the winning name from a competition that was open to all ACT young people and targeted school students.
- MindMap is an online triage navigation portal specifically focused for young people, parents and carers in the ACT, seeking mental health related support, services and information. MindMap supports the mental health of children and young people aged 0-25 years in the ACT.
- MindMap provides a consolidated and coordinated approach for young people seeking support and assistance online and will link up with existing services within the Canberra region.
- Since it's launch, MindMap has had over 8,200 page visits, with 80-90 per cent new visitors. It is important to note that engagement varies for each page visitor, however at least 11 per cent of visitors have returned to the page multiple times (figures as at 1 March 2022).
- In the early months male service users have been more frequent than females. This may mean that many males who had not previously sought assistance in this area are now able to do so in a way that has limited impact on their peer status or relationships with parents. Overall usage since launch has resulted in higher female usage (63 per cent female compared to 37 per cent male). It should be noted that usage data is relying on Google Analytics, therefore unless cookies have been cleared recently on a shared device, the demographic data could be built on an other device users data profile.
- Development of an evaluation framework for MindMap is underway to build our understanding of how well the initiative is meeting community needs and how it could be improved in future.
- The Office for Mental Health and Wellbeing and Marymead are working closely to continue stakeholder engagement with service providers to ensure the information is accurate and up to date.

Cleared as complete and accurate: 15/03/2022

Cleared for public release by: Coordinator General Mental Health

Ext: 4 9273

Contact Officer name: Dr Elizabeth Moore

Ext: 4 9273

Lead Directorate: Health

TRIM Ref: GBC22/190

**Future planning for Health Services Across the ACT (Mental Health focus)****Talking points:**

- A Territory-wide Health Services Plan will be finalised and made public by mid-2022. A draft was released for public consultation over June and July 2021 and the final version will reflect feedback from stakeholders and the public.
- The Territory-wide Health Services Plan will set a roadmap for this decade to redesign, invest in and redevelop health services funded by the ACT Government.
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  - This is being developed as part of the Expanding Public Health Services for Eating Disorders in the Territory project.

GBC22/190

**Portfolio: Mental Health****Suicide Prevention Programs****Talking points:****ACT Suicide Prevention Framework**

- The ACT Government commitment to suicide prevention commenced in the 2018-19 Budget with investment of \$1.545 million in the Black Dog Institute's (BDI) LifeSpan Integrated Suicide Prevention Framework over three years to June 2021. LifeSpan is an evidence-informed approach to integrated suicide prevention.
- The high fidelity research trial of the Lifespan framework in the ACT with BDI concluded 30 June 2021.
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- Question Persuade Refer (QPR), a free online suicide prevention training program, has been promoted on social media platforms during the pandemic. There has been an increase in uptake of QPR training in the community during this time.
- QPR is promoted across the ACT community, including to teachers and school communities by the ACT Education Directorate.
- In September 2020, local media and communication stakeholders received Mindframe Plus training, provided by Everymind, in safe and purposeful media reporting and communication about suicide.

**Aboriginal and Torres Strait Islander Suicide Prevention**

- This is a major priority for ACT Suicide Prevention, and is guided by a proactive Working Group with membership from Winnunga Nimmityjah and other key organisations and individuals in the local community.

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## QUESTION TIME BRIEF

- The development of a culturally appropriate Aboriginal and Torres Strait Islander suicide prevention, aftercare, and postvention service for the ACT continues to progress.
- The ACT Government strongly agrees with the evidence that the service needs to include suicide prevention, intervention, aftercare and postvention services within a holistic care model. ACT Health Directorate is undertaking a commissioning process to establish the new service, which is designed and delivered by Aboriginal and Torres Strait Islander people. This commissioning process is expected to be completed early 2022.
- In December 2020, to build capacity in suicide prevention, Wesley Mission trained 10 members of the local Aboriginal and Torres Strait Islander community in suicide prevention. Another Wesley Mission training program is expected to occur in mid 2022.
- The Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Community Forum was postponed several times due to the pandemic. A virtual forum was held via webinar on 10 September 2021, and a face-to-face forum is planned to occur in the first half of 2022.

### **Youth Aware of Mental Health (YAM)**

- The YAM Program is an evidence-based program developed to promote mental health and address suicidal behaviour in young people.
- Commonwealth Government funding enabled this program to be delivered to year 9 students in high schools across the ACT from 2020.
- Since 2020, YAM has reached a cumulative total 5,141 ACT Year 9 students across 29 schools.
- The program continues to be implemented in partnership with Mental Health in Mind (MHiM) and Mental Illness Education ACT (MIEACT).

### **Way Back Support Service**

- The Way Back Support Service, developed by Beyond Blue, is a non-clinical suicide prevention service that provides follow-up support to people for up to three months, after they have attempted suicide.
- In the ACT, Way Back Support Service is jointly funded by the ACT and Australian Governments and is delivered by the Woden Community Service through a partnership with Capital Health Network.
- In the context of COVID-19, the Way Back Support Service now uses an online platform, phone and SMS systems, in addition to face-to-face support.

### **Connecting with People (CwP) Suicide Prevention Training**

- CwP is an evidence informed, compassion-based approach to suicide prevention and risk mitigation which aims to develop a shared language to improve understanding of suicidal distress.

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**QUESTION TIME BRIEF**

- In March 2021 the OMHW supported the commencement of CwP compassion-based suicide prevention training in the division of Mental Health, Justice Health, Alcohol and Drug Services. Planning for commencement of training in the ACT Emergency Departments and community Non-Government Sector is underway.
- CwP will continue to be facilitated online during COVID-19 restrictions through WebEx, with a hybrid face to face / online model commencing in 2022. To date 55 training seminars have been completed.
- This work is directly relevant to recommendation four of the *National Suicide Prevention Adviser – Final Advice*, which recommends that all governments to commit to prioritising evidence-based and compassion-focused workforce development.

**Key Information:**

- The ABS Causes of Death report states, there were 3,139 deaths due to suicide (2,384 males and 755 females) in 2020. This compares to 3,318 suicides in 2019 (2,502 males and 816 females). In 2020, 57 suicide deaths were recorded in the ACT, compared to 53 deaths recorded in 2019.
- The suicide rate per 100,000 population declined in all jurisdictions except the ACT in 2020 compared to 2019.
- The standardised suicide rate in the ACT in 2020 was 13.1 suicide deaths per 100,000 population. This was above the national rate of 12.1 suicide deaths per 100,000 population in 2020.

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**Portfolio:** Mental Health**Mental Health and Suicide Prevention National Agreement****Talking points:**

- The ACT Government have signed the National Agreement on Mental Health and Suicide Prevention (National Agreement) and ACT Bilateral Schedule.
- The National Agreement sets a national, integrated, system-level framework for mental health and suicide prevention reform and commitments between the Commonwealth, State and Territory Governments.
- The ACT will now collaborate with the Commonwealth and other jurisdictions to develop the National Agreement implementation plan to deliver on the Agreement's priorities and mental health system reforms.
- The Commonwealth have worked separately with all states and territories to negotiate Bilateral Mental Health and Suicide Prevention Agreements to sit under the National Agreement. These bilateral agreements detail specific jurisdictional commitments and funding.
- The ACT Bilateral Schedule commits to focussed efforts to work in partnership to:
  - reduce system fragmentation through improved integration between Commonwealth and territory-funded services;
  - address gaps in the system by ensuring community-based mental health and suicide prevention services, and in particular ambulatory services, are effective, accessible and affordable; and
  - prioritise further investment in prevention, early intervention and effective management of severe and enduring mental health conditions.
- The ACT Bilateral Schedule represents substantial co-funded investment in the ACT mental health system that will make a significant impact on the lives of people in the Canberra community. More than \$38 million will be invested into mental health and suicide prevention support and services across the ACT, including:
  - \$6,251,000 over four years for improved aftercare services to support individuals following a suicide attempt and/or suicidal crisis;
  - \$1,914,000 over four years funding for the community based Early Intervention Service for Eating Disorders that promotes help seeking behaviour and early intervention treatment for people in the early stages of developing an eating disorder and those with an eating disorder of low to moderate severity; and

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- \$8,098,000 over four years to commission a youth at risk program to address identified system gaps and unmet need, and improve access to youth mental health services. This program will deliver a Territory-wide multi-disciplinary response to trauma and coordinated responses to young people at risk of developing enduring mental illness, informed by ACT's scoping study that outlines support needs for young people at risk of mental health concerns.
- Other initiatives funded under the Bilateral Agreement include:
  - Commonwealth investment in an Adult Mental Health 'Head to Health' Centre for the ACT;
  - co-funding for the establishment and ongoing operation of enhancements to build on ACT child (up to 12 years) (and family) mental health initiatives to improve access to multidisciplinary team care for children, informed by local co-design (Kids Head to Health hub);
  - enhancement of one Headspace youth mental health service to improve access to youth mental health services;
  - funding to work collaboratively to build on existing infrastructure to enhance reporting of perinatal mental health screening data from ACT public antenatal and postnatal care settings and to identify and address gaps in perinatal mental health screening.

### **Background**

- In early 2021, National Cabinet committed to finalising a new National Agreement by November 2021.
- ACT Mental Health Consumer Network, Carers ACT and the Mental Health Community Coalition of the ACT were the ACT community representatives involved in the Commonwealth Government's National Agreement consultation process.
- In early 2022, the Commonwealth, states and territories continued to work together to finalise the National Agreement, with the Commonwealth, New South Wales, Queensland, South Australia, Northern Territory and Tasmania signing the Agreement in March. Western Australia is separately continuing bilateral negotiations with Commonwealth.
- The ACT position was to finalise negotiations on the bilateral agreement prior to signing on to the National Agreement.
- On 24 March 2022, the Hon Greg Hunt MP, Minister for Health and the Hon David Coleman MP, Assistant Minister to the Prime Minister for Mental Health and Suicide Prevention, wrote to the Minister for Mental Health, Emma Davidson MLA to formally offer the ACT Bilateral Schedule on Mental Health and Suicide Prevention.

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