

Our reference: **ACTHDFOI23-24.09**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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 the ACT Health Directorate (ACTHD) on **Monday 04 September 2023**.

This application requested access to:

*'I would like to request a copy of any final briefs prepared for the ACT Minister for Health and CHS/ACT Health witnesses during the 2023-24 estimates hearings.'*

I am an Information Officer appointed by the Director-General of 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 17 October 2023**.

I have identified 35 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 30 documents; and
- grant partial access to 5 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; and
- The *Human Rights Act 2004*.

#### **Full Access**

I have decided to grant full access to 30 documents at references 2-3 and 8-35.

#### **Partial Access**

I have decided to grant partial access to 5 documents.

Documents at references 1, and 4-7 are partially comprised of personal information under Schedule 2, 2.2 (a)(ii) privacy.

#### 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;
- Schedule 2, 2.1 (a)(ii) contribute to positive and informed debate on important issues or matters of public interest;
- Schedule 2, 2.1 (a)(iv) ensure effective oversight of expenditure of public funds; and
- Schedule 2, 2.1 (a)(viii) reveal the reason for a government decision and any background or contextual information that informed the decision.

#### Public Interest Factors Favouring Non-Disclosure

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

- Schedule 2, 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the Human Rights Act 2004.

On balance, the factors favouring disclosure did not outweigh the factor favouring non-disclosure as the redacted information contains mobile phone numbers and personal details of ACT Government employees. Therefore, I determined the information identified is contrary to the public interest and I have decided not to disclose 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  
Allara House  
15 Constitution Avenue  
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,



Catherine Ellis  
**Senior Director**  
Ministerial and Government Services  
ACT Health Directorate  
13 October 2023

## 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>'Any final briefs prepared for the ACT Minister for Health and CHS/ACT Health witnesses during the 2023-24 estimates hearings.'</i>	ACTHDFOI23.24.09

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
<b>Population Health Division</b>						
1.	1 – 2	2023-24 Budget – Alcohol Tobacco and Other Drugs	July 2023	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	Yes
2.	3 – 5	Population Health Accountability Indicators	July 2023	Full Release		Yes
3.	6 – 7	Vaping	July 2023	Full Release		Yes
4.	8 – 11	Pill testing (Drug Checking)	July 2023	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	Yes
5.	12	Medically supervised injecting	July 2023	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	Yes
6.	13 – 14	Drugs of Dependence (Personal Use) Amendment Act 2022	July 2023	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	Yes

7.	15 – 17	Alcohol, Tobacco and Other Drug	July 2023	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	Yes
8.	18 – 20	Climate Change (health impacts)	July 2023	Full Release		Yes
9.	21 – 22	Chief Health Officer Reporting	July 2023	Full Release		Yes
10.	23 – 25	Health Canberra: ACT Preventive Health Plan 2020-2025	July 2023	Full Release		Yes
11.	26 – 28	Japanese Encephalitis Virus vaccine	July 2023	Full Release		Yes
12.	29 – 31	Mpox (monkeypox) vaccine	July 2023	Full Release		Yes
13.	32 – 33	COVID-19 – Transition out of the Public Health Emergency	July 2023	Full Release		Yes
14.	34 – 35	Transition from COVID-19 Response Branch	July 2023	Full Release		Yes
15.	36 – 37	Winter Preparedness	July 2023	Full Release		Yes
16.	38 – 39	Long Covid	July 2023	Full Release		Yes
17.	40 – 41	Establishment of the Australian Centre for Disease Control	July 2023	Full Release		Yes
18.	42 – 44	Bushfire Smoke and Air Quality Strategy 2021-2025	July 2023	Full Release		Yes
19.	45 – 47	Drug Therapy	July 2023	Full Release		Yes
20.	48 – 49	Community pharmacist scope of practice trials	July 2023	Full Release		Yes
21.	50	Organ and Tissue Donation	July 2023	Full Release		Yes
22.	51	Gene Technology	July 2023	Full Release		Yes
23.	52 – 54	Population screening policy	July 2023	Full Release		Yes
24.	55	Food Safety	July 2023	Full Release		Yes
25.	56	Hoarding and Squalor	July 2023	Full Release		Yes
26.	57 – 62	Health Promotion	July 2023	Full Release		Yes
27.	63 – 67	Healthy Canberra Grants	July 2023	Full Release		Yes
28.	68 – 69	Canberra Health Annual Research Meeting (CHARM) 2023	July 2023	Full Release		Yes
29.	70 – 71	The 2022-23 Research and Innovation Fund (RIF) Fellowship Program	July 2023	Full Release		Yes
30.	72	Canberra Script	July 2023	Full Release		Yes

31.	73 – 74	Sexually Transmissible Infections and Blood Borne Viruses	July 2023	Full Release		Yes
32.	75 – 76	National Immunisation Program coverage rates	July 2023	Full Release		Yes
33.	77 – 79	IGA East Row Canberra City – Criminal convictions under the <i>Food Act 2001</i>	July 2023	Full Release		Yes
34.	80 - 86	GBC23/422 – Budget Estimates Brief	July 2023	Full Release		Yes
35.	87 - 88	Talking Points - Digital Health Record	July 2023	Full Release		Yes
<b>Total Number of Documents</b>						
<b>35</b>						

## PHD Executive Briefing - Estimates

Please note this information will be read out in the committee hearing by the PH Executives, which is live streamed publicly. All information provided below needs to be suitable for provision in the public domain.

### **2023-24 Budget – Alcohol Tobacco and Other Drugs**

#### **Talking points**

- In the 2023-24 Budget, the ACT Government is investing \$2.8 million over four years in nation-leading drug law reform and harm minimisation measures, in line with the aims of the ACT Drug Strategy Action Plan 2022-26.
- This measure includes funding for implementation of the *Drugs of Dependence (Personal Use) Amendment Act 2022*, continuation of the ACT fixed-site drug checking service until December 2024, and increasing peer support for alcohol, tobacco and other drug (ATOD) and co-occurring disorders.
  - \$1.08 million has been provided over four years for implementation of the Drugs of Dependence changes. This includes funding for communications, staffing for Canberra Health Services, data collection, independent evaluation of the legislative changes, and administrative arrangements.
  - \$1.2 million has been provided over two years for continuation of the fixed-site drug checking service until December 2024.
    - The pilot service has seen strong community uptake with testing numbers increasing since its opening. Clients are engaging with staff to receive health interventions, including drug harm reduction education, overdose prevention education, and consultations with the nurse on site for general, mental and sexual health advice.
  - \$515,000 has been provided over four years to establish a peer worker network and employ a peer worker to support other peers and provide education, information and support to for people with lived experience to enter the workforce.
- The 2023-24 Budget also included \$47.8 million over 3 years for redeveloping and expanding the services of the Watson Health Precinct. This includes design and construction of the ACT's first Aboriginal and Torres Strait Islander-specific alcohol and other drug residential rehabilitation facility, to be operated by Winnunga Nimmityjah Aboriginal Health and Community Services. It also includes construction of a new facility for Ted Noffs Foundation, for youth alcohol and other drug treatment, replacing their current facility on the same site.
- The Justice and Community Safety 2023-24 Budget measure for continuation and expansion of the Drug and Alcohol Sentencing List (DASL) includes funding for non-government organisations (NGO) to provide alcohol and other drug treatment in support of the DASL, for ACT Health Directorate and Canberra Health Services (CHS) staffing and CHS operational funding.

- This funding includes an increase of \$280,000 in 2023-24 from last year's funding for NGO AOD treatment and support services, reflecting the increase in the maximum number of DASL participants from 35 to 42.

**CONTACT: Megan Arnold, Senior Director, Alcohol Tobacco and Other Drug Policy**





## PHD Executive Briefing - Estimates

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### **Population Health Accountability Indicators**

No:	Accountability Indicator	22-23 YTD Target	22-23 Estimated YTD Result	22-23 YTD Variance %
1.2a	Samples Analysed	12,500	11,502	-8%
1.2b	Total number of inspections and proactive site visits of food businesses	2,500	2278	-9%
1.2c	Immunisation coverage for the primary immunisation schedule measured at 1 year of age, in accordance with the Australian Childhood Immunisation Register	95%	96%	1%
1.2d(i)	Immunisation rates for vaccines in the national schedule for the ACT Aboriginal and Torres Strait Islander population - i - 12 to 15 months	95%	93%	-2%
1.2d(ii)	Immunisation rates for vaccines in the national schedule for the ACT Aboriginal and Torres Strait Islander population - ii - 24 to 27 months	95%	88%	-7%
1.2d(iii)	Immunisation rates for vaccines in the national schedule for the ACT Aboriginal and Torres Strait Islander population - iii - 60 to 63 months	95%	93%	-2%
1.2d(iv)	Immunisation rates for vaccines in the national schedule for the ACT Aboriginal and Torres Strait Islander population - iv - All	95%	92%	-3%
1.2e	Number of businesses making a pledge as part of the Healthier Choices Canberra Initiative	100%	98%	-2%

#### ***Definitions of Accountability Indicators:***

1.2a Number of samples analysed during the period by the ACT Government Analytical Laboratory.

- 1.2b Total number of inspections where compliance has been assessed by the ACT *Food Act 2001* and the Food Standards Code, and proactive site visits of food businesses conducted by the Health Protection Service.
- 1.2c Percentage of 12-month old children who have been fully immunised in accordance with the Australian Childhood Immunisation Register.
- 1.2d(i) Immunisation rates for vaccines in the national schedule for the ACT Aboriginal and Torres Strait Islander population - i - 12 to 15 months
- 1.2d(ii) Immunisation rates for vaccines in the national schedule for the ACT Aboriginal and Torres Strait Islander population - ii - 24 to 27 months
- 1.2d(iii) Immunisation rates for vaccines in the national schedule for the ACT Aboriginal and Torres Strait Islander population - iii - 60 to 63 months
- 1.2d(iv) Immunisation rates for vaccines in the national schedule for the ACT Aboriginal and Torres Strait Islander population - iv – All
- 1.2.e The number of Canberra businesses that have made a pledge to make fruit, vegetables and water more available, appealing and accessible to the Canberra community as part of the HCC initiative. HCC seeks to interact with consumers at various food environment touch points including: local supermarkets; eating out venues such as licensed clubs, cafes and quick service restaurants; kids' entertainment venues; and local suppliers.

### Talking points

- 1.2a – The -8% variance is attributed to samples which have been received but not yet analysed due to staff unplanned absences due to COVID-19 and flu related illness and staff turnover within the laboratory which is impacting the number of samples that can be processed.
- 1.2b - The -9% variance is due to staff unplanned absences due to COVID-19 and flu related illness and staff turnover within the Environmental Health.
- 1.2c - Immunisation coverage rates are calculated by the Australian Immunisation Register (AIR) from data sent in by immunisation providers. The AIR provides this data to ACT Health quarterly.
- 1.2d - Based on the very low numbers of children identified as Aboriginal and/or Torres Strait Islander in the ACT, immunisation coverage rates should be read with caution. This small population means immunisation coverage data consistently fluctuates between reporting periods. One child missing one vaccine can make a difference of up to six percent in terms of overall quarterly coverage for the cohort.

ACT Health actively pursues strategies to increase immunisation coverage rates for Aboriginal and Torres Strait Islander children. This includes:

- Postcards sent to families prior to a child's scheduled immunisations falling due.
- Families receive a letter from ACT Health advising of children overdue for immunisation.
- Culturally appropriate campaigns promoting the importance of immunisation.

- Liaison with immunisation providers to follow-up on children who have missed scheduled immunisations.
  
- 1.2e - This is a cumulative target total of 100 businesses by the end of 2022-23 Financial Year. There were 59 active businesses at the start of July 2022. As of the end of the 2022-23 Financial Year, 98 businesses have pledged as part of the Healthier Choices Canberra program, just 2 short of the target of 100 businesses.
- Feedback from local businesses suggests that the pledge-based model of participation has provided businesses with a positive experience and empowered them to make positive changes to their food environment.
- An impact evaluation of the program will be conducted in 2023-24, focusing on process, impact, and recommendations for sustainability.
- Community supermarkets have taken significant strides in promoting healthier options as part of Healthier Choices Canberra by featuring seasonal produce and using strategic end-of-aisle displays to influence consumer purchasing behaviour.

**CONTACT:           Christine Murray, Executive Group Manager**

## PHD Executive Briefing - Estimates

### Vaping

#### Data

The 2022 ACT General Health Survey has found that:

- The use of e-cigarettes has increased since 2021 across all age groups.
- 28.7 per cent of people aged 18-24 reported daily or occasional use of e-cigarettes, an increase of 52 per cent over twelve months. The average number of times e-cigarettes were used within a single day rose from 7.1 uses per day to 10.2 uses per day for this age group.
- The proportion of Australians who smoke is higher in older age groups.
- Younger age groups have the highest proportion of people who vape. In the ACT, the number of people aged 18-24 who used e-cigarettes was approximately twelve times greater than the number of people aged 45-64 who used e-cigarettes.
- While the ACT does not collect data on e-cigarette use for people under 18, NSW data from the Generation Vape study shows that 32 per cent of young people aged 14-17 years old have tried vaping, with more than half (54 per cent) never smoking prior to trying vaping.
- Data analysis by the Cancer Council Victoria shows e-cigarette use in 14-17 year olds increased from 2% in 2020 to 14.5% in 2023 in five major Australian cities. This analysis also found a rise in teen smoking rates in Australia for first time in 25 years.

#### Talking Points

- There has been a large increase in the prevalence of vaping among youth in Australia in recent years and this is also reflected in local data from the ACT. Vaping by young people far exceeds that of older people.
- Vaping is not safe and presents a significant public health challenge.
- Young people who vape are around three times more likely to start smoking cigarettes and become regular smokers than those who don't vape.
- A precautionary approach is needed to protect Australians from the risks of e-cigarettes, particularly young people.
- In June 2022, ACT Health undertook formative research with young people aged 14 to 24 years to obtain an understanding of their knowledge of e-cigarettes, vaping and associated harms and gain insight into what messages help discourage young people from vaping.
- The ACT has developed a vaping communications campaign to convey the ACT Government's concern about the harms of vaping and to raise community awareness that smokefree laws also apply to e-cigarettes, to be released in 2023.
- An online vaping, youth and health education package has been developed for year 7 and 8 students and teachers and will be available in Term 3, 2023.

- A year 5 and 6 education package is also under development and will be available in Term 1 2024.
- ACT Health is working towards upgrading no smoking signage to include e-cigarettes.
- On 2 May 2023, the Australian Government announced a raft of changes to the regulation and enforcement of e-cigarettes.
- These changes aim to stop the import of non-prescription e-cigarettes, ban the sale of e-cigarettes in retail settings other than pharmacies (regardless of whether they are labelled as containing nicotine), reduce the allowed nicotine concentrations and volumes, ban all single use, disposable e-cigarettes, and increase the minimum quality standards for flavours, colours and other ingredients.
- The ACT Government fully supports these important reforms, which will help to protect Australians, particularly young people, from the harms of vaping, and is working with the Australian Government and state and territory colleagues to identify how to implement these changes within the ACT.
- ACT Health is also working across government to consider mechanisms of enforcement during the transition of regulations.
- We understand that it can be very hard to quit smoking and vaping. The ACT Government is committed to helping people achieve their quit goals.
- Good, targeted cessation support that is non-judgemental, easy to access and appropriate for young people will be critical to reduce the risk of people switching from vaping to smoking.

**CONTACT:** **Christine Murray, Executive Group Manager, Population Health Policy**  
[Christine.murray@act.gov.au](mailto:Christine.murray@act.gov.au)

## PHD Executive Briefing - Estimates

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### **Pill testing (Drug Checking)**

#### **Data**

##### Service data (first 11 months of service)

- Over 1,000 samples have been tested at the drug checking service to date (1,061 in first 11 months – 21 July 2022 to 20 June 2023).
- 134 samples have been discarded by clients during their visit in the first 11 months of the service.
- Over 1,400 health and alcohol and drug (AOD) brief interventions have been provided by CanTEST staff in its first 11 months, with some clients receiving multiple interventions in one visit.
- These data are collected by CanTEST and reported by the service to ACT Health and the public monthly.
  - The data items collected by CanTEST were agreed between the service, ACT Health and the evaluation team at the start of the pilot. The data collected strikes a balance between collecting sufficient data to monitor the service's operations while reducing the burden on clients and staff. Some additional data was collected for the evaluation of during the first six months of the pilot.
- A range of drugs have been brought into the service for testing, including MDMA, cocaine, ketamine, methamphetamine, heroin and psychedelics. In many cases the substances tested were not what people expected them to be.
- ACT Health issued a public health alert in 2022 after CanTEST found a potent synthetic opioid (metonitazene) in a tablet sold as oxycodone.
- The service has separately issued 5 community notices about substances of concern identified through drug checking.

##### Evaluation data (first 6 months of service)

- The final report of the independent evaluation was released on Monday 17 July.
- The evaluation was conducted by an independent research team led by the Australian National University.
- The evaluation reports on the first six months of service operations.

- The final evaluation report showed that CanTEST is being implemented well and provides a highly valued service to its clients, who are mostly young adults from the Canberra region.
- For around two thirds of clients (70%), going to the service was their first interaction with a health professional to discuss their drug use.
- Half of the drugs tested in the first six months were found to contain a substance not expected by the person presenting the substance.
- The report found support amongst service users and stakeholders for the service continuing.
- Service users and stakeholders report that the service is delivering quality information and care to its clients and new information about the drugs circulating in the Canberra community.
- The report notes that planning and implementation of the pilot took longer and was more costly than anticipated.
  - It took longer than expected to find and fit out a suitable site due to a lack of interest from commercial landlords and the COVID-19 pandemic slowing down the process of selecting a site and building works.
- The report made a number of recommendations to improve the service. Several of the recommendations have already been implemented, including funding chemical analyst staffing and the UPLC-PDA drug checking equipment, and continuing to provide surge capacity prior to major events.
- The remaining recommendations will be considered during the extension.
- The way the number of health and alcohol and other drug interventions is counted in the evaluation report differs from how the service counts these interventions, which is why the figures differ in the evaluation report from what is reported by the service and ACT Health.
  - The service counts the number of interventions delivered by a staff member. If an intervention is delivered to a group, as is often the case, that is counted as a single intervention.
  - The evaluation counts the number of individuals who receive an intervention. Where people present in a group each person is counted as having received an intervention. This results in a higher number.
  - Both ways of calculating this figure are valid.
  - ACT Health reports the figure provided to us by the service, which appears lower than reported in the evaluation.

### **Talking points**

#### **Fixed-site drug checking pilot (CanTEST)**

- The fixed-site drug checking service pilot, CanTEST, commenced on 21 July 2022 and was scheduled to run for at least six months. The pilot was extended for a further seven months to August 2023 following the success of the initial six-month pilot period, and has received funding within the 2023-24 budget to continue until December 2024.
- The service is open Thursdays from 3-6pm, and Fridays from 6-9pm.
- In addition to having the contents of a sample evaluated, clients engage with staff to receive health interventions, including drug harm reduction education, overdose prevention education, and consultations with the nurse on site for general, mental and sexual health advice.
- People using CanTEST's services have reported positive experiences of using the service as they are able to have their drugs tested safely without fear of judgement.
- CanTEST, ACT Health, toxicology experts, key clinicians, a representative from CAHMA and the scientists involved in follow up testing at ANU meet regularly to discuss substances of concern that are identified through the fixed-site drug checking service.
- ACT Health was able to issue a public health alert in 2022 after CanTEST found a potent synthetic opioid (metonitazene) in a tablet sold as oxycodone.

### Funding

- \$260,000 was allocated for the pilot in the 2021-22 ACT Budget to fund the service to January 2023 (\$206,482.20 excluding GST) and the independent evaluation (\$49,192 including GST).
- An additional \$36,000 (ex GST) was provided to cover a shortfall in funding from the initial six-month pilot period, and for the extended hours prior to the Spilt Milk music festival on 24 and 25 November 2022.
- \$350,000 was allocated in the mid-year review for the 2022-23 ACT Budget to extend the pilot to August 2023. This funding is for service provision (\$300,000 ex GST), and other costs including lease and maintenance of the site and security services (the exact figure for the remaining costs is not yet finalised due to outstanding invoices but is commensurate with the costs for the initial six-month pilot period). This funding enabled the service to continue while awaiting the final report of the independent evaluation.
- The costs for the extension to the pilot to August 2023 increased from the initial six-month pilot period due to funding staffing and specialist chemical testing equipment that were provided in-kind during the initial pilot period and implementation of several recommendations of the interim report of the independent evaluation.
- The 2023-24 ACT Budget allocated a further \$1.2million to extend the service until December 2024 (16.5 months). ACT Health will work with the service provider during this time to consider the final evaluation report and review the service model.
- The evaluation report notes that the following costs were funded by ACT Health for the pilot:
  - \$130,887.58 for site costs including site lease, fit out and security system;



- \$6,000.00 for additional staffing and opening hours prior to Spilt Milk music festival; and
- \$3,000.00 for ACT Health communications regarding the pilot.

Festival pill testing

- Festival-based pill testing has not been able to proceed at recent ACT music festivals due to the service provider being unable to secure insurance for festival-based testing at a reasonable price for an adequate level of coverage.
- The ACT Government's support for festival-based pill testing under the ACT Health Festivals Pill Testing Policy has not changed.
- The fixed-site service has been resourced to open for additional hours prior to major music festivals in the ACT.

**CONTACT: Megan Arnold**  
**Senior Director, Alcohol, Tobacco and Other Drugs Policy**  
**Ph: [REDACTED]**

## PHD Executive Briefing - Estimates

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### **Medically supervised injecting**

#### **Talking points**

- The ACT Medically Supervised Injecting Facility Feasibility Study, commissioned by ACT Health Directorate in 2020 and completed in 2020-21, considered whether a medically supervised drug consumption room (DCR) is feasible in the ACT as a harm-reduction measure for individuals who use drugs in the ACT.
- The study is just one step in the process of considering a DCR for the ACT.
- In the 2021-22 Budget, the Government allocated \$400,000 over two years for further scoping work.
- Scoping work in 2022 and 2023 has included visits by staff from Population Health Division, ACT Health Directorate, to the Medically Supervised Injecting Room in North Richmond, Melbourne, the Medically Supervised Injecting Centre in Kings Cross, Sydney, and a range of relevant health and community services in North America.
- This has provided valuable insights for the design of a fit for purpose approach for the ACT which fits well within the current service system.
- There is additional work required to undertake a successful design and \$200,000 of the budget allocation has been reprofiled to 2023-24 to enable further consideration of future ACT responses to drug overdoses.
- The ACT Drug Strategy Action Plan 2022-26 includes an action to work towards establishing a supervised injecting service tailored to the ACT. It should be noted that there are a range of existing and potential additional measures to prevent and address drug overdoses which will remain under consideration over the duration of the Plan.

**CONTACT: Megan Arnold, Senior Director, Alcohol Tobacco and Other Drug Policy**



## PHD Executive Briefing - Estimates

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### **Drugs of Dependence (Personal Use) Amendment Act 2022**

#### Talking points

- The *Drugs of Dependence (Personal Use) Amendment Act 2022* (the Act) was passed in October 2022 and will commence on 28 October 2023.
- The Act provides for a harm minimisation and health based approach to drugs of dependence and expands the scope of the Simple Cannabis Offence Notice (SCON) Scheme to become a Simple Drug Offence Notice (SDON) scheme. This adds eight other commonly used illicit drugs to a fine-based diversionary pathway out of the criminal justice system for low-level possession.
- If a person is apprehended in possession of a small quantity of certain drugs, police may issue a SDON. The person can then choose to pay a \$100 fine or attend an assessment and education session, which may result in a referral to treatment if appropriate.
- If this is completed, no further action will be taken, and the person will not receive a criminal record.
- Police will retain discretion to charge the person to appear in court. The maximum fine that a court can impose for possession at or below the small quantity limits will be \$160, and no prison sentence can be imposed.
- The Act also reduces the maximum prison sentence for personal possession of drugs above the new small quantity thresholds, from two years to six months. However, no changes are proposed to penalties for drug trafficking or drug driving.
- ACT Health Directorate is working closely with a range of government and non-government stakeholders to support implementation of the changes.
- This includes development of a communications campaign, appropriate supports for operational staff and various administrative arrangements.
- To date, some examples of the ACTHD implementation supports to date include:
  - postcards providing information about the changes, which are being distributed through AOD treatment and support services;
  - focus groups to test clarity of messaging ahead of the communications campaign;
  - additional questions in the Illicit Drug Reporting System and Ecstasy and Related Drugs Reporting System 2023 surveys, to test understanding of the reforms; and
  - funding has also been allocated to Canberra Health Services for recruitment of a counsellor to support implementation of the changes ahead of October.
- The 2023-24 Budget measure includes \$1.08million over 4 years for the remaining implementation requirements, independent evaluation and ongoing CHS staffing.
- There will be an independent evaluation of the changes after two years of operation, as required by the Act. ACTHD is considering data needs to support the evaluation.

**CONTACT: Megan Arnold, Senior Director, Alcohol Tobacco and Other Drug Policy**



## PHD Executive Briefing - Estimates

Please note this information will be read out in the committee hearing by the PH Executives, which is live streamed publicly. All information provided below needs to be suitable for provision in the public domain.

### **Alcohol, Tobacco and Other Drug**

#### **Data (If relevant)**

- According to the AIHW national minimum dataset for alcohol and other drug treatment, the ACT consistently provides the second highest per capita number of treatment episodes at 966 episodes per 100,000 population, second only to the Northern Territory (2021-22 is the latest complete dataset)
- The rate of treatment episodes provided in the ACT in 2021-22 was 1,744 episodes per 100,000 population, also substantially higher than the national average of 1,009.
- The number of treatment episodes has increased 57% in a decade.
- Alcohol remains the most common primary drug of concern, followed by amphetamines and heroin.

#### **Talking points**

- In the 2022-23 Budget, the ACT Government has grown its nation-leading treatment services for alcohol and other drug dependence with additional investment in rehabilitation, family and carer support and specialised treatments.
- Building on the significant investments made over the past three years, the 2022-23 Budget included more than \$13 million in additional support across the sector.
- This included existing alcohol, tobacco and other drug treatment and support sector enhancement with over \$6.4 million over four years to support the delivery of residential rehabilitation services, more targeted treatments for methamphetamine addiction, and a new support service for families and carers of people who use drugs.
  - In the first half of 2023 Family Drug Support received a grant of \$242,000 for a 12-month pilot as the only alcohol, tobacco and other drug service in the ACT specifically tailored to supporting the family, friends and carers of people using alcohol, tobacco and other drugs.
  - The Salvation Army received an extension (\$275,000) to an existing grant for to increase their capacity to continue delivering residential rehabilitation in the ACT into 2024. Total funding under this Grant from 2021-2023, including contribution by Capital Health Network, is \$715,000.
  - To provide additional capacity in the sector to address drug use issues including methamphetamine, \$96,000 was allocated to Canberra Health Services Alcohol and other Drug Services to recruit a counsellor ahead of implementation of the *Drugs of Dependence (Personal Use) Amendment Act 2022*.
  - Ongoing funding against the methamphetamine treatment and other measures will be included in the funding available for commissioning of alcohol tobacco and other drug treatment and support services in 2023-24.

- The Government is committed to establishing the ACT's first Aboriginal and Torres Strait Islander-specific Alcohol and Other Drug Residential Rehabilitation service. \$1,998,000 was provided in the 2022-23 Budget over two years for Winnunga Nimmityjah Aboriginal Health and Community Services for building design, project management, AOD capacity building and training for AOD staff.
- Of the 2022-23 funding (\$1,470,000), \$745,000 has been provided to Winnunga Nimmityjah for building design and project management, and the remaining \$725,000 has been re-profiled to 2023-24. This reflects the focus initially on building design and model of care. It is more appropriate for AOD capacity building and training to be undertaken closer to the opening of the facility.
- The ACT Drug and Alcohol Sentencing List (DASL) commenced in December 2019 and aims to reduce recidivism by referring eligible offenders to alcohol and other drug (AOD) treatment where their AOD dependency has substantially contributed to the offence.
- Under a Justice and Community Safety Directorate (JACS) Budget measure, ACTHD provides funding to NGO Alcohol and Other Drug treatment providers to support DASL participants. The ACT Budget 2021-22 confirmed continuation of existing DASL treatment services funding for a further two years, with \$2.825 million available from 1 July 2021 – 30 June 2023. \$1.087 million in block funding was provided in 2022-23, with \$213,000 in fee for service funding also available.
- The 2023-24 Budget provided further funding for DASL over the next four years. Contracts have been extended to expire 31 December 2023.
- The ACT Health Directorate is currently undertaking a process of planning and commissioning of non-government alcohol and other drug services, which involves consultation with experts and the specialist service sector partners. Services will be prioritised through this process in line with available funding.
- The total annual funding under ATOD Commissioning is approximately \$16.8 million, including core funding for ATOD non-government services, services supporting the Drug Alcohol Sentencing List program, and 2022-23 Budget measures for family and carer support, methamphetamine treatment, and residential rehabilitation.
- The ACT Drug Strategy Action Plan 2022-2026 (action plan) was publicly released in December 2022 following comprehensive collaborative engagement across government and with sector partners, subject matter experts and people with lived experience.
- The action plan is a whole-of-sector plan which includes 34 actions to be delivered in collaboration with several ACT Government Directorates (including Canberra Health Services, Justice and Community Safety, Community Services, and Education) and ATOD services.
- Various actions in the action plan are funded through previous Budgets and the 2023-24 Budget, including fixed site pill testing, expanding support for families and carers, improving access to naloxone and establishing the Aboriginal and Torres Strait Islander alcohol and other drug residential rehabilitation facility.
- ATOD service infrastructure improvements have also received Commonwealth funding under the Community Health and Hospitals Program- work has been completed at Karralika in Fadden, with significant works currently underway at Isabella Plains and more planned for Toora Women inc and Directions Health Services.

**CONTACT:** Megan Arnold, Senior Director, Alcohol Tobacco and Other Drug Policy Unit,  
Population Health Policy [REDACTED]

## PHD Executive Briefing - Estimates

### *Climate change (health impacts)*

#### Data

- The Intergovernmental Panel on Climate Change (IPCC) released its *Climate Change 2023: Synthesis Report* in late 2022. It reported that at the present rate, global temperatures are likely to reach 1.5°C above pre-industrial levels around 2040.
- The IPCC report highlighted the need for urgent and effective adaptation, to address many risks for human health and well-being *already locked in* by climate change, regardless of future actions to mitigate greenhouse emissions.
- Available literature on the current health impacts of climate change in Australia highlights the physical and psychological effects of recent storms, floods, bushfires and heatwaves. The health consequences of these events include injuries, an inability to be physically active, mental health and sleep issues, respiratory difficulties and exacerbation of some chronic conditions.
- The health impacts of climate change disproportionately impact women and vulnerable populations, including people on low incomes, culturally and linguistically diverse and First Nations communities.

#### Talking points

- The Office for Climate Action in CMTEDD is progressing whole-of-government work on climate change adaptation. As part of this work, ACT Health is progressing work on planning with key partners, to better anticipate future risk, consider the anthropogenic impacts and develop a more climate resilient operational model.
- Mitigation in the health system, focuses on reducing greenhouse gas emissions across the health system – from direct emissions produced through to those that occur indirectly because of our current models of care.
- Adaptation in the health system seeks to find practical innovation focuses on building resilience in our infrastructure, community and in sector capability to cope with the impacts of climate change already locked into our climate systems.



- For a practical example of business-as-usual work that PHD is doing in this space, please refer to the JEV budget estimates brief - <https://objective.act.gov.au/#/documents/A42555886>
- There are many activities underway across the health sector to build adaptive resilience for climate change and deliver more sustainable, low carbon emissions healthcare. Examples range from:
  - Clinician lead decision making around medical and appliance usage.
  - ACT Health has established a new Preparedness, Planning and Surveillance Branch with effect from 3 July 2023. The new branch will see the transition of the COVID-19 response into a new business as usual environment to establish a greater capacity for the Directorate to plan, prepare for and implement effective responses to new and emerging public health threats, fulfilling Government and community expectations that these threats will be managed effectively.
- Over the first half of 2023 the ACTHD has consulted with key stakeholders from Canberra Health Services, Calvary Public Hospital Bruce, ANU, University of Canberra, Capital Health Network, Justice and Community Services (JACS) and Environment, Planning and Sustainable Development Directorate (EPSDD) on activities underway to contribute to building a climate resilient health sector/community and a sustainable health care system.
- Key themes emerging are:
  - Work is underway across the health sector to both reduce emissions and prepare for the local impacts of climate change in our systems and environments.
  - There is significant investment in infrastructure planning to electrify ACT Health assets and fleet to achieve net zero by 2040 and in our hospitals, to mitigate against service disruption in the event of climate-related disasters.
  - Progress is being made in our hospitals in starting to map indirect emissions generated through procurement and capital goods, waste management, models of care etc.
  - Primary care, as the focal point of community care, seeks to be better integrated into how the health system prepares and responds to climate change.
  - Our academic institutions have capability to contribute to and collaborate with us in this work.
- A draft National Climate and Health Strategy is under development and is due for release at the end of 2023. ACT Health is regularly engaging with the Australian Government and states and territories as the Strategy is developed. It will outline a national plan for three years, with both adaptation and mitigation goals.
- The ACT Minister for Health co-hosted a climate and health roundtable with the Australian Government Assistant Minister for Health and Aged Care in Canberra on 25 May 2023 to support the national consultation. The National Climate and Health Strategy will provide a nationally consistent direction from which to progress work underway in ACT.

- Leading up to the release of a national Strategy on Climate Change and Health in late 2023, ACT Health will continue to work with stakeholders to identify climate adaptation and mitigation actions across the health system and potential resources to enable alignment with the Strategy later this year.
- The PHD was allocated \$360,000 budget funding over 2023-2025 for research and programs relating to the health impacts of climate change. The PHD is currently reviewing policy requirements against existing resourcing priorities to efficiently align with Territory and National adaptation strategies.
  - This program funding for research will strengthen our understanding of the health specific risks and impacts of climate change in the ACT, building on the ACT's 2021 high-level climate risk assessment.
  - It will support the development of a health and climate change adaptation plan for the ACT and provide for the commencement of targeted adaptation programs.
  - This will also compliment the ACT's input into the Australian Government's Health and Climate Strategy.

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## PHD Executive Briefing - Estimates

### Chief Health Officer Reporting

#### Data

1. The [Chief Health Officer \(CHO\) Report](#) provides valuable insights into population health indicators and trends in the ACT, showing how the ACT is tracking over time and in comparison to the rest of Australia. It is important to note that data may not always be comparable.
2. Data used is sourced from a variety of ACT and national databases, including administrative and surveillance data, cross-sectional and longitudinal surveys and data registries.
3. The new, online CHO reporting format, launched in March 2023, presents the most recent population health data and supporting narrative, complementing the detailed [HealthStats ACT](#) indicators.
4. [HealthStats ACT](#) provides up-to-date information for all indicators and measures, meeting the CHO's reporting obligations under the *Public Health Act 1997*.
5. Recent CHO Reporting data shows that overweight and obesity remain persistently high in the ACT, mirroring trends in other parts of Australia and the world.
  - a. In the ACT in 2021, approximately 62.2% of adults were reported as overweight or obese, slightly lower than the national figure of 67%.
  - b. The 2017-2018 National Health Survey reported children aged 2 to 17 in the ACT have one of the highest rates of overweight or obesity in Australia at 28.6%.
6. The Australian Institute of Health and Welfare's Burden of Disease Study found that addressing key modifiable risk factors such as tobacco use, overweight and obesity, dietary risks, high blood pressure and alcohol use could prevent around 38% of the disease burden.

#### Talking points

1. The purpose of the Chief Health Officer Reporting is to inform government and the community of key population health indicators and trends in the ACT.
2. The new online reporting format will provide a rolling release of featured topics, replacing the biennial CHO Report. Together with HealthStats ACT this provides accessible and up-to-date data on the health of the Canberra community, highlighting public health challenges and opportunities.
3. The purpose of these featured topics is to refocus our attention on key public health issues impacting the health and wellbeing of our community as we recover from the impacts of COVID-19.
4. The first of these new featured topics are Burden of Disease and Healthy Weight in the ACT, showing that Canberrans live longer lives than anywhere in Australia however burden of disease and overweight and obesity continue to have significant public health impacts.
5. By utilising up-to-date data and adopting an online format, the new CHO Reporting aims to enhance accessibility and keep the community and government informed.

## Background

### Healthy Weight

1. Maintaining a healthy body weight is important as it helps people to live longer and healthier lives.
2. Increasing prevalence of overweight and obesity increases risk of developing chronic disease and other health complications. It can also impact wellbeing and quality of life.
3. Evidence shows that overweight and obesity often start early in life and increase with age, often influenced by factors beyond an individual's control.
4. In today's society, it can be harder to maintain a healthy body weight because:
  - a. unhealthy food and drinks are readily available and heavily promoted;
  - b. changes to technology and the sedentary nature of modern living mean we do not move as much as we used to.
5. The ACT Government aims to prevent overweight and obesity by promoting healthier environments where we live, work and play, emphasising the importance of healthy eating and acting living. Key strategies include:
  - a. Whole of government action through the ACT Preventive Health Plan;
  - b. Delivering supportive and non-stigmatising health services that enable early intervention; and
  - c. Working jointly with the non-government sector to provide optimal support to community.

### Burden of Disease

1. Canberrans continue to live longer lives and spend more years in full health than the average Australian, however chronic disease and injuries contribute significantly to the disease burden, with cancer the leading cause of disease burden in the ACT and nationally.
2. Living with chronic disease or injury can impact quality of life. The loss of healthy life caused by disease or injury is reported as 'burden of disease'.
3. It is recognised that a person's ability to make healthy choices and change modifiable risk factors is influenced by a range of factors that may be beyond their control.
  - a. This includes the social determinants of health – the conditions in which people are born, grow, work, live and age, and other systemic issues which shape daily life.
4. Through the ACT Preventive Health Plan the ACT Government is addressing the key modifiable risk factors of chronic disease by focusing on:
  - a. supporting children and families
  - b. enabling active living
  - c. increasing healthy eating
  - d. reducing risky behaviours
  - e. promoting healthy ageing.

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## PHD Executive Briefing - Estimates

### Health Canberra: ACT Preventive Health Plan 2020-2025

#### Data

- In the 2017–18 ABS National Health Survey, 48.7% of Canberrans reported having at least one chronic health condition, slightly above the Australian average of 47.2%. Of these, 11.6% reported having 2 chronic conditions and 8.7% reported having 3 or more chronic conditions.<sup>1</sup>
- In 2018, approximately 38% of the total burden of disease in Australia, which includes chronic disease and injury, could be prevented by addressing modifiable risk factors. The top 5 modifiable risk factors nationally were:
  - tobacco use
  - overweight (including obesity)
  - dietary risks
  - high blood pressure
  - alcohol use.<sup>2</sup>
- Burden of disease is not experienced equally across our community. Certain groups experience higher rates of chronic disease and injury due to inequities or systemic issues. These groups include, but are not limited to:
  - Aboriginal and Torres Strait Islander people
  - Culturally and linguistically diverse (CALD) communities
  - Lesbian, gay, bisexual, transgender, intersex, queer or questioning, and other sexuality and gender diverse people (LGBTIQ+)
  - people with mental illness
  - people of low socioeconomic status
  - people with disability
  - rural, regional and remote communities.<sup>3</sup>
- In 2018, if all Australians had experienced the same burden of disease as people living in the highest socioeconomic areas, the total disease burden could be reduced by about one fifth (21%).<sup>4</sup>

#### Talking points

1. The Healthy Canberra: ACT Preventive Health Plan (2020-2025) aims to reduce the prevalence of chronic disease and support Canberrans to enjoy good health throughout all stages of life. The plan has 5 priority areas:
  - a. supporting children and families
  - b. enabling active living
  - c. increasing healthy eating
  - d. reducing risky behaviours, including smoking, risky alcohol consumption and the transmission of sexually transmissible infections and bloodborne viruses
  - e. promoting healthy ageing.
2. It is a whole of government plan with actions led or supported by all directorates.
3. The Preventive Health Plan Cross-Directorate Working Group oversees implementation of the plan and has membership from all directorates. This group reports to the Prevention, Mental Health and Wellbeing Inter-Directorate Committee.

4. An activity report on actions delivered under the first action plan 2020-2022 will be published on the ACT Health website in mid-2023.
5. A summary of preventive health actions delivered between 2020 and 2022 is provided at [Attachment A](#).
6. An evaluation of the plan's impact will occur in 2025 as per the plan's evaluation framework. This evaluation will look at implementation and impact across each priority area of the plan.
7. Delivery of the plan is supported by the ACT Health Promotion Grants Program which provides up to \$2.4 million each year to community-based organisations to improve the health of Canberrans and minimise the risk of them developing chronic diseases.
8. Two key government reports delivered in 2022, the ACT Childhood Healthy Eating and Active Living (HEAL) Programs audit and the Preventive Health Plan mid-term review, provided key recommendations including to better address the needs of priority populations and to engage with community partners to better meet community needs and improve equity.
9. The ACT Government has developed a draft second action plan and released it for public consultation. In particular, the government is seeking input and feedback on how the action plan can better support priority population groups and meet broader community need.
10. ACT Health has commenced a 12 week public consultation on the draft ACT Preventive Health Action Plan 2023-2025 (from 5 May until 28 July 2023).
11. Communication Link has been engaged by ACT Health to deliver services to support the public consultation and engagement.
12. During the consultation, ACT Health is seeking community feedback on the action plan through a range of methods:
  - a. A YourSay survey
  - b. Public submissions via YourSay
  - c. Direct meetings with stakeholders
  - d. A toolkit for 'group conversations' including a 'how-to-guide' and 'group survey' to provide group feedback
  - e. Eight facilitated workshops with a focus on better understanding the needs of priority population groups.
13. A sense-making workshop will be held at the end of the consultation period with community sector and government stakeholders. This will involve looking at what we heard and discussing how it could be used to inform further development of the action plan before finalisation in late 2023.

**CONTACT:** **Kristin Blume, Executive Branch Manager, Population Health Policy**  
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<sup>1</sup> Australian Bureau of Statistics, *National Health Survey: First Results*, ABS website, 2018, accessed 24 February 2023.

<sup>2</sup> Australian Institute of Health and Welfare, 'Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2018', *Australian Burden of Disease Series no. 23*, catalogue number BOD 29, AIHW, Australian Government, 2018, accessed 24 February 2023.

<sup>3</sup> Department of Health and Aged Care, *National Preventive Health Strategy 2021-2030*, DHAC website, 2021, accessed 24 February 2023.

<sup>4</sup> Australian Institute of Health and Welfare, *Health across socioeconomic groups*, AIHW website, 2022, accessed 24 February 2023.

Under the first Preventive Health Action Plan 2020-2022, the ACT Government delivered a range of preventive health actions including:

- a. delivering the Best Start strategy to lead a collective commitment to supporting children and families during the first 1000 days from conception to around aged 2
- b. delivering the Set up for Success strategy for early childhood education and care in the ACT that aims to give all children the best possible start in life with the fairest opportunities to learn
- c. delivering the Kids At Play Active Play online professional learning course to more than 200 educators to help them feel confident promoting active play to children over 3 years old in early childhood settings in addition to face-to-face training and active play visits
- d. upgrading more than 20 sportsground pavilions to better meet the needs of women and girls involved in a range of sports
- e. working with 74 Canberran business through Healthier Choices Canberra to increase the visibility and appeal of healthier foods and drinks
- f. delivering Fresh Tastes to 94 primary schools between 2014 and 2021 and an interim evaluation showing around 90% of schools saw positive changes in attitudes, culture and demand relating to healthy food and drinks
- g. passing the Health Legislation Amendment Bill in November 2022 to increase regulation of e-cigarettes with the aim of reducing harm
- h. investing \$982,000 over 4 years in the 2021-22 budget for ongoing expansion of the existing Needle and Syringe Program to provide sterile injecting equipment to reduce the risk of injecting drug users contracting blood borne viruses
- i. launching the Age-Friendly City Plan in 2020 with the vision that older Canberrans are recognised as valued members of our community and enabled to lead productive lives as they age
- j. launching the Mentally Healthier program to encourage workplaces to make a pledge to prevent harm, promote positive culture, protect staff wellbeing, and provide support for staff experiencing mental ill-health
- k. funding community organisations through the ACT Health Promotion Grants program including:
  - i. \$1.4 million in 2021 for programs that reduce risky behaviours
  - ii. \$960,000 in 2022 for programs that focus on supporting children and families
  - iii. \$1.58 million in 2023 for programs that support healthy eating and increased physical activity in children and young people as well as \$380,000 for programs aiming to support re-connection within priority population groups.

## PHD Executive Briefing - Estimates

Please note this information will be read out in the committee hearing by the PH Executives, which is live streamed publicly. All information provided below needs to be suitable for provision in the public domain.

### **Japanese Encephalitis Virus vaccine**

#### **Data:**

#### **Talking points**

- Japanese encephalitis virus (JEV) was detected in March 2022 in parts of Australia where it had not previously been detected, this included South-Eastern Australia.
- JEV is a mosquito-borne disease. Mosquitoes are more active in the ACT in the warmer months.
- To date, the ACT has not had any detections of JEV in animals, humans or mosquitoes that indicates local exposure.
- There have been confirmed cases of JEV in NSW. The closest LGA of most likely JEV exposure associated with a human case is Goulburn Mulwaree.
- Conditions for JEV transmission potentially exist in the ACT (i.e. there is a mosquito species that can transmit JEV, waterbirds that may host and potentially amplify JEV, and suitable water habitats for both) however the risk of JEV exposure in the ACT remains unknown.
- To help inform risks related to mosquito and JEV activity in the ACT, a mosquito surveillance pilot program was established in the 2022/23 summer. The findings from the 2022/23 pilot are currently being reviewed. Mosquito surveillance is being planned for the 2023/24 summer.
- There are still many knowledge gaps that need to be addressed to determine future transmission patterns of JEV in Australia, including in the ACT and surrounds.
- The current available evidence nationally suggests that the virus is widespread in Australia, meaning eradication is therefore unlikely.
- Nationally, government supplies of JEV vaccine have been prioritised for those identified at highest risk of exposure to JEV. Vaccine supply has been limited nationally and each jurisdiction was initially allocated a small supply from the Commonwealth.
- The ACT Government has allocated \$2,271,000 for vaccines in the 2022-2023 financial year. These vaccines were purchased to ensure availability of vaccines noting the risk of JEV exposure in the ACT remains unknown.



- ACT Health received 6,000 units in the 2022/23 financial year (the majority were received in Quarter 4 of 2022/23) with a further 5,000 units scheduled to arrive in Quarter 1 2023/24 ahead of the 2023-2024 summer season.
- In the ACT, eligibility criteria for government-funded vaccine is consistent with the national priority groups outlined in the National JEV Vaccination Plan, which includes individuals with occupational and/or relevant animal exposure risk.
- Eligibility for ACT government-funded vaccine has been communicated through the small number of relevant workplaces. Employers with eligible cohorts have been provided with a letter from ACT Health to share with employees advising how to book for a government-funded JEV vaccine. There is also information available on the ACT Health website.
- As of 26 June 2023, 48 JEV vaccine doses have been provided by ACT Health for individuals meeting the ACT eligibility criteria. This reflects the small number of people in the ACT who are eligible for government-funded vaccine under the national guidance and in the context of what is currently known about the risk in the ACT.
- Vaccine coverage for ACT government-funded JEV vaccine cannot be determined as data is not available for the denominator of unvaccinated eligible people in the ACT.

## Background

1. ACT government-funded vaccine can be accessed through a person's usual GP or through three specific practices in the ACT where small amounts of JEV vaccine have been pre-placed.
2. JEV vaccination has been prioritised under the National JEV Vaccination Plan for:
  - a. people who work at, reside at, or have a planned non-deferable visit to a:
    - i. piggery, including but not limited to farm workers and their families (including children aged 2 months and older) living at the piggery, transport workers, veterinarians and others involved in the care of pigs
    - ii. pork abattoir or pork rendering plant.
  - b. personnel who work directly with mosquitoes through their surveillance (field or laboratory based) or control and management, and indirectly through management of vertebrate mosquito-borne disease surveillance systems (e.g. sentinel animals) such as:
    - i. environmental health officers and workers (urban and remote)
    - ii. entomologists

- c. all diagnostic and research laboratory workers who may be exposed to the virus, such as persons working with JEV cultures or mosquitoes with the potential to transmit JEV; as per the Australian Immunisation Handbook.
3. Nationally, expansion beyond these groups has commenced, with states and territories defining the eligibility criteria within their jurisdiction based on local risk, vaccine availability and other evidence as it arises.
4. The ACT has expanded eligibility for government-funded JEV vaccine to ACT residents who are engaged in the prolonged outdoor recovery efforts (clean up) of stagnant waters following floods (as a volunteer or through work related to flood response efforts) in any of the affected LGAs in NSW and Victoria.

**CONTACT: Victor Martin, Executive Branch Manager, Health Protection Service**

## PHD Executive Briefing - Estimates

Please note this information will be read out in the committee hearing by the PH Executives, which is live streamed publicly. All information provided below needs to be suitable for provision in the public domain.

### **Mpox (monkeypox) vaccine**

#### **Data**

- As of 29 June 2023, there have been 149 cases (confirmed and probable) of mpox in Australia, three of those in the ACT (70 in VIC, 59 in NSW, nine in WA, six in QLD, and two in SA).
- Globally, as of 24 June 2023, WHO reports 87,972 confirmed cases and 147 deaths across 112 countries/territories since 1 January 2022 in endemic and non-endemic countries.
- Since the commencement of the ACT program in August 2022 until COB 30 June 2023:
  - Total number of vials used - 1205
  - Total doses administered – 2102
  - 1st doses administered - 1123
  - 2nd doses administered – 946

#### **Talking points**

- The Australian Government, in conjunction with states and territories, secured an initial supply of vaccine for mpox (monkeypox) in response to a multi-country outbreak in 2022.
- On 28 July 2022, Australia's Chief Medical Officer declared monkeypox to be a Communicable Disease Incident of National Significance (CDINS). The World Health Organisation declared the mpox outbreak a Public Health Emergency of International Concern (PHEIC) on 23 July 2022.
- The ACT Government allocated \$2,230,000 to secure the ACT allocation of the Commonwealth supply of mpox vaccine in the 2022-2023 budget.
- An intergovernmental agreement between ACT Government and NSW Health was entered into to procure and storage of the initial vaccine allocation due the complexities of storage requirements (i.e. stored frozen).
- The ACT commenced vaccine rollout in August 2022 and mpox vaccine is currently available through six sites in the ACT.

- In line with the Australian Technical Advisory Group on Immunisation, people currently eligible to receive the vaccine are sexually active men (cis and trans) who are gay, bisexual or have sex with other men; partners of those people above and; sex workers.
- The size of the population eligible for vaccination was difficult to estimate. This creates uncertainty on the local vaccine requirements and complexities in the planning and implementation of the local vaccination program.
- Demand for the mpox vaccine has dropped significantly since March 2023 with declining case numbers globally and nationally.
- While the global epidemiological situation is improving, mpox cases continue to be detected in non-endemic regions, including the Western Pacific Region and the Americas.
- The ACT Government continues to monitor for national and international developments related to the mpox situation and continues align local public health responses with Commonwealth and other jurisdictional approaches. This includes the ongoing monitoring and review of mpox vaccine use and distribution.
- The ACT Government continues to collaborate with community stakeholders regarding the implementation of the vaccination program.

### **Background**

- JYNNEOS® is the preferred vaccine for mpox in Australia and has been made available in Australia under Section 18A of the Therapeutic Goods Act 1989 (Cth).
- On 25 September 2022, intradermal vaccine administration was introduced in the ACT as a dose sparing technique due to large demand and limited vaccine supply. Intradermal administration involves the administration of up to five doses from a single vial compared to one dose via subcutaneous administration.
- The program has since reverted to preferential use of subcutaneous administration given the improvement of vaccine supply to the ACT.
- Nationally and internationally, the number of mpox cases has slowly declined since the end of 2022. The last mpox case in the ACT was notified on 09 September 2022.
- There has been a small number of mpox case notified in 2023, including three in NSW. Vaccination programs are likely to contributed to the decrease in cases and severity of illness both in Australia and globally.
- Based on experience to date in Australia and internationally, cases of mpox have mainly been in gay, bisexual or men who have sex with men. However, the disease can affect anyone who has skin-to-skin contact with someone who has mpox and has a rash or sores.

**CONTACT: Victor Martin, Executive Branch Manager, Health Protection Service**

## PHD Executive Briefing - Estimates

### **COVID-19 – Transition out of the Public Health Emergency**

#### **Talking points**

- Like other jurisdictions, the ACT Government has continued to actively transition the management of COVID-19 similar to other notifiable diseases. This forms part of a nationally coordinated effort to manage COVID-19 more sustainably under the Australian Government’s [Strategic Framework for Transitioning COVID-19 Measures](#). The Strategic Framework guides a staged and sustainable transition to a ‘steady state’ of COVID-19 management.
- This approach reflects the stepped down arrangements that have been cautiously implemented over the last financial year.
  - The ACT’s public health emergency declaration, enacted on 16 March 2020, ended on 30 September 2022.
  - A COVID-19 Management Declaration was enacted from 30 September, and lifted on 28 February 2023, together with all remaining public health restrictions.
- It is acknowledged that COVID-19 will continue to present challenges to our health and hospital systems. It is not possible to accurately predict the further evolution of the virus and Australia will continue to be challenged by emerging variants and new waves of the disease.
- There is a need to continue to minimise severe COVID-19 disease and death by ensuring measures are effective, proportionate and targeted where possible for the most vulnerable and at risk populations. There is also a need to ensure that the health, economic and social systems as a whole have capacity and capability to respond to future waves.
- To support this, ACT Health Directorate continues to carefully monitor the COVID-19 situation. Response actions are reviewed to ensure they adequately meet the requirements of the situation.
- Should there be a need, activities will scale up in a proportionate way relative to the broader need of our community.

#### **Background:**

- A public health emergency declaration due to COVID-19 (PH Emergency Declaration) was first enacted in the ACT on 16 March 2020. The PH Emergency Declaration enabled the Chief Health Officer (CHO) to take necessary actions to reduce threats to public health, including issuing public health directions that aimed to limit the spread of COVID-19 in the ACT.
- The Public Health Amendment Bill 2021 (No. 2) passed by the ACT Legislative Assembly on 7 June 2022 established the COVID-19 Management Declaration enabling the ACT Government to transition from the public health emergency declaration while providing a more targeted approach to managing the risks presented by COVID-19. The COVID-19 Management Declaration was enacted on 30 September 2023.
- The COVID-19 Management Declaration was lifted, along with all remaining COVID-19 public health directions, on 28 February 2023.

**CONTACT: Vanessa Dal Molin (x49401)**

## PHD Executive Briefing - Estimates

### Transition from COVID-19 Response Branch

Managing the ongoing impact of COVID-19 and other emerging health threats – 2023-2024 ACT Budget funding:

2023-24 Budget	2024-25 Estimate	2025-26 Estimate	2026-27 Estimate
\$2,813,000	\$2,624,000	\$1,329,000	\$1,250,000
14.5 FTE	13.5 FTE	6.5 FTE	6.0 FTE

#### Transition

- The Government has provided funding for “investing in future management of public health and communicable disease threats (including COVID-19) fulfilling Government and community expectations that these threats will be managed effectively”.
- Nationally, there has been significant work to transition the management of COVID-19 to align with the management of other notifiable diseases, with jurisdictions committing to deliver the Strategic Framework for Transitioning COVID-19 Measures. The Strategic Framework guides a staged and sustainable transition to a steady state of COVID-19 management and acknowledges that COVID-19 will continue to pose significant challenges to our health and hospital systems.
- Funding will enable ongoing management of the COVID-19 response, reflecting the transition work underway. Funding provides for the following activities to be continued:
  - epidemiological surveillance activities,
  - outbreak support services - particularly for high risk settings and priority populations,
  - provision of data infrastructure and reporting services,
  - ongoing risk communications activities.

These activities will support the COVID-19 response but will also consider public health threats more broadly.

- In addition, funding allows for the establishment of a greater capacity to plan and prepare for effective responses to new and emerging public health threats, taking on learnings from the COVID-19 response.
- Limited testing activities will continue until 31 December 2023 – this will include PCR testing without a clinician referral for concession card holders, and distribution of Rapid Antigen Tests.
- The separate, stand-alone COVID-19 response team within ACT Health was formally dissolved on 30 June 2023. A new Preparedness, Planning and Surveillance Branch has been



established within the Population Health Division, which will take on remaining and new functions.

- Funding provides for additional FTE (14.5 FTE), with some additional resourcing provided by the ACTHD. A total 17.5 FTE to be allocated for the Branch (2.5 FTE are Medical Officers).

### **Ceased**

There has been ongoing review of COVID-19 activities and functions as part of the transition process, to align with reduced staff resourcing and to ensure that activities were proportionate to risk being managed.

Certain additional functions have ceased with effect from 1 July 2023:

- Collection of anti-viral usage data from Services Australia ceased as of 30 June 2023.
- Whole Genome Sequencing (WGS) ceased but will be considered as part of a broader surveillance strategy going forward.
- SMS messaging to PCR positive cases ceased as of 30 June 2023. Phone support to complete RAT declaration forms also ceased from this date.

Ceased functions can be reviewed if the epidemiological situation worsens and recommenced if proportionate and appropriate.

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## PHD Executive Briefing - Estimates

### Winter Preparedness

#### Talking points

- This year, ACT Health Directorate has established a new Winter Wellness communication program –incorporating messaging about influenza (flu), COVID-19, Respiratory Syncytial Virus (RSV) and other respiratory illnesses.
- It acknowledges that this year’s winter season likely presents a number of health challenges for Canberrans – with the colder months typically increasing respiratory illnesses in the community. This is also the first winter season where there are no COVID-19 public health social measures in place, and more movement in the community with no (international or national) border restrictions.
- Communication, education, information sharing and the promotion of preparedness, prevention and protection behaviours that highlight the key elements of the Winter Wellness communication strategy. While the program targets all Canberrans, it has a clear and distinct focus on communicating with priority populations, including people vulnerable to severe health outcomes.
- The communication program is an opportunity to combine and reinforce the provision of information about:
  - staying well over winter;
  - being prepared ahead of time for respiratory illnesses, including speaking to your health care team and staying up to date with influenza and/or COVID-19 vaccinations;
  - preventing serious illness by accessing appropriate care and treatment; and
  - ways to protect yourself and others.
- The communication approach encompasses a well-tested mix of digital (social media, search, web, out-of-home, videos), traditional media (radio, print, out-of-home), print collateral (posters, flyers, postcards) and face-to-face channels (ACT Health representatives in key forums).
- Additionally, ACT Health now provides combined weekly reporting on COVID-19, influenza, and RSV numbers.
- In the week commencing 3 July 2023, the ACT has experienced the sixth consecutive week where COVID-19 case numbers have not risen. Case numbers for influenza and RSV have increased steadily. This increase in respiratory illnesses is expected and we remain alert but not concerned at this stage.
- Through this reporting, it is noted that XBB continues to be the dominant COVID-19 subvariant in the ACT at this time. This reflects the national and international situation. There is no indication that there is increased severity of disease with the current circulating variants.

- ACT Health continues to monitor and assess the situation and will implement response actions as required.

**CONTACT: Vanessa Dal Molin and Victor Martin**

## PHD Executive Briefing - Estimates

### Long COVID

#### Talking points

- The ACT welcomes the recommendations made by the Standing Committee to improve the availability of data around long COVID and is supportive of national consistency in guidelines about evidence-based investigation, diagnosis and management of long COVID, supported by localised referral pathways.
  - The ACT is supportive of national consistency in definitions of long COVID, and interjurisdictional coordination and collaboration in research on long COVID.
  - The ACT will contribute to interjurisdictional working groups to develop national consistency in long COVID definitions, clinical care, research, and communication strategies.
  - The ACT is supportive of a national COVID-19 database administered by the Australian Centre for Disease Control.

#### Background

- On 1 September 2022, the House of Representatives Standing Committee on Health, Aged Care and Sport (The Standing Committee) adopted an inquiry into long COVID and repeated COVID infections referred by the Minister for Health and Aged Care, the Hon Mark Butler MP.
- The Standing Committee primarily focused on Australia's management of long COVID. While repeated COVID infections were a secondary focus of this inquiry's terms of reference, as the inquiry progressed most of the evidence received related to long COVID. Consequently, the Standing Committee focussed on how repeated infections relate to long COVID. Based on the evidence currently available, it appears that repeated COVID-19 infections may increase a person's chance of developing long COVID.
- On 24 April 2023 the Standing Committee released its report titled *Sick and tired: Casting a long shadow – Inquiry into Long COVID and Repeated COVID Infections*. The Standing Committee made nine recommendations aimed at strengthening the Australian Government's management of long COVID, including in relation to:
  - A definition of long COVID for use in Australia;
  - Evidence-based living guidelines for long COVID, co-designed with patients with lived experience;
  - A nationally coordinated research program for long COVID and COVID-19;
  - The COVID-19 vaccination communication strategy;
  - Access to antiviral treatments for COVID-19;
  - Support for primary healthcare providers; and
  - Indoor air quality and ventilation.

- Canberra Health Services provides support to people in the community experiencing Long-COVID. This is provided through the Post-COVID Recovery Clinic located in the University of Canberra Hospital and through other medical outpatient clinics as needed. The Post-COVID Recovery Clinic is the only multidisciplinary service of its kind in the ACT.

**Background**

- In the 2023-24 budget, Canberra Health Services received funding to continue the Long COVID Clinic service at University of Canberra Hospital (approximately \$2.0m) for 12 months. In addition, funding was received to continue to the COVID Care@Home for 6 months, to end December 2023t

**CONTACT:           Vanessa Dal Molin (x49401)**

## PHD Executive Briefing - Estimates

### **Establishment of the Australian Centre for Disease Control**

#### **Talking points**

- The Australian Government has announced that it will establish an Australian Centre for Disease Control (ACDC).
- In the most recent Federal Budget, \$90.9 million over two years was committed, with an Interim ACDC to be established within the Department of Health and Aged Care from 1 January 2024, headed by the Chief Medical Officer. This funding commitment is welcomed.
- The Australian Government is also committed to ongoing consultation with states and territories and key stakeholders to finalise scope and governance arrangements for the ACDC.
- The ACT Government supports the establishment of an Australian CDC, and welcomes the multi-phased implementation approach proposed by the Commonwealth.
- In order for the ACDC to be successful, it will be important to settle on role, scope and governance as a priority, as well as ensure the organisation is appropriately and sustainably resourced.
- The ACT will be closely involved in any stakeholder consultations and is represented on key national forums, including an interjurisdictional Senior Officials Group.
- The Australian Government is planning for enabling legislation to be passed in Federal Parliament by late 2024.

#### **Background**

- The 2023-24 Federal Budget provided \$90.9 million over two financial years to:
  - Establish an interim Australian CDC in January 2024 within the Department of Health and Aged Care.
  - Finalise the scoping and consultation to inform the new functions for the interim CDC.
  - Support the establishment of the final CDC, including the passage of legislation, negotiation of an agreement with states and territories and continued consultation with stakeholders.
- The Commonwealth has established a Senior Officials Group from Health Chief Executives. The SOG will be responsible for leading state and territory engagement to support the establishment of the ACDC and set the foundation for how the ACDC will collaborate effectively with jurisdictions and will lead negotiations on state and territory agreement(s). Dr Kerryn Coleman, Chief Health Officer and Ms Vanessa Dal Molin, EBM, Preparedness, Planning and Surveillance Branch will represent the ACT on the SOG.

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## PHD Executive Briefing - Estimates

Please note this information will be read out in the committee hearing by the PH Executives, which is live streamed publicly. All information provided below needs to be suitable for provision in the public domain.

### **Bushfire Smoke and Air Quality Strategy 2021-2025**

#### **Data**

- In the last financial year (as of 21 June 2023) there was 1 day where air quality exceeded the standard set out by the National Environmental Protection Measure (NEPM). This exceedance occurred on 12 June 2023 at the Monash air monitoring station and was due to small particulate matter (PM<sub>2.5</sub>) pollution, attributed to wood heater use.
- The NEPM standard for PM<sub>2.5</sub> is 25 micrograms per cubic metre (25µg/m<sup>3</sup>) as an average taken over 1 day and the exceedance recorded for that day was 27.2 µg/m<sup>3</sup>.
- [Air quality in the ACT | Health](#) (Note historical data is towards the bottom of the page). Note that the data displays rolling averages whereas PM2.5 and PM10 is officially reported as a calendar day average. The PM2.5 peak in July 2022 was not for the calendar day.

#### **Talking points**

##### **Bushfire Smoke and Air Quality Strategy 2021-2025**

- The Strategy is guiding the ACT Government's approach to prevent, prepare for, respond to, and recover from significant bushfire smoke events and our management of the smoke from wood heaters.
- It maps a wide range of policy areas including emergency management; regulation of environmental pollution; monitoring of air quality; public health advice, warnings and directions; work health and safety; building standards and support for businesses and our community.
- The first Action Plan includes actions for ACT Directorates in the first two years of the strategy cover 2021-2023 and whole of government will report on the progress of items at the end of this plan.

##### **Key Items for Health**

- There are four objectives that have accompanying actions for ACT Health resulting from the strategy.

Population Health is responsible for Actions under Objective 2 and 3.

- *Objective 2* - Strengthen measures to address the air quality impacts of wood heaters



- Investigate the utility and reliability of suburban air quality monitoring to collect data on the prevalence of wood smoke in suburban areas across Canberra.
- *Objective 3 - Enhance air quality monitoring and forecasting.*
  - Investigate and implement air quality forecasting systems.
  - Investigate the feasibility, utility, reliability, and potential ongoing costs of a low-cost air quality sensors network.
- *Objective 6 - Response: Support the Health and Wellbeing of Canberrans affected by bushfire and woodfire smoke.*
  - Consider available health data and information related to the impacts of natural disasters, including mental health.
  - Update public health messaging to provide clear and consistent information on managing anxiety and mental health and wellbeing during periods of severe bushfire smoke and hazardous air quality.
  - Inform the community on ways to reduce the amount of smoke entering buildings.
- *Objective 7 - Response: Provide targeted support to vulnerable populations and workers during severe air pollution events.*
  - Undertake a detailed review to ensure that information regarding vulnerable people can be appropriately accessed, provided, and used during an emergency event.
  - Strong and effective engagement strategies targeting vulnerable populations and workers.

#### Work to date

- To address actions under objective 2 and 3 in the first action plan of the Bushfire Smoke and Air quality strategy, ACT Health carried out a study from March 2021 to August 2022 to assess options for expanding the air quality monitoring network using low and medium-cost sensors.
- This study investigated the reliability, accuracy, and limitations of low and medium-cost sensors in providing air quality data in the Canberra environment.
- The study found that while low-cost sensors have some benefit as a cost-effective means to assess indicative air quality trends in more parts of Canberra, they are not sufficiently accurate to be used for public reporting of pollutant concentrations and assessment against air quality standards.
- ACT Health has experience using medium-cost sensors through mobile monitoring. Medium-cost sensors are known to be more accurate, robust and have more evidence available to support their use. ACT Health will explore the benefit, limitations, costs and utility of medium-cost sensors in the ACT context.

- In line with actions from objective 3 of the Bushfire Smoke and Air quality strategy, forecasting capability options for the ACT are being developed. This is occurring through partnership and engagement primarily with the NSW Department of Planning and the Environment (NSW DPE), as well as the Victorian Environmental Protection Authority.
- ACT Health obtained access to the NSW DPE daily forecasting reports for bushfires and prescribed burns. A data-sharing agreement to formalise these arrangements is nearly finalised. Future collaboration between the two agencies will focus on expanding the scope of the forecasting service to include forecasts from wood heater emissions in the ACT.

**CONTACT: Daniel Andres**

## PHD Executive Briefing - Estimates

### Drug Therapy

- On 3 February 2023, the Therapeutic Goods Administration (TGA) announced its final decision regarding the scheduling of psilocybin and MDMA. The decision amends the Poisons Standard to include psilocybin and MDMA in Schedule 8, with associated conditions for prescribing. These conditions include prescribing to be limited to AHPRA registered psychiatrists, who have applied to the TGA for Authorised Prescriber (AP) status and who have approval from a Human Research Ethics Committee (HREC).
- Psilocybin and MDMA will continue to be listed in Schedule 9 and therefore will also continue to be treated as prohibited substances in the ACT where the circumstances covered by the TGA decision do not apply. This includes when prescribed for conditions other than post-traumatic stress disorder (PTSD) or treatment-resistant depression (TRD), or when used as part of a clinical trial.
- The ACT adopts the Therapeutic Goods Administration's (TGA) Poisons Standard scheduling of substances. In the ACT, the *Medicines, Poisons and Therapeutic Goods Act 2008* enables national scheduling decisions.
- The decision permits the prescribing of MDMA for the treatment of post-traumatic stress disorder (PTSD) and psilocybin for treatment-resistant depression (TRD) by psychiatrists who are specifically authorised under the TGA's Authorised Prescriber scheme.
- These are the only conditions where there is currently evidence, albeit limited, for potential benefits in certain patient group.
- The TGA change came into effect on 1 July 2023.
- The decision acknowledges the current lack of options for patients with specific treatment-resistant mental illnesses. It enables these medicines to be used only in a controlled medical setting, under the direct supervision of the prescribing psychiatrist, during psychedelic-assisted psychotherapy.
- Patients, however, may be vulnerable during psychedelic-assisted psychotherapy, requiring controls to protect these patients.
- There are currently no approved products containing psilocybin or MDMA, that the Therapeutic Goods Administration has evaluated for quality, safety and efficacy. This amendment enables authorised psychiatrists to access and legally supply a specified "unapproved" medicine containing these substances to patients under their care.
- Stakeholder groups, including Mind Medicine Australia, report supplies of unapproved products are available overseas, requiring importation. The exact details surrounding the importation and use of these products is not known at this time.
- The ACT Chief Health Officer (CHO) and the ACT Chief Psychiatrist are currently considering these changes to the Poisons Standard, including regulatory oversight that may be needed in the Territory.

- In March 2021, the Commonwealth Government announced it would invest \$15 million in grants to support Australian-led research into the use of psilocybin, MDMA (methylenedioxymethamphetamine), and ketamine to combat illnesses like post-traumatic stress disorder, major depressive disorder, addiction disorders and eating disorders.
- In announcing the grants, the then Health Minister Greg Hunt said, “it was vital the government continued to search for new and better treatments for mental illness.”
- There is emerging, though limited, evidence of therapeutic benefits of ketamine and psychedelic substances in the treatment of a range of mental illnesses.
- Further research is underway to assess the efficacy, safety and effectiveness of psychedelic therapies to inform future potential use in psychiatric practice.

**Background:**

- Psychedelic substances are currently considered illicit substances and are not registered for any use by the TGA. These substances are used only in approved research trials and can be provided under the TGA Special Access Scheme or the Authorised Prescriber Scheme.
- On 3 February 2023, the TGA announced its final decision regarding the scheduling of psilocybin and MDMA. The decision amends the Poisons Standard to include psilocybin and MDMA in Schedule 8, with associated conditions for prescribing.

**Psilocybin/MDMA**

- Over the last two decades there has been a renewed research interest in the use of psychedelics in the treatment of severe non-psychotic mental illnesses. This includes exploring the potential of psychedelics (including psilocybin, LSD, MDMA) for the treatment of mental illnesses and other conditions, including depression, PTSD, drug dependency, anorexia nervosa, chronic pain and dementia.
- Most trials are being conducted under controlled conditions with specifically trained therapists to research psychedelic-assisted therapy. While results from some trials are promising, psychedelics are also known to precipitate psychotic symptoms and therefore patient selection will remain a significant consideration.
- There is also risk of abuse of these substances, which is why, after an early interest in these substances in the 1960s, psychedelics were declared as prohibited substances which effectively ended all major psychedelic research programs.
- There are still a number of unknown side effects, including long-term side effects with use of psychedelic substances in treatment of mental health problems. These require careful consideration in research settings before this treatment can be considered safe and effective in clinical settings.

- Further research is required to continue to assess the efficacy, safety and effectiveness of psychedelic therapies to inform future potential use in psychiatric practice. Furthermore, these trials will have to be replicated for any wider roll-out.

**CONTACT:        Amanda Galbraith**

## PHD Executive Briefing - Estimates

### **Community pharmacist scope of practice trials**

- On 3 March 2023, the ACT Minister for Health announced the ACT would join the NSW Government trial to enable pharmacists to supply antibiotics to treat urinary tract infections (UTI) and the contraceptive pill.
- The management of UTIs and provision of the oral contraceptive pill will be conducted under the trial run by the University of Newcastle in association with the University of Technology Sydney, Macquarie University, University of New England, Charles Sturt University, The George Institute for Global Health and the Hunter Medical Research Institute.
- The trial framework ensures that patient safety is promoted and allows the gathering of robust evaluation data. The findings from this trial will inform the role of pharmacists and pharmacies in our healthcare system.
- The trial for both UTI management and the oral contraceptive pill in the ACT will continue for 12 months. In the ACT, this will be a patient-funded service.
- It is intended that the trial will include five ACT community pharmacies, with business model diversity and geographic spread across the ACT. The trial will enable selected ACT Health licensed pharmacists to provide appropriate antibiotics, as per the trial protocols. Patients will be directed to seek further consultation from their GP after 48 hours if they do not experience symptomatic improvement. Pharmacists are not able to provide these services outside the trial.
- Pharmacists participating in the trial can:
  - supply certain treatments for uncomplicated UTIs to women aged from 18 to 65 years (inclusive) who meet the eligibility criteria from May 2023, and
  - continue a prescription for the resupply of a low-risk oral contraceptive pill for women aged from 18 to 35 years (inclusive) that meet the eligibility criteria from July 2023.
- To be eligible to participate, pharmacies were required to:
  - meet the criteria set out in the NSW Health Authority allowing pharmacists to supply medications;
  - have access to Medadvisor to complete clinical record keeping and allow access to the researchers for the purposes of the clinical trial assessment;
  - provide geographic spread across the ACT to enable equity of access to Canberrans; and
  - provide of an appropriate, fully-enclosed, consultation room.

- Pharmacists must refer to clinical management protocols when assessing a person's eligibility, assessment and overall management, which may include referral to a GP, Walk-In Centre or an Emergency Department.
- To ensure safe care and familiarity with the specific requirements of the trial, all participating pharmacists must complete mandatory training before providing any services.
- Participating pharmacists will be issued with a licence to enable them to participate in the trial.
- In the week ending 7th July 2023, 5 pharmacies were selected by statisticians engaged by the researchers at the University of Newcastle, and the pharmacies have been contacted to invite them to participate in the trial.
- The pharmacies were selected from 5 geographic areas across the ACT, and include small, medium and large community pharmacies.
- On 12 July 2023, NSW Health provided a webinar to pharmacists participating in the trial, including the ACT participating pharmacists.
- The webinar covered requirements of the trial for pharmacies and pharmacists; clinical management protocols, training required, the antimicrobial resistance sub-study and a presentation from Dr Charlotte Hespe from the RACGP NSW/ACT branch.
- ACT pharmacies will be onboarded in July and aim to provide Urinary Tract Infection (UTI) services from late July to early August.
- Oral contraceptive pill (OCP) re-supply is still undergoing finalisation of the ethics approval and is expected to commence in late August/early September.

**CONTACT:           Amanda Galbraith**

## PHD Executive Briefing - Estimates

### Organ and Tissue Donation

#### Data

- The COVID-19 pandemic has had a significant impact on donation and transplantation activities over the past three years.
- As of 30 April 2023, Services Australia data show there were 71, 820 ACT residents with legally valid consent registered on the Australian Organ Donor Register (AODR). This includes intent registrations of 16- and 17-year-olds.
- In 2022, the ACT had the third lowest AODR registration rate in the country with 27% of the eligible population having registered on the AODR.
- Consistent with other jurisdictions, young people (16-24 years of age) are an underrepresented group on the AODR in the ACT.
- In 2022, there were 10 deceased donors in the ACT which resulted in 29 transplantations. This is an increase from the 8 donors in 2021.

#### Talking points

- The Australian Organ and Tissue Authority (OTA) is an independent statutory agency within the Australian Government Department of Health and Aged Care and leads the implementation of the national program to improve organ and tissue donation and transplantation outcomes in Australia. The OTA funds DonateLife ACT.
- ACT Health Directorate (ACTHD), DonateLife ACT and the OTA work collaboratively in delivering organ and tissue donation in the ACT.
- The national priority for the OTA over the next 5 years, under the 2022-2027 Strategy, is to return donation and transplantation to pre-pandemic levels of activity.
- The ACT introduced amendments to the *Transplantation and Anatomy Act 1978* in November 2022. The changes allow DonateLife ACT, with consent, to share stories of individuals and their loved ones at commemorative occasions and at activities that raise awareness of organ donation.
- The Australian Government Department of Health and Aged Care introduced the *Australian Organ and Tissue Donation and Transplantation Authority Amendment (Disclosure of Information) Bill 2023* in Federal Parliament on 24 May 2023. The Bill will allow for the disclosure of donor information for the purposes of OTA and DonateLife educational and community awareness activities.
- ACTHD currently provides funding to Gift of Life Incorporated to support its activities in raising awareness of organ donation.

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## PHD Executive Briefing - Estimates

### Gene Technology

#### Talking points

- The Commonwealth *Gene Technology Act (2000)* (Commonwealth GT Act) and *Gene Technology Regulations 2001*, together with state and territory legislation, provide the legislative basis for a nationally consistent gene technology system (Scheme).
- In the ACT, gene technology is legislated under the *Gene Technology Act 2003* and the *Gene Technology (GM Crop Moratorium) Act 2004*.
- The Gene Technology Regulator (Regulator), an independent statutory Commonwealth office holder, is responsible for administering the Commonwealth GT Act and corresponding state and territory laws. Any organisation that wishes to work with genetically modified organisms, requires a licence from the Regulator.
- The Gene Technology Ministers Meeting (GTMM), comprised of Ministers from all Governments, governs the operation of the Scheme.
- Work is underway to implement recommendations from the Third Review of the Scheme (2018) to ensure the Scheme is nationally consistent and able to adapt to the advancing developments in gene technology. This necessitates changes to the Commonwealth and jurisdictional gene technology laws.
- It is anticipated that the Commonwealth Gene Technology Amendment Bill will be scheduled for introduction to the Federal Parliament in 2024, with a suggested 12-month period for jurisdictions to implement the new legislation.
- The Commonwealth, states and territories jointly fund implementation of the Scheme Review recommendations using a cost-share formula whereby the Commonwealth funds 50 per cent of costs and jurisdictions contribute the remaining 50 per cent on a population basis.

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## PHD Executive Briefing - Estimates

### Population screening policy

#### Newborn bloodspot screening policy

##### Data

- In Australia, about 99% of parents provide consent for their babies to be screened every year.

##### Talking points

- All babies born in the Australian Capital Territory (ACT) are offered a newborn bloodspot screening (NBS) test within 48-72 hours of the baby's birth.
- The NBS test detects certain rare metabolic disorders and genetic conditions within the first days of a child's life, allowing early identification and treatment.
- The Australian Government and states and territories share funding for NBS programs through the National Health Reform Agreement. States and territories are responsible for funding and implementation of their NBS programs.
- The ACT forms a part of the New South Wales (NSW) NBS program.
- The Australian Government has committed \$39.0 million over four years (from May 2023 – 30 June 2026) to expand NBS to include more conditions being screened for and to ensure consistency of programs across Australia with all states and territories screening for the agreed national list of conditions.
- The ACT/NSW NBS program will add one additional condition (remethylation defects) to its NBS program. Addition of other conditions will be considered over time.

### Cancer screening policy

##### Data

- **National Bowel Cancer Screening Program** (data from Australian Institute of Health and Welfare (AIHW): National Bowel Screening Program monitoring report; Jun 2023)
  - 40.9% of the 6.1 million people invited to screen between January 2020 and December 2021 participated in the National Bowel Cancer Screening Program.
  - The participation rate was lower than the 43.8% participation rate in 2019-2020.
  - Among those who screened in 2021, 6% had a positive result warranting further assessment.
  - 1 in 27 people assessed after a positive bowel cancer screen were diagnosed with a confirmed or suspected bowel cancer in 2021.

- The participation rate was highest for people living in the ACT, South Australia, Tasmania and Victoria (44% respectively) and lowest for people living in the Northern Territory (26%).
  - The follow-up diagnostic assessment rate was highest for people living in the ACT (90%) and lowest for those living in the New South Wales (83%).
  - The median time between a positive screen and diagnostic assessment was 67 days for people living in the ACT. People living in Victoria and Western Australia had the lowest median time (52 days) and people living in the Northern Territory had the highest median time (84 days).
- **BreastScreen Australia** (data from AIHW: BreastScreen Australia monitoring report 2022, Oct 2022)
    - During 2020–2021, 1.7 million women aged 50–74 participated in BreastScreen Australia nationally – almost 48% of the target population.
    - In 2020, almost 5,000 women aged 50–74 had an invasive cancer detected through BreastScreen Australia nationally.
  - **National Cervical Screening Program** (data from AIHW: National Cervical Screening Program monitoring report 2022, Dec 2022).
    - More than 4.2 million cervical screening participants aged 25–74 in 2018–2021.
    - 11% of screening Human Papilloma Virus (HPV) tests performed were positive for Human PV types that cause cervical cancer.

### Talking points

- Breast, bowel and lung cancer are in the top 5 most common cancers in Australia (AIHW: Cancer data in Australia, October 2022).
- Lung cancer is the leading cause of cancer death in Australia, and First Nations communities carry a much higher burden of both smoking and cancer, such that cancer is now the leading cause of disease-related death for First Nations people (AIHW: Cancer data in Australia, October 2022).
- There are 3 population-based cancer screening programs in Australia: BreastScreen Australia Program, National Bowel Cancer Screening Program and National Cervical Screening Program.
- On 2 May 2023, the Minister for Health and Aged Care, the Hon Mark Butler MP, announced Australian Government investment of \$263.8 million from 2023-24 to implement a **National Lung Cancer Screening Program**, for commencement by July 2025.
- The national lung cancer screening program will provide 2 yearly lung CT scans to high-risk individuals to detect lung cancer in its early stages to increase the likelihood of successful treatment and improve lung cancer outcomes.

- The target group is people aged 50 -70 years who are current smokers (smoked a pack of cigarettes per day for 30 years) or have quit smoking in the past 10 years and Aboriginal or Torres Strait Islander individuals.
- Feasibility work to inform implementation of the program is currently underway.

### **National Bowel Cancer Screening Program**

- National Bowel Cancer Screening Program offers 2-yearly screening to all Australians aged 50–74 using a test that detects blood in a stool sample (free immunochemical faecal occult blood test (iFOBT)).
- On 16 June 2023, The Hon Mark Butler announced that the Australian Government is investing \$10.8 million in a campaign to encourage eligible Australians to participate in the national bowel cancer screening program.
- The announcement accompanied the release of the Australian Institute of Health and Welfare (AIHW) National Bowel Screening Program monitoring report that reveals bowel cancer screening rates dropped in 2020–2021 and natural disasters impacted screening rates.

### **BreastScreen Australia**

- BreastScreen Australia provides free 2-yearly screening mammograms to women aged 40 and over, and actively targets women aged 50–74. Risk-based surveillance services, such as Medicare-subsidised breast imaging for women with specific risk factors, are available outside the BreastScreen program.
- Work has been underway nationally in investigating risk-based breast cancer screening. The Roadmap to Optimising Screening in Australia (ROSA) research project, funded by the Australian Government Department of Health, investigated how the BreastScreen program, and other health services, can be personalised for clients with different levels of breast cancer risk.
- The recommendations and Roadmap of ROSA project are presently under consideration by the Australian Government Department of Health and Aged Care.

### **National Cervical Screening Program**

- Since December 2017, the national cervical screening program targets women (or people with a cervix) aged 25–74 for a 5-yearly test HPV test to detect the presence of cancer-causing HPV. If detected, a further examination of cells is performed.

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## PHD Executive Briefing - Estimates

### Food Safety

#### Data (If relevant)

- From 1 July 2022 to 30 June 2023, Health Protection Service (HPS) conducted 2,102 food safety inspection in the ACT.
- These includes 170 high risk businesses, 1,617 Medium risk businesses and 315 low risk businesses.
- For the reporting period HPS issued 118 Improvement Notices (INs) and 7 Prohibition Orders (POs) on various food businesses for food safety breaches. INs and POs are issued for serious and/or ongoing non-compliances with the Food Act 2001 and to mitigate serious public health risks.
- Between 1 July 2022 to 30 June 2023, HPS investigated one (1) ACT foodborne outbreak attributed to a single food business.
- HPS also maintained essential business activities such as food businesses registration assessments, food safety surveys, responding to community concerns related to food safety and food safety incident management.

#### Talking points

- The slight variance in relation to reporting period target of 2500 inspections can be attributed to staff turnover within the Environmental Health team. There is a national shortage of qualified Environmental Health Officers.
  - Business that are closed for breaches under the *Food Act 2001* may reopen once they have resolved the issues related to the identified breaches.
  - All registered food business are required to comply with the Food Act and the Australian New Zealand Food Standards Code.
  - The overwhelming majority of food business take appropriate steps to ensure the food offered to customers is safe.
  - ACT Health supports food business in a number of ways including offering access to food safety training and resources available on the ACT Health website.

**CONTACT: Victor Martin, Executive Branch Manager, Health Protection Service**

## PHD Executive Briefing - Estimates

### Hoarding and Squalor

#### Data

- There are currently ten complex hoarding cases being managed by the Hoarding Case Management Group (HCMG).
- The Health Protection Service (HPS) is involved with two of these properties, due to the presence of 'insanitary conditions' under the *Public Health Act 1997*.

#### Talking points

- Hoarding and squalor are persistent social challenges, affecting the safety, health and wellbeing of vulnerable individuals, their families and communities.
- Affected directorates convened the Hoarding Case Management Group (HCMG) in 2015, to facilitate cross-government collaboration for the most complex situations of hoarding and squalor. HCMG is chaired by the Executive Branch Manager of HPS and currently oversees the response to ten cases of hoarding or squalor.
- Six directorates are represented on HCMG; these are ACTHD, Canberra Health Services, Community Services Directorate, Justice and Community Safety Directorate, Transport Canberra and City Services, and the Chief Minister, Treasury and Economic Development Directorate.
- Woden Community Service also participates in HCMG. They are currently funded to coordinate support for people who hoard through a trial Hoarding Advocacy Support Service (HASS).
- The Service receives share-funding from the directorates represented on HCMG (\$300,000 during the current year).
- The trial commenced on 1 January 2020 and the decision in this year's budget makes funding for the service ongoing.
- Some clients are referred to the HASS trial by the HCMG, with HASS currently offering support to seven individuals from properties overseen by HCMG.
- During 2022, ACT Health engaged Rooftop Social to undertake stakeholder consultation into issues around hoarding and squalor in the ACT. Consultation outcomes are being used to inform the development of an aspirational strategic statement that will soon be circulated for stakeholder comment.

**CONTACT:** Victor Martin, Executive Branch Manager, Health Protection Service

## PHD Executive Briefing - Estimates

Please note this information will be read out in the committee hearing by the PH Executives, which is live streamed publicly. All information provided below needs to be suitable for provision in the public domain.

### **Health Promotion**

#### **Data (If relevant)**

#### **Talking points**

- The Health Promotion and Grants section makes health and wellbeing more achievable for the Canberra community by working with diverse partners and stakeholders to deliver a range of programs and initiatives that have a positive impact on the health of individuals and the community outside of direct contact with the health sector/health services.
- These programs and initiatives seek to address modifiable risk factors and amplify protective factors that influence health and align to priority areas of the *Healthy Canberra: ACT Preventive Health Plan 2020-2025* and identified actions within its action plan.
- The ACT's health promotion programs and initiatives are dynamic and have been adapted over time to address both ongoing and emerging population health issues.
- Programs and initiatives focus on building capacity in a variety of settings including schools, businesses, community and sports to provide a foundation for more equitable and healthier environments for all Canberrans to live, work and play in.
- The work of the Health Promotion and Grants section aligns with ACT Government priorities and addresses priorities and recommendations areas outlined in:
  - [ACT Health Directorate Strategic Plan 2020-25](#)
  - [Healthy Canberra: ACT Preventive Health Plan 2020-2025](#)
  - [National Obesity Strategy 2022-32](#)
  - [ACT Aboriginal and Torres Strait Islander Agreement 2019-2028](#)
  - [Best Start Strategy](#)
  - [Child Healthy Eating Active Living Audit 2022](#) (HEAL)
  - [Food Policy Index \(Food-EPI\)](#) Australia initiative - Policies for tackling obesity and creating healthier food environments, Scorecard, and recommended actions for the Australian Capital Territory Government.

- Key projects delivered in 2022-23 include *Healthier Choices Canberra*, *It's Your Move Outdoor Environment*, First Nations Preventive Health Engagement, Healthy Canberra Grants and new school-based curriculum resources on Vaping and the links between nutrition, mental health and sustainability.

## Program Information

### Healthier Choices Canberra

- Through the Healthier Choices Canberra (HCC) initiative, ACT Health works with a range of partners (cafes, restaurants, licensed clubs, supermarkets) to support local food retail businesses, state sporting organisations and junior sporting clubs to make fruit, vegetables, and water more appealing, accessible and available to the Canberra community and to reduce the reliance on sponsorship in sport that promotes unhealthy food and drinks to children. HCC comprises of HCC Business, HCC Junior Sport, including the Gamechangers initiative, Refill Canberra and the Young Ambassadors program.
- HCC has been operating in a pledge- based model of program delivery throughout 2022-23, has embedded its new look and feel for the brand and celebrated the 1<sup>st</sup> anniversary of the Gamechangers initiative which was launched on 10<sup>th</sup> February 2022 by Minister Stephen-Smith.
- Healthier Choices Canberra has implemented strategies that actively promote healthier options in food retail businesses, raise awareness about healthy eating in sports organisations and clubs, and reduce reliance on sponsors engaged in unhealthy food and beverage marketing to children. The impact of the Healthier Choices Canberra program includes:
  - Engaging with 98 food retail businesses to actively promote and enhance the visibility of healthier options;
  - Collaborating with 9 state sporting organisations and 25 sporting clubs to raise awareness about the significance of healthy eating and implement positive changes within their food environments, targeting the younger generation; and
  - Facilitating 11 value-based sponsorship matches between non-food and drink businesses and local sporting clubs.
- A process and impact evaluation will commence in 2023 to assess Healthier Choices Canberra's influence on food environments.
- **Gamechangers** aims to reduce children's exposure to unhealthy food and drink marketing in junior sport settings by facilitating sponsorship partnerships between local non-food businesses and junior sport clubs to reduce reliance on sponsors who target unhealthy food and drink marketing to children.



- **Refill Canberra** provides locations for Canberra's to refill their re-usable water bottles with tap water for free at participating local businesses. Encouraging more water consumption and less use of disposable plastic bottles. Refill is a partnership between ACT Health and ICON water.

### **Thrive: Mind, Body, World**

- The relationship between nutrition, mental health and environmental sustainability is increasingly being recognised in public health. With the EAT-Lancet Commission on Food, Planet and Health emphasising the importance of sustainable diets for the wellbeing of people and the planet.<sup>1</sup>
- Recognising that dietary habits are shaped at a young age and influence longer-term eating behaviours, schools provide a setting to promote the relationship between nutrition, mental health and environmental sustainability.
- A comprehensive teacher professional learning course and education package, providing evidence-based information about the links between nutrition, mental health and environmental sustainability for years 5 and 6 is in the final stages of development.
- The content has been developed through a co-design process and collaboration across the Office of Mental Health and Wellbeing, Sustainable Schools, Environment, Planning and Sustainable Development Directorate, and the Education Directorate. These resources are due to be completed and launched into all ACT schools in Term 4, 2023.

### **Fresh Tastes**

- Fresh Tastes is an evidence-based initiative that uses models of best-practice for health behaviour change to create and embed a healthy food and drink culture in ACT primary schools.
- A school with a 'healthy food and drink culture' is defined as one that promotes positive community attitudes towards healthier food and drinks; improves knowledge, skills and confidence of students, families and staff to make healthier food and drink choices; and improves access to healthier food and drinks. Healthy food and drinks become the norm in the school, rather than the exception.
- An independent evaluation of Fresh Tastes, assessing the impact and outcomes of the program will be released in 2023.
- Evaluation of schools' food and drink culture using the 'culture change matrix' allowed for a comprehensive assessment across multiple domains, including leadership, partnerships, community, knowledge building, communication, resources, environment, and readiness for change.

<sup>1</sup> Willet, W. et al. (2019). *Food in the Anthropocene: the EAT-Lancet Commission on healthy diets from sustainable food systems*. The Lancet. [https://doi.org/10.1016/S0140-6736\(18\)31788-4](https://doi.org/10.1016/S0140-6736(18)31788-4)

- As a result, 80% of schools reported a positive shift in their overall food and drink culture after participating in Fresh Tastes.
- 
- FT continues to promote its most utilised resource, Food&ME, which is a series of evidence-based nutrition education units mapped to the Australian Curriculum and aligned with the Australian Dietary Guidelines.
- Food&ME is a two-hour Teacher Quality Institute (TQI) accredited course with supporting curriculum resources. Uptake of Food&ME has been largely successful over the last seven years with almost 1,900 educators completing the course and over 4,200 people accessing the curriculum resources.
- Another key element of the Fresh Tastes program is to the build capacity of ACT primary school families to bring healthy lunches to school. Fresh Tastes Lunchbox resources were distributed via the ACTHD 2023 Kindy Screening Information Packs, are available online and can be ordered by schools for distribution within their school community. The resources are also available in 22 different languages and local Community Organisations are encouraged to distribute the lunchbox resources to the Culturally and Linguistically Diverse communities that they support.

### **It's Your Move**

- It's Your Move (IYM) is an ACTHD initiative that provides high school students with an opportunity to develop creative solutions that improve school health. Using design thinking principles embedded within the Entrepreneurs: IYM curriculum, students lead change by developing and implementing a project to suit the needs of their individual school.
- The latest iteration is It's Your Move Outdoor Environment Project (IYMOEP) which applies a co-design process to inform designs for new outdoor spaces to support physical activity and mental health outcomes for the high school community.
- In 2023, the IYMOEP resulted in the construction of a 'Adventure-Style Nature Playscape', at Caroline Chisholm High School. which became available to Caroline Chisholm High School students in May 2023.
- An external evaluation report of the first phase of IYMOEP is due to be published in late 2023. The report highlights there has been a marked change in the perceived systemic barriers to physical activity at Caroline Chisholm High School.

### **Kids at Play Active Play**

- Delivery of the Kids at Play Active Play fundamental movement skills and active play professional learning course for early childhood educators has been transitioned to the

Child Development Service (Community Services Directorate) and the Allied Health Service Team (Education Directorate).

### **E-cigarettes / vaping**

- In 2022 Health Promotion and Grants conducted formative research with young people aged 14-24 years to understand the factors that attract and deter young people from vaping. Insights and recommendations from this work are being used to develop education programs and prevention initiatives, including communication campaigns.
- A teacher professional learning course and associated education package providing evidence-based information on e-cigarettes and their health impacts for a year 7 and 8 audience is in the final stages of development. The content has been developed through a co-design process and the online course is currently being built by an instructional design and eLearning supplier. These resources are due to be completed and launched into all ACT schools in Term 3, 2023.
- Work has commenced on a teacher professional learning course and associated education package providing evidence-based information on e-cigarettes and their health impacts for a year 5 and 6 audience. These resources will be available for schools by Term 1, 2024.
- The ACT is currently developing a public campaign providing messaging about vaping, associated harms and laws around use. This is based on formative research conducted in the ACT seeking to understand young people's knowledge of vaping and its associated harms. This campaign is anticipated to be delivered within the first half on 2023/2024
- The Commonwealth has indicated that it will invest \$22.5 million over four years for a national public health information campaign to address youth vaping, to be rolled out in the later months of 2023/2024.

### **First Nations Engagement**

- Health and Wellbeing is identified as a significant area in the ACT Aboriginal and Torres Strait Islander Agreement 2019-2028 (the Agreement) and is identified as a priority action area in the Plan. However, as highlighted in the Childhood Healthy Eating and Active Living audit, few action areas or priorities are identified in the Plan that relate specifically to Aboriginal and Torres Strait Islander Preventive Health.
- In 2022, the Health Promotion and Grants team, working in partnership with the Aboriginal and Torres Strait Islander Health Partnerships team, has engaged Curijo, an Aboriginal and Torres Strait Islander enterprise, to facilitate culturally safe and strengths-based community engagement.
- This project seeks to gain a deeper understanding of the locally determined health priorities, and cultural and social determinants that support health, to identify how ACT

Government programs, activities and policies can create supportive environments that enable First Nations people to exercise self-determination as set out in the Agreement.

- A desktop review of local and national policy and strategic documents, and academic literature identified key themes and research questions relevant to preventive health for First Nations communities to guide the consultation strategy.
- This formative work is about building trust with the community, enabling truth telling and Nation building, all of which are paramount to Aboriginal and Torres Strait Islander health and healing.
- This formative work will contribute to the significant focus area of Health and Wellbeing within the ACT Agreement Phase 2 Health Directorate Implementation Plan 2022-2024 as well as the National Closing the Gap Targets and could identify strengths and aspirations to inform re-alignment of ACTHD policy.
- ACT Health is seeking advice and guidance from OATSIA on the implementation of interim Indigenous Protocols to ensure an inclusive consultation process is available to the Community.

#### Next Steps

- The Minister for Health on 5<sup>th</sup> July 2023 noted ACT Health's intention for the supplier (Curijo) to conduct consultations between 1 June -31 August 2023.

**CONTACT: Mark Tournier Senior Director, Health Promotion and Grants**

## PHD Executive Briefing - Estimates

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### Healthy Canberra Grants

#### Data (If relevant)

#### Talking points

- The Healthy Canberra Grants (HCG) program distributes up to \$2.4 million annually to community-based organisations to support programs that prevent chronic disease and improve health outcomes across the population.
- Healthy Canberra Grants recently delivered two consecutive funding opportunities. The 2023/24 – 2025/26 Healthy Canberra Grants: Focus on Supporting Healthy and Active Living for Children and Young People and 2022/23 – 2023/24 Healthy Canberra Grants: Target Grants-Reconnection within Priority Populations.
- These two funding opportunities were aimed at healthy and active living for children and young people aligning with the government’s response to the Childhood Programs Healthy Eating and Active Living Audit (Healthy Canberra Grants: Focus on Supporting Healthy and Active Living for Children and Young People ) and social reconnection within priority populations through health promotion and short-term interventions to help seed longer terms connections with the community given the impacts of the Covid19 pandemic (Healthy Canberra Grants: Target Grants-Reconnection within Priority Populations).
- The total funding allocated to successful applicants from these rounds is **\$1,579,844.00** across 9 organisations for Healthy Canberra Grants: Focus on Supporting Healthy and Active Living for Children and Young People and **\$384,861.00** across 10 organisations for Healthy Canberra Grants: Target Grants-Reconnection within Priority Populations .
- Further Healthy Canberra Grants funding opportunities will be announced in late 2023 and early 2024.

#### Good News

- **Warehouse Circus** received \$352,730 to deliver the **Circus for Health** program from October 2018 to December 2022.
- This community-based circus therapy and nutrition-based program focused on preventive health measures for young people with complex and multiple disabilities. 291 participants were involved, along with 65 teachers. Classes were delivered to Woden,

Black Mountain and Kaleen High Schools, as well as Cranleigh, Malkara and Maribyrnong Primary Schools.

- The program evaluation reported an increase in young people’s confidence, positive reinforcement, risk taking, and self-regulation.
- Warehouse Circus have sustained the delivery of the program beyond the funding period with a fee for service model and report many participants successfully accessing the service with NDIS funding.
- The evaluation report of the program highlights several long-term outcomes that have been achieved. These include:
  - Improved disability outreach and engagement across the community. The evaluation report highlighted strong engagement with Occupational Therapy services, schools, teachers, parents and interest from multiple community groups, expanding the extent to which services may be delivered in the future
  - Warehouse Circus becoming leaders in the field of Circus Therapy; and
  - Implementing a train the trainer model for Circus Coaches, allowing ongoing professional development and upskilling for services.
- **Nourishing Little Minds in Libraries** program delivered by **Nutrition Australia ACT** received \$99,800 to deliver a program that aimed to expose children to positive healthy-eating messages, encourage food exploration in a supportive environment, and build healthy dietary habits among children aged 0-5years. The program ran from September 2018 to November 2022.
- The program was delivered in partnership with Libraries ACT, a total of 40, 4-week programs were delivered across 7 libraries, with a total of 489 children taking part in the program.
- The program's success lies in its ability to provide positive food exposure to children through a variety of non-food and food-related activities. By incorporating a range of engaging experiences, the program effectively increases children's interest in exploring and trying new foods.
- The final evaluation report indicated the program received positive feedback from children and parents, with an 85% increase in interest and willingness of children to try new foods.
- The evaluation revealed an increase in vegetable consumption in all age cohorts after 3 months participation. As a result, parents reported an increase in confidence when it comes to providing healthy food for their children, leading to the establishment of healthier eating habits among children.

- As an extension of the **Nourishing Little Minds in Libraries** program, **Nutrition Australia ACT** received \$147,900 to deliver the **Nourishing Little Minds in Early Childhood Settings** program. The **Nourishing Little Minds in Early Childhood Settings** program ran from February 2020 to June 2023. This program focused on upskilling early childhood educators working in day care settings.
- The impact evaluation report for the program indicated promising indicators to sustain the impact of the program including:
  - A total of 83 face-to-face two-hour Professional Learning sessions were delivered between November 2021 to May 2023 reaching 1075 educators; and
  - 93% of Early Childhood Education and Care providers continues to implement aspects of the program 6 months after receiving training; and
  - 79 long day care centres took part in the program in addition to one family day care provider and two registered training organisations.
- **OzHarvest** received \$247,500 to deliver the **NEST 2.0 program** which aims to improve health literacy and dietary behaviours of Canberrans who are experiencing adversity. These participants are commonly recipients of food rescued by OzHarvest and access other supportive community agencies, such as affordable housing or crisis centres. As of April 2023, there have been 139 sessions delivered, reaching 222 participants across 19 community agencies.
- The Nest 2.0 program began 30 April 2020, and will run until 30 June 2025.
- **Butt It Out! Smoking Support Program** delivered by **Directions Health Services** received \$318,550 with aims to reduce or cease nicotine dependency in clients that are seeking treatment for alcohol and other drug dependencies. Directions aimed to deliver 200 brief interventions with clients, however, have exceeded this number.
- The Butt It Out! Smoking Support Program is being delivered from 10 June 2021 to 30 June 2024.
- **Yerrabi Yurwang Child & Family Aboriginal Corporation** have been awarded \$234,899 to deliver the Yawarj Mara - Strong Pathways program, that aims to to facilitate empowerment and provide northside Aboriginal Youth opportunities learn about their culture, through song, dance, sport, mentoring, life-skills education and referral pathways which will assist in improving physical, social and emotional wellbeing.
- The Yawarj Mara - Strong Pathways program will commence in September 2023 and run for 18 months.
- **YWCA Canberra** have been awarded \$90,000 to deliver Healthy Start in the Suburbs, that aims to promote healthy development for 0–4-year old’s living in developmentally vulnerable areas of the ACT by providing an accessible gross motor skill development

program for 0-4 year based on GympaROO, a research-based neuro-developmental activity program.

- The Healthy Start in the Suburbs program will commence in September 2023 and run for 3 years.
- **Nutrition Australia ACT** recieved \$246,000 to deliver FEED - Fuelling Everybody Every Day program. This program aims to improve health outcomes for children and young people with atypical or disordered eating behaviours through a positive learning model utilising food play and experiential learning to decrease discretionary food intake and improve dietary variability.
- The FEED - Fuelling Everybody Every Day program commenced in July 2023 and will run for 3 years.

### Background

- HCG provides funding opportunities, that are aligned with the priority areas of the Healthy Canberra: ACT Preventive Health Plan 2020 – 2025 (Preventive Health Plan):
  - supporting children and families;
  - enabling active living;
  - increasing healthy eating;
  - reducing risky behaviours, including smoking, risky alcohol consumption and the transmission of sexually transmissible infections and bloodborne viruses; and
  - promoting healthy ageing.
- HCG is currently managing 45 grants across 7 funding opportunities.
- A full list of the HCG currently funded opportunities is at [Table 1](#) below.

**Table 1**

Funding Year	Funding Area	Value
2019/20-21/22	To support healthy ageing, reduce smoking-related harm, reduce alcohol-related harm, reduce overweight and obesity through improving eating habits and increasing physical activity	<b>\$1,790,798</b>
2020/21-22/23	Focus on reducing tobacco related harm	<b>\$899,287</b>
2020/21-22/23	Focus on supporting chronic illness and social connectedness	<b>\$1,680,000</b>
2021/22-23/24	Focus on reducing risky behaviours (STIBBV)	<b>\$1,394,164</b>
2022/23-24/25	Focus on supporting children and families (First 1000 Days)	<b>\$962,983</b>
2022/23-23/24	Target Grants: Reconnection within priority populations	<b>\$384,861</b>
2023/24-25/26	Focus on supporting healthy living and activity for children and young people	<b>\$1,579,844</b>



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## PHD Executive Briefing - Estimates

### Canberra Health Annual Research Meeting (CHARM) 2023

#### Data

- CHARM 2023 will run from 18 – 21 July 2023.
- Last year there were more than 900 registrations for CHARM.
- This year more than 100 abstracts have been submitted for consideration by CHARM's scientific review committee, demonstrating a thriving and resilient local research community following the challenges presented to this community throughout the COVID 19 pandemic.

#### Talking points

- The Canberra Health Annual Research Meeting (CHARM) is an annual event hosted by the ACT Health Directorate in collaboration with Canberra Health Services, Australian National University, University of Canberra, UNSW Canberra, Australian Catholic University, and the Health Care Consumers Association.
- CHARM is a cornerstone event in supporting the ACT's health system to become a learning health system by investing in its people and showcasing the infrastructure and platforms which facilitate high-value research, directly delivering on objectives within *Better together: A strategic plan for research in the ACT health system 2022-2030*.
- The event attracts researchers, students, clinicians, policy makers, consumers, carers, industry, administrators, leaders and partners from across the ACT's health and medical research ecosystem.
- CHARM provides opportunities to collaborate and network, strengthening interdisciplinary research while showcasing the far-reaching impact of health research in the ACT.
- CHARM explores, demonstrates and celebrates how research contributes to a learning health system through discovery, collaboration, and translation.
- CHARM provides immediate and long-term benefits to the ACT's health system by providing a conduit between key collaborators and recognising unique initiatives in the research space. Research relies on positive health outcomes and positive health outcomes rely on research.
- This year CHARM will be run as a hybrid event with in-person sessions being held at the Canberra Hospital auditorium. All sessions will be broadcast to remote participants via an online event platform.
- This year's 3 ½ day program covers a wide range of topics that will include:
  - Creating a learning health system;
  - Improving outcomes through collaboration;
  - The international impact of ACT clinical research;
  - Practice based research networks in primary care.

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## PHD Executive Briefing - Estimates

### **The 2022-23 Research and Innovation Fund (RIF) Fellowship Program**

#### **Data**

- \$1.0 million was provided by the ACT government in the 2022-23 Financial Year, to support five researchers from within the ACT's health and medical research community to partake in a Research Fellowship Program.
- Each RIF Fellow will receive up to \$200,000 over a three-year period to deliver specialised research projects aimed at improving the health and wellbeing of all Canberrans.

#### **Talking points**

- The Fellows passionate, knowledgeable and professional health practitioners and academics, committed to improving healthcare outcomes for the benefit of all Canberrans.
- This year's Fellows are derived from a diverse cohort of professions from across the ACT's health and medical research ecosystem from fields such as nursing, allied health and medical specialists.
- The diverse research projects being undertaken by this cohort include enhancing post-diagnostic care for dementia patients, supporting community response to voluntary assisted dying, and studying allergies and immunodeficiencies of patients in the ACT.
- This funding reflects a Government commitment to investing in and growing the capacity of Canberra's health and medical research sector.
- By investing in upcoming researchers and healthcare professionals today, programs such as the RIF positions the ACT as a future national leader in health and medical research and innovation.
- The 2022-23 Research and Innovation Fund fellowships recipients are:
  - Dr Michael Chapman, Canberra Health Services, for his project: Dying, death literacy and Voluntary Assisted Dying – Educating community responses to assisted dying in the ACT.
  - Dr Nathan D'Cunha, University of Canberra, for his project: Delivering timely post-diagnostic dementia care in the ACT region: Identifying current gaps and enhancing service delivery.
  - Dr Philip Choi, Canberra Health Services and Australian National University, for his project: Unravelling immune thrombocytopenia: from diagnosis to treatment options.
  - Associate Professor Katrina Randall, Canberra Health Services and Australian National University, for her project: Improving outcomes for patients with allergy and immunodeficiency in the ACT using a phenomics and genomics-based approach.
  - Ms Melissa Parker, Canberra Health Services, for her project: Investigating the impact of PIPPA (Period ImPact and Pain Assessment) screening for period pain in online communities and primary health.

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## PHD Executive Briefing - Estimates

### Canberra Script

#### Background

- Real time prescription monitoring (RTPM) is a clinical tool that provides access to a patient's prescription history for high-risk Monitored and Controlled medicines and supports the safe and effective use of these medicines to improve clinical outcomes.
- All states and territories are now using a singular RTPM system, utilising tripartite agreements between the Commonwealth, the jurisdiction and the IT vendor. In the ACT, the system is called Canberra Script.
- RTPM is quick and easy-to-use and can be integrated with prescribing and dispensing software. RTPM assists clinicians with identifying high-risk circumstances but does not prevent clinicians from prescribing or dispensing a medicine they believe is clinically necessary.
- In Australia, since 2008, deaths from accidental or intentional overdose have exceeded the road toll, and are more likely to be as a result of the use of prescribed medicines, not illicit substances.

#### ACT Context

- In the ACT, the majority of prescribers and pharmacists are registered for access and many are reviewing the database periodically. As at the end of June 2023, we now have over 1900 registered clinicians using Canberra Script.
- Over the Christmas and New Year period, Canberra Script alerted prescribers and pharmacists to the drug-seeking behaviour of a patient in Canberra, and resulted in reduced access to clinically inappropriate medicines.
- Prescribers are required to seek CHO approval to prescribe Schedule 8, Controlled Medicines (where a clinician believes the person is drug dependent or for periods longer than two months – see ACT MPTG Prescribing Standards).
- ACT Health is currently developing options for an evaluation of Canberra Script to consider a range of questions including to:
  - consider the success of the implementation and design of the system, and whether it met the expectations of the community.
  - the need for system enhancements required to support regulators and/or health professionals who prescribe or dispense these medicines.
  - review the CHO approval processes and consider improvements to focus regulatory input into areas of greatest risk to individuals and the community.
- The project team continues its advocacy and engagement work with health care practitioners and stakeholder groups to support clinicians and aim to increase their use of the Canberra Script system during all patient interactions.

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## PHD Executive Briefing - Estimates

### Sexually Transmitted Disease and Blood-Borne Viruses

#### Data

Notifications received for STIBBVs by ACT Health, 1 July 2022 to 25 June 2023

Notifiable condition	Past 12 months 01/07/2022 - 25/06/2023	12 month 5yr historical mean 01/07/2017 - 30/06/2022
<b>Sexually transmissible infections</b>		
Chlamydial infection	1,534	1480.0
Gonococcal infection	436	312.2
Monkeypox virus infection*	3	N/A
Syphilis <2 years duration*	30	49.0
Syphilis >2 years or unspecified duration*	11	14.0
Shigella † (acquired through MSM contact in Aust)	1	2.2
<b>Bloodborne viruses</b>		
Hepatitis B (newly acquired)	0	0.8
Hepatitis B (unspecified duration)	82	76.2
Hepatitis C (newly acquired)	7	11.4
Hepatitis C (unspecified duration)	92	105.0
Hepatitis D (newly acquired)	0	1.6
<b>HIV</b>		
HIV infection (newly acquired)	0	1.2
HIV (unspecified duration)	14	11.8

\*Includes probable and confirmed cases

†Includes confirmed cases only

#### NOTES

- Data extracted from the ACT Notifiable diseases database on 26 June 2023.
- All diseases are reported by notification received date.
- Data is subject to change as updates are received.
- The data on sexually transmissible infections and blood borne viruses (STIBBVs) presented above covers the period 1 July 2022 to 25 June 2023, and was extracted on 26 June 2023
- Over the reporting period, the incidence of gonorrhoea increased markedly above the historic 5-year average. This sustained rise is accounted for by an increase in notifications

for females and for males reporting only opposite sex partners, which carries with it a concomitant risk of congenital gonococcal infection.

- There has also been an increase in notifications for chlamydia, and for Hepatitis B and HIV infections of unspecified duration.
- The COVID-19 pandemic is likely to have impacted health seeking behaviour and testing for some STIBBVs, leading to a reduction in the notifications of infections and a decrease in historical averages.

### Talking points

- The information presented in the above table is extracted from the ACT Notifiable diseases database and is current to 25 June 2023
- The ACT Government relies on services provided by NGO's to provide frontline health services, training, education and counselling services to the ACT community impacted by STIs and BBVs.
- ACTHD envisions a service system which is appropriate, equitable, accessible, and affordable for all individuals, with a particular focus on priority populations as identified in the *Hepatitis B, Hepatitis C, HIV and Sexually Transmissible Infections: ACT Statement of Priorities 2016-2020*.
- Although the Statement of Priorities formally concluded in 2020, due to the COVID-19 pandemic, the next iteration was delayed.
- A needs analysis has been developed to assist in development of a new Statement of Priorities and the collaborative design of effective STIBBV programs.
- The needs analysis and draft Statement of Priorities (in coordination with the National strategies for STIBBV) will inform the ongoing commissioning of health services necessary to reduce the burden of STIBBV within the ACT community.
- Workshops with key Government and private stakeholders were held throughout August 2022 to facilitate collaborative design of programs to further reduce the burden of STIBBV on the ACT community.
- The new Statement of Priorities will be released in the coming months along with the latest Sexually transmissible infections and blood borne viruses in the ACT Surveillance report commissioned by the Kirby Institute.
- ACT Health is considering best practice approaches for the STIBBV subsector and will work collaboratively with the subsector to ensure a sustainable and outcomes focussed approach to delivering STIBBV services in the ACT community.

**CONTACT:** Victor Martin, Executive Branch Manager, Health Protection Service



## PHD Executive Briefing - Estimates

Please note this information will be read out in the committee hearing by the PH Executives, which is live streamed publicly. All information provided below needs to be suitable for provision in the public domain.

### National Immunisation Program coverage rates

#### Data

No:	Accountability Indicator	22-23 YTD Target	22-23 YTD Result	22-23 YTD Australian %
1.2c	Immunisation coverage for the primary immunisation schedule measured at 1 year of age, in accordance with the Australian Childhood Immunisation Register	95%	96%	94 %
1.2d(i)	Immunisation rates for vaccines in the national schedule for the ACT Aboriginal and Torres Strait Islander population - i - 12 to 15 months	95%	93%	91%
1.2d(ii)	Immunisation rates for vaccines in the national schedule for the ACT Aboriginal and Torres Strait Islander population - ii - 24 to 27 months	95%	88%	89 %
1.2d(iii)	Immunisation rates for vaccines in the national schedule for the ACT Aboriginal and Torres Strait Islander population - iii - 60 to 63 months	95%	96%	96 %

#### Talking points

- The period assessed in this report was during the COVID-19 pandemic. The effect of the pandemic in reducing immunisation coverage rates, particularly among Aboriginal and Torres Strait Islander Peoples has been acknowledged by the Chief Medical Officer, Dr Paul Kelly. The pandemic contributed to disruption to health infrastructure, resourcing, and changes in health seeking behaviour. These factors led to reduced immunisation service access and reduced vaccine awareness and demand through the reporting period.
- ACT Health actively pursues strategies to increase immunisation coverage rates for Aboriginal and Torres Strait Islander children. This includes:

- Postcards sent to families prior to a child's scheduled immunisations falling due.
- Families receive a letter from ACT Health advising of children overdue for immunisation.
- Culturally appropriate campaigns promoting the importance of immunisation.
- Liaison with immunisation providers to follow-up on children who have missed scheduled immunisations.
- The Health Protection Service has initiated activities to promote awareness and catch-up of missed vaccines. This includes social awareness campaigns, a promotion through ACT Libraries during World Immunisation Week, 2023 and communicating with immunisation providers to raise awareness and encourage steps to increase vaccination rates.

### **Background**

- The Australian Immunisation Register (AIR) collects data on all National Immunisation Program vaccines. Immunisation coverage rates are measured at three milestones, cohort one (12 to 15 months of age), cohort two (24 to 27 months of age) and cohort three (60 to 63 months). Reports of immunisation rates on the above three cohorts are released by ACIR quarterly. These reports show coverage rates for all Australian children and for children who have a Medicare Aboriginal or Torres Strait Islander identifier.
- Immunisation coverage data for Aboriginal and Torres Strait Islander children in the ACT consistently fluctuates between quarters due to the very small population. One child can make a difference of up to six percent in terms of coverage.

**CONTACT: Victor Martin, Executive Business Manager, Health Protection Service**

Add reference number

**Portfolio:** Health

## **IGA East Row Canberra City – Criminal convictions under the *Food Act 2001***

### **Talking points:**

#### *General comments and advice to food businesses*

- Members of the public are reminded not to consume food beyond its use-by date as this is potentially hazardous to your health.
- It is legal to sell food after its best-before date. However, it is an offence for a food business to tamper with or remove this date as doing so misleads consumers about its quality at the time of purchase.
- Environmental Health Officers conduct routine inspections of food business as well as in response to complaints from the public.
- HPS works closely with food business to engage and educate food businesses to ensure **food for sale is both safe and suitable for human consumption**.
- In the overwhelming majority of cases, food businesses maintain effective systems and process to deliver on their obligations under the *Food Act 2001*.

#### *The investigation*

- Environmental Health Officers from the Health Protection Service conducted an investigation of the IGA East Row Canberra City in November 2021 following a complaint alleging that the business had:
  - **tampered with ‘use-by’ and ‘best before’ labels and**
  - **sold food beyond its use-by date**
- During the investigation, Environmental Health Officers suspected that an offence had been committed and seized the business’ CCTV hardware along with a number of food items, a spray bottle and a near empty 4 Litre can of acetone, suspected to have been used in the removal of ‘use-by’ and ‘best before’ markings and labels.
- Review of CCTV footage identified:
  - an employee of the business:
    - rubbing off the best-before dates from food products,
    - removing loaves of bread from their original packaging and repacking the loaves into clear, blank plastic packaging that were not date labelled.
  - the re-packaged bread being returned to the customer area for sale.
- Removing best-before or used by dates is likely to deceive and mislead consumers hampering their ability to make an informed decision about the quality of the

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Contact Officer name: Victor Martin Ext:  
Lead Directorate: Health  
TRIM Ref:



product at the time of purchase. It would also prevent an effective recall of products by the manufacturer in the event of any future food safety concerns.

- Food items seized during the inspection included cheese, dips, sour-cream, jars of gherkins, olives, corn relish and soft drinks.
- These products either had no remaining 'used by' or 'best before dates' or had extended 'best before' dates placed on top of the manufactures dates.
- Food was also being prepared in an unapproved food preparation area, that did not have hand washing facilities and exposed the food to the likelihood of contamination.
- ACT Health has received numerous food safety complaints since the business opened in 2008. Since that time in responding to complaints, Environmental Health Officers have provided food safety information, issued Improvement Notices and conducted food safety inspections. Issues identified included the sale of expired food products, unclean food storage and preparation areas, food label concerns and unsafe handling of food.

### Key Information

### Background Information

#### *Related criminal charges*

- Environmental Health Officers were obstructed from entering parts of the food business and completing their food safety investigation by Mr Javid Osman (the brother of the Director of the corporation).
- Mr Jarvid Osman entered a plea of guilty to the charge of **Hinder a Territory Public Official** under the *Criminal Code 2002*.
- During the inspection, Mr Osman was irate and obstructive, verbally aggressive, argumentative and refused Environmental Health Officers entry to some areas of the premises. Due to the hostile attitude towards the Environmental Health Officers four ACT Policing members attended the IGA and provided assistance.

#### *General comments and advice*

- Environmental Health Officers conduct routine inspections of food business as well as in response to complaints from the public.
- HPS works closely with food business to engage and educate food businesses to ensure **food for sale is both safe and suitable for human consumption**.
- In the overwhelming majority of cases, food businesses maintain effective systems and process to deliver on their obligations under the *Food Act 2001*.
- Members of the public are reminded not to consume food beyond its use-by date as this is potentially hazardous to your health.

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Contact Officer name: Victor Martin Ext:  
Lead Directorate: Health  
TRIM Ref:

- It is legal to sell food after its best-before date. However, it is an offence to tamper with or remove this date as doing so misleads consumers about its quality at the time of purchase.

*Additional Information*

- Rising Wood Pty Ltd entered a plea of guilty to 9 Charges including:
  - Misleading conduct relating to the sale of food
  - 2 x Handling and Sale of unsuitable food
  - Non-compliance with the Australian New Zealand Food Standards Code (inadequate maintenance of food premises)
  - Non-compliance with the Australian New Zealand Food Standards Code (inadequate food processing standards)
  - Non-compliance with the Australian New Zealand Food Standards Code (inadequate food storage)
  - Conducting an unregistered food business
  - No Food Safety Supervisor
  - Failure to notify of change of relevant details of food business (change of ownership)
- Mr Jarvid Osman entered a plea of guilty on the charge of 'Hinder a Territory Public Official' (*Criminal Code 2002*).

## Health Workforce

### Talking points:

- The ACT Government recognises that health systems around the world are experiencing challenges employing an adequate health workforce. This is the case for every state and territory in Australia.
- In response to this, the ACT Government has prioritised the development of an [ACT Health Workforce Strategy 2023-2032](#). This was launched on 4 May 2023. It sets out the territory wide approach to building a sustainable health workforce and will support the territory and surrounding regions to predict and respond to workforce challenges.
- The ACT Government is also investing in our current and future health workforce to improve professional opportunities and workplace conditions, and to increase health services for Canberrans.
- The 2023-24 Budget is an investment of more than \$200 million over the next four years to deliver more support for health workers, more health services and better resourcing for our health system.
- This includes over \$122 million in staffing and resourcing to operate the new Critical Services Building at Canberra Hospital, which will open in 2024; and more than \$28 million over the next four years to increase services and improve working conditions for our public health workforce.
- Other specific initiatives include:
  - \$8.6 million over three years for improvements to the working environment for Junior Medical Officers, including longer contracts to provide job security for graduating doctors, additional learning positions, increased pastoral care and improved training and development coordination.
  - **\$1.25 million** over three years for the continuation of the Indigenous Allied Health Australia Health Academy program in the ACT to increase our Aboriginal and Torres Strait Islander health workforce, improve cultural safety in our services, and deliver better educational outcomes for Aboriginal and Torres Strait Islander high school students.
  - \$3.5 million over four years to continue funding for the replacement and upgrade of nurse-call systems and duress alarms to support nurse safety when providing care.

- \$9.9 million over four years to boost Canberra Hospital cleaners' pay and establish a project team to develop options for insourcing services across Canberra Health Services.
- \$3.2 million in funding over three years to provide study support payments for nursing and allied health students undertaking an eligible degree through University of Canberra or Australian Catholic University.
- **\$2.2 million** over four years for the initial phase of the workforce strategy. This includes establishing a data analytic capability within ACT Health Directorate; direct engagement with the future workforce to promote careers within the health system, and a program targeted to Aboriginal and Torres Strait Islander health workforce.

*Note: Only those dot points identified above with funding bolded are from the [2023-24 ACT Health Directorate Budget Statement](#). All other dot points except the student support payments are part of the Canberra Health Services Budget Statement. The student support payments are in the Chief Ministers, Treasury and Economic Development Budget Statement.*

### Key Information

- The ACT Health Workforce Strategy 2023-2032 has identified eight priority areas to target specific workforce needs, with 23 actions to commence implementation in 2023. The strategy will form the basis for medium and long-term workforce planning, with a focus on a culture of learning and development, leadership, innovation and inclusiveness.
- The first action planning workshop for the strategy is planned for 25 July 2023. An outcome of this workshop is expected to be an action plan for the first three years.

### Background Information

- \$3.2 million over 3 years funding for health students would only provide 350 students with \$3,000 per annum for 3 years. The ACT usually has approximately 1000 students per annum enrolled for these courses. The criteria for this funding distribution is in development, taking into consideration workforce shortages.
- Health workforce is a national priority being considered by all Australian health ministers through the National Health Workforce Taskforce (HWT).
- The HWT provides the mechanism for all jurisdictions to collaboratively work to address key national priority areas in a focused way, such as examining how to better understand the existing workforce supply, and where barriers may exist to working at the top of scope of practice, through to how to forecast our future workforce requirements more accurately.
- We are also examining how to better streamline the regulatory settings that impact the ability to come and work in Australia.

## Ratios

### Talking points:

- The ACT Government remains committed to the Implementation of Mandated Minimum Nurse/Midwife (N&M) to Patient Ratios within the ACT Public Health Services.
- To support this initiative, a funding envelope has been identified for the implementation of Phase Two N&M Ratios.
- Implementation of Phase One N&M Ratios took place in February 2022 and was completed within 12 months.
- The ACT public reporting page is live as of 14 June 2023 - this platform allows the public to see overall point in time compliance each month. This is not like for like to Queensland reporting.
- N&M Ratio compliance and reporting remains the main issues at Canberra Health Services (CHS) in Phase One N&M Ratios Clinical Units.
- The Enterprise Bargaining process continues during which the definition of Phase Two N&M Ratios will be determined.
- The ACT N&M Ratios Implementation Project Team continues to work with CHS and the ACT Branch of the Australian Nursing and Midwifery Federation (ANMF) for Phase Two N&M Ratio Implementation.

### Key Information

- Phase One N&M Ratios commenced on 1 February 2022, with a funding commitment of \$50 million and the intent to complete this Phase over the following 12 months. This has included the employment of an additional 90 full time equivalent (FTE) nursing and midwifery staff across CHS and the then CPHB during Phase One N&M Ratios Implementation.
- Enterprise Bargaining is ongoing which includes specific detail for inclusion in Schedule 10 (however so named) where the individual ratios for each Phase Two clinical area will be determined.



- In preparation for the progression of Enterprise Bargaining, consultation feedback was sought and was received on 12 July 2023 from the ACT branch of the ANMF on the Health Service Models of Care and Service Profiles. This work will inform final development of specific ratios for Phase Two clinical areas. Incorporation of this feedback is being undertaken by the ACT Health Directorate (ACTHD) N&M Ratio Implementation Project Team in consultation with Health Services, with a projected return date to the ANMF on 31 July 2023.
- On endorsement of the new Enterprise Agreement, the ACTHD N&M Ratio Implementation Team will commence implementation of Phase Two N&M Ratios in collaboration with the ANMF ACT Branch, and ACT Health Services.
- The ACT Health Public Reporting Platform went live on 14 June 2023. Data included in the ACT Health Public Reporting Platform from CHS and the then Calvary Public Hospital Bruce (CPHB) reflects overall ratio compliance reporting periods from July 2022 to present. This data reflects 'point-in-time' ratio compliance with ongoing work at the Health Service level in the development of 'through shift' reporting. No timeline is known when through shift reporting will be achievable.
- The Health Services continue to face challenges in some Phase One clinical units with the application of the skill mix clause of Schedule 10. Specifically, to meet compliance for those wards listed in the application section of the Agreement a ward/unit/area may use no more than 25 per cent Enrolled Nurses/Midwives on a shift when complying with a Ratio. This is being reported as challenging by the Health Services, specifically in the areas of Aged Care and Mental Health Units.
- The ACT and QLD reporting on Ratios compliance are not like for like. Specifically, there is differing ratios across shifts, no supernumerary team leader or the ACT skill mix element as a part of Legislation. In addition, QLD compliance reporting to the public is quarterly, whereas the ACT reports monthly. Meaning each month overall compliance is uploaded for the ACT public to see. Below is a table of the recent overall Health Service compliance data since July 2022.

	<b>CHS</b>	<b>CPHB</b>
July 2022	73%	39%
August 2022	79%	51%
September 2022	83%	54%
October 2022	81%	62%
November 2022	48%	65%
December 2022	53%	72%
January 2023	77%	67%
February 2023	71%	83%
March 2023	77%	85%
April 2023	79%	85%
May 2023	81%	80%

- No impact has been identified by the Health Service on the capacity for ratios compliance data reporting following the transition of Calvary Public Hospital Bruce to Canberra Health Services on 3 July 2023.
- A Data and Reporting Working Group for Phase Two N&M Ratios is planned to commence in August 2023 with the Health Services post North Canberra Hospital Transition.

### **Background Information**

- A Memorandum of Understanding (MOU) was signed in August 2018 between ACTHD and the ANMF ACT Branch to develop a N&M Ratio Framework to guide the implementation of Nurse/Midwife to Patient Ratios across the ACT Public Health Services. This Framework was endorsed by the Minister for Health in November 2019 with a commitment to mandating minimum Nurse/Midwife to Patient Ratios at Canberra Health Services (CHS) and the then Calvary Public Hospital Bruce (CPHB).
- A phased approach to implementation of mandated minimum Nurse/Midwife to Patient Ratios has been taken, led by the ACT Office of the Chief Nursing and Midwifery Officer (OCNMO in partnership with CHS, CPHB and the ANMF ACT Branch).
- The Clinical Units included in Phase One N&M Ratios Implementation were Inpatient General Medical, General Surgical, Acute Adult Mental Health Units, and Acute Aged Care Ward.
- The Public Reporting Platform for Phase One N&M Ratios required under the ACT Public Sector Nursing and Midwifery Safe Care Staffing Framework (2019) went live on 14 June 2023. This Platform reports overall shift compliance monthly for the Health Services.
- The Phase One N&M Ratio Evaluation Reference Group commenced meeting on 24 May 2023 to evaluate Phase One N&M Ratio Implementation. An Evaluation Report is expected by 31 October 2023.
- The ACT Public Sector Nursing and Midwifery Enterprise Agreement 2020-2022 is currently under negotiations and the details of areas to be included in Phase Two N&M Ratios are being discussed. Once finalisation of Enterprise Bargaining is complete, the Government is committed to commencing Phase Two N&M Ratios across speciality areas, including Maternity Services.
- The ACT will be the first jurisdiction to explore including the baby in calculating workloads and subsequently ratios in Maternity Services.
- The ACT Technical Reference Group (TRG) first met on 20 February 2023. The purpose of the TRG was to consider the particulars set out in Schedule 10 under paragraphs 5,11 and 12 of the Agreement. A Recommendation Paper for the Enterprise Bargaining group has been prepared and will be progressed to the NMEA Bargaining group following incorporation of ANMF Model of Care and Service Profiles feedback on 31 July 2023.

**Staff Wellbeing****Talking points:**

- The Wellbeing and Recovery Program funding of \$8.5 million over four years, is being invested in the public health system to improve staff wellbeing and supporting front line workers.
- ACT Health Directorate, Canberra Health Services and previously named Calvary Public Hospital Bruce all had a strong focus on practical staff wellbeing and post COVID-19 recovery in 2022-23.
- The ACT Health Directorate Wellbeing and Recovery funding is \$138,000 (for flexible workplace initiatives) and \$237,000 (for codesign initiatives) in 2023-24. This funding will support the directorate's Wellbeing at Work Strategy and enable initiatives such as:
  - a staff psychologist to be engaged to support mental health projects;
  - a Compassion Collaboration project to create psychologically safe, interactive spaces for people working across the health system;
  - a yoga in the workplace pilot; and
  - the establishment of a peer support program.

**Key Information**

- The ACT Health Directorate Wellbeing at Work strategy in 2023-24, supported by the Wellbeing and Recovery Fund, includes:
  - engaging a staff psychologist to support mental health;
  - implementing a Compassion Collaboration project to create psychologically safe, interactive spaces for people working across the health system to come together to reflect, share challenges and ideas, to care for themselves and be receptive to helping others at work ;
  - a three month pilot of yoga in the workplace;
  - implementing a peer support program; and
  - additional psychological first-aid training.
- The Wellbeing and Work strategy will also be:
  - examining models for applying wellbeing through nature and connection to Country; and
  - promoting practical health education and awareness.

## Background Information

- The funding is \$8.5 million over four years, focussing on recovery after the response to COVID-19, the wellbeing of staff across the health system and with an emphasis on front line workers.
- The ACT Health Directorate launched its Wellbeing at Work strategy in 2022-23. The strategy includes:
  - an action area focussing on mental health;
  - a focus on building a staff support;
  - an action area to improve peer support;
  - using trauma informed principals; and
  - psychological first-aid training.
- The ACT Health Directorate Wellbeing and Recovery funding in 2022-23 supported activities to:
  - build a better team environment;
  - improve connection with colleagues;
  - connect to nature/country;
  - reduce stress;
  - improve health or wellbeing awareness; and
  - build confidence.
- The systemwide funding for FY 2022-23 included investment in:
  - the nurse and midwife recruitment campaign; and
  - an additional two cohorts of the senior officer Leadership Development programs for middle managers.
- The ACT Health Directorate is also considering wellbeing:
  - in its business planning process; and
  - the performance and development plans for every staff member.



**Date:** 17 July 2023

**SUBJECT:** Positive Impacts of the Digital Health Record

### Talking points

- The Digital Health Record (DHR) has had many positive impacts not only to patients but back-end users and clinicians.
- Feedback received from the Clinical Director of Mental Health, Justice Health, Alcohol and Drug Services was that the DHR has been well received and completely transformed the way he and his colleagues work.
- ICU Nurses have reported that handover times have dramatically reduced from 30 minutes to 5 minutes per rotation.
- Clinics are finding that they are running much more efficiently since the implementation of the DHR.
- Feedback received from the Emergency Department at the Canberra Hospital is that added visibility of other clinician's notes is very beneficial and the notes that doctors are recording have drastically improved.
- Currently there are over 200,000 registered users of the MyDHR app.
- Rehab Doctors also reported that they are saving five minutes per patient during clinical rounds.
- As of 12 July 2023, the DHR has prevented 17,788 possible allergic reactions to active or inactive ingredients in medications that were prescribed to patients.
- There have been over 32,000 instances that additional tests were added to existing lab orders preventing clinicians from performing further tests.

### Key Information

#### Feedback Received

- **Feedback received from Dr Cameron Edgell, Justice Health Clinical Director, Canberra Health Services on 24 April 2023**, *"In relation to the general DHR experience, we are loving it! It would not been an exaggeration to say that DHR has been transformational for the doctors working with Justice Health Primary Health."*
- **Feedback received from Dr Philip Keightley, Psychiatrist, Office of the Chief Psychiatrist on 24 March 2023**, *"Thank you, I am mostly finding that the system has made my clinic much more efficient in many many ways."*
- **Feedback received from Dr Jamie Lew, Emergency Department Consultant, Canberra Health Services on 22 March 2023** *"Just wanted to let you know that DHR has been mostly*

*positive at our ED. Having used it before at RCH when it was transitioned, it took a number of months before we really liked it. There has been a number of hiccups, and issues but when fixed it does speed things up significantly. (for eg writing scripts, and medical certificates) Some things have still not been rectified, but I think it's been slowly getting there. It's not perfect, and there lots of room for improvement, but overall a good thing. The fact that we can read each other's notes (especially inpatient teams, including surgery!), and I feel that notes are getting much better (perhaps since we can now read it as opposed to not?), and lots of medical staff are making the effort to write good, organised notes (the notes of one particular ICU registrar and some surgical/surgical subspeciality registrars recently were impressive).*

#### Statistics

- Over 200,000 users of MyDHR app.
- Over 1 million patient records converted from ACTPAS into the DHR ready for go live.
- ICU nurses reported handover from shift to shift had reduced from 30 minutes to five (5) minutes.
- Rehab doctors reported that they are saving five (5) minutes per patient during clinic.
- Positive indicators of DHR use between 12 Nov 22 – 12 July 23
  - 17,788 medications were updated after receiving a warning that the drug contained an active or inactive ingredient that the patient is allergic to
  - 52,020 total patients have consented to share their details with their GP.
  - Patients submitted 50,805 general questionnaires in myDHR to allow clinicians to provide better care.
  - 38,225 patient draws were saved by adding on to an existing lab order.
- Increased communication amongst staff, 927,564 messages were sent via secure chat since go-live.
- 87.59% of results are released to myDHR within one (1) day.

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**Action Officer: Dylan Atkinson – Senior Executive Assistant – Digital Solutions Division**  
**Cleared By: Holger Kaufmann – Chief Information Officer – Digital Solutions Division**

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