

## Way Back Support Service

- ACT Health's previous funding commitments for Way Back has been:
  - (2015- 2018) trial project funds - \$446,000;
  - (2016- 2017) research and development funding - \$250,000;
  - In the 2017/18 Budget, \$250,000 was committed to additional suicide prevention/postvention services in the ACT. This funding was partitioned into two parts for Way Back. The first part involved \$65,000 to provide extra FTE resourcing for the remainder of the life of the trial. The remaining \$185,000 was allocated to extend service provision to the end of the 2018 calendar year; and
  - In the 2018/19 Budget an additional one-off payment of \$350,000 was provided to prolong the service until June 2019.
- Way Back aligns with Priority Area Two of the Fifth National Mental Health and Suicide Prevention Plan, which commits all governments to a systems based approach to suicide prevention including the elements of:
  - access to services (Priority 4) – promote increased access to services for those vulnerable to suicidal behaviours and remove barriers to care; and
  - treatment (Priority 6) – improve the quality of clinical care and evidence-based clinical interventions, especially for individuals who present to hospital following a suicide attempt.
- Way Back aligns with the current Parliamentary Agreement commitment related to suicide reduction.
- As an aftercare service, Way Back is also one of the nine pillars of LifeSpan.
- The Way Back service is currently being rolled out nationally as an established service by beyondblue.

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**ANNUAL REPORT HEARING BRIEF**

GBC18/689 - 34

**Portfolio/s: Mental Health****ISSUE: ACT REGIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN****Talking points:**

- Priority Area 1 of the Fifth National Mental Health and Suicide Prevention Plan (the 5<sup>th</sup> Plan) is achieving effective integration of mental health and suicide prevention services. A key action for achieving this is the development of an ACT Mental Health and Suicide Prevention Plan (ACT Plan) that reflects agreed priorities identified across the ACT, accounts for the local context and can inform future commissioning of services.
- Better integration and coordination of mental health and suicide prevention services is also fundamental to the ACT Government's vision for mental health and suicide prevention services.
- The Capital Health Network (CHN), in close collaboration with ACT Health Directorate, have been leading the work to draft an ACT Plan.
- The National Mental Health Commission's Fifth National Mental Health and Suicide Prevention Plan, 2018 Progress Report notes that the ACT is ahead of schedule in relation to this activity.
- A number of planning tools have helped to inform the regional planning process including information on the current service system in the ACT, future need and the identification of gaps and issues to be addressed through the ACT Plan.
- On 28 August 2018, a Consultation Forum was hosted by the CHN. This was a significant milestone in the planning process bringing together a diverse range of stakeholders to start identifying needs, priorities and practical strategies that will form the basis of the ACT Plan.
- In addition to the Forum, written submissions have been invited from the ACT community until 31 October 2018.

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## ANNUAL REPORT HEARING BRIEF

- A first draft of the ACT Plan is expected to be available for external consultation by the end of 2018.
- The Office for Mental Health and Wellbeing will play a key role in the successful implementation of the ACT Plan, particularly through facilitation of cross-sectoral collaboration where required.

### Key Information

#### The 5<sup>th</sup> Plan

- ACT Health Directorate has been involved in the National Integrated Regional Planning Working Group to prepare guidance for Primary Health Networks and Local Health Networks for developing joint integrated regional plans. This guidance has been finalised and was endorsed for distribution by the Mental Health Principal Committee on 20<sup>th</sup> September 2018. The final document has now been released.

#### The ACT Regional Mental Health and Suicide Prevention Plan

- The planning process incorporates service mapping and data analysis as well as drawing on evidence and best practice in developing the ACT Plan. For example:
  - the CHN, ACT Health Directorate and Australian National University have drafted the first edition of the Integrated Mental Health Atlas of the Australian Capital Territory Primary Health Network Region;
  - CHN and ACT Health Directorate staff have been trained in the use of the National Mental Health Services Planning Framework tool to assist and inform service planning and demand analysis;
  - the CHN has conducted baseline and follow up Needs Assessment for the Primary Health Network region;
  - analysis of data on community and service profiles, prevalence of mental health issues, service use and outcomes; and
  - the Office for Mental Health and Wellbeing have developed a draft matrix of available ACT Services grouped by age and level of service.
- These tools will help to identify service strengths and gaps and understand future need to inform the ACT Plan.
- Collaboration and co-design are fundamental to the process of joint planning. In addition to including representation from key stakeholder groups on the ACT Regional Planning Working Group, mechanisms to consult broadly and invite the ACT community to contribute to development of the ACT Plan have been established.

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GBC18/689 - 35

**Portfolio/s:** Health and Wellbeing

**ISSUE: AUDITOR-GENERAL REPORT NO. 9/2018 – ACT HEALTH’S  
MANAGEMENT OF ALLEGATIONS OF MISCONDUCT AND  
COMPLAINTS ABOUT INAPPROPRIATE WORKPLACE BEHAVIOUR**

**Talking points:**

- On 2 August 2018, the ACT Auditor-General released Report No. 9/2018 – ACT Health’s management of allegations of misconduct and complaints about inappropriate workplace behaviour.
- The Minister for Health and Wellbeing, the Director-General of the Health Directorate and I have made numerous public statements since in relation to this matter, reiterating that the ACT Government has zero tolerance for bullying and that there are safe and respectful pathways available to people wishing to raise concerns about bullying within ACT directorates. The Health Directorate and the Canberra Health Service have a range of measures in place to support staff, including:
  - Training programs to educate staff on respectful workplace behaviours, how to raise concerns about inappropriate behaviour and educate managers on how to manage complaints of inappropriate behaviour.
  - Avenues for staff to raise incidents of bullying and harassment, which include raising concerns with their Senior Manager, People and Culture (HR) Employee Services Unit and through the electronic internal incident reporting mechanism.
  - An established network of over 101 Respect Equity and Diversity (RED) Contact Officers for all professions.
  - Rigorous processes for investigating bullying appropriately and independently in line with the requirements of ACT Health Enterprise Agreements and the *Public Sector Management Act 1994*, to which all ACT Health and ACT Government employees are required to adhere.

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TRIM Ref: GBC18/689

## ANNUAL REPORT HEARING BRIEF

- Ensuring the employee against whom the allegation has been made is afforded their right to natural justice and procedural fairness in the process.
- Existing investigative processes, which still have their place for more serious matters, are often of limited assistance for interpersonal disputes in the workplace.
- Due to privacy obligations and procedural fairness, the complainant will not be informed of the outcome and sanction taken against the other individual. And investigative processes do not often deal with the relationships, but only find fact as to what has occurred.
- Where these processes fail, then there will evidently be existing processes for raising these matters internally, and potentially escalating to an investigation in accordance with the relevant enterprise agreement.
- Canberra Health Service is working on a number of short and medium term strategies and actions to shift the focus from formal investigative processes to early intervention and alternative dispute resolution, with the intention to recast existing frameworks in a way that results in a more connected approach to employee behavior and positive workplace culture, including:
  - The introduction of an Employee Advocate function, reporting directly to the CEO of the Canberra Health Service. This role will assist employees in the resolution of their workplace issues, by assisting with resolution through alternative dispute resolution mechanisms in the first instance. This role will be advertised in December 2018;
  - Modifying existing Preliminary Assessment process for bullying and interpersonal disputes to prioritise early intervention and alternative dispute mechanisms, including mediation and facilitated conversations;
  - Utilising the REDCO network to assist with the introduction of this new approach;
  - An external and trusted avenue for employees of the ACT Health Directorate and the Canberra Health Service on bullying matters.

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## ANNUAL REPORT HEARING BRIEF

### Key Information

- The report contained three recommendations, two for which ACT Health has responsibility. These recommendations were as follows:
  - Recommendation 1: ACT Health should implement training for executives and managers for the handling of allegations of potential breaches of the ACT Public Sector Code of Conduct. This training should include:
    - Managing and documenting the conduct of preliminary assessments;
    - The need to fully consider options available prior to proceeding with a misconduct investigation (eg. Underperformance management); and
    - Processes for managing and documenting allegations of breaches of the ACT Public Sector Code of Conduct.
  - Recommendation 3: ACT Health should implement awareness training for Executives and Managers to reinforce requirements for receiving, documenting and managing reports of inappropriate workplace behaviours.
- In relation to both Recommendations 1 and 3: ACT Health have trained 206 managers in undertaking Preliminary Assessments, throughout the course of the 2017/18 financial year. ACT Health now reports higher Preliminary Assessment completions than any other Directorate, according to preliminary figures for the State of the Service Report.
- The *'Addressing Workplace Issues – Preliminary Assessment for Managers'* training, has increased our managers' understanding of their legal obligations under the Enterprise Agreements to conduct preliminary assessments to address bullying complaints. The skills based component of the workshop provides managers with the skills for conducting a preliminary assessment, and appropriately documenting and reporting such matters.
- ACT Health is also currently reviewing the Preliminary Assessment training to reflect the new early intervention and Alternative Dispute Resolution mechanisms

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**Portfolio/s:** Mental Health

**ISSUE: MENTAL HEALTH ACT 2015 – OVERVIEW OF OPERATION SINCE COMMENCEMENT**
**Talking points:**

- The *Mental Health Act 2015* (the Act) commenced on 1 March 2016.
- The Act is a significant progression from the previous Mental Health Act and reflects the ‘recovery approach’ in mental health service delivery. The purpose of the recovery approach is to ensure that mental health services are being delivered in a way that supports the recovery of mental health consumers and empowers individuals so they recognise that they are at the centre of the care they receive.
- The Act also contains a number of significant other reforms.
- It places a much greater emphasis on the decision making capacity of the individual when considering care options and it also allows people to appoint a nominated person, who can advocate on their behalf when they are unwell.
- It also introduces a new forensic mental health order, as well as extending the initial period of time that someone can be detained from seven to eleven days. Whilst this initially sounds more restrictive, it is driven by the intent of allowing four more days for treatment to take effect, which then reduces the restrictive requirements to be placed on the person over the longer term. Early data suggests that this is having the desired impact.
- The greater emphasis placed on the rights of the individual in the Act were explained in ‘My Rights, My Decisions’ information leaflets, which I recently launched at the Mental Health Consumers Network.
- A key part of the Act is the obligation to review various provisions.

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## ANNUAL REPORT HEARING BRIEF

- Under Section 271 of the Act the Minister for Mental Health (the Minister) is required to:
  - invite public submissions and review Section 85 (3) on the extension of the period of emergency detention;
  - invite public submissions and review the operation of certain specified sections pertaining to mental health orders in order to ensure that these provisions are functioning appropriately.
  
- In November 2016 ACT Health engaged the Australian Continuous Improvement Group (ACIG) to assist the Minister in reviewing the implementation of the Act including:
  - Assisting the Minister in seeking public submissions regarding emergency detention and mental health orders as set out in Section 271 of the Act;
  - the impact of the implementation of the Act on the mental health care experienced by people with mental illness or mental disorder and their carers; and
  - the impact of the implementation of the Act on the culture and delivery of mental health services by ACT Health.
  
- After consultation with a number of partners a detailed evaluation plan was developed and submitted to both the reference group and to the ACT Human Rights Ethics Committee (HREC). Although formal ethics approval was not required as the evaluation fits into the category of quality and safety assurance, HREC did support and approve of the evaluation as submitted to them.
  
- The first period of public consultation, addressing section 85, commenced in August 2018 and is now complete. ACIG are now working with ACT Health to analyse the responses to that consultation.
  
- The second period of consultation, which will focus on the operation of all mental health orders, is expected to take place during March and April 2019 and planning is currently underway to support that consultation.

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## ANNUAL REPORT HEARING BRIEF

### Key Information

- Section 271 (4) of the Act requires the Minister for Mental Health to invite public submissions and review the functioning of section 85 (3) of the Act. This section increases the maximum further period of emergency detention from 7 days to 11 days. It further requires that the Minister present a report of the review to the Legislative Assembly not later than 1 year after the day the consultation commences.
- Section 271 (1) of the Act requires the Minister for Mental Health to invite public submissions and review the functioning of;
  - s58 - Psychiatric Treatment Orders (PTOs)
  - s66 - Community Care Orders
  - s101 – Forensic Psychiatric Treatment Orders
  - s102 – Content of Forensic Psychiatric Treatment Orders
  - s108 – Forensic Community Care Orders

The Chief Psychiatrist's Annual Report includes information addressing the early impacts of the Mental Health Act.

Of the 449 people subject to an ED11 (Emergency detention for 11 days), only 166 (37 per cent) required further involuntary treatment, care and support via a Psychiatric Treatment Order.

This is a significant result, as it suggests that the additional time for people to be assessed, supported and receive initial treatment under the Emergency Detention provisions, that is, the extension of the further period of detention from seven days to 11 days under the Mental Health Act 2015, allows people to recover from an emergency situation. With enough initial support, this appears to be reducing the need for longer-term mental health orders and decreasing the need for coercive treatment, care and support.

There have been no Forensic Psychiatric Treatment Orders made by ACAT since the commencement of the Act.

Of the 718 PTO hearings held by ACAT during 2017–18, 209 were for new PTO applications and 509 for reviews of existing PTOs.

In total, 599 PTOs were granted or continued. This is a decrease of 4.5 per cent from 2016–17. In 157 cases, the PTO was revoked representing a 3.7 per cent decrease in the number of revocations compared to 2016–17. These findings are significant for people being treated in the public mental health system, as they demonstrate that fewer people are being treated involuntarily under the Act.

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# ANNUAL REPORT HEARING BRIEF

GBC18/689 - 37

**Portfolio/s:** Mental Health

**ISSUE: RECOMMENDATIONS FROM ESTIMATES COMMITTEE REPORT –  
2018-19 – MENTAL HEALTH FUNDING – STATUS**

**Talking points:**

- The Treasurer provided a formal response to all of the recommendations from the Estimates Committee outlined in their 2018-19 report in August.
- There were four recommendations directed to mental health, relating to three areas of need that are well recognised and where work is well underway – Aboriginal and Torres Strait Islander people, children and young people and people with mental health issues who do not qualify in the NDIS guidelines.
- All four recommendations are being considered in the context of our strong and ongoing commitment to address the needs of our community for effective, evidence based early intervention mental health programs and services.

**Key Information**

ACT Health Directorate provided the following input to the ACT Government Response to the *Appropriation (Office of the Legislative Assembly) Bill 2018-19 Select Committee on Estimates 2017-18 Report* against four recommendations for action by ACT Health and a further three recommendations for action by other ACT Directorates with relevance to ACT Health.

**1. Recommendation 65 - Health**

The Committee recommends the ACT Government develop a framework, including maintaining prisoner health records, to ensure coordinated treatment between Winnunga Nimmitijah Aboriginal Health Services and ACT Health.

- Supported in principle.
- The working model regarding the delivery of care between Winnunga Nimmityjah Aboriginal Health Services (Winnunga) and Canberra Health Services continues to be established.

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## ANNUAL REPORT HEARING BRIEF

- The framework for maintaining health records is the Health Record (Privacy and Access) Act 1997 and both services providers will adhere to the principles and objectives of the legislation.
- Clinical staff of Winnunga and Canberra Health Services are members of a detainee's treating team and will share personal health information in accordance with the provisions of the *Health Record (Privacy and Access) Act 1997*, as part of a collaborative and coordinated provision of health care.

### 2. Recommendation 66 - Health

The Committee recommends that the ACT Government address the need for a centralised facility or adolescent step-up-step-down program.

- Noted.
- The ACT Government has already committed to building a Child and Adolescent Mental Health Inpatient Unit. Planning for this unit has commenced.
- In relation to the provision of services in the community, ACT Health has two north-side Step Up Step Down (SUSD) facilities, one for adults (18-65 year olds) and one for adolescents (12-18 year olds). ACT Health also has an existing SUSD facility on the south side for young people aged 18-24 years, and a second facility for adults from 18 years to be established with funding provided in the 2018/19 Budget. The build is expected to be complete in 2020/21.
- In addition to facility-based Step-Up-Step-Down programs, ACT Health also fund non facility-based outreach Step-Up-Step-Down services through the Transition to Recovery program for 18-24 year olds and adults. This may suit those people who are not able to attend the north or south facilities.
- A further outreach support for the "Step Down" component is the Wayback Support Program for suicidal crisis after care which is also non-facility based so it is suitable for ACT-wide access.
- ACT Health funds Catholic Care to deliver the Youth Outreach Support Program to 12-25 year olds living with mental illness.
- Canberra Health Services have the highest rates of community contact and seven-day post discharge follow up and has also introduced specialist youth mental health outreach. These services also extensively support people with deteriorating mental illness or transitioning from hospital.
- Step-Up-Step-Down facility and non facility-based supports are an evidence based, effective and contemporary model of care, and are a key component of the stepped care approach to mental health treatment.
- The relocation of any of these services has interdependencies with the availability of purpose built facilities elsewhere in the ACT. The addition of any further facilities would need to be subject to collaborative development of shared sector priorities arising from the Regional Mental Health and Suicide Prevention Plan, currently in development.

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## ANNUAL REPORT HEARING BRIEF

### 3. Recommendation 159 - Health

The Committee recommends that the ACT Government work closely with the Commonwealth Government to find a long-term solution for people with mental health issues that do not qualify under current National Disability Insurance Scheme guidelines.

- Agreed.
- The ACT and Commonwealth Governments have finalised the Bilateral Agreement on the National Psychosocial Support Measure which will enhance funding for psychosocial support measures for people with functional impairment resulting from severe mental illness who are not found eligible for the NDIS, or who are otherwise not engaged with the NDIS.
- In Canberra ACT Health will be working with the Capital Health Network to jointly procure non-clinical mental health support services for people with psycho-social functional impairment who are currently ineligible under the NDIS.

### 4. Recommendation 178 - Health

The Committee recommends that the ACT Government continue to engage with Marymead on the New Horizons program to ensure continuity and benefits for the Territory.

- Noted.
- The New Horizons program is currently funded by the Commonwealth Department of Social Services to provide services to children and young people in the ACT.
- New Horizons is a free and confidential mental health early intervention outreach support service for children and young people 0-18 years who are showing signs or are at risk of developing mental illness as well as their families and carers.
- ACT Health is always interested in proposals which look to improve health outcomes for consumers, improve the health system, and help Canberrans to contribute to the social and economic fabric of the community.

### 5. Recommendation 153 – Other Directorate

The Committee recommends that the ACT Government continue to work with a wide range of appropriate, trained professional staff, including psychologists and allied health experts, to meet the increased demand for these types of services in our schools.

- In addition to the ACT Education Directorate school psychologist portfolio, ACT Health have the following initiative in place to meet the increased demand for psychology and allied health experts in schools:
  - Child and Adolescent Mental Health Services (CAMHS) provides an early intervention program which is based in ACT primary schools and works with the whole school providing professional learning for teachers, whole class social and emotional wellbeing activities and a targeted group work program

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## ANNUAL REPORT HEARING BRIEF

for children and their parents/carers to learn ways to support their child to better regulate their emotions and behaviour. CAMHS provides a school/vocational day program for up to two terms for young people aged 12-18 which aims to reduce severity of mental health issues and enhance school vocational engagement, social functioning and life skills.

- ACT Health is working with Education Directorate to define referral pathways for young people 0-18 years into mental health services that will target early intervention, mild to moderate mental health issues as well as more severe conditions, crisis pathways and suicide prevention.
- ACT Health funds Mental Illness Education ACT to deliver education about mental illness including to adolescents in school settings.
- ACT Health funds the Education Directorate some \$200,000 each year to implement mental health education programs in schools under the National Education Initiative and report on outcomes achieved for students and their families.

### 6. Recommendation 164 – Other Directorate

The Committee recommends that the ACT Government consider developing and reporting specific performance indicators that focus on youth issues such as inclusion and engagement, health and mental health, employment, and so forth.

- ACT Health Directorate collects information and reports on a range of indicators relating to the health and wellbeing of the young people in the ACT.
- Data is reported in *Healthy Canberra: ACT Chief Health Officer's Report 2018* and on the HealthStats ACT website.
- The latest Chief Health Officer's Report reported that almost half of hospitalisations for self harm in the ACT in 2015-16 were for young people 10-24 years.
- The new year 7 health check to be piloted in selected schools and then implemented in 2019 is an ACT Government priority and will provide an opportunity to incorporate an evidence based emotional wellbeing screening component that will be used to help young people and direct them to mental health support services if appropriate.

### 7. Recommendation 173 – Other Directorate

The Committee recommends that the ACT Government continues efforts across the Community Services Directorate and ACT Health to provide suitable accommodation options for young people needing long term residential care.

- The ACT Government recognises the need for a range of supported accommodation options for people with a diversity of needs across our community.

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## ANNUAL REPORT HEARING BRIEF

- In relation to people with mental health issues the 2018/19 budget included \$22.8M to fund a range of supported accommodation options including the new southside SUSD for adults from 18 years mentioned at recommendation 65 above.
- Another two facilities are intended to provide transition support to people leaving DULWA or other clinical facilities.
- As well the Office for Mental Health is developing a workplan that includes a focus on young people as they are an identified group of high, and in many cases, unmet need.
- ACT Health has participated in the homelessness cohort study and housing strategy with CSD where we have advocated strongly for the needs of young people. In the 2018-19 budget the ACT Government allocated \$200,000 to design and planning work to set up MyHome in Canberra (CSD).

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## ANNUAL REPORT HEARING BRIEF

GBC18/689 - 38

**Portfolio/s:** Mental Health

**ISSUE: MENTAL HEALTH - FUNDING AND EXPENDITURE AS A % OF TOTAL HEALTH EXPENDITURE**

### Talking points:

- Total Mental Health expenses in 2017-18 are estimated to be \$143.7 million. This figure is not reported anywhere in isolation in the Annual Report.
- This figure includes clinical services, funding for mental health non-government organisations, policy, Calvary funded services (funded through the Local Hospital Network) and overheads.
- The figure represents 9 per cent of total Health spending (\$1.597 billion) in 2017-18.
- Overhead costs include the Office of the Director-General, finance, human resources, information technology, infrastructure support and pathology.

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# ANNUAL REPORT HEARING BRIEF

GBC18/689 - 39

Mental Health

**ISSUE: ACT HEALTH 2017-18 FINANCIAL STATEMENT ANALYSIS (PAGE 167-245)**

**HEALTH DIRECTORATE  
OPERATING STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2018**

	Note No.	Actual 2018 \$'000	Original Budget 2018 \$'000	Actual 2017 \$'000
<b>Income</b>				
<i>Revenue</i>				
Controlled Recurrent Payments	3	265 993	313 371	290 692
User Charges	4	1 002 882	1 001 509	972 980
Grants from the Commonwealth		4 171	4 085	4 107
Resources Received Free of Charge		1 762	1 766	1 600
Other Revenue	5	18 590	15 121	16 821
<b>Total Revenue</b>		<b>1 293 398</b>	<b>1 335 852</b>	<b>1 286 200</b>
<i>Gains</i>				
Gains on Investments		-	-	10
Other Gains	6	1 552	992	2 266
<b>Total Gains</b>		<b>1 552</b>	<b>992</b>	<b>2 276</b>
<b>Total Income</b>		<b>1 294 950</b>	<b>1 336 844</b>	<b>1 288 476</b>
<i>Expenses</i>				
Employee Expenses	7	744 588	748 651	703 423
Superannuation Expenses	8	93 544	95 393	91 254
Supplies and Services	9	368 954	382 898	359 199
Depreciation and Amortisation	10	48 238	45 601	45 223
Grants and Purchased Services	11	101 024	95 149	101 162
Cost of Goods Sold	12	8 342	12 059	9 150
Other Expenses	13	10 831	7 339	18 567
<b>Total Expenses</b>		<b>1 375 521</b>	<b>1 387 090</b>	<b>1 327 978</b>
<b>Operating (Deficit)</b>		<b>(80 571)</b>	<b>(50 246)</b>	<b>(39 502)</b>
<b>Other Comprehensive Income</b>				
<i>Items that will not be reclassified subsequently to profit or loss</i>				
(Decrease)/Increase in the Asset Revaluation Surplus	25	(2 461)	-	1 594
<b>Total Comprehensive (Deficit)</b>		<b>(83 032)</b>	<b>(50 246)</b>	<b>(37 908)</b>

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# ANNUAL REPORT HEARING BRIEF

## HEALTH DIRECTORATE BALANCE SHEET AT 30 JUNE 2018

	Note No.	Actual 2018 \$'000	Original Budget 2018 \$'000	Actual 2017 \$'000
<b>Current Assets</b>				
Cash and Cash Equivalents	15	60 401	59 454	109 219
Investments		3 022	3 019	3 029
Receivables	16	33 721	42 742	32 975
Inventories	17	6 884	10 506	9 018
Other Assets	21	6 483	6 157	8 068
<b>Total Current Assets</b>		<b>110 511</b>	<b>121 878</b>	<b>162 309</b>
<b>Non-Current Assets</b>				
Property, Plant and Equipment	18	1 197 751	1 375 316	1 028 959
Intangible Assets	19	30 368	39 193	45 022
Other Assets	21	6 907	-	10 909
Capital Works in Progress	20	79 759	13 397	184 735
<b>Total Non-Current Assets</b>		<b>1 314 785</b>	<b>1 427 906</b>	<b>1 269 625</b>
<b>Total Assets</b>		<b>1 425 296</b>	<b>1 549 784</b>	<b>1 431 934</b>
<b>Current Liabilities</b>				
Payables	22	48 411	52 459	89 377
Borrowings		425	-	352
Employee Benefits	23	243 030	242 660	224 886
Other Liabilities	24	7 987	652	8 064
<b>Total Current Liabilities</b>		<b>299 853</b>	<b>295 771</b>	<b>322 679</b>
<b>Non-Current Liabilities</b>				
Borrowings		2 069	-	2 567
Employee Benefits	23	15 284	18 922	16 016
Other Provisions		193	-	1 462
Other Liabilities	24	13 925	4 733	15 039
<b>Total Non-Current Liabilities</b>		<b>31 471</b>	<b>23 655</b>	<b>35 084</b>
<b>Total Liabilities</b>		<b>331 324</b>	<b>319 426</b>	<b>357 763</b>
<b>Net Assets</b>		<b>1 093 972</b>	<b>1 230 358</b>	<b>1 074 171</b>
<b>Equity</b>				
Accumulated Funds		963 807	1 099 327	941 545
Asset Revaluation Surplus	25	130 165	131 031	132 626
<b>Total Equity</b>		<b>1 093 972</b>	<b>1 230 358</b>	<b>1 074 171</b>

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Cleared by:  
Information Officer name:

25/10/2018  
Chief Finance Officer  
Trevor Vivian

Ext: 620 78441

Contact Officer name:  
Lead Directorate:

Sasith Wickramasinghe  
Health

Ext: 620 76184

## ANNUAL REPORT HEARING BRIEF

### Key information

#### Operating Deficit

- ACT Health, like most agencies, budgets to make an operating deficit. This is because agencies are not fully funded for movements in employee provisions (recreation and long service leave) or depreciation (cash funding is provided at the time of purchase of assets for their cash cost).

#### Revenue

- Total own source revenue of \$1,029.0 million was 1 per cent higher than the 2017-18 budget of \$1,023.5 million.
- Controlled Recurrent Payments \$47.3 million lower than budget mainly due to transfers to Expenses on behalf of the Territory for capital grants to Calvary Public Hospital and Winnunga Nimmityjah Aboriginal Health Service and maintaining Directorate's cash balance at appropriate liquidity levels to meet future cash requirements.
- Other Revenue \$3.5 million higher than budget due to refunds received from Shared Services relating to salary sacrifice arrangements from prior years.

#### Expenses

- Total expenses of \$1,375.5 million was within 1 per cent of the 2017-18 budget of \$1,387.1 million.
- The three largest components of expense are employee expenses which represents 54.1 per cent or \$744.6 million, supplies and services which represents 26.8 per cent or \$368.9 million, and grants and purchased services, which represents 7.3 per cent or \$101.0 million.

#### Assets

- The total asset position at 30 June 2018 is \$1,425.3 million, \$124.5 million lower than the budget of \$1,549.8 million. The variance reflects the timing associated with the acquisition and completion of various assets over the 2017-18 financial year.
- Property, Plant and Equipment \$177.6 million lower than budget mainly due to completion timelines of current capital works projects being adjusted for detailed design and planning work to facilitate construction activities in an active hospital environment;
- Receivables \$9.0 million lower than budget mainly due to lower accrued revenue for high cost drugs, patient fees and facility fees.
- Capital Works in Progress \$66.4 million higher than budget mainly due to completion timelines of current capital works projects adjusted for detailed design and planning work to facilitate construction activities in an active hospital environment.

#### Liabilities

- The Directorate's liabilities for the year ended 30 June 2018, of \$331.3 million were \$11.9 million higher than the budget of \$319.4 million.

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## ANNUAL REPORT HEARING BRIEF

- Other Liabilities \$16.7 million higher than budget mainly relating to the building lease for 2-6 Bowes Street Phillip for the Directorate's new office space for administrative staff and the recognition of deferred income for the portion of the University of Canberra Hospital building of which the University of Canberra will have sole use.
- Payables \$4.0 million lower than budget mainly due to lower capital works payments owing.

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# ANNUAL REPORT HEARING BRIEF

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**Portfolio/s:** Mental Health**ISSUE: GROWTH IN BUDGET AND EFFICIENCY TARGET****Talking points:**

- The references to savings targets made in the Independent External Review of Mental Health Services (dated May 2018) related to efficiency targets applied to internal budgets in both 2016-17 and 2017-18 as part of reform work.
- There were no service cuts and no staff losses directly attributed to the savings targets.
- The targets were set internally within ACT Health as part of business as usual budget management processes. Internal budget management no longer applies this approach of efficiency targets allocated to Divisions.
- The budget for ACT Health has grown in each of the years from 2015-16 to 2017-18, in response to growth in demand for health services. In 2018-19 the overall ACT Health Budget has seen an increase from 2017-18 of 4.2 per cent.
- Within this overall budget allocation, ACT Health seeks to manage the provision of services in a safe, effective and efficient manner. Internal financial management mechanisms are used to facilitate the considerations of efficient service provision, appropriately balanced with the priority of delivering high quality, safe services.
- In the case of Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS):
  - The 2018-19 budget has seen an increase of 15 per cent in the Mental Health budget over the previous financial year;
  - The MHJHADS Division 2018-19 Budget is currently \$107.284 million and in 2017-18 was \$93,679 million; and
  - The Mental Health budget has increased successively over the past three years (2015-16 to 2017-18) without any cut to either clinical services or staffing.

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**Portfolio/s:** Mental Health**ISSUE:       WORKFORCE COMPOSITION****Talking Points**

- The composition of the staff workforce within both the Canberra Health Services and ACT Health Directorate comprise of permanent, casual, temporary contractors and other non-permanent staff. This includes Administrative, Allied Health, Dental Health, Executive, General Service Officers, Nurses, Professional and Technical Officers, Junior and Senior Medical Officers and Visiting Medical Officers.
- Canberra Health Services and ACT Health Directorate utilise these various means of employment to ensure a high level of service to the community.
- There are a number of reasons for these types of employment including:
  - The nominal position owner is on Higher Duties and a temporary contract has been raised to backfilling of this position. This can sometimes be extended if the nominal position owner is extended in their HDA position. The same applies for temporary transfers where positions are backfilled;
  - The nominal position owner is on maternity leave or on other long term leave. E.g. spouse on a posting to another state for a few years;
  - Graduate nurses who are employed on the Transition to Practice program are employed on a twelve month temporary contracts. Canberra Health Services have a 95 per cent retention rate for these staff;
  - People are employed on a temporary/casual basis to provide a specialised skill that is not found within the organisations which are required for a specific project. E.g. the capital funded projects; and
  - People are employed on a temporary/casual basis to assist during seasonal periods. Eg. Winter bed.

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## ANNUAL REPORT HEARING BRIEF

- ACT Health Directorate Procurement are aware of these outsourced services:
  - Security;
  - Cleaning;
  - Gardening;
  - IT (with Internal Government Agency, Shared Services);
  - Finance (with Internal Government Agency, Shared Services); and
  - HR (with Internal Government Agency, Shared Services).

These are Canberra Health Services outsourced services:

- BEGIS contract at UCH;
- Agency nursing;
- Radiology offsite provider;
- Elective Joint Replacement Program at John James Private Hospital;
- Private Provider Program for other outsourced elective surgery;
- Private dental practitioners for some outsourced dental and denture services;
- Locum medical staff, visiting medical specialists and registrars in some specialties;
- Locum health professional staff;
- Purchased inpatient and outpatient services from National Capital Private Hospital from time to time in order to meet demand;
- Acute paediatric rehabilitation to community providers;
- Mother's Milkbank Pty Ltd;
- Neonatal emergency transport;
- Referrals to other hospitals for higher level services than what is provided at this hospital;
- Transcription services typing;
- Mammogram image reading;
- Translation and Interpretation Service;
- Management of renal patients in Southern NSW under governance of ACT Renal Services;
- Dialysis services operating out of CHS dialysis clinics in Belconnen and Tuggeranong;
- Cleaning contractors;
- Pharmacy courier services;

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## ANNUAL REPORT HEARING BRIEF

- Chemotherapy compounding and oncology prescription management;
- Poisons information helpline;
- Linen services;
- Spiritual support services (volunteers);
- Central equipment and courier service;
- IV infusion pump contract;
- Rad onc xray dosimetry independent audit;
- Clinical records contracted coding;
- Systems support and maintenance on databases and equipment; and
- Some sanitation services.

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