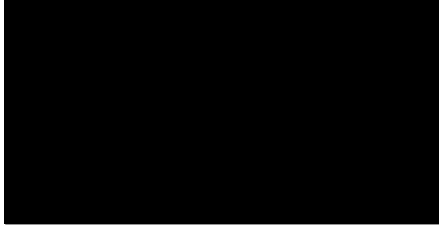




ACT
Government

ACT Health

FOI19-49



Dear 

Freedom of Information (FOI) Request: FOI19/49

I refer to your application under section 30 of the *Freedom of Information Act 2016* (the Act), received by ACT Health Directorate on 8 August 2019 in which you sought access to:

“Copies of the incoming minister's brief for the Minister for Health prepared in June and July 2019.”

I am an Information Officer appointed by the Director-General of ACT Health under section 18 of the Act to deal with access applications made under Part 5 of the Act. ACT Health Directorate was required to provide a decision on your access application by **5 September 2019**.

Decision on access

Searches were completed and 66 relevant documents were identified that fall within the scope of your request.

I have included as Attachment A to this decision the schedule of relevant documents. This provides a description of each document and the access decision for each of those documents.

I have decided to grant access in full to 59 documents relevant to your request. I have decided to grant access, under section 50 of the Act, to a copy of 7 documents with deletions applied to information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act.

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.

Documents 5, 39 – 44 and 50 of the identified documents contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act as the information contained in these folios is partially comprised of Cabinet information and I therefore considered contrary to the public interest to release, under Schedule 1.6 (1) Cabinet Information.

Document 42 of the identified documents also contains information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act as the information may prejudice an agency's ability to obtain confidential information and the business affairs.

Public Interest Factors Favouring Disclosure

I have identified that there are no factors favouring disclosure of this information under Schedule 2, section 2.1.

Public Interest Factors Favouring Non-Disclosure

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

- Schedule 2.2 (a) (xi) prejudice trade secrets, business affairs or research of an agency or person; and
- Schedule 2.2 (a) (xii) prejudice an agency's ability to obtain confidential information.

On balance, the information identified is contrary to the public interest and I have decided not to disclose this information.

Document 15 of the identified documents contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act as the information contained in these folios may prejudice intergovernmental relations and the business affairs between the ACT and NSW.

Public Interest Factors Favouring Disclosure

I have identified that there are no factors favouring disclosure of this information under Schedule 2, section 2.1.

Public Interest Factors Favouring Non-Disclosure

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

- Schedule 2.2 (a) (x) prejudice intergovernmental relations; and
- Schedule 2.2 (a) (xi) prejudice trade secrets, business affairs or research of an agency or person.

On balance, the information identified is contrary to the public interest and I have decided not to disclose this information.

Document 30 of the identified documents contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act as the information contained in these folios may prejudice an agency's ability to conduct a competitive tender process.

Public Interest Factors Favouring Disclosure

I have identified that there are no factors favouring disclosure of this information under Schedule 2, section 2.1.

Public Interest Factors Favouring Non-Disclosure

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

- Schedule 2.2 (a) (xi) prejudice trade secrets, business affairs or research of an agency or person; and
- Schedule 2.2 (a) (xiii) prejudice the competitive commercial activities of an agency.

On balance, 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.

Online publishing – disclosure log

Under section 28 of the Act, ACT Health maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you in response to your access application will be published in the ACT Health 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.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the 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.

ACT Civil and Administrative Tribunal (ACAT) review

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

Further information may be obtained from the ACAT at:

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

If you have any queries concerning ACT Health Directorate's processing of your request, or would like further information, please contact the FOI Coordinator on (02) 5124 9829 or email HealthFOI@act.gov.au.

Yours sincerely



Vanessa Dal Molin
Executive Branch Manager
Office of the Director-General

5 September 2019

FREEDOM OF INFORMATION REQUEST SCHEDULE

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>

NAME		WHAT ARE THE PARAMETERS OF THE REQUEST				File No
[REDACTED]		"Copies of the incoming minister's brief for the Minister for Health prepared in June and July 2019."				FOI19/49
Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
Minister for Health and Wellbeing						
1.	1 - 5	Portfolio brief for incoming minister index	June 2019	Full Release		YES
Health Policy						
2.	6 - 7	Better Engagement with General Practitioners	June 2019	Full Release		YES
3.	8 - 9	National Code of Conduct for Health Care Workers	June 2019	Full Release		YES

4.	10	Pharmacy Agreement and Chemotherapy Co-payments	June 2019	Full Release		YES
5.	11 - 12	Abortion (including Abortion Affordability)	June 2019	Partial Release	Schedule 1.6 (1) Cabinet Information	YES
6.	13	Banning gay conversion therapy	June 2019	Full Release		YES
7.	14 - 15	ACT Health Partnership Board	June 2019	Full Release		YES
8.	16 - 17	Clinical Leadership Forum	June 2019	Full Release		YES
9.	18 - 20	Aboriginal and Torres Strait Islander community controlled health organisations	June 2019	Full Release		YES
10.	21 - 22	Health Action Plan under ACT Govt Aboriginal and Torres Strait Islander Agreement	June 2019	Full Release		YES
11.	23	Ngunnawal Bush Healing Farm - Operational	June 2019	Full Release		YES
12.	24 - 25	Ngunnawal Bush Healing Farm - Review	June 2019	Full Release		YES
13.	26 - 27	Interrelationship with the Mental Health Portfolio	June 2019	Full Release		YES
14.	28 - 29	Role of Coordinator-General for Mental Health and Wellbeing	June 2019	Full Release		YES

Inter-governmental Policy Issues						
15.	30	Cross border agreement with NSW	June 2019	Partial Release	Schedule 2.2 (a) (x) (xi)	YES
16.	31	National Health Reform Agreement 2020-2025 – Negotiations with Federal Government	June 2019	Full Release		YES
17.	32	Community Health and Hospitals Reform (CHHP) – Commonwealth funding	June 2019	Full Release		YES
18.	33	National Partnership Agreement – Adult Dental Program	June 2019	Full Release		YES
Office of Professional Leadership and Education						
19.	34	Nurse Ratios Framework Project	June 2019	Full Release		YES
20.	35	Nurses and Midwives: Towards a Safer Culture Strategy	June 2019	Full Release		YES
21.	36	Health Act Amendment Bill 2019 – Nurse Practitioners	June 2019	Full Release		YES
22.	37 - 38	Vaginal Mesh (Private Hospital input to CHS)	June 2019	Full Release		YES
Population Health and Health Promotion						
23.	39	Influenza	June 2019	Full Release		YES

24.	40	Health Care Facilities Review	June 2019	Full Release		YES
25.	41	Preventive Health and Wellbeing Plan	June 2019	Full Release		YES
26.	42	Population health policies, programs and Community Grants	June 2019	Full Release		YES
27.	43 - 44	Development of new services (budget measures) including implementing the Drug Strategy Action Plan	June 2019	Full Release		YES
28.	45 - 46	Year 7 Health Check	June 2019	Full Release		YES
Health Systems Planning and Evaluation						
29.	47 - 49	Calvary Overview Brief <ul style="list-style-type: none"> - Calvary Network Agreement and Performance Plan - Emergency Department Expansion - Gazettal issue - Anything else Calvary may want to raise with the incoming Minister 	June 2019	Full Release		YES
30.	50 - 52	QEII	June 2019	Partial Release	Schedule 2.2 (a) (xi) (xiii)	YES
31.	53 - 54	NGO Contracts and Procurement	June 2019	Full Release		YES
32.	55	Establishment of NGO Leadership Group	June 2019	Full Release		YES

33.	56	Care Closer to Home	June 2019	Full Release		YES
34.	57 - 58	Child and Adolescent Health Plan	June 2019	Full Release		YES
35.	59	Canberra Health Services Agreement 2019-20	June 2019	Full Release		YES
36.	60 – 61	Territory-wide Health Services Plan and Planning Program	June 2019	Full Release		YES
37.	62 – 64	Territory-wide Surgical Services	June 2019	Full Release		YES
38.	65 - 66	Service Level Agreement with the ACT Local Hospital Network	June 2019	Full Release		YES
Infrastructure						
39.	67	Campus Master Planning	June 2019	Partial Release	Schedule 1.6 (1) Cabinet Information	YES
40.	68	Northside Scoping Study	June 2019	Partial Release	Schedule 1.6 (1) Cabinet Information	YES
41.	69	Inner North Community Health Infrastructure	June 2019	Partial Release	Schedule 1.6 (1) Cabinet Information	YES
42.	70 - 71	Clare Holland House expansion	June 2019	Partial Release	Schedule 1.6 (1) Cabinet Information Schedule 2.2 (a) (xi) (xii)	YES
43.	72	Expansion of ICU	June 2019	Partial Release	Schedule 1.6 (1) Cabinet Information	YES

44.	73	Major Projects Canberra – Impact on Health	June 2019	Partial Release	Schedule 1.6 (1) Cabinet Information	YES
Digital Solutions						
45.	74 - 75	Quarterly Performance Report	June 2019	Full Release		YES
46.	76 - 77	System Wide Data Review and Auditor-General Report Government Response	June 2019	Full Release		YES
47.	78 - 79	Data Repository Population and usage and timeline	June 2019	Full Release		YES
48.	80 - 82	Upcoming Data submissions and publications	June 2019	Full Release		YES
49.	83	Digital Health Strategy	June 2019	Full Release		YES
50.	84 - 85	Digital Health Record	June 2019	Partial Release	Schedule 1.6 (1) Cabinet Information	YES
51.	86 - 88	Major ICT Projects	June 2019	Full Release		YES
52.	89	My Health Record	June 2019	Full Release		YES
53.	90	ACT Health Consumer app	June 2019	Full Release		YES
Corporate & Governance						
54.	91	ACT Health Directorate Budget 2019-20	June 2019	Full Release		YES

55.	92 - 93	Annual Report and Financial Statements 2018-19	June 2019	Full Release		YES
56.	94 - 96	Implementation of the Review of Culture	June 2019	Full Release		YES
57.	97	Values Refresh Project	June 2019	Full Release		YES
58.	98	ACT Health Strategic Plan	June 2019	Full Release		YES
59.	99 - 100	Procurement <ul style="list-style-type: none"> - Aboriginal and Torres Strait Islander Procurement Policy - Secure Local Jobs Code 	June 2019	Full Release		YES
60.	101 - 102	ACTHD/CHS Transition Actions <ul style="list-style-type: none"> - Financial Transition - Audit and Risk Management Committee Update - FOI Update 	June 2019	Full Release		YES
61.	103 - 104	Hydrotherapy Pool	June 2019	Full Release		YES
62.	105 - 106	ACT - Preliminary 2019-20 Commonwealth NHR funding	June 2019	Full Release		YES
Minister for Medical and Health Research						

Centre for Health & Medical Research

63.	107	Research and Innovation Fund (\$3 million election commitment)	June 2019	Full Release		YES
64.	108	HealthANSWERS Partnership	June 2019	Full Release		YES
65.	109	End of Life Care Research Plan	June 2019	Full Release		YES
66.	110	Comprehensive Cancer Centre	June 2019	Full Release		YES

Total No of Docs

66

PORTFOLIO BRIEF FOR INCOMING

MINISTER FOR HEALTH AND WELLBEING

June 2019

Key Issues

List A

Minister for Health and Wellbeing		
Number	Title	
	Health Policy	
1.	Better Engagement with General Practitioners	HPS
2.	National Code of Conduct for Health Care Workers	HPS
3.	Pharmacy Agreement and Chemotherapy Co-payments	HPS
4.	Abortion (including Abortion Affordability)	HPS
5.	Banning gay conversion therapy	HPS
6.	ACT Health Partnership Board	HPS
7.	Clinical Leadership Forum	HSPR
8.	Aboriginal and Torres Strait Islander community controlled health organisations	HSPR
9.	Health Action Plan under ACT Govt Aboriginal and Torres Strait Islander Agreement	MHP
10.	Ngunnawal Bush Healing Farm - Operational	MHP
11.	Ngunnawal Bush Healing Farm - Review	MHP
12.	Interrelationship with the Mental Health Portfolio	MHP
13.	Role of Coordinator-General for Mental Health and Wellbeing	Office for MH
	Inter-governmental Policy Issues	
14.	Cross border agreement with NSW	HPS
15.	National Health Reform Agreement 2020-2025 – Negotiations with Federal Government	HPS
16.	Community Health and Hospitals Reform (CHHP) – Commonwealth funding	HPS
17.	National Partnership Agreement – Adult Dental Program	HPS

18.	<i>(Spare)</i>	
	Office of Professional Leadership and Education	
19.	Nurse Ratios Framework Project	OPLP
20.	Nurses and Midwives: Towards a Safer Culture Strategy	OPLP
21.	Health Act Amendment Bill 2019 – Nurse Practitioners	OPLP
22.	Vaginal Mesh (Private Hospital input to CHS)	OPLP
	Population Health and Health Promotion	
23.	Influenza	PHPR
24.	Health Care Facilities Review	PHPR
25.	Preventive Health and Wellbeing Plan	PPH
26.	Population health policies, programs and Community Grants	PPH
27.	Development of new services (budget measures) including implementing the Drug Strategy Action Plan	PPH
28.	Year 7 Health Check	PPH
	Health Systems Planning and Evaluation	
29.	Calvary Overview Brief <ul style="list-style-type: none"> - Calvary Network Agreement and Performance Plan - Emergency Department Expansion - Gazettal issue - Anything else Calvary may want to raise with the incoming Minister 	HSPE
30.	QEII	HSPE
31.	NGO Contracts and Procurement	HSPE
32.	Establishment of NGO Leadership Group	HSPE
33.	Care Closer to Home	HSPE
34.	Child and Adolescent Health Plan	HSPE
35.	Canberra Health Services Agreement 2019-20	HSPE
36.	Territory-wide Health Services Plan and Planning Program	HSPE

PORTFOLIO BRIEF FOR INCOMING MINISTER

37.	Territory-wide Surgical Services	HSPE
38.	Service Level Agreement with the ACT Local Hospital Network	
	Infrastructure	
39.	Campus Master Planning	SID
40.	Northside Scoping Study	SID
41.	Inner North Community Health Infrastructure	SID
42.	Clare Holland House expansion	SID
43.	Expansion of ICU	SID
44.	Major Projects Canberra – Impact on Health	SID
	Digital Solutions	
45.	Quarterly Performance Report	DSD
46.	System Wide Data Review and Auditor-General Report Government Response	DSD
47.	Data Repository Population and usage and timeline	DSD
48.	Upcoming Data submissions and publications	DSD
49.	Digital Health Strategy	DSD
50.	Digital Health Record	DSD
51.	Major ICT Projects	DSD
52.	My Health Record	DSD
53.	ACT Health Consumer app	DSD
	Corporate & Governance	
54.	ACT Health Directorate Budget 2019-20	C&G
55.	Annual Report and Financial Statements 2018-19	C&G
56.	Implementation of the Review of Culture	CRI Office
57.	Values Refresh Project	C&G
58.	ACT Health Strategic Plan	HSPR
59.	Procurement	C&G

PORTFOLIO BRIEF FOR INCOMING MINISTER

	<ul style="list-style-type: none"> - Aboriginal and Torres Strait Islander Procurement Policy - Secure Local Jobs Code 	
60.	ACTHD/CHS Transition Actions <ul style="list-style-type: none"> - Financial Transition - Audit and Risk Management Committee Update - FOI Update 	C&G
61.	Hydrotherapy Pool	C&G
62.	ACT - Preliminary 2019-20 Commonwealth NHR funding	

Minister for Medical and Health Research		
Number	Title	
	Centre for Health & Medical Research	
63.	Research and Innovation Fund (\$3 million election commitment)	CHMR
64.	HealthANSWERS Partnership	CHMR
65.	End of Life Care Research Plan	CHMR
66.	Comprehensive Cancer Centre	CHMR



Better Engagement with General Practitioners

**ACT Health Directorate, Office of Professional Leadership and Education
(including the Academic Unit of General Practice)
ACT Health Directorate, Policy, Partnerships and Programs**

Better Engagement with General Practitioners (GPs)

The ACT Health Directorate is working to improve coordination of primary and secondary care in the ACT. To achieve this we are:

- Developing new initiatives to better engage with GPs.
- Improving relationships and communication between GPs and the hospital system.
- Better integrating primary and aged care into the whole health system – including encouraging discussions at the Federal Government level.
- Improving practices which impact on GPs (including timeliness of discharge letters).

Current status

General Practice in the ACT

- GPs in the ACT provided 1.98 million non-referred out of hospital services in 2017-18. International evidence points to the importance of effectively integrating GPs and the aged care sector with Territory funded health system elements to deliver a safe, effective and sustainable health system for citizens.
- There were 89 accredited “general” general practices in 2018, and another 10 special interest general practices (for example, Winnunga, Companion House, Defence Force GP, skin and sexual health).
- There were 561 GPs with a workforce ratio of 77 GPs per 100,000 people, which is the lowest in Australia, compared to 102 Australia wide (2017-18).
- ACT GPs bulk bill less than their interstate counterparts. 63.5% of all services are bulked billed compared to 86% nationally.
- Due to a long-standing Commonwealth freeze on indexation of GP Medicare Benefit Schedule item numbers and higher operating costs in the ACT, some practices have found it hard to remain financially viable.
- There has been a rise in the number of corporate general practices and new models of practice ranging from for-profit shareholder listed large corporates, small GP-owned corporations, and not for profit patient co-payment models.

Better Engagement with GPs – the ACT Health Directorate

- This project is ongoing. We are in the process of establishing a Territory-wide Peak Clinical Committee (TPCC) and a Primary Care Advisory Committee (PCAC).



- The TPCC will have specific accountabilities in relation to quality improvement, consumer safety, clinical practice improvement and clinical leadership. It will have representation from ACT health providers and services, including primary care.
- The Primary Care Advisory Committee will comprise 8-12 primary care practitioners including practicing GPs and representatives from primary care organisations including GP Synergy, Capital Health Network (CHN) and Royal Australian College of General Practitioners. The GP Liaison Teams based at Canberra and Calvary Hospitals will also be linked in to ensure there are Territory-wide discussions.

Critical dates and reasons

There are no critical dates set for the completion of this project, but the Chief Medical Officer has identified key milestones:

- Establish a small project team to develop primary health care services/activities with Capital Health Network (CHN) liaison and engagement.
- Implement activities under the Bilateral Agreement on Coordinated Care.
- Establish a TPCC and a PCAC reporting to the TPCC.
- Work in partnership with the CHN to deliver a general consultation forum for all GPs in the ACT in September/October 2019.

Financial considerations

- Activities identified as part of this initiative will be funded internally by ACT Health Directorate.

Recommended approach and timing

- This brief is provided for awareness only at this stage.
- The first meeting of the TPCC will be held in July 2019.
- In September-October 2019, a forum for GPs will be held.

Cleared as complete and accurate:	Dave Peffer	
Cleared by:	Deputy Director-General	Ext: 49554
Contact Officer name:	Dr Dinesh Arya	Ext: 49554
Lead Directorate:	Health	
TRIM Ref:	GBC19/347	

National Code of Conduct for Health Care Workers

Portfolio and function

ACT Health Directorate, Policy Partnerships and Programs

Issue

Background to the Code of Conduct for Health Care Workers

The National Code of Conduct for Health Care Workers (the Code) was agreed by the Council of Australian Governments (COAG) Health Council in 2015. It is anticipated the Code will be implemented in the ACT in 2019, which will require amendments to the *Human Rights Commission Act 2005*.

The Code will protect the public by providing nationally agreed standards of conduct and practice for unregistered health care workers. It enables the Health Services Commissioner to investigate complaints and impose sanctions on those who breach the Code. The Code will cover workers who are not registered with the Australian Health Practitioner Regulation Agency (AHPRA) under the National Registration and Accreditation Scheme for health practitioners. The code has now been implemented in all jurisdictions except for the Northern Territory, Western Australia and the ACT.

Consultation

In 2018-2019, the ACT conducted two rounds of public consultation regarding the implementation of the Code, in which the ACT Education Directorate (ED), the Community and Public Sector Union (CPSU) and the Australian Education Union (AEU) raised concerns regarding the application of the Code to ACT public servants (ACTPS). These stakeholders have suggested an exemption from the Code for all ACTPS employees. This is not recommended, as the intention of the Code is to cover anyone who is providing a health service and not registered with AHPRA.

Implications of an exemption

An exemption for public servants creates significant cross border issues and would mean many health and education staff would not be covered. No other jurisdictions have provided exemptions, and the effect of doing so would provide the ACT community with a lower standard of safety and service than other states. Having different laws for groups of people is incompatible with the ACT as a Human Rights jurisdiction, as it would mean that private patients and students receive a higher standard of care and protection than public patients.

Current status

Discussions are currently underway with ED, CPSU and AEU to allow the implementation of the Code to progress.

Critical dates and reasons

Cabinet is due to consider the Code for policy approval on 19 August 2019. Draft legislation is scheduled for the Legislative Assembly's spring legislation program.



Financial considerations

Not applicable

Recommended approach and timing

That the ACT Health Directorate finalise discussions with the ED, CPSU and AEU and provide advice on options to implement the COAG commitment.

Cleared as complete and accurate:	Dave Peffer	
Cleared by:	Executive Group Manager	Ext: 49392
Contact Officer name:	Gabriela Sermeno	Ext: 49922
Lead Directorate:	Health	
TRIM Ref:	GBC19/347	

Pharmacy Agreement

Portfolio and function

ACT Health Directorate, Policy Partnerships and Programs

Issue

The Public Hospital Pharmaceutical Reform Agreements (PHPRA) are bilateral agreements between the Australian Government and individual state or territory governments.

The PHPRA was created by the Australian Government to provide public hospitals access to certain Pharmaceutical Benefit Scheme (PBS) medications for patients on discharge, attending outpatient clinics, and for a range of cancer chemotherapy drugs for day patients and outpatients.

The ACT has not signed the PHPRA (like NSW), but has alternative arrangements in place to ensure ACT public hospital patients have access to medicines listed on the PBS, including access to the PBS for chemotherapy drugs.

Current status

There is no PHPRA currently being offered by the Australian Government. However, the Australian Government has raised the possibility of entering into a multilateral agreement with states and territories to achieve better national consistency in access to PBS medicines. The ACT will raise this matter with the returned Australian Government.

Critical dates and reasons

Nil.

Financial considerations

The financial implications of signing a PHPRA have not been quantified.

Recommended approach and timing

The ACT Government will resume discussions with the Australian Government about the PHPRA in the coming months, however the Commonwealth has indicated that their preference would be to wait until a new National Health Reform Agreement is finalised (expected late 2019).

Cleared as complete and accurate:	Dave Peffer	
Cleared by:	Executive Group Manager	Ext: 49392
Contact Officer name:	Gabriela Sermeno	Ext: 49922
Lead Directorate:	Health	
TRIM Ref:	GBC19/347	



Abortion (including Abortion Affordability)

Portfolio and function

ACT Health Directorate, Policy Partnerships and Programs

Issue

Access

- On 1 July 2019, the *Health (Improving Abortion Access) Amendment Act 2018* (the Act) commences and will increase access to abortion services in the ACT. The Act:
 - provides different definitions for medical (medication-based) and surgical abortions;
 - removes the requirement for a medical abortion to be carried out in an approved facility;
 - updates the conscientious objection section so that a health practitioner cannot object to treating a person who is experiencing complications from an abortion; and
 - creates an opportunity for general practitioners (GPs) to apply for an exclusion zone around their premises, to prevent demonstrations in close proximity.
- Specially trained GPs and telehealth providers will now be able to prescribe medication for medical abortions, thereby facilitating people to have an abortion wherever they choose to.

Affordability

- A public commitment was made by former Minister for Health and Wellbeing in September 2018 regarding abortion affordability. [REDACTED]
- The submission was expected to be considered by Cabinet in May 2019, however, the former Minister’s Office requested additional time to consider options before commissioning the ACT Health Directorate (ACTHD) to do further work or bring forward a Cabinet submission.
- The ACTHD has explored various subsidy options in order to increase affordability of abortions and long-acting reversible contraceptives.

Current status

- The ACTHD is working with stakeholders on the implementation of the Act including:
 - HealthPathways are being developed with Capital Health Network and are expected to be released in August 2019.
 - The communication strategy will continue through to September 2019.
 - A short evaluation of implementation will be undertaken in September 2019.

Critical dates and reasons

- Increased affordability could be progressed through the 2020-21 budget process. Key dates include:
 - Spring sitting: A submission is made for Cabinet consideration.
 - October 2019: Following support of the Cabinet decision, a budget bid will be developed for the 2020-21 budget process.



Financial considerations

- Additional funding via the 2020-21 Budget would be required to improve affordability.

Recommended approach and timing

- ACTHD will provide a ministerial briefing on potential options to improve affordability.

Cleared as complete and accurate: Dave Peffer
Cleared by: Executive Group Manager Ext: 49392
Contact Officer name: Gabriela Sermeno Ext: 49922
TRIM Ref: GBC19/347

Banning gay conversion therapy

Portfolio and function

ACT Health Directorate, Policy Partnerships and Programs

Issue

- Gay conversion therapy is an umbrella term for a range of spurious practices intended to change or suppress a person's sexual orientation.
- The former Minister for Health and Wellbeing committed to banning gay conversion therapy in a media statement on 18 May 2018.
- The ACT Health Directorate (ACTHD) has investigated possible approaches to banning gay conversion therapy and identified several potential legislative avenues for enacting a ban.
- The Attorney-General provided advice to the former Minister for Health and Wellbeing regarding potential ways to enact a ban on gay conversion therapy.

Current status

- In May 2019, the former Minister's Office advised that it needed time to consider this issue before further work was commissioned of the ACTHD.

Critical dates and reasons

Not applicable.

Financial considerations

Not applicable

Recommended approach and timing

ACTHD could provide ministerial briefing on potential options to ban gay conversion therapy.

Cleared as complete and accurate:

Dave Peffer

Cleared by:

Executive Group Manager

Ext: 512 49392

Contact Officer name:

Gabriela Sermenio

Ext: 512 49922

TRIM Ref:

GBC19/347

ACT Health and Wellbeing Partnership Board

Portfolio and function

ACT Health Directorate, Health Systems Policy and Research

Issue

The ACT Health Research Summit: Research Education and Training (the Summit) was held on 13 November 2018. It brought together leaders from the ACT Health Directorate, Canberra Health Services and Canberra's tertiary education and research sectors to identify shared priorities to improve the health and wellbeing of the community.

The key outcome from the Summit was the establishment of the ACT Health and Wellbeing Partnership Board (the Partnership Board), which would provide a governance structure to oversee the design and implementation of shared research priorities.

The Board's role is to identify and set shared priorities and make decisions that will improve the health and wellbeing of Canberra communities and surrounding regions. Its membership includes:

- Mr Michael De'Ath, Director-General, ACT Health Directorate;
- Ms Bernadette McDonald, Chief Executive Officer of Canberra Health Services;
- Prof Russell Gruen, Dean of the College of Health and Medicine, Australian National University;
- Prof Michelle Lincoln, Executive Dean of Health, University of Canberra;
- Ms Darlene Cox, Executive Director of the Health Care Consumers Association; and
- Ms Barb Reid, Regional Chief Executive, Calvary ACT.

The inaugural meeting of the Partnership Board was held on 4 March 2019, where it agreed to establish two working groups – the Research Working Group and the Workforce, Education and Training Working Group.

Current status

On 21 June 2019, the second meeting of the Partnership Board was held to discuss a number of matters, including endorsing the Terms of Reference for the priority working groups, which will provide advice to the Partnership Board on innovative research and workforce models. An Expression of Interest process will shortly be undertaken to identify the Chairs of each group.

The Partnership Board also discussed efforts to streamline research governance and drive translational research outcomes (applying what we learn) for the benefit of the Canberra community.



Critical dates and reasons

A communique from the 21 June 2019 meeting will be released publicly once finalised.

The Partnership Board meets quarterly. The next meeting is scheduled for 9 September 2019.

Financial considerations

Nil. Appointments to the Partnership Board are not remunerated.

Recommended approach and timing

Nil.

Cleared as complete and accurate:	Dave Peffer	
Cleared by:	Deputy Director-General	Ext: 49656
Contact Officer name:	Dave Peffer	Ext: 49656
Lead Directorate:	Health	
Cleared for release	Yes	
TRIM Ref:	GBC19/347	

Clinical Leadership Forum

Portfolio and function

ACT Health Directorate, Health Systems, Policy and Research

Issue

On 10 September 2018, the then Minister for Health and Wellbeing announced the independent review to investigate and report on the culture and behavioural issues as they relate to ACT public health services. At the same time, the Minister announced the establishment of a Clinical Leadership Forum (CLF).

The CLF will provide independent advice from clinicians to the Minister for Health and Wellbeing and the Minister for Mental Health and will contribute to the continuous improvement of ACT's health system. The CLF will be informed and guided by the recommendations of the Independent Review into the Workplace Culture within ACT Public Health Services where this relates to improving the clinical operations of the ACT's health system.

Key areas of focus for the CLF will include Territory-wide health service delivery, Territory-wide health service infrastructure planning, clinical culture, planning and practice, workforce planning, education, and health and medical research.

Current status

On 13 June 2019 the then Minister for Health and Wellbeing and the Minister for Mental Health announced the following membership of the CLF:

- Professor Imogen Mitchell (Chair)
- Associate Professor Paul Craft
- Associate Professor Boon Lim
- Dr Frank Piscioneri
- Nikki Johnston OAM
- Associate Professor Louise Stone
- Dr Ahmed Mashhood

Critical dates and reasons

The CLF will meet quarterly. The first meeting has been scheduled for 1.00pm-2.30pm on Wednesday, 24 July 2019.

Financial considerations

The ACT Remuneration Tribunal's Determination 5 of 2019 determined remunerations of \$540 per diem for the Chair and \$465 per diem for members. Costs will be funded internally by the ACT Health Directorate.



Recommended approach and timing

Pending your availability, you may wish to address the first meeting. A functions brief would be provided to support your attendance.

Cleared as complete and accurate:	Dave Peffer	
Cleared by:	Deputy Director-General	Ext: 49180
Contact Officer name:	Geraldine Grayland	Ext: 49710
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Dave Peffer	
TRIM Ref:	GBC19/347	

Aboriginal and Torres Strait Islander community-controlled health organisations

Portfolio and function

ACT Health Directorate, Policy Partnerships and Programs

Issue

ACT Health Directorate (ACTHD) maintains strong partnerships and Service Funding Agreements (SFA) with Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga) as the Aboriginal Community Controlled Health Organisation (ACCHO) and Gugan Gulwan Youth Aboriginal Corporation (Gugan Gulwan) as the Aboriginal Community Controlled Organisation (ACCO) to support the delivery of health and community services to the Aboriginal and Torres Strait Islander community in the ACT and surrounding region.

As part of an election promise, ACTHD has committed funding to Winnunga by way of a Deed of Grant to construct a new health centre for Aboriginal and Torres Strait Islander people in the ACT.

- Appropriation of Territory funds does not align with contracted Deed of Grant payment milestones. There is a risk that Treasury will not be able to secure funds for payment due in July 2019. To manage this risk the ACT Health Directorate's Chief Finance Officer and Treasury are expected to arrange for the drawdown of 2020/2021 budget to be brought forward to make the next payment.
- Design plans intend for additional building works outside what is covered by ACT Government funds. Winnunga will be required to source additional funds to support any further additions.

Winnunga provides holistic health services for Aboriginal and Torres Strait Islander detainees in Alexander Maconochie Centre (AMC).

- The integration of Winnunga's holistic health approach into Justice health services was prompted by the Moss Review which was conducted following the death of Mr Steven Freeman, a young Aboriginal man, in custody at AMC on 27 May 2016.
- Ms Julie Tongs, CEO of Winnunga, has previously expressed concern about the relationship that the ACT Government and ACTHD has with Winnunga particularly in relation to the death of Mr Steven Freeman at AMC.

There is contention over the Ngunnawal Bush Healing Farm with Winnunga withdrawing from the Advisory Board and any involvement with operations. However, the 2019-20 ACT Budget included \$300,000 for a scoping exercise towards Winnunga developing an Aboriginal and Torres Strait Islander Residential Rehabilitation service working in conjunction with ACTHD.

Winnunga has provided regular commentary on ACTHD and ACT Government actions. The recent Winnunga Newsletter outlined concerns about Aboriginal and Torres Strait Islander peoples accessing health services stating: "One further example of the ACT's poor record of support of



Aboriginal Canberrans was the recent revelation that the ACT currently has the lowest rate in Australia for treating Aboriginal and Torres Strait Islander patients presenting to emergency departments as patients in Triage Category 3 - urgent, within nationally agreed wait times. In the ACT just 34% of Aboriginal patients are treated within the clinically appropriate benchmark against a national average of 66%."

ACTHD proactively engage with the Winnunga CEO, often at the most senior executive levels.

Current status

The 2018-19 ACT funding for Winnunga is \$2,493,597 (GST exclusive) as per the following:

- Primary Health Services funding: \$1,142,741
- Harm Reduction funding: \$589,951
- Policy Collaboration, Community Events and Business Administration funding: \$284,217
- Health and Wellbeing Services in the Alexander Maconochie Centre (AMC) funding: \$476,689.

This SFA has been extended from 1 July 2019 to 30 June 2022.

The Winnunga Capital Build is currently on track with all milestones either completed or nearing completion. The project is expected to be completed in late October 2020. The SFA for 2016-2019 currently in place between ACTHD and Gugan Gulwan to provide health and outreach services.

The SFA has been extended from 1 July 2019 to 30 June 2022.

For 2018-19, ACTHD has allocated \$1,268,181.42 to Gugan to deliver the following services:

- Street Beat Youth Outreach Service: \$126,405.88
- Harm Reduction, Information, Education and Support and Case Management: \$665,669.90
- Healthy Lifestyles and Chronic Disease, Prevention program: \$132,663.53
- Early Intervention Mental Health and Wellbeing Services: \$189,767.11
- Mental Health Nurse: \$153,675

Critical dates and reasons

26 July 2019: Steering Committee meeting for the Winnunga Capital Build to endorse a Grant Payment to Winnunga for \$7.7 million.

Financial considerations

There are financial commitments to continue SFAs with both Winnunga and Gugan Gulwan.

The 2019-2020 ACT Government budget also included additional funding for expanded health services at AMC. These services include expansion of the opiate replacement treatment service and a range of additional drug and alcohol services.

ACTHD has recently begun preparing concept briefs to determine support for further programs and initiatives in discussion with Winnunga and Gugan Gulwan.



Recommended approach and timing

Not applicable.

Cleared as complete and accurate:	Dave Peffer	
Cleared by:	Executive Group Manager	Ext: 49392
Contact Officer name:	Jon Ord	Ext: 57928
Lead Directorate:	Health	
TRIM Ref:	GBC19/347	

Health Action Plan under ACT Govt Aboriginal and Torres Strait Islander Agreement 2019-2028

Portfolio and function

ACT Health Directorate, Policy Partnerships and Programs

Issue

The *Aboriginal and Torres Strait Islander Agreement 2019-2028* (the Agreement) sets the long-term direction in Aboriginal and Torres Strait Islander affairs in the ACT. ACT Health Directorate (ACTHD) has developed a joint Action Plan with Canberra Health Services (CHS) to describe how ACTHD will deliver on the core and significant focus areas of the Agreement.

The work outlined in the Action Plan is informed by the draft Strategic Priorities for Aboriginal and Torres Strait Islander Health 2019-2028 (the Priorities), however, these are yet to be finalised. Coolamon Advisors, an Indigenous majority owned and managed company, is being engaged to assist in finalising the development a Strategic Framework for Priorities of Aboriginal and Torres Strait Islander Health in the ACT.

As the Action Plan is currently a joint activity with CHS, it also reflects their activities. ACTHD will develop its own independent Action Plan for Phase 2 (January 2021-December 2023).

Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga) does not agree with the Agreement and does not agree that decisions made by the Elected Body reflect the community's needs. Policy Partnerships and Programs maintains a strategic relationship with Winnunga.

Current status

The Aboriginal and Torres Strait Islander Health Coordination Group (HCG), ACTHD is responsible for reporting on the Directorate's progress under the Action Plan. The Directorate's First 100 Days report has been provided to the Inter-Directorate Committee ahead of the 2 July meeting.

The Directorate recorded progress against all action items except 'the development of ACT Health policies and procedures relevant to Aboriginal and Torres Strait Islander consumers, staff and community clearly demonstrating inclusiveness, protective factors and other cultural considerations'. ACTHD will seek feedback from the Inter-Directorate Committee on how this could be captured as a collective Directorate response.

Critical dates and reasons

23 July: Inter-Directorate Meeting to discuss draft first report on the Agreement Actions.

7 August: Subcommittee meeting at which the Director-General of ACTHD will report on the Directorate's progress.



Financial considerations

Nil.

Recommended approach and timing

Not applicable.

Cleared as complete and accurate:	Dave Peffer	
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Contact Officer name:	Jon Ord	Ext: 57928
Lead Directorate:	Health	
TRIM Ref:	GBC19/347	

NGUNNAWAL BUSH HEALING FARM – Operational

<p>Portfolio and function ACT Health Directorate, Health System Planning and Evaluation</p>
<p>Issue The Ngunnawal Bush Healing Farm (NBHF) was officially opened 4 September 2017 as a place of healing by focusing on reconnecting Aboriginal and Torres Strait Islander people to land and culture. There have been four programs to date commencing with the pilot program in November – December 2017. The most recent program over a 10 week period with 12 clients was completed June 2019.</p>
<p>Current status Planning is in progress for service providers to attend on site to deliver a unique set of programs for Program Five. The development of the programming is based on the five key components which were identified as part of the initial NBHF program: A foundations skills program; Reconnection to country and culture; A nutrition program; Relapse prevention program and Trauma support. A process review of the operational requirements for programs to continue to operate at the NBHF is underway.</p> <p><u>Operational staffing</u> 1 FTE SOGB – Service Manager 2 FTE SOG C – Administrative Manager and Operations Team Leader 3 ASO6 – NBHF Program Officers and Aboriginal Liaison Officer 1 ASO3 – Administration Officer 1 HSO8 – Bus Driver</p>
<p>Critical dates and reasons Program Five is scheduled to commence 15 July 2019.</p>
<p>Financial considerations The total cost of the two facilitated programs that were provided during 2018 – 2019 was \$126,741.00 GST Inclusive.</p>
<p>Recommended approach and timing The ongoing work to continue therapeutic programs at the NBHF is an important part of delivering equitable outcomes for Aboriginal and Torres Strait Islander peoples. These commitments outlined in the ACT Aboriginal and Torres Strait Islander Agreement 2019-2028 and are included in the core areas Children and Young People and Health and Wellbeing.</p>

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Contact Officer name:	Jacinta George	Ext: 49699
Lead Directorate:	Health	
TRIM Ref:	GBC19/347	



Ngunnawal Bush Healing Farm (NBHF) Review

Portfolio and function

ACT Health Directorate, Policy Partnerships and Programs

Issue

ACT Health Directorate (ACTHD) engaged Mr Russell Taylor AM of Burbangana Group in October 2018 to undertake a review of the governance and programs of the Ngunnawal Bush Healing Farm (NBHF) over a period of 12 months (the Review).

The Review is contentious because there are different views on the purpose of the NBHF. One view is that it should be for residential rehabilitation, but the land zoning does not allow this.

Current status

ACT Health is currently working with Mr Taylor to finalise the Review of the NBHF and to support the NBHF Advisory Board to examine and recommend future development options for existing and new programs operated at the NBHF.

This Report will assist the NBHF Advisory Board in its development of recommendations regarding governance and future use and programs for the NBHF.

Once the future options and directions are agreed, an implementation plan will be developed to support a phased approach to changes in service delivery.

Critical dates and reasons

The Review was originally due to conclude in October 2019. However, since commencing the Review and collaborating with community stakeholders, it has been determined that the completion of the Healing Framework is required to enable the final recommendations concerning program development and delivery. The Healing Framework is being developed by the United Ngunnawal Elders Council and is on track to be completed by January 2020.

ACTHD, the NBHF Advisory Board and other stakeholders will work together to continue to deliver on the ACT Government commitment to the NBHF. Future milestones are:

1. **July 2019** - NBHF Advisory Board reformed. Governance Review Final Report received.
2. **December 2019** - Healing Framework Delivered.
3. **January – February 2020** - Advisory Board provides a report to Government on preferred options for future programs and services.
4. **February 2020** - ACT Government to determine preferred actions based on Advisory Board Report.
5. **January – March 2020** - Implementation Plan developed to support programmatic change.



6. **March – December 2020** - ACT Government to work with Advisory Board in accordance with implementation plan.

Financial considerations

ACTHD has currently committed \$120,000 to the NBHF Review.

Recommended approach and timing

Nil.

Cleared as complete and accurate: Dave Peffer
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Contact Officer name: Amber Shuhyta Ext: x49737
Lead Directorate: Health
Cleared for release: Yes

TRIM Ref: GBC19/347

Interrelationship with the Mental Health Portfolio

ACT Health Directorate, Health Policy and Strategy and Mental Health Policy

Issue

Mental Health and Physical Health Shared Issues

- The ACT Government is a signatory to the Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan), which commits all jurisdictions to work against a set of eight agreed priority areas to achieve a more integrated, efficient and effective mental health system.
- Priority Area 5 of the Fifth Plan commits the ACT Government to improving the physical health of people living with mental illness and reducing early mortality. This is based on evidence that people living with mental illness have poorer physical health and lower life expectancy than other Australians.
- In addition, the presence of mental illness can impair recovery from physical illness and vice versa.
- Further, there are some areas of healthcare where there is a large overlap between mental health and physical health services, for example the treatment of eating disorders in the ACT. People who require inpatient treatment for eating disorders can require a range of therapeutic, medical and psychological services to help with their recovery, eating behaviours and returning to a normal weight range.
- To demonstrate its commitment to the development of eating disorders services in the ACT, ACT Health Directorate has developed an Eating Disorders Strategy Paper.
- There was also an item in the 2019-20 ACT Government Budget to increase the provision of eating disorders services in the ACT, with a focus on the availability of early intervention services.
- Anecdotally, a large number of presentations to the Emergency Department of the Canberra Hospital relate to mental health presentations. This has important implications for the pathways between mental and physical health services in the Canberra Hospital.

General Practitioners

- According to the Royal Australian College of General Practitioners 2018 Health of the Nation Report, mental health was the most common reason for a patient to visit a General Practitioner (GP). This shows the close relationship between mental health and primary care.
- Mental Health Policy has a working relationship with the Capital Health Network, who have responsibility for the development of the primary care system in the ACT, to develop ideas on how we can bring about better integration between primary care, secondary and tertiary services.

NDIS and the Psychosocial Support Measure

- The operation of the National Disability Insurance Scheme (NDIS) has struggled to provide appropriate levels of support to people with intellectual or psychosocial disability. The



ACT Government and the Commonwealth signed the National Psychosocial Support Measure Bilateral Agreement, to 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 not otherwise engaged with the NDIS.

- According to this Agreement, both parties will provide funding to the Psychosocial Support Measure over four financial years from 2017-18 to 2020-2021. This includes a total of \$2 million from the ACT Government and \$1.3 million from the Commonwealth. This funding is being provided to the CHN who have responsibility for commissioning and procuring the psychosocial support services in the ACT.
- At the Disability Reform Council meeting in March 2018, the ACT Government elected to take the national lead on work related to the interface between the NDIS and mental health services. ACT Health Directorate is working with CSD in the development of this work.

Funding of Community Organisations

- Mental Health Policy has strong relationships with Non-Government Organisations and the Community sector. Over the 2018-19 financial year, this included a total of 21 Service Funding Agreements (SFAs) with NGOs, amounting to a value of approximately \$11.2 million.
- A number of these SFAs, and additional Deeds of Grant, are with organisations that also have agreements and funding arrangements with other parts of ACT Health Directorate and the ACT Government, such as CSD. These organisations include Carers ACT, CatholicCare, Menslink and Woden Community Services.

Cleared as complete and accurate: Michael Culhane
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Contact Officer name: Amber Shuhyta Ext: x49737
Lead Directorate: Health
Cleared for release: Yes

TRIM Ref: GBC19/347



OFFICE FOR MENTAL HEALTH AND WELLBEING

Portfolio and function

Office for Mental Health and Wellbeing

Issue

- The Office for Mental Health and Wellbeing was created to lessen the impact of mental illness in the greater Canberra region through an increased emphasis on the social determinants of health, as well as enhancing service system coordination and improving workforce capacity through collaboration and innovation.
- Dr Elizabeth Moore commenced in the position of Coordinator-General in December 2018.
- The Coordinator-General reports directly to the Minister for Mental Health and the Office has a cabinet mandate to work across all Government agencies.
- The Office retains a level of independence from the day-to-day running of ACT Health and has authority to conduct reviews and produce reports as the Coordinator-General deems necessary or at the request of the Minister for Mental Health.
- While the Office was formally launched on 14 June 2018, the commitment of action within 100 days was taken to start with the commencement of the Coordinator-General.
- Within the 100 days from the commencement of the Coordinator-General, the Office has undertaken a process of co-design in conjunction with the peak non-government organisations to create a territory-wide vision for mental health and wellbeing and to inform the development of the Office Work Plan.
- The Office Work Plan was submitted for Ministerial approval on 7 March 2019 and submitted to Cabinet and endorsed. It was officially launched on 30 April 2019 and is available on the Office website.
- The Work Plan sets the a whole of government ongoing commitment to enhance the mental health and wellbeing of our community, by partnering with government, non-government and the community to support the people in the ACT and surrounds experiencing mental health concerns.
- The Work Plan introduces the territory-wide vision for mental health and wellbeing:
 - A kind connected and informed community working together to promote and protect the mental health and wellbeing of all.
- The Work Plan contributes to this vision through actions under three key themes for change:
 - Mentally healthy communities and workplaces;



- Individuals, families and carers; and
- The system and workforce.
- Activities being delivered under the plan this year include a Community Engagement Commitment, an Evaluation Framework for the Office and a review of Children and Young People’s Mental Health and Wellbeing (the review).
- The Office will continue to utilise a co-design approach including workshops and online consultations over the next few months for the review.
- The Mental Health and Wellbeing Inter-Directorate Committee (MHW IDC) has held regular meetings to drive the whole of government approach to enhancing the mental health and wellbeing of the greater Canberra region.

Current status

- The workplan deliverables are underway and are currently on track.
- The MHW IDC is currently considering a whole of government approach to Information Sharing between directorates to enhance consumer experience and enable effective planning.

Critical dates and reasons

The Workplan outlines key deliverables for the Office over the next 3 years.

Financial considerations

The allocated budget for the Office is solely to fund the staff for the Office for Mental Health and Wellbeing; this includes all on costs. The existing ACT Health infrastructure provides in kind support for all associated corporate functions.

Cleared as complete and accurate:	Coordinator-General	
Cleared by:	Deputy Director-General	Ext: 49273
Contact Officer name:	Natalie Johnson	Ext: 49860
Lead Directorate:	Health	
Cleared for release	Yes	
TRIM Ref:	GBC19/347	



Cross-border agreement between the ACT and NSW

Portfolio and function

ACT Health Directorate, Policy Partnerships and Programs

Issue

Cross-jurisdictional health agreements seek to ensure states/territories meet the hospital costs of their residents, even where residents obtain services in another state/territory. However, the ACT and NSW have operated under a cross border agreement for many years that does not equitably share risks or costs between jurisdictions.

The ACT is seeking an equitable cross-border arrangement with NSW. [REDACTED]

Current status

Cross border issues were discussed at the latest meeting between the former ACT Minister for Health and Wellbeing and NSW Minister for Health on 31 May 2019. We will shortly provide you with proposed correspondence to the NSW Minister, following up on the previous Minister’s discussion, seeking agreed principles on which to settle a funding agreement by 31 August 2019 and to prepare a draft ACT and NSW *Cross-border funding agreement for health services* for consideration by Ministers by 31 October 2019.

Critical dates and reasons

The ACT is yet to sign an agreement with NSW. This does not affect patient services in any way and historic practice is for jurisdictions to make provisional payments based on the most recent agreement (2015-16). ACT Health Directorate is pursuing a new agreement that better reflects an equitable arrangement for the ACT according to the timeframes above.

Financial considerations

NSW pays the ACT for hospital services at a lower price than actual cost, and does not fund the full cost of treatment for NSW patients. The price paid by NSW is the price set by the Independent Hospital Pricing Authority as the National Efficient Price, but the ACT’s hospital system costs around 40 per cent more. [REDACTED]

Recommended approach and timing

Note the current inequitable arrangement and that we have prepared correspondence for you to send Minister Hazzard about a proposed framework for resolving the deadlock.

Cleared as complete and accurate:	Dave Pepper	
Cleared by:	Executive Group Manager	Ext: 49392
Contact Officer name:	Gabriela Sermeno	Ext: 49922
Lead Directorate:	Health	
TRIM Ref:	GBC19/347	

NATIONAL HEALTH REFORM AGREEMENT 2020-2025

Portfolio and function

ACT Health Directorate, Policy Partnerships and Programs

Issue

ACT Health Directorate (ACTHD) is participating in multilateral working groups to finalise the drafting of a new National Health Reform Agreement (NHRA) and implementation plans that underpin the agreement by November 2019.

Multilateral implementation plans need to be developed for key themes within the agreement, including nationally cohesive health technology assessment; paying for values and outcomes; joint planning and funding at a local level; empowering people through health literacy; and prevention and wellbeing.

Current status

Negotiations are continuing between the Australian Government, States and Territories. Senior officials from ACTHD and the Chief Minister, Treasury and Economic Development Directorate are actively engaged in these negotiations.

Critical dates and reasons

The current NHRA ends 30 June 2020.

There is an expectation that the Council of Australian Governments (COAG) Health Council will agree the new NHRA 2020-2025 in November 2019.

COAG agreed negotiations would be finalised to allow First Ministers to sign the agreement in December 2019.

Financial considerations

The Heads of Agreement that forms the foundation for a new NHRA maintains the current level of Commonwealth funding. The Commonwealth will fund 45 per cent of the efficient growth of activity for hospital services provided to public patients in a range of settings.

The NHRA for the period 2020-2025 is expected to deliver an estimated \$2.6 billion in public hospital funding for the ACT.

The \$2.6 billion in funding is an additional \$722 million above the preceding five-year period.

Recommended approach and timing

ACTHD will continue to actively participate in the negotiations, which are expected to be finalised December 2019.

Should the timeframes not be met, there is a risk the Australian Government may seek to extend the current agreement.

Cleared as complete and accurate:	Dave Pepper	
Cleared by:	Executive Group Manager	Ext: 49392
Contact Officer name:	Gabriela Sermeno	Ext: 49922
TRIM Ref:	GBC19/347	



Community Health and Hospitals Program (CHHP) – Commonwealth funding

**Portfolio and function;
ACT Health Directorate, Policy Partnerships and Programs**

Issue

On 27 May 2019, the former Minister for Health and Wellbeing received a letter from the Australian Government Minister for Health advising that a total of \$31.103 million over six years has been approved for projects across the ACT through the \$1.25 billion in Commonwealth funding available from the Community Health and Hospitals Program (CHHP).

On 24 June 2019, the former Minister sent a letter (COR19/15494) to the Minister for Health seeking clarification on the phasing of investments and breakdown of funding for the four relevant 2019-20 Federal Budget measures, including:

- Residential eating disorder clinic;
- Expansion of the Intensive Care Unit, Canberra Hospital;
- Youth Mental Health & Suicide Prevention; and
- Community-based Alcohol and Other Drug Residential Rehabilitation Expansion and Modernisation.

The Intensive Care Unit was the highest priority project for the former Minister and has commenced. Any change in the funding profile may have adverse implications for the ACT Budget.

The ACT Government has already received \$0.784 million in 2018-19 for the Youth Mental Health & Suicide Prevention Project Agreement.

Current status

The ACT Government has sought clarification on the phasing of investments and earlier prioritisation from the Australian Government of funding for the Expansion of the Intensive Care Unit.

Critical dates and reasons

Nil.

Financial considerations

A change in funding profile could have a negative impact on the Budget bottom line.

Recommended approach and timing

The ACTHD will continue to engage with Department of Health to progress negotiations. The expected response from the Minister for Health should set out the phasing of the Australian Government investment.

Cleared as complete and accurate:	Dave Peffer	
Cleared by:	Executive Group Manager	Ext: 49392
Contact Officer name:	Gabriela Sermeno	Ext: 49922
Lead Directorate:	Health	
TRIM Ref:	GBC19/347	

National Partnership Agreement on Public Dental Services for Adults

Portfolio and function

ACT Health Directorate, Policy Partnerships and Programs

Issue

The Australian Government has recently offered a one-year extension of the National Partnership Agreement on Public Dental Services for Adults (NPA), from 1 July 2019 to 30 June 2020. The NPA provides Australian Government funding to states and territories to alleviate pressure from adult public dental waiting lists.

The short-term nature of ongoing extensions to Australian Government funding has caused uncertainty for the ACT's public dental care sector. It has been difficult to introduce an efficient model of care due to the uncertainty of funding and short duration of the NPA. This has led to a negative impact on the ACT's ability to meet demand for publicly funded dental services.

Current status

The former Minister for Health and Wellbeing wrote to the Commonwealth in April 2019 seeking a longer-term agreement but no response has been forthcoming. The current NPA expired on 30 June 2019.

A letter of acceptance in response to Australian Government's one-year extension offer will be provided to your Office.

Critical dates and reasons

Accepting the offer of a one-year extension will ensure the continuity of dental service provision for adults from a low socio-economic background for 12 months, delivered through Canberra Health Services (CHS) from 1 July 2019 to 30 June 2020.

Once the NPA is signed, we will begin liaising with the Commonwealth to seek a longer-term agreement, including an appropriate level of funding beyond 30 June 2020.

Financial considerations

Under the one-year extension, the ACT will receive \$0.9 million in Australian Government funding for dental services provided from 1 July 2019 to 30 June 2020.

Recommended approach and timing

ACT Health Directorate and CHS will negotiate with the Australian Government for better terms for the next adult public dental agreement for the services provided from 1 July 2020 onwards.

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TRIM Ref:	GBC19/347	

Nurse Ratios Framework Project

Portfolio and function

ACT Health Directorate – Office of Professional Leadership and Education

Issue

- A Memorandum of Understanding has been signed between ACT Government and the Australian Nursing and Midwifery Federation (ANMF) to develop an appropriate Ratios Framework that could be implemented in the ACT Public Sector. This project is to be jointly implemented by the ACT Chief Nursing and Midwifery Officer (CNMO) and the ANMF, who co-chair the Technical Review Group (TRG) leading the project.
- The TRG has been meeting fortnightly to progress the Ratios Framework Project.
- We have conducted a literature review of workload management models and prepared a jurisdictional comparison of those used in Australia and New Zealand.
- The TRG has agreed to use the Queensland methodology to build the Ratios Framework for the ACT Government. This methodology is inclusive of an agreed nurse-to-patient ratio and workload management models.

Current status

- We have mapped the Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB) nursing and midwifery workforce, in particular the in-patient units.
- We have also analysed existing rosters for CHS and CPHB.

Critical dates and reasons

- A draft Ratios Framework will be tabled at the TRG meeting on 3 July 2019.
- TRG will have until 12 July 2019 to provide feedback.
- Wider consultation will commence 18 July 2019.
- Project completion date: 8 November 2019.

Financial considerations

None at this time. However, depending on the impact of the Ratios Framework on rostering at CHS and CPHB, there may be a financial impact to service deliverers.

Recommended approach and timing

Note that the project is currently on track, and will ultimately feed into the new Enterprise Agreement, to be settled at the end of 2019.

Cleared as complete and accurate:	Dave Peffer	
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Contact Officer name:	Hamish Jeffrey	Ext: 49628
Lead Directorate:	Health	
TRIM Ref:	GBC19/347	

Nurses and Midwives: Towards a Safer Culture Strategy

Portfolio and function

ACT Health Directorate – Office of Professional Leadership and Education

Issue

Nurses and midwives are at the forefront of health care delivery and are the largest health care group exposed to Occupational Violence and Aggression (OVA).

In December 2018, the Minister for Mental Health and the then Minister for Health and Wellbeing launched a strategy to support the fundamental rights of nurses and midwives working in ACT public health services to be safe and protected in their workplaces.

The Strategy is being led by the Chief Nursing and Midwifery Officer, ACT Health Directorate and encompasses Canberra Health Services, the University of Canberra Hospital, and Calvary Public Hospital Bruce.

The *Nurses and Midwives: Towards a Safer Culture – The First Step Strategy* Steering committee has been established to govern decision making, project direction and monitoring project deliverables.

An expert advisory group will be established to provide advice on each of the key focus area of the strategy.

A key component of the strategy is the piloting and evaluation of the Safewards model.

The Safewards model is a mental health in-patient health program developed in the United Kingdom by Professor Len Bowers and has been successfully implemented internationally and nationally in public health services in Victoria, NSW and Queensland.

Current status

- The *Nurses and Midwives, Towards a Safer Culture Strategy* project and dedicated resources are funded to the end of financial year 2021-2022.
- Interactive consultation sessions with 126 nurses and midwives from across the three workplaces have occurred to inform implementation of the strategy.
- The Steering Committee is meeting on a fortnightly basis to determine priorities from the implementation plan.

Critical dates and reasons

- Completion date of the project is end of financial year 2021-22.

Financial considerations

The project received budget funding of \$1.292 million over three years.

Recommended approach and timing

- Note this project is ongoing.

Cleared as complete and accurate:	Dave Peffer	
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Contact Officer name:	Hamish Jeffrey	Ext: 49628
Lead Directorate:	Health	
TRIM Ref:	GBC19/347	



Health Act Amendment Bill 2019 – Nurse Practitioners

Portfolio and function

ACT Health Directorate – Office of Professional Leadership and Education

Issue

- Nurse Practitioner’s (NP’s) emerged as an addition to the health profession during the 1990s. Each State and Territory introduced unique regulatory and policy infrastructure to ensure care provided by NP’s was safe, appropriate, and met community needs.
- In the ACT, *Health Regulation 2004* was introduced under the *Health Act 1993* to govern NP’s.
- On 23 November 2018, the *Health Regulation 2004* was repealed.
- Amendment to the *Health Act 1993* is now required following the repeal.
- ACT Health Directorate prepared a Cabinet Submission to make minor and non-controversial amendments to the *Health Act 1993*.
- The amendment to the *Health Act 1993* is to include the term ‘Nurse Practitioner’ in Part 5 of the *Health Act 1993, Reviewing scope of clinical practice*. This amendment will formalise the clinical governance requirement for the scope of practice of NP’s in the ACT to be reviewed and credentialed by a Scope of Clinical Practice Committee.

Current status

Cabinet Submission package submitted to the then Minister for Health and Wellbeing.

Critical dates and reasons

The Cabinet Submission is scheduled for Cabinet consideration on 2 July 2019.

Financial considerations

None.

Recommended approach and timing

We will provide you with a Cabinet brief to support discussion with your Cabinet colleagues on the proposed amendments.

Cleared as complete and accurate:	Dave Peffer	
Cleared by:	Executive Group Manager	Ext: 49628
Contact Officer name:	Hamish Jeffrey	Ext: 49628
Lead Directorate:	Health	
Cleared for release	Yes	

TRIM Ref: GBC19/347



Transvaginal mesh

ACT Health Directorate, Office of Professional Leadership and Education

Issue

- Transvaginal mesh is a medical product that has been used for the past 10-15 years to treat pelvic organ prolapse and stress urinary incontinence. During 2017, the Therapeutic Goods Administration cancelled the approval of specific types of transvaginal mesh devices, and these devices can no longer be supplied in Australia.
- While many women benefited from the use of transvaginal mesh, increasing numbers of women reported a variety of complications. Complications associated with mesh procedures range from mild discomfort to debilitating pain, which may be evident immediately or manifest years after surgery.
- A Senate Inquiry into the *Number of women in Australia who have had transvaginal mesh implants and related matters* reporting its finding in March 2018. The report contained 13 recommendations regarding the use of transvaginal mesh for pelvic organ prolapse.
- The Australian Government's response supported, or supported in principle, all of the 13 recommendations. While most of these recommendations were high level, some of these recommendations can only be successfully implemented with the assistance of states, territories, local public and private hospitals.
- On 21 September 2017, in response to the adverse events associated with transvaginal mesh and the Senate Inquiry, ACT Health, now Canberra Health Services (CHS), initiated a Gynaecological Transvaginal Mesh Review Group.
- All public and private hospitals that had performed transvaginal mesh surgery were invited onto the Gynaecological Transvaginal Mesh Review Group, including Calvary John James Hospital (CJH), National Capital Private Hospital (NCPH) and Barton Private Hospital (BPH).

Current status

- CHS and Calvary Public Hospital Bruce (CPHB) have been proactive in contacting all women directly who have been identified as having undergone surgery or treatment of this type within the past 10 years to notify them of this issue and the options available to them if they are concerned.
- No information on the actions undertaken by the private hospitals has been received.
- On 20 March 2019, the then Minister for Health and Wellbeing wrote to private hospitals that implanted mesh over the past 10 years and encouraged them to:
 - contact and review patients who have had transvaginal mesh surgery;



- advise what audit has been undertaken to assess the outcomes for these mesh procedures for the past 10 years; and
- advise what processes are in place to credential clinicians who are performing transvaginal mesh surgery.
- On 18 June 2019, the Chief Medical Officer (CMO) wrote to the same private hospitals asking whether:
 - contact has been made with all patients who have received vaginal mesh surgery;
 - an audit has been undertaken to assess the outcomes of these mesh procedures;
 - names of clinicians credentialed to perform mesh repair;
 - in the process of credentialing the Australian Commission on Safety and Quality in Health Care (ACSQHC) criteria were met; and
 - the number of women who have had mesh procedures and are receiving ongoing care or have received care since 1 July 2018.

Critical dates and reasons

- While there is no critical date, the 13 recommendations of the Senate Committee and the guidance documents produced by the ACSQHC set the clinical standard of care that is to be provided by public and private hospitals and health care providers in the ACT. It is on this authority that the then Minister and CMO wrote to CJJH, NCPH and BPH to ensure that the expected standards of clinical care are being met.

Financial considerations

- There are no current financial implications for the ACT Health Directorate.
- CHS has received funding for a multidisciplinary service to include specialist gynaecologists, physiotherapists, continence nurse, psychologist, pain specialist, colorectal surgeon and urologists. This service will provide ongoing support for women with complications of mesh surgery and also those who have had treatment elsewhere and have returned to Canberra.

Recommended approach and timing

- The CMO has asked the private hospitals to respond to his correspondence by 22 July 2019.

Cleared as complete and accurate:	Dave Peffer	
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Lead Directorate:	Health	
TRIM Ref:	GBC19/347	

Influenza

Portfolio and function

ACT Health Directorate, Public Health, Protection and Regulation

Issue

Influenza season in the ACT has commenced, with significant media interest.

Current status

The annual influenza season has commenced in the ACT with the number of reported cases continuing to increase since early May 2019. This is the earliest start to an influenza season in the last 10 years. This is consistent with trends observed nationally.

Due to the earlier start to the season and increased inter-seasonal activity in January and February 2019, the number of influenza cases reported so far this year is much higher compared to previous years.

It is difficult to predict how the season will continue to progress. Many factors can affect the magnitude and severity of the influenza season, including the types of influenza viruses that are circulating, how well they match the vaccine, and immunisation coverage.

Influenza vaccine is funded under the National Immunisation Program to people aged 65 and older, pregnant women, Aboriginal and Torres Strait Islander people and people with certain chronic medical conditions.

Since 2018 the ACT Government has funded influenza vaccine for infants aged 6 months to under 5 years.

A pilot program of administering National Immunisation Program influenza vaccine to persons 65 years and over through some pharmacies has commenced in 2019.

There are no current issues with government funded influenza vaccine supply in the ACT.

However, due to the high demand of the influenza vaccine across Canberra, the Health Protection Service is closely managing influenza vaccine stock.

Winter Season bed management strategies are in place for all public hospitals to proactively manage higher ED presentations and related pressure on inpatient beds. Weekly teleconferences monitoring health sector capacity and response will continue as necessary.

Critical dates and reasons

N/A

Financial considerations

N/A

Recommended approach and timing

The ACT Health Directorate will continue to monitor reported cases of influenza and publish weekly influenza reports on the ACT Health website until the end of the season.

Cleared as complete and accurate:	Dave Peffer	
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Lead Directorate:	Health	
Cleared for release	Yes	
TRIM Ref:	GBC19/347	



Health Care Facility Regulation Review

Portfolio and function: ACT Health Directorate – Public Health, Protection and Regulation

Issue

ACT Health Directorate is currently undertaking an external consultant led review of the Health Care facility (HCF) regulatory framework. The purpose of the review is to improve and strengthen HCF regulation through capture of new and emerging cosmetic and dental practices, better align with regulation in other jurisdictions and to incorporate the National Safety and Quality Health Service (NSQHS) Standards.

Since 2001 the operation of a HCF has been declared a public health risk activity under the *Public Health Act 1997* (the Act). All public and private HCFs that provide prescribed medical and dental procedures, or overnight patient stays are required to be licensed. A corresponding HCF Code of Practice (CoP) was notified under the Act in 2001 to set minimum safety and reporting standards. The licensing and compliance functions of HCF regulation are performed by the Health Protection Service (HPS) and the Chief Health Officer (CHO) on behalf of the Minister for Health and Wellbeing.

HCFs typically include hospitals, day procedure centres, dialysis clinics, cosmetic practices and some dentists. There are currently 32 licensed HCFs operating in the ACT. Both public and private HCF are licensed under the same regulatory framework.

Following a select tender procurement process, KPMG was engaged to review the current HCF regulatory framework and provide costed recommendations to Government.

Current status

The final review deliverable due by KPMG includes recommendations in the form of a Regulatory Impact Statement (RIS) on options to improve and strengthen HCF regulation. This options paper is scheduled to be submitted by KPMG in July 2019.

Critical dates and reasons

Within the normal course of business.

Financial considerations

The total cost of the HCF review contract with KPMG is \$189,189.00 (Inc. GST) to be drawn from ACT Health Directorate’s existing budget.

Financial implications associated with any recommendations provided by the review will be detailed as part of the RIS.

Recommended approach and timing

We will use the RIS prepared by KPMG to advise you on suggested adjustments to legislation, regulation or policy. There is no set deadline for this work.

Cleared as complete and accurate:	Dave Peffer	
Cleared by:	Deputy Director-General	Ext: 49656
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Lead Directorate:	Health	
Cleared for release	Yes	
TRIM Ref:	GBC19/347	

Preventive Health and Wellbeing Plan

Portfolio and function

ACT Health Directorate, Preventive and Population Health (PPH)

Issue

The 2016 Parliamentary Agreement commits to appointing a Preventive Health Coordinator and developing a comprehensive preventive health strategy. To progress this agenda, PPH is developing an ACT Preventive Health Plan (the Plan), with a focus on primary and secondary prevention, and broader wellbeing factors to be informed by the CMTEDD-led Wellbeing Indicators project. Appointment of a Preventive Health Coordinator will be considered in the context of future Wellbeing Indicators governance structures.

Current status

The Plan is currently in development. It is intended to provide a high-level framework for government-led action, and a mechanism to collaborate with community partners.

Critical dates and reasons

Subject to agreement, and progression of the CMTEDD-led Wellbeing Indicators project, the Plan will be launched in late 2019 (to accommodate the Wellbeing Indicators consultation). Key dates include:

- Feedback from Wellbeing Indicators community consultation – roundtables from July 2019
- Finalisation of the draft Plan – September-October 2019
- Cabinet approval – November 2019
- Launch of the Plan – November/December 2019

Financial considerations

PPH is currently funded to deliver a range of preventive health activities in partnership with schools, sporting clubs, community organisations and local businesses. In addition, a three-year one-off project aimed at improving health outcomes for people with existing cardiovascular disease will commence from 2019-20 in partnership with the Australian National University. Funding to support any new or expanded activities under the Plan, beyond existing initiatives, would require consideration in the Budget context.

Funding is not available to appoint a dedicated and specialist Preventive Health Coordinator.

Recommended approach and timing

It is proposed that the Plan aligns to the Wellbeing Indicators, currently in development. The Wellbeing Indicators are expected to include a focus on both physical and mental health. The Wellbeing Indicators will be announced on Canberra Day (9 March 2020).

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Cleared for release	Yes	
TRIM Ref:	GBC19/347	

Population health policies, programs and community grants

<p>Portfolio and function ACT Health Directorate, Preventive and Population Health</p>
<p>Issue</p> <p>Preventive and Population Health (PPH) seeks to improve the health of the ACT population through evidence-based promotion of healthy lifestyles and interventions to address the range of risk and protective factors that determine the health of our community. Activities are guided by Territory and national-level policies/strategies and in response to emerging issues.</p>
<p>Current status</p> <p>Current work includes:</p> <ul style="list-style-type: none"> • the delivery of initiatives to keep Canberrans healthy and active (e.g. health promotion programs, injury prevention); • the distribution of around \$2 million annually to community-based organisations to support programs that prevent chronic disease and improve population health outcomes; • harm reduction interventions (e.g. pill testing); • early intervention to minimise the impacts of disease (e.g. screening policy); • responding to emerging priorities (e.g. gene technology regulation, health impacts of climate change); • biennial reporting on the status of the ACT population through the <i>Chief Health Officer's Report</i>, with the next report due in 2020; and • other population health initiatives (e.g. organ and tissue donation policy). <p>In addition, the Australian Government recently announced the development of a national preventive health strategy. PPH will seek to actively engage in strategy development and implementation at the Territory-level.</p>
<p>Critical dates and reasons</p> <p>Activities are ongoing</p>
<p>Financial considerations</p> <p>Core activities are funded from within existing directorate resources.</p>
<p>Recommended approach and timing</p> <p>PPH works closely with Public Health, Protection and Regulation in delivering population health activities.</p>

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Cleared for release	Yes	
TRIM Ref:	GBC19/347	

Development of new services (budget measures) including implementing the Drug Strategy Action Plan

Portfolio and function

ACT Health Directorate, Preventive and Population Health

Issue

The ACT Drug Strategy Action Plan (Action Plan) was released December 2018 and includes 43 whole-of-government actions to minimize harms from alcohol, tobacco and other drugs. It aligns to the National Drug Strategy 2017-2026. Key activities under the Action Plan include implementation of an ACT Drug and Alcohol Court, pill testing and the Safer Families Alcohol and other Drug (AoD) initiative. In addition, the 2019-20 Budget included the following ACT Health Directorate (ACTHD)-led initiatives:

- Scoping of a Medically Supervised Injecting Facility
- Increased availability of naloxone
- Co-design of an Aboriginal and Torres Strait Islander Residential Rehabilitation Facility.

A Drug Strategy Action Plan Advisory Group has been established to oversee implementation of the Action Plan. The Group met for the first time on 28 June 2019.

Current status

New Initiatives

Naloxone. Naloxone is used to reverse opioid overdoses. This initiative aims to increase the availability of free take home naloxone from key settings (e.g. hospitals, needle and syringe programs, alcohol and other drug treatment services, and on discharge from withdrawal or rehabilitation services).

Medically supervised injecting facility (MSIF). This initiative will fund a consultancy to advise on whether a MSIF is appropriate for the ACT and, if so, suggest models of care, governance structures and evaluation plans.

Aboriginal and Torres Strait Islander residential rehabilitation service. In keeping with the commitments made in the ACT Aboriginal and Torres Strait Islander Agreement 2019-2028 and the ACT Drug Strategy Action Plan 2018-2021, ACTHD will work with the Aboriginal and Torres Strait Islander community to co-design a residential rehabilitation service to address the current gap in culturally appropriate AoD residential rehabilitation in the ACT.

Ongoing Implementation

Drug and Alcohol Court. The ACT Government has committed to implement an ACT Drug and Alcohol Court by December 2019. ACTHD is working in partnership with Canberra Health Services (CHS) and Justice and Community Safety Directorate (JaCSD) on implementation arrangements, including the provision of AoD treatment services to the Court.

Safer Families. Work under this initiative has been undertaken in two phases. The first phase of work has been the development of resources and tools to assess and build the capacity of the AoD sector to respond to domestic and family violence (DFV). The second phase of work, a Baseline Assessment project, will use the resources and tools developed in phase one, to provide a comprehensive overview of the capacity and capability, both at an organisational and sector



level, to respond to DFV. This second phase of work is due to be completed in late September 2019.

Pill Testing. The second trial of a pill testing service occurred on 28 April 2019 at the Canberra leg of the Groovin the Moo festival. Pill Testing Australia delivered the service. The trial is being independently evaluated, with findings to inform future harm minimisation approaches at festivals in the ACT.

Critical Dates and Reasons

Ongoing implementation.

Financial considerations

Naloxone - \$1.246 million over four years to prevent fatal drug overdoses in the ACT, including \$300,000 in 2019-20.

Medically supervised injecting facility (MSIF) - \$200,000 in one off-funding in 2019-20 to investigate the feasibility and need for a MSIF in the ACT.

Aboriginal and Torres Strait Islander Residential Rehabilitation service - \$300,000 in 2019-20 towards the scoping and co-design of the service.

Drug and Alcohol Court - \$790,000 for ACTHD and \$775,000 for CHS in the 2019-20 financial year, and a further \$3.1 million across both Directorates in 2020-21. Additional funds may be necessary to support the implementation of the DAC within the specialist AOD treatment sector in the longer term and additional capital funding will be required to support facility upgrades and additional infrastructure.

Safer Families - The 2016-17 Budget allocated \$500,000 to increase the capacity of the AOD sector to respond to DFV and a further \$2.013 million over the four-year period, 2017-18 to 2020-21, was provided through the 2017-18 ACT Government Budget. While baseline funding will not be available in 2019-20, a request to carry forward uncommitted 2018-19 Safer Families AOD funding, being \$598,000, has been agreed. This funding will be made available in 2019-20, following the conclusion of the Baseline Assessment project, at which point consideration will be given to future sector needs.

Recommended approach and timing

Quarterly reports on progress delivering the Drug Strategy Action Plan will be provided.

The work to support the Drug and Alcohol Court timing is influenced by the JaCSD project timeline.

Scoping for the Medically Supervised Injecting Facility is not likely to commence until the first half of 2020.

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Cleared for release	Yes	
TRIM Ref:	GBC19/347	

Year 7 Health Check

Portfolio and function

ACT Health Directorate, Preventive and Population Health

Issue

The Year 7 Health Check (Y7HC) is an ACT Government priority. It will be used to examine the prevalence, distribution and patterns of adolescent health and wellbeing; and help to inform future service delivery for children in the ACT.

The Y7HC will be collected in two parts: an assessment of healthy weight by measuring body mass index (BMI), derived from weight and height; and an electronic survey that will assess health and emotional wellbeing risk factors.

Current status

ACT Health Directorate has consulted with other government agencies, including the ACT Education Directorate; the community; and children and young people in developing the Y7HC program model. A Listening Report summarising consultation outcomes is available on the YourSay website. Subject to agreement, a full consultation report will be made available on 3 July 2019. Overall, 63 per cent of respondents to the YourSay survey supported the Y7HC program.

Current work includes:

- finalising invitation letters to parents and schools (government and non-government) to participate in the 2019 Y7HC;
- finalising communications materials;
- risk mitigation, including meeting with key stakeholders (e.g. Parents & Citizens Association, Youth Coalition);
- preparing an online anonymous survey to capture data on health risk factors in term 3, 2019, the survey will be conducted alongside the School Satisfaction Survey;
- operationalising plans to conduct face-to-face BMI assessments in term 4, 2019, the assessment will align with the Year 7 immunisation schedule; and
- recruiting school health nurses to conduct the BMI assessments.

A Y7HC Advisory Group has been established to develop the operational aspects of the emotional wellbeing component of the Y7HC, possible referral pathways and in-school handling of issues arising. The Advisory Group includes representatives from Preventive and Population Health, Canberra Health Services (Women Youth and Children Division), Mental Health Policy and the ACT Education Directorate.

Critical dates and reasons

- Term 3 2019 – Anonymous online risk factors survey rolled out
- Term 4 2019 – Healthy weight (BMI) assessments conducted
- From 2020 – risk factor survey will be expanded to include emotional wellbeing assessment



Financial considerations

Budget allocation (2017-18 Budget measure):

	FY2017/18	FY2018/19	FY2019/20	FY2020/21
	\$	\$	\$	\$
Recurrent	323,000	750,000	820,000	789,000

Recommended approach and timing

A particular issue of concern raised during the YourSay consultation was around BMI generating potential concerns about body image, eating disorders, low self-esteem, bullying and depression. BMI is a simple, inexpensive, and noninvasive measure of excess weight validated for the target population. BMI has also been successfully utilised as part of the Kindergarten Health Check (KHC). The Education Directorate and School Health Team are developing strategies to proactively manage any student wellbeing issues. The Y7HC is an *opt-in* program and students/parents can withdraw at any time.

Cleared as complete and accurate: Dave Peffer
 Cleared by: Executive Group Manager Ext: 51854
 Contact Officer name: Erica Nixon Ext: 49460
 Lead Directorate: Health
 Cleared for release: Yes
 TRIM Ref: GBC19/347

Calvary Overview Brief

Portfolio and function

ACT Health Directorate, Commissioning

Issue

Calvary Health Care ACT Ltd (Calvary) (part of Little Company of Mary Health Care Ltd) operates the Calvary Public Hospital Bruce (CPHB) in Canberra, ACT.

CPHB is a fully accredited public general hospital located in the northside of Canberra. It currently has a bed occupancy of 277 beds.

The Australian Institute of Health and Welfare 2017-18 Report states that CPHB had:

- Approximately 60,000 emergency department presentations in 2017-18.

CPHBs internal performance reports for the full year 2017-18 report:

- Approximately 6,000 elective surgeries; and
- Approximately 1,700 births.

Calvary Network Agreement

At present, underpinning the contractual relationship between the two parties is the Crown Lease, which was originally granted by the Commonwealth of Australia to Calvary pursuant to the Original Agreement. This lease was replaced with a new Crown Lease granted to Calvary on 16 November 1999 for a term of 99 years. Calvary is entitled to a further lease on the expiry of the current Crown Lease. Whilst Calvary holds the lease for the land, the Territory owns the public hospital assets.

On 7 December 2011 the Calvary Network Agreement (CNA) was agreed between the Territory and Little Company of Mary Health Care Ltd (LCM) to bring together multiple separate agreements that were in existence between the parties. The contract commenced 1 February 2012. The present relationship between the two parties is primarily governed by the CNA which deals with the conduct of the public hospital and the scope of services Calvary provides at the hospital and the Crown Lease which governs the lessee's use and occupation of the land, including the right to exclusive use of the land during the term of the Crown Lease.

The CNA appoints Calvary to provide services as a Service Network Provider and hence, CPHB is included in the ACT Local Hospital Network. The CNA is an ongoing agreement, continuing in force for as long as the crown lease remains in place or it is terminated by one of the parties. Calvary, LCM and ACTHD agreed in 2018 that the CNA should be reviewed and updated to be contemporaneous. Amendments proposed by ACTHD were provided to Ms Barbara Reid, Regional CEO, Calvary ACT, for consideration on 28 March 2019. Calvary has advised the CNA is being reviewed by their legal area and feedback will be provided to ACTHD imminently.



Performance Agreements

The CNA provides for annual Performance Plans (also called Performance Agreements) between ACTHD and CPHB, to specify the schedule of services, volumes of services (ie, “activity” levels), funding and key performance indicators. ACTHD are currently in the process of developing the 2019-20 Performance Agreement. This agreement will continue the incremental transition to activity-based funding of healthcare services delivered by CPHB.

CPHB Emergency Department Expansion

The 2019-20 ACT Budget announced the Government will fund more staff for CPHB's Emergency Department (ED), following the completion of ED expansion works funded through the 2018-19 ACT Budget. This investment will support faster access to care for people on Canberra's northside and continue to help reduce waiting times.

The capacity of the CPHB ED will increase capacity from 39 treatment spaces to 61 spaces when the redevelopment is completed. The current expectation is for this to be in March 2020. However, the issue below might impact on this schedule.

Gazettal of CPHB's ED (front page of Canberra Times 28 June 2019)

A brief (MIN19/756) provided recently to the former Minister for Health and Wellbeing and the Minister for Mental Health addressed the issue of capacity for CPHB to provide acute adult mental health ED services. CPHB delivers acute mental health care through a low care non-secure unit. However, its ED is not approved (otherwise termed ‘gazetted’) for emergency detention or correctional patients. Currently, the Canberra Hospital has the only ED in the Territory able to take such patients.

Given the pressure on the existing system, and the opportunity provided by the current ED capital works at CPHB, a briefing has been provided to the former Minister to approve ACTHD establishing a working group to deliver, by the end of July 2019, costing of capital works and an assessment of human resource investment needed to support gazetting of the ED at CPHB. The impact of this proposal on the schedule for the planned (and already funded) expansion of the ED will also be examined.

Clare Holland House

Clare Holland House (the Hospice) is owned by the Territory and operated by CPHB for the provision of palliative care services in the ACT. Currently, CPHB are providing these services without a lease agreement in place.

Discussions have occurred between ACTHD and CPHB on executing a separate agreement that incorporates a license for the access to, and use of, the land and buildings on which the business of the Hospice is conducted, with a term in place.

ACTHD has also completed a review of the Clare Holland House (CHH) Hospice Agreement that was drafted by the ACT Government Solicitor's Office in 2014.

Along with the CNA, the proposed amended CHH Hospice Agreement was provided to Ms Barbara Reid on 28 March 2019. It is also being reviewed by their legal advisers with feedback to be provided to ACTHD imminently.



The 2019-20 Budget announced expansion of CHH, to be funded by contributions from the Commonwealth and the Snow Foundation.

Current status

We are waiting on a response from CPHB to the proposed new agreements.

Separately, a working group is developing advice for you on possible options for gazetting CPHB’s ED.

Critical dates and reasons

Review of CNA – no critical dates.

CHH Hospice Agreement – aiming for agreement ahead of commencement of expansion works.

2019-20 Performance Agreement - will be finalised by around end of August 2019.

Financial considerations

CNA amendments – nil.

CPHB 2019-20 Performance Agreement - will not be finalised before the commencement of the new financial year, ACTHD will continue to make payments to CPHB under current arrangements and incorporating new budget initiatives and indexation.

CPHB ED gazettal – next advice end July / early August 2019. Financial implications will require Budget Cabinet consideration.

CHH Agreement – nil.

Recommended approach and timing

The CNA amendments, 2019-20 CPHB Performance Agreement and CHH Agreement will all be executed at officials’ level. ACTHD will keep you informed of any issues and advise you of completion.

ACTHD will provide you with a further brief on the CPHB ED gazettal issue in August 2019, covering the cost implications and proposing next steps.

Cleared as complete and accurate:	28 June 2019	
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Contact Officer name:	Margaret Stewart	Ext: 49420
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Margaret Stewart	
TRIM Ref:	GBC19/347	

Queen Elizabeth Family Centre (QEII)

Portfolio and Function

ACT Health Directorate, Health Systems Planning and Evaluation

Issue

The QEII Family Centre is a residential program for families with young children aged between 0 and 3, who experience postnatal and early childhood difficulties. QEII is a public hospital providing these services. The services are available to families with:

- complex breastfeeding or lactation problems
- failure to thrive
- an unsettled baby
- mood disorders
- children at risk
- special needs
- child or family behavioral problems
- no parent supports

ACT Health Directorate (ACTHD) commenced contract negotiations with Canberra Mothercraft Society (CMS) in 2016. Negotiations were protracted and involved extensive advice from the ACT Government Solicitor's Office (GSO) regarding several non-standard terms contained in the previous contract and additional non-standard terms requested by CMS.

In September 2018, CMS elected to exit QEII service delivery at the end of their current contract (30 June 2019) having provided services to Canberra families for 56 years.

To ensure a smooth transition process, ACTHD and CMS signed a Deed of Variation including transition costs of up to \$3 million. Under the contract, these transition costs may be used by CMS to cover redundancy payments for staff, project management for transition activities, legal and accounting costs and business run off activities. In completing their transition arrangements, CMS will arrange an independent audit of all costs and share the outcome of that audit with ACTHD.

On 6 February 2019, the former Minister for Health and Wellbeing approved a select tender process for a short-term contract of 12 months, with an option for a 12-month extension to find a new provider for the QEII Family Centre. This contract would allow time for a review of current services (including identification of options for improvement) and a full open tender process to be completed.

On 31 May 2019, the Royal Society for the Welfare of Mothers and Babies Incorporation, trading as Tresillian Family Centres (Tresillian) was publicly announced as the new provider at QEII.



Tresillian and CMS have worked collaboratively throughout June to share information and ensure a smooth transition. Most existing staff have elected to stay on at QEII and take up contracts with Tresillian. A small number of staff (3) have elected to retire early.

Tresillian has worked with the Australian Nursing and Midwifery Federation (ANMF) throughout the transition period to ensure staff concerns were heard and addressed. They also held many meetings with staff and implemented processes for questions to be answered. Most questions have related to employment arrangements, contracts and salary sacrificing arrangements.

The ANMF has also asked ACTHD for confirmation that staff working at QEII will be given access to nursing scholarships. ACTHD has confirmed QEII staff will have access to these scholarships. ACTHD has communicated regularly with the ANMF throughout the procurement and transition process.

Tresillian takes over service delivery at QEII completely on 1 July 2019, with 10 families being scheduled to enter the centre during their first week. The transition approach adopted by CMS and Tresillian has ensured minimal disruption to service delivery at the Centre.

QEII Service Review

Prior to the full open tender, a review of QEII services will be undertaken to inform the future service model. This review is not intended to assess the performance of CMS or the incoming provider, but to examine the scope and functions of the existing service in meeting the needs of the population and in context of the broader service system for early parenting support services. The service review will also inform the statement of requirements for the open tender process.

The review will also include development of costed options for ACTHD consideration and development of key procurement documentation including a model of care and statement of requirements for an open tender process.

CMS:

CMS delivered early parenting support and education services at the Queen Elizabeth II Family Centre (QEII) for 56 years. The services provided by CMS at QEII have had a positive impact for countless Canberra families since 1963. CMS has provided excellent service to generations of families here in the ACT. The society has had a significant impact on the health and welfare of many thousands of Canberra's children and their families.

CMS has advised they plan to continue their Canberra based community development and scholarships work while considering longer term opportunities.

Mary Kirk has been the Director of Nursing and Midwifery and CEO of the QEII centre since 1997. Mary has devoted her life to the care of mothers and infants and has been made a Member of the Order of Australia (AM) in the 2019 Queen's Birthday Honours List in recognition of her significant service in midwifery and nursing, and to professional standards.



Tresillian:

With over 100 years of experience in delivering programs for families, babies and young children, Tresillian has a wealth of experience to bring to QEII and the Canberra community. Tresillian currently delivers these services in other jurisdictions across NSW and in China.

Tresillian CEO Associate Professor Robert Mills has been the CEO at Tresillian since 2013. Robert is a Registered Nurse and Midwife with almost 30 years’ experience working in the specialty field of Maternal and Child Health. Robert is currently the President of the Australasian Association of Parenting and Child Health, Treasurer of the NSW Health Services Association and a Fellow of the Australian Institute of Company Directors.

The President of the Tresillian Board is Dr Nick Kowalenko. Nick is an infant, child and adolescent psychiatrist who is committed to promoting the emotional health and wellbeing of infants, young children and their parents. The Vice President is Natalie Boyd, the Treasurer is Peter Quinn and the remaining Board members are Susan Redden Makatoa, Catherine Whitby and Christina Hall.

Current status

Timelines and budgets are being met for all QEII activities.

Critical dates and reasons

- 28 June 2019 – Canberra Mothercraft ceases service provision to clients
- 28 June 2019 – Cocktail Reception for Canberra Mothercraft Society at Canberra Hyatt
- 29 June 2019 – Property assessment at QEII Family Centre Curtin
- 01 July 2019 – Tresillian commence service provision at QEII Family Centre
- August-December 2019 – procurement and service review

Financial considerations

CMS contract - \$7.4 million and up to \$3 million for transition out costs.
Tresillian contract \$7.4 million and a contingency of up to \$100,000pa should base funding be insufficient.



Recommended approach and timing

ACTHD will undertake a full open tender process to identify a new provider before the current Tresillian contract expires.

In the coming months, you may wish to meet with the CEO of Tresillian to signal your interest in a strong working relationship between the ACT Government and the new provider.

Cleared as complete and accurate:	Dave Peffer	
Cleared by:	Deputy Director-General	Ext: 49656
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Lead Directorate:	Health	
TRIM Ref:	GBC19/347	



HEALTH SECTOR NON-GOVERNMENT ORGANISATION CONTRACTS

Portfolio and function

ACT Health Directorate, Health System Planning and Evaluation

Issue

The ACT Health Directorate (ACTHD) funds non-government organisations in the community sector to deliver a variety of health and ancillary services that complement and support services delivered by the public health system.

During 2016-19, ACTHD funded over 100 services delivered within the community. These include primary health care, supported accommodation for people with mental illness, residential drug rehabilitation, health promotion, prevention and early intervention, respite care to assist carers and convalescent care for the aged, care in the home and community including post-hospital support, suicide prevention, child care services to enable parents to participate in rehabilitation programs for alcohol or other drugs, and support and education for managing chronic health conditions.

Payments for services to Non-Government Organisations (NGOs) to provide health services and supports total more than \$63 million (inclusive of GST, indexation and Equal Remuneration Order payments) annually. The funding per sector, excluding Population Health grants, is summarised below:

1. Alcohol and Other Drugs \$ 12,273,168
2. Mental Health \$ 18,636,426
3. Community Assistance and Support Program \$ 7,512,507
4. Chronic and Primary Health \$3,423,545
5. Women Youth and Children (includes QE11) \$11,023,288
6. Aboriginal and Torres Strait Islander \$3,822,872
7. Sexual Health and Blood Borne Virus \$2,972,654
8. Aged and Community Care \$3,079,218
9. Multicultural \$429,688

In early April 2019, ACTHD commenced formal negotiations with NGOs to vary contracts through formal Deeds and Letters of Variation for a further three years to 30 June 2022. ACTHD is now finalising the variation process and expects to have all contracts ready to commence on 1 July 2019.

Critical dates and reasons

Not applicable

Financial considerations

During 2019-20, (as of 1 July 2019) ACTHD fund 105 services delivered within the community to a total value of \$63,173,370.



Recommended approach and timing

ACTHD will procure services in 2022 through a mixture of single select and select procurement processes. Services suitable to be procured through a single select process will be identified and all other existing funded NGOs will be invited to provide a proposal through a Request for Proposal procurement process.

ACTHD has begun conversations with NGOs about working collaboratively to prepare for future procurement processes. Going forward, the NGO Leadership Group will be engaged to ensure community organisation input is gained and relevant information is shared.

New requirements and purchasing principles will be developed in collaboration with the NGO Leadership forum and service providers. Further planning for the future procurement process will take place in the new financial year once the current processes for the Deeds of Variations and contract notifications are complete.

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Establishment of Non-Government Organization (NGO) Leadership Group

Portfolio and function

ACT Health Directorate, Health System Planning and Evaluation

Issue

Chapter 6 of the Final Report of the Independent Review into Workplace Culture within ACT Public Health Services considers the partnerships and relationships that health organisations in the ACT need to foster in order to provide high quality Territory-wide health care services. Recommendation 6 was *that the Health Directorate re-establish open lines of communication with the NGO sector and other external stakeholders. The proposal by the Alcohol, Tobacco and Other Drug Association and the Mental Health Community Coalition ACT to establish a peak NGO Leadership Group to facilitate this new partnership is supported.*

Current status

The ACT Health Directorate is in the process of establishing the NGO Leadership Group. A meeting has been held with ACTCOSS and Health Care Consumers' Association about how the Group would complement work being undertaken to co-design a procurement framework for community sector service provision.

Critical dates and reasons

We anticipate the membership of the group and first meeting date will be settled mid July 2019.

Financial considerations

Nil.

Recommended approach and timing

ACT Health Directorate will establish an NGO Leadership Group to meet as soon as practicable and before September 2019.

Cleared as complete and accurate:	Dave Pepper	
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Care Close to Home (CC2H) “Hospital in the Home Expansion”

Portfolio and function

ACT Health Directorate, Health System Planning and Evaluation

Issue

Hospital in the Home (HITH) substitutes care in the community for hospital care. Patients are classified as inpatients and admitted under the care of a HITH medical officer or specialist.

In 2017 ACT Health engaged KPMG to undertake an assessment of current HITH services at Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB). KPMG presented three options for future HITH services:

- Option 1 - Enhanced Status Quo
- Option 2 - HITH Centre with a centralised HITH Hub
- Option 3 - Outsource

Option 2 was the preferred option.

The 2018-19 Budget appropriated \$34.5 million over four years to expand the capacity of the Hospital in the Home (HITH) service so that around 3,000 more patients per year can be cared for in their own homes and through community health centres.

The 2018-19 budget Review provided for the Calvary Geriatric Rapid Acute Care Evaluation (GRACE) project to be funded from the appropriation and to expand as a Territory-wide service. Although not treating HITH patients, the GRACE program averts hospital admission.

Current Status

A CC2H project was launched in May 2018 to drive integration, expansion and consolidation of the two HITH services, and a Steering Committee established. Extensive consultation has been undertaken and a number of working groups established to support the project aims, for example to develop a model of care and investigate ICT options to enhance HITH services.

Transfer of Project Governance from CHS to the ACT Health Directorate took place in June 2019 to reflect the Territory-wide service approach.

Critical dates and reasons

CC2H deliverables and KPIs have been drafted and the Project Plan and Schedule is now being revised following feedback from business owners in order to meet the election commitment (ECLAB 014).

Financial considerations

The 2018-19 Budget appropriated \$34.5 million over four years to expand the capacity of the HITH service.

Recommended approach and timing

A revised project schedule/program is being developed in order to meet deliverables and targets.

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Child and adolescent health plan

Portfolio and function

ACT Health Directorate, Health System Planning and Evaluation

Issue

On 20 June 2019, the previous Minister for Health and Wellbeing announced development of a new Child and Adolescent Health Plan (the Plan). The Plan will cover ACT public health services and programs across the health continuum, from staying healthy, to accessing care in the community or in hospital, to rehabilitation and end of life care. The Plan will look at the ways we can strengthen our existing services and programs to support better outcomes, enhanced patient and family experiences and improve access. The Plan will also look at the future healthcare needs of 0 to 16-year-olds and how we can deliver smooth transitions of care to adult services where required.

Two key focus areas for the development of the Plan will be:

- Working with families of children who are, or have, needed to share their care with other major city hospitals – the ACT currently provides a very wide range of acute and community health services, however, some specialist paediatric services are provided interstate as current demand in the ACT does not meet thresholds for local services to be safely and sustainably established and maintained. This Plan will look at how we can better support families to improve care coordination and access to the health services they need in Canberra when they are also receiving specialist support from interstate; and
- Developing nation leading services and supports for new parents, whether a first baby or subsequent child – including consideration of both universally accessible services in areas such as breastfeeding support, perinatal mental health and early parenting support as well as services targeted at families with more complex needs.

As part of development of the Plan, it is intended that Health Care Consumers Association (HCCA) will be engaged to speak with families of children who are or who have needed to receive care interstate. These patient and family stories will be used to inform priorities identified in the Plan.

Current status

Project initiation for development of the Plan has commenced, including establishment of a Cross Directorate Steering Committee with representation to be invited from key program areas within ACTHD, Canberra Health Services, the Education Directorate, Community Services Directorate and the HCCA. Development of the Plan will also take into consideration the QEII Family Centre review that will be commencing imminently, as well as the Community Services Directorate Child Development Service Review that is currently underway.

It is anticipated that consultations will commence in September 2019. A public web page has been established as a platform for communication, consultation and feedback. It is anticipated that there will be significant media, community and service provider interest throughout the development of the Plan and a communications and engagement strategy is currently being developed as part of project initiation activities.