

**Financial considerations**Announced cost

\$1.5 million

Treasury costing

No request was received by ACT Treasury for costing of this election commitment under the *Election Commitments Costing Act 2012*. Costing will be conducted during the normal budgetary process as required.

Directorate comments

Total available funding is dependent on the outcome of the Commonwealth proposal to extend federal funding to the provision of services to the 14-18 years old age group.

Contact Officer: Loretta Bettiens  
Telephone: 6205 0989  
Directorate: Health



**ELECTION COMMITMENT BRIEF NO. EC GRN 046c**

**ACT Greens: Standing Up for Full Equality – A Gender Health Clinic**

**Portfolio and function**

Health – Policy and Stakeholder Relations, Multicultural and Diversity Health Policy Unit  
CSD - Strategy, Participation and Early Intervention, Community Participation Group

**Policy source**

ACT Greens, 20 September 2016, "Marriage and More: Standing Up for Full Equality"

**Announced policy**

- Create a new "Gender Health Centre" that brings together specialists and services across different medical areas, including primary health and mental health, and takes a lead advocacy role in the development of training of health professionals and creating enhanced supportive trans-sexual [sic] health pathways;
- Increase funding to expand the reach of LGBTI generalist health services and ensure access to long term and affordable specialist health and counselling services; and
- Invest in increased access to community based rapid testing and work to ensure that the ACT is able to take advantage of any new technologies such as PrEP as they become available.

**Proposed Implementation Strategy**

Gender Health Centre

The creation of a "Gender Health Centre" would involve a process led by the Multicultural and Diversity Health Policy Unit. Consultation would occur with the Health Services Planning Unit, System Innovation Group (ACT Health) to model the demand for services and scope requirements against that demand. This outcome would further determine scoping of the facility that is needed to deliver the services.

Stages in the process for the Multicultural and Diversity Health Policy Unit are:

1. Consult with the community and health services in regard to the needs and functions of the Gender Health Centre.
2. Work in collaboration with the Health Services Planning Unit to develop a model of care to meet the needs of transgender, gender diverse and other members of the LGBTI community in the ACT.
3. Establish an appropriate location, governance structure and operational parameters of the Centre/Clinic.
4. Negotiate care referrals pathways to other community services, social supports and specialist health services not able to be provided in the Centre (including interstate and international).
5. Work in collaboration with identified service provider/s, to deliver appropriate and coordinated health care to the gender diverse and LGBTI community in the ACT.
6. Evaluate the Centre/Clinic.

Expand reach of generalist health services and ensure access to specialist and counselling services

To achieve the commitment of increased funding to expand reach of services, the Multicultural and Diversity Health Policy Unit would continue to lead work begun in March 2016 in facilitating, coordinating and managing LGBTI inclusion strategies across ACT Health and health services in the

ACT more generally.

Expanding generalist health services to meet the needs of the LGBTI community could include: additional targeted inclusion training for service staff; and supporting services to review what they are doing to include LGBTI community members, identify possible changes, and supporting them to achieve those changes.

Increased funding could also allow ACT Health or community partners to:

- Provide more support and training for specialists and counsellors to meet the health needs of people in the LGBTI community; and
- Train and attract specialists and counsellors for the ACT to provide those services where there are insufficient existing specialists and counselors confident in working with LGBTI community members.

Invest in increased access to community based rapid testing and take advantage of new technologies  
The Multicultural and Diversity Health Policy Unit and the Government Relations, Primary Health and Chronic Conditions Policy Unit would support services:

- provided by the Canberra Hospital's Canberra Sexual Health Centre; and
- through ACT Health funded partners such as the AIDS Action Council of the ACT, and Sexual Health and Family Planning ACT.

This support would ensure that new technologies such as PrEP, and community based rapid testing, are accessible to the LGBTI community. This would include assessing the current target communities of these services, and expanding the uptake within those communities and/or into additional target communities based on identified needs.

### **Implementation issues**

The policy would require coordination across ACT Health and with the LGBTI community sector through the Multicultural and Diversity Health Policy Unit

### **Key stakeholders**

A Gender Agenda, ACT  
Paediatric endocrine services at the Canberra Hospital  
Canberra Sexual Health Centre  
Interchange General Practice  
Capital Health Network  
AIDS Action Council of the ACT  
Sexual Health and Family Planning ACT  
LGBTIQ Working Group - Mental Health, Justice Health, Alcohol & Drugs Services Division, ACT Health  
Community Services Directorate, ACT Government  
ACT LGBTIQ Ministerial Advisory Council (including members focusing on health)  
ACT Ministerial Advisory Council on Sexual Health, HIV/AIDS, Viral Hepatitis and Related Diseases (SHAHRD)

### **Legislative impact**

No legislative change required.

### **Implementation Timing**



0-12 months	X	12-24 months	24-48 months
<p>This policy requires community and health service consultation, planning and implementation. It would complement existing and planned future work of the Multicultural and Diversity Health Policy Unit and would take 12-18 months to complete.</p>			
<p><b>Financial considerations</b></p> <p><u>Announced Cost</u></p> <p>No announced cost.</p> <p><u>Treasury costing</u></p> <p>No request was received by ACT Treasury for costing of this election commitment under the <i>Election Commitments Costing Act 2012</i>. Costing will be conducted during the normal budgetary process as required.</p>			

**Contact Officer:** Ruth Das or William Mudford  
**Telephone:** 6205 5040 or 6205 0863  
**Directorate:** Health



### ACT Minister for Health - Key Stakeholders

Organisation	Name of Key Contact	Contact Details	Comments
ACT Council of Social Services,	Susan Helyar		Meetings with Minister were held at organisation's request.
A Gender Agenda	Tania Phillips, Executive Director Jake Blight, Chair		Meetings with Minister were held at organisation's request.
AIDS Action Council	Philippa Moss, Executive Director Nathan Boyle, President		Meetings with Minister were held at organisation's request.
Alcohol Tobacco and Other Drug Association ACT (ATODA)	Carrie Flowlie, Executive Officer		Meetings with Minister were held at organisation's request.
Asthma Foundation ACT	Danielle Dal Cortivo, Chair Amanda Bresnan, President		Meetings with Minister were held at organisation's request.
Australian Dental and Oral Health Therapists' Association	Hellene Platell, President		Meetings with Minister were held at organisation's request.
Australian Food and Grocery Council	Gary Dawson, Chief Executive Officer		Meetings with Minister were held at organisation's request.
Australian Healthcare and Hospitals Association	Alison Verhoeven, Chief Executive Officer		<a href="mailto:admin@ahha.asn.au">admin@ahha.asn.au</a>
Australian Medical Association (AMA) ACT Branch	Liz Gallagher, President Peter Somerville, CEO	<a href="mailto:reception@ama-act.com.au">reception@ama-act.com.au</a>	Meetings with Minister generally held on a quarterly basis.
Australian Nursing and Midwifery Federation (ACT Branch)	Jenny Miragaya		Meetings with Minister generally held on a quarterly basis.

Organisation	Name of Key Contact	Contact Details	Comments
Cancer Council ACT	Joan Bartlett, Chief Executive Officer		Meetings with Minister were held at organisation's request.
Capital Health Network	Gaylene Coulton, Chief Executive Officer Martin Liedvogel, Chair		Meetings with Minister were held at organisation's request.
Diabetes ACT	Gil Cremer, Chief Executive Officer		Meetings with Minister were held at organisation's request.
Directions ACT	Fiona Trevelyan, CEO		Meetings with Minister were held at organisation's request.
Foundation for Alcohol Research and Education	Michael Thorn, Chief Executive Officer		Meetings with Minister were held at organisation's request.
Health Care Consumers Association	Darlene Cox, Executive Director Sue Andrews, President		Meetings with Minister were held at organisation's request.
Heart Foundation	Tony Stubbs, Chief Executive Officer		Meetings with Minister were held at organisation's request.
Little Company of Mary (Calvary Health Care)	The Hon John Watkins, Chair		Little Company of Mary Health Care Ltd GPO Box 4121, Sydney, NSW 2001
Mental Health Community Coalition ACT Inc	Simon Viereck, Executive Officer		Meetings with Minister were held at organisation's request.
Palliative Care ACT	Gayle Sweaney		Meetings with Minister were held at organisation's request.

Organisation	Name of Key Contact	Contact Details	Comments
Pharmacy Guild ACT Branch	Amanda Galbraith, President Margaret Beerworth, Director		Meetings with Minister generally held on a quarterly basis.
Public Health Association of Australia	Mr Michael Moore, Chief Executive Officer	<a href="mailto:phaa@phaa.net.au">phaa@phaa.net.au</a>	Meetings with Minister were held at organisation's request.
QEII	Mary Kirk, Executive Officer/Director of Nursing		
Royal Australasian College of Surgeons	Associate Professor Sivakumar Gananadha, ACT Regional Chair; Ms Amy Kimber, ACT Regional Manager		Meetings with Minister generally held on a quarterly basis.
Self Help Organisations United Together (SHOUT Inc)	Daryl Smeaton, President	<a href="mailto:admin@shout.org.au">admin@shout.org.au</a>	Meetings with Minister were held at organisation's request.
United Voice	Lyndal Ryan, ACT Branch Secretary		Meetings with Minister were held at organisation's request.
Winnunga Nimmityjah Aboriginal Health Service	Julie Tongs OAM, Chief Executive Officer		Meetings with Minister were held at organisation's request.



## Incoming Minister Briefing Pack

### Minister for Mental Health

#### Part One: Directorate Briefing

#### Part Two: Portfolio Brief – Minister for Mental Health

#### Part Three: Key Issues Briefs

No.	Title
1.	ACT Health Clinical Services Framework
2.	Health Infrastructure Projects
3.	Partnership with the Capital Health Network
4.	National Disability Insurance Scheme (NDIS) Health Interface
5.	Dhulwa Mental Health Unit – Upcoming Opening
6.	Non Government Organisation (NGO) Service Funding Agreement (SFA) Review
7.	Inanna Incorporated – Transition of care to new service provider for existing mental health clients

#### Part Four: Election Commitment Briefs

No.	Title
8.	ACT Labor: Mental Health – Additional Funding
9.	ACT Labor: Mental Health – A Gender Agenda
10.	ACT Labor: Expansion of Centenary Hospital for Women and Children (re 12 bed child and adolescent mental health unit)
11.	ACT Greens: Reducing and Preventing Suicide in Canberra
12.	ACT Greens: Office for Mental Health
13.	ACT Greens: Standing Up for Full Equality – A Gender Health Clinic



**DIRECTORATE BRIEF FOR INCOMING MINISTER**

**HEALTH DIRECTORATE**

DIRECTORATE BRIEF FOR INCOMING MINISTER  
OCTOBER 2016

**SENSITIVE - CABINET**





**ACT**  
Government

**SENSITIVE - CABINET**  
**DIRECTORATE BRIEF – OCTOBER 2016**

## TABLE OF CONTENTS

DIRECTORATE OVERVIEW.....	3
ORGANISATIONAL STRUCTURE .....	5
SENIOR STAFF AND CONTACT DETAILS.....	6
DIRECTORATE FINANCIAL OVERVIEW.....	6
STRATEGIC PRIORITIES .....	7



**ACT**  
Government

**SENSITIVE - CABINET**  
**DIRECTORATE BRIEF – OCTOBER 2016**

## DIRECTORATE OVERVIEW

ACT Health's purpose is to deliver safe, quality healthcare services that meet the needs of the Canberra community and surrounding region. The strategic goals are:

- Strategic Goal 1 – Putting patients at the centre of everything we do;
- Strategic Goal 2 – Building a sustainable health system, driven by innovation;
- Strategic Goal 3 – Developing the workforce of the future, starting now.

These three goals can be summarised by ACT Health's focus on ensuring we provide the community with a service that is Accessible, Sustainable and Accountable.

In order to create the health system of the future, ACT Health has also developed seven key areas of focus, which sit under the Strategic Goals – Access; Quality; Mental Health; Sustainability and Innovation; Infrastructure; Strategic Partnerships, and Workforce/Culture.

The Services provided by ACT Health include:

- Acute health services;
- Aged Care and rehabilitation services;
- Cancer services;
- Child health development;
- Health policy;
- Local hospital network;
- Mental health services;
- Community health services;
- Population health; and
- Public health protection policy.

ACT Health is led by the Director-General to deliver its vision of **'Your Health – Our Priority'**. The organisation has recently undergone a realignment of current functions to provide greater prominence to reform and innovation, and elevate the profile of quality and governance issues. There are five Divisions within the organisation, each led by a Deputy Director-General.

- **Canberra Hospital and Health Services (CHHS)** – provides acute, subacute, primary and community based health services to the ACT and surrounding region through key service divisions.
- **Corporate** – provides corporate and strategic support to clinical areas. The Division provides services for ACT Health extending to Finance, Business Support Services, Infrastructure, Workforce, Information Communication and Technology, contracting and performance Information.



**ACT**  
Government

**SENSITIVE - CABINET**  
**DIRECTORATE BRIEF – OCTOBER 2016**

- **Innovation** – a new organisational unit tasked with leading innovation in the areas of access, quality and mental health; workforce and culture; strategic partners, infrastructure, business and digital; and finance, performance and data innovation.
- **Quality, Governance and Risk** – provides support in the areas of contract management, audit, risk and compliance, workplace safety and business continuity. A new governance and strategy branch also sits within this Division.
- **Population Health Division** – provides a range of public and environmental health services, health protection services and health promotion services while delivering core functions of prevention, assessment, policy development and assurance.

The Little Company of Mary also provides public hospital services through **Calvary Public Hospital**, under a contractual agreement with ACT Health.







**ACT**  
Government

**SENSITIVE - CABINET**  
**DIRECTORATE BRIEF - OCTOBER 2016**

**SENIOR STAFF AND CONTACT DETAILS**

NAME	DIVISION	PHONE	MOBILE	EMAIL
<b>Director-General</b>				
Ms Nicole Feely (EA Ms Gabrielle Sek)	ACT Health	620 50825		<a href="mailto:nicole.feely@act.gov.au">nicole.feely@act.gov.au</a>
<b>Deputy Directors-General</b>				
Mr Shaun Strachan	Corporate	620 52248		<a href="mailto:shaun.strachan@act.gov.au">shaun.strachan@act.gov.au</a>
Mr Ian Thompson	Canberra Hospital and Health Services	624 42728		<a href="mailto:ian.thompson@act.gov.au">ian.thompson@act.gov.au</a>
Dr Paul Kelly	Population Health	620 52108		<a href="mailto:paul.kelly@act.gov.au">paul.kelly@act.gov.au</a>

**DIRECTORATE FINANCIAL OVERVIEW**

	Total Cost	FTE
Agency	2016-17 Forecast (\$'000)	2016-17 Forecast
<b>ACT Health (Departmental)</b>	<b>1,320,305</b>	<b>6,572</b>
Acute Services	817,353	4,122
Rehabilitation, Aged and Community Care	143,947	658
<b>Other Health Services</b>	<b>359,005</b>	<b>1,792</b>
• Mental Health, Justice Health and Alcohol and Drug Services	151,779	
• Public Health Services	36,644	
• Cancer Services	76,960	
• Early Intervention and Prevention	93,622	





**ACT**  
Government

**SENSITIVE - CABINET**  
**DIRECTORATE BRIEF – OCTOBER 2016**

## STRATEGIC PRIORITIES

ACT Health has been engaged in a comprehensive System Innovation Program (SIP) to strengthen the delivery of health care by focusing on patient centred care and enriching the patient experience. The SIP objectives include:

- improving access to services; and
- increasing efficiency and freeing up hospital capacity through contemporary service delivery solutions and models of care.

SIP commenced in November 2015 and is currently planned to run to the end of 2019-20. The SIP objectives include improving access to services, increasing efficiency and freeing up hospital capacity by implementing contemporary service delivery solutions and models of care.

As part of this work, ACT Health is updating its Clinical Services Framework (CSF) to define health services for the next decade. The CSF will take an ACT wide view of our provision of health services. It will be patient-focussed and multi-disciplinary, have safety and quality as its driving forces and take into account community and primary care sectors. Extensive consultation with ACT Health staff, external health stakeholders and members of the community will take place in early to mid 2017.

More specifically the SIP is focusing on:

- Improving efficiency for reinvestment in growth and activity by:
  - achieving savings totalling \$97.2m between 2016–17 and 2019–20 which includes increasing the bed efficiency equivalent to 50 overnight beds by 2018–19;
- Progressively improving ACT Health's performance against the National Emergency Access Target (NEAT), by the achieving the following targets:
  - 69 per cent of the national performance target by 30 June 2016;
  - 77 per cent of the national performance target by 30 August 2016; and
  - 90 per cent of the national performance target by June 2017;
- Improving our performance against the National Elective Surgery Target (NEST) by:
  - reducing the number of paediatric patients classified as 'long wait' to zero; and
  - reducing the remaining 'long wait' list by 90 per cent; and
- Reducing the need for category 4 and 5 presentations to attend the ED.

The following operational initiatives were funding in the 2016-17 budget:

- Delivering the \$5 million Acute Ischaemic Stroke Unit, the \$4.6 million intensive care bed and the \$5.3 million expansion of trauma services at Canberra Hospital.
- Providing almost \$29 million to employ a further 54 staff in the recently expanded Canberra Hospital Emergency Department and \$2 million for a new Emergency Department physician at Calvary Hospital.



**ACT**  
Government

**SENSITIVE - CABINET**  
**DIRECTORATE BRIEF – OCTOBER 2016**

- Funding \$1.3 million for an additional 300 endoscopy services to further reduce elective surgery waiting lists.
- Investing in new projects and improving health infrastructure - \$2.4 million supported accommodation for people with mental health conditions and \$95.3 million infrastructure maintenance package.
- Continuing to strengthen mental health services by providing \$2.7 million for two more beds at the Adult Mental Health Unit, \$3.9 million for three targeted mental health programs and \$43.4 million for the operation of the Dhulwa Mental Health Unit.
- Strengthening non government organisations to deliver tailored health programs and care to clients including \$1.3 million for Aboriginal and Torres Strait Islander services and \$176,000 for the Early Morning Centre.
- Researching, developing and delivering new and innovative techniques to improve care for patients through the establishment of a \$7.3 million genomic service and \$1.3 million for deep brain stimulation for people with Parkinson's Disease.
- Addressing the increased demand for drug treatment by providing \$8 million to increase the capacity of front line services, including \$2 million to specifically address family violence issues.
- More funding for prevention and detection services, such as the \$1.3 million sexual health expansion, \$507,000 for forensic chemistry and \$4.2 million for growth in outpatient services.

The following major Health Infrastructure projects are programmed to be completed in 2016-17:

- the Emergency Department Expansion Project;
- Ngunnawal Bush Healing Farm;
- Dhulwa Mental Health Unit;
- Calvary Hospital – Operating Theatre Upgrade and Medical Imaging Department Upgrade;
- Hospital Road upgrades to provide additional capacity to Canberra Hospital; and
- Installation of internal signage across Canberra Hospital campus.

The University of Canberra Public Hospital will continue construction throughout 2016-17. Work on the Southern Car Park Solar Panel Project and the Electrical Main Switchboard Replacement at Canberra Hospital has also commenced and will continue throughout 2016-17.

ACT Health will also support the ACT Government to progress its key policy reforms announced during the election. Briefings have been prepared on all election commitments, and also on time critical matters. Additional briefings will follow in due course.





**ACT**  
Government

**PORTFOLIO BRIEF FOR INCOMING MINISTER**

**MINISTER FOR MENTAL HEALTH**

PORTFOLIO BRIEF FOR INCOMING MINISTER  
OCTOBER 2016

**SENSITIVE - CABINET**



**ACT**  
Government

## **SENSITIVE - CABINET**

HEALTH PORTFOLIO BRIEF – OCTOBER 2016

### **TABLE OF CONTENTS**

PORTFOLIO OVERVIEW.....	3
PORTFOLIO FINANCIAL OVERVIEW.....	5
LEGISLATIVE RESPONSIBILITIES .....	6
KEY APPOINTMENTS.....	6
MINISTERIAL COUNCILS AND CONSULTATIVE BODIES.....	6





**ACT**  
Government

## **SENSITIVE - CABINET**

HEALTH PORTFOLIO BRIEF – OCTOBER 2016

### **PORTFOLIO OVERVIEW**

ACT Health's vision is '**Your Health – Our Priority**'. Our vision is to provide a world-class, patient centred, evidence-based health system that provides access to services when and where they are needed, with safety and quality as our driving forces.

ACT Health's values - **Care, Excellence, Collaboration and Integrity** - underpin how we work and how we treat each other.

The Health Portfolio comprises:

- **Canberra Hospital and Health Services (CHHS)**, which provides acute, subacute, primary and community based health services to the ACT and surrounding region through its key service divisions.
  - The **Division of Mental Health, Justice Health, Alcohol and Drug Services**, (including the Dhulwa Mental Health Unit and the Ngunnawal Bush Healing Farm).
- **Corporate**, which provides corporate and strategic support to clinical areas. The Division provides services for ACT Health extending to Finance, Business Support Services, Infrastructure, Workforce, Information Communication and Technology, contracting and performance Information.
- **Innovation**, a new organisational unit tasked with leading innovation in the areas of access, quality and mental health; workforce and culture; strategic partners, infrastructure, business and digital; and finance, performance and data innovation. The Division also incorporates the Director of Research position and the Policy and Stakeholder Relations Branch.
  - The **Mental Health Policy Unit** falls within the Policy and Stakeholder Relations Branch.
- **Quality, Governance and Risk**, which provides support in the areas of contract management, audit, risk and compliance, workplace safety and business continuity. A new governance and strategy branch also sits within this Division, as well as the Clinical Safety and Quality branch.
- **Population Health Protection and Prevention**, which provides a range of public and environmental health services, health protection services and health promotion services while delivering core functions of prevention, assessment, policy development and assurance.

The Little Company of Mary also provides public hospital services (including Mental Health Services) through Calvary Public Hospital, under a contractual agreement with ACT Health.

The **ACT Local Hospital Network Directorate (ACT LHN)** is established under the *Health Act 1953* and is administered by the Director-General of ACT Health. The ACT LHN receives Activity Based Funding from the Commonwealth and ACT Governments, and block funding for teaching, training and research. It purchases public hospital services from four ACT public hospital providers:





**ACT**  
Government

## **SENSITIVE - CABINET**

HEALTH PORTFOLIO BRIEF – OCTOBER 2016

- Canberra Hospital and Health Services;
- Calvary Public Hospital;
- Clare Holland House; and
- Queen Elizabeth II Family Centre.

The ACT LHN has a yearly Service Level Agreement (SLA) which sets out the delivery of public hospital services and is agreed between the ACT Minister for Health and the Director General of the LHN. The SLA identifies the funding and activity to be delivered by the ACT LHN and key performance priority targets.

### Mental Health Services

ACT Health provides a range of services in the area of mental health, justice health and alcohol and drug services, including:

- Adult Acute Mental Health Services – provides acute inpatient mental health care at the Adult Mental Health Unit and the Mental Health Short Stay Unit,
- Adult Community Mental health Services – provides mental health assessment, treatment, clinical management, crisis management, family support and referral pathways for people with mental health issues, and is provided by five adult community teams, located in the Community Health Centres,
- Child and Adolescent Mental Health Services provides provide assessment and treatment for children and young people under 18 years of age who are experiencing moderate to severe mental health difficulties,
- Alcohol and Drug Services provides specialist Drug Treatment Services through an inpatient withdrawal unit, counselling and consultation and liaison service,
- Justice Health Services provides specialist service based in the court, custodial, youth detention and community settings. The Forensic Mental Health Service provides assessment and intervention for people with a mental illness who have or are at risk of criminal offending. Forensic Services includes Forensic Community Outreach Service, Court Assessment and Liaison Service and mental health services at the Alexander Maconochie Centre (AMC) and the Bimberi Youth Justice Centre (BYJC),
- Rehabilitation and Speciality Mental Health Services provides mental health services, at Brian Hennessey Rehabilitation Centre focusing on recovery model of care, through an Older Person's Community Team and at the mental health day service.

ACT Health has also been working with the ACT Capital Health Network to develop a consistent jurisdictional approach for mental health planning for the ACT. The Capital Health Networks across Australia are tasked by the Australian Government to develop regional mental health plans that are endorsed by the Local Hospital Networks.

ACT Health also funds a number of non government organisations to deliver health services, including mental health services and supports.

**ACT**  
Government**SENSITIVE - CABINET**

HEALTH PORTFOLIO BRIEF – OCTOBER 2016

**PORTFOLIO FINANCIAL OVERVIEW**

	Total Cost	FTE
	2016-17 Forecast	2016-17 Forecast
Mental Health Funding	148.1million	564.7



## SENSITIVE - CABINET

HEALTH PORTFOLIO BRIEF – OCTOBER 2016

### LEGISLATIVE RESPONSIBILITIES

- Mental Health Act 2015, except pt 7.2, chapters 10 and 11 and sections 267, 268 and 269
- Mental Health (Secure Facilities) Act 2016

### KEY APPOINTMENTS

#### Statutory Appointments

- Mental Health Advisory Council
  - (Note: Appointments to the Mental Health Advisory Council may be made by a Minister for Mental Health, dependent on the Administrative Arrangements).

#### Non-Statutory Appointments

- Nil

A full briefing package which proposes a process for appointments/reappointments to the abovementioned Committees and Councils will be provided to the Minister as appointments expire or become vacant.

### MINISTERIAL COUNCILS AND CONSULTATIVE BODIES

- Nil specifically for Minister for Mental Health.
  - **COAG Health Council (CHC)** – The CHC and its advisory body, the Australian Health Ministers' Advisory Council (AHMAC), provide a mechanism for the Australian Government, New Zealand Government and state and territories to discuss matters of mutual interest concerning health policy, services and programs (including Mental Health policy issues). The CHC meets three to four times each year.





## SENSITIVE - CABINET KEY ISSUES BRIEF – OCTOBER 2016

### ACT Health Clinical Services Framework

#### Portfolio and function

Health Directorate, Planning function

#### Issue

ACT Health is currently engaged in developing a Clinical Services Framework (CSF), which will replace the current Framework. It will provide an ACT-wide strategic direction for health over the next ten years and beyond, incorporating primary, secondary and tertiary healthcare delivery settings, and utilising evidence-based models of care.

#### Current status

Preliminary work on demand modeling has been completed; this estimates demand for services based on population projections over the next ten years. Included are some assumptions about increased efficiencies to be gained particularly in management of elective surgical patients.

Work is currently under way on the first phase of the CSF, which is being done in consultation with two external consultancies, and consists of three workstreams:

- Review of current clinical services (partnership with Ernst Young). This work will describe the current service delivery model for each clinical service, including a review of current and projected demand and affordability within an Activity-Based funding environment. It will also describe the mix of tertiary, secondary and community activities and make recommendations about potential improvements in service delivery models;
- Review of community services (partnership with Ernst Young). This work will examine the range of services delivered in a community or primary care setting to inform the development of services which are integrated across primary, secondary and tertiary sectors; and
- Review of models of care evidence (partnership with Health Policy Analysis Australia). HPA has been engaged to perform a review of the literature on models of care for each specialty with the aim of incorporating best evidence-based practice into future models of service delivery.

The second phase of the CSF development will be the consultation phase. Once all the data described above is assimilated, each specialty service will be provided with the data and asked to provide input into the design of the future service. Stakeholders consulted will include staff in ACT Health facilities and also external stakeholders in primary care or community settings. It is required that the design of each service will include considerations of the following underlying principles:

- All services are patient-centric
- Access to care is equitable and as close to a patient's home as possible as long as this is compatible with the delivery of safe care
- Services must be ACT-wide including consideration of patient flow to and from NSW
- Services should be integrated across all health sectors, and alternatives to inpatient care must be considered



**ACT**  
Government

## **SENSITIVE - CABINET**

### **KEY ISSUES BRIEF – OCTOBER 2016**

- Services must incorporate evidence-based models of care
- Services must meet projected demand
- Services must be affordable within an ABF environment
- Workforce, infrastructure and technology requirements must be described

Each specialty will deliver a Specialty Service Plan, which describes delivery of that service across all health sectors and with an ACT-wide perspective. Taken together, these Specialty Service Plans will provide the strategic direction required from the CSF.

#### **Critical dates and reasons**

The first phase of the CSF work is to be completed by December 30, 2016 to allow time for the Director-General to review the document before implementation of the second phase in the New Year.

The second phase of the CSF work is to be completed by June 30, 2017 for implementation in the 2017-18 financial year.

#### **Financial considerations**

ACT Health staff currently working on the initial phase of the CSF are employed within existing budget. The external consultancies are funded through the System Innovation Program.

Costs are:

- Ernst Young Community Services Review – 6 weeks, \$225,500
- Ernst Young Clinical Services Review – 12 weeks, \$489,480
- HPA Models of Care Review – 6 weeks, \$138,713

#### **Recommended approach and timing**

That you progress the CSF development through ACT Health. Implementation of new service delivery models will be developed in phase 2, and rolled out in the 2017-18 financial year.

Contact Officer: David Blythe, Chris Bone  
Telephone: 61745470 (DB) or 61747354 (CB)  
Directorate: ACT Health





## SENSITIVE - CABINET

### KEY ISSUES BRIEF – OCTOBER 2016

#### Health Infrastructure projects – current status

##### Portfolio and function

Health - Corporate

##### Issue

There are currently a number of major capital works projects occurring in Health, including:

- University of Canberra Public Hospital
- Dhulwa Mental Health Unity, formerly known as Secure Mental Health Unit
- Ngunnawal Bush Healing Farm
- Emergency Department Expansion project
- Upgrading and Maintaining ACT Health Assets

##### Current status

###### University of Canberra Public Hospital

- The University of Canberra Public Hospital (UCPH) will provide capacity for future growth of both inpatient, day service and outpatient services. The hospital will comprise 140 overnight inpatient beds made up of 20 mental health rehabilitation and 120 rehabilitation, aged and community care beds. In addition to the overnight beds, the hospital will comprise 75 day service places made up of 25 mental health, 25 rehabilitation and 25 aged care places.
- One part of a network of health services, the transfer of sub-acute services from Canberra and Calvary Hospitals to UCPH will free infrastructure for acute services and provide for a centre of excellence for sub-acute services. Services will include a range of allied health services such as physiotherapy, speech pathology and psychological therapies. In addition, a range of community and outpatient services will be provided including falls injury prevention, memory assessment, continence services, and driver and vocational rehabilitation services.
- The Head Contractor is Brookfield Multiplex.
- As at 31 August 2016, construction of the UCPH is progressing on schedule.

###### Dhulwa Mental Health Unity, formerly known as Secure Mental Health Unit (see also Key Issues Brief No. 20)

- The purpose of the Dhulwa Mental Health Unit (DMHU) is to provide specialised mental health care in a secure inpatient environment. This facility will respond to the mental health needs of those who are likely to, or have become, involved with the criminal justice system and for those people who cannot be treated in a less restrictive environment, as well as civil consumers of general mental health services. Treatment will take a therapeutic and recovery-based approach, rather than a correctional approach, to improve the chances of recovery for each individual.
- The purpose built secure 25 bed mental health facility includes 15 rehabilitation and 10 acute beds. It will provide individually tailored treatment with programs that seek to maximise individual functioning, and will be an integral part of health services provided by ACT Health.



**ACT**  
Government

## **SENSITIVE - CABINET**

### **KEY ISSUES BRIEF – OCTOBER 2016**

- Richard Crookes Constructions is the appointed Head Contractor.
- As at 31 August 2016, construction of the DMHU is on program for construction completion by 30 September 2016, with the facility expected to be operational in late 2016.

#### Ngunnawal Bush Healing Farm (NBHF) (see also Key Issues Brief No. 6)

- The NBHF project will provide a culturally appropriate alcohol and other drug residential rehabilitation facility for adult Aboriginal and Torres Strait Islander people in the ACT. It will be an eight bed facility located in a rural area close to Namadgi National Park and the Tidbinbilla Nature Reserve, both of which contain important Aboriginal cultural sites. While the initial service will be an eight bed facility, the master plan shows room for a 16 bed facility, subject to future available funding for expansion.
- The Head Contractor is St Hilliers Property Pty Ltd.
- Construction completion has been delayed from June 2016 to end September 2016 following joinery subcontractor issues, which are now resolved.
- The Model of Care, Service Funding Agreements and Licence Agreement will be finalized ahead of a prospective date for opening of the Service in early 2017.

#### Emergency Department Expansion project (see also Key Issues Brief No. 3)

- The Emergency Department (ED) Expansion project will deliver an extra 1000 square metres of floor area, and a total of three more ambulance bays and 21 additional treatment spaces, including:
  - up to nine more acute spaces for patients with severe conditions
  - three more treatment spaces for patients with less severe problems
  - three more spaces in the Emergency Medicine Unit, which provides care for short-term patients
  - two designated paediatric consultation rooms
  - two more resuscitation bays
  - a new Mental Health Short Stay Unit, with two more spaces.
  - a Clinical Forensic Medical Service with a designated consult room.
- In total, there are five stages of the project, allowing the ED to continue operating while works are progressed:
  - Stage 1 – External works and construction of Emergency Medicine Unit and Mental Health Short Stay Unit (now complete)
  - Stage 2 – Paediatric Unit and Clinical Forensic Medical Service (now complete)
  - Stage 3 – Sub-Acute areas (now complete)
  - Stage 4 – Acute areas (now complete)
  - Stage 5 – Triage, X-Ray room and Resuscitation Bays
  - Work on resuscitation areas will occur throughout Stages 2 to 5
- The Head Contractor is Shape Australia.
- As at 31 August 2016, stages 1-4 have been completed. The remaining stages are programmed to be completed by end November 2016.





**ACT**  
Government

**SENSITIVE - CABINET**  
**KEY ISSUES BRIEF – OCTOBER 2016**

Upgrading and Maintaining ACT Health Assets

- The Canberra Hospital is a campus that has been developed and redeveloped over approximately 50 years and the associated precinct infrastructure has been developed and extended accordingly. To ensure reliability, quality, and functionality of current and developing infrastructure assets, ACT Health has assembled a dedicated working team that is primarily focused on the delivery of Upgrading and Maintaining ACT Health Assets (UMAHA).
- The first major work that is funded by UMAHA is the Main Electrical Switchboard Replacement (MESR) project. As at 31 August 2016, the tender for the Head Contractor for the MESR project is due to close on 9 September 2016.

**Critical dates and reasons**

UCPH is programmed to be complete and operational in 2018.

The DMHU, formerly known as Secure Mental Health Unit, is programmed for construction completion in September 2016, and is expected to be operational by late 2016.

NBHF is programmed for construction completion in September 2016 and is expected to be operational in early 2017.

ED Expansion project is programmed for completion in November 2016.

UMAHA – work is currently underway to determine the three year packages of work.

**Financial considerations**

These major Health Infrastructure projects are funded as follows:

**UCPH**

- Total Budget: \$212.252 million
- Funded over 2011/12 (\$4 million – Northside hospital specification and documentation), 2013/14 (\$8.252 million – forward design), and 2016/17 (\$200 million – construction)
- Territorial Grant to University of Canberra for car parking – provided for in 2016/17.

**DMHU**

- Total Budget - \$46.691 million
- Funded over 2007/08 (\$1.2 million – forward design), 2012/13 (\$2 million – finalising design) and 2014/15 (\$43.491 million – construction)

**NBHF**

- The overall Territory funding for the NBHF is \$10.731 million, (provided over 2008/09, 2012/13 and 2014/15) with a further \$1 million from the Commonwealth used towards the purchase of the land.





**ACT**  
Government

## **SENSITIVE - CABINET**

### **KEY ISSUES BRIEF – OCTOBER 2016**

#### **ED Expansion project**

- Funded from 2013/14 Clinical Services and Inpatient Unit Design and Infrastructure Expansion appropriation.
- \$5 million was provided by the Commonwealth towards the Paediatric Streaming Unit.

#### **UMAHA**

- 2016/17 Budget provided \$95.3 million.

#### **Recommended approach and timing**

Not applicable.

Contact Officer: Colm Mooney  
Telephone: 61748185  
Directorate: Health



**ACT**  
Government

**CABINET-IN-CONFIDENCE**  
**KEY ISSUES BRIEF – OCTOBER 2016**

**PARTNERSHIP WITH THE CAPITAL HEALTH NETWORK**

**Portfolio and function**

Health Directorate

**Issue**

The Capital Health Network (CHN) is the successor body to the ACT Medicare Local. It is one of 31 Primary Health Networks (PHNs) that have been mandated by the Australian Government to pursue the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care, in the right place, at the right time.

The Australian Government has agreed to six key priorities for targeted work by PHNs. These are mental health, Aboriginal and Torres Strait Islander health, population health, health workforce, eHealth and aged care.

PHNs have been initiated with a clear direction of developing into commissioning organisations, that assess need in their given locality and plan and purchase services accordingly, as opposed to direct service delivery organisations.

ACT Health has a clear and demonstrable interest in the CHN succeeding in delivering on its purposes. Most significantly, this would result in an ACT wide health system, where care is delivered as close to home as possible, people are kept as well as possible, and only those requiring the services of an acute hospital receive their care there. Moving towards a single healthcare system where transitions of care are well managed is the key strategic aim of the partnership.

ACT Health currently has an officer, housed in Policy & Stakeholder Relations, acting in a liaison role between the two organisations, assisting in the development of joint priority projects and building relationships.

**Current status**

The relationship between ACT Health and the CHN continues to develop and more areas of joint interest and joint work are being identified as that relationship deepens. ACT Health is currently involved with the CHN in considering a single regional mental health services plan, comprehensive mental health community needs assessments, as well as a number of projects aimed at understanding and improving after hours primary care, chronic care co-ordination, and discharge.

**Critical dates and reasons**

There are no critical dates associated with this brief.



**ACT**  
Government

**CABINET-IN-CONFIDENCE**  
**KEY ISSUES BRIEF – OCTOBER 2016**

**Financial considerations**

There are no financial implications pertaining to this paper. Maintaining relations with the CHN and discussing areas of joint interest and priority is part of our key business and met by existing allocations.

There may be service based initiatives that ACT Health and the CHN would like to pursue and require funds to do so. This would be progressed through normal budgetary processes.

**Recommended approach and timing**

The recommended approach is for ACT Health to continue as it is in currently working with the CHN. There are no specific timing issues related to this brief.

Contact Officer: Jon Ord  
Telephone: 6205 5030  
Directorate: Health





**ACT**  
Government

**CABINET-IN-CONFIDENCE**  
**KEY ISSUES BRIEF – OCTOBER 2016**

**National Disability Insurance Scheme (NDIS) Health Interface**

**Portfolio and function**

Health Directorate, Community Services Directorate, Education Directorate - Health supports for people who require specialist disability support services under the National Disability Insurance Scheme (NDIS).

**Issue**

The NDIS is responsible for supports required due to the impact of a person's disability on their functional capacity and their ability to undertake activities of daily living. This includes "maintenance" supports delivered or supervised by qualified health professionals (where the person has reached a point of stability in regard to functional capacity, prior to medical discharge) and integrally linked to the care and support a person requires to live and participate in the community.

The health system remains responsible for the diagnosis, early intervention and treatment of health conditions, including ongoing or chronic health conditions.

The NDIS and the health system work together at the local level to plan and coordinate streamlined care for individuals requiring both health and disability services recognising that both may be required at the same time, or that there is a need to ensure a smooth transition from one to the other.

**Current status**

The NDIS trial commenced in the ACT in July 2014 and it was expected to be completed by 30 September 2016 followed by the full implementation of the scheme in the ACT. However, the transition of some eligible clients is currently delayed for a variety of reasons, not least technical problems with the NDIS provider portal. In addition, the national rollout of the NDIS is only just beginning and as a result the processes, pathways and relationships between the sectors and providers are still being developed.

The Health Directorate continues to be involved in local and inter-jurisdictional discussions regarding the interface between the health system and the NDIS.

**Critical dates and reasons**

As the NDIS rollout is ongoing there is no critical date.

**Financial considerations**

There is a financial impact on ACT Health if clients eligible for support through the NDIS continue to be supported through the health system beyond the time when they should.

There are also financial costs to ACT Health in relation to updating patient information and billing systems to ensure that they are able to 'communicate' with the NDIS provider portal.



**ACT**  
Government

**CABINET-IN-CONFIDENCE**  
**KEY ISSUES BRIEF – OCTOBER 2016**

**Recommended approach and timing**

The national rollout of the NDIS is expected to be completed by 2020. ACT Health will continue to participate in local and inter-jurisdictional discussions regarding the NDIS, along with the Community Services Directorate and the Education Directorate to raise issues of concern to the Territory.

Contact Officer: Ross O'Donoghue  
Telephone: 6205 0568  
Directorate: Health





**ACT**  
Government

## **SENSITIVE - CABINET**

### **KEY ISSUES BRIEF – OCTOBER 2016**

#### **Dhulwa Mental Health Unit - Upcoming opening**

##### **Portfolio and function**

Health – Mental Health, Justice Health and Alcohol and Drug Services

##### **Issue**

The Dhulwa Mental Health Unit (DMHU) represents an important addition to health service provision in the ACT. The 25 bed Unit will be the most secure mental health facility in the ACT and as such, will have a high threshold for admission. It will have a strong rehabilitation and recovery ethos and will focus on helping 'the whole person' and not simply 'treating' a mental illness.

The United Ngunnawal Elders Council gifted the word *Dhulwa* an Ngunnawal term meaning 'honeysuckle', the name of a native plant, for the new mental health facility. On 18 August 2016, the former Minister for Health official named the unit the Dhulwa Mental Health Unit.

The Model of Care for Dhulwa was finalised in 2014 <http://www.health.act.gov.au/dhulwa-mental-health-unit>, and was developed to inform the building of the secure facility and to guide the care of people within this facility. The Model of Care outlines a system of care that responds to the needs of the individual and also provides the clinical and organisational framework of a health facility.

The primary reason for admission to the DMHU will be for mental health treatment and care. The presenting conditions for individuals admitted to the DMHU will consist mainly of moderate to severe mental illness. Most commonly the diagnoses will be schizophrenia and mood disorders with related psychosis. Individuals may also have complex presentations including mental illness and significant behavioural issues associated with personality disorder. Presentations often feature co-occurring drug and alcohol disorders, complex trauma and clinically significant impacts on psychosocial functioning.

There will be no differentiation of admitted persons on the basis of their status within the criminal justice system, apart from observing any necessary requirements imposed by legislation or security needs.

Dhulwa is a health facility; Corrective Services officers will transport people to Dhulwa but will not be used within the unit. Security officers have been employed to ensure perimeter and access security. They will only be utilised in emergency circumstances within the clinical space.

People who will be admitted to Dhulwa may be:

- Male or female aged between 18 and 65 and may or may not have offended under Territory and Commonwealth laws,
- People with a moderate to severe mental illness and an inpatient admission will address challenges and progress their recovery,
- People who are unable to be safely or adequately treated in a less restrictive setting. This includes people with a mental illness who cannot be adequately assessed and treated in a correctional setting.





**ACT**  
Government

## **SENSITIVE - CABINET**

KEY ISSUES BRIEF – OCTOBER 2016

The Assessment and Admissions Panel (AAP) made up of a Forensic Psychiatrist, the Dhulwa Nurse Unit Manager and Therapy Manager will ensure that admissions to Dhulwa are consistent with the Model of Care. It will further ensure the appropriate use of Dhulwa and to ensure that people are placed in the least restrictive care environment, appropriate to their identified risk, whilst considering the need for public protection.

It is anticipated that the first cohort of patients will come from the Adult Mental Health Unit (AMHU) at the Canberra Hospital and the Alexander Maconochie Centre. Some residents from Brian Hennessey Rehabilitation Centre will also be assessed for admission to Dhulwa.

### **Current status**

Currently under construction – within weeks of completion.

Handover of the building to ACT Health is due in early November 2016; unfortunately, wet weather has resulted in some delays to external works.

10 October 2016 - 5 week comprehensive staff training commenced.

11 November 2016 - completion of training is expected.

### **Critical dates and reasons**

11, 12 and 13 November – Community Tours.

22 November 2016 - Official Opening Event, with community tours planned.

23 November 2016 - expected go-live date.

Full events briefing package is in the process of being finalised for Minister to officially open Dhulwa.

### **Financial considerations**

The over \$40 million facility will provide 10 acute care beds and 15 rehabilitation care beds, which will be opened in 3 phases:

- Phase 1 – at opening 10 beds will be commissioned,
- Phase 2 – in 2017-18 a further 7 beds (to equal 17 beds) operational, and
- Phase 3 – in 2020 all 25 beds are expected be operational

Phase 1 recurrent budget appropriated in 2016/17.

Phase 2 and 3 will require future business cases for funding.

### **Recommended approach and timing**

October 2016 - Facility handover, followed by an active facility and clinical commissioning program.

10 October 2016 - 5 week comprehensive DMHU training commenced for clinical and support staff.

11 November 2016 - Completion of training is expected.

22 November 2016 - Official opening event, with community tours planned.

23 November 2016 - Expected go-live date.

Contact Officer: K. Bracher  
Telephone: 6205 1313  
Directorate: Health



**ACT**  
Government

**CABINET-IN-CONFIDENCE**  
**KEY ISSUES BRIEF – OCTOBER 2016**

**Non-Government Organisation (NGO) Service Funding Agreement (SFA) review**

**Portfolio and function**

Health Directorate, Policy & Stakeholder Relations

**Issue**

The majority of ACT Health SFA for health services are for a 3 year period unless otherwise stipulated.

At the March 2016 Government Procurement Board Meeting, it was agreed that there be market testing for all ACT Health NGO SFAs and a tendering process for services to be undertaken.

As a result of this determination, the SFAs were initially extended for a 3 month period. Renewed 3 year Agreements were then raised with service providers advised of the 'tendering for services' which will be undertaken during the life of the funding period.

The successful service providers will be offered a new 5 year SFA which will supersede any arrangement that may be currently in place. Negotiations for transitional funding may be required for some critical services if the current provider is not successful.

The Policy and Stakeholder Relations (P&SR) Division have appointed a Project Manager to coordinate and assist with the consultation and execution of the procurement process. The project team is made up of the seven current Policy Unit Managers who have historically managed the SFAs.

The consultation phase will be framed around themed sub-sector discussion papers produced by P&SR after consultation with clinical Executive Directors (EDs) to identify the scope of the services required and emerging opportunities for greater efficiency and efficacy. The policy division will review international best practice and how those lessons can be imported into the ACT with a particular emphasis on high quality research a strategic policy advice to the organisation.

Following the consultation phase detailed tender specification documents will be prepared "in house", with the assistance of contracted external consultancy expertise.

Upon advice of the upcoming open tender process, the Canberra Mothercraft Society (operating the Queen Elizabeth II Family Centre) approached Minister Corbell and ACT Health to express concern about the inclusion of QEII in the open tender process. In recognition of their unique status, QEII was subsequently granted an exemption from the open tender process. Additionally, QEII is seeking an agreement that mirrors the agreement between ACT Health and Calvary Hospital. They have specifically asked that their 2016-2019 Service Funding Agreement include a clause related to responsibility for staff employment and conditions in the event of the agreement being terminated.





**ACT**  
Government

## CABINET-IN-CONFIDENCE

### KEY ISSUES BRIEF – OCTOBER 2016

P&SR is working through the requests from QEII. Given the complexity of the requests and the requirement for input from across the Directorate, the 2013-2016 Service Funding Agreement has been extended until 31 December 2016.

The Canberra Mothercraft Society has been informed that P&SR are working through their request, and they have agreed to the extension of their current agreement, however it is possible they will take their concerns to an incoming government.

#### Current status

The Policy and Stakeholder Relations Branch, ACT Health hosted a Forum for all current NGO Stakeholders on 5 September 2016. The Forum detailed information regarding the procurement process and provided opportunities for the Stakeholders to ask questions.

ACT Health anticipates there will be some services which will be exempt from the open tender process. The criteria for exemption are yet to be identified, however it is expected this work will occur in the coming months.

#### Critical dates and reasons

The consultation phase is expected to be undertaken in late 2016, with the market tender process to commence in the first half of 2017. The tendering process is anticipated to be complete by the end of 2017.

New five year contracts could potentially be issued (as appropriate) from 1 July 2018.

#### Financial considerations

With a large number of current SFAs, it is anticipated there may be some services which may not bid for funding as well as additional services applying for funding agreements.

Quality services and new initiatives may arise which can only benefit ACT Health and the wider community.

There is potential for savings of funds on completion of the overall tendering process and/or for more effective and efficient investments.

#### Recommended approach and timing

ACT Health recognises the uncertainty for NGOs that comes with this process, and hence will continue to work closely with stakeholders.

The select internal stakeholders will be ACT Health executives who have a strategic overview of the current NGO services and current and potential links to acute and sub-acute government services. The executives will be engaged at the initial stage of the consultation process as well as during the tendering process.

Following the consultation phase, detailed tender specification documents will be prepared by ACT Health, with the assistance of contracted external consultancy expertise.

Contact Officer: Ross O'Donoghue  
Telephone: 6207 7958  
Directorate: ACT Health





**ACT**  
Government

**CABINET-IN-CONFIDENCE**  
KEY ISSUES BRIEF – OCTOBER 2016

**Inanna Inc. – Transition of care to new service provider  
for existing mental health clients**

**Portfolio and function**

Health Directorate

**Issue**

- Inanna Inc. is an independent organisation funded by ACT Health and Community Services Directorate (CSD) to provide housing, homelessness, disability and mental health services to vulnerable Canberrans.
- ACT Health has a Standard Funding Agreement (SFA) with Inanna for \$279,000 per annum, for the provision of eight short-to-medium term, non-NDIS mental health respite beds.
- Additionally, ACT Health is also paying for the support of five NDIS eligible mental health clients on a monthly invoice while these clients await transition to the NDIS.
- In February 2016, the Human Services Registrar began working with Inanna's Board and its Chief Executive Officer (CEO) to address issues of governance and financial management.
- On 31 August 2016, following resignation of the Board and CEO, the Human Services Registrar appointed a Statutory Manager to Inanna.
- Under the *Associations Incorporations Act* an application has been made to wind up Inanna.

**Current status**

- With CSD taking the lead, ACT Health has been working very closely with the Directorate to ensure consistent action by ACT Government, including consistent select procurement to ensure appropriate service continuity for existing clients in preparation for Inanna's liquidation.
- Mental Health Policy Unit (MHPU) identified five preferred mental health providers with the capacity to take on service provision from Inanna. Three submissions were received and the successful provider, Wellways, was selected through a formal evaluation panel.
- MHPU and Wellways are currently negotiating with Housing ACT in order for the new provider to continue to operate the eight mental health respite beds.
- ACT Health have suspended payments to Inanna and is looking to terminate Inanna's 2016-19 SFA shortly.
- The Supreme Court of the ACT placed Inanna in provisional liquidation on 6 October 2016, and appointed *Kazar and Slaven* as provisional liquidators.



**ACT**  
Government

## CABINET-IN-CONFIDENCE

### KEY ISSUES BRIEF – OCTOBER 2016

- ACT Health was able to immediately terminate the 2016-19 Funding Agreement with Inanna on 6 October 2016, and no longer has any obligations, contractual or otherwise with the organisation.
- ACT Health has picked up the cost (as required and appropriate) of select Inanna staff to work with Wellways to support the initial transition of mental health clients (1 October 2016 to 7 October 2016 inclusive).
- Wellways report that the transition of mental health clients has progressed and should be completed by 14 October 2016.
- Wellways report they are working the MHJHAD service to integrate the Inanna program beds into existing mental health supported accommodation programs.
- Advice from GSO has been sought throughout this entire process.

**NOTE:** The situation with Innana is changing quickly. Most recent developments will be provided in a formal briefing.

#### Critical dates and reasons

- 1 October 2016 – Wellways to commence operations for service transition

#### Financial considerations

The total funding for the mental health program for the period from 1 July 2016 to 30 June 2017 is \$279,000 (GST excluded).

**Pro rata** funding for the program for the period from 1 October 2016 to 30 June 2017 Mental Health Supported Accommodation and Outreach Program is \$209,250 (GST excluded).

The potentially liability for transition costs should not exceed (\$2600 excluding GST), however ACT Health will have a clearer understanding of mental health liability once the new provider has commenced.

#### Recommended approach and timing

Information brief for noting.

Contact Officer: R Bromhead  
Telephone: 6207 1066  
Directorate: ACT Health





## SENSITIVE - CABINET

ELECTION COMMITMENT BRIEF – OCTOBER 2016

### ELECTION COMMITMENT BRIEF NO. EC LAB 093a

#### ACT Labor: Mental Health: Additional Funding

##### Portfolio and function

Health – Policy and Stakeholder Relations

##### Policy source

Canberra Times, 12 October 2016, "ACT election: Labor focuses on mental health as Greens and Liberals trade blows on advertising".

##### Announced policy

Invest \$7.5 million in mental health services if re-elected, including:

- \$1.5 million to create a pilot version of the Black Dog Institute's lifespan program, which is currently being trialed in NSW to reduce suicide rates. The program aims to deliver a 20 per cent reduction in suicides by working with GPs to improve early detection and by increasing mental health awareness in high schools;
- \$2.3 million to fund an undisclosed mental health service for vulnerable and marginalised youth;
- \$1.6 million would allow youth service Headspace to employ five more staff; and
- Funding for a support group to assist Canberrans upset by 'damaging commentary surrounding marriage equality.'

##### Proposed Implementation Strategy

Implementation stages for trial of Black Dog Institute's Lifespan program:

1. Approach Capital Health Network (CHN) as a strategic partner and potential co-commissioner in this trial work;
2. Broad consultation with the community sector, Education Directorate, and the Black Dog Institute. Establish linkages with existing programs and services for service integration and coordination;
3. Establish a collaborative with representatives including the CHN, ACT Health, and community organisations to lead the trial in partnership;
4. Tender for additional program/service requirements for the trial if and where gaps arise; and
5. Be guided by Black Dog with respect to evaluating the trial of Lifespan.

Implementation for the funding of undisclosed mental health services and an LGBTIQ support group:

1. Consult with the community mental health sector, CHN and MHJHADS to identify vulnerable and marginalised youth to target. The planned community sector NGO review will also help guide this process;
2. Tender for additional services to better target youth who are identified as being marginalized or vulnerable within the ACT community (only if additional services are not to be provided by public mental health services);





**ACT**  
Government

## SENSITIVE - CABINET

ELECTION COMMITMENT BRIEF – OCTOBER 2016

3. A Gender Agenda (AGA) is an existing agency that ACT Health funds. Undertake a variation to AGA's Standard Funding Agreement to include additional funding for the establishment of a support group to assist Canberrans upset by 'damaging commentary surrounding marriage equality'; and
4. Maintain general program management with successful organisations once funding agreements have been executed.

Additional staff for headspace:

1. Liaise with local ACT headspace organisation and CHN who currently fund the organisation;
2. Single select procurement approach to provide this funding to headspace.

### Implementation issues

Black Dog's Lifespan program –

- Lifespan is an evidence-based systems approach involving simultaneous implementation of nine strategies proven to reduce suicide, including improved access to mental health care, education programs for people at the front line, minimizing access to lethal means, encouraging safe conversations, and providing services to people who have recently attempted suicide.
- While a number of these programs and services are already funded by ACT Health, trialing the Lifespan program would enable a more integrated and coordinated whole-of-community response to suicide prevention. CHN also have a key role in suicide prevention and therefore would be strategic partners - and potential co-commissioners, in this trial work.
- Existing programs and services funded in the proposed domains of Lifespan include: MIEACT (school and community mental health education programs), Lifeline and OzHelp (training on safe conversations), Let's Talk (suicide prevention campaign), and beyondblue (support following a suicide attempt).

ACT Health already funds AGA to undertake mental health work with Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) people and other gender variant or gender non-conforming people. Beginning in 2016-17, ACT Health increased funding to this organization by \$150,000 per annum to ensure the sustainability and viability of the organization and its programs. As a result, ACT Health currently provides a total of \$313,000 per annum in recurrent funding to AGA.

headspace staff – Mental Health Policy Unit (MHPU) does not generally provide funding solely for clinician wages.

### Key stakeholders

- Community mental health sector
- Education Directorate
- MHJHADS
- CHN
- Black Dog Institute
- headspace



**ACT**  
Government

**SENSITIVE - CABINET**

ELECTION COMMITMENT BRIEF – OCTOBER 2016

**Legislative impact**

No legislative change required.

**Implementation Timing**

<b>X</b>	<b>0-12 months</b>	<b>X</b>	<b>12-24 months</b>	<b>24-48 months</b>
----------	--------------------	----------	---------------------	---------------------

0-12 months: Single select procurement for headspace and AGA initiatives.

12-24 months: \$2.3 million funding for undisclosed mental health services targeting vulnerable and marginalized youth.

12-24+ months: Trial of Lifespan, pending advice from Black Dog.

**Financial considerations**

Announced Cost

\$7.5 million

Treasury costing

No request was received by ACT Treasury for costing of this election commitment under the *Election Commitments Costing Act 2012*. Costing will be conducted during the normal budgetary process as required.

Contact Officer: J Brooker  
 Telephone: 6207 1347  
 Directorate: Health





**ACT**  
Government

**SENSITIVE - CABINET**

**ELECTION COMMITMENT BRIEF – OCTOBER 2016**

**ELECTION COMMITMENT BRIEF NO. EC LAB 093b**

**ACT Labor: Mental Health: A Gender Agenda**

**Portfolio and function**

Health – Policy and Stakeholder Relations

CSD – Strategy, Participation and Early Intervention, Community Participation Group

**Policy source**

Canberra Times, 12 October 2016, "ACT election: Labor focuses on mental health as Greens and Liberals trade blows on advertising".

**Announced policy**

Create a support group called "A Gender Agenda" to assist any Canberran upset by "damaging commentary surrounding marriage equality".

**Proposed Implementation Strategy**

**Note:** A Gender Agenda (AGA) is an existing agency that ACT Health funds for support services and community literacy programs specifically regarding the transgender and Intersex community. The broader LGBTIQ community is at risk concerning "damaging commentary surrounding marriage equality", and is best represented by the LGBTIQ Community Consortium. This consortium is currently funded by CSD and constituent members are: the AIDS Action Council, A Gender Agenda, Northside Community Service and Sexual Health and Family Planning ACT. Undertake a single select procurement LGBTIQ Community Consortium to assist LGBTIQ community members adversely affected by 'damaging commentary surrounding marriage equality.'

Stages in the process are:

1. Consult with relevant LGBTIQ community members and organizations as well as health stakeholders/services to further scope the issues and needs.
2. Undertake a single select procurement for the LGBTIQ Community Consortium to assist with access to appropriate psychological services for LGBTIQ community members adversely affected by 'damaging commentary surrounding marriage equality.'

**Implementation issues**

The Consortium would be best placed to respond to short lead times and the funding could be used to augment existing counseling services for target LGBTIQ people.

**Key stakeholders**

- Relevant LGBTIQ community members and organizations as well as health stakeholders and services.
- Community Services Directorate

**Legislative impact**

No legislative change required.





**ACT**  
Government

**SENSITIVE - CABINET**

ELECTION COMMITMENT BRIEF – OCTOBER 2016

**Implementation Timing**

X	0-12 months	12-24 months	24-48 months
---	-------------	--------------	--------------

Single select procurement to an already existing LGBTIQ Consortium which is best placed to establish this support group and with strong linkages with consumers in the ACT.

**Financial considerations**

Announced Cost

No announced cost.

Treasury costing

No request was received by ACT Treasury for costing of this election commitment under the *Election Commitments Costing Act 2012*. Costing will be conducted during the normal budgetary process as required.

Contact Officer: J Brooker  
Telephone: 6207 1347  
Directorate: Health



**ACT**  
Government

**SENSITIVE - CABINET**

**ELECTION COMMITMENT BRIEF – OCTOBER 2016**

**ELECTION COMMITMENT BRIEF EC LAB 009b**

**ACT Labor: Expansion of Centenary Hospital**

**Portfolio and function**

Health – Health Infrastructure

**Policy source**

Canberra Times, 9 September 2016, "ACT election: Labor promises a new building at the Canberra Hospital".

**Announced policy**

The Centenary Hospital is to be expanded to become a centre of excellence in women, youth and children's healthcare. The facility will expand both physically and in terms of its service delivery capabilities. The expansion would include a mix of capital and staff spending, with 107 new staff at the Centenary Hospital for Women and Children, half of whom would be nurses.

It would include a 12-bed child and adolescent mental health unit, an adolescent gynaecology service to reduce the need for young women and girls to travel to Sydney for treatment, 12 new paediatric high-dependency units and four paediatric intensive care beds

**Proposed Implementation Strategy**

Stages in the process are:

1. Initial funding requirements – Business Case to seek planning and project initiation funding
2. Project Definition Phase:
  - a. Clinical feasibility, demand analysis and service planning
  - b. Construction feasibility, including site assessment
  - c. Master planning (including staging and decanting strategy)
  - d. Stakeholder consultation and market engagement
  - e. Procurement model assessment
  - f. Business Case development (capital funding)
3. Design and Construction Phase:
  - a. Planning (continuation of above)
  - b. Documentation
  - c. Construction
  - d. Commissioning
4. Clinical commissioning and post commissioning
5. Post occupancy evaluation

**Implementation issues**

The implementation of parts of this capital project is interdependent with the SPIRE announcement, and will require an integrated staging and decanting plan.





**ACT**  
Government

## SENSITIVE - CABINET

ELECTION COMMITMENT BRIEF – OCTOBER 2016

### Key stakeholders

- ACT Health – Canberra Hospital and Health Services identified clinical teams (Division of Women, Youth and Children.
- Canberra Primary Care and Community services
- Environment and Planning Directorate

### Legislative impact

No legislative change required.

### Implementation Timing

0-12 months		12-24 months	x	24-48 months
-------------	--	--------------	---	--------------

- The identified service expansion components can be delivered over the year from mid 2017.
- Capital intensive elements would be delivered over a longer time frame with critical interdependencies with the SPIRE works.

### Financial considerations

#### Announced Cost

\$80m recurrent operational cost and \$70m building capital.

#### Treasury costing

No request was received by ACT Treasury for costing of this election commitment under the *Election Commitments Costing Act 2012*. Costing will be conducted during the normal budgetary process as required.

Contact Officer: David Blythe, Chris Bone  
 Telephone: 61745470 (DB) or 61747354 (CB)  
 Directorate: ACT Health Directorate





## SENSITIVE - CABINET

ELECTION COMMITMENT BRIEF – OCTOBER 2016

ELECTION COMMITMENT BRIEF NO. EC GRN 020

### ACT GREENS: Reducing and preventing suicide in Canberra

#### Portfolio and function

Health – Policy and Stakeholder Relations

#### Policy source

ACT Greens Website, 9 September 2016, "Greens back targets and a new approach to suicide prevention".

#### Announced policy

The ACT Greens plan for suicide prevention includes:

- I. Setting a target to reduce suicide by 50% by 2025, in line with calls from Suicide Prevention Australia.
- II. Establishing a Suicide Expert Committee, along the lines of the Child Death Review Committee, to properly examine suicides in the ACT and make policy recommendations to ACT Government to help us better respond to and prevent suicide.
- III. Advocating for the creation of a national suicide register through representation at the Ministerial Council level, and the development of improved suicide prevention campaigns relevant to the ACT community.
- IV. Enhancing anti-stigma and health promotions strategies to challenge the ongoing misunderstanding and misrepresentation of the lived experience of mental illness- particularly in relation to at risk groups, such as Aboriginal and Torres Strait Islander, LGBTI and CALD communities.

#### Proposed Implementation Strategy

The ACT Greens are proposing four separate policies which would require separate implementation strategies. Refer to 'Implementation Timing' for more information.

Health will work with the incoming government to assist to develop the required strategies to give effect to the government policy.

#### Implementation issues

The policy of setting a target to reduce suicide would require support of the Chief Psychiatrist and local experts and clinicians. The small size of the ACT population makes meaningful target-setting difficult, particularly if raw numbers rather than rates are used. This means there may be statistically misleading variations between years which, taken in isolation, may not accurately represent progress.



## SENSITIVE - CABINET ELECTION COMMITMENT BRIEF – OCTOBER 2016

Some of the abovementioned policies will need to be carefully considered to avoid duplication with initiatives being pursued at a national level. The Australian Government announced a renewed approach to suicide prevention as part of its response to the National Mental Health Commission's (NMHC) *Contributing Lives, Thriving Communities: Review of Mental Health Programmes and Services in 2015*. This includes national leadership, support to anti-stigma and awareness campaigns, and the commissioning of regionalised mental health and suicide prevention activity through primary health networks (PHNs).

### Key stakeholders

- Health Directorate
- ACT Mental Health Consumer Network
- ACT Mental Health Community Coalition
- Centre for Mental Health Research at the Australian National University
- OzHelp Foundation

### Legislative impact

No legislative change required.

### Implementation Timing

- I. This policy could be implemented following development of a strategy and implementation plan. A strategy would take approximately two years to develop and require a Cabinet Submission process: estimate two - three years for policy implementation.
- II. This policy could be implemented quickly after Cabinet agreement. A committee could be established within a year.
- III. This policy could be implemented quickly after Cabinet agreement in the first year.
- IV. This strategy is part of ongoing policy and could be honed to reflect the Greens priorities.

### Financial considerations (A minus sign indicates a cost to the Budget)

#### Announced Cost

As part of the announcement, the Greens have committed \$100,000 for the development and implementation of new targeted health education activities to reduce suicide.

#### Treasury costing

No request was received by ACT Treasury for costing of this election commitment under the *Election Commitments Costing Act 2012*. Costing will be conducted during the normal budgetary process as required.

Contact Officer: R Dawson  
Telephone: 6207 2519  
Directorate: Health





**ACT**  
Government

**SENSITIVE - CABINET**

**ELECTION COMMITMENT BRIEF – OCTOBER 2016**

**ELECTION COMMITMENT BRIEF NO. EC GRN 023**

**ACT GREENS: Office for Mental Health**

**Portfolio and function**

Health – Mental Health Policy Unit  
JACS – Legal Unit

**Policy source**

City News, 13 September 2016, "Greens promise more help for mental health".

**Announced policy**

- Create a new Office for Mental Health in consultation with local representative bodies and service providers such as the Capital Health Network, local community based advocacy services and government officials; and
- Empower the Office for Mental Health to provide independent reports and advice to the community and government on what is working and what is not working in the delivery of mental health services; and have a role in partnering and monitoring the delivery of programs.
- The Office for Mental Health will also have a role in coordinating the range of support services.

The Office for Mental Health will:

- Examine the recent gap analysis undertaken by the ACT Primary Health Network into mental health services, and support increased funding to key areas of need, particularly in the community mental health sector;
- Ensure ongoing whole of sector coordination; Increase carer and consumer representative involvement with the Crisis Assessment and Treatment Team; and
- Increase funding for behaviour management programs and cognitive behavioural programs that focus on emotional regulation.

**Proposed Implementation Strategy**

Stages in the process include:

1. Consultation with the sector to determine planned approach to setting up the Office for Mental Health.
2. Seek Cabinet agreement to the policy.
3. Legislation amendment to establish a Statutory Body and Office Holder e.g. Chief Officer for Mental Health.
4. Fit-out of office in existing ACT Government office space.
5. Appointment of Chief Officer for Mental Health and recruitment/ of three staff: a Senior Officer and two Administration/Research Officers.
6. Establishment of Office for Mental Health.
7. Lead time for the Chief Officer for Mental Health to develop an appropriate level of understanding of the mental health services and sector, consult widely with the sector and establish the Office and their key responsibilities and priority action areas.





**ACT**  
Government

## SENSITIVE - CABINET

ELECTION COMMITMENT BRIEF – OCTOBER 2016

### Implementation issues

In a small jurisdiction, this policy risks duplication with:

1. The Mental Health Advisory Council (MHAC) legislated under the *Mental Health Act 2015* (close to finalisation). The MHAC will be responsible for providing independent advice to the Health Minister about:
  - (i) emerging or urgent mental health issues; and
  - (ii) mental health service reforms; and
  - (iii) mental health policy; and
  - (iv) mental health legislative change; and
  - (v) anything else in relation to mental health requested by the Minister; any other function given to the council under this Act.
2. The role of the Capital Health Network (CHN) under its brief from the National Mental Health Commission's Review of mental health programmes and services. As part of its role, the CHN is required to produce a comprehensive mental health and suicide prevention needs assessment followed by a regional mental health and suicide prevention plan. This plan is due by November 2016.

Potentially the MHAC could provide advice to the Office for Mental Health, to then feed up to the ACT Minister for Health. This would avoid two parallel, duplicative advisory bodies providing independent advice in a small jurisdiction.

The policy does not allow for professional/lived experience representatives (carers and consumers) in keeping with ACT Government policy and similar to the structure of the NSW Mental Health Commission.

### Key stakeholders

- ACT Government: Mental Health, Justice Health, Alcohol and other Drug Service
- Community mental health sector including carers, consumers, and service providers
- Capital Health Network
- Mental Health Official Visitors

### Legislative impact

The Office for Mental Health would be a statutory body, which requires amendment to legislation. Statutory bodies are established if there is some need for independence from the local government and are subject to varying degrees of Ministerial control which are specified in the statutory body's enabling legislation. This would likely be the *Mental Health Act 2015*.

### Implementation Timing

	0-12 months	X	12-24 months	24-48 months
I.	It would likely take most of the first year to amend legislation and establish the Office for Mental Health. The Office could be operational in the second and third year of government.			
II.	Implementation of policies related to increasing carer and consumer participation in the Crisis Assessment and Treatment Team could be implemented in the first year.			
III.	Seeking increasing funding for key areas of need and behaviour management programs would take more than one year due to timing of budget cycles.			