

Our reference: **ACTHDFOI21-22.49**

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

Dear [REDACTED]

### **DECISION ON YOUR ACCESS APPLICATION**

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by ACT Health Directorate (ACTHD) on **Thursday 10 March 2022**.

This application requested access to:

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

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

I am an Information Officer appointed by the Director-General of ACT Health Directorate (ACTHD) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. ACTHD was required to provide a decision on your access application by **Friday 8 April 2022**.

I have identified 77 documents holding the information within scope of your access application. These are outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

#### **Decisions on access**

I have decided to:

- grant full access to 65 documents; and
- grant partial access to 12 documents.

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

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

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

#### **Full Access**

I have decided to grant full access to 65 documents at references 1-37, 39, 48-53 and 57-77.

### **Partial Access**

I have decided to partially grant access to 12 documents at references 38, 40-47 and 54-56. 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 the documents is partially comprised of personal information.

This information has not been disclosed as this could reasonably be expected to prejudice the protection of the individual's right to privacy under *Schedule 2.2 (a) (ii) prejudice the protection of an individual's right to privacy or any other right under the Human Rights Act 2004*. The disclosure of an ACT Government employees' mobile number would not provide any government information pertinent to your request therefore, I have decided this factor outweighs the public interest factors in the disclosure of this information.

### **Charges**

Processing charges are not applicable to this request.

### **Disclosure Log**

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

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

### **Ombudsman review**

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

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

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

### **ACT Civil and Administrative Tribunal (ACAT) review**

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

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

**Further assistance**

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

Yours sincerely

A handwritten signature in black ink, appearing to read 'Deb Anton', with a stylized, cursive script.

Deb Anton  
**Deputy Director-General**  
Office of the Director-General

7 April 2022

## FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

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

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

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

APPLICANT NAME		WHAT ARE THE PARAMETERS OF THE REQUEST				FILE NUMBER	
[REDACTED]		Any final briefs prepared for any ACT Minister(s) or ACT Government witnesses during the 2020 – 2021 Annual Reports Hearings				ACTHDFOI21-22.49	
Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status	
<b>Minister for Mental Health ACT Health Directorate 2020-21 Annual Report Briefs</b>							
1.	1 – 2	Index	21 February 2022	Full Release		YES	
<b>Hot Issues – COVID-19</b>							
2.	3	COVID-19 – Key facts and figures	21 February 2022	Full Release		YES	
3.	4 – 6	COVID-19 and Mental Health – impacts and ACT funded supports	21 February 2022	Full Release		YES	
4.	7 – 10	COVID-19 Current Public Health Social Measures	21 February 2022	Full Release		YES	
5.	11 – 12	COVID-19 - Calvary mental health unit COVID Changes	21 February 2022	Full Release		YES	
<b>Hot Issues</b>							
6.	13 – 15	Culture Review (Mental Health)	21 February 2022	Full Release		YES	
7.	16 – 18	Mental Health Access & Utilisation	21 February 2022	Full Release		YES	
8.	19 – 20	Safe Haven Cafes	21 February 2022	Full Release		YES	



9.	21 – 22	Youth Navigation Portal	21 February 2022	Full Release		YES
10.	23 – 25	Expanding Public Health Services for Eating Disorders (EPHSED) in the Territory Project	21 February 2022	Full Release		YES
11.	26	Future planning for Health Services Across the ACT (Mental Health)	21 February 2022	Full Release		YES
12.	27 – 28	Suicide Prevention Programs	21 February 2022	Full Release		YES
13.	29	*NEW* Mental Health and Suicide Prevention National Agreement	21 February 2022	Full Release		YES
14.	30 – 32	Drug Therapy	21 February 2022	Full Release		YES
15.	33 – 34	Veteran Mental Health	21 February 2022	Full Release		YES
<b>Strategic Objectives</b>						
16.	35 – 36	Strategic Objective 1 – A Health Community Strategic Indicator 1.1: Improving the Mental Wellbeing of Canberrans	21 February 2022	Full Release		YES
17.	37	Changes to Strategic Objectives and Indicators	21 February 2022	Full Release		YES
<b>ACT Health Directorate Output Classes</b>						
18.	38 – 39	1.1. Output 1.3: Mentally Healthy Communities	21 February 2022	Full Release		YES
<b>Local Hospital Network Output Classes</b>						
19.	40 – 41	Output 1.1d – Acute Admitted Mental Health Services	21 February 2022	Full Release		YES
<b>Annexed Reports</b>						
20.	42 - 43	Chief Psychiatrist Annual Report 2020-21	21 February 2022	Full Release		YES
21.	44 – 45	Office for Mental Health and Wellbeing Annual Report 2020-21	21 February 2022	Full Release		YES
<b>Documents prepared for the Chief Health Officer</b>						
22.	46 – 49	Public Health Social Measures and Face Masks	21 February 2022 & 2 March 2022	Full Release		YES
23.	50 – 51	Key Statistics	21 February 2022 & 2 March 2022	Full Release		YES
24.	52 – 53	Lockdown Restrictions	21 February 2022 & 2 March 2022	Full Release		YES
25.	54 – 56	Non-Government Organisation Engagement and Rapid Antigen Test reliability	21 February 2022 & 2 March 2022	Full Release		YES

26.	57 – 61	Public Health Amendment Bill 2021 (No 2)	21 February 2022 & 2 March 2022	Full Release		YES
27.	62 – 64	Travel Restrictions	21 February 2022 & 2 March 2022	Full Release		YES
28.	65	Sexual health data and service planning	21 February 2022 & 2 March 2022	Full Release		YES
29.	66	Output 1.2.a – Samples analysed (ACTGAL)	21 February 2022 & 2 March 2022	Full Release		YES
30.	67	Output 1.2.d(i-iv) - Immunisation rates for vaccines in the national schedule for the ACT Aboriginal and Torres Strait Islander population	21 February 2022 & 2 March 2022	Full Release		YES
31.	68	Output 1.2.d(i-iv) - Immunisation rates for vaccines in the national schedule for the ACT Aboriginal and Torres Strait Islander population	21 February 2022 & 2 March 2022	Full Release		YES
32.	69	Food Safety (inc Accountability Indicator 1.2a – Inspections Food Businesses)	21 February 2022 & 2 March 2022	Full Release		YES
33.	70 – 71	ACT Smoke and Air Quality Strategy	21 February 2022 & 2 March 2022	Full Release		YES
34.	72 – 73	Detection of local Japanese encephalitis	21 February 2022 & 2 March 2022	Full Release		YES
35.	74	Modelling for COVID and winter planning	21 February 2022 & 2 March 2022	Full Release		YES
36.	75 – 76	Issues with reliability of RAT tests	21 February 2022 & 2 March 2022	Full Release		YES
37.	77	Winter planning	21 February 2022 & 2 March 2022	Full Release		YES
<b>Documents prepared for the Executive Group Manager of Population Health Division</b>						
38.	78	Population Health Division: Annual report briefing 2 March 2022 Index	21 February 2022 & 2 March 2022	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES

39.	79 – 85	Alcohol and Other Drugs	21 February 2022 & 2 March 2022	Full Release		YES
40.	86 – 87	Preventive Health Plan	21 February 2022 & 2 March 2022	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
41.	88 – 90	Organ and Tissue	21 February 2022 & 2 March 2022	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
42.	90 – 92	Gene Technology	21 February 2022 & 2 March 2022	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
43.	93 – 94	Best Start First 1000 days Strategy	21 February 2022 & 2 March 2022	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
44.	95 – 96	ACT Health Promotion Grants Program	21 February 2022 & 2 March 2022	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
45.	97 – 98	Health Promotion	21 February 2022 & 2 March 2022	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
46.	99 – 100	Newborn blood spot test	21 February 2022 & 2 March 2022	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
47.	101 – 102	Public Health Nutrition	21 February 2022 & 2 March 2022	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
<b>Epidemiology</b>						
48.	103 – 104	Strategic Indicator – Self rated Mental Health	21 February 2022 & 2 March 2022	Full Release		YES
49.	105 – 106	Strategic Indicator – Self rated Health	21 February 2022 & 2 March 2022	Full Release		YES
50.	107	Strategic Indicator – Fractured Neck Femur (Broken hips)	21 February 2022 & 2 March 2022	Full Release		YES
<b>Centre for Health and Medical Research (CHMR)</b>						
51.	108 – 109	CHMR Brief	21 February 2022 & 2 March 2022	Full Release		YES
52.	110 – 121	Vacation Study Program	21 February 2022 & 2 March 2022	Full Release		YES

53.	122 – 152	CHARM (Canberra Health Annual Research Meeting)	21 February 2022 & 2 March 2022	Full Release		YES
54.	153 – 155	Research Innovation Fund	21 February 2022 & 2 March 2022	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
55.	156 – 157	Research Strategic Plan	21 February 2022 & 2 March 2022	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
56.	158 – 159	HealthANSWERS	21 February 2022 & 2 March 2022	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
<b>Health Protection Services (HPS)</b>						
57.	160	Accountability Indicator 1.2a Samples Analysed	21 February 2022 & 2 March 2022	Full Release		YES
58.	161	Accountability Indicator 1.2d Immunisation Rates	21 February 2022 & 2 March 2022	Full Release		YES
59.	162	HPS Food Safety	21 February 2022 & 2 March 2022	Full Release		YES
60.	163 – 164	Smoke and Air Quality Strategy 2022	21 February 2022 & 2 March 2022	Full Release		YES
61.	165	Sexual health data and service planning	21 February 2022 & 2 March 2022	Full Release		YES
<b>Documents prepared for the Executive Group Manager of Strategic Infrastructure Division</b>						
62.	166	Index	21 February 2022 & 2 March 2022	Full Release		YES
63.	167 – 169	Asset Management	21 February 2022 & 2 March 2022	Full Release		YES
64.	170 – 173	Stimulus Funding Projects	21 February 2022 & 2 March 2022	Full Release		YES
65.	174 – 175	New Northside Hospital	21 February 2022 & 2 March 2022	Full Release		YES
66.	176 – 179	Canberra Hospital Master Plan	21 February 2022 & 2 March 2022	Full Release		YES

67.	180 – 181	City Health Centre / Marie Stopes Australia Clinic	21 February 2022 & 2 March 2022	Full Release		YES
68.	182 – 185	Hydrotherapy Pool	21 February 2022 & 2 March 2022	Full Release		YES
69.	186 – 187	Clare Holland House Expansion	21 February 2022 & 2 March 2022	Full Release		YES
70.	188 – 190	Capital Works Budget	21 February 2022 & 2 March 2022	Full Release		YES
71.	191	Zero Emissions / Sustainability	21 February 2022 & 2 March 2022	Full Release		YES
72.	192 – 193	Calvary Critical Infrastructure	21 February 2022 & 2 March 2022	Full Release		YES
73.	194 – 195	Health Infrastructure Key Facts and Figures QTB (Feb sitting)	21 February 2022 & 2 March 2022	Full Release		YES
74.	196 – 197	Watson Precinct Redevelopment	21 February 2022 & 2 March 2022	Full Release		YES
75.	198 – 199	Eating Disorders Residential Centre	21 February 2022 & 2 March 2022	Full Release		YES
76.	200 – 201	B2/3 and SPIRE History	21 February 2022 & 2 March 2022	Full Release		YES
<b>Document prepared for the Executive Group Manager of Policy, Partnerships and Programs</b>						
77.	202	LGBTIQ+ Scoping Study and gender-focused health service	21 February 2022 & 2 March 2022	Full Release		YES
<b>Total Number of Documents</b>						
<b>77</b>						

**Minister for Mental Health  
ACT Health Directorate  
2020-21 Annual Report Briefs**

### Hot Issues – COVID-19

No.	Title	
1.	COVID-19 – Key facts and figures (provided to all Ministers)	OCHO
2.	COVID-19 and Mental Health – impacts and ACT funded supports	OMHW / MHPS
3.	COVID-19 Current Public Health Social Measures (same as #3 for Min.Health)	OCHO
4.	COVID-19 - Calvary mental health unit COVID Changes	OPE (Chief Psychiatrist with input from HSPE and CHS as necessary)

### Hot Issues

No.	Title	
5.	Culture Review (Mental Health)	C&G
6.	Mental Health Access & Utilisation	DSD with input from LHN and CHS
7.	Safe Haven Cafes	MHPS
8.	Youth Navigation Portal	OMHW
9.	Expanding Public Health Services for Eating Disorders (EPHSED) in the Territory Project	MHPS
10.	Future planning for Health Services Across the ACT (Mental Health)	HSPE with input from SID and MHPS
11.	Suicide Prevention Programs	OMHW
12.	*NEW* Mental Health and Suicide Prevention National Agreement	MHPS
13.	Drug Therapy	MHPS with input from PPH & CHS
14.	Veteran Mental Health	OMHW with input from CSD

## Strategic Objectives

No.	Title	
15.	<b>Strategic Objective 1 – A Health Community</b> <b>Strategic Indicator 1.1: Improving the Mental Wellbeing of Canberrans</b> <a href="#">(Annual Report 2020-21 - page 69)</a> <a href="#">(2020-21 Budget Statements – Strategic Indicator 1.1- page 5)</a>	Pop Health
16.	Changes to Strategic Objectives and Indicators	C&G

## ACT Health Directorate Output Classes

No.	Title	
17.	<b>Output 1.3: Mentally Healthy Communities</b> <a href="#">(Annual Report 2020-21 - page 359)</a> <a href="#">(2020-21 Budget Statements – Output 1.3 - page 15)</a>	OMHW / MHPS

## Local Hospital Network Output Classes

No.	Title	
18.	<b>Output 1.1.d: Acute Admitted Mental Health Services</b> <a href="#">(Annual Report 2020-21 - page 458)</a> <a href="#">(2020-21 Budget Statements – Output Class 1 – page 59)</a>	LHN with input from DSD and MHPS

## Annexed Reports

No.	Title	
19.	Chief Psychiatrist Annual Report 2020-21 <a href="#">(Annual Report 2020-21 - page 384)</a>	OPLC (Chief Psychiatrist)
20.	Office for Mental Health and Wellbeing Annual Report 2020-21 <a href="#">(Annual Report 2020-21 - page 397)</a>	OMHW

**COVID-19: ACT OUTBREAK – FACTS AND FIGURES**

**Talking points:**

- As of 8:00pm on 9 February 2022:

	Cases			Tests* (as of 9:00am 10 February 2022)	Deaths
	PCR	RAT	Total		
2020	118	-	118	151,028	3
2021	4,368	-	4,368	663,839	12
2022	25,416	10,174	35,590	117,188	16
<b>Total</b>	<b>29,902</b>	<b>10,174</b>	<b>40,076</b>	<b>932,055</b>	<b>31</b>

PCR = confirmed cases

RAT = probable cases

\* Total test numbers may include multiple tests for the same individual. They also include cases who were not managed by ACT Health.

Daily Cases and Testing

- As of 8:00pm on 13 February 2022:
  - 375 new cases of COVID-19 were recorded in the ACT in the previous 24 hour period; 187 cases identified through PCR tests and 188 through RATs.
  - There are 2,453 active cases.
  - 956 negative tests were returned in the previous 24 hour period.

Hospitalisations

- As of 8:00pm on 13 February 2022:
  - There are 51 COVID-19 patients in ACT public hospitals, with four (4) patients in intensive care with two (2) patients requiring ventilation.
  - 465 individuals have been admitted to ACT public hospitals due to COVID-19 since the beginning of the ACT outbreak in August 2021.

Quarantine

- As of 9:00am on 14 February 2022, 1,303 people are in quarantine in the ACT.

Cleared as complete and accurate: **14/02/2022**  
 Cleared by: Executive Branch Manager  
 Contact Officer name: Dr Robyn Walker Ext: 43330  
 Lead Directorate: Health  
 Cleared for release: Yes  
 TRIM Ref: GBC22/27



GBC22/27

**Portfolio/s:** Mental Health**COVID-19 and Mental Health – impacts and ACT funded supports****Talking points:**

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

Cleared as complete and accurate: 11/02/2022

Cleared for public release by: Dr Elizabeth Moore Ext: 5124 9273  
Coordinator-General

Contact Officer name: Cheryl Garrett Ext: 5124 7127

Lead Directorate: Health

TRIM Ref: GBC22/27

- The funding provided during the pandemic has enabled a range of new and expanded supports including the Discharge Accommodation Program, the first Safe Haven in the ACT and an Aboriginal and Torres Strait Islander Suicide Prevention service.
- The funding is also helping people to better understand their mental health and wellbeing needs and have greater access to support when and where they need it.
- The ACT Government has continuously provided messaging to the ACT community on supporting and maintaining good mental health. These have been through the ACT Health COVID website and social media.
- We will continue to work with specific groups as required to ensure appropriate and targeted messages across the community.
- ACT Health Directorate continues to meet regularly with peak mental health non-government organisations to identify the emerging and ongoing issues impacting consumers, carers and community service providers.
- The ACT Government is contributing to the implementation of the National Mental Health Pandemic Response Plan and other nationwide mental health reforms. The work in monitoring and responding to the mental health needs across the ACT community is ongoing.

### **Key Information**

- Investment to support mental health during the COVID-19 pandemic includes:
  - \$4.5 million allocated in May 2020 in the COVID-19 Mental Health Support Package to support a range of community services and to support the development of new and innovative mental health services in the ACT to meet community need;
  - the 2020-21 ACT Budget, which committed \$15.8 million to extend a range of mental health programs and services that were funded in the May 2020 Support Package. This included \$14.1 million to continue the seven-day-a-week operation of PACER;
  - \$260,000 in August 2021 was committed to further extend existing mental health supports and \$20,000 for positive mental health information and messaging.
  - the Mental Health and Community Support Package announced in September 2021 allocated \$3.6 million to support community organisations who respond to people in our communities experiencing vulnerabilities, disadvantage and/or poor mental health including, early intervention, expanded step-down support, additional counselling services and increased

Cleared as complete and accurate: 11/02/2022

Cleared for public release by: Dr Elizabeth Moore                      Ext: 5124 9273  
Coordinator-General

Contact Officer name: Cheryl Garrett                                      Ext: 5124 7127

Lead Directorate: Health

TRIM Ref: GBC22/27

mental health support for young Canberrans with highly complex needs who are at risk of mental illness.

- the 2021-22 ACT Budget, which committed \$10.3 million over four years to extend support for people needing mental health care with a focus on young people and their families in the ACT.

GBC22/27

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

- The ACT currently has low level Public Health Social Measures in place, in line with the National Plan to Transition Australia's National COVID-19 Response.
- On 8 January 2022, the ACT Government reinstated some Public Health Social Measures in response to increased transmission of the Omicron Variant of Concern, and these restrictions will remain in place until at least 25 February 2022. A review will be undertaken in mid-February 2022 to determine whether the measures continue to be appropriate for the level of risk being managed.

Business Restrictions

- Most businesses and venues are required to adhere to a density limit of one person per two square metres per usable indoor space if businesses wish to have more than 25 people in the space.
- From 12 noon on 8 January 2022, **hospitality and licensed businesses, including cafes, bars and nightclubs, and indoor entertainment venues** must adhere to the following additional restrictions:
  - Patrons must be seated while eating and drinking;
  - Dancing is not permitted; and
  - Nightclubs are only permitted to operate as a bar, within existing density limits.
- Canberrans were encouraged to **work from home** for the entire month of January, where suitable for both the employee and employer. This recommendation was extended for February 2022.

Face masks

- From 11:59pm on 21 December 2021, all people aged 12 years and over must wear a face mask in indoor public spaces, public transport, and in certain high risk settings.

Visitors to Residential Aged Care Facilities

- From 11:59pm on 21 December 2021, visitor restrictions for residential aged care facilities permit a maximum of five visitors at any one time/per day for each resident, except for end-of-life circumstances.

Visitors to Healthcare Facilities

- From 12:01am on 26 December 2021, visitor restrictions are in place at all hospitals, community health centres and walk-in centres, with no visitors permitted to enter except for exceptional circumstances.

Cleared as complete and accurate: 14/02/2022  
Cleared by: Executive Branch Manager  
Contact Officer name: Vanessa Dal Molin Ext: 49401  
Lead Directorate: Health  
Cleared for release: Yes  
TRIM Ref: GBC22/27

### Events and Performance Venues, Conferences and Cinemas

- **Indoor theatre-style venues** can operate with 100 per cent of fixed seating capacity for each space.
  - Events over 1,000 people must be ticketed or pre-registered.
  - Density limits do not apply to unfixed seating areas when performances are being held.
  - Venues to display a sign at the entrance of each space specifying occupancy limit for the space.
- **Indoor performance and entertainment venues** can have 25 people across the venue before density limits apply (excl staff), or 1 per 2 sqm within each indoor space, and no density limits apply to outdoor spaces.
  - Events over 1,000 people must be ticketed or pre-registered
  - Venues to display a sign at the entrance of each space specifying occupancy limit for the space.
- Organisers of **live performance events** can seek an exemption to host events at up to 3 per 4 sqm (75 per cent) of usable indoor space, subject to the event being ticketed and seated wherever practicable.
- **Cinemas and Movie Theatres** can have 100 per cent of fixed seating capacity for each space. Sessions must be ticketed and density limits do not apply to unfixed seating areas when performances are being held.

### Outdoor entertainment and event venues

- 100 per cent of fixed seating capacity for each space (excl staff). 1 person per 2 sqm for any unfixed outdoor seating areas (excl staff).
- Patrons must remain seated whilst eating and drinking in indoor spaces.
- Events over 1,000 people must be ticketed or pre-registered.
- Events between 1,000-2,000 people (excl staff) must submit their COVID Safety Plan to ACT Health in accordance with the COVID Safe Event Guidance document.
- Events of greater than 2,000 people require an exemption.

### Check In CBR

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

Cleared as complete and accurate: 14/02/2022  
Cleared by: Executive Branch Manager  
Contact Officer name: Vanessa Dal Molin Ext: 49401  
Lead Directorate: Health  
Cleared for release: Yes  
TRIM Ref: GBC22/27

# ANNUAL REPORT HEARING BRIEF

- From 11:59pm on 11 February 2022, the use of the Check In CBR app is required at the following venues of high impact:
  - Licensed bars and pubs
  - Registered clubs and nightclubs
  - Strip clubs and brothels
  - Organised events that are not ticketed or pre-registered, including conferenced, markets, music and cultural events.
  - Schools and early childhood education and care (staff and visitors only).
- Other businesses and settings are no longer required to display their QR codes or ask visitors and customers to check in. However, they are encouraged to continue to display QR codes for voluntary use by customers and visitors who want to keep a record of where they have been.
- The Check in CBR app will be updated to enable automatic notification of users if they have been at one of the higher impact settings during a COVID-19 exposure. This new function is expected to be ready by end February 2022.

## Check in CBR and Human Rights considerations

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

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Contact Officer name: Vanessa Dal Molin Ext: 49401  
Lead Directorate: Health  
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- Canberrans can be assured that their check in data continues to be protected and is not accessed unless it is required for contact tracing purposes. Data continues to be deleted after 28 days.

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

- On 11 January 2022, the Clinical Health Emergency Coordination Centre (CHECC) authorised engagement of Calvary Bruce Private Hospital (CBPH) to provide beds in the Medical Mental Health Unit (MMHU) for the relocation of patients from the Older Person's Mental Health Inpatient Unit (OPMHU). This was under agreement between the Territory and the private hospital which provides for surge capacity for the Territory's COVID-19 response.
- The Transfer of mental health patients to CBPH was necessary to facilitate the reopening of the COVID Respiratory Assessment Unit (CRAU) at the Calvary Public Hospital (CPHB). This unit repurposed the OPMHU.
- Nine patients, 3 voluntary and 6 on Psychiatric Treatment Order, were moved from OPMHU to the MMHU on 13 January 2021.
- The MMHU was notified as an approved mental health facility under the Mental Health Act on 14 January 2021.
- The CHECC order was extended on 10 February 2022 and will be reviewed again on 14 March 2022.

**Key Information**

- The cohort of patients transferred to the MMHU are low acuity.
- Although the MMHU is located within the CBPH, the MMHU ward will remain a public ward for all purposes.
- The MMHU will not be receiving private patients during the period that it is used as an approved mental health facility.
- The MMHU will be staffed by medical and nursing staff from CPHB in the same way that the Acacia and OPMHU are staffed and operated.
- For the period of the order, CPHB mental health bed capacity comprises:
  - 10 mental health inpatient beds at Calvary Bruce Private Medical Mental Health Unit allocated for mental health inpatients;
  - Up to 6 beds allocated in the CRAU should symptomatic COVID positive people requiring mental health care need a hospital admission (the bed capacity would be increased dependent on need);

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- 21 adult inpatient mental health beds in Acacia Unit. There is also capacity to utilise four additional beds in double rooms in Acacia if required.

### **Background Information**

- On 3 August 2021, the MMHU was licensed as a private psychiatric facility under the Mental Health Act.
- On 24 August 2021, the MMHU was approved as a mental health facility to allow involuntary mental health patients to be transferred from CPHB to the facility. The OPMHU was repurposed at this time as a respiratory ward that provided a designated treatment space for suspected and positive COVID-19 patients. The MMHU was identified as a suitable facility for the treatment of mental health patients.
- On 25 November 2021, patients were returned to CPHB and the MMHU was returned to CBPH to be used as a private psychiatric facility in accordance with their private psychiatric facility licence.
- On 17 December 2021, the instrument notifying the MMHU at CBPH as an approved mental health facility under the *Mental Health Act 2015* was revoked.
- On 11 January 2022, Dr Dinesh Arya, the ACT Chief Psychiatrist, was advised by the CHECC that due to the upsurge in COVID-19 cases in the ACT, the OPMHU was required to be repurposed again as a respiratory facility.

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**Portfolio/s:** Mental Health

## **Culture Review (Mental Health)**

### **Talking points:**

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

### Second Annual Review of the Culture Review Implementaiton

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

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### Progress with Recommendation Implementation

- There is a total of 92 discrete actions to implement the recommendations.
- A total of 65 actions have been endorsed by the Culture Review Implementation Steering Group as complete, with 6 actions pending closure, 13 actions on track, and 14 being actively managed to ensure all recommendations are addressed by 30 June 2022.
- A total of nine recommendations have been completed.
- The Culture Review Implementation team is responsible for implementing 9 of the 20 system-wide recommendations. To date, the Steering Group has approved closure of seven of these recommendations with the final two on track for completion by June 2022.
- ACT Health Directorate (ACTHD) is responsible for implementing 11 of the 20 recommendations from the Culture Review. To date, the Steering Group has approved closure of two of these recommendations with the final nine on track for completion by June 2022.
- Canberra Health Service (CHS) is responsible for implementing 12 of the 20 recommendations from the Culture Review. To date, the Steering Group has approved the closure of eight of these recommendations, with the remaining four on track for completion by June 2022.

### Leadership Development Training

- Leadership development training was launched in December 2021, with the launch of the ACT public health system leadership development program.
- There will be a total of 12 cohorts, with participants from ACTHD, CHS and Calvary Public Hospital Bruce attending. In total there have been four cohorts with 60 participants have been completed to date.
- The Culture Reform Oversight Group acknowledged that substantial and enduring cultural change take time and require sustained effort over several years, and the ACT public health system is in an early phase of positive change.

### **Background Information**

- On 10 September 2018, the former Minister for Health and Wellbeing, Ms Meegan Fitzharris announced the Independent Review into the Workplace Culture within ACT Public Health Services in response to significant negative reporting about poor workplace culture across the three arms of the ACT Public Health Service over an extended time period. The Minister appointed an independent panel to undertake the review.
- The panel presented the *Final Report of the Independent Review into the Workplace Culture within ACT Public Health Services* to Minister Fitzharris on 5 March 2019. The Final Report was released to staff and the public on 7 March 2019.

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- The Review overwhelmingly highlighted:
  - Inappropriate behaviours and bullying and harassment in the workplace;
  - Inefficient procedures and processes including complaints handling;
  - Inadequate training in dealing with inappropriate workplace practices;
  - Poor leadership and management at many levels throughout the ACT public health system;
  - Inefficient and inappropriate Human Resource practices, including recruitment; and
  - Considerable disengagement by clinicians from the management of ACT public hospitals and health services.
- The Final Report was tabled on 19 March 2019 in the ACT Legislative Assembly.
- The former Minister for Health and Wellbeing tabled the Government Response to the Report on 16 May 2019. In the response, the Government agreed to all 20 recommendations of the Report.
- Implementation over the next three years formally commenced.

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**Portfolio:** Mental Health**MENTAL HEALTH ACCESS AND UTILISATION****Talking points:**

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

**Key information**

- Between August and November 2021 the number of monthly mental health presentations to ACT emergency departments increased from 328 to 422, before dropping to 391 in December 2021.
- At Canberra Hospital, Adult Mental Health Unit (AMHU), Mental Health Short Stay Unit (MHSSU) and Ward 12B Mental Health Unit contain 56 adult admitted patient mental health beds, providing voluntary and involuntary psychiatric care and treatment for people with a mental health illness.
- Ward 12B Mental Health Unit (10 beds) commenced activity on 20 September 2021 and has been utilised at 83 per cent from this date until the end of January 2022. Ward utilisation was lower in September 2021 in the initial weeks of activity, and has increased to almost 90 per cent after this time.
- The number of admitted adult patient mental health beds at Calvary Public Hospital Bruce, was 41 up until 30 September 2021, reverting to 36 beds after that date. The ACT Government funded an additional 5 mental health “surge” beds, pending expansion of capacity at Canberra Hospital, which has now been completed.
- The Older Persons Mental Health Unit (OPMHU) physical space at Calvary Public Hospital Bruce was identified as a suitable facility for the development of a respiratory ward for potential COVID-19 patients. The respiratory ward was operational between August and November 2021 in response to the Delta outbreak.

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- The respiratory ward reverted to the OPMHU following the 2021 lockdowns and has since been reactivated in response to the current Omicron outbreak.
- Additional capacity for public mental health patients is being supplied under agreement with Calvary Bruce Private Hospital.
- There are currently no dedicated adolescent mental health beds in the ACT. The model of care for children and young people requiring admitted patient mental health services is that they are admitted to the most appropriate admitted patient unit under the lead care of a paediatrician. A dedicated adolescent mental health facility is planned for opening in late 2022 as part of an integrated adolescent unit within the Centenary Hospital for Women and Children.
- The total number of mental health overnight bed days of care decreased by 23.2 per cent in the July to September 2021 quarter, when compared with the previous quarter. When compared to the same quarter in the previous year there was an 11.1 per cent increase.
- The average length of stay for mental health overnight patients decreased by 24.0 per cent in the July to September 2021 quarter, when compared with the previous quarter. When compared to the same quarter in the previous year there was a 10.6 per cent increase.

## Background Information

- In 2019, ACT Policing deployed the tri-service mental health co-response capability Police, Ambulance & Clinician Early Response (PACER) as a proof-of-concept in partnership with the ACT Ambulance Service and Canberra Health Services. Where police would traditionally be the first responders to a mental health call-out, the PACER capability provides a more holistic mental health response to the Canberra community's most vulnerable mental health patients.
- The COVID-19 Mental Health Support Package will fund, amongst other things, the expansion of the Access Mental Health and Home Assessment Acute Response Team (HAART) and the PACER service to 7 days a week; transitional accommodation services; and an Aboriginal and Torres Strait Islander Mental Health Program.
- The ACT Government has increased both the High Dependency and Low Dependency Unit bed capacity across the Territory to meet the changing demand for people requiring access to acute admitted mental health services.
- The ACT Government has also committed to a range of additional investments and supports for mental health and suicide prevention in the Parliamentary and Governing Agreement for the 10th Legislative Assembly, over the next 4 years including:
  - the development of a Psychiatric Alcohol and non-prescription Drugs Assessment Unit;
  - building additional supported accommodation houses;

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- boosting community counselling, mentoring, home visits, advocacy and case management for young people; and
- Improving the range of programs that target and support youth mental health, eating disorders, alcohol and substance use with mental health, First Nations mental health, First Nations suicide prevention and postvention and respite for mental health carers.

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**Portfolio/s:** Mental Health

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**Safe Haven Talking points:**

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

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**Key Information**

- Since the opening there has been steady use of the service including across the Christmas and New Year period. From opening to 22 December 2021, Safe Haven had 19 visitors, over the Christmas period up to 11 January there were 19 visitors and from 11 to 26 January, 14 people visited the centre. A total of 52 guests have visited Safe Haven since opening.
- The number of visits by guests have exceeded expectations for a new community service of this type. Early efforts at promotion and engagement with key community stakeholders has ensured early awareness of the service and the numbers of guests attending have reflected this work.

**Background Information**

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

**Youth Navigation Portal****Talking points:**

- A key project from the Children and Young People Review was to develop and implement a Youth Navigation Portal for the ACT. The Youth Navigation Portal (the Portal) was also a recommendation of the ACT Youth Advisory Committee.
- This was in response to a common theme raised by young people around a lack of knowledge and understanding about what mental health services are available and how to access them.
- The Portal was launched on 19 October 2021 under the new name MindMap, which was the winning name from a competition open to all ACT young people and targeted school students.
- MindMap is an online triage navigation portal specifically focused for young people, parents and carers in the ACT, seeking mental health related support, services and information. MindMap supports the mental health of children and young people aged 0-25 years in the ACT.
- MindMap provides a consolidated and coordinated approach for young people seeking support and assistance online and will link up with existing services within the Canberra region.
- Since its launch MindMap has had over 7,300 page visits, with 80-90 per cent new visitors. It is important to note that engagement varies for each page visitor, however at least 11 per cent of visitors have returned to the page multiple times (figures as at 9 February 2022).
- MindMap has also received 42 calls. This has included services seeking support for their clients, parents calling to find support for their young people, and young people seeking help themselves.
- Over 50 per cent of users have been from 25-34 and 35-44 age groups. This suggests that parents and services may also be using the resource to connect young people to support.
- In the early months male service users had been more frequent than females. This may mean that many males who had not previously sought assistance in this area are now able to do so in a way that has limited impact on their peer status or relationships with parents. Overall usage since launch has resulted in higher female usage (62 per cent female compared to 38 per cent male). It should be noted that usage data is relying on Google Analytics, therefore unless cookies have been cleared recently on a shared device, the demographic data could be built on an other device users data profile.

**Key Information**

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- Commonwealth Community Health and Hospital Program (CHHP) funding for Youth Mental Health and Suicide Prevention was granted. The portal project was part of this funding allocation and included the design, development and evaluation.
- Between June and September 2020 consultation for the portal was undertaken with young people, parents/guardians and service providers, details are outlined below:
  - The Australian National University (ANU) and the Office for Mental Health and Wellbeing (the Office) co-facilitated 4 online focus groups (N = 28), with 5-10 participants each in June 2020.
  - An online survey was conducted (N=150) to further canvas the thoughts and perspectives of young people and parents on the development and design of a youth navigation portal in the ACT.
  - In August and September 2020 the Youth Coalition conducted 5 focus groups and heard from 30 young people aged between 13 and 25 years. They also conducted 5 focus group (N= 27) with 25 services.
- MindMap also includes an ‘active hold’ service, delivered by Marymead, where young people are able to be supported if there is not capacity in the service that meets their needs. In February 2022, one young person utilised this service, first attending three sessions with their parent and the youth navigator, and then the fourth session attended independently after school. This illustrates the value of this component of MindMap, ensuring that the young person continues to be supported while they wait to be fully transitioned to the mental health service.
- MindMap will have an iterative release to continue enhancing the portal with ongoing consultation with the community. The Office for Mental Health and Wellbeing (OMHW) and Marymead are working closely to continue stakeholder engagement with service providers to ensure the information is accurate and up to date and meeting community needs.
- Development of an evaluation framework for MindMap is also underway to build our understanding of how well the initiative is meeting community needs and how it could be improved in future.

### Background Information

- The OMHW partnered with the Australian National University and the Youth Coalition of the ACT to scope and undertake the initial consultation with the community for MindMap.
- Following a procurement Request for Quote process, Marymead were selected as the community organisation to lead and manage MindMap in May 2021.
- A procurement Request for Quote was released in April 2021 for the IT build component of MindMap and Capgemini were selected in early July 2021.

GBC22/27

**Portfolio/s:** Mental Health

Choose a Portfolio

**Expanding Public Health Services for Eating Disorders (EPHSED) in the Territory Project****Talking points:**

- In the 2019/20 budget, the ACT Government committed \$2.2M to establish an Eating Disorders Specialist Clinical Hub, establish a non-government organisation (NGO) operated early intervention service and develop a Territory-wide model of care for eating disorders.
- The Commonwealth committed \$13.5M over three years for a Residential Treatment Centre for eating disorders to be established in the ACT. The first funding instalment was provided to the ACT in the 2021-2022 financial year.
- The EPHSED Project was established in July 2019 to progress work on both the ACT Government and Commonwealth commitments.
- The ACT Eating Disorders Clinical Hub (the Hub) was officially launched on 25 January 2022. The Hub is a new service offering for the ACT that provides a single point of access for eating disorders. The Hub is also available to provide advice, support and training for people and clinicians working with people with eating disorders.
- Once a referral is received by the Hub, a detailed intake, triage, and assessment process is conducted to determine the best care pathway. If clinically indicated, the Hub can provide referrals to the Short Term Recovery Intervention for Disordered Eating (STRIDE) Program, Parenting Group or the Eating Disorders Program (EDP).
  - The STRIDE Program offers short-term cognitive behavioural therapy (CBT) of up to 10 sessions to eligible individuals for their eating disorder or disordered eating behaviour. The STRIDE Program is staffed by provisional psychologists (undertaking post-graduate psychology training) under the supervision of board-approved clinical psychology supervisors.
  - The six week Parenting Group provides psychoeducation and support in implementing the first phase of Maudsley family-based therapy approach. This group is for parents/carers who have a loved one under the age of 18.
  - The EDP is a specialist outpatient therapy service working with individuals and their families whose primary presenting issue is an eating disorder. EDP provides evidence based psychological treatment options such as Maudsley Family Based Therapy (FBT) and CBT as indicated.
- The tender to engage a non-government service provider to deliver the Early Intervention Service was released on 19 November 2021 and closed in December 2021. Unfortunately, no responses were received for this tender.

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- ACT Health Directorate (ACTHD) is undergoing a consultation process with unions on the staffing impacts of the Early Intervention Service. Next steps for the Service will be considered after this consultation has occurred.
- The Early Intervention Service for Eating Disorders is expected to be operational in the 2022/23 financial year, in alignment with the funding start date.
- The Territory-wide Model of Care for Eating Disorders is currently in development. This model of care will establish an effective “Stepped Care” model in the ACT for all public eating disorder services.
- As announced on 18 November 2021, ACTHD has identified a preferred location (Block 3 Section 17 Coombs) for the Residential Treatment Centre.
- The concept design phase for the ACT Residential Eating Disorders Treatment Centre is underway. The model of care for the ACT Residential Eating Disorders Treatment Centre was completed and endorsed in March 2021.
- In September 2021, the ACT Government announced \$195,000 under the Mental Health and Community Support Package for the recruitment of an in-reach clinician. This clinician will support eating disorders patients admitted to hospital, facilitate early discharge, support families and carers and connect patients to services post-discharge. This position is due to commence in February 2022.

### **Key Information**

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

### **Background Information**

- The ACT Government developed the ACT Eating Disorders Position Statement, which was presented to the Legislative Assembly by Minister Rattenbury on 25 October 2018. The Position Statement describes the guiding principles and options for developing eating disorders services in the ACT. This includes the prioritisation of early intervention and the establishment of an effective “Stepped Care” model.
- An Update to the Eating Disorders Position Statement was provided to the Legislative Assembly by Minister Rattenbury on 27 August 2020.
- A further Update to the Eating Disorders Position Statement has been prepared in response to Petition 34-21 Starving for Services – Lack of Eating Disorder Services in the ACT. It is scheduled to be considered by Cabinet in February with a response to the Clerk of the Legislative Assembly required by 1 March 2022.
- The EPHSED Project aims to improve and expand eating disorder services in the ACT across the full spectrum of care and to provide the best treatment for people with eating disorders when and where they need it. It seeks to strengthen the current eating disorders services provided in the Territory, through investigating and

implementing service improvement projects and expand on services to ensure that appropriate care is available for the community.

- The EPHSED Project includes the following to be completed by 30 June 2024:
  - Development of a Territory-wide Model of Care for Eating Disorder Services;
  - Establishment of local and interstate networks and relationships;
  - Clinical processes and training;
  - Community engagement, education and health;
  - Establishment of a Clinical Hub;
  - Establishment of an Early Intervention Service; and Establishment of the ACT Residential Eating Disorders Treatment Centre.

## **Future planning for Health Services Across the ACT (Mental Health focus)**

### **Talking points:**

- The draft Territory-wide Health Services Plan is in the process of being finalised following a period of stakeholder consultation which took place over May to July 2021.
- The draft Territory-wide Health Services Plan will identify priorities for health service development and redesign of services provided and funded by the ACT Government over the next five years. The Territory-wide Health Services Plan is based on a comprehensive assessment of health service needs across the care continuum on a geographic basis and for priority population groups.
- A Mental Health Services Plan cascading from the Territory-wide Health Services Plan is under development. The Mental Health Services Plan will establish the medium to long term priorities for service development and redesign of ACT Government - provided and funded mental health services in the ACT.
- The Mental Health Services Plan is aligned to the Regional ACT Mental Health and Suicide Prevention Plan.
- The key themes for actions and strategies identified for inclusion within the draft Mental Health Services Plan are:
  - Ensuring the right service mix, geographic distribution, care environment and equity of access to services.
  - Improving navigation, care coordination and access to services when needed.
  - Improving linkages between services and transitions of care.
  - Specific service developments or reform.
- Workforce, Technology, Research, Infrastructure and Data are recognised as key enabling activities to support achievement of the strategies and actions in the Mental Health Services Plan.
- The Mental Health Services Plan will have a strong focus on actions that will shift the focus of service provision from the hospital to the community setting.
- An example of these longer term strategies where the focus is shifting from hospital to community is being addressed via the Territory-wide model of care for eating disorders.
  - This is being developed as part of the Expanding Public Health Services for Eating Disorders in the Territory project.



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**Portfolio/s:** Mental Health

**Suicide Prevention Programs** (Annual Report 2020-21 Pages 402 to 405)

**Talking points:**

- The ACT Government commitment to suicide prevention commenced in the 2018-19 Budget with investment of \$1.545 million in the Black Dog Institute's (BDI) LifeSpan Integrated Suicide Prevention Framework over three years to June 2021. LifeSpan is an evidence-informed approach to integrated suicide prevention. The high fidelity research trial of the Lifespan framework in the ACT with BDI concluded 30 June 2021.
- The Office for Mental Health and Wellbeing (OMHW) is continuing its priority focus on multifaceted approaches to suicide prevention in the ACT. The suicide prevention team continue to implement many of the suicide prevention initiatives commenced through the trial, ensuring they align with the recent Final Advice of the National Suicide Prevention Advisor to the Prime Minister and the National Suicide Prevention Taskforce.
- Question Persuade Refer (QPR), a free online suicide prevention training program, has been promoted on social media platforms during the pandemic. QPR is promoted across the ACT. There has been an increase in uptake of QPR training in the community during this time.
- In September 2020, local media and communication stakeholders received Mindframe Plus training, provided by Everymind, in safe and purposeful media reporting and communication about suicide.

Aboriginal and Torres Strait Islander Suicide Prevention

- This is a major priority for ACT Suicide Prevention, and is guided by the the ACT Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Working Group. The Working Group includes membership from Winnunga Nimmityjah and other key organisations and individuals in the local community.
- During the October 2020 Mental Health Month, the Working Group supported a webinar in relation to important Indigenous mental health and suicide issues. This successful webinar was attended by some 50 participants. A virtual Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Community Forum was held via webinar on 10 September 2021, and a face-to-face forum is planned to occur in the first half of 2022.
- The development of a culturally appropriate Aboriginal and Torres Strait Islander suicide prevention, aftercare, and postvention service for the ACT continues to progress. This commissioning process is expected to be completed early 2022.

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- In December 2020, to build capacity in suicide prevention, Wesley Mission trained 10 members of the local Aboriginal and Torres Strait Islander community in suicide prevention. Another Wesley Mission training program is expected to occur in early 2022.

#### Schools

- The Youth Aware of Mental Health (YAM) Program is an evidence-based program developed to promote mental health and address suicidal behaviour in young people.
- Commonwealth Government funding enabled YAM to be delivered to year 9 students in high schools across the ACT from 2020. The program continues to be implemented in partnership with Mental Health in Mind (MHiM) and Mental Illness Education ACT (MIEACT).
- To date, 16 schools and over 4,900 Year 9 students have completed the YAM program in the ACT.

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

- CwP is an evidence informed, compassion-based approach to suicide prevention and management which aims to develop a shared language to improve understanding of suicidal distress.
- In March 2021 the OMHW supported the commencement of CwP compassion-based suicide prevention training in the division of Mental Health, Justice Health, Alcohol and Drug Services. Planning for commencement of training in the ACT Emergency Departments and community Non-Government Sector is underway.
- CwP continues to be facilitated online during COVID-19 restrictions through WebEx, with a hybrid face to face/online model commencing in 2022.
- CwP is directly relevant to recommendation four of the National Suicide Prevention Adviser – Final Advice, which recommends all governments to commit to prioritising evidence-based and compassion-focused workforce development.

#### **Key Information**

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

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GBC22/27

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

- In early 2021, the National Cabinet committed to finalising a new National Mental Health and Suicide Prevention Agreement (National Agreement) by November 2021.
- This National Agreement is proposed to set a national, integrated, system-level framework for mental health and suicide prevention reform and commitments between the Commonwealth, State and Territory Governments.
- All jurisdictions have been negotiating the development of the National Agreement throughout 2021.
- Due to the scope of the National Agreement, the deadline for finalising it has been extended by the Commonwealth. It is anticipated that the National Agreement will be formally considered in March/April 2022.
- This timeline enables further consultation with key national and local organisations and consumer and carer representatives on the development of the National Agreement.
- In the ACT, the nominated community representatives included the ACT Mental Health Consumer Network, Carers ACT and the Mental Health Community Coalition of the ACT.
- The Commonwealth, states and territories will continue to work together to finalise the National Agreement in early 2022.
- In addition, the Commonwealth is working separately with all states and territories to negotiate a range of Bilateral Mental Health and Suicide Prevention Agreements to sit under the National Agreement.
- These Bilateral Agreements will detail commitments and funding at jurisdictional levels.
- The ACT Government is working closely on the drafting of the ACT Bilateral Agreement, which is expected to be finalised in the first half of 2022.

**Key Information**

- Given the negotiations for these agreements are currently occurring between governments and require approval by Cabinet, there is little that can be publicly discussed at this stage.

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**Portfolio/s:** Mental Health**Drug Therapy****Talking points:**

- There has been increasing public discussion and interest on the use of ketamine and psychedelic substances for the treatment of some mental disorders.
- In March 2021, the Commonwealth Government announced it is investing \$15 million in grants to support Australian-led research into the use of psilocybin, MDMA (methylenedioxymethamphetamine), and ketamine to combat illnesses like post-traumatic stress disorder (PTSD), major depressive disorder, addiction disorders and eating disorders.
- In announcing the grants, Health Minister Greg Hunt said, “it was vital the government continued to search for new and better treatments for mental illness.”
- There is emerging, though limited, evidence of therapeutic benefits of ketamine and psychedelic substances in the treatment of a range of mental illnesses.
- Further research is required to assess the safety and effectiveness of psychedelic therapies to inform future therapeutic use in psychiatric practice.
- The psychedelic substances of interest are illicit substances. Research into the clinical use of these psychedelic substances should only occur under research trial conditions that include oversight by an institutional research ethics committee and careful monitoring and reporting of efficacy and safety outcomes.
- The Royal Australian and New Zealand College of Psychiatrists has also published guidelines about the use of ketamine and psychedelic substances for treatment of some mental disorders. These provide useful guidance to psychiatrists.
- MDMA and psilocybin are currently classified as Schedule 9 substances (prohibited substances) under the Commonwealth Poisons Standard. All jurisdictions, including the ACT, adopt the Poisons Standard’s scheduling of substances to provide a consistent approach to the regulation of medicines. In the ACT this is regulated through the *Medicines, Poisons and Therapeutic Goods Act 2008*.
- The Therapeutic Goods Administration (TGA) Advisory Committee on Medicines Scheduling (ACMS) has previously considered requests from community submissions to reschedule psilocybin and MDMA under the Poisons Standard.
- The TGA commissioned an independent expert review to support their decision-making. On 30 September 2021, the Independent Expert Panel published its report, the conclusion of this report states:

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- Both agents were well-tolerated in supervised trials with or without additional use of psychotherapy. However, trial quality including blinding and follow-up was variable and only a small proportion of potential participants were included in the randomised phase.
- MDMA and psilocybin may show promise in highly selected populations but only where these medicines are administered in closely clinically supervised settings and with intensive professional support.
- On 15 December 2021, the TGA provided notice of their final decision to not downschedule MDMA and psilocybin from schedule 9 (prohibited) to schedule 8 (controlled drug) and to maintain their listing on Schedule 9 of the Poisons Standard.
- In this decision, the TGA noted that although findings from clinical trials are promising for treatment-resistant depression, further evidence is required to establish the therapeutic value and outweigh the risks from misuse or diversion for illicit use.
- The TGA notes that this decision does not affect any current access to psilocybin use in any clinical trial settings under Schedule 9.

## **Key Information**

### **Psilocybin**

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

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**Ketamine**

- Ketamine is:
  - a well-known general anaesthetic;
  - used as a painkiller to reduce complex regional pain syndrome (CRPS) and neuralgic pain;
  - a hallucinogenic and is sometimes abused as a recreational drug; and
  - currently being investigated as a potential antidepressant. Studies have reported rapid improvement in depressive and suicidal ideation in the shorter term, however, evidence for long term improvement is lacking.
- Ketamine treatment by intravenous infusion is the most common mode of administration for treatment of depression in clinical trials, although sublingual, intra-nasal, intramuscular and subcutaneous administration are also being explored.
- Adverse effects of Ketamine, including dizziness, restlessness, blurred vision, headaches, hallucinations and paranoia, are also being investigated in clinical trials
- At this stage, there is limited evidence to recommend ketamine as a treatment option for depression, and treatment is considered experimental.
- Further research is required to assess the long-term safety and effectiveness of Ketamine for use in the treatment of depression. Trials will have to be replicated for any wider roll-out of this treatment.
- In the ACT, Ketamine infusion for treatment of depression is not used in public mental health services. However, it is used as an 'off label' treatment by some private psychiatrists.

**Background Information**

- It is important to note that psychedelic substances are currently considered illicit substances and are not registered for any use by the TGA. These substances are used only in approved research trials and can be provided under the TGA Special Access Scheme or the Authorised Prescriber Scheme.
- There is continued advocacy for wider availability of these therapies by community members and groups locally and nationally.

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**Portfolio/s:** Mental Health

## Veteran Mental Health

### Talking points:

- The ACT Government continues to demonstrate its commitment to supporting the mental health and wellbeing of veterans and reducing the incidence of suicide.
- Given the relatively high population of serving and ex-serving veterans in the ACT, there is a strong need to work closely with the Commonwealth Government to improve veteran mental health and prevent suicide.
- The ACT Government provides and funds a range of clinical and non-clinical mental health, suicide prevention and postvention support services that are available to veterans
- The ACT Government welcomes the Royal Commission into Defence and Veteran Suicide and supports the work of the Taskforce.
- ACT Government officials from across the Community Services Directorate; Chief Minister, Treasury and Economic Development Directorate; and ACT Health Directorate have been involved in consultations.
- The Ministerial Advisory Council for Veterans and their Families (MACVF) remains an important body to seek advice on issues affecting Veterans.
- The ACT Government will work with the incoming MACVF to set their priorities and workplan, including the mental health and wellbeing of veterans.
- The ACT Government-run webpage (<https://www.act.gov.au/veterans>) provides information on the mental health and wellbeing support and assistance that ACT Veterans can access. It brings together information from across the ACT, the Commonwealth Government, and community organisations in the ACT.
- The ACT Government provides \$80,000 in annual grant funding to resource projects that support the wellbeing and social inclusion of Veterans and their families.

### Key Information

- On 15 March 2021, you wrote to the Federal Minister for Veterans' Affairs, Darren Chester, highlighting a number of issues for ACT Veterans that require Commonwealth policy and funding responses and seeking a meeting to discuss these issues and the ways the ACT Government can work with the Commonwealth.
- Veterans have noted that they may have difficulty finding suitable mental health professionals if the clinician requires a security clearance to discuss the veteran's presenting or primary mental health issues.

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**Background Information**

- MACVF continues to work with Ex-Service Organisations, key Veterans stakeholders and the broader Veteran community on issues of Veteran wellbeing in the ACT to provide ongoing advice on Veteran mental health and wellbeing to the ACT Government.
- The previous MACVF have discussed the development of an ACT Veterans Hub or ACT region Veterans Wellbeing Centre as a central point for Veterans specific services and general services (including mental health) which support veterans. This work will be considered by the incoming MACVF.
- The feasibility study commissioned jointly by the DVA and ACT Government, followed the establishment of Veterans' Wellbeing Hubs in all States and Territories, except the ACT. The feasibility study was completed in December 2020. The ACT Government is currently considering the findings of the report and has engaged the previous MACVF in this process.
- The ACT Government is working with the DVA to review the findings of the Feasibility Study and agree a mutually suitable approach response to the report.
- Targeted Mental health support for Veterans in the ACT includes:
  - The Canberra Hospital Veteran Liaison Officer;
  - free inpatient psychiatric care through the Calvary Bruce Private Hospital; and
  - an identified lounge at the Canberra Hospital specifically for veterans and their families.

GBC22/27

**Portfolio:** Mental Health**Strategic Objective 1 – A Health Community****Strategic Indicator 1.1: Improving the Mental Wellbeing of Canberrans****Talking points:**

- Mental wellbeing is an integral and essential component of health and fundamental to our ability to think, feel and integrate with others and the broader community. The circumstances in which people live their lives, play as important a role as clinical services in people's mental health.
- Self-rated mental health reflects a person's perception of their own mental health at a given point in time and provides an insight to overall mental health as opposed to the presence of mental illness.
- The indicator for Strategic Objective 1, Improving the Mental Wellbeing of Canberrans, is the percentage of ACT adults who self-report their mental health status as excellent or very good.
- Between 2020 and 2021, the proportion of respondents to the ACT General Health Survey aged 18 years and over who rated their mental health as excellent/very good has declined, however this decline is not statistically significant (2020: 52.0 per cent; 2021: 46.9 per cent).
- In 2021, males were significantly more likely to rate their mental health as excellent/very good than females (53.1 per cent versus 41.1 per cent respectively).
- This measure of mental health provides a strong indication of wellbeing across our community. During 2020/21 the mental health of Canberrans has been impacted by the pandemic.
- In response, the ACT Government took a broad approach to addressing the impact on mental health with both preventive and intervention activities.
- In 2020 the ACT Government funded an initial \$4.5 million Mental Health Support package and in August and September 2021, provided an additional \$14.26 million for COVID-19 community and mental health supports to help Canberrans struggling during lockdown.
- The 2021-22 ACT Budget built on this funding with the allocation of a further \$10.3 million over four years to extend support for people needing mental health care with a focus on young people and their families in the ACT.
- It is recognised that people with mental illness also face challenges with their physical health and the ACT Government has committed to supporting preventive health through the ACT Preventive Health Action Plan.

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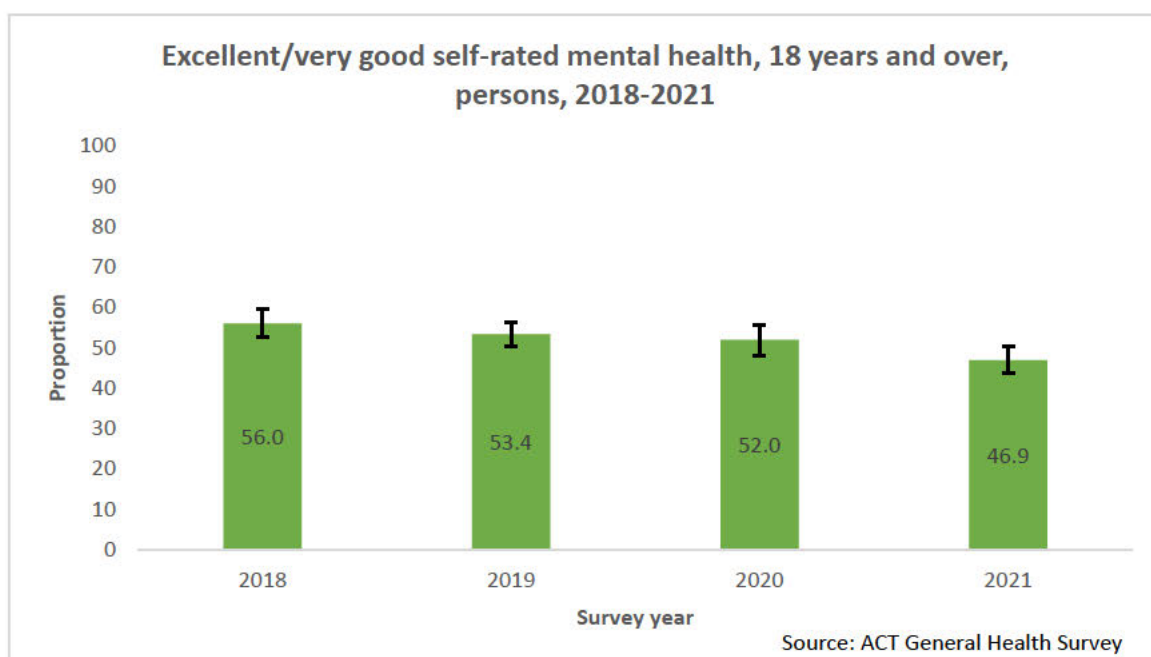
Lead Directorate: Health

TRIM Ref: GBC21/836



**Background:**

- Strategic Objective 1 was first introduced in the 2019/20 Annual Report. In its first iteration, the indicator was defined as the percentage of ACT adults aged 18 years and over who self-rated their mental health during the past four weeks as good, very good or excellent.
- From the 2021/22 budget cycle, the definition of the indicator has changed to report the percentage of ACT adults aged 18 years and over who self-rated their mental health during the past four weeks as excellent or very good. Good has been removed from the definition because it is a neutral response category and we are looking at positive self-rated mental health.
- Self-rated mental health has been measured in the ACT General Health Survey since 2018. The result from the 2021 survey (adults who self-report their mental health status as excellent or very good) was consistent with the result in 2020.
- This strategic objective reports the percentage of ACT adults aged 18 years and over who self-rated their mental health during the past four weeks as excellent or very good.
- 2021 data will be published on the HealthStats ACT website in the early half of 2022.



## **Changes to Strategic Objectives and Indicators**

### **Talking points:**

- ACT Health undertook a review of performance measures in 2020 in preparation for the 2020-21 budget.
- The changes are detailed below.

### **Key Information**

- The Strategic Indicators (SI 1.1 and SI 1.2) *'Improving the Mental Wellbeing of Canberrans'* and *'Improving the Health Status of Canberrans'* which previously contained three self-reported categories of good, very good or excellent were amended to only contain very good and excellent. This is consistent with other jurisdictions. These changes were reflected in the lower targets from greater than (>)90 per cent in 2019-20 for both, to >60 and >55 per cent respectively.
- The accountability indicator (1.1.f) *'Proportion of people who undergo a surgical operation requiring an unplanned return to the operating theatre within a single episode of care due to complications of their primary condition'* was replaced by the Strategic Indicator (SI 2.3) *'Number of unplanned returns to theatre for selected surgical complications per 10,000 hospital admissions'*. This change was to align with national reporting practice.
- The accountability indicator (1.1.g) *'Proportion of people separated from ACT public hospitals who are re-admitted to hospital within 28 days of their separation due to complications of their condition'* was replaced by the Strategic Indicator (SI 2.4) *'Number of avoidable readmissions for selected conditions per 10,000 hospital admissions'*. This change was to align with national reporting practice.
- The accountability indicators (1.2.d) relating to Immunisation rates for vaccines in the national schedule for the ACT Aboriginal and Torres Strait Islander population were changed from greater than or equal to ( $\geq$ )95 per cent to 95 per cent to improve variance reporting. Using the " $\geq$ " impacted on the presentation of the indicators variance percentage.
- The accountability indicator(1.2.f) *'Number of educators that complete health promotion professional learning courses and activities'* was removed as the measure no longer reflected key objectives and was not an accurate measure of the work of the Health Promotion Branch.

**GBC22/27**

**Portfolio/s: Mental Health**

### **1.1. Output 1.3: Mentally Healthy Communities**

(Annual Report 2020-21 – Page 359)

(2021-22 Budget Statements Output 1.3 – Page 15)

#### **Talking points:**

- The ACT Health Directorate (ACTHD) supports an integrated mental health system that provides the opportunity for people to access appropriate treatment, care or support in a timely manner.
- ACTHD collaborates with stakeholders on strategic policy and service system planning, to ensure funding is targeted to provide safe, quality programs and services that offer seamless transition through stepped care and interventions as needed.

#### Indicator a) Percentage of mental health clients with outcome measures completed

- This indicator records the percentage of mental health clients with outcome measures completed. The ACT Government achieved a result of 78 per cent, which was 13 per cent higher than the original target for 2020-21.
- This includes inpatient, community and residential service settings and has been achieved due to a sustained focus on the monitoring of completion rates by clinical staff.

#### Indicator b) Office for Mental Health and Wellbeing (OMHW) Workplan

- This indicator, which is a progress report on the implementation of the OMHW Workplan 2020-2021, has been completed as a standalone section of the ACTHD 2020-21 Annual Report.
- The OMHW key achievements and deliverables for 2020-21 sit under the three themes of the OMHW Workplan:
  - Mentally Healthy Communities and Workplaces;
  - Support for individuals, families and carers; and
  - System capacity and workforce.
- Key achievements for the OMHW under these themes in 2020-21 include:
  - Conclusion of the three year high fidelity LifeSpan Trial and associated suicide prevention activities.
  - Continued delivery of the Youth Aware of Mental Health (YAM) program for Year 9 students in ACT high schools.

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- Undertaking other suicide prevention activities including compassion based suicide prevention training, and culturally appropriate Aboriginal and Torres Strait Islander suicide prevention training.
- Working in partnership with the Australian National University and the Youth Coalition of the ACT to scope and undertake initial consultation to inform the 24/7 online Youth Navigation Portal, and undertaking successful request for quote processes to select a provider, Marymead, to manage Portal operations and Capgemini to build the IT component.
- Working in partnership with the Youth Coalition of the ACT and Capital Health Network to undertake co-design consultations to inform the children and young people with moderate to severe mental health concerns – ‘the Missing Middle’ project.
- Playing key roles in the whole of government consideration of mental health issues, including supporting planning for implementation of the ACT Mental Health and Suicide Prevention Plan 2019-2024.

**Key Information**

- The ACTHD comprehensive response to support and enable mentally healthy communities includes:
  - Leadership, through the OMHW, of the whole of government approach to sustainable, effective and coordinated sector innovation;
  - promotion of mental health and social wellbeing for all Canberrans;
  - raising awareness of mental health, suicide and mental illness across the community to reduce stigma and discrimination as well as on a personal level encouraging people to seek help as needed;
  - prevention of suicide and suicide attempts wherever possible;
  - early intervention to increase resilience and reduce the impact of mental health issues;
  - accessible and responsive primary, secondary and tertiary mental health services to meet the needs of people with mental health issues including severe mental illness; and
  - evaluation and research to support ongoing development and improvement of the programs and services available.

GBC22/27

**Portfolio/s:** Mental Health

**Output 1.1d – Acute Admitted Mental Health Services 2020-21**

**ANNUAL REPORT PAGE NUMBER:** 458

Output 1.1 ACT Local Hospital Network	Target 2020-21 NWAU {20}	Estimated Outcome 2020-21 NWAU {20}	Variance
Accountability Indicator 1.1d – Acute Admitted Mental Health Services	10,384	10,793	4%

**Talking points:**

- Slightly higher than anticipated demand for acute admitted mental health services contributed to the result above target.
- The higher demand for acute admitted mental health services was supported by surge capacity at Calvary Public Hospital Bruce and the Canberra Hospital.

**Key Information**

- The National Weighted Activity Unit (NWAU) target for this accountability indicator applies to acute admitted mental health service patients. These patients undergo a formal hospital admission and discharge process.
- NWAU results are affected both by changes in levels of activity (in this case, number of acute mental health admissions) as well as changes in the degree of acuity (mental health admissions of higher acuity are generally associated with a higher value NWAU).
- Services included in Output Class 1 are those that meet the Independent Hospital Pricing Authority’s (IHPA’s) criteria for inclusion on the General List of In-Scope Public Hospital Services.
- This accountability indicator relates to the ACT Local Hospital Network and therefore measures combined activity for the Canberra Hospital (CH) and Calvary Public Hospital Bruce (CPHB).
- CPHB utilised five surge beds in the Older Persons Mental Health Unit. At CH, Ward 7B had capacity for four surge beds. CH also opened the Mental Health Surge Unit providing capacity for eight surge beds. The surge responses were in operation until the permanent expansion of ward 12B became operational in September 2021, providing an additional 10 beds.

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- Mental health admissions have been increasing nationally including in the period preceding the COVID-19 pandemic. The Australian Institute of Health and Welfare (AIHW) reported<sup>1</sup> that the national annual average rate of growth of mental health-related separations was 4.9 per cent in the five years from 2014-15 to 2018-19.
- NWAU targets for the individual service streams, of which Acute Admitted Mental Health is one, are projected outcomes. Variations from target within individual service streams should be viewed in the context of the outcome for the total NWAU delivery, which in 2020-21 recorded a 1 per cent variance from target.

### **Background Information**

- The Statement of Performance refers to the results column as 'Actual Result'. These results are current as at the time of the Annual Report preparation, and final results are subject to change through the national annual submission process. Preliminary reconciled actual results indicate the variance from target will likely be less than 3 per cent.
- The Commonwealth contributes to funding public hospitals using Activity Based Funding where practicable using the National Efficient Price (NEP) determined by IHPA. The national efficient price is based on the projected average cost of an NWAU.
- An NWAU is a measure of health service activity expressed as a common unit, against which the NEP is paid. It provides a way of comparing and valuing each public hospital service (whether it is an admission, emergency department presentation or outpatient episode), by weighting it for its clinical complexity.
- The average hospital service is worth one NWAU – the most intensive and expensive activities are worth multiple NWAUs, the simplest and least expensive are worth fractions of an NWAU.
- NWAUs are updated annually. NWAU{20} is the 2020-21 currency as determined by IHPA in the NEP Determination 2020-21.

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<sup>1</sup> Source: AIHW Mental health services in Australia Report (last updated 01 February 2022)

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GBC22/27

**Portfolio/s:** Mental Health

## **Chief Psychiatrist Annual Report 2020-21**

Annual Report 2020-21 – Page 384

### **Talking points:**

#### Emergency Apprehension

- In February 2021, the amendment to the emergency apprehension section of the Mental Health Act commenced. The amendments to the emergency apprehension provision means that if a person is attended to by an ambulance paramedic or Police Officer and is in need of immediate mental health examination and consents to an examination by a doctor, they do not have to be apprehended. This allows a person to agree to being assessed and recognises the importance of a person being able to provide consent to their treatment in line with the objects and principles contained in the Mental Health Act.
- 1,359 people were apprehended under the previous apprehension criteria for the period July 2020 to January 2021 (seven months). Following this amendment, 510 people were apprehended for the period February 2021 to June 2021 (five months).
- The biggest reduction in apprehensions evidenced by the legislative amendments by authorised professionals is ambulance paramedics with 820 apprehensions for the period July 2020 to January 2021 and 217 apprehensions for the period February 2021 to June 2021.

#### Psychiatric treatment orders (PTO)

- There were 1,007 PTO hearings held by ACAT during 2020–21, resulting in 757 PTOs being granted or continued, and 197 PTOs ceased. This represents a 9.9 per cent increase in the number of PTOs granted or continued compared to 2019–20. The number of PTOs revoked also increased by 11.9 per cent

#### Contravention of mental health orders

- An amendment to the contravention of mental health orders section of the Act, which came into effect in 2020, provides clarity to clinicians when a person contravenes a mental health order and is required to be taken to an approved mental health facility for treatment. Under the new amendment if a person in contravention of a mental health order is apprehended for the purpose of being taken to an approved mental health facility and subsequently agrees to receive treatment then they can receive it at a place other than the approved mental health facility. The person is not required to be transported to an approved mental health facility to receive the treatment.

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- Following this amendment, of the people who contravened their PTOs, 32 per cent were able to receive treatment, care or support in their own home or at a community health centre.

#### Interstate transfer of mental health orders

- There were nine interstate transfers of mental health orders. This number has not increased significantly over the previous four years. Eight people were transferred from the ACT to NSW and one from the ACT to VIC.
- The ability for people subject to mental health orders to move freely between jurisdictions will be simplified by the mutual recognition of interstate orders scheme scheduled to be adopted into ACT legislation in the 2022/23 financial year.

#### Forensic mental health orders

- During the reporting period the ACT Civil and Administrative Tribunal (ACAT) made 13 forensic mental health orders. This is a significant increase from the previous financial year when four such orders were made. During the three preceding years, the ACAT did not make any forensic mental health orders.
- No forensic mental health orders were revoked in the reporting period.

#### **Key Information**

- The 2020 amendments to the emergency apprehension provision mean if a person is in need of immediate mental health examination and consents to an examination by a doctor, they do not have to be apprehended.
- A person who is in contravention of their PTO, is now able to receive treatment, care or support in their own home or at a community health centre.

#### **Background Information**

- Section 80 of the *Mental Health Act 2015* (MH Act) provides for the apprehension and detention of a person in specified circumstances. Subsection 80(1) allows a police officer or ambulance paramedic to apprehend a person and take them to an approved mental health facility if the police officer or paramedic reasonably believes that the person has a mental illness or mental disorder and the person has attempted, or is likely to attempt, suicide or to inflict harm on themselves or another person. This process is known as emergency detention.
- This provision was recently amended by the *Mental Health Amendment Act 2020* which added another condition into subsection 80(1), that the person requires immediate examination by a doctor and refuses. This allows a person to agree to being assessed and recognises the importance of a person being able to provide consent to their treatment in line with the objects and principles contained in the Mental Health Act.

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**Portfolio/s:** Mental Health

Mental Health

**The Office for Mental Health and Wellbeing Annual Report 2020-21**

(page 396-405)

**Talking points:**

- The Office for Mental and Health and Wellbeing (OMHW) Work Plan 2019- 2021 (the Work Plan) sets out the ongoing commitment to enhance the mental health and wellbeing of our region, by partnering with government, non-government, and the community to support people in the ACT and surrounds experiencing mental health concerns.
- The Work Plan introduced 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.
- Activities delivered under the Work Plan in 2020- 2021 included continued implementation of the suicide prevention framework, the delivery of key projects following the Review of Children and Young People in the ACT, and the development of the Re-envisioning Older Persons Mental Health and Wellbeing Strategy.
- The OMHW, in collaboration with key mental health sector organisations, has developed a Strategic Approach to mental health and an outcomes framework. These pieces of work, together with the Older Persons Strategy will be considered by Cabinet in the coming months.
- The OMHW, in partnership with community and non-government agencies has developed an online youth navigation portal for the ACT and is undertaking an analysis of the needs of children and young people with moderate to severe mental health concerns.
- In 2020-2021 the OMHW also undertook projects aimed at improving mental health for Aboriginal and Torres Strait Islander people and people from the LGBTIQ+ community including the development of Guidance for gender affirming mental health care, which were launched in November 2021.
- The OMWH has completed a mid-term review of the OMHW through the Chief Minister, Treasury and Economic Development Directorate which involved community representation, government, and non-government organisations.
- In addition to the Work Plan activities, the OMHW has taken a leadership role in identifying and addressing the significant impact of both the natural disasters and the current pandemic on the mental health of our community.

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Lead Directorate: Health  
TRIM Ref: GBC22/27

- Over the next 12 months the OMHW will be consolidating the work achieved thus far, including the Strategic Approach and Outcomes Framework, Re-envisioning Older Persons Mental Health and Wellbeing Strategy, Suicide Prevention activities and implementing Guidance to support gender affirming care in mental health settings.
- The Office will monitor the impacts of the ongoing uncertainty in the COVID environment on mental health and wellbeing to best advise on future support and treatment options.

**Key Information**

- The OMHW 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.
- Within the 100 days from the commencement of the Coordinator-General role, the OMHW developed the Work Plan in collaboration with peak non-government organisations.
- The Workplan was launched on 30 April 2019 and is available on the OMHW website.
- The Mental Health and Wellbeing Inter-Directorate Committee (previously called the Agency Stewardship Group) has held regular meetings to oversee the development of the Work Plan.
- The OMHW has completed the Community Engagement Commitment, an Evaluation Framework for the OMHW, and the Review of Children and Young People in the ACT.
- The Youth Navigation Portal was launched by the Minister for Mental Health in October 2021.
- The Guidance for gender affirming mental health care was launched in November 2021 by the Minister for Mental Health.

# ANNUAL REPORT HEARING 2020/2021

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### **TITLE: PUBLIC HEALTH SOCIAL MEASURES AND FACE MASKS**

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

### **Current Public Health Social Measures**

#### **Current Business Restrictions**

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

#### **Face masks**

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

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

#### Face masks in schools

- The requirement for students and staff to continue to wear a face mask acknowledges the unique environment of primary and secondary schools, where students and teachers are spending many hours together.
- Wearing a face mask is a simple and practical way to reduce the risk of transmission of the virus. The face mask requirement is just one risk mitigation measure that is included in the ACT Government's *Health Guidelines for Schools and Early Childhood Education and Care (including out of school hours care)*, which supports schools to remain open.
- Vaccinations and boosters are still rolling out for those aged 5-11 with 78.4% having received their first dose as of 1 March 2022.

#### Face masks in universities/higher education

- Face mask requirements are not legally mandated for universities or higher education facilities.
- While mask wearing requirements have eased, the Canberra community is strongly encouraged to continue to wear a face mask when entering public indoor settings, where it could be difficult to maintain appropriate physical distancing.
- All workplaces, including universities/higher education, are encouraged to consider what mask wearing policies they should implement, both for employees and any clients, visitors or students that may visit their premises, as part of their COVID Safety Plan and in order to meet work health and safety obligations. This is particularly important for businesses that employ staff with customer-facing roles,

and especially for those that are likely to be interacting with vulnerable members of our community.

- These requirements align with NSW and Victoria, neither of which require face masks in higher education. (NSW have removed for all schools/universities and Victoria only require face masks for students in years 3-6).
- Adults are more able to make informed decisions on their own risk levels and public health requirements.

#### **Visitors to Residential Aged Care Facilities**

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

#### **Visitors to Healthcare Facilities**

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

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

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

#### **Check In CBR**

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

- The Check in CBR app is being updated to enable automatic notification of users if they have been at one of the higher impact settings during a COVID-19 exposure. This is expected to go live in early to mid March 2022.

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### **TITLE: KEY STATISTICS**

- As of 8:00pm on 1 March 2022:
  - The ACT recorded 1,053 new cases of COVID-19 in the previous 24 hour period.
  - There are 4,027 active cases.
  - There have been 51,244 cases since the start of the pandemic.
  - 34 deaths have been recorded since the start of pandemic.
- 2,468 negative tests were conducted in the previous 24 hours to 9:00am on 2 March 2022.

### Cases in vulnerable/high-risk settings

In relation to current outbreaks or exposures in high-risk settings, from the 21 to 27 February 2022 weekly period:

- 4 Residential Aged Care Facilities (RACFs) have active outbreaks, 12 RACFs have active exposures, and 4 RACFs transitioned out of 'outbreak precautions' in the same period;
- 107 Early Learning Centres have been affected by COVID-19 exposures, and 122 education services (schools and colleges) have been affected by COVID-19 exposures; and
- 16 disability support providers have been affected by COVID-19 exposures.

### Cases in the Aboriginal and Torres Strait Islander Community

- Since the start of the pandemic, 945 cases have been identified in Aboriginal and Torres Strait Islander communities in the ACT.
- ACT Health is working closely with Winnunga Nimmitjyah Aboriginal Health Service and other community partners to provide wrap around support services for Aboriginal and Torres Strait Islander peoples in the ACT.

### **Hospitalisations**

- As of 8:00pm on 1 March 2022:
  - There are 40 COVID-19 patients in ACT public hospitals, with no patients in intensive care.
  - 495 individuals have been admitted to ACT public hospitals due to COVID-19 since the beginning of the ACT outbreak in August 2021.

### **Quarantine numbers**

- As of 9:00am on 2 March 2022, 2,012 individuals are in quarantine in the ACT.

- As of 9:00am on 1 March 2022, 5 people are in the Lazaretto quarantine facility.
- In the current outbreak, from August 2021 until 28 February 2022, there were approximately 51,400 people who self-declared their close contact status to ACT Health and who filled out an online declaration form.
  - This figure excludes people who are unable or unwilling to self-declare (e.g. disability sector or RACFs).



# ANNUAL REPORT HEARING 2020/2021

## BACK POCKET BRIEF

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### **TITLE: LOCKDOWN RESTRICTIONS**

- Lockdown restrictions were in place in the ACT for 63 days due to a local outbreak identified on 12 August 2021, at a time when a significant proportion of the population was yet to be vaccinated.
- Canberrans were required to stay at home unless they needed to leave the for one of the essential reasons including:
  - To buy groceries and medicine
  - To access essential healthcare including in-home care
  - For essential work
  - To exercise outdoors for one hour per day in your region
  - To get a COVID-19 test
  - To get a COVID-19 vaccination.
- Throughout the ACT's COVID-19 response, ACT Health has liaised with relevant Directorates including Access Canberra and Economic Development, to ensure that the impact of public health directions on businesses is understood and can be balanced wherever possible.

#### Construction

- The Government worked closely with the building and construction industry to ensure the industry understood the implications of the lockdown and to develop guidelines to assist the sector to operate in a COVID Safe way.
- The decision to close the industry during the ACT's lockdown was taken in response to the significant concern relating to transmission risk across the Territory and was also informed by experiences and decisions of other jurisdictional governments.
- The Government continues to engage with the industry to inform and support future decisions as part of the ongoing COVID-19 response.

#### Retail

- The Chief Health Officer's decision to enforce contactless trade for retail businesses reflected the level of risk to the community being managed during lockdown.
- The primary aim of the lockdown was to minimise movement across the community, and implementing contactless trade for retail businesses supported this aim.
- There was ongoing engagement with the retail sector to understand the impacts to them of the lockdown.
- Restrictions were continuously reviewed to ensure that they remained proportionate, and changes were implemented to reflect the feedback that was received from all sectors, including the retail trade sector.

- The ACT Government will continue to engage with the retail sector and support its efforts to operate in a COVID safe way as we live with COVID-19.

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## BACK POCKET BRIEF

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### **TITLE: Non-Government Organisation Engagement and Rapid Antigen Test reliability**

#### **Non-Government Organisation Engagement**

- The ACT Health COVID-19 Response Branch has consistently published detailed, tailored guidance for the non-government community health and disability sectors throughout the Omicron wave of COVID-19. The sectors are alerted to any update to public health guidance directly to ensure that they are aware of any potential changes which may impact service delivery.
  - The COVID-19 Response Branch is currently leading a review of public health advice and COVID resources, and will be working with the sector to ensure that advice is clear and appropriate.
- The COVID Outbreak Response Team continue to provide nuanced, one-to-one advice directly to non-government community health and disability providers, including advice regarding managing exposures, infection prevention and control, and testing including RAT testing and access.
- The COVID-19 Response Branch took an active role in supporting providers to respond to Omicron through sector-led forums and webinars, presenting and responding to enquiries on numerous occasions, including but not limited to:
  - Special session of the Oversight Group in response to Omicron – 5 January 2022
  - NDIS ACT and NSW COVID Information Session – 17 January 2022
  - Rapid Antigen Testing Webinar – 20 January 2022
  - COVID-19 Risk Assessment for Disability Support Providers Webinar– 10 February 2022
- The COVID-19 Response Branch is working with Government and non-government stakeholders to progress planning to ensure that the sector is supported to transition from enhanced emergency response coordination to sustainable systems which manage the ongoing risk of COVID-19 to people with disability.
- The ACT COVID Response Branch continue to hold membership on the Disability Oversight Group and the NGO Engagement Working Group to ensure a coordinated and strategic response to COVID-19. Membership also provides the opportunity from the sector to provide feedback and seek clarification from public health officials.
- ACT Health has worked closely with the Community Services Directorate (CSD) to supply Rapid Antigen Test (RAT) kits to non-government organisations. ACT Health records indicate, CSD requested and have been provided 36,885 RAT kits to supply to their providers (as of 28 February 2022). Additionally, ACT Health supplied 1,000 RAT kits to Winnunga Nimmityjah Aboriginal Health on 7 February 2022.

### Rapid Antigen Test reliability

- All COVID-19 RATs distributed by ACT Health have been approved by the TGA. The TGA's performance requirements for these tests align with the technical specifications published by the World Health Organisation and the European Commission.
  - This includes a clinical sensitivity of at least 80% (for specimens collected within 7 days of symptom onset) and a clinical specificity of at least 98%.
  - Sensitivity is the proportion of positive test results out of all truly positive samples
    - The ability of the test to correctly identify people with COVID-19
  - Specificity is the proportion of negative test results out of all truly negative samples
    - The ability of the test to correctly identify people who do not have COVID-19
- For each test, the TGA has assigned a sensitivity of acceptable, high, or very high:
  - Positive percent agreement (PPA): Proportion of individuals who tested positive to COVID-19 using a rapid antigen self-test, compared to those who tested positive to COVID-19 using the more sensitive PCR test.
  - Acceptable sensitivity - clinical sensitivity greater than 80% PPA
  - High sensitivity - clinical sensitivity greater than 90% PPA
  - Very high sensitivity - clinical sensitivity greater than 95% PPA
- These sensitivities are predicated on adherence to the individual manufacturers' usage instructions within a controlled environment.
- In real life, sensitivity achieved may not be as high due to variances in individual interpretation of instructions, interpretation of the results and use in asymptomatic people.
- The ACT Health testing team have distributed:
  - Very high sensitivity:
    - All Test - nasal
    - Lyher Novel - nasal
    - V-Chek - saliva
  - High sensitivity:
    - RightSign - nasal
    - Orawell - saliva
    - All Test - saliva
  - Acceptable sensitivity:
    - InnoScreen – nasal

- Stock on hand:
  - Very high sensitivity:
    - All Test - nasal
    - Clungene - nasal
    - Lyher Novel - nasal
    - OnSite - nasal
    - V-Chek - saliva
  - High sensitivity:
    - All Test - saliva
    - Orawell - saliva
    - RightSign - nasal
  - Acceptable sensitivity:
    - Ecotest - saliva
    - InnoScreen - nasal

# ANNUAL REPORT HEARING 2020/2021

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### **TITLE: PUBLIC HEALTH AMENDMENT BILL 2021 (NO 2)**

#### **CURRENT STATUS OF PUBLIC HEALTH AMENDMENT BILL 2021 NO 2**

- The Public Health Amendment Bill 2021 (No 2) (the Bill) was referred to the Standing Committee on Health and Community Wellbeing on 2 December 2021 for inquiry and report by 28 February 2022.
- The Report was released on 28 February 2022 and outlines 10 recommendations, including that, subject to amendments proposed, the Assembly pass the Bill.
- ACT Health Directorate is currently coordinating a government response to the recommendations.

#### **DETAILED SUMMARY OF THE PUBLIC HEALTH AMENDMENT BILL 2021 NO. 2**

- The Bill was introduced in the Legislative Assembly on 2 December 2021 to provide a longer-term legislative solution for the implementation of public health directions as the pandemic response continues.
- The Bill proposes amendments to the Public Health Act 1997 to enable the Executive, Minister for Health and Chief Health Officer to implement directions relating to public health social measures, COVID-19 vaccination requirements for certain workers, and test, trace, isolate and quarantine (TTIQ) measures to minimise the spread of COVID-19 within the Territory.
- The new powers proposed in the Bill are time limited and are intended to provide a step down from the current powers provided to the Minister for Health and Chief Health Officer under a public health emergency declaration.
- The Bill will enable the ACT Government to continue managing the risk of COVID-19 without the need for an ongoing public health emergency declaration.
- Part 6C of the Bill includes a set of public health measures related specifically to COVID-19 and seeks to establish a regulatory framework for protecting the public from the risks of COVID-19.
- The Objects Clause will ensure that decisions or actions under the new part recognise and respect the rights of people affected by decisions or actions, and that they are consistent with human rights and demonstrably justified in accordance with the Human Rights Act 2004.

#### **COVID-19 Management Declaration**

- The Bill, as tabled, proposes that the Executive may make a 'COVID-19 management declaration' for a duration of up to six months if the Executive has reasonable grounds for believing that COVID-19 presents a serious risk to public health.

- This declaration would allow for the Government to respond to the ongoing risk of COVID-19 through targeted public health directions.
- Section 118Q of the Bill outlines the consultation and public notice required for a declaration to be made. Specifically, the Executive must ask for advice from the Chief Health Officer about the proposed declaration or extension and take into account any advice given and give notice of any advice provided by the Chief Health Officer within seven days of notification of the COVID-19 management declaration.
- These same consultation and public notice requirements apply for a Ministerial or Executive direction made under a COVID-19 management declaration.

#### Executive, Ministerial and Chief Health Officer Directions

- If a COVID-19 management declaration is in force, the Chief Health Officer, Minister for Health or Executive may make directions to reduce the public health risk of COVID-19, based on advice from the Chief Health officer, for up to 90 days.
- A declaration may be extended on one or more occasions for a period of no longer than 90 days on each occasion.
- The Bill proposes to realign direction-making powers outside of a public health emergency declaration providing some powers to the Executive and Minister rather than the Chief Health Officer.
- Requirements relating to public health social measures and TTIQ would be implemented through Ministerial and Chief Health Officer directions as notifiable instruments.
- The Government is of the view that disallowance of either of these types of directions could risk the effectiveness of public health measures, however there are a range of safeguards proposed in the Bill to ensure directions are proportionate to the level of risk and that there is strong oversight and transparency.
- Ministerial Directions may be made by the Minister for Health in relation to one or more of the following matters:
  - preventing or limiting entry to an area or into the ACT;
  - regulating gatherings, whether public or private;
  - requiring the use of personal protective equipment;
  - regulating the carrying on of activities, businesses or undertakings; and
  - requiring the provision of information, including information about the identity of a person, or the production or keeping of documents.
- Chief Health Officer Directions may be made in relation to one or more of the following matters:
  - a requirement for the provision of information, including information about the identity of a person, or the production or keeping of documents;
  - a requirement for the medical examination or testing of a person; and
  - the segregation or isolation of people.

- The Executive may make a direction in relation to a requirement to be vaccinated against COVID-19 to do any of the following:
  - engage in particular work
  - work at a particular workplace
  - engage in a particular activity
  - access a particular place
- Any vaccination direction would be subject to disallowance by the Legislative Assembly as the Government recognises the significant way in which the directions engage human rights.

#### Publication of advice and Human Rights Commission consultation

- The Bill requires any direction to include a statement about the nature of risk presented by COVID-19 and the ground on which the direction is necessary to prevent or alleviate the risk.
- The Executive, Minister and Chief Health Officer may only make a direction if they are satisfied it is necessary to prevent or alleviate the risk presented by COVID-19, and they must present and publicly release the public health advice.
- It is also proposed that the Executive, Minister and Chief Health Officer must consult with the ACT Human Rights Commission before making any new direction, unless there is an urgent need to make a Ministerial or Chief Health Officer direction. In this situation, the Human Rights Commission must be consulted as soon as practicable after the direction is made.
- The Chief Health Officer will be required to provide regular advice to the Minister or Executive every 30 days about whether the Chief Health Officer believe the direction is still justified and any direction must be revoked if there is no longer a justification under the Act.

#### Exemptions

- Division 6C.6 of the Bill outlines the process for an individual to seek an exemption in writing or an internal review of a decision made in assessing an exemption requires.
- The relevant decision maker will be required to notify the application of the decision within 14 days after the application is made, or within 7 days if it relates to a segregation or isolation direction.
- The Bill includes an internal review process as a safeguard for affected persons to appeal an exemption decision.
- A decision that has a significant impact on an individual's human rights and wellbeing, such as a segregation or isolation direction, or a request to enter the ACT for compassionate or medical reasons that has been denied, can be further reviewed by an independent external reviewer. An externally reviewable decision can be escalated to a qualified and independent external adjudicator if an individual is not satisfied with the outcome of an internal review.



### **Human Rights considerations in the making of Public Health Directions**

- Section 40B of the ACT's *Human Rights Act 2004* requires all public authorities to give proper consideration to, and act in a compatible way with, human rights.
- Throughout the declared public health emergency, and in preparing each of the public health directions made under the *Public Health Act 1997*, the Chief Health Officer has been guided by human rights provisions and principles.
- In all instances, the intention of the Directions which have been implemented have been to protect the lives and health of the Canberra community by preventing and reducing the spread of COVID-19.
- Since early 2020, these protections have been achieved through public health directions including:
  - Mandatory self-isolation of persons who are confirmed to have COVID-19, and quarantine for contacts of such persons;
  - restrictions on the conduct of certain non-essential businesses and undertakings that enforce stronger social distancing in settings in which people would ordinarily gather; and
  - restrictions on movement, including entry to settings that are at greater risk from COVID-19 due to the presence of vulnerable persons (such as aged care facilities); and
  - restrictions on entry into the ACT from identified COVID-19 affected areas, including quarantine requirements or limitations on movement.
- As a result of the recent outbreak in the ACT, the Chief Health Officer has reviewed and updated the statement which outlines her considerations of the human rights implications imposed through public health directions.
- A copy of this updated statement was tabled in the October sitting of the Assembly as part of the COVID-19 Ministerial Statement and has been published on the ACT Government COVID-19 website.

### **Public Health Emergency Declaration**

- The Public Health Emergency Declaration due to COVID-19 is in force in the ACT due to the public health risk of COVID-19 to the ACT Community.
- The Declaration enables the Chief Health Officer to take necessary actions to reduce threats to public health, including issuing public health directions that aim to limit the spread of COVID-19 in the Territory.
- These public health directions give effect to the ACT's test, trace, isolate and quarantine (TTIQ) measures and Public Health Social Measures including isolation and quarantine requirements for confirmed cases and household contacts.
- At this time, it remains necessary for the Emergency Declaration to remain in place until 13 May 2022 while the Chief Health Officer and ACT Government continue to respond to an increase in confirmed cases as well as outbreaks in high risk settings, including residential aged care facilities.

- I note that all other jurisdictions have a similar public health emergency declaration in place at this time, and the Commonwealth recently extended the human biosecurity emergency period under the *Biosecurity Act 2015* until 17 April 2022.
- The Chief Health Officer is required to report to the Minister for Health every 30 days on the status of the public health emergency declaration and provide justification for whether the declaration is still necessary to alleviate the risk of COVID-19 in the ACT.
- The Chief Health Officer's next report is due to the Minister for Health by 7 March 2022.

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### **TITLE: TRAVEL RESTRICTIONS**

- On 12 August 2021, the ACT declared all of NSW as a COVID-19 Affected Area.
- On 12 August 2021, a standing exemption for individuals living in nearby postcode areas of the surrounding NSW region was signed by the Chief Health Officer to enable streamlined entry into the ACT for essential work and healthcare reasons.
- Under the standing exemption, a person had to carry identification with them at all times to prove they resided in one of the approved postcodes.
- Between 14 and 16 October 2021, additional postcodes from surrounding regions were included into the standing exemption, and the reasons for entry into the ACT were eased to enable entry for any reason. From 16 October 2021, a total of 53 postcodes were included within the standing exemption.
- From 1 November 2021, travel to and from the ACT opened and ACT residents could travel outside of the ACT subject to entry requirements of other states and territories. NSW and Victoria were no longer classified as COVID-19 Affected Areas and travel between the ACT and these states was permitted for vaccinated travellers. However, the ACT applied a risk-based approach assessing COVID-19 risk across geographical areas.
- From 15 December 2021, the ACT Government revised domestic travel restrictions and all high risk geographical areas of concerns were removed.

### **Outer-border resident exemptions**

- NSW residents who lived outside one of the approved postcodes but no more than 150kms from the ACT were considered to be residents of the outer-border region. Anyone who resided in the outer border region and needed to enter the ACT for an essential reason were required to seek an exemption.
- ACT residents who needed to travel to the outer-border region for an essential reason had to seek an exemption to return to the ACT.

### **NSW Region patient exemptions**

- All patients who required urgent or time critical healthcare, whether they live in the ACT or surrounding NSW, continued to receive care during lockdown.
- All patients who needed surgery or an appointment in an ACT health facility were contacted about arrangements for these, however only urgent or essential appointments were progressing during lockdown.

- If a person needed to attend an appointment in person (i.e. it could not be conducted through Telehealth), they were contacted by the relevant health care facility and asked four COVID-19 screening questions. The screening process determined whether an appointment or scheduled surgery could proceed. If so, an exemption order and supporting letter was provided and allowed a patient to enter the ACT and the health facility.
- To streamline the process, the Chief Health Officer signed a standing exemption for people who live in the Southern NSW Health District or the Murrumbidgee Local Government Areas of Cootamundra-Gundagai, Hilltops, Junee Shire, Snowy Valleys and Wagga Wagga.

### **Vaccination appointments**

- From 12 August 2021, the travel exemptions team received a number of requests from NSW residents to travel to the ACT to receive a COVID-19 vaccination.
- Non-ACT residents who resided in the ACT's border postcodes bubble were permitted to enter the ACT to receive their vaccination, provided they had not recently travelled to any other COVID-19 affected area. Exemptions were granted for travellers outside these postcodes.
- The ACT Government liaised with the Southern NSW local health district to provide additional vaccine doses to NSW to ensure NSW residents residing outside the border postcode region could access vaccination within their local area. The ACT and NSW governments worked closely to reschedule appointments for affected NSW residents.

### **Domestic travel exemptions**

#### New South Wales

- From 9 July to 1 November 2021, the ACT Health exemptions team received a total of 40,051 exemption requests for travellers who has spent time in NSW. Of these applications:
  - 20,256 were approved
  - 9,724 were declined and
  - 10,071 were withdrawn or were not required under the Public Health Direction.

#### Victoria

- From 22 August to 1 November 2021, the ACT Health exemptions team received a total of 2,604 exemption requests for travellers who has spent time in Victoria. Of these applications:
  - 1,506 were approved
  - 514 were declined and
  - 584 were withdrawn or were not required under the Public Health Direction.

### High risk geographical areas

- From 1 November to 31 December 2021, the ACT Health exemptions team received a total of 25,249 exemption requests for travellers who has spent time in high risk geographical areas. Of these applications:
  - 22,910 were auto-approved
  - 1,002 were manually approved
  - 649 were manually not approved and
  - 688 were withdrawn or were not required under the Public Health Direction.

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## BACK POCKET BRIEF

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### TITLE: Sexual health data and service planning

#### Data/Epidemiology

- Sexually Transmissible Infections and Blood Borne Virus (STIBBV) notification data is provided by Communicable Disease Control each quarter. Q4, 2021 data analysis has not yet been finalised. As such **Q3, 2021 data** has been provided below.
  - 320 cases of chlamydia were notified in Q3, 2021. This signified a slight reduction in chlamydia notifications when compared with the 5 year mean.
  - There was a 40% increase in gonococcal notifications compared with the 5-year historical mean and a 30% increase compared with the 12-month rolling average.
  - One case of infectious syphilis (<2 years duration) was notified in a woman of childbearing age. This is notable given the risk for congenital transmission. All cases of infectious syphilis of > 2 years or unknown duration were in men.
  - There was a 20% increase in hepatitis B notifications compared with the 5-year historical mean (although this only represents an increase of 3 additional cases).
  - There was a slight overall reduction in notifications of hepatitis C between Q2 and Q3, 2021, however, a slight increase in hepatitis C of unspecified duration was observed. All cases of newly acquired hepatitis C were identified in the correctional setting
  - There were no HIV notifications observed in Q3, 2021. This is within context and was not unexpected.
  - The impact of COVID-19 was noticeable on notifications of chlamydia and gonococcal, with cases dropping during the lockdown periods and rebounding when lockdown was lifted across 2020/21.

#### Sexual health service planning

- In the ACT, publicly funded and non-government community, tertiary, and specialist organisations provide a multitude of STIBBV services including:
  - clinical services (screening, diagnosis and treatment);
  - prevention and harm reduction initiatives (including provision of condoms, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and needle syringe programs);
  - health promotion and education programs;
  - support and advocacy;
  - community development and engagement activities;
  - workforce training and development and clinical and practice support services; and
  - disease surveillance, data management and research.

From 2022, The ACT Health Directorate (ACTHD) is moving towards a commissioning approach for the future delivery of community health services. The ACTHD has commenced work with community partners within the subsector to strengthen and adjust investment flows and identify STIBBV services which best meet the needs of the Canberra community from 2021 and beyond.

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## BACK POCKET BRIEF

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### **TITLE: Output 1.2.a – Samples analysed (ACTGAL)**

#### Key points and statistics:

- ACT Government Analytical Laboratory (ACTGAL) tests samples of public health relevance across four scientific areas, Environmental Chemistry, Microbiology, Toxicology and Forensic Chemistry.
- Samples analysed include but are not limited to, air quality, asbestos, food, water, Road traffic samples, post mortem samples, Illicit drug seizures and clandestine laboratory items.
- Samples analysed is not a true indicator of the work occurring at ACTGAL as some samples require more complex analysis and multiple tests. For example for 2020/2021 11, 254 samples were analysed which is below the target of 12,500, however 34,195 actual tests were performed.
- The samples analysed target has remained at 12, 500 for the 20/21 financial year, which means the target was underachieved by 10%.
- COVID-19 impacted samples received. This was partly due to business and regulatory bodies being closed or scaled back during a 'shut down' period reducing the need for sampling.
- ACTGAL does not have control over the number of samples that are presented to the laboratory for analysis. In a majority of cases these are supplied by external agencies.

# ANNUAL REPORT HEARING 2020/2021

## BACK POCKET BRIEF

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### **TITLE: Output 1.2.d(i-iv) - Immunisation rates for vaccines in the national schedule for the ACT Aboriginal and Torres Strait Islander population**

#### Key points and statistics:

- The Aboriginal and Torres Strait Islander population is at higher risk of vaccine preventable diseases and associated complications. The immunisation coverage rate provides an indication of the success of programs and services to minimise the incidence of vaccine preventable diseases.
- The annualised immunisation coverage for one year old children in ACT for the March, June, September and December 2021 assessment quarters was 96 per cent for children aged 12–15 months, 92 per cent for children aged 24–27 months and 96 per cent for children aged 60–63 months.
- The very low numbers of children identified as Aboriginal and/or Torres Strait Islander in the ACT means that immunisation coverage rates should be read with caution. This small population means immunisation coverage data for Aboriginal and Torres Strait Islander children in the ACT consistently fluctuates between reporting periods. One child missing one vaccine can make a difference of up to six percent in terms of overall quarterly coverage for the cohort.
- The Health Protection Service (HPS) actively pursues strategies to increase immunisation rates for Aboriginal and Torres Strait Islander children. This includes reminder postcards sent to Aboriginal and Torres Strait Islander families prior to a child's vaccinations being due, letters to parents whose children are overdue for immunisation and culturally appropriate promotional campaigns.
- The ACT continues to achieve childhood immunisation coverage above 93 percent for Aboriginal and Torres Strait Islander children at 1, 2 and 5 years of age. The annualised data provided by the Australian Immunisation Register shows that 100 percent of Aboriginal and Torres Strait Islander children are fully immunised at five years of age.
- Strategies to increase immunisation coverage rates for Aboriginal and Torres Strait Islander children continue.
- National immunisation coverage is the percentage of children in Australia who have received all the vaccines recommended for their age in accordance with the Childhood Immunisation Schedule.
- The Australian Immunisation Register (AIR) issues quarterly reports on immunisation coverage rates for children at 12 to 15 months (cohort one), 24 to 27 months (cohort two) and 60 to 63 months (cohort three).



## ANNUAL REPORT HEARING 2020/2021

### BACK POCKET BRIEF

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- The very low numbers of children identified as Aboriginal and/or Torres Strait Islander in the ACT means that immunisation coverage rates should be read with caution. This small population means immunisation coverage data for Aboriginal and Torres Strait Islander children in the ACT consistently fluctuates between reporting periods. One child missing one vaccine can make a difference of up to six percent in terms of overall quarterly coverage for the cohort.
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- Strategies to increase immunisation coverage rates for Aboriginal and Torres Strait Islander children continue.
- National immunisation coverage is the percentage of children in Australia who have received all the vaccines recommended for their age in accordance with the Childhood Immunisation Schedule.
- The Australian Immunisation Register (AIR) issues quarterly reports on immunisation coverage rates for children at 12 to 15 months (cohort one), 24 to 27 months (cohort two) and 60 to 63 months (cohort three).

# ANNUAL REPORT HEARING 2020/2021

## BACK POCKET BRIEF

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### **TITLE: Food Safety (inc Accountability Indicator 1.2a – Inspections Food Businesses)**

#### Key points and statistics:

- From 1 July 2020 to 30 June 2021, Health Protection Service (HPS) conducted 3659 inspections of food businesses which included 3123 proactive food inspections related to COVID-19 activities.
- COVID-19 proactive inspections also include reviewing food business registration and Food Safety Supervisor compliance and discussed handwashing requirements.
- The significant variance in relation to reporting period target of 2500 inspections can be attributed to the nature of the inspections conducted and allocation additional of resources as part of the COVID-19 response.
- For the reporting period HPS issued twenty (20) Improvement Notices (IN) and one (1) Prohibition Order (PO) on various food businesses for food safety breaches. IN and PO's are issued for significant and/or serious non-compliances with the Australian New Zealand Food Standards Code and Food Act 2001.
- HPS also maintained essential businesses activities such as food businesses registration assessments, food safety surveys, responding to community concerns related to food safety and food safety incident management.
- HPS in partnership with ACT Policing and Access Canberra responds to community concerns and business enquiries in relating to COVID-19.

# ANNUAL REPORT HEARING 2020/2021

## BACK POCKET BRIEF

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### **TITLE: ACT Smoke and Air Quality Strategy**

#### Key points and statistics:

- The Strategy will guide the ACT Government's approach to prevent, prepare for, respond to, and recover from significant bushfire smoke events and our management of the smoke from wood heaters.
- It maps a wide range of policy areas including emergency management; regulation of environmental pollution; monitoring of air quality; public health advice, warnings and directions; work health and safety; building standards and support for businesses and our community.
- Engagement will play a vital role in this Strategy's success and will involve collaboration with people who are vulnerable to the effects of poor air quality, key health stakeholders, business owners and emergency services.

#### Key Items for Health:

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

#### **Work to date**

##### ***Objective 3 - Preparedness: Enhance air quality monitoring and forecasting.***

- Clear processes have been developed and documented for the provision of public health advice during episodes of poor air quality.
- ACT Health has completed changes to its online public information about air quality to reflect the recently adopted national categories and public health messaging for 1-hour and 24-hour PM<sub>2.5</sub> exposure.
- Forecasting capability for the ACT is currently being explored through partnership and engagement with interstate governments and relevant organisations.
- ACT Health is trialling options for expansion of the air quality network.

##### ***Objective 6 - Response: Support the Health and Well being of Canberrans affected by bushfire and woodfire smoke.***

- The ACT's emergency management arrangements include participation of primary healthcare providers in disaster planning (including cross-border) and their activation to support responses to natural disasters. This includes delivery of mental health services following a natural disaster and has been utilised throughout the COVID-19 pandemic.
- Data is available from the The Living Well in the ACT region survey and the PATH longitudinal study to provide evidence of the effect of the bushfires on the wellbeing of Canberrans.

- ACT Health is developing the CBR Health and Wellbeing Study. The study will enhance ACT Health's Survey programs and enable the Directorate to collect data on specific health-related challenges such as the 2019/20 bushfires and the COVID-19 pandemic in a timely and cost-effective manner.

***Objective 7 - Response: Provide targeted support to vulnerable population and workers during severe air pollution events.***

- The ACT Government emergency management governance arrangements provide review of evacuation plans and consider the diversity of communities and the resilience of the evacuation centre.
- CHS has undertaken significant work and invested approximately \$9.5 million in its air-conditioning systems to ensure its facilities are well prepared for the possible impacts of bush fires and high temperatures.

**How we plan to meet the objectives of the ACT Government Bushfire Smoke and Air Quality Strategy:**

***Objective 3 - Preparedness: Enhance air quality monitoring and forecasting.***

- Emerging air quality forecasting capabilities are harnessed to support better health outcomes.
- The use of low-cost air quality sensors is investigated to determine its utility and reliability.

***Objective 6 - Response: Support the Health and Well being of Canberrans affected by bushfire and woodfire smoke.***

- Better health outcomes are achieved during poor air quality events through clear and effective communications strategies
- Health and wellbeing initiatives are informed by local and national sources of evidence.

***Objective 7 - Response: Provide targeted support to vulnerable population and workers during severe air pollution events.***

- Progression of strategies to better manage air quality for vulnerable groups
- Strong and effective engagement strategies targeting vulnerable populations and workers
- Undertake a detailed review to ensure that information regarding vulnerable people can be appropriately accessed, provided, and used during an emergency event.

**Background Information:**

- The ACT Government monitors air quality via three monitoring stations located at Civic, Florey and Monash.
- This summer there have been no days where air quality exceeded the standard set out by the National Environmental Protection Measure. This is partly due to the milder summer experienced as a result of the La Nina effect.

## Detection of local Japanese encephalitis

- There has been recent detection of Japanese encephalitis virus (JEV) in several commercial piggeries in New South Wales, Victoria, and Queensland. These are the first detections of this virus in mainland Australia. JEV previously has been found in the Torres Strait and near-neighbouring countries to the north.
- JEV can transfer from pigs to humans via mosquitos.
- Less than 1% of infected humans experience symptoms of Japanese encephalitis. Symptoms can be mild but can include inflammation of the brain. Long term disability and death can occur in severe cases.
- Several human cases of encephalitis of unknown origin are currently under investigation in NSW and SA.
- ACT Pathology are conducting active surveillance and will undertake retrospective testing on abnormal cerebro-spinal fluid samples.
- Infected pigs are a particular risk for spread due to being ‘amplifying’ hosts that provide higher virus levels for mosquito vectors. Horses and humans are ‘dead end’ hosts because viral levels are not high enough for mosquitos to be able to transmit from these hosts.
- There is no known risk to humans from eating pig meat.
- Vaccination for humans is available but Australia has a limited supply. Vaccination is usually prioritised for outgoing travellers to locations where the disease is already known to occur.
- Another critical component to managing the spread of this disease is protection from mosquito bites in high-risk areas, as well as destruction of mosquito breeding sites, like stagnant water sources.
- The ACT does not have an active mosquito surveillance and control program. Health Protection Services are liaising with NSW experts and regional partners to undertake a risk assessment to inform decisions about the value of such a program within the ACT.
- A mosquito survey undertaken in the ACT in 2012/13 found that there are endemic species within the ACT that are either known to transmit JEV or are a suspected JEV vector.
- There are no commercial piggeries in the ACT. *There are piggeries in the south-west slopes of NSW.*

- The EPSDD and ACT Health are participating in national committees to work towards a national approach to responding to this disease. Working closely with ACT Biosecurity Veterinary Officer.
- National surveillance in mosquitos and animal host(s) is required to determine the extent of JEV in Australia and whether elimination of JEV in some geographical areas is possible.
- A Public Health alert and Clinician advice were issued in the ACT on 1 March 2022.

*Culex annulirostris* is considered most likely vector

#### *Culex annulirostris*

##### Geographic Distribution

NSW (widespread coastal and inland), Vic (widespread but not common south of the Central Highlands), SA (widespread, particularly Murray valley), Tas (east coast but only one record), (also Qld, NT, WA).

##### Habits & Habitats

Adults are generally active from mid-spring to late-autumn in southeast Australia; feed readily on humans but also on other mammals and birds, and most feeding activity occurs from sunset for about 2 hours and again to a lesser degree at dawn; disperses 5-10 km.

##### Vector & Pest Status

This is the major summer pest of inland riverine areas of southeastern Australia, particularly in the Murray/Darling River basin; **it is an efficient vector of a range of arboviruses in the laboratory and has been incriminated in field studies as a vector of many arboviruses (including Murray Valley encephalitis, Kunjin, Barmah Forest and Ross River virus) in the region; it is also able to carry dog heartworm and is probably a major vector of myxomatosis.**

### **Modelling for COVID and winter planning**

- ACT Health planning is informed by current ACT epidemiology, trends in other jurisdictions, as well as local and national modelling.
- It should be noted that modelling is not a crystal ball – it is not predictive and only gives us an assessment of possible scenarios depending on the range of inputs that inform it.
- A local collaboration between modelling experts at ANU, Canberra Health Services and ACT Health data analysts and epidemiologists has been useful at providing us very short term numbers of the range of case number and hospitalisations that we might see based on historical data, vaccination coverage and local public health restrictions.
- We rely on national modelling by the Doherty to give us some indication of the possible trajectory of the pandemic over a more medium term horizon.
- The models have become more uncertain as a greater reliance on RATs and high community transmission mean that we are under-ascertaining the true number of COVID cases in the community with the accuracy we had in 2020 and 2021.

#### Can we see these models?

- These data inform cabinet discussions, both locally and at national cabinet. Re local modelling – would need to take this on notice.

## Issues with reliability of RAT tests

- Reliability of RAT test results depend on several factors, including:
  - the prevalence of COVID-19 – where this is low, there is a risk of false positive results
  - the performance of the tests – there are a range of tests on the market, and some are more reliable than others
  - whether the test is used according to manufacturer’s instructions
- All COVID-19 rapid antigen tests distributed by ACT Health have been approved by the TGA.
- *The TGA's performance requirements for these tests align with the technical specifications published by the World Health Organisation and the European Commission.*
- *This includes a clinical sensitivity of at least 80% (for specimens collected within 7 days of symptom onset) and a clinical specificity of at least 98%.*
  - *Sensitivity = the proportion of positive test results out of all truly positive samples*
    - *The ability of the test to correctly identify people with COVID-19*
  - *Specificity = the proportion of negative test results out of all truly negative samples*
    - *The ability of the test to correctly identify people who do not have COVID-19*
- For each test, the TGA has assigned a sensitivity of acceptable, high, or very high:
  - *PPA = positive percent agreement*
    - *Proportion of individuals who tested positive to COVID-19 using a rapid antigen self-test, compared to those who tested positive to COVID-19 using the more sensitive PCR test*
  - *Acceptable sensitivity - clinical sensitivity greater than 80% PPA*
  - *High sensitivity - clinical sensitivity greater than 90% PPA*
  - *Very high sensitivity - clinical sensitivity greater than 95% PPA*
- These sensitivities are dependent on adherence to the individual manufacturers' usage instructions within a controlled environment.
- In real life, sensitivity achieved may not be as high due to variances in individual interpretation of instructions, interpretation of the results and use in asymptomatic people.
- Most RATs in ACT gov stockpile have high or very high sensitivity. [*Two brands with acceptable sensitivity were obtained through the Commonwealth*].



The following is a breakdown of the tests we have purchased.

All Test COVID-19 Antigen Rapid Test (Oral Fluid) Self-Test (ICOV-802H)	Saliva	High sensitivity
All Test SARS-CoV-2 Antigen Rapid Test (Nasal Swab) (ICOV-502H) Self-Test	Nasal	Very high sensitivity
Clungene Covid-19 Antigen Rapid Test for self-testing - Nasal	Nasal	Very high sensitivity
Ecotest COVID-19 Antigen Saliva Test kit (COV-S35Pen)	Saliva	Acceptable sensitivity
InnoScreen COVID-19 Antigen Rapid Test Device - Nasal (Self Test)	Nasal	Acceptable sensitivity
LYHER Novel Coronavirus (Covid-19) Antigen Test Kit - Nasal (colloidal Gold) Self-Test	Nasal	Very high sensitivity
OnSite COVID-19 Ag Rapid Test (POC)*	Nasal	Very high sensitivity
Orawell COVID-19 Ag Rapid saliva test device - Saliva (Self-test)	Saliva	High sensitivity
RightSign COVID-19 Antigen Rapid Test Cassette (Nasal Swab)	Nasal	High sensitivity
V-Chek COVID-19 Antigen Saliva Test	Saliva	Very high sensitivity
V-Chek COVID-19 Antigen Saliva Test	Saliva	Very high sensitivity

## Winter planning

ACT Health, as it does each year, is actively engaged in winter planning, in collaboration with Canberra Health Services and our primary care stakeholders

This is being informed by planning underway through national committees of CDNA and AHPPC.

It is expected that the ACT will most likely see an increase in COVID-19 cases in the next three to six months, as we lead into the autumn and winter months, with further resurgences over the next 12 months.

We will also likely see a low to moderate flu season this year, unlike previous 2 years.

Planning is also considering the emergence of new variants, which may be more transmissible and/or more severe, compared with Omicron.

Factors which will determine the required response can be anticipated and include:

- Severity and transmissibility of new variants
- Influenza virus circulation and clinical impacts
- Effectiveness/recommendations on additional boosters
- Availability/effectiveness of new therapeutics or vaccines
- Community engagement/acceptance of ongoing COVID-19 safe behaviours and/or public health social measures












We are planning to be able to implement a strong ACT response to a range of scenarios that encompasses

- COVID testing capacity that can flex and surge, as well as integrate testing for influenza
- Supporting GPs and patients to access rapid treatments for COVID-19 and influenza
- Staff resourcing that can flex and surge rapidly to respond
- Consideration of the way to integrate COVID and influenza vaccination, in collaboration with Commonwealth
- Sufficient hospital bed and staffing capacity
- Timely response in high risk environments e.g. aged care facilities (+/- influenza outbreaks)
- Ongoing clear risk communications

Can we provide evidence of our planning?

- Winter planning is current subject to Territory cabinet and national cabinet deliberations and therefore I will need to take the request on notice.

[ACT Health Annual Report 2020-21](#)

1.	Key contacts list	
2.	AOD Policy 1. Drugs of Dependence Bill Brief 2. Drug Strategy Plan 3. Fixed-site Pill Testing 4. Commissioning 5. Aboriginal and Torres Strait Island AOD residential rehab 6. DASL – Drug and Alcohol Sentencing List 7. Needle and Syringe expansion 8. Naloxone Funding	Megan Arnold 
3.	Preventive Health Plan	Kristin Blume Liam Ryan 
4.	Organ and Tissue	Kristin Blume Chris Kelly 
5.	Gene Technology	Kristin Blume Chris Kelly 
6.	Best Start First 1000 Days	Kristin Blume Liam Ryan 
7.	ACTHPGP – Healthy Canberra Grants	Kristin Blume – Liam Ryan Sarah Furler 
8.	Health Promotion	Kristin Blume Lynn Spratt  Adrian Ison 
9.	Newborn Blood spot Test	Kristin Blume Chris Kelly 
10.	Public Nutrition	Kristin Blume – Liam Ryan Louise Broomhead 
11.	Epidemiology 11.1 Strategic Indicator – Self rated Mental Health 11.2 Strategic Indicator – Self rated Health 11.3 Strategic Indicator – Fractured Neck Femur (Broken hips)	Liz Chalker 
12.	Centre for Health and Medical Research (CHMR) 12.1 Vacation Study Program 12.2 CHARM (Canberra Health Annual Research Meeting) 12.3 Research Innovation Fund 12.4 Research Strategic Plan 12.5 HealthANSWERS	Bruce Shadbolt
13.	Health Protection Services (HPS) 13.1 Accountability Indicator 1.2a Samples Analysed 13.2 Accountability Indicator 1.2d Immunisation Rates 13.3 HPS Food Safety 13.4 Smoke and Air Quality Strategy 2022 13.5 Sexual health data and service planning 13.6 13.6 BPB Accountability Indicator 1.2d Immunisation Rates	Victor Martin

**2.1 Drugs of Dependence (Personal Use) Amendment Bill 2021****Talking points:**

- The Drugs of Dependence (Personal Use) Amendment Bill aligns with the broad approach the ACT Government has consistently taken in pursuing harm minimisation as a guiding principle for alcohol and other drug policy.
- ACT Health Directorate, in collaboration with other directorates, is undertaking detailed consideration of the Bill's legal, social and health impacts, taking into account the Select Committee's recommendations. This will ensure that it can be implemented to achieve all of the goals it seeks to achieve—supporting people to access the care that they need and reducing the stigma associated with illicit drug use so people are more able to access health care.

**Key Information**

- The Select Committee Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021, which considered the Bill as well as broader alcohol and other drug policy matters, tabled its report on 30 November 2021.
- The Committee received 59 submissions, including one from the ACT Government, and heard testimony from a wide range of stakeholders.
- The Government response to the Select Committee report is due to be tabled in the Assembly by 30 March 2022.

**Background Information**

- The Bill was introduced by Mr Michael Pettersson MLA on 11 February 2021.
- It proposes removal of prison as a sentencing option for primary offences involving possession of small amounts of certain illicit drugs; a substantial reduction in maximum penalty for possession of small amounts of illicit drugs from 50 penalty units to one penalty unit; and the introduction of a simple drugs offence notice for nine illicit drugs in addition to cannabis.
- The Select Committee was made up of Mr Peter Cain MLA (Chair), Ms Marisa Paterson MLA (Deputy Chair) and Mr Johnathan Davis. The Chair provided a dissenting report.

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## 2.2 Drug Strategy Action Plan

### Talking points:

- The ACT government is committed to a harm minimisation approach to alcohol tobacco and other drugs (ATOD).
- The ACT Drug Strategy Action Plan 2018-2021 committed the ACT Government to identifying options to expand alcohol and other drug services to meet the needs of a growing population, and to identifying implementation priorities, including residential rehabilitation for Aboriginal and Torres Strait Islander peoples, and exploring ways to increase diversion from the criminal justice system to treatment services.
- The previous DSAP expired at the end of 2021. The next iteration of the DSAP will support renewed ATOD policy focus across the whole of government, given the significant achievements and changes over the past three years.
- The next DSAP is currently under development through a collaborative design approach with key stakeholders across government and ATOD treatment and support services and other relevant community stakeholders.

### Key Information

- The key priority areas proposed for the next DSAP are:
  - Reducing demand for alcohol, tobacco and other (illicit and illicitly used) drugs;
  - Reducing supply of alcohol, tobacco and other drugs;
  - Reducing harms associated with the use of alcohol, tobacco and other drugs;
  - Improving organisational and system-level responses to alcohol, tobacco and other drugs to better meet the needs of the ACT community; and
  - Addressing broader needs of people who use drugs, their families and carers.
- Through consultation for development of the next DSAP governance arrangements for implementation, monitoring and reporting is being reviewed.
- Due to delays from the ATOD sector's involvement in the COVID-19 response and related pressures, and to ensure adequate time for consultation, the next DSAP is expected to be provided in May 2022. This will also ensure that it can inform the health service commissioning process for ATOD services.

### Background Information

- Development of the next DSAP will take account of the Select Committee Inquiry report on the Drugs of Dependence (Personal Use) Amendment Bill 2021, which was released on 30 November 2021, and submissions to the Inquiry.
- The ACT Drug Strategy Action Plan Advisory Group (DSAPAG) was established under the DSAP 2018-2021 to provide advice to ACTHD and Justice and Community Services Directorate to inform decision making on the implementation and evaluation of activities outlined in the DSAP. The DSAPAG included members from,

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the mental health sector, youth sector, AOD treatment service sector, JACS, ACT Policing and an Aboriginal and Torres Strait Islander Elected Body representative.

## 2.3 Fixed-site Pill Testing

### Talking points:

- Planning for a six-month fixed-site pill testing pilot is progressing.
- The procurement process for the service is underway. Pill Testing Australia, under the auspices of Directions Health Services, have been identified as the provider for the pilot. An independent evaluation will also occur.
- The pilot will run at a site in Civic. Minor construction works are required to make the space suitable for the pilot and are due to commence in April 2022. Consultation with other tenants will begin shortly. A start date for the service has not yet been confirmed.
- ACT Health are in regular contact with ACT Policing regarding implementation of the pilot. ACT Policing have drafted a Better Practice Guide for their members in relation to engagement with the pill testing pilot which will be presented to the Chief Police Officer and Commissioner for endorsement.

### Key Information

- \$260,000 was allocated for a six-month fixed-site pilot in the 2021-22 ACT Budget.
- Additional funding may be provided from ACT Health Directorate to support the pilot, primarily for unanticipated increases to rent, fit out and insurance costs.

### Background Information

- Pill testing aligns with the harm minimisation principles that underpin both the National Drug Strategy and the ACT Drug Strategy Action Plan.
- Fixed-site pill testing will provide an accessible harm reduction service to individuals intending to use drugs in the ACT. Pill testing confirms whether samples contain potentially high-risk substances and provides access to tailored, evidence-based information and referral to alcohol and other drug services. Pill testing also provides information to the public, health services and ACT Policing about dangerous drugs circulating in the community.
- Pill Testing Australia is a consortium of harm reduction organisations led by Harm Reduction Australia. Pill Testing Australia delivered the first two festival-based pill testing trials in the ACT in 2018 and 2019. Directions Health Services are active in the ACT alcohol and other drug sector and have a Secure Local Jobs Code certificate.
- The cross-Directorate Pill Testing Working Group is chaired by ACT Health and includes members from ACT Policing, ACT Ambulance Service, the Justice and Community Safety Directorate, the Chief Minister Treasury and Economic Development Directorate, and the Office of the Chief Health Officer (CHO).
- To manage key legal risks, all clients must sign a waiver indicating they have understood warnings that no drug is safe, the safest option is not to take drugs, and

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that the analytical results do not indicate safety. The service will also be covered by appropriate insurance.

## 2.4 Commissioning

### Talking points:

- The Alcohol and Other Drug Policy team has commenced engagement with the AOD sector, and related stakeholders as part of the strategise phase of commissioning the entire AOD sector.
- Five workshops have been conducted in January and February 2022 with key themes;
  - young people
  - women and families
  - peer treatment and lived experience
  - mental health and AOD comorbidities
  - specialist treatment services
- Key themes have emerged from the workshops, and further engagement is planned with smaller groups prior to the co-design phase.
- Existing service contracts in the AOD sector are in the process of being extended from June 2022 to December 2023 to allow time for the commissioning process.
- The process is occurring across of range of sectors funded through ACT Health and the Community Services Directorate, with the goal of designing a system focussed on service outcomes.

## 2.5 Aboriginal and Torres Strait Islander Alcohol and Other Drug Residential Rehabilitation

### Talking points:

- The ACT Government is committed to investing in evidence-based and practice-informed harm minimisation responses to alcohol, tobacco and other drugs. Aboriginal and Torres Strait Islander peoples are a priority population in this area.
- Working in partnership with Winnunga Nimmityjah Aboriginal Health and Community Services to establish the new Aboriginal and Torres Strait Islander alcohol and other drug residential rehabilitation service is a key priority for ACT Health Directorate.
- Winnunga Nimmityjah has developed a model of care for the new service, with support from ACT Health Directorate.
- The next step in this project is the development of a concept design, led by Winnunga Nimmityjah. Once this phase is complete, the project will progress towards consideration of construction and operating costs.

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**Key Information**

- The ACT Government provided \$330,000 for the development of the model of care for the new service.
- In the 2021-22 Budget, the Government provided a further \$503,000 for Winnunga Nimmityjah to lead the design work for the new facility. These funds will support engagement of an architect and a project manager as well as build Winnunga Nimmityjah's capacity to support Aboriginal and Torres Strait Islander peoples with alcohol and other drug use issues.
- This funding is intended to be relatively flexible, with Winnunga able to seek assistance from other service providers, employ experienced AOD staff, provide staff training or otherwise build capacity to transition their service to full time residential and associated specialist AOD treatment

**2.6 Drug and Alcohol Sentencing List (DASL)****Talking points:**

- The Drug and Alcohol Sentencing List (DASL) commenced in December 2019, and sentenced the first participant to a Drug and Alcohol Treatment Order (DATO) in January 2020.
- The ACT Government provides alcohol and other drug (AOD) treatment options to these participants, through Government case management and counselling services managed through Canberra Health Services.
- Residential rehabilitation, day programs and counselling are currently funded from five specialist service providers.
- The 2021-22 ACT Budget confirmed continuation of existing DASL treatment services funding for a further two years..
- The current DASL funding and contracts for NGOs services expire on 30 June 2022.

**Key Information**

- An open tender process for the procurement of treatment services in support of the DASL for the remainder of the 2021-22 Budget measure (1 July 2022 to 30 June 2023) is due for release in coming weeks.
- This process is intended to result in a mix of services that more closely reflects the demands of the DASL than the current service contracts.
- 51 participants have been sentenced to DATOs, with 30 participants currently service a DATO.

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## 2.7 Needle and Syringe Program (NSP) expansion

### Talking points:

- The ACT Needle and Syringe Program (NSP) is a long-standing initiative funded by the ACT Government to provide sterile injecting equipment, information and education to individuals who inject drugs.
- NSPs are a cost-effective harm reduction measure that contributes to fewer injecting complications (such as soft tissue infections) and lower blood borne virus (BBV) transmission in the ACT community.
- ACT Health provides funding to Directions Health Services ACT (Directions) to provide NSP services to the community.
- The current Agreement covers management of the ACT NSP to:
  - deliver free needle and syringe equipment, information, education, brief interventions and referral to other services to people who inject drugs;
  - supply and organise collection of waste disposal bins to primary, secondary and pharmacy outlets, including ACT Government Walk In Centres (WIC);
  - manage the ACT syringe vending machine contracts;
  - provide training in authorising people to supply needle and syringe equipment in the ACT; and
  - organise and facilitate client participation in national surveys.
- The 2021-22 ACT budget announced additional ongoing funding of \$140,000 per year to support the increased demand for NSP services in the ACT.

### Key Information

- The 2021-22 Budget measure will cover service costs for additional and larger vending machines, and maintain current and future services across the NSP, including expanded service access through increased staffing.

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## 2.8 Naloxone funding

### Talking points:

- The ACT Government funds the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) to deliver the take-home naloxone program in the ACT, including the delivery of opioid overdose and take-home naloxone management and training.
- Additional annual funding was allocated to CAHMA through the 2019-20 Budget to enable a permanent increase in access to naloxone in the ACT, including through the ACT Needle and Syringe Program.

### Key Information

- \$300,000 annually was provided through the 2019-20 Budget to increase access to naloxone in the ACT.
- In total, CAHMA will receive \$415,215.86 (ex GST) in the 2021-22 financial year for preventing and managing overdose through take-home naloxone.

### Background Information

- Preventing and responding to opioid overdose, including through access to naloxone, is a priority under the Drug Strategy Action Plan.
- Naloxone is a opioid antagonist. It is used in the treatment of opioid toxicity. It counters and blocks the unwanted effects of opioid overdose. Naloxone is a medicine that can reverse the effects of an opioid overdose.

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

### **Talking points:**

- Approximately half of all Canberrans live with a chronic health condition, including cardiovascular disease, diabetes, kidney disease, arthritis, asthma, back problems, cancer, chronic obstructive pulmonary disease, osteoporosis and mental health conditions.
- The Preventive Health Plan 2020-2025 (the Plan) aims to reduce the prevalence of chronic disease in the ACT and support good health across all stages of life.
- Actions in the plan aim to:
  - create healthier places where people live, work, learn and socialise, and empower people with knowledge, skills and motivation to live well; and
  - where unhealthy behaviour is causing harm, prioritise early detection and intervention and encourage healthier habits to minimise ongoing harm.
- The Plan's first three-year Action Plan (2020-2022) outlines 40 strategic actions with responsibility shared and coordinated across all Government directorates.
- These actions are organised under five strategic priority areas which were developed based on the latest available evidence and the needs of the ACT population:
  1. supporting children and families;
  2. enabling active living;
  3. increasing healthy eating;
  4. reducing risky behaviours, including smoking, risky alcohol consumption and the transmission of sexually transmissible infections and bloodborne viruses; and
  5. promoting healthy ageing.
- The Plan seeks to improve health and wellbeing outcomes for everyone, aligning with the ACT Wellbeing Framework which monitors health and wellbeing and will measure progress over time.

### **Key Information**

- The [Annual Activity Report 2020](#) reported on the first year of the Plan's implementation and released in November 2021. The report details the many actions that have already been completed in the two years since the Plan was released, as well as detailing the multi-year Healthy Canberra grants that help our community partners improve health outcomes for Canberrans living with chronic disease.

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- ACT Health is now reviewing the first action plan and consulting with stakeholders to develop a second three-year Action Plan (2023-2025). Both the review and the second action plan will be completed in the 2022 calendar year.

### **Background Information**

- The Preventive and Population Health Policy (PPHP) team has stewardship of the Plan and coordinates the development, implementation, governance and evaluation of the Plan.
- The Prevention, Mental Health & Wellbeing and Family Safety Inter-Directorate Committee (PMH&WFS-IDC) provide governance oversight for the Plan.
- A Cross-Directorate working group with executive representation from all ACT Government Directorates is tasked with ensuring cross-directorate engagement to deliver actions under the plan and reports to the PMH&WFS-IDC.
- An Evaluation Framework to measure the success of the Plan was approved by the Minister for Health in November 2021. An Expert Evaluation Working Group, comprised of cross-directorate representatives with data and evaluation expertise, provides oversight and input to the evaluation deliverables under the Plan.
- The development of the second three-year Action Plan will be guided by the mid-term review and is anticipated to be finalised by late 2022.

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**Portfolio/s:** Health

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## Organ and Tissue Donation

### Talking points:

- The variable impacts of the COVID-19 pandemic have continued to affect organ and tissue donation rates in the ACT and nationally over 2021.
- This period saw a reduction in donation and transplantation activity across most Australian jurisdictions. This trend has been experienced globally as a consequence of the pandemic.
- Conversely, 2021 saw a significant national increase in the number of people registering on the Australian Organ Donors Register (ADOR).
- The ACT Health Directorate is working collaboratively with multiple stakeholders to actively increase organ donation rates in the ACT with a view return to pre-pandemic organ and tissue donation levels.
- Post pandemic, further growth of organ and tissue donation levels national is likely to span multiple years, while clinical Organ and Tissue services continue to navigate existing and emerging COVID-19 challenges.

### Key Information

- The ACT had 9877 new registrations on the AODR in 2021 an increase of 112% on 2020. This increase was seen nationally and can be attributed to:
  - a successful national DonateLife digital engagement campaign in 2021; and
  - increased numbers of people registering while accessing the myGov website and the Express Plus Medicare App to download their COVID-19 vaccination certificate.
- The ACT had 67,409 residents on the AODR as of December 2021. This equates to 28% of eligible ACT donors registered, up from 25% in 2020. The ACT currently sits fifth out of seven jurisdictions in terms of eligible donors registered on the AODR.
- In 2021 there were 8 organ and tissue donors in the ACT. Request for donation was made (16) times (13 by specialist donation staff and 3 by non-specialist staff). Of those requests consent was obtained:
  - (7) from 13 for specialist requests (53.8%); and
  - (0) of 3 for non-specialist (0%)
  - One consent is not recognised in the 2021 ACT Dashboard, as the family offered consent prior to approach by donation specialist and therefore not captured in the dashboard data relating to Family donation conversation.

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- All other jurisdictions, excluding South Australia and Queensland, experienced a similar decrease in their donation rates. The three jurisdictions with the smallest population size, ACT, Tasmania, and the Northern Territory experienced the greatest decreases in their donation rates.
- The agreed national target for States and Territories is 25 donations per million population. Historically only one jurisdiction (SA) has consistently met or exceed this target. In 2021 the DPMP by jurisdiction ranged from 8 to 28 with an average of 16 DPMP.
- In 2021 the DPMP for the ACT (12.3) was below the national average of 16. Only South Australia and Western Australia were above the DPMP national average in 2021. Until recently both these jurisdictions had limited or low COVID-19 impacts
- As a small jurisdiction when measured against the international standard of DPMP the ACT organ donation rate was consistently above the national average over the past five years.

### **Background Information**

#### Australian Donation and Transplantation Activity Report 2021

- The 2021 Australian Donation and Transplantation Activity Report (The Report) was released on 19 February 2021. [OTA\\_2021ActivityReport\\_Feb2022-Final.pdf](https://www.donatelife.gov.au/OTA_2021ActivityReport_Feb2022-Final.pdf) ([donatelife.gov.au](https://www.donatelife.gov.au))
- Two key performance metrics allow comparison between jurisdictions include 'Donors per Million of Population' (DPMP) and percentage of eligible population registered on the AODR.
- DPMP refers to international reporting standard of the rate of deceased organ donors per million population. The agreed national target for States and Territories is 25 donations per million population. Historically only one jurisdiction (SA) has consistently met or exceed this target.
- The percentage of eligible population on the AODR refers to the number of eligible (over the age of 16) persons registered on the AODR measured by jurisdiction. There is no nationally agreed target for this metric.

#### Governance

- The Australian Organ and Tissue Authority (OTA) is an independent statutory agency within the Australian Government Department of Health and leads the implementation of the national program to improve organ and tissue donation and transplantation outcomes in Australia. The OTA holds the remit of increasing organ and tissue donation rates nationally, along with DonateLife Agencies.
- OTA works collaboratively with state and territory medical directors, DonateLife Agencies (in each state and territory) and hospital medical and nurse specialists in organ and tissue donation.

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## ANNUAL REPORT HEARING BRIEF

- Australia currently implements an ‘opt-in system’ to organ donation. This system allows Australian’s aged 16 years and older to record their decision to be an organ and tissue donor on the Australian Organ Donor Register (AODR).
- Registering to donate on the AODR remains important under the opt-in system as 90% of all families authorise donation, when their family member was a registered donor, and the family is aware of the donors’ intention.

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**Portfolio/s:** Health

## Gene Technology

### Talking points:

- The *Commonwealth Gene Technology Amendment Bill* (the Bill) has placement on the legislative programme for the 2022 Spring Parliamentary sitting period. The Bill proposes legislative amendments to the *Commonwealth Gene Technology Act 2000* (Cth) (the Act) to implement recommendations of the Third Review (the Review) of the National Gene Technology Scheme (the Scheme). It has been proposed that jurisdictions will receive draft legislation by March 2022 with the intention to present the final Bill to the Gene Technology Minister's Meeting by July 2022.
- Work is ongoing by the Commonwealth to develop a gene drive policy framework. Jurisdictions have agreed to proceed with development of the draft policy framework in parallel to the legislative amendments to ensure timeframes for the current legislative amendment package are met. Environmental release of a Gene Drive Organism (GDO) requires complex arrangements and agreements, between multiple jurisdictions and agencies, to monitor and mitigate for a potentially broader range of risks associated with release of the GDO.
- The *Mitochondrial Donation Law Reform* (Maeve's Law) Bill 2021 remains before the Senate as of February 2022. The Bill amends relevant Acts and associated Regulations to make mitochondrial donation legal for research, training and human reproductive purposes.
- The Commonwealth Government is proposing to introduce mitochondrial donation in a staged approach and under strict regulatory conditions, to prevent transmission of severe mitochondrial disease. Under the current legislative framework, mitochondrial donation is illegal in Australia under the *Prohibition of Human Cloning for Reproduction Act* (2002) (Cth) and the *Research Involving Human Embryos Act* 2002 (Cth).
- ACT Health Directorate will submit a Cabinet Submission for consideration in May 2022 for four candidates for the ACT Gene Technology Advisory Council (ACT GTAC).
- ACT's *Gene Technology Act* (2003) is not configured to move in lockstep following changes to Commonwealth legislation. If the ACT adopts the Commonwealth gene technology legislation by lockstep, any changes to the Commonwealth Act and regulation would automatically apply in the ACT and thus reduce administrative burden. ACT Health Directorate is anticipating to progress this legislative amendment in 2023.

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**Key Information**

- Gene technology makes changes to genetic material, including genes or part of genes. Using gene technology techniques, scientists can modify organisms by inserting, removing or altering the activity of one or more genes or parts of a gene, so that an organism gains, loses or changes specific characteristics.
- Environmental applications of gene technology, such as the use of gene drives to manage invasive species, are at the beginning of exploratory research nationally.
- Health and medical research continues to utilise gene technology. Most recently gene technology has been utilised in therapeutic goods development including the COVID-19 vaccine.
- The ACT regulates genetically modified canola varieties under a moratorium. ACT's agriculture industry is small and is not expected to produce crop or livestock species that have been subject to genetic modification in the near future.
- Members of the ACT GTAC are regularly called upon by the Commonwealth to comment on licence applications for gene technologies. In 2021 this included COVID-19 vaccinations, GM crop modifications for wheat and barley and potential treatments for cystic fibrosis and solid mass tumours.

**Background Information**

- The *Gene Technology Act (2000) (Commonwealth Act)* and the *Gene Technology Regulations (2001) (the Regulations)*, in conjunction with state and territory legislation, provides the legislative basis for the National Gene Technology Scheme.
- The *Gene Technology Agreement (2001) (the Agreement)* exists between the Commonwealth and all state and territory governments and requires regular reviews of the Agreement and the Scheme. Its aim is to support a nationally consistent regulatory system for gene technology. The most recent review, the Third Review was finalised in October 2018.
- The ACT is represented on the Gene Technology Ministers Meeting (GTMM) by the Minister for Health. The role of the GTMM is to issue policy principles, guidelines and codes of practice to govern the activities of the Regulator and the operation of the Scheme, in addition to approving proposed regulations for the purpose of the Scheme.
- The Gene Technology Standing Committee (GTSC) provides high level support to the GTMM and has senior officials from each jurisdiction. The EGM Population Health Division is the ACT representative.
- The ACT Gene Technology Advisory Council (GTAC) is established in accordance with Section 11 of the Gene Technology (GM Crop Moratorium) Act 2004 (the Act). The GTAC provides strategic advice on matters referred by the Minister relating to gene technology in the ACT.

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**Portfolio/s:** Health

Families and Community Services

**The Best Start for Canberra's Children: the First 1000 Days Strategy****Talking points:**

- The Community Services Directorate (CSD) and ACT Health Directorate (ACTHD) are jointly developing *The Best Start for Canberra's Children: the First 1000 Days Strategy* (Best Start Strategy).
- The Best Start Strategy will include actions focused on supporting positive and healthy development of children in their first 1,000 days of life to set them up well for school and longer term good health, education, wellbeing, and social outcomes.
- The Best Start Strategy will complement the Government's Early Years strategies and priorities such as *Focused on our Future: A Territory-wide maternity services plan*, *Set up for Success: An Early Childhood Strategy for the ACT*, the 3 year old preschool initiative and work on the ACT's Child and Family Networks.

**Key Information**

- The Best Start Strategy is now in the final stages of development. ACTHD and CSD are working with Canberra Health Services (CHS) and Education Directorate (EDU) and consulting with the community to incorporate the perspective of people with lived experience of the first 1000 days.
- ACT Health received a grant from the Commonwealth Health Innovation Fund of \$238,000 to deliver a project focused on improving health literacy. Health literacy and making services easier to navigate are key focus areas of the Best Start Strategy.
- It is anticipated that the Strategy and its action plan will be finalised by June 2022.

**Background Information**

- A First 1000 Days strategy is a commitment in the Parliamentary and Governing Agreement of the 10th Legislative Assembly and a key priority under the Healthy Canberra: ACT Preventive Health Plan 2020-2025. The Best Start Strategy will also align with the ACT Wellbeing Framework and Early Years Framework.
- Significant work on the Best Start Strategy has been undertaken to date, including engagement and consultation with an expert reference group, established in 2019, comprising almost 50 people from government, the community sector, academia, advocacy groups, child development specialists, paediatricians, midwives and maternal and child health nurses.
- A community advisory group was formed comprising representatives from a diverse range of community organisations and advocacy groups together with ACTHD, CSD, CHS and EDU. The advisory group will help to facilitate the valuable perspective of people with lived experience which has not been previously captured in the Strategy.

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- A high level executive working group known as the Early Years Working Group provides oversight of the Best Start Strategy. The work also has governance oversight through the Human Services Subcommittee.

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**Portfolio: Health****Subject: ACT Health Promotion Grants Program (ACTHPGP)****Talking points:**

- The ACTHPGP distributes up to \$2.3 million annually to community-based organisations to support programs that prevent chronic disease and improve health outcomes across the population.
- ACTHPGP provides funding opportunities aligned with priority areas of the Healthy Canberra: ACT Preventive Health Plan 2020-2025 (the Preventive Health Plan) to help to achieve these objectives:
  1. supporting children and families;
  2. enabling active living;
  3. increasing healthy eating;
  4. reducing risky behaviours, including smoking, risky alcohol consumption and the transmission of sexually transmissible infections and bloodborne viruses (STIBBV); and
  5. promoting healthy ageing.
- Recent funding priorities for the ACTHPGP have included:
  - reducing risky behaviours – with a focus on STIBBV (successful applicants were announced by the Minister for Health on 24 February 2022);
  - supporting healthy ageing;
  - reducing smoking-related harm;
  - reducing alcohol-related harm;
  - reducing overweight and obesity through improving eating habits and increasing physical activity.

**Key Information**

- The ACTHPGP is currently **managing 36 active grants**.
- The impact of COVID-19 resulted in severe delays to program delivery for many funded organisations, however many organisations have been able to adapt their program despite challenges due to the pandemic and public health restrictions.
- Two funding rounds are being offered in 2020/21-2022/23:

**Healthy Canberra Grants: Focus on Reducing Risky Behaviours**

- This round was launched on 3 November 2021, with applications closing on 10 December 2021. The Minister for Health announced the successful applicants on 24 February 2022.

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- The assessment panel recommended five applications for funding to a total value of \$1.39 million over three years.
- The five applications recommended for funding demonstrated a sound alignment to the funding priorities, particularly Sexually Transmissible Infections and Blood Borne Viruses.

### **Healthy Canberra Grants: Focus on Supporting Children and Families**

- This round was announced on 2 February 2022, with applications due to close 10 March 2022. Announcement of successful applicants is anticipated to occur by the end of May 2022.
- Up to \$1 million is available in total for this round to support multi-year programs delivered from July 2022 through to December 2024.
- This round provides an opportunity for funding for community-based programs which use a population health approach to supporting children and families, with a focus on optimising the healthy development of children during the first 1,000 days of life.

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**Portfolio/s:** Health

## Health Promotion

### Talking points:

- The Health Promotion Section supports the health and wellbeing of the ACT population through evidence-based promotion of healthy lifestyles and prevention interventions to address a range of risk and protective factors that determine the health of our community.
- ACT Health delivers a range of Health Promotion programs to improve the health and wellbeing of the ACT community in support of the *Healthy Canberra: ACT Preventive Health Plan 2020-2025*.
- Health promotion programs are delivered across a range of settings including early childhood, schools, sports, businesses and the community. Projects delivered in 2020-21 include *Healthier Choices Canberra, It's Your Move, Kids at Play Active Play* and *Fresh Tastes*.
- Throughout 2020-21, many of the health promotion programs were adapted in response to the COVID-19 restrictions to include online delivery of training and support where appropriate. Key stakeholders participating in Healthier Choices had such significant operational disruption that progression of program work had to be put on hold for a time.

### Key Information

- Health Promotion programs in schools and early childhood settings reached over 42,000 students during 2020-2021. They supported over 100 ACT schools and early childhood education and care services in improving students' health.
- Up to 30 June 2021, 9 state sporting organisations and 111 local businesses were participating in Healthier Choices Canberra to make it easier for ACT residents to find fresh and healthier food and drink options when out and about. *Note: one state sporting organisation who was onboarding at the time of annual report drafting then opted out of the program hence discrepancy in numbers with 10 reported in annual report but actual figure was 9 state sporting organisations.*

### Background Information

#### Kids at Play Active Play (KAPAP)

- KAPAP aims to improve early childhood educators' skills and confidence to promote active play and teach fundamental movement skills (FMS) to children aged three and up in early childhood settings, with a priority focus on settings and educators who reach children from disadvantaged and developmentally vulnerable backgrounds.

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- As at 30 June 2021, KAPAP reached 940 educators from 329 early childhood education services and schools. An additional 110 educators completed the KAPAP online course since its creation in January 2018.

### **Fresh Tastes**

- Fresh Tastes is a free, voluntary ACT Government service for primary schools to help make healthy food and drinks a bigger part of everyday life for students. From 2014-2021, 94 schools have participated in Fresh Tastes, reaching 42,000 students. The final round of schools completed their three years of intensive support in 2021.
- The Fresh Tastes Interim Monitoring Report, published in 2020 highlights the achievements of the first 39 schools to complete three years' involvement in Fresh Tastes between 2014 – 2018. Over this time 93% of participating schools said they had embedded a healthy food and drink culture, 92% of schools had seen a positive change in attitudes towards healthy food and drinks, and 89% had noticed a change in the demand for healthier food and drinks.
- The final Fresh Tastes evaluation report covering all 94 schools will be completed by mid 2022.

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

- It's Your Move (IYM) supports high school students to innovate and lead health promotion projects in their schools.
- In 2020, Caroline Chisholm School was engaged in an intensive iteration of IYM, focused on developing an age-appropriate nature play experience for senior school students. Working with a number stakeholders, including the University of Canberra, a consultation informed designs for new outdoor spaces that support physical activity and mental health outcomes for the school community. The first phase of the project build includes a bike track available to the public, which completed construction in February 2022.

### **Healthier Choices Canberra**

- Through the Healthier Choices Canberra (HCC) initiative, ACT Health works with a range of partners (cafes, licensed clubs, supermarkets) to support local businesses and junior sporting clubs to make fruit, vegetables and water more appealing, accessible and available to the Canberra community. HCC comprises of HCC Business, HCC Junior Sport and Refill Canberra.
- In 2020-21 HCC underwent an external process evaluation which has informed program changes moving into 2021-2022, including a new pledge based model of program delivery, a new look and feel for the brand and launch of the **Gamechangers** initiative on 10<sup>th</sup> February by Minister Stephen-Smith.
- Gamechangers aims to decrease unhealthy food and drink marketing targeting children in junior sport settings by creating partnerships between local non-food businesses and junior sport clubs to reduce reliance on sponsors that promote unhealthy food and drink.

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## **Newborn Blood Spot Screening**

### **Talking points:**

- Canberra parents/guardians are offered newborn bloodspot screening (NBS) within 48-72 hours of the baby's birth. The ACT bloodspot card tests are collected in the ACT by maternity service providers and sent to NSW Health for processing.
- The NBS test detects certain rare metabolic disorders and genetic conditions. This screening test aims to improve the health of babies by identifying those at risk of developing a serious condition, allowing early identification and treatment.
- The Commonwealth Department of Health manages the NBS program policy. States and territories are responsible for the funding and implementation of their own NBS programs.
- An inter-jurisdictional committee is responsible for the national monitoring and decision-making for NBS. States and territories are not obliged to add diseases to the NBS, even if recommended by the Committee.
- Results from a two-year Spinal Muscular Atrophy (SMA) pilot screening program in 2018 in the ACT and NSW indicated an SMA screening program was an efficient and well accepted population health screening initiative and was effective in the early detection of SMA.
- Due to the successful pilot, in 2020 the Commonwealth recommended that states and territories implement SMA screening as part of their NBS programs.
- The SMA screening program in ACT and NSW is currently funded until 30 June 2022. It still remains to be determined whether SMA screening will be permanently added to the NSW/ACT NBS program.

### **Key Information**

- The Commonwealth Department of Health manages the NBS program policy. States and territories are responsible for the funding and implementation of their own NBS programs.
- An inter-jurisdictional committee is responsible for the national monitoring and decision-making for NBS. This included deciding whether to include or remove tests from the NBS. This is done in accordance with the Newborn Bloodspot Screening National Policy Framework.
- In late 2021, the Commonwealth Department of Health announced reforms to the Committee processes in reviewing conditions to be included in the NBS program.

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- Nominated conditions will undergo a three stage review process in determining the safety, clinical and cost effectiveness of the proposed screening test for the condition.
- States and territories will make decisions regarding implementation of the test under the NBS program. States and territories are also not obliged to add diseases to the NBS, even if recommended.
- Pilot programs screening for Severe Combined Immunodeficiency (SCID) and Spinal Muscular Atrophy (SMA) are currently being conducted in the ACT and NSW.
- In 2018 the ACT and NSW were involved in a two-year state subsidised SMA newborn screening pilot program. Results from the pilot indicated the screening program was an efficient and well accepted population health screening initiative and was effective in the early detection of SMA.
- Due to the successful pilot, in 2020 the Commonwealth recommended that states and territories implement SMA screening as part of their NBS programs.
- The SMA screening program in ACT and NSW is currently funded until 30 June 2022. It still remains to be determined whether SMA screening will be permanently added to the NSW/ACT NBS program.
- Western Australia is currently planning the implementation of an SMA NBS pilot program.
- The inclusion of SCID into NBS program is currently being reviewed.

### **Background Information**

- Newborn bloodspot screening (NBS) has been offered in Australia since the 1960's. Canberra parents/guardians are offered NBS within 48-72 hours of the baby's birth. With the parent's/guardian's consent a bloodspot card is collected. The ACT bloodspot card tests are collected in the ACT by maternity service providers and sent to NSW Health for processing.
- The NBS test detects certain rare metabolic disorders and genetic conditions. This screening test aims to improve the health of babies by identifying those at risk of developing a serious condition, allowing early identification and treatment.
- NBS currently tests for around 25 conditions. Conditions can be added or removed from NBS program. Since 2016, 7 conditions have been proposed for inclusion in the NBS programs. These include SMA and SCID.

**MARCH 2022**

Add reference number

**Portfolio:** Health**Subject: National public health nutrition and preventive health initiatives (e.g. National Obesity Strategy, National Diabetes Strategy, National Preventive Health Strategy, Food Regulation).**

- ACT Health engages with a wide range of national initiatives related to public health nutrition. This includes membership on various interjurisdictional working groups guiding and inputting into national strategy development and thus informing the ACT's strategies.
- **The National Obesity Strategy** is scheduled to be released in the coming month [note: schedule is for 4 March 2022 to coincide with World Obesity Day]. It aligns with the National Preventive Health Strategy which was launched in December 2021.
- The ACT Preventive Health Plan (the Plan) provides the framework to report against these national initiatives and progress preventive actions to address overweight and obesity in the ACT.
- The prevention of diet and lifestyle related chronic disease cuts across priority areas of the Plan including: Supporting Children and Families, Increasing Healthy Eating, Enabling Physical Activity and Healthy Ageing.
- The Plan's Increasing Healthy Eating and Enabling Active Living priority areas have a broad objective of changing the food and physical activity environments in which we live, learn, work, and socialise to facilitate behaviour change and positive healthy lifestyle choices.
- The built environment is a priority, together with key settings for action including childcare, schools, healthcare facilities and workplaces. Strategic actions under the Plan also include a suite of nutrition related policy and health promotion programs in these settings.
- Supporting Children and Families recognises the importance of the First 1000 Days where good nutrition, healthy childhood growth and development is critical in determining the onset of adult chronic disease.
- The restriction of unhealthy food advertising and promotion on the Canberra public bus network continues as a significant achievement to date. No other Australian jurisdiction has been able to implement a similar policy in the transport sector.
- Health Protection Services lead ACT Government input to national food regulatory issues with support and advice provided by the Senior Public Health Nutritionist on

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**ANNUAL REPORT HEARING BRIEF****MARCH 2022**

public health nutrition content. This includes the various components of the current FSANZ Act review, modernisation of the food regulatory system and strengthening of obesity preventive activities within the food regulation system.

- ACT Health's Senior Public Health Nutritionist is the ACT Government member of the states/territories liaison group of the National Healthy Food Partnership. Quarterly updates and opportunity for comment are provided through this group.

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**Portfolio:** Mental Health

## **Strategic Indicator 1.1 – Self-rated mental health**

**This brief has been provided to the Minister for Mental Health**

### **Talking points:**

- Mental wellbeing is an integral and essential component of health and fundamental to our ability to think, feel and integrate with others and the broader community. The circumstances in which people live their lives, play as important a role as clinical services in people’s mental health.
- Self-rated mental health reflects a person's perception of their own mental health at a given point in time and provides an insight to overall mental health as opposed to the presence of mental illness.
- **The indicator for Strategic Objective 1**, Improving the Mental Wellbeing of Canberrans is the percentage of ACT adults who self-report their mental health status as excellent or very good.
- Between 2020 and 2021, the proportion of respondents to the **ACT General Health Survey** aged 18 years and over who rated their mental health as excellent/very good has declined, however this decline is not statistically significant (2020: 52.0%; 2021: 46.9%). **In 2021, males were significantly more likely to rate their mental health as excellent/very good than females (53.1% vs 41.1%).**
- This measure of mental health provides a strong indication of wellbeing across our community. During 2020/21 the mental health of Canberrans has been impacted by the pandemic.
- In response, the ACT Government took a broad approach to addressing the impact on mental health with both preventive and intervention activities.
- In 2020 we funded an initial \$4.5 million Mental Health Support package and in August and September 2021, provided an additional \$14.26 million for COVID-19 community and mental health supports to help Canberran’s struggling during lockdown.
- The 2021-22 ACT Budget built on this funding with the allocation of a further \$10.3 million over four years to extend support for people needing mental health care with a focus on young people and their families in the ACT.
- It is recognised that people with mental illness also face challenges with their physical health and the ACT Government has committed to supporting preventive health through the ACT Preventive Health Action Plan.

Cleared as complete and accurate: 31/01/2022  
Cleared for public release by: Coordinator-General  
Contact Officer name: Elizabeth Moore  
Lead Directorate: Health  
TRIM Ref: GBC21/836

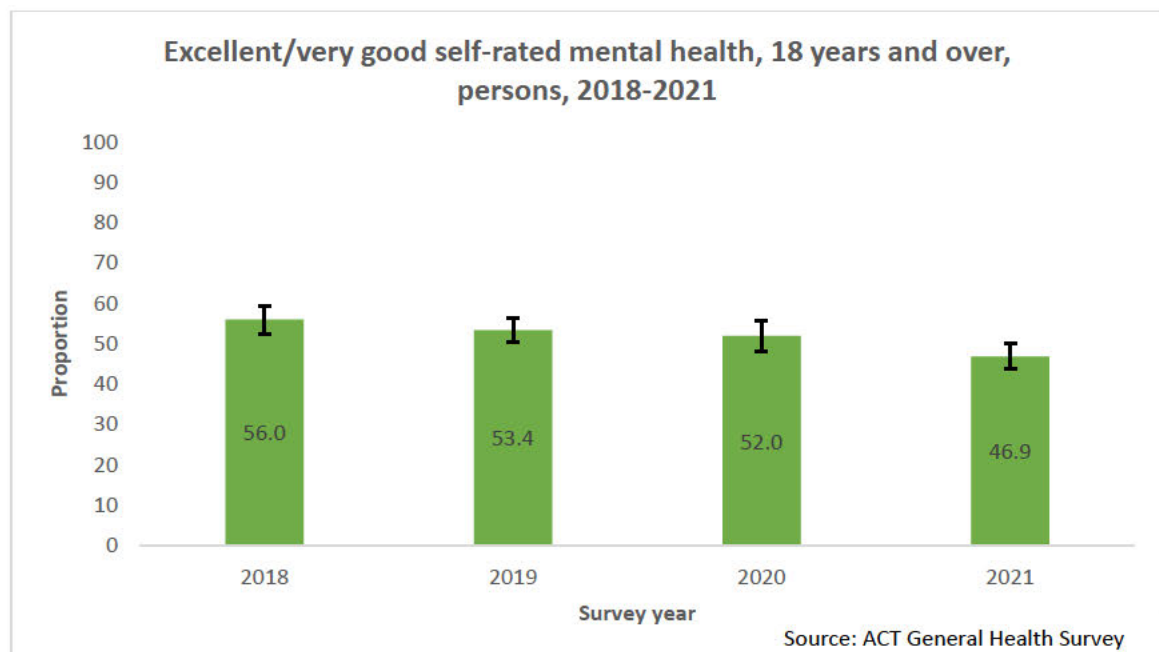
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## Background:

- Strategic Objective 1 was first introduced in the 2019/20 Annual Report. In its first iteration, the indicator was defined as the percentage of ACT adults aged 18 years and over who self-rated their mental health during the past four weeks as good, very good or excellent.
- From the 2021/22 budget cycle, the definition of the indicator has changed to report the percentage of ACT adults aged 18 years and over who self-rated their mental health during the past four weeks as excellent or very good. Good has been removed from the definition because it is a neutral response category and we are looking at positive self-rated mental health.

**Note for Fiona – Data for 2020 was reported in the annual report. Data for 2021 is now available and presented below for information.**

- Self-rated mental health has been measured in the ACT General Health Survey since 2018. The result from the 2021 survey (adults who self-report their mental health status as excellent or very good) was consistent with the result in 2020 of 52.0%.
- This objective reports the percentage of ACT adults aged 18 years and over who self-rated their mental health during the past four weeks as excellent or very good.
- 2021 data will be published on the HealthStats ACT website in the early half of 2022.



**Strategic Indicator 1.2 – Self-rated health****Talking points:**

- Self-rated health reflects a person’s perception of their own health at a given point in time. It provides a broad picture of a population’s overall health.
- Health status at a population level is impacted by a range of factors, including access to appropriate preventive health, health protection, primary care and hospital services.
- Research has shown that self-rated health is a predictor of mortality and morbidity<sup>1 2</sup>
- The proportion of respondents to the ACT General Health Survey aged 18 years and over who rated their overall health as excellent/very good has remained relatively stable between 2020 (54.5%) and 2021 (52.8%). There was no significant difference by sex in 2021 (males: 56.1%; females: 49.9%).

**Background:**

- Strategic Indicator 1.2 was first introduced in the 2019/20 Annual Report. In its first iteration, the indicator was defined as the percentage of ACT adults aged 18 years and over who self-rated their health during the past four weeks as good, very good or excellent.
- From the 2021/22 budget cycle, the definition of the indicator has changed to report the percentage of ACT adults aged 18 years and over who self-rated their health during the past four weeks as excellent or very good. Good has been removed from the definition because it is a neutral response category and we are looking at positive self-rated health.
- Self-rated health has been measured in the ACT General Health Survey since 2007. The result from the 2021 survey (adults who self-report their health status as excellent or very good) was consistent with the result in 2020 of 54.5%.
- This objective reports the percentage of ACT adults aged 18 years and over who self-rated their health during the past four weeks as excellent or very good.

**Note for Fiona – Data for 2020 was reported in the annual report. Data for 2021 is now available and presented below for information.**

- 2021 data will be published on the HealthStats ACT website in the early half of 2022.

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<sup>1</sup> Gerdtham, U; Johannesson, M; Lundberg, L and Isacson, D 1999, A note on validating Wagstaff and Dooslairs health measure in the analysis of inequality in health. *Journal of Health Economics*, vol. 18, pp. 117-224

<sup>2</sup> McCallum, J; Shadbolt, B and Wang, D 1994, Self-rated health and survival: a 7-year follow-up study of Australian elderly, *American Journal of Public Health*, vol. 84, no. 7, pp. 1100-1105

Cleared as complete and accurate: 31/01/2022

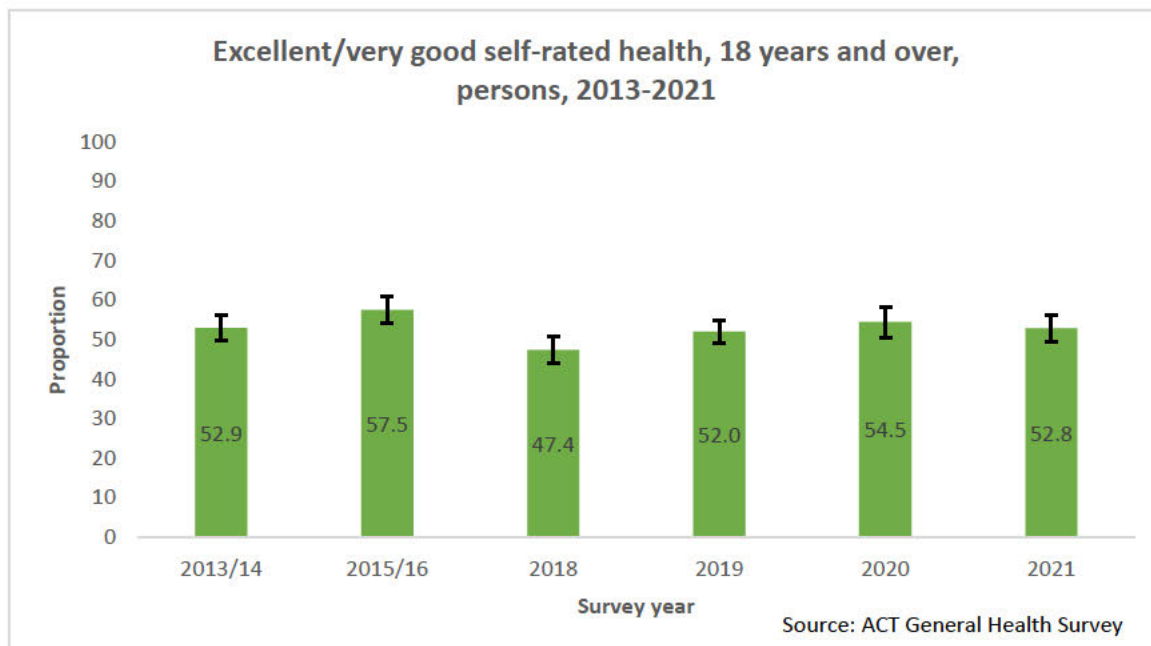
Cleared for public release by: Coordinator-General

Ext: 49392

Contact Officer name: Elizabeth Moore

Lead Directorate: Health

TRIM Ref: GBC21/836





Add reference number

**Portfolio/s:** Health

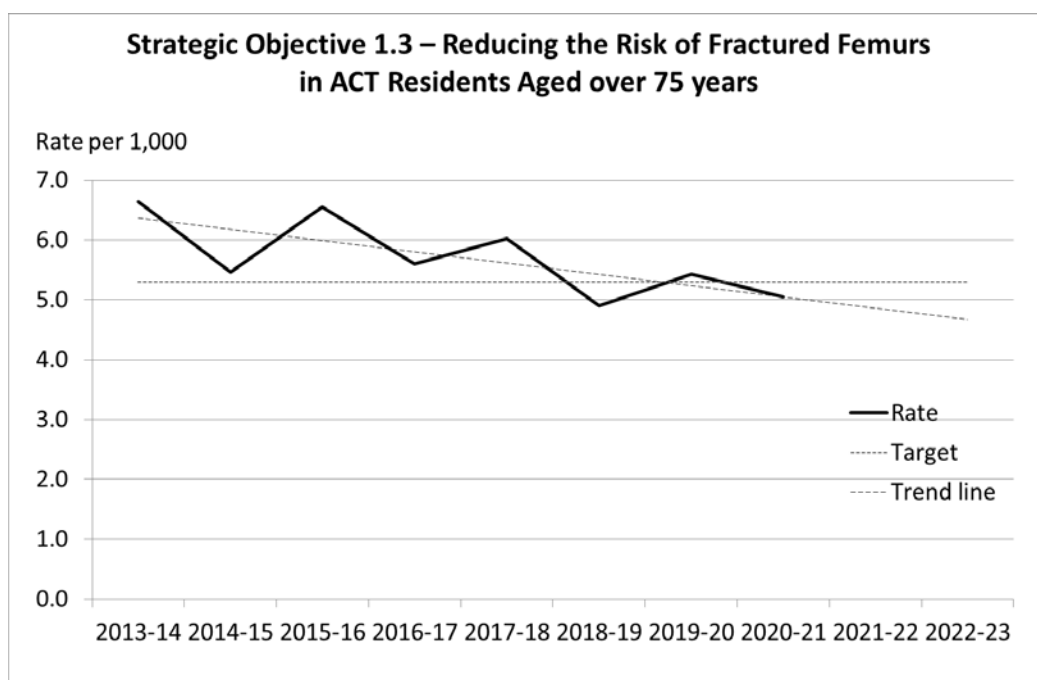
### Strategic Objective 1.3 – Reducing the Risk of Fractured Femurs in ACT Residents Aged over 75 years

#### Talking points:

- Hip fractures are a serious injury and typically a consequence of falls and osteoporosis in older adults. Despite an overall downward trend, it remains a significant health burden that is expected to increase as our population ages. Fractures and their associated disabilities often result in premature death and are a significant cause of rising health costs, hence the need for policies to address their causes and outcomes.
- Preventing falls and other fracture risk factors, may reduce the prevalence of fractures among the elderly.

#### Key Information

- This indicator provides an indication of the success of public and community health initiatives to prevent hip fractures. In 2020–21, the ACT rate of admissions to public hospitals in ACT residents aged 75 years and over with a fractured neck of femur was 5.0 per 1,000 persons in the ACT population. This follows a generally decreasing trend over a 10 year period.
- The rate of fractured neck of femur in ACT residents fluctuates from year to year due to a relatively small ACT population aged 75 years and over. Small changes in the number of cases have large influence over the calculated rate.



Cleared as complete and accurate: XX/XX/2021

Cleared for public release by: Choose an item.

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Lead Directorate:

Choose directorate:

TRIM Ref:



## Preclinical Research Services and Education (PRSE)

**Team members:** HP6 Senior Director PRSE, Dr Hannah Clarke; HP3 Specialist Facility and Safety Officer, Bee Souvannaphong; HSO10 Senior Animal Facility Supervisor, position holder Ayumi Hosaka currently on maternity leave, Ian Allsop Acting to Aug 2022; ASO5 PRSE Project Officer, Catherine Rollinson; HSO6 Animal Facility Technician, Melissa Nolch, HSO6 Animal Facility Technician, Carly Owen, HSO6 Animal Facility Technician, Jake Nicholls

The Preclinical Research and Education Services Office manage a range of facilities including Physically Contained level 2 (PC2) certified research laboratories and animal facilities, and functions including but not limited to strategic direction, policy development and compliance, representation on local, national and international committees on research management, intellectual property advice and educational and promotional programs, scholarships, internal grant schemes, study programs, conferences (Canberra Health Annual Research Meeting [CHARM], the senior director is the Chair of the program and organising committees and has had sole responsibility for delivery for 13 years) and multimedia publications.

Work managed with PRSE:

Vacation Study Program (See report for 2020-21 year)

CHARM (See report for 2021 year)

Preclinical laboratory is based at TCH level 5 and 6 building 10. The group manages compliances and certifications in relation to physical containment, import export, radio isotope use and storage, biosafety, and, maintenance, and servicing of equipment. Cryo storage facility, as above this area is managed for compliance requirements. Unique cell lines and tissue samples are stored in the facility.

Preclinical animal facility also based at TCH level 0 building 10 users of the facility must all comply with the same compliances as for the laboratory. As such all the function listed above are also managed for this facility. There is additional training provided in small animal care, small animal surgery, health assessment and all actions required by Australian code for the care and use of animals for scientific purposes (the Code). The group consist of highly trained animal care technicians.

The PRE laboratories are multiuser facilities. These multiuser groups consist of principle investigators who are ACTH employees. In the most part these investigators are CHS funded specialists whose research is funded through external grants such as those of the National Health and Medical Research Council (NHMRC) or other national body or local granting schemes such as the Canberra Hospital Private Practice Fund (PPF) or Radiation Oncology Private Practice Trust Fund (ROPPTF). Their staff and students may be employed/funded either through ACTHD, CHS, ANU, or UC.

An academic or research lead who holds a position in his or her own university or other institution and who is visiting an organisational unit of ACT Health (ACTH) preclinical research to carry out research may be eligible for conferral of the title 'Visiting Academic' for the duration of their visit to the ACTH.

All staff are expected to follow standard operating procedures as directed by staff.

Currently the laboratory management has a user pays model for purchase of new equipment that is considered sole user. In this case the user is responsible for maintaining the servicing of the instrument. Financial support for purchasing of multiuser equipment may be sourced from local or

international grant schemes or through procurement and equipment committees located within ACTH. Where there are multiple users of equipment, the PRE is responsible for servicing of that equipment. Servicing may be conducted by specialist providers or by CHS property and maintenance staff.

The PRE laboratories house large amounts of unique and irreplaceable research samples. The PRE office operates during standard business hours as per the related Enterprise Bargaining Agreement (EBA). Some staff are rostered to manage the laboratories and animal facility outside business hours. The staff in the PRE are alerted to issues with facilities or equipment via direct contact from CHS property and management teams or through the Building Management system which monitors facilities and some equipment or via the Biomerieux alarm system connected to all key equipment. Staff may respond to alarms depending on perceived risk of the equipment fail.

Training, students, researcher training and assessments with PC2 and Biosafety

Education support stakeholder education programs where appropriate

Research queries related to preclinical research including ethics and office of gene technology regulator liaison

Financial and HR responsibility for the team and support to preclinical research users.

Building upgrades in consultation with CHS PCG, Shaw Building Group contractors for building 10 upgrade and building 19 refurbishments.

At present the senior director is a committee member on several university compliance and review committees and a board member of the Australasian Research Managers Society (ARMS) and is board liaison to several education and professional development, and accreditation committees and is part of the world congress bid writing team with Malaysian counterparts.

# ACT Heath Vacation Study Program

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## 2020-2021 Final Report

### Summary

The ACT Health Vacation Study Program offers students the opportunity to participate and gain experience in research in ACT Government based health research. The program is primarily aimed at students of the following disciplines, or other related disciplines:

- Medicine
- Medical science
- Nursing and midwifery
- Allied health
- Health economics

The program provides students with the opportunity to learn and develop valuable research skills, which is an important part of university study and is becoming increasingly more important in health service delivery and improved patient outcomes.

The program is run annually over the summer university break with students paid a stipend upon completion of their placements.

### Projects

A call for projects was made on 16 September 2020 to health researchers based within the ACT Health Directorate and Canberra Health Services network. Twenty-one project applications were received.

*Table 1 Participating Units and number of projects*

Department/unit	Number of projects
SYNERGY: Nursing and Midwifery Research Centre	2
*Mental Health, Justice Health and Alcohol and Drug Services	2 (did not proceed)
Epidemiology, ACT Health	1
Cancer and Ambulatory Services	2
Clinical Trials Unit	3
Office of Professional Leadership and Education, Chief Nurse and Midwifery Office	2
Palliative Care	1
Belconnen Community Health Centre	1
University of Canberra Midwifery	1
Medical Oncology Unit	1
UCPH Physiotherapy	2
Communicable Disease Control, Health Protection Services	1
Centre for Health and Medical Research	2

\* Two projects did not proceed due to suitability of student applications received.

### Selection of projects

Project summaries were reviewed by Bruce Shadbolt (Executive Branch Manager, Centre for Health and Medical Research) and Hannah Clarke (Senior Director, Pre-Clinical Research Services and

Education, Centre for Health and Medical Research). In 2020-2021, all projects were deemed suitable and were able to be funded. *In the event that there are a higher number of project applications received, the number of selected projects will be based on available funding. In previous years, un-funded projects have been offered the opportunity to self-fund and still run as part of the program for insurance and administration purposes.*

A list of the final projects for 2020-2021 is included at **Appendix A**.

### Dissemination of information and advertising

All information for the call for projects and call for student applications were disseminated via the following platforms/networks:

- ACT Health website <https://health.act.gov.au/research/opportunities/act-health-vacation-study-program>
- HealthHQ (ACT Health intranet)
- Health Hub (Canberra Health Services intranet)
- ACT Health researcher mailing list
- HealthANSWERS network
- University networks – email sent to university contacts to be disseminated through their networks

### Applications

2020-2021 saw the highest number of applications since the program started, with 191 applications for 20 projects.

### Study Disciplines

Students from across many health-related disciplines submitted applications. The program also saw applications from students in the Faculty of Law at ANU, as one of the projects was promoted in this faculty due to the subject matter.

*Table 2 Student discipline*

Discipline
Health Science
Psychology
Paramedicine
Medicine/Surgery
Nursing
Health Economics
Human Nutrition
Medical Science
Systems Engineering
Advanced Science
Law

### Selection of students

Following the closing date for student applications, applications were processed and forwarded to each project supervisor. The project supervisors were required to review the applications for their



project and rank them in order of suitability. Once rankings were received by the Project Officer, letters of offer were sent accordingly. If a student received offers of multiple placements, they were required to select only one to proceed with.

### Returning students

Five applications were received from students who had previously participated in the program. Two returning students were successful again in 2020-2021.

### Student feedback

Students were asked for feedback as part of their final report. A collation of this feedback is included at **Appendix B**.

### Finance

This program was funded through sponsorship.

The stipend paid to students remained at \$2,500, consistent with previous years of the scheme. This was paid once the student had completed the placement and met all reporting requirements.

*Table 3 Sponsors of the 2021 Vacation Study Program*

Sponsor	Number of students funded	Total sponsorship
ACT Health Human Research Ethics Committee	4	\$10,000
Canberra Hospital Auxiliary	4	\$10,000
Canberra Hospital Private Practice Fund	4	\$10,000
Radiation Oncology Private Practice Fund	4	\$10,000
Office of the Chief Health Officer	2	\$5,000
Office of Professional Leadership and Education	2	\$5,000
<b>Total sponsorship received</b>		<b>\$50,000</b>

### Program highlights

This program continues to deliver high quality research reports and valuable contribution to the research knowledge bank. The engagement with the program continues to grow as shown by the large number of student applications received for the projects advertised. The number of applications for the projects also shows the degree of interest in the projects themselves.

### Matters for consideration

The program is reliant on external funding that is not guaranteed in any year and is susceptible to variation as a result. This puts the program sustainability at risk.

### Proposed timeline for 2021-2022 program

Activity	Date
Website updates	End of August
Project submissions open	Monday 6 September
Project submissions close	Monday 27 September
Review of projects and notification of outcome	Tuesday 28 September - Friday 1 October
Website updates	Monday 4 and Tuesday 5 October

Student applications open	Wednesday 6 October
Student applications close	Friday 22 October
Student applications review and ranking	Monday 25 – Wednesday 27 October
Placement offers	Thursday 28 October
Student onboarding	Monday 1 – Thursday 11 November
Pre-placement presentation session	Friday 12 November
Final presentation session	Friday 18 February

### Recommendation

External funding should be sought.

## Appendix A

**2020-2021 ACT Health Vacation Study Program**  
**Project list**

<b>Project Title</b>	<b>Department</b>	<b>Student</b>
Exploring factors associated with breastfeeding initiation and practice of Aboriginal and Torres Strait Islander women	SYNERGY: Nursing & Midwifery Research Centre	Xiaoling (Charlene) Zheng
Wellbeing in the ACT – results of the ACT General Health Survey 2019	Epidemiology, ACT Health	Zoe Pollock
What are the unmet supportive care needs of people affected by kidney cancer: A rapid review	SYNERGY: Nursing & Midwifery Research Centre	Amy O’Dea
Optimal Cancer Care Pathway for People with High Grade Glioma Audit Project	Cancer and Ambulatory Support, CHS	Neha Paranjape
Optimal Cancer Care Pathway for People with Melanoma Audit Project	Cancer and Ambulatory Support, CHS	Leena Amrutha
Simulation modelling to identify interventions to optimise clinical trials start-up times: a systems dynamics approach	Clinical Trials Unit	David Lim
Mortality rates and modes of death related to left ventricular diastolic dysfunction in those with preserved ejection fraction: a sub-study of the Canberra Heart Study	Clinical Trials Unit	Upasana Pathak
Data Analysis for Nurses and Midwives: Towards a Safer Culture	Office of Professional Leadership and Education Chief Nurse and Midwifery Office	Eleanor Gundry
Safewards -Collection and Analysis of Baseline Data	Office of Professional Leadership and Education Chief Nurse and Midwifery Office	Sian Jackson
Measuring Quality of Death in Canberra Health Services 2019	Palliative Care	Yansong Huang
The effect of childhood blood lipid levels on endothelial function during	Clinical Trials Unit	Mary El-Rashic



adolescence: The Lifestyle of Our Kids longitudinal cohort study		
Outcomes and predictors of success from very low energy diets at Canberra Obesity Management Service	CHS and Belconnen Community Health Centre	Eloise Brewer
Infant feeding during natural disasters: A systematic scoping review	University of Canberra Midwifery	Supipi Ratnayake
Chemotherapy usage for treatment of sarcoma at The Canberra Hospital	Medical Oncology CHS	Emily Sisson
Active Recovery in Rehabilitation Environments	UCPH Physiotherapy	Nallammai Udayappan
Exploring Experiences in Rehabilitation Environments	UCPH Physiotherapy	Jennifer Lee
Understanding how primary care providers test for gonococcal infections in the ACT	Communicable Disease Control, Health Protection Services	Lorane Gaborit
Compare and contrast legislative frameworks for consent for clinical research involving patients who cannot consent for themselves	Centre for Health and Medical Research	Judianne Lee
CBR Check-in App and Contact Tracing Quality Improvement Evaluation	Centre for Health and Medical Research	Hannah Greig Amy Griffin

## Appendix B

### 2020-2021 ACT Health Vacation Study Program Student feedback

#### **Workshop**

*The online workshops where I was able to hear about everyone else's projects was very interesting and I enjoyed feeling like I was part of a wider community.*

#### **Supervisor availability**

*My supervisor, Catherine, and I met weekly and she also made herself available to me at any other time when I needed assistance or clarification, whether it was by an email, phone call. Catherine was incredibly encouraging and I learnt a lot of skills from her that I will be able to take forward into the rest of my career.*

#### **Administration**

*The program administration ran smoothly and were helpful.*

*This was an excellent opportunity and I learnt a lot. Thank you very much.*

**Workshop-** *A good introduction to the program and interesting to hear about the wide variety of programs. I think it worked well on Webex.*

**Supervisor availability-** *Dr Rebecca Mathews was very responsive to text and email and always available to orientate, assist and supervise me. She is an excellent supervisor!*

**Administration-** *everything ran smoothly, there were no issues at all.*

*The pre-workshop placement was valuable as the guest speakers provided clear instruction and information on sources that may be helpful for us in writing our research report. It was also quite fascinating to hear about projects that other students were conducting and their findings which I also got to present the findings of my review. My supervisor's reply to emails were speedily and her availability was excellent, especially towards the end with manuscript editing which my supervisors had really good communication with me. The administration for the program was smooth and straightforward and throughout we were provided with details and instruction for our placement. The project officer (Cath Rollinson) was able to answer all my queries through the placement period.*

*It was previously mentioned in the pre-placement workshop about the possibility of creating a group chat to connect students who are doing reviews which my supervisor received my consent to be added to the chat. However, I was never added to the group and am unsure if the group chat was ever created. Nevertheless, I still think this idea is really good and it may be potentially helpful for students who will be doing a review project for their vacation study program end of this year.*

*Workshop was useful to see how the health care system operated and the types of research methodologies used. Was very systematic with a top down narrowing approach rather than a bottom up exploratory approach. This top down approach although useful as an alternate perspective was not the approach I could go about with my literature review as the databases I was searching was much more niche.*

*I enjoyed the statistical aspect of the workshop although I felt like it could have gone more in-depth. I would suggest another optional workshop/resources for people that would like to delve deeper into that topic.*

*Walter was available when I needed him which was great. He is a busy person, but I knew that as I was coming into the program which was good.*

*Administration went relatively smoothly with some minor hiccups along the way. No suggested changes as I am assuming the system will be ready to go the next time this program will come around and there will be no delay in terms of enabling the students to start their projects.*

#### *Workshop*

- *I really enjoyed the workshop. It was great as a way hear what research is occurring within ACT Health and also to see how diverse everyone's backgrounds and interests were.*
- *I also found this workshop good to ease my nerves and establish a support network for throughout the project. I feel this was important in navigating who I needed to contact if needed.*

#### *Supervisor availability*

- *My supervisors were very supportive and always available to answer any questions I had. It was great to be working within a team of supervisors, so that when my primary supervisor was away I still felt as though I was supported by the other project team members.*

#### *Administration*

- *The administration side of the project and research opportunity was very smooth and I had no issues. It was great to have one point of contact and to receive regular updates from the organisers throughout the program. This helped to ensure I was up to date and completing the necessary requirements.*
- *To improve a weekly newsletter with program updates and experiences from different people completing their research project may be a nice addition.*

*Thank you very much for the opportunity to participate in this research program. The skills and experience I have gained has provided me with a great deal of insight and enthusiasm to further pursue a career in health and engage with ACT Health.*

*Supervisor availability – fantastic availability and great help from Amber the Clinical Care Coordinator Nurse.*

*Administration – easy and communicative*

*I thought this program was a great opportunity to develop and learn new research skills in an area of allied health that I was previously unfamiliar with. I also enjoyed being able to work in an office setting among other professionals. Ros was very supportive throughout all stages of the program, particularly while I was in quarantine and needed make other arrangements for the program. Ros was very approachable and collaborative, and I am grateful to have had the opportunity to work with her.*

*This program was also well-managed administratively. The required training modules were also relevant. However, there was a small delay in starting the project and data analysis due to additional training and ethics approval. Given that the program only runs for six weeks, it would be helpful to be able to organise ethics variation approvals prior to beginning the program in order to maximise the time I would be able to work on the project. Despite this, my supervisor communicated these processes and we were able to find other tasks to work on in the meantime. Overall, this vacation study program was a valuable learning experience in getting a hands-on experience in conducting relevant and applied research.*

*During my program, there was also another student who was working on a separate project as a part of the vacation study program. I liked having another student on the program with me as we got to know each other very well over several weeks. It helped to have a peer while settling into the work environment at the beginning of the program. Throughout the program, we were also able to give each other social support, encouragement and feedback on our respective projects.*

*The ACT Health Vacation study program was a very memorable experience. Despite the hurdles caused by Covid-19, the administration was very organised. My supervisor was very supportive too, she was present throughout my project ensuring everyday ran smoothly. The workshop was very insightful as it gave a nice overview of all the other projects undertaken with this program in a short and concise way.*

*The program as a whole provides a valuable opportunity for students to gain skills in medical research. Not only does the program allow one to learn from those experienced in the field of clinical research, but also from one's peers who are learning alongside them. I really enjoyed the introductory presentations during the workshop and while I understand the reasons for keeping the presentations short, I do wish they were longer so I could better understand each student's project to formulate more in-depth questions to ask. My supervisor has been responsive and a great help throughout this program. I have had no issues with the running of this program as everyone has been quick to resolve any issues that may have arisen.*

*I believe I have gotten a lot out this internship, and I am confident that it will be beneficial in my future endeavours as I intend to follow suit in either academia or rehabilitation. This program helped in further refining my research skills. The supervisor was always available and continuously supported to improve my performance. She was approachable and ready to give constructive feedback as well as brainstorm with me when I needed it. I feel that this is necessary to create a health supervisor-student relationship while getting things done on time. She pushed me in the right direction without handing me the answers. She also encouraged attempting new tasks independently before brainstorming together and revising it further. I was also allowed to attend a journal workshop. This was useful for me in this project as well as for my future.*

*The administration of this program was efficient. Cath Rollinson was very approachable and helpful throughout the program. The team is also willing to make adjustment students given their different circumstance. Ethics application took a few days at the beginning of the internship and I felt that it helped me get into the internship mood without pressure. This few days helped me understand the study's background and establish some foundation and support me in actually doing my role.*

*There was another student along with me who worked on a separate project under the same supervisor. This was helpful as I could brainstorm and exchange ideas with her from time to time. We supported and encouraged each other throughout this six weeks, and I made a friend out of this.*

- Flexibility with start and end dates.*
- Good organisation overall – had access to hospital and system ready for start date.*
- Good learning experience with an appropriate level of guidance and autonomy.*
- Well, rounded research project, communication as well as specific auditing skills were developed.*

*Really good program! Great that ACT Health takes such initiative in student research and allows for these opportunities. Overall, well run program with projects well placed for a good experience and professional development.*

*The ACT Vacation Study Program has provided me with an invaluable opportunity for learning and professional development. Over the course of this placement, I have worked with an incredibly welcoming and supportive team on a project that I believe will innovate the way healthcare services interact with consumers.*

*Whilst participating in the program, I would have benefited from greater contact and/or information concerning what was expected of students regarding administration, research reports, and final presentations.*

*I would like to thank the NM TASC Team and the study program facilitators for this opportunity.*

*The workshop was really useful to understand what was required for completing the project and to see other students and hear about their projects.*

*My supervisor was always available and she was very kind, supportive and understanding throughout the whole program!*

*The administration was also very helpful throughout the whole program!*

*Workshop: Workshops were really good and I understand because of COVID-19 in-person workshops could not be organised. However if possible, in-person workshops would be really good.*

*Supervisor availability: Good*

*Administration: Very Good! Thank you so much for your hard work*

*Overall the program was a fantastic way to learn new skills, immerse myself in the epidemiology department and complete an independent piece of research. I felt both well supported, but also trusted to work autonomously. The workshop was a great way to learn about the other student's projects. A more comprehensive welcome i.e. how the ACT Health department functions, core goals, organisational structure etc. may have been nice to hear as well. My supervisor, Glenn Draper was extremely attentive, helpful and patient. He regularly communicated with me, taught me practical skills and provided useful insights, as well as allowing me to take control of the project. The epidemiology department as a whole was extremely friendly and welcoming! I was invited to listen in*

*to other meetings and planning briefings which provided me with a greater understanding of the work they do and a holistic experience. Administration and communication with Cath was clear and timely. I was provided with a laptop and monitor which allowed me to work from home with ease. Apart from a few kinks gaining access to the network and software everything ran smoothly*

*Supervisor availability*

*Great! Bruce and the rest of the team were available whenever we needed help and actively made time for meetings and other activities (ICU visit, lunch etc)*

*Administration*

*Very good! Special thanks to Cath helping us get started at the beginning due to all the paperwork being a bit of a last minute rush! The only thing that was unclear was our technical start and finish dates but I assume this was because of our late start.*

*Fantastic opportunity I would recommend it for all ACT students interested in a career within the healthcare sector.*



**ACT**  
Government

**ACT Health**

# ACT Health Canberra Health Annual Research Meeting (CHARM) 2021



ACT Health  
Canberra Health  
Annual Research  
Meeting (CHARM)  
2021

9<sup>th</sup> August 2021

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# 2020-2021 Final Report

## Summary

CHARM 2021 was held after a break of one year caused by the COVID-19 pandemic. The CHARM 2020 and 2021 program committees agreed that where possible the program of invited speakers should remain unchanged from the original meeting planned for 2020. All but one speaker was re-confirmed, and the meeting was held as a three-and-a-half day online meeting using the Webex platform between the 27<sup>th</sup> and 30<sup>th</sup> July 2021. The program included four keynote presentations from international and national speakers, specialist presentations on mental health research from interstate and local clinicians and service providers and open papers and posters from health researchers in the Canberra region. Panel discussions and workshops completed the program. The meeting explored how interdisciplinary research contributes to a sustainable health system through discovery and collaboration, with each day of the meeting dedicated to specific research areas. Principle themes of the meeting included pre-clinical and clinical research, nursing, allied health, population health research, data analytics, policy research, quality assessments and evaluations.

CHARM organisers received 119 abstract submissions and 11 3 Minute Thesis submissions from multiple departments of 12 institutions or health services. CHARM 2021 had 963 registrations and 625 attendees.

The online nature and availability of the recorded presentations of CHARM 2021 provided greater accessibility to a worldwide audience of this research. A virtual online poster display, as well as opportunity display printed posters at the Canberra Hospital, provided visibility to CHS based staff, public visitors to the CHS site and online audiences globally.

While online in 2021, the meeting was still able to showcase local research and provide opportunities to collaborate and network. The meeting had presentations on health research that demonstrated the far-reaching impact that health research in the ACT has on the advancement of health care and service delivery practices and benefits to society, culture, the environment and the economy. The awards dinner provided opportunity to celebrate the achievements of health researchers and to network.

The attendance at the opening of the meeting and awards dinner of the ACT Minister for Health and the of the ACT Minister for Mental Health to the Mental Health research focus day improved connectivity with visibility of the meeting with senior Government decision makers.

## Background CHARM

The Canberra Health Annual Research Meeting (CHARM) is hosted annually by the Centre of Health and Medical Research in the ACT Health Directorate and Canberra Health Services, in collaboration with the region's university partners, the Australian National University, the University of Canberra, UNSW Canberra, Australian Catholic University and Australian Institute of Sport. The meeting has run in various formats for over 25 years.

CHARM is considered the premier meeting for the communication and translation of health-related research practice in the ACT. CHARM contributes to existing promotional tools for recruitment of health service staff and researchers to the ACT and displays how health research is embedded as a part of practice in the community.

CHARM provides a forum that enables collaboration between health researchers, students, policy makers, carers, consumers, industry and clinicians from a diverse range of health disciplines.

## Partners and Sponsors

CHARM has been supported through sponsorship and committee representation from several health research entities. The list of these parties can be found in table 1 below.

*Table 1 Partners*

Department/unit
ACT Health Directorate
Canberra Health Services
College of Health and Medicine, The Australian National University
Faculty of Health, University of Canberra
School of Nursing, Midwifery and Paramedicine, Australian Catholic University
UNSW Canberra
Canberra Hospital Foundation
ACT Emergency Services Agency
Canberra Hospital Private Practice Fund
Radiation Oncology Private Practice Trust Fund
HARC (Health Analytics Research Collaboration)
Australian Association of Gerontology

## Timing

Due to the slightly different term dates of the universities the Committee continues to work with the partner institutions to ensure the best possible timing for the meeting each year and considers timetables of rural students in the medical school and orientation week of University of Canberra students when setting dates.

## CHARM timeline for 2021-2022 program

Refer to [Appendix A](#)

The timeline for the delivery of CHARM 2020 was interrupted by the COVID-19 pandemic which forced the postponement of the event to July 2021. Initial planning for the 2020 event commenced in October 2109 and on a decision to postpone, made in April 2020 by the program committee, the preparations were deferred to February/March 2021. The deferral caused no issues to the planning since most speakers agreed to speak again at meeting in 2021.

## Submissions

*Table 2 Presentation by discipline*

Discipline	Oral	Poster
Allied Health	7	12
Nursing	12	7
Midwifery	0	2
Medical	12	20
Pre-Clinical	8	8
Quality improvement	3	9
Public Health	0	1
Policy	7	5
Evaluation	2	2

*Table 3 Submissions by institution*

Institution	Number of applications	Number of Oral Presentations	Number of Poster Presentations
Australian National University	39	18	21
University of Canberra	33	14	18
Australian Catholic University	2	1	1
UNSW Canberra	4	0	4
Canberra Health Services	35	12	21
ACT Health Directorate	4	3	1
University of Tasmania	1	1	0
Therapeutic Goods Administration	1	1	0

Total	119	50	66 (2 withdrawals, 1 DNS)
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## Submission Review

### Abstracts

Prior to review a call for reviewers was made to stakeholders. From responses 12 groups of three reviewers were established and assigned by speciality to review abstracts. All submitted abstracts to CHARM were reviewed by a review committee made up of experts in field, early career researchers and at least on non-expert so that quality, relevance, and readability could be assessed. A rubric enabled fair assessment across groups, disciplines, and reviewers. Following review, the top scoring abstracts were offered an oral presentation unless the submitter and expressly requested a poster presentation slot. Lower scoring abstracts were offered poster only.

### Presentations

A call for oral presentation and poster judges was made to stakeholders from the responses 8 groups of presentation judges and 7 groups of poster judges were assigned by discipline to review final presentations. Following review scores were tallied and winners of award categories determined.

#### *ACT Health branding check*

All ACT Health posters were required to be submitted for branding checks prior to printing. All checking was conducted by staff in the Centre for Health and Medical Research in a timely manner.

## Program

The day program can be found at [Appendix B](#)

## Functional Performance

### Attendance

CHARM 2021 had 963 registrations and 625 attendees. The organisers are encouraged by this attendance, given the break in the meeting cycle because of the pandemic and the change to format. The organisers note that historically many of those wishing to attend are working and tend to view online recording later, once recordings are published on the intranet, internet and via social media links. As such viewing figures increase over the coming months and in relation to the keynote presentations, some are viewed years later by interested public and researchers alike.

Since closing (one week ago at writing of this report) there have been 5.9k views of the CHARM promotion video on Facebook, multiple shares and views on LinkedIn and several media inquiries and interviews and articles. The videos of the meeting will be posted this week and views followed up regularly.

## Finance

Starting balance	\$26,673.65
Sponsorship income ex GST	\$18,000
Dinner ticket income	\$4,850
Expenses, including prizes ex GST	\$31,298.01
Closing balance	\$18,225.64

The online format of the meeting resulted in lower running costs, due to factors such as not needing to pay for flights and accommodation for speakers, meeting catering costs and livestreaming services. Below is a comparison of 2019 and 2021 expenses.

CHARM 2019	CHARM 2021
\$64,486.81	\$31,298.01

## Sponsorship

CHARM is supported through funds from infrastructure which covers staff costs and sponsorship obtained from partner universities and external parties interested in supporting the meeting. These have included the Heart Foundation, Australian Association of Gerontology, private business and the private practice funds at Canberra Hospital and the Canberra Hospital Foundation.

The COVID-19 pandemic significantly reduced the amount of sponsorship income available from the universities. The committee did not seek external sponsorship outside of the CHARM partners as projections of meeting costs for an online program indicated that there would be sufficient funds from these sources to support its delivery in the manner planned by the committee.

Below is a comparison of 2019 and 2021 sponsorship income.

CHARM 2019	CHARM 2021
\$62,250	\$17,000

## Delivery Platform

CHARM delivery was managed through the Webex events platform. In general, the platform worked well, though there were limitations of capability identified. These are listed below.

- No waiting room for speakers (equivalent green room with EventsOnAir product)

- Limited visibility and access to Q&A
- Limited view of Chat
- Compatibility issues with Mac users (majority ANU staff)
- Compatibility issues with video play (videos could be played but sound was not always audible)
- No training available from ACT Gov, so the process of delivery was based on web information and self-learning

## Catering

There was no catering at the event as it was held online. This was a cost saving to the meeting and appeared to have little effect on attendance or engagement.

## Awards Dinner

The awards dinner was held at the Boathouse Restaurant, Barton. This restaurant has been the venue of the dinner for several years and continues to provide quality service and pricing to this event.

## Awards

At the conclusion of the meeting awards are presented for best poster or oral presentation in the categories listed below:

- University of Canberra Award for the Best Allied Health Poster
- University of Canberra Award for the Best Allied Health Oral Presentation
- Canberra Hospital Private Practice Fund Award for the Best Clinical Poster
- Canberra Hospital Private Practice Fund Award for the Best Clinical Oral Presentation
- Radiation Oncology Private Practice Trust Fund Award for the Best Pre-Clinical Poster
- Radiation Oncology Private Practice Trust Fund Award for the Best Pre-Clinical Oral Presentation
- ACT Health Directorate Office of Professional Leadership and Education Award for the Best Nursing or Midwifery Poster
- ACT Health Directorate Office of Professional Leadership and Education Award for the Best Nursing or Midwifery Oral Presentation
- HARC Award for the Most Impactful Research Paper
- Canberra Hospital Foundation Award for the 3 Minute Thesis Winner
- Canberra Hospital Foundation Award for CHARM 3 Minute Thesis Second Place
- Canberra Hospital Foundation Award for CHARM 3 Minute Thesis Third Place
- Australian Association of Gerontology Award for the Best 3 Minute Thesis Related to Ageing
- Australian Association of Gerontology Award for the Best Poster Related to Ageing

# Dissemination of Information and Event advertising and Media



## Web pages and links

All information relating to CHARM was disseminated via the following platforms/networks:  
Communication attached strategy/plan Appendix C

### ACT Government Pages

Open Government Page [CHARM health research conference opens online to public and professionals - Chief Minister, Treasury and Economic Development Directorate \(act.gov.au\)](#)

ACT Health intranet and internet web pages and [CHARM 2021 | Health \(act.gov.au\)](#)

### Facebook

ACT Health Facebook page and individual promotions from stakeholders.

### Twitter

Not done by ACT Health however stakeholder twitter posts have been noted.

### LinkedIn

ACT Health page and individual promotions from stakeholders.

### Email

In addition to the above other distribution networks included:

- ACT Health researcher mailing list
- HealthANSWERS network
- University networks – email sent to university contacts to be disseminated through their networks

The media plan was planned with ACT Health Directorate Communications team and can be found at [Appendix D](#)

## Highlights

The big initiatives programs from the Universities provided opportunity for the partners to share their latest big projects with one another and the audience. These sessions were well attended.

The mental health research focus day was well attended by local and national audience members. There was positive feedback not only from the participants but attendees on the value of the discussion.

All keynote speakers provided quality presentations and received good feedback and engagement.

Workshops offered by Dr Jordan Nguyen and HARC generated positive discussion and provided added networking opportunities to researchers.



The awards dinner was attended by the ACT Minister for Health and provided a good opportunity for the regions researchers to network and celebrate the award-winning research from the meeting.

Handing out the awards at the awards dinner worked well and recipients were delighted to see that their hard work had positive benefits. The Committee was pleased that most award recipients were able to attend the dinner.

## Feedback

A selection of feedback comments can be found at [Appendix E](#)

- The Committee has received excellent feedback on the quality of the program, in particular the Mental Health focus day on 29<sup>th</sup> July.
- Three and a half days allowed for a diversity of open papers to be included in the program.
- The panel discussion on mental health was a highlight of the program.
- The 3 Minute Thesis competition was successful and the students taking part managed the changed communication medium very well. 8 competitors were of a very high standard.
- The posters were displayed virtually and at the Canberra Hospital for the week of CHARM and allowed many staff who could not attend CHARM to see the work that research being done around the region.

## Matters for consideration

### Issues

In 2020 the restrictions imposed by Government due to the COVID-19 pandemic resulted in CHARM 2020, a face-to-face meeting, being cancelled. As a result, there was a gap of one year in the delivery of the program. During this time several partners underwent organisational change and reduced staff numbers, especially in the science disciplines. The impact of these changes on attendance and engagement was not known prior to the meeting but was predicted to affect it. The Preclinical office, organisers of CHARM, also underwent local change however the team in collaboration with executive support were able to manage the change in format and stakeholder engagement however the workload and intensity were increased over the standard face to face meeting. Consideration should be given to location of a hub location and appropriate set up for the delivery if online is to continue. Comments relating to the fact that attendees liked the online but missed the face-to-face format leads organisers to believe a mixed delivery option could be considered for 2022 meeting.

## Recommendations

### Communications

Effective communications are crucial to the success of CHARM. Poor promotion impacts on attendance. CHS communications team need to be on board and were invited to the committee for

2021 however engagement continues to prove difficult. Inclusion of the Director of Research for Canberra Health Services in the committee has been a positive addition.

## Delivery

Consideration be given to mixed delivery of CHARM in 2022 with Webex live sessions. Feedback indicates there is appetite for both methods of delivery of this meeting. This will be investigated by the organisers for the 2022 meeting.

## Sponsorship

While sponsorship for the meeting can be difficult to obtain depending on the financial climate, it is important that partner universities have buy in to the meeting, sponsorship from them covers some costs of the meeting and acts in lieu of a registration fee.

## Appendix A

### CHARM timeline for 2021-2022 program delivery

Table 4 CHARM planning and delivery

Activity	Date
Program committee convened original meeting	October 2019 reconvened March 2021
Mental Health Committee 2020 meeting convened	October 2019 reconvened March 2021
Sponsorship package updates	Jan/Feb
Website updates	Feb
Invited speakers confirmed program finalised MH	May 2021
Invited keynote speakers confirmed	July 2020
Save the date notification abstract call	Early April 2021
Abstract call	12 April 2021
Abstract close	Late May 2021
Abstract review	Late May/Early June 2021
Review outcomes advised	Early June 2021
Program content finalised	June 2021
Program content to design team and approvals	June – July 2021
Comms teaser video draft/shoot	Early June 2021
Program promotion and website updates	July 2021
Wallpaper design and other media see attachment B	June-July 2021
CHARM conference	27-30 July
Media Pitch	July
Vignette/interviews	July
DG wraps/ Min Health FB/ Min Mental Health FB	July

## Appendix B

### CHARM daily program

Tuesday 27 July

#### Day 1: Big initiatives

8.55	<b>Opening</b>
9.00	<b>Welcome and introduction</b> Rachel Stephen-Smith MLA, Minister for Health Introduced by Rebecca Cross, Director-General ACT Health Directorate
9.10	<b>HealthANSWERS: Improving service-university collaboration to improve health in our region</b> Prof Christine Phillips, ANU
10.10	<b>Research Innovation Fund – overview and outcomes</b>
10.40	<b>Mobilisation of knowledge</b> Prof Lyndall Strazdins – Director, Research School of Population Health, ANU Alan Philp – Executive Group Manager, Preventive and Population Health, ACT Health Directorate
11.00	<b>Big initiatives: UNSW Canberra</b>  <i>Improving systems for eliminating crusted scabies in Indigenous communities in the Northern Territory, Australia</i> Dr Karen Gardner  <i>The impact of COVID-19 disruptions on children and young people with disability and their families</i> Dr Sophie Yates
12.00	<b>Keynote speaker: Dr Jordan Nguyen, Psykinetic</b>  <i>A human's guide to the future and removing barriers to disability</i>
1.00	<b>LUNCH</b>
1.30	<b>Big initiatives: Australian Catholic University</b>  <i>Blood sampling from PIVC's – where is the evidence?</i> A/Prof Elisabeth Jacob  <i>Incorporating the social determinants of health in patient assessment</i> A/Prof Vasiliki Betihavas  <i>A longitudinal study evaluating the health and economic burden of chronic-disease malnutrition in acute inpatients in the Northern Territory</i> Dr Natasha Franklin

2.20	<p><b>Big initiatives: The Australian National University</b></p> <p><i>RNA: From pandemic to future technologies and treatments</i></p> <p><i>Session introduction</i> Dr Nikolay Shirokikh - RNA and RNA advances at the College of Health and Medicine</p> <p><i>RNA in science and health</i> Prof Thomas Preiss - RNA as a versatile discovery platform in multi-omics research Dr Jean Wen - Biologically active RNA elements in single-cell biology</p> <p><i>RNA in technology and innovation</i> Dr Ameer George - RNA screening and ribosomopathies Prof Eduardo Eyra - New technologies to characterise RNA molecules in health and disease</p> <p><i>RNA in diagnosis and therapy</i> Prof Leonie Quinn - Understanding the molecular basis of tumour predisposition in ribosomopathy patients A/Prof Riccardo Natoli – Bringing microRNA into focus for the treatment of age-related macular degeneration</p>
3.10	<p><b>Big initiatives: University of Canberra</b></p> <p><i>COVID lockdown and wellbeing: What is the evidence?</i> A/Prof Jacki Schirmer, Health Research Institute</p> <p><i>Protecting the young athlete from exertional heat illness</i> A/Prof Julien Périard, Institute for Sport and Exercise</p> <p><i>Putting cancer through its PACES: Leading interdisciplinary person-centred cancer research</i> The PACES Research Group</p>
4.00	<i>Workshop: Dr Jordan Nguyen Evolving technology for better health outcomes.</i>
4.30	Close



Wednesday 28 July

**Day 2: Mental health research focus day**

8.50	<b>Welcome</b> Emma Davidson MLA - ACT Minister for Mental Health, Introduced by Dave Pepper - Acting CEO, Canberra Health Services
9.00	<b>Overview of mental health care in the ACT</b> Dr Elizabeth Moore and Dr Denise Riordan, ACT Health Directorate
9.15	<b>Lived experience research</b> A/Prof Michelle Banfield, ANU
9.35	<b>Mental health across the lifecourse</b> Prof Peter Butterworth, ANU and University of Melbourne
9.55	<b>Improving the trajectory of people with personality disorder, self-harm, and suicidal risk from acute to community mental health services: Findings from the Project Air Strategy randomised controlled trial of a whole of service stepped care model</b> Snr Prof Brin Grenyer, University of Wollongong
10.15	<b>The spectrum of interventions – mental health promotion, prevention, early intervention</b> Prof Debra Rickwood, University of Canberra
10.35	<b>Neurostimulation – evidence and challenges for mental health</b> Dr Suneel Chamoli, Neuropsych Pty Ltd
10.55	<b>Q&amp;A – Moderator: Dr Elizabeth Moore, ACT Health Directorate</b>
11.15	<b>MORNING TEA BREAK</b>
11.20	<b>The role and effectiveness of mental health prevention programs in schools</b> Prof Alison Calear, ANU
11.40	<b>Aged care facilities</b> A/Prof Kasia Bail, University of Canberra
12.00	<b>Physical health</b> A/Prof Simon Rosenbaum, UNSW
12.20	<b>LUNCH BREAK</b>
12.50	<b>Forensic mental health: Challenging people or challenging transitions?</b> Dr Joey Le, ACT Health Directorate
1.10	<b>Digital technologies in mental health</b> Prof Rhonda Wilson, University of Newcastle
1.30	<b>Health services and community research in suicide prevention</b> A/Prof Fiona Shand, Black Dog Institute/UNSW
1.50	<b>Innovation in regional and rural health care for mental health: Focusing on community strengths</b> Prof Christine Phillips, ANU
2.10	<b>Aboriginal and Torres Strait Islander mental health</b> Dr Graham Gee, Murdoch Children’s Research Institute

2.30	<b>Peer recovery worker</b> A/Prof Michelle Banfield, ANU
2.50	<b>Panel Discussion</b> <i>Transition(ing) through mental health care</i> Facilitator: Prof Debra Rickwood Panellists: Dr Graham Gee, A/Prof Michelle Banfield, Prof Alison Calear, A/Prof Simon Rosenbaum
3.45	<b>Keynote speaker: Dr Andy Cope, The Art of Brilliance UK</b>  <i>Rising stronger: Using positive psychology to build resilience</i>
4.45	<b>Concluding remarks and close</b> Dr Denise Riordan, ACT Health Directorate

Thursday 29 July

**Day 3: ACT research in focus**

8.55	<b>Welcome</b>
<b>Open papers: Allied health and nursing and midwifery research</b>	
9.00	<b>Rebecca Mathews</b> Outcomes and predictors of success for very low energy diets from Canberra Obesity Management Service
9.10	<b>Karlee Johnston</b> The psychosocial and work-related impacts of the COVID-19 pandemic on Australian Pharmacists
9.20	<b>Emily Jacobs</b> The Role of Emotional Awareness: A qualitative investigation into the resilience of emergency services personnel
9.30	<b>Rebecca Cesnik</b> Barriers to physical activity for patients with cancer undergoing chemotherapy: A systematic review
9.40	<b>Alanah Pike</b> "Lower drug costs, fewer side effects, and longer lives". Giving voice to women with stage IV breast cancer: Lived experiences of unmet needs expressed on Twitter
9.50	<b>Clare Stephenson</b> Support needs of people with younger onset Parkinson's disease: An interpretative phenomenological analysis
10.00	<b>Katelyn Barnes</b> Who, where, what and why patients seek care outside of hours: A whole system snapshot for the Australian Capital Territory

10.10	<b>Stephanie Ellis</b> Including ethnic minorities in dementia research: Recommendations from a scoping review
10.20	<b>Yansong Huang</b> So, what does dying look like in Canberra Health Services?
10.30	<b>Brett Scholz</b> From a single voice to diversity: Reframing 'representation' in consumer engagement in the context of COVID-19
10.40	<b>Joseph Lynch</b> In-vivo kinematics during a step-up and down of three total knee replacement designs: A randomised clinical trial
10.50	<b>Hayley Fancourt</b> Serious cycling-related fractures in on- and off-road accidents: A retrospective analysis in the Australian Capital Territory region
11.00	<b>Angela Fearon</b> The natural history of greater trochanteric pain syndrome - an 11-year follow-up study
11.10	<b>Kathleen O'Brien</b> Parents' perceptions of their child's weight among ACT kindergarten children
11.20	<b>Macey Barratt</b> Parent-nurse partnership in children with chronic illness: Empowering expert carers
11.30	<b>Rebecca Williamson</b> Canberra community perceptions and responses to the 2019-20 smoke event: Lessons for social connectedness, vulnerability and resilience
11.40	<b>Marguerite Kelly</b> Impacts of natural disasters including epidemics on end-of-life care: Findings from a systematic review
12.00	<b>Keynote speaker: Prof Kim Usher, University of New England</b>  <i>Psychosocial impact of emergencies and disasters</i>
1.00	<b>LUNCH</b>
<b>Open papers: Allied health and nursing and midwifery research</b>	
1.30	<b>Bola Fasugba</b> Barriers and enablers to implementing hospital-acquired urinary tract infection prevention strategies: A qualitative study using the theoretical domains framework
1.40	<b>Blake Askelin</b> The impact of uro-oncology multidisciplinary team meetings on patient outcomes and patient engagement in the process
1.50	<b>Amy O'Dea</b> Identifying the unmet supportive care needs of people affected by kidney cancer: A systematic review
2.00	<b>Eleanor Gundry</b> Have we forgotten the wellbeing of nurses and midwives? Reviewing staff rostering guidelines in the Australian public healthcare setting



2.10	<b>Sylvia Nilsson</b> Research evidence informed generalist palliative care content within undergraduate nursing curriculum: An integrative review
2.20	<b>Tricia O'Connor</b> Holistic care needs of the imminently dying: A systematic review
2.30	<b>Kasia Bail</b> Improving resident-focused documentation and saving nurse time: Mixed methods evaluation of a digital system in residential aged care
2.40	<b>Margaret Broom</b> Reducing Nasal Pressure Injuries: Improving outcomes for high risk neonates!
2.50	<b>Nicola Irwin</b> Trends in hospitalisation for common paediatric infections
3.00	<b>Gabriella Michl</b> Documentation audits have an impact on the nurse's professional role and psychological wellbeing: A rapid systematic review
3.10	<b>Shirleen Mutisya</b> Evidence of alcohol-related harm in universities
3.20	<b>Celia Roberts</b> Pregnant women's responses to public health advice about smoke exposure during the 2019-20 bushfires in the ACT and NSW South Coast: Implications for practice
3.30	<b>Thilini Sudeshika Salpahewage</b> Patients' perspectives towards the services of general practice pharmacists in the Australian Capital Territory
3.40	<b>Esther Ngan</b> A standardised enhance recovery after surgery care pathway decreases length of stay in patients undergoing hysterectomy
3.50	<b>Daniel Christiadi</b> Machine learning improves upon clinicians' prediction of end-stage kidney disease
4.00	<b>Tom Lea-Henry</b> Personalised therapy in the treatment of complex autoimmunity
4.10	<b>Wubshet Tesfaye</b> Efficacy and safety of head lice interventions: A systematic review and network meta-analysis of randomised clinical trials
4.20	<b>Drew Richardson</b> Increasing Incidence of access block in mental health presentations in Australasia in 2020
4.30	<b>Close</b>

Friday 30 July

**Day 4: ACT research in focus**

8.55	<b>Welcome</b>
9.00	<b>3 Minute Thesis</b>
	<b>Tanya Buttikofer</b> Stepping into the void. Climbing to a better future
	<b>Daniel Myyrylainen</b> To stretch or not to stretch? A novel approach to muscle tightness
	<b>Karlee Johnston</b>

	We didn't start the fire – burnout, psychosocial and work related impacts of the global COVID-19 pandemic on Australian pharmacists
	<b>Rebekah Parkinson</b> Developing a new immune-induced mouse model of Parkinson's disease
	<b>Cynthia Turnbull</b> Make autoimmunity a memory, not a disease
	<b>Macey Barratt</b> Children with long-term conditions and their experiences of nursing
	<b>YuYao Ma</b> Predictive model for satisfaction after total knee replacement
	<b>Sundus Nizamani</b> No half measures: It takes two to tango
	<b>Abbie Doherty</b> Feasibility and acceptability of inspiratory muscle training in Parkinson's disease
<b>Open papers: Clinical and Pre-Clinical research</b>	
10.10	<b>Bernie Bissett</b> Effect of inspiratory muscle training on the recovery of ventilator-dependent ICU patients: A randomised controlled trial
10.20	<b>Sumeet Rai</b> Long-term psychological burden in families of Australian intensive care survivors
10.30	<b>Neha Paranjape</b> Evaluating optimal care pathway compliance for patients with high-grade glioma
10.40	<b>Debbie Cruickshank</b> Impact of NICU/SCN visiting restrictions during COVID-19 on parental stress and discharge confidence
10.50	<b>Bhim Rai</b> Identifying at-risk eyes utilising multifocal pupillographic objective perimetry in early diabetic macular oedema in type 2 diabetes
11.00	<b>Joshua Chu-Tan</b> Voluntary exercise preserves retinal health in a model of photo-oxidative retinal degeneration
11.10	<b>Yvette Wooff</b> Reduced, reuse, recycle: Replenishing extracellular vesicles lost through degeneration-induced depletion as a novel therapy for the treatment of age-related macular degeneration

11.20	<b>Rebekah Parkinson</b> Developing a new immune-induced mouse model of Parkinson's disease
11.30	<b>Chelisa Cardinez</b> A human novel mutation explains the pathogenic mechanism of psoriatic arthritis
11.40	<b>Ainsley Davies</b> Primary immune deficiency conferred by <i>NFKB2</i> mutation
12.00	<b>Keynote speaker: A/Prof Barbara Mintzes, Sydney University</b>  <i>Bias in clinical trials research</i>
1.00	<b>LUNCH</b>
<b>Open papers: Clinical and pre-clinical research</b>	
1.30	<b>David Croaker</b> A syndrome of Hirschsprung disease (HSCR) and mental retardation (MR) localised to distal chromosome 4q
1.40	<b>Yuwei Hao</b> CTLA4 limits cytotoxic CD4 T cells in human CTLA4 haploinsufficiency with immunodeficiency
1.50	<b>David Croaker</b> "Twirly rats" – a new model of human neurological disease?
2.00	<b>Catherine Hilly</b> Effectiveness of activity and participation interventions for school-aged children (5-18 years) with fetal alcohol spectrum disorder: A systematic review
2.10	<b>Richard Lord</b> Protocol for assessing Indigenous patients at risk of early dementia
2.20	<b>Ian Pieper</b> Relational autonomy in clinical research
2.30	<b>HARC</b> Update on accomplishments, position papers on data access and collaboration. and modes of engagement including upcoming forums and the ways HARC supports research in the ACT  <b>HARC accomplishments and presentation of position papers and Special Interest Groups</b>  <b>Clinicians/researchers share their experience engaging with HARC</b> Ms Karlee Johnston - Lecturer in Pharmacology and PhD candidate, The Australian National University Dr Sumeet Rai - Senior Staff Specialist, Canberra Health Services; Lecturer and PhD candidate, The Australian National University  <b>Institutional engagement with HARC</b> Ms August Marchesi - Senior Director, Research Ethics and Governance, Centre for Health and Medical Research, ACT Health Directorate Prof Nick Brown - Professor of Allied Health Research, Faculty of Health, University of Canberra  <b>REDCap support/PEAR</b>



	<p>Mr Lachlan Viali - REDcap architect, Centre for Health and Medical Research, ACT Health Directorate</p> <p><b>Strategic plan</b> Dr Nidhi Menon - Postdoctoral Biostatistician, Biological Data Science Institute, HARC, The Australian National University</p> <p><b>HARC accomplishments and presentation of position papers and Special Interest Groups</b> <b>future directions: Chapters around Australia</b> A/Prof Bruce Shadbolt - Executive Branch Manager, Centre for Health and Medical Research; Research Director, HARC; College of Health and Medicine, The Australian National University</p> <p><b>Q&amp;A session with HARC team</b></p>
3.30	<p><b>Close of meeting</b> Dr Hannah Clarke - Chair of CHARM Program Committee A/Prof Bruce Shadbolt - Executive Branch Manager, Centre for Health and Medical Research</p>
6.30	<b>Awards dinner – Boat House restaurant, Barton</b>

## Appendix C

### ACT Health Directorate CHARM – communications plan

<b>What is government's involvement/interest?</b>	The Canberra Health Annual Research Meeting (CHARM) is ACT's premier conference for health research practice.		
<b>Why are we communicating on this issue?</b>	CHARM ties in with ACT Health Directorate's strategic priorities and mission to build a nation leading and future ready health system based on advanced research, innovation and training. It is one example of the many ways we're supporting a person centred, innovative and high performing integrated health system.		
<b>Does it cross over other Directorates/agencies?</b>	Yes	<b>Spokesperson</b>	<ul style="list-style-type: none"> <li>• Minister for Health, Rachel Stephen-Smith MLA</li> <li>• Minister for Mental Health, Emma Davidson MLA</li> <li>• Meg Brighton, Deputy Director General, Health Systems, Policy and Research, ACT Health Directorate</li> <li>• Professor Imogen Mitchell, Director of Research, Canberra Health Services</li> <li>• Dr Hannah Clarke, Senior Director of Preclinical Research Services and Education, Health Systems, Policy and Research, ACT Health Directorate</li> </ul>
<b>Communication objectives</b>	<ol style="list-style-type: none"> <li>1. Raise awareness and interest of the conference amongst the health research, education and training community to attract registrants, high quality abstract submissions and encourage organisations to sign up as sponsors.</li> <li>2. Showcase the innovation, collaboration and knowledge in the ACT's health and research sector.</li> </ol>		
<b>Communications project tier</b>	Tier Three announcement – public information campaign		
<b>Target audience</b>	<ul style="list-style-type: none"> <li>• Health professionals, including research and training staff—current and prospective</li> <li>• Staff at ACT Public Hospitals—Canberra Health Services and Calvary Public Hospital Bruce</li> <li>• Staff at regional hospitals</li> <li>• Australian universities—The Australian National University, University of Canberra, UNSW Canberra, Australian Catholic University</li> <li>• Emergency Services Agency (Mental Health day and Thursday Keynote)</li> <li>• Interested parties via web links.</li> </ul>		

### Key Messages

- CHARM is Canberra’s premier annual conference focused on health research and innovation in the region, nation and worldwide.
- CHARM runs from 27 July to 30 July 2021.
- CHARM provides researchers, clinicians, medical students, students, nurses, allied health practitioners, consumers, policy makers and industry partners – from a diverse range of health disciplines – an opportunity to network and create connections, leading to improved health knowledge and services within the ACT and beyond.
- Principle themes of the meeting include population health, clinical and laboratory research, nursing, midwifery and allied health research. Other profile areas include research focused on improved service delivery and patient outcomes.
- The meeting is a key event for ACT Health Directorate and Canberra Health Services. It demonstrates the far-reaching impact that health researchers in the ACT have on the advancement of healthcare research and service delivery practices, including benefits to society, culture, our environment and the economy.

CHARM is one of the many ways the ACT Health Directorate and Canberra Health Services is building a nation leading, stronger and more collaborative relationship between research, tertiary education and health service sectors.

Visit the CHARM 2021 webpage to find out more: [health.act.gov.au/research/charm-2021](https://health.act.gov.au/research/charm-2021)

- Together we are working to achieve a health system that:
  - is fit for the future and provides world leading healthcare through research, policy, practice and education
  - will attract talented staff to Canberra and ultimately provide better health care to our community.

### Action plan – how will we reach the target audience?

- Communication will be delivered in stages using a mix of direct messaging, print, social media, multimedia and traditional media to achieve communication objectives.
- The ACT Health Directorate Strategic Communication and Engagement Team will work with their communication colleagues from Canberra Health Services, Calvary Public Hospital Bruce to promote each activity and milestone.
- The Centre for Health and Medical Research will continue to liaise with its key partners (local universities) and stakeholders to inform and promote the activities and milestones.

Timing	Activity/Milestone	Communication collateral	Responsibility
Early April	‘Save the date’  Abstract submissions opening soon	<ul style="list-style-type: none"> <li>• Information uploaded to website</li> <li>• Information uploaded to Health HQ and HealthHub</li> <li>• Digital signage</li> <li>• Email to stakeholders</li> </ul>	Communication and Engagement Team  CHARM team

12 April	Abstract submissions are now open	<ul style="list-style-type: none"> <li>• Information uploaded to website</li> <li>• Information uploaded to Health HQ and HealthHub</li> <li>• Digital signage</li> <li>• Desktop wallpaper</li> <li>• DG weekly wrap-up email</li> <li>• Email to stakeholders</li> <li>• LinkedIn and Twitter post</li> </ul>	<p>Communication and Engagement Team</p> <p>CHARM team</p>
10 May	Abstract submissions are closing soon	<ul style="list-style-type: none"> <li>• Information uploaded to Health HQ and HealthHub</li> <li>• Email to stakeholders</li> <li>• LinkedIn and Twitter post</li> </ul>	<p>Communication and Engagement Team</p> <p>CHARM Team</p>
Early July	<p>Teaser video about Mental Health Day (Wed) and Kim Usher (Thurs):</p> <p>- This will draw interest in the conference and the panel/keynote speakers. It will showcase ACT's innovation in healthcare</p> <p>Teaser video about CHARM conference</p>	<ul style="list-style-type: none"> <li>• ACT Health LinkedIn page</li> <li>• Email to stakeholders</li> </ul>	<p>Communication and Engagement Team</p> <p>CHARM team</p>

End of July to early August	CHARM conference	<ul style="list-style-type: none"> <li>• Desktop wallpaper</li> <li>• Media alert and release about the event</li> <li>• Host a doorstep with Minister for Health (Day 1) and Minister for Mental Health (Day 2) along with one or two key speakers on topics of interest (<i>yet to be determined</i>)</li> <li>• Pitching the one or two interesting topics to ABC radio for an extended conversation</li> <li>• Create 4 x vignettes/interviews with speakers on the top four subjects</li> <li>• Post vignettes to CHARM website and ACT Health LinkedIn</li> </ul>	Communication and Engagement Team
End of July to early August	CHARM Conference	<ul style="list-style-type: none"> <li>• DG weekly wrap-up email</li> <li>• DG LinkedIn post (TBC)</li> <li>• Minister for Health Facebook post (TBC)</li> <li>• Minister for Mental Health Facebook post (TBC)</li> <li>• Upload information to website about livestream activities</li> </ul>	Communication and Engagement Team
August	Winners of CHARM's <ul style="list-style-type: none"> <li>• 3 Minute Thesis competition</li> <li>• Best oral and poster presentations</li> <li>• Most impactful paper</li> </ul>	<ul style="list-style-type: none"> <li>• Our Canberra – August online edition (TBC)</li> <li>• Information uploaded to website</li> <li>• LinkedIn post</li> <li>• Facebook and Twitter post TBC</li> </ul>	Communication and Engagement Team

## Media implications

- Nil risks
- Very targeted audience thereby media interest will be very much determined by news on the day
- Subjects likely to have national relevance thereby potential for national coverage
- Would encourage Australian Doctor to attend the event for coverage

## Products

Website updates	Initial update to develop CHARM 2021 pages and then ongoing updates until July. Abstracts open 12 April, so all forms etc must be finalised and ready to go live on this date.	March-April
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CHARM PDF program	Content to Communication and Engagement by 18 June. Content back from designers 28 June. Program approvals by 2 July.	18 June to 2 July
Desktop wallpaper and digital signage		
Videos – CHARM and Mental Health Day		

### Communication Budget

Activity	Cost (incl. GST)

### Evaluation

Communication success will be measured through a range of anecdotal and formal mechanisms including:

- engagement rates on social media
- website visits
- registration numbers
- sponsorship numbers
- abstract submission numbers
- staff and stakeholder questions and feedback, and
- media monitoring, including number of enquiries.

## Appendix D

### ACT Health Directorate CHARM 27-30 JULY 2021 – media plan

#### Overview:

- Media alert
- Media release from Minister for Health Rachel Stephen-Smith about the overall conference
- Media release from Minister for Mental Health Emma Davidson about the mental health day
- Pitching one or two interesting topics to ABC radio for an extended conversation (Jordan Nguyen, Andy Cope, Kim Usher)
- Identify one or two items for each day that we can pitch to media – based on interest of topic and speaker talent

#### Potential collaboration:

- University of Canberra media
- Australian National University media
- Canberra Health Services media
- University of NSW media
- Australian Catholic University media
- AIS media

#### Potential talent for longform interview\*:

Keynote speaker Dr Jordan Nguyen from Psykinetic (topic: ‘A human’s guide to the future and removing barriers to disability’)

Keynote speaker Dr Andy Cope from The Art of Brilliance UK (topic: ‘Rising stronger: Using positive psychology to build resilience’)

Keynote speaker Kim Usher (topic: ‘Psychosocial impact of emergencies and disasters’)

#### Potential topics from program of interest to media\*:

- ‘The impact of COVID-19 disruptions on children and young people with disability and their families’ (Dr Sophie Yates)
- ‘COVID lockdown and wellbeing: What is the evidence?’ (A/Prof Jacki Schirmer, Health Research Institute)
- ‘Lived [mental health] experience research’ (A/Prof Michelle Banfield, ANU)
- ‘The role and effectiveness of mental health prevention programs in schools’ (Prof Alison Calear, ANU)
- ‘Aboriginal and Torres Strait Islander mental health’ (Dr Graham Gee, Murdoch Children’s Research Institute – would need to be with e.g. Neville Perkins)
- ‘Who, where, what and why patients seek care outside of hours: A whole system snapshot for the ACT’ (Katelyn Barnes)

- 'Canberra community perceptions and responses to the 2019-20 smoke event: Lessons for social connectedness, vulnerability and resilience' (Dr Rebecca Williamson)

***\*ACTHD Media needs to check with line area/Hannah Clarke re. suitability of interviewees***

# Appendix E

## Feedback and comments

- Thank you so much for the opportunity to present and share our research. I really enjoyed the sessions yesterday and look forward to participating again in the future.
- Thank you very much. I enjoyed the session, great questions, and overall, it seemed like a great conference... it all went very smoothly
- Thank you again for the invitation to contribute to CHARM. Despite the technical challenges it really worked well. It is an excellent meeting with very high-quality presentations and great questions. Very inspiring stuff.
- In relation to the awards dinner "Great evening last Friday, thanks for letting me join you."
- I think having Dr Happiness at the end was inspired; worth circulating this widely as soon as the recording becomes available.
- I wanted to tell you how much I have enjoyed CHARM this year. I was concerned that the format might be limited but you and Cath have managed it beautifully and I think some of the less experienced speakers in particular, have actually shone within this format. Great keynotes too and the platform has worked very well.
- Thanks to you and Cath for your calm competence under pressure!
- It was a lot of fun and such a great coverage of the current evidence. I heard great reports of Andy Cope..
- I meant to write earlier to congratulate you on a great CHARM week and great dinner.... As always.
- Re: Mental health day "Holistic, heart-centred approach to our most vulnerable in society dealing with mental health issues and past trauma. Well done for once again hosting a thought provoking and informative CHARM under difficult circumstances."
- It was the first time I had attended a research event like that, and it was really inspiring and exciting to be amongst
- Congratulations on planning and delivering an excellent CHARM!! It was fabulous
- Thank you so much for organising CHARM once again and for awarding me with Best Allied Health Presentation. I feel very privileged.
- ...I think the whole thing was very well organised, and it was a pleasure to present.

#### ACKNOWLEDGMENT OF COUNTRY

ACT Health acknowledges the Traditional Custodians of the land, the Ngunnawal people. ACT Health respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. ACT Health also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

#### ACCESSIBILITY

If you have difficulty reading a standard printed document and would like an alternative format, please phone 13 22 81.



If English is not your first language and you need the Translating and Interpreting Service (TIS), please call 13 14 50.

For further accessibility information, visit: [www.health.act.gov.au/accessibility](http://www.health.act.gov.au/accessibility)

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**Incoming Executive Group Manager  
Centre for Health and Medical Research (CHMR)**

**Index No.**

Research and Innovation Fund

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**Background:**

The ACT Government Research and Innovation Fund (RIF) aims to support world-leading health research in the ACT, underpinning the delivery of high quality and appropriate health care through cross-discipline collaboration and engagement.

The RIF was established in 2016 through an [election commitment \(LAB037\)](#) to provide \$3.0 million over three years commencing in 2018-19 for research in priority health areas. The election commitment was [costed by the ACT Government Treasury](#) “as a grants program for a fixed amount of \$1 million per annum for three years”. Funding for the RIF was provided in the [2019-20 budget](#) for “investing in medical and health research” (p.17).

In August 2021, the RIF’s first \$2.0 million was granted to support nine research projects. These projects are listed on the ACT Health Directorate’s (ACTHD) Centre for Health and Medical Research (CHMR) [website](#). A wide range of research was funded, from projects investigating how best to improve the physical health of young people with early onset psychosis with interdisciplinary lifestyle interventions, to a Phase One Clinical Trial of a novel cancer immunotherapy combination. This first group of RIF recipients included two projects focusing on brain cancer, provided with a total of \$0.6 million, fulfilling the ACT Government’s commitment to the Australian Brain Cancer Mission (COR19/28486 refers).

A decision on investing the final remaining \$1.0 million of the RIF in this 2021-22 financial year is now under deliberation, with consideration given to the following contextual changes which have occurred since the election RIF commitment in 2016: the establishment of Canberra Health Services (CHS) in 2018; the 2018 establishment of [HealthANSWERS](#) (ACT, NSW, Education, Research and Service); the [ACT Aboriginal and Torres Strait Islander Agreement 2019-2028](#); the [ACT Wellbeing Framework](#), released in 2020; the 2020 election and corresponding [Parliamentary and Governing Agreement](#) for the 10<sup>th</sup> Legislative Assembly with its commitment to early childhood through *Set Up for Success: An Early Childhood Strategy for the ACT* and the First 1000 Days Strategy, working with Aboriginal or Torres Strait Islander Canberrans and developing a Disability Health Strategy; the [ACT Territory-wide Health Services Plan 2021-2026](#); the joint work between the ACT Health and Community Services Directorates between 2019 and 2021 on developing and releasing the [ACT Approach to Commissioning Strengthening Partnerships](#); and the recent development of the ACT’s first strategic plan for research in the health system, which provides guidance on optimising research investment for the ACT.

**Next Steps and timeframes:**

An options paper is being prepared for the Director General to consider options to strategically invest the RIF in alignment with and responding to the current authorising environment and structural context. Options include:

1. To run a final grant round calling for applications from researchers across the ACT.
2. To invest in specific research projects which leverage unique elements of the ACT's context to support nation-leading initiatives around Adverse Childhood Experiences (ACEs), Aboriginal or Torres Strait Islander health, cross-border value-based (integrated) health care and a demonstration evaluation project (on the Kindergarten Health Check).
3. To invest in seed grants and fellowships.

The options paper also proposes to commission this work through the HealthANSWERS group: HealthANSWERS is a network of 18 healthcare services, support agencies and major universities in the ACT and southern New South Wales. HealthANSWERS was established to meet a need for collaborative translational research in rural and regional ACT and southern NSW. Partners include the Australian National University (ANU), University of Canberra (UC), University of Wollongong, Health Care Consumers Association, Capital Health Network, South Coast Medical Service Aboriginal Corporation, the ACT Health Directorate (ACTHD), Canberra Health Services (CHS), Calvary Public Hospital Bruce (CPHB), NSW Health Southern, Murrumbidgee and Illawarra Shoalhaven Local Health Districts.

**Funding:**

The original successful RIF budget bid announced in the 2019/20 budget “Investing in medical and health research” was for \$3.0 million over three years.

- \$2,012,171 was granted in the first RIF round (covering 2019/20 and 2020/21), including \$588,879 to two brain cancer projects.
- To meet the commitment of \$3 million allocated over three years, \$987,829 remains to be granted in this final year of the RIF.

The \$3 million RIF funding attracted \$49,004 in indexation which is being allocated to:

- Supporting the development of the options paper and brokerage arrangement from specialist consulting organisation Mary Hains Consulting.
- An external program evaluation to be contracted out to form the basis of a future funding bid.

Action Officer: Dr Alison Oakleigh, Director Research Strategy, CHMR

Contact number: [REDACTED]

Clearance Officer: A/Prof Bruce Shadbolt, Executive Branch Manager, CHMR

Contact number: [REDACTED]



**Incoming Executive Group Manager  
Centre for Health and Medical Research (CHMR)**

**Index No.**

Research Strategic Plan

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**Background:**

The ACT's health ecosystem has a broad and disparate set of stakeholders who are involved in research. CHMR is involved in supporting the development of an overarching Research Strategic Plan for this health ecosystem with the aim to move it to being an innovative, cutting edge, nation-leading or internationally leading research-infused system.

Building on two years of extensive work invested by A/Prof Bruce Shadbolt at the CHMR and Dr Nidhi Menon from the Health Analytics Research Collaboration (HARC – a network part-funded by the ACT Health Directorate), recent work to develop this Research Strategic Plan (RSP) has included:

- Input provided by the Research Working Group (RWG) on several drafts – the RWG includes representatives from the Health Care Consumers Association (HCAA) and reports to the ACT Health and Wellbeing Partnership Board.
- Writing work conducted by a sub-group of the RWG representing a broad range of perspectives including Graham Mann (Director of Medicine at the John Curtin School of Medical Research, Australian National University), Bruce Shadbolt (CHMR), Imogen Mitchell (Canberra Health Services), Nick Brown (University of Canberra) and Christine Phillips (Primary Care).
- Stakeholder consultation through a participatory workshop facilitated by HealthANSWERS on Friday 26 November. Attendees included: consumer representatives as well as decisionmakers from organisations such as the Capital Health Network, the Australian National University (including Russel Gruen, Dean of the College of Health and Medicine), University of Canberra (including Jennie Scarville, Associate Dean of Research and Innovation), Canberra Health Services (including Dave Pepper, CEO; and Imogen Mitchell, Director of Research), and the ACT Health Directorate (including Kerryn Coleman, Chief Health Officer; Kirsty Douglas, Academic Unit of General Practice; Tony Dombkins, Chief Nursing and Midwifery Officer; and Bruce Shadbolt, CHMR).
- Provisional endorsement by the ACT Health and Wellbeing Partnership Board, consisting of key executive stakeholders from the ACT Health Directorate (ACTHD), Canberra Health Services (CHS), the Australian National University (ANU), University of Canberra (UC) and Health Care Consumers Association (HCCA).

The resulting RSP is titled: *Better Together: A Strategic Plan for Research in the ACT Health System*. Key features of the RSP are:

- Vision: A vibrant, learning health system where research drives excellent health and wellbeing for all.

- Mission: Our health system will, in partnership with the people of the ACT, use and generate high-value research to optimise health and wellbeing, through continuously improved healthcare policy, planning and delivery.
- Timeframe: spanning 5 years
- Strategic Objectives:
  - The ACT health system becomes a learning health system.
  - ACT people have capacity to undertake high-value research in the health system.
  - ACT research infrastructure supports high-value research.
- Ownership: the RSP is positioned as the ACT Government's plan to guide its agencies and stakeholders involved with improving the health and wellbeing of our communities. It will contain recommendations covering both government and non-government partners.

### **Next Steps and timeframes:**

Next steps include:

- further development of a pathway to engagement with Aboriginal or Torres Strait Islander stakeholders;
- development of an implementation plan and "living" priority register;
- and implementation plan; and
- endorsement by return to the Research Working Group, ACT Health and Wellbeing Partnership Board, and the, Ministers for Health, and Mental Health and Justice Health.

For release early 2022.

### **Funding:**

Provided from within CHMR's existing envelope.

Action Officer: Dr Alison Oakleigh, Director Research Strategy, CHMR

Contact number: [REDACTED]

Clearance Officer: A/Prof Bruce Shadbolt, Executive Branch Manager, CHMR

Contact number: [REDACTED]

**Incoming Executive Group Manager  
Centre for Health and Medical Research (CHMR)**

**Index No.**

HealthANSWERS application to be recognised as a Research Translation Centre

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**Background:**

Across Australia, the National Health and Medical Research Council (NHMRC) is working to reduce the barriers between research and practice – the process of research translation or implementation – through recognising partnership organisations and initiatives as Research Translation Centres.

HealthANSWERS

Our region's health partnership organisation, HealthANSWERS, is a formalised network of 18 healthcare services, support agencies and major universities in the ACT and southern New South Wales. HealthANSWERS is an independent organisation, established to meet a need for collaborative translational research in rural and regional ACT and southern NSW. Partners include the Australian National University (ANU), University of Canberra (UC), University of Wollongong, Health Care Consumers Association, Capital Health Network, South Coast Medical Service Aboriginal Corporation, the ACT Health Directorate (ACTHD), Canberra Health Services (CHS), Calvary Public Hospital Bruce (CPHB), NSW Health Southern, Murrumbidgee and Illawarra Shoalhaven Local Health Districts.

As a key partner in HealthANSWERS, ACTHD provide secretariat functions to the HealthANSWERS Implementation Working Group. DGC20/692 includes the Memorandum of Understanding between ACTHD and HealthANSWERS and the organisation's governance structure.

NHMRC Research Translation Centres

NHMRC has recognised leading centres of collaboration in Australia that excel in the provision of research-based health care and training through the Research Translation Centre Initiative since 2014. To be accredited as a Research Translation Centre, interested groups must be an established partnership and meet NHMRC's assessment criteria. NHMRC accreditation is valid for up to five years. The NHMRC accreditation process has recently undergone a review, to which the ACTHD provided input (DGC20/774).

**Next Steps and timeframes:**

HealthANSWERS applied for accreditation in 2018/19 however was unsuccessful. To date NHMRC has accredited only ten centres nationally. HealthANSWERS partners have continued to strengthen their collaborative work since this time, and while the partners have remained the same, have determined the strategic benefits of this new application taking a rural/regional focus. Thus, the Southern NSW Local Health District has taken on the role as the lead partner in the bid, due mid-January 2022.

**Funding:**

While accreditation itself does not involve any funding, centres are highly competitive in receiving grants for their proposed research and initiatives. There is no financial cost involved in supporting the application. There will be meeting of HealthANSWERS partners on Thursday 9 December 2021 to discuss partners' involvement and commitment.

Action Officer: Dr Alison Oakleigh, Director Research Strategy, CHMR

Contact number: [REDACTED]

Clearance Officer: A/Prof Bruce Shadbolt, Executive Branch Manager, CHMR

Contact number: [REDACTED]

# ANNUAL REPORT HEARING 2020/2021

## BACK POCKET BRIEF

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### **TITLE: Output 1.2.a – Samples analysed (ACTGAL)**

#### Key points and statistics:

- ACT Government Analytical Laboratory (ACTGAL) tests samples of public health relevance across four scientific areas, Environmental Chemistry, Microbiology, Toxicology and Forensic Chemistry.
- Samples analysed include but are not limited to, air quality, asbestos, food, water, Road traffic samples, post mortem samples, Illicit drug seizures and clandestine laboratory items.
- Samples analysed is not a true indicator of the work occurring at ACTGAL as some samples require more complex analysis and multiple tests. For example for 2020/2021 11, 254 samples were analysed which is below the target of 12,500, however 34,195 actual tests were performed.
- The samples analysed target has remained at 12, 500 for the 20/21 financial year, which means the target was underachieved by 10%.
- COVID-19 impacted samples received. This was partly due to business and regulatory bodies being closed or scaled back during a 'shut down' period reducing the need for sampling.
- ACTGAL does not have control over the number of samples that are presented to the laboratory for analysis. In a majority of cases these are supplied by external agencies.

## ANNUAL REPORT HEARING 2020/2021

### BACK POCKET BRIEF

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#### **TITLE: Output 1.2.d(i-iv) - Immunisation rates for vaccines in the national schedule for the ACT Aboriginal and Torres Strait Islander population**

##### Key points and statistics:

- The Aboriginal and Torres Strait Islander population is at higher risk of vaccine preventable diseases and associated complications. The immunisation coverage rate provides an indication of the success of programs and services to minimise the incidence of vaccine preventable diseases.
- The annualised immunisation coverage for one year old children in ACT for the March, June, September and December 2021 assessment quarters was 96 per cent for children aged 12–15 months, 92 per cent for children aged 24–27 months and 96 per cent for children aged 60–63 months.
- The very low numbers of children identified as Aboriginal and/or Torres Strait Islander in the ACT means that immunisation coverage rates should be read with caution. This small population means immunisation coverage data for Aboriginal and Torres Strait Islander children in the ACT consistently fluctuates between reporting periods. One child missing one vaccine can make a difference of up to six percent in terms of overall quarterly coverage for the cohort.
- The Health Protection Service (HPS) actively pursues strategies to increase immunisation rates for Aboriginal and Torres Strait Islander children. This includes reminder postcards sent to Aboriginal and Torres Strait Islander families prior to a child's vaccinations being due, letters to parents whose children are overdue for immunisation and culturally appropriate promotional campaigns.
- The ACT continues to achieve childhood immunisation coverage above 93 percent for Aboriginal and Torres Strait Islander children at 1, 2 and 5 years of age. The annualised data provided by the Australian Immunisation Register shows that 100 percent of Aboriginal and Torres Strait Islander children are fully immunised at five years of age.
- Strategies to increase immunisation coverage rates for Aboriginal and Torres Strait Islander children continue.
- National immunisation coverage is the percentage of children in Australia who have received all the vaccines recommended for their age in accordance with the Childhood Immunisation Schedule.
- The Australian Immunisation Register (AIR) issues quarterly reports on immunisation coverage rates for children at 12 to 15 months (cohort one), 24 to 27 months (cohort two) and 60 to 63 months (cohort three).

## ANNUAL REPORT HEARING 2020/2021

### BACK POCKET BRIEF

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#### **TITLE: Food Safety (inc Accountability Indicator 1.2a – Inspections Food Businesses)**

##### Key points and statistics:

- From 1 July 2020 to 30 June 2021, Health Protection Service (HPS) conducted 3659 inspections of food businesses which included 3123 proactive food inspections related to COVID-19 activities.
- COVID-19 proactive inspections also include reviewing food business registration and Food Safety Supervisor compliance and discussed handwashing requirements.
- The significant variance in relation to reporting period target of 2500 inspections can be attributed to the nature of the inspections conducted and allocation additional of resources as part of the COVID-19 response.
- For the reporting period HPS issued twenty (20) Improvement Notices (IN) and one (1) Prohibition Order (PO) on various food businesses for food safety breaches. IN and PO's are issued for significant and/or serious non-compliances with the Australian New Zealand Food Standards Code and Food Act 2001.
- HPS also maintained essential businesses activities such as food businesses registration assessments, food safety surveys, responding to community concerns related to food safety and food safety incident management.
- HPS in partnership with ACT Policing and Access Canberra responds to community concerns and business enquiries in relating to COVID-19.

# ANNUAL REPORT HEARING 2020/2021

## BACK POCKET BRIEF

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### **TITLE: ACT Smoke and Air Quality Strategy**

#### Key points and statistics:

- The Strategy will guide the ACT Government's approach to prevent, prepare for, respond to, and recover from significant bushfire smoke events and our management of the smoke from wood heaters.
- It maps a wide range of policy areas including emergency management; regulation of environmental pollution; monitoring of air quality; public health advice, warnings and directions; work health and safety; building standards and support for businesses and our community.
- Engagement will play a vital role in this Strategy's success and will involve collaboration with people who are vulnerable to the effects of poor air quality, key health stakeholders, business owners and emergency services.

#### Key Items for Health:

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

#### **Work to date**

##### ***Objective 3 - Preparedness: Enhance air quality monitoring and forecasting.***

- Clear processes have been developed and documented for the provision of public health advice during episodes of poor air quality.
- ACT Health has completed changes to its online public information about air quality to reflect the recently adopted national categories and public health messaging for 1-hour and 24-hour PM<sub>2.5</sub> exposure.
- Forecasting capability for the ACT is currently being explored through partnership and engagement with interstate governments and relevant organisations.
- ACT Health is trialling options for expansion of the air quality network.

##### ***Objective 6 - Response: Support the Health and Well being of Canberrans affected by bushfire and woodfire smoke.***

- The ACT's emergency management arrangements include participation of primary healthcare providers in disaster planning (including cross-border) and their activation to support responses to natural disasters. This includes delivery of mental health services following a natural disaster and has been utilised throughout the COVID-19 pandemic.
- Data is available from the The Living Well in the ACT region survey and the PATH longitudinal study to provide evidence of the effect of the bushfires on the wellbeing of Canberrans.



- ACT Health is developing the CBR Health and Wellbeing Study. The study will enhance ACT Health's Survey programs and enable the Directorate to collect data on specific health-related challenges such as the 2019/20 bushfires and the COVID-19 pandemic in a timely and cost-effective manner.

***Objective 7 - Response: Provide targeted support to vulnerable population and workers during severe air pollution events.***

- The ACT Government emergency management governance arrangements provide review of evacuation plans and consider the diversity of communities and the resilience of the evacuation centre.
- CHS has undertaken significant work and invested approximately \$9.5 million in its air-conditioning systems to ensure its facilities are well prepared for the possible impacts of bush fires and high temperatures.

**How we plan to meet the objectives of the ACT Government Bushfire Smoke and Air Quality Strategy:**

***Objective 3 - Preparedness: Enhance air quality monitoring and forecasting.***

- Emerging air quality forecasting capabilities are harnessed to support better health outcomes.
- The use of low-cost air quality sensors is investigated to determine its utility and reliability.

***Objective 6 - Response: Support the Health and Well being of Canberrans affected by bushfire and woodfire smoke.***

- Better health outcomes are achieved during poor air quality events through clear and effective communications strategies
- Health and wellbeing initiatives are informed by local and national sources of evidence.

***Objective 7 - Response: Provide targeted support to vulnerable population and workers during severe air pollution events.***

- Progression of strategies to better manage air quality for vulnerable groups
- Strong and effective engagement strategies targeting vulnerable populations and workers
- Undertake a detailed review to ensure that information regarding vulnerable people can be appropriately accessed, provided, and used during an emergency event.

**Background Information:**

- The ACT Government monitors air quality via three monitoring stations located at Civic, Florey and Monash.
- This summer there have been no days where air quality exceeded the standard set out by the National Environmental Protection Measure. This is partly due to the milder summer experienced as a result of the La Nina effect.

# ANNUAL REPORT HEARING 2020/2021

## BACK POCKET BRIEF

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### TITLE: Sexual health data and service planning

#### Data/Epidemiology

- Sexually Transmissible Infections and Blood Borne Virus (STIBBV) notification data is provided by Communicable Disease Control each quarter. Q4, 2021 data analysis has not yet been finalised. As such **Q3, 2021 data** has been provided below.
  - 320 cases of chlamydia were notified in Q3, 2021. This signified a slight reduction in chlamydia notifications when compared with the 5 year mean.
  - There was a 40% increase in gonococcal notifications compared with the 5-year historical mean and a 30% increase compared with the 12-month rolling average.
  - One case of infectious syphilis (<2 years duration) was notified in a woman of childbearing age. This is notable given the risk for congenital transmission. All cases of infectious syphilis of > 2 years or unknown duration were in men.
  - There was a 20% increase in hepatitis B notifications compared with the 5-year historical mean (although this only represents an increase of 3 additional cases).
  - There was a slight overall reduction in notifications of hepatitis C between Q2 and Q3, 2021, however, a slight increase in hepatitis C of unspecified duration was observed. All cases of newly acquired hepatitis C were identified in the correctional setting
  - There were no HIV notifications observed in Q3, 2021. This is within context and was not unexpected.
  - The impact of COVID-19 was noticeable on notifications of chlamydia and gonococcal, with cases dropping during the lockdown periods and rebounding when lockdown was lifted across 2020/21.

#### Sexual health service planning

- In the ACT, publicly funded and non-government community, tertiary, and specialist organisations provide a multitude of STIBBV services including:
  - clinical services (screening, diagnosis and treatment);
  - prevention and harm reduction initiatives (including provision of condoms, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and needle syringe programs);
  - health promotion and education programs;
  - support and advocacy;
  - community development and engagement activities;
  - workforce training and development and clinical and practice support services; and
  - disease surveillance, data management and research.

From 2022, The ACT Health Directorate (ACTHD) is moving towards a commissioning approach for the future delivery of community health services. The ACTHD has commenced work with community partners within the subsector to strengthen and adjust investment flows and identify STIBBV services which best meet the needs of the Canberra community from 2021 and beyond.

## EGM SID, Briefings

### Annual Report Hearings 2020-21

#### Hearing Dates:

Monday, 21 February 2022 (Minister for Mental Health)

Wednesday, 2 March 2022 (Minister for Health)

**Committee:** Standing Committee on Health and Community Wellbeing

**Members:** Mr Johnathan Davis MLA (Chair); Mr James Milligan MLA (Deputy Chair) and Mr Michael Pettersson

1.	Asset Management
2.	Stimulus Funding Projects
3.	New Northside Hospital
4.	Canberra Hospital Master Plan
5.	City Health Centre / Marie Stopes Australia Clinic
6.	Hydrotherapy Pool
7.	Clare Holland House Expansion
8.	Capital Works Budget
9.	Zero Emissions / Sustainability
10.	Calvary Critical Infrastructure
11.	Health Infrastructure Key Facts and Figures QTB (Feb sitting)
12.	Watson Precinct Redevelopment
13.	Eating Disorders Residential Centre
14.	B2/3 and SPIRE History

#### References

Privilege Statement
<a href="#">ACTHD Annual Report 2020-21</a>
<a href="#">Hansard – Annual Report and Estimates hearings 2020-21</a>
<a href="#">Hansard – Estimates Hearings 2021-22 (Mental Health)</a>
<a href="#">Hansard – Estimates Hearings 2021-22 (Health, from pg 77)</a>

## **Asset Management and BIF**

### **Talking points**

- The Directorate's property portfolio consists of 14 infrastructure assets.
- Asset upgrades (not including works funded and reported through the Capital Works Program) completed during the reporting period were:
  - fire safety system upgrade at Clare Holland House Hospice (CHHH)
  - fire safety system upgrade at Howard Florey House
  - critical upgrades to the plumbing and sewerage at Watson Hostel
  - upgrades to the boiler for heating at Burrangiri Respite Centre
  - timber treatment works at Queen Elizabeth II Family Centre
  - window treatments at Bowes Street and CHHH
  - installation of safety shower and eye wash at Howard Florey House and Ngunnawal Bush Healing Farm (NBHF)
  - cabinetry upgrades for residential modules at Karralika Fadden.
- For built assets, expenditure on planned maintenance programs and unplanned repairs and maintenance through to 30 June 2021 was \$957,000 or approximately 1.2 per cent of the asset replacement value.
- Due to the COVID-19 pandemic, since March 2020, approximately 85 per cent of the Directorate staff worked from home. During the reporting period, asset based responses to support the pandemic response were required to deliver the:
  - Public Health Emergency Coordination Centre
  - Clinical Health Emergency Coordination Centre
  - Public Information Coordination Centre.

**Key Information**

- The Directorate managed building assets with an estimated asset replacement value of \$80.722 million.
- At 30 June 2021, the Directorate’s managed assets included:
  - built property assets: \$44.901 million
  - land: \$18.730 million
  - leasehold improvements: \$7.691 million.
- The property portfolio supports the delivery of community health services through Non-Government Organisations (NGOs) and the Directorate’s sites, and includes:
  - strategic asset management and lifecycle planning
  - leasing and licensing coordination with NGOs, including condition assessments
  - planned maintenance workplans
  - reactive maintenance and repairs
  - risk management and compliance
  - hazard management reports
  - strategic accommodation planning
  - fleet management
  - emergency and fire safety programs
  - cleaning and domestic waste services
  - capital upgrades and project management
- land management and bushfire operation planning.
- The directorate property portfolio consists of 14 infrastructure assets;

Asset	Location	Age	Area (m2)
Burrangiri (TSA)	Rivett	31	1,054
Howard Florey Centre (HPS)	Holder	15	1,600
Air Monitoring Station	Civic	16	18
Air Monitoring Station	Florey	16	18
Air Monitoring Station	Monash	16	18
Karralika	Fadden	41	534
Karralika	Isabella Plains	36	1,400
Wellways	O’Connor	46	200

NBHF	Tharwa	5	715
QEII (Tresillian)	Curtin	22	1,120
Watson Hostel (Ted Noffs & CatholicCare)	Watson	47	2,431
YMH Step Up Step Down	Kambah	9	279
Clare Holland House (Calvary)	Barton	21	1,600
Multistorey Carpark (Calvary)	Bruce	5	22,554

- The Directorate conducted two strategic building condition and functionality assessments (AMPs), one hazardous material audit, one passive fire audit report, three mechanical engineering audit reports, thirteen fire safety reports and two tree health and condition audits.
- For built assets, expenditure on planned maintenance programs and unplanned repairs and maintenance through to 30 June 2021 was \$957,000 or approximately 1.2 per cent of the asset replacement value.
  - This figure is for R&M only and does not take into consideration of capital funded projects.
  - Industry standard for R&M is 1.5% of the ARV.
  - Capital Replacement / Renewal is 2% to 6% of the ARV.

#### **Office Accommodation**

- Directorate employed staff occupy the 869 staff, occupying 9,648 m<sup>2</sup> at the following sites:
  - Bowes Street in Woden (leased) – 8,360m<sup>2</sup>
  - Health Protection Service in Holder (owned) – 1,163m<sup>2</sup>
  - Ngunnawal Bush Healing Farm in Tharwa (owned) – 125m<sup>2</sup>.
- The average area occupied by each employee is 12.3m<sup>2</sup>, excluding work points occupied by the Directorate staff at CHS sites.
- Due to the COVID-19 pandemic, since March 2020, approximately 85 per cent of the Directorate staff worked from home. During the reporting period, asset based responses to support the pandemic response were required to deliver the:
  - Public Health Emergency Coordination Centre
  - Clinical Health Emergency Coordination Centre
  - Public Information Coordination Centre.

#### **References**

- Page 345 – 347 of the 2020-21 Annual Report (Part C.4)



### **ACT Government COVID-19 Stimulus Funding Projects**

- The ACT Government fast tracked improvements and maintenance to health service facilities across Canberra as part of the government's economic survival package to keep Canberra working through the COVID-19 pandemic.
- ACTHD received \$886,000 in funding across two stages of stimulus allocation.
- Over the three rounds, ACTHD was able to deliver works for building and amenity improvements across our assets including Queen Elizabeth II Family Centre, Karralika Fadden, and the Ngunnawal Bushing Healing Farm; as well as undertake facilities and design studies at Watson Hostel, Hydrotherapy Pool and the Ngunnawal Bush Healing Farm.

### **Screwdriver Ready Infrastructure Stimulus Funding Stage One**

- The first stage of stimulus funding focussed on fast-tracked projects that could start immediately and be completed by 30 June 2020, and would support local businesses to keep more Canberrans employed.
- ACTHD projects in stage one facilitated work for 21 local businesses, with 54 local contractors engaged in total.
- In stimulus Stage One, ACTHD received \$336,000 in funding.
- Expenditure was supplemented by a transfer of the Better Infrastructure Fund (BIF) of approximately \$35,000. Total expenditure was \$379,000. The projects were overspent by approximately \$8,000. This was supplemented with the operations repairs and maintenance budget.

<b>ACTHD Stimulus Investment – STAGE ONE</b>	<b>(\$'000)</b>
<b>Government spending with a focus on small and medium sized local businesses:</b>	
<b>Screwdriver Ready Stimulus Program</b>	
<b>Building and amenity improvements Allocation</b>	<b>336</b>
Queen Elizabeth II Family Centre - HVAC Upgrades	133
Queen Elizabeth II Family Centre - Pergola and Infrastructure Upgrades	88
Queen Elizabeth II Family Centre - Security, ICT and Wifi Upgrades	88
Karralika Fadden Roof Repairs	46
Ngunnawal Bush Healing Farm - Security Upgrades (CCTV)	24
Transfer of underspent BIF \$35K	+35
<b>Total Expenditure</b>	<b>379</b>
<b>Overspent</b>	<b>8</b>

**Stage 2 COVID-19 stimulus funding**

- In stimulus Stage Two, ACTHD received \$550,000 in stimulus funding.
- This funding allowed ACTHD to undertake a study into the redevelopment of the facilities on the Watson hostel site; undertake a master plan design process at the Ngunnawal Bush Healing Farm; and deliver infrastructure upgrades at Karraliaka Fadden to address safety issues and improve client amenity.
- The funding for these works were expended by December 2020.

**Watson Facilities Study**

- As part of the ACT Government's Stage 2 COVID-19 stimulus funding , \$200,000 in funding was provided for a feasibility study into the redevelopment of the facilities on the Watson hostel site at Block 1 Section 84 Watson (the Watson site).
- An external consultant was engaged to develop a Master Plan to look at ways to improve the facility for existing, and possibly new, health care providers.
- ACTHD is currently analysing this work to provide the government with options in 2021-22 including a timeframe for consultation on any options .
- The procurement was in accordance with the *Government Procurement Regulation 2007* (ACT), requiring a minimum of three quotes being sought through a Request for Quotation (RFQ) process for procurement under \$200,000. The consultant, Stewart Projects, is a local consultancy and won the tender through a competitive process.
- The total cost of the project was \$194,700 including GST. The invoices have been paid.

**Ngunnawal Bush Healing Farm Master Plan**

- As part of the ACT Government's Stage 2 COVID-19 stimulus funding, \$50,000 in funding was provided to undertake a master plan design process at the Ngunnawal Bush Healing Farm.
- As part of the process, extensive consultation activities with stakeholders to align infrastructure design with the Healing Framework



and the vision of the Advisory Board and Ngunnawal Elders has been undertaken.

- The interim master plan was presented to the Advisory Board in mid 2021. The interim master plan will be reviewed and updated as part of the development of a residential model of care to ensure the infrastructure is fit for purpose.

#### **Karralika Fadden**

- As part of the ACT Government's Stage 2 COVID-19 stimulus funding, \$300,000 in funding was provided for infrastructure upgrades at Karraliaka Fadden to address safety issues and improve client amenity.
- The refurbishment included internal painting, cabinetry and joinery, new flooring and re-tiling of bathrooms, electrical works, kitchen refurbishment, and vinyl flooring replacement.
- These works were awarded to Monarch Building Solutions (MBS) following tender.
- While works were being completed, Fadden residents moved into the Isabella Plains site.
- The works were completed in December 2020.

#### **Stage 3 COVID-19 stimulus funding**

- In stimulus Stage Three, ACTHD received \$550,000 in stimulus funding.
- This funding allowed ACTHD to undertake a study into the hydrotherapy; undertake an upgrade to the water treatment system at the Ngunnawal Bush Healing Farm; and deliver infrastrucutre upgrades at QEII to improve client amenity.
- The funding for these works were expended by December 2021.
- ACT Government economic COVID-19 survival screwdriver-ready phase 3 projects completed in 2021 included:
  - \$50,000 for an upgraded dual water treatment and irrigation system was designed, supplied and installed at the NBHF to improve infrastructure and water resources.

- \$65,000 for minor upgrades and make safe works in bathrooms at QEII.
- In April 2021, ACT Health was allocated \$250,000 as part of the COVID-19 stimulus packages, for for early planning works associated with the development of a Southside Hydrotherapy Pool.
- With this funding GHD were engaged to develop a Business case including preliminary design and options at Erindale and Tuggeranong. The total value of this work was \$158, 095 (including GST).
- ACT Health also engaged ACIL Allen to develop a demand model for a hydrotherapy facility to determine the potential operational costs of the facility, including any required subsidies for a private operator. The total value of this work was \$24,439 (including GST).
- The work by GHD and ACIL Allen is informing a business case to be presented to Government as part of the 2022-23 Budget Process.

## **New Northside Hospital**

### **Talking points:**

- We are progressing planning for a new Northside hospital, in line with the government's election commitment to begin construction on a new facility by mid-decade.
- This hospital will help meet the increasing growth for hospital services in the ACT and surrounding region.
- The 2021-22 Budget provided \$13.521 million over two years to continue planning and design work for a new Northside hospital, with an infrastructure business case to be prepared for consideration in 2023-24 Budget.
- The location for the hospital has not been determined. There is a considerable amount of analysis to do before a shortlist, and then a final location, is determined.
- Similarly, no decision has been made about who will operate the new hospital, nor about the exact size of the hospital.
- Calvary Public Hospital Bruce has been consulted to date during the planning for the northside hospital, and will continue to be consulted as the planning work progresses.
- Calvary is an integral and valued part of the Territory's health care system – the planning for the northside hospital will continue to be done in conjunction with them.
- It is important to note that, at this stage, the planning work so far is preliminary – we do not have plans, locations or clinical scope to take to the community, or to health care consumers and staff, for consultation.
- However, when plans are developed to a greater degree of detail, the Government will undertake consultation with the community on both the clinical services plan and design of a new public hospital.
- We will continue to increase our hospital infrastructure capacity to meet the health and wellbeing needs of Canberrans ensuring that our infrastructure supports the continued investment in service enhancements and initiatives which strengthen the capacity of the ACT health system.

**Key Information**

<b>2021-22 Budget allocation</b>	<b>2021-22 \$'000</b>	<b>2022-23 \$'000</b>	<b>2023-24 \$'000</b>	<b>2024-25 \$'000</b>	<b>Total \$'000</b>
Capital – ACT Health	* 2,676	7,870	0	0	<b>10,546</b>
Capital – MPC	1,334	1,641	0	0	<b>2,975</b>
Recurrent					
<b>Total</b>	<b>4,010</b>	<b>9,511</b>	<b>0</b>	<b>0</b>	<b>13,521</b>
Revenue	-	-	-	-	-
FTE (Health only)	7.6	10.0	-	-	

- A Commercial Advisor was appointed in December 2021 to
- Procurement is occurring in February 2022 for a Technical Advisor and a Legal Advisor.
- A project team has been established within ACT Health Directorate's Strategic Infrastructure Division.

## Canberra Hospital Master Plan

### Talking points:

- Thank you for the question. As the Minister has said, the Canberra Hospital Master Plan was launched by the Minister for Health on 1 December 2021 and it is a piece of work that we are really proud of and one that will make a difference to our major hospital campus and how it develops over the coming years.
- We know that our population is growing and ageing and that demand for public health services is increasing. We also know that the Canberra Hospital has grown significantly over time to respond to this demand, but that the campus is now quite packed and that some of the buildings are ageing and in need of redevelopment.
- That is why we undertook to develop a masterplan – to plan how we were going to redevelop the buildings that need it, how we were going to do this safely and with minimal clinical disruption and how we were going to do this holistically so that the campus would come together as a place of healing and wellbeing.

### Community consultation

- The first thing we did was a lot of consultation with key stakeholders and the wider community – because this hospital campus is the community's hospital campus.
- We engaged with all campus users, including the health workforce, surrounding residents (Garran Primary School, Garran shops, Palmer Street residents, Garran residents, Inner South Community Council and the Woden Valley Community Council), and the wider Canberra community during the development of the Master Plan.
- The first phase of community consultation on the Canberra Hospital Master Plan took place from 29 January 2021 to 10 March 2021, with over 800 pieces of feedback provided and a reach of over 30,000 people through YourSay, social media and a roadshow to local Canberra shopping centres.
- Key themes included parking, access, open space and wayfinding.
- The Master Plan team presented at each community council across Canberra, inviting input at the presentation and through multiple channels including YourSay webpage and face to face events.
- Phase 1 consultation activities informed the development of Master Plan options which were presented through Phase 2 of consultation.
- Phase 2 consultation took place between from 23 July – 1 September 2021 with a focus on gathering feedback on the draft masterplan options. The consultation and engagement approach included:
  - A YourSay campaign including a total of over 6,000 views;
  - 4 Meetings with the ACT's community councils;

- 6 Pop-up sessions and 6 drop-in sessions for the community;
- 2,800 flyers distributed to local residents and door knocking; and
- 1000 Pieces of feedback received from members of the public.

### The Plan

- The Canberra Hospital Master Plan outlines a path for the development of the Canberra Hospital campus over the coming 20 years. This transformation, staged over several phases of re-development, will deliver a world leading medical environment to support the best healthcare in the region.
- Key features:
  - A campus that is accessible, safe, people focused and welcoming.
  - Seven distinct precincts to support efficiency and ease of navigation:
    - Yamba Drive carpark precinct
    - Mental Health precinct
    - New teaching, Training and Research precinct,
    - New accommodation precinct
    - An acute care precinct
    - Women and Children's precinct; and
    - A new gateway precinct which is where the current helipad is
  - Improved car and bike parking, pedestrian and cycle paths, public transport, and supply distribution routes.
  - Expandable, flexible, and resilient services and supporting infrastructure.
  - Opportunities for compatible commercial activities and private and allied health service delivery.
  - The interweaving of Ngunnawal culture through the built environment.
  - Integrated sustainability measures to facilitate net zero emissions by 2040 and minimal environmental impacts.
- ACT Health has now commenced concept design and feasibility of specific Master Plan projects, including planning for a new car park for Canberra Hospital on Yamba Drive.
- The Tender was launched on 17 February 2022 and will result in preliminary designs and costings for expanded parking on the Yamba Precinct by mid-year.
- At each phase of planning and design of each project, the community and stakeholders will have opportunities to provide feedback.

### **Advantages of the masterplan**

Holistic rather than piecemeal

People can see what will happen over the coming years

Process allowed us to talk to everyone and gather ideas and feedback

Already seeing advantages – we have been able to make some decision in the CHE project because we know where and what future development will be

Is flexible – still allows us to make decisions at the time. Creates opportunity.

### **How does it interact with what is happening on the campus at the moment**

The Canberra Hospital Expansion project is the first step in realising the masterplan, with the new critical services building in the acute care precinct.

This new building and its associated projects is setting the standard for the redevelopment of the campus and is the anchor point for the masterplan

The redevelopment of the campus will enhance the new critical services building, as we look to build a pathology building and new inpatient accommodation connected to the CSB.

The masterplan also prioritises visibility of and access to the Emergency Department and more parking for people accessing services.

### **Mental Health Precinct specific information:**

- The Canberra Hospital Master Plan is based on seven precincts that reflect current uses as well as introducing new precincts on the campus.
- The Mental Health Precinct ensures and supports the expansion of the relatively new Adult Mental Health unit and other Mental Health services. It will also include improved open space which will support mental health service delivery.
- This precinct reflects the position of the current Adult Mental Health Unit and provides expansion space for mental health services into the future. The precinct includes land that is currently occupied by a childcare centre which is in an aging and not fit for purpose building. This childcare centre could be relocated to the Women's and Children's precinct or the new accommodation precinct in Gaunt Place. The relocation of the childcare centre is not an urgent project and one that can be undertaken at any time in response to mental health expansion requirements. The current childcare provider would like certainty regarding their tenure.

- Concerns were raised during the consultation regarding the mental health precinct being segregated from the main medical precinct, with consumers raising that patients with mental health issues also, often, need physical medical care. Clinical input supported the precinct approach as, currently, mental health services are spread across the campus causing clinical inefficiencies.
- The Masterplan is flexible enough that it does not preclude future clinical decision-making placing mental health services elsewhere on the campus.
- Some consumers raised that they would like the mental health precinct moved into the centre of the campus. However, the Adult Mental Health Unit is a new fit for purpose building that would not be nearing end of life during the 20 year life of the Master Plan. With the amount of assets that need to be replaced on the campus, it is not a priority for replacement. The Master Plan report does recommend that this issue be considered in the 20+ year development of the campus with land area available in the centre of the campus for future development.



## **City Health Centre and Marie Stopes Australia Clinic**

### **Talking points:**

- The ACT Labor Health Policy Position commits to working with Marie Stopes Australia (MSA) “to identify a new fit-for-purpose location to provide a more appropriate facility for the range of important services Marie Stopes provides for the community”.
- The MSA Canberra Clinic is located at 1 Moore Street, Canberra City.
- ACTHD is working with MSA to understand its clinical and operational requirements for a possible relocation of its Canberra Clinic.
- A new location with increased footprint and purpose-built clinical fitout would ensure ongoing accreditation compliance, procedural best practice, inclusion of DDA amenities, improved patient privacy and future proofing for service expansion.

### **Key Information**

- The 2020-21 Infrastructure Program at Page 20 of Budget Paper C, shows \$134,000 remaining in the budget which has been rolled over from the City Health Centre Feasibility Project.
- This work commenced on 18 July 2017 as part of early planning for a Walk-in Centre in the Inner North region of ACT, which subsequently delivered the Inner North (Dickson) walk-in centre capital project in the 2019-20 budget.
- Given the Dickson Walk-in Centre was delivered in August 2020, the directorate is seeking authorisation to use remaining funds to investigate new fit-for-purpose location for the MSA Canberra Clinic (currently located in the City Health Centre), consistent with the ACT Labor Health Policy Position Statement.
- ACTHD has no formal relationship with MSA other than a leasing agreement for the MSA clinic at 1 Moore Street Canberra.
- MSA’s accreditation is current through to November 2023.
- The City Health Centre (1 Moore Street) is undergoing base building upgrades led by MPC and ACT Property Group. Upgrades include:
  - three lift replacements (inclusive of carpeting, tiling, painting and refurbishment of lift foyers);
  - removal of ground floor escalators and full enclosure of level 1 atrium with glazing and lighting;
  - cleaning of building exterior and installation of decorative coloured feature panels to building facade at entries;
  - replacement of external windows with triple glazed windows; and
  - upgrade to level 5 air-conditioning system (HVAC).
- In September 2020, the MSA clinic was directly impacted by the refurbishment through replacement of six external windows which were located in the procedure room, post anaesthetic recovery room and consultation room. Strategic

Infrastructure and MSA worked closely with ACTPG and MPC regarding required area clinic decanting, post construction clinical clean and air testing.

- City Health Centre lift upgrades (inclusive of service lift to accommodate a stretcher with expected completion mid 2021) will facilitate safer evacuation of an MSA patients on an ambulance stretcher in the event of a medical emergency.

## Hydrotherapy Pool

### Talking points:

- In 2020, ACTHD engaged an external consultant to undertake an options analysis, considering both standalone and an expansion of existing facilities.
- Concurrently, ACTHD also undertook a market sounding process which called for proposals from parties interested in working with the government to develop a public hydrotherapy pool located in Canberra's south. Market sounding did not result in a preferred option for delivery of a new Hydrotherapy Pool.
- Following this analysis, and the commitment made during the 2020 ACT Election, the government is progressing further work to explore in detail, the opportunity to construct a hydrotherapy pool that is co-located with the current Lakeside Leisure Centre facility in the Tuggeranong town centre.
- A potential co-location with the Erindale pool will also be explored as part of this process.
- This work will include site investigations, consultation and preliminary design.
- ACTHD are finalising a business case to be presented to Government as part of the 2022-23 Budget Process.
- Stakeholder consultation was undertaken as part of the early design works in developing the proposal for this work. Additional targeted stakeholder engagement will be undertaken in February and March 2022 options for how the facility will operate.

### Key Information

- ACTHD commissioned Nous Group to review hydrotherapy services in the ACT, resulting in the Access to Hydrotherapy in the ACT Report (the Report).
- The Report recommended that "ACT Health Directorate should conduct a study of the costs and benefits and different models for the longer-term establishment of a hydrotherapy facility in the south of Canberra".
- In November 2019, ACTHD progressed market sounding for the development of a hydrotherapy facility and separately an options analysis for suitable locations facility locations on the southside of Canberra.

### Options Analysis

- Lockbridge was engaged as the external consultant for the options analysis.
- Six sites were assessed as part of the options analysis (Lakeside Leisure Centre, Tuggeranong, Active Leisure Centre, Erindale, Stromlo Pool and 3 greenfield sites).
- Any costs associated with the operation and construction of a new facility would be subject to government consideration.

- The consultants who undertook the options analysis spoke with a range of facility operators.
- Through the initial options analysis process, ACTHD sought input from the Disability Reference Group.
- The contract price was \$99, 275.00 (inc GST) plus another \$5,115 to complete an assessment of the responses received through the market sounding process and incorporate the assessment into the options report. This cost was met from within existing ACTHD funds.

#### Market Sounding

- The market sounding was issued on 22 November 2019 and submissions closed on 14 February 2020.
- One submission was received through the market sounding tender. The submission was received from the John James Foundation.
- The submission was evaluated as part of the options analysis and ACTHD met with the respondent on two occasions to discuss the proposal.
- I am unable to discuss details of the proposal, as this information is commercial in confidence.

#### Covid-19 stimulus funding

- In April 2021, ACT Health was allocated \$250,000 as part of the ACT Government's COVID-19 stimulus packages for early planning works for the development of the Southside Hydrotherapy Pool.
- GHD were engaged to develop the Cptail Business case including preliminary design and options at Erindale and Tuggeranong. The total value of this work was \$158, 095 (including GST).

#### Demand model

- ACT Health engaged ACIL Allen to develop a demand model for a hydrotherapy facility to determine the potential operational costs of the facility, including any required subsidies for a private operator. The total value of this work was \$24,439 (including GST).

#### **Existing Facilities**

- The University of Canberra Hospital, in Canberra's north, hosts a hydrotherapy pool facility which community groups such as Arthritis ACT can access.
- There are a range (around 15) of existing hydrotherapy and warm water pools across Canberra. This includes the University of Canberra Public Hospital, 4 within our government schools and around 10 privately owned/operated facilities.
- In the Woden and Tuggeranong areas there are 6 privately operated facilities.

- Breakdown of facilities<sup>1</sup> by location:

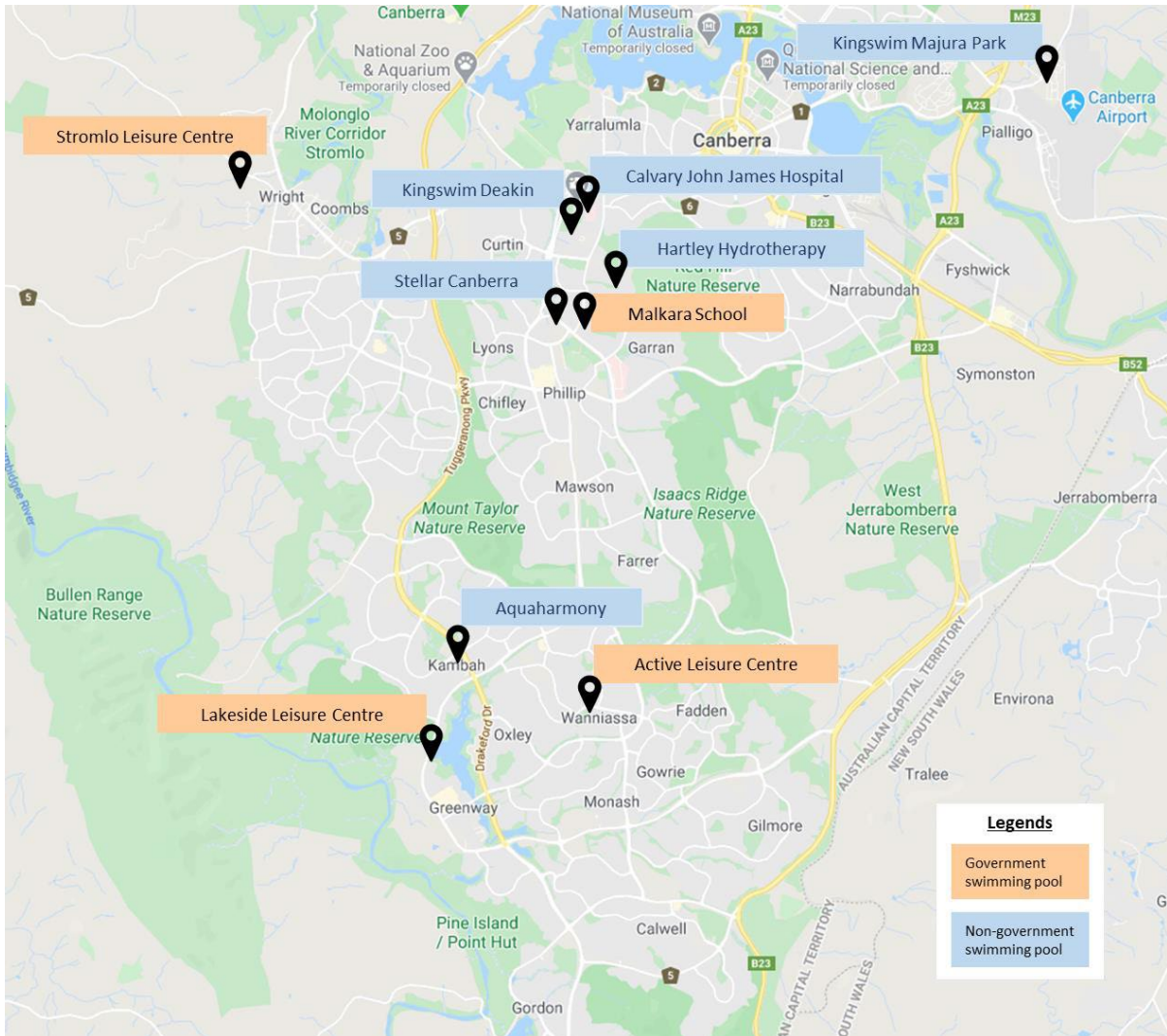
<u>Woden/Tuggeranong</u> <ul style="list-style-type: none"> <li>▪ 6 private</li> <li>▪ 1 Govt</li> </ul> <p style="color: red; text-align: center;"><i>Scroll down for map</i></p>	Stellar Canberra, Woden Calvary John James Hospital Aquaharmony Hartley Hydrotherapy Kingswim Deakin Kingswim Calwell Malkara School ( <i>Government Facility</i> )
<u>Majura</u> <ul style="list-style-type: none"> <li>▪ 1 private</li> </ul>	Kingswim Majura Park
<u>Northside</u> <ul style="list-style-type: none"> <li>▪ 3 private</li> <li>▪ 4 Govt</li> </ul>	Kingswim Macgregor CISAC Aquatots gold creek University of Canberra Hospital ( <i>Government Facility</i> ) Turner Primary ( <i>Government Facility</i> ) Cranleigh School ( <i>Government Facility</i> ) Black mountain school ( <i>Government Facility</i> )

See below Map of South Canberra and pool locations (pulled from Options Analysis Report)

*(please note: This map does not include Kingswim Calwall, and includes 3 x ACT Government Pool facilities that do not currently have hydro facilities)*

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<sup>1</sup> Some of these are warm water exercise facilities and do not have dedicated Hydrotherapy facilities (which require a different design and temperature).



## **Clare Holland House Expansion**

### **Talking points:**

- The Clare Holland House (CHH) Expansion project will deliver eight new palliative care inpatient bedrooms, patient amenities, and associated clinical and administrative support.
- The 2019-20 ACT Budget consultation identified aged care related services as a key area of importance to the community. The Federal Government has committed \$4 million and the Snow Foundation, via Calvary Healthcare ACT, has committed \$2 million to fund the Expansion works. The construction budget is \$6 million (excluding GST).
- Site establishment occurred on 24 August 2020 with a Ministerial sod turning and Welcome to Country event on the 28 August 2020.
- The project achieved physically completed in early June 2021 with the opening ceremony held on 25 June 2021, and the project was handed over to Calvary.
- Expected completion of the Project is mid 2021. We will continue to work closely with Calvary in commissioning the new beds when they become available following this completion.

### **Key Information**

- As part of future-proofing ACT palliative care capability and capacity and in response to increased service demand, the CHH Expansion project will deliver eight new palliative care inpatient bedrooms, patient amenities, and associated clinical and administrative support.
- The ACT Health Directorate (ACTHD) engaged Major Projects Canberra (MPC) to provide project delivery services for the expansion project.
- The project increased capacity of the facility by eight beds to a total of 27 (previously 19 beds). Increased supporting infrastructure (clinical, administrative), services and facilities (public amenities) were delivered to accommodate the additional beds.
- ACTHD and MPC engaged Collard Clarke Jackson (CCJ) Architect as the Principle Design Consultant in January 2020. CCJ developed the design for the expanded facility. CCJ's contract was extended on the 12 August 2020 to include construction phase design and tender documentation services.
- A local construction Project Manager, Shaw Building Group (SBG), was engaged in July 2020 for delivery of design completion and the construction works. Completion of the works and operation of the expanded facility was achieved in June 2021.
- CHH has continued to remain operational during the construction works, with minimal impact to patients and staff reported.
- A Fundraising campaign was undertaken through Hands Across Canberra.

- Page 17 (budget paper C) shows a transfer of \$500k from northside project to Clare Holland House Expansion project.
- The \$500k funding has been allocated to fees associated with engaging the project management services of Major Projects Canberra. These fees are 4% of the project value of \$6M, which is \$240K. A further \$252K fee was incurred for MPC PAP services in 2019-20. This totals \$492K in project management fees which has been offset with the \$500K.
- ACT Health made the decision not to use the donated funds from the Snow Foundation or the Commonwealth Government towards project management fees.
- This funding is in addition to the funding providing by the Snow Foundation or the Commonwealth Government.



## Capital Works Budget

### Talking points:

- The ACT Health capital program for 2020-21 is in the vicinity of \$50 million, which is spread across a wide range of health facilities and assets, including Calvary Public Hospital, community health facilities, responding to COVID-19, and IT upgrades.
- A significant proportion of the funding is for IT and digital health strategy projects, and for COVID-19 response projects.
- Infrastructure projects managed through this program include:
  - Planning for the new northside hospital (\$1711m). The government has committed to starting construction by mid decade, and there is a large amount of preliminary planning work to do in the meantime.
  - Clare Holland House Hospice (CHHH) was expanded to strengthen palliative care. The Directorate delivered a redesigned respite facility that provides an additional eight inpatient bedrooms, improved patient amenities, and additional associated clinical and administrative support facilities. This project was a partnership between the ACT Government, Commonwealth Government, Calvary Health Care ACT and the Snow Foundation. The Commonwealth contributed \$4 million (error in annual report, reads \$4.5m) to the project and the Snow Foundation \$2 million. Construction works were physically completed in early June 2021, at which time witness testing and defects inspections commenced. The opening ceremony was held on 25 June 2021.
  - Ngunnawal Bush Healing Farm projects (\$1.277m):
    - An upgraded wireless solution was implemented to improve the NBHF's internet connectivity and support program.
  - Planning for a residential eating disorder facility is under way. This project has been funded by the Commonwealth, and will provide a purpose-built facility. A model of care is being developed in consultation with stakeholders which will inform the selection of a location and design/construction of the facility. A location has not been finalised.
- In addition, there is more than \$10 million in funding for improvements at Calvary Public Hospital Bruce. This funding will upgrade fire safety and electrical systems, incudign the nurse call and medical emerggeny buttons, and refurbish the endoscopy suite. It also includes funding for a scoping study for longer term upgrades to the building to further enhance fire safety.
- ACT Government economic COVID-19 survival screwdriver-ready phase 2 and 3 projects completed in 2021–21 included:
  - \$300,000 for repairs and refurbishment at Karralika Fadden to provide infrastructure upgrades to a range of amenities and improved patient care

- \$50,000 for an interim master plan for the Ngunnawal Bush Healing Farm (NBHF).
- \$50,000 for an upgraded dual water treatment and irrigation system was designed, supplied and installed at the NBHF to improve infrastructure and water resources.
- \$65,000 for minor upgrades and make safe works in bathrooms at QEII.

### **The Better Infrastructure Fund (BIF)**

- In 2020-21, the ACTHD's BIF allocation was \$457,000.
- This funding is used for infrastructure upgrades across the Directorate's 14 properties.
- Upgrades included:
  - new flooring, upgraded fire safety system; and contribution of funding to the upgrade of the heating, cooling and ventilation system and furniture fit-out at Howard Florey House
  - LED lighting upgrades, and supply and installation of a commercial fridge freezer at Burrangiri Respite Centre
  - supply and installation of new gutters and downpipes at Watson Hostel

### **Works in progress**

- Alcohol and other drug residential rehabilitation expansion and modernisation:
  - Commonwealth Government funding has been provided for community-based residential alcohol and other drug (AOD) rehabilitation expansions and modernisations, with upgrades being progressed at two residential drug and alcohol treatment facilities: Karralika Isabella Plains and Karralika Fadden \$1.3M.

### **Key Information**

- See "2020-21 Infrastructure Program" at pages 20-21 of Budget Statement C.
- The 2020-21 Infrastructure Program at Page 20 of Budget Paper C, shows \$134,000 remaining in the budget which has been rolled over from the City Health Centre Feasibility Project.
  - This work commenced on 18 July 2017 as part of early planning for a Walk-in Centre in the Inner North region of ACT, which subsequently delivered the Inner North (Dickson) walk-in centre capital project in the 2019-20 budget.
  - Given the Dickson Walk-in Centre was delivered in August 2020, the directorate has allocated remaining funds to investigate new fit-for-purpose

location for the MSA Canberra Clinic (currently located in the City Health Centre), consistent with the ACT Labor Health Policy Position Statement.

## **Zero Emissions / Sustainability**

### **Talking points:**

- ACTHD is committed environmental sustainability, in its own operations and in the ACT health system more broadly.
- The ACT Climate Change Strategy 2019-25 commits ACTHD to several actions to improve the environmental performance of the health system and contribute to a zero emissions health sector.
- One of the actions outlined in the Climate Change Strategy is joining the Global Green and Healthy Hospitals network, which is a worldwide group of hospitals and health facilities that are committed to sustainable healthcare operations. The ACT joined in early 2021.
- There are several other key areas in which ACTHD is focusing on environmental sustainability:
  - The ACTHD headquarters in Bowes Street, Phillip, is operating at a NABERS efficiency rating of above 5 stars – which means it is a very efficient building. The roof of the building has a large solar array, which is providing renewable electricity.
  - Our fleet is transitioning to electric vehicles. Our policy is that all new vehicles the Directorate leases are zero emissions, unless there is no fit-for-purpose ZE vehicle. In 2020-21 we leased 6 new electric vehicles, and one hydrogen vehicle.
  - Embedding environmental sustainability into new projects:
    - The Canberra Hospital Master Plan – announced last December – lays out a pathway for the hospital campus to become zero emissions in the future.
    - The Government has announced that the Canberra Hospital Expansion will be all-electric noting that the ACT runs on 100 per cent renewable electricity. This will avoid 1886 tonnes of carbon dioxide being released into our atmosphere every year, equivalent to taking 760 cars off Canberra roads each year.
    - Planning is currently under way for the new hospital in Canberra’s north to be all-electric.
- The 2020-21 ACTHD annual report shows that natural gas usage increased 15.96 per cent in 2020-21. This was due to the Bowes Street building, which is ACTHD’s headquarters, being operational in the early mornings, late evenings, and on weekends with staff working extended hours on the Covid-19 response.
- Similarly, transport fuel usage increased in 2020-21 due to the Covid-19 response.

### **Key information:**

- See “B.12 Ecologically sustainable development” section of 2019-20 Annual Report (Page 185 -187) – *bookmarked in PDF*

## **Calvary Critical Infrastructure**

### **Talking points:**

- Calvary Public Hospital Bruce is an important part of the health care system for Canberra and the surrounding region. The original buildings at Calvary Public Hospital were built in 1979 and have required, like all older buildings, investments in repairs, maintenance and periodic upgrades over the years to keep step with standards and to maintain functionality, as well as, most importantly, patient and staff safety.
- ACTHD and Calvary Public Hospital Bruce are working closely on implementing a wide range of upgrades to infrastructure at the hospital.
- For example, the 2021-22 Budget included more than \$20 million in funding for infrastructure upgrades at CPHB.
- In 2020-21, \$9.988 million was provided for critical infrastructure upgrades.
- Of this, \$2.038 million was on ICT projects, which was completed in January 2022, to upgrade:
  - ICT network and infrastructure,
  - Nurse Call/Medical Emergency Team call systems; and the
  - Electronic Access Control System.
- The remaining \$7.950 million was for:
  - fire safety critical infrastructure: \$6.08 million. This project has been delayed due to the need to refine scope to minimise the impact on staff and patients, and due to the ongoing impact of Covid-19 restrictions. It is due to be complete in July this year;
  - electrical system upgrades to distribution boards: \$420,000, which is completed early this year – it was also delayed due to Covid-19; and
  - endoscopy upgrades: \$1.45m. This project is still being reviewed pending upgrades to other areas of Calvary's buildings.

### **Background Information**

- The 2021-22 Budget provides funding for a range of infrastructure upgrades at Calvary Public Hospital Bruce.
  - **Implementation of Calvary's Strategic Asset Management Plan** (\$6m in 2021-22, and \$16m over three years) as part of planning for a new Northside Hospital, a sustained program of capital upgrades and repairs are required to CPHB in order to deliver health services before a new hospital is built.
  - **Sterilising** (\$429k in 2021-22, and \$2.117m over four years)

- Investment provided to upgrade sterilising services as a result of increased activity and in order to meet accreditation requirements (note: sterilising services provided through Canberra Health Services).
- **Endoscopy upgrades** (\$500k in 2021-22 – capital grant)
  - The endoscopy feasibility study is for examination of an appropriately sized and accessible location for endoscopy services..
- **ICT related safety upgrades** (\$4.4m in 2021-22, and \$6.4m over three years)
  - Implementation of second tranche of ICT related safety upgrades to enable the provision of safe clinical services while replacing the end of life Government Critical systems and infrastructure and ensuring Digital Health Record readiness.
- **Multi-storey car park safety upgrade** (\$700k in 2021-22).
  - Funding provided to address safety and security issues within the multi-storey car park.

**Health Infrastructure Key Facts and Figures**

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

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Cleared for public release by: Executive Group Manager

Contact Officer name: Liz Lopa Ext: 49805

Lead Directorate: Health

TRIM Ref: GBC21/835

## QUESTION TIME BRIEF

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

### Planned health infrastructure for the future

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



## **Watson Precinct Redevelopment**

### **Talking points:**

- The ACT Government has issued a tender for the first stage of redevelopment of the Watson health precinct, which will see the future development of three new separate health facilities.
- The tender is seeking consultants to undertake Proof of Concept (PoC) design work for new facilities for Ted Noffs Australia and Catholic Care, which occupy existing, aged buildings on the Watson site on Antill Street.
- The ACT Government is also planning for the construction of a residential alcohol and other drug rehabilitation facility for the Aboriginal and Torres Strait Islander community on the Watson site. This facility will be designed and operated by the Aboriginal and Torres Strait Islander community. The ACT Government is currently liaising with Winnunga Nimmityjah about the design of the facility. In the 2021-22 Budget, \$503,000 in funding was allocated for this work; it will be provided to Winnunga via a Deed of Grant, which is expected to be executed by the end of February 2022.
- Also in the 2021-22 Budget, \$300,000 was provided for the PoC work for the new Ted Noffs Australia and Catholic Care facilities.
- Ted Noffs Australia provides alcohol and other drug rehabilitation services for young persons, and Catholic Care provides residential care for young persons with mental health conditions. The new facilities for Ted Noffs and Catholic Care will be modern, welcoming and inclusive facilities for some of Canberra's and the region's most vulnerable young people.
- ACT Health will work closely with Tedd Noffs and Catholic Care over the life of the project through a design working group.
- The residential alcohol and other drug rehabilitation facility for the Aboriginal and Torres Strait Islander community will be a facility designed to promote client recovery in a culturally specific manner.
- It will be designed and operated by the Aboriginal and Torres Strait Islander community. The ACT Government is currently liaising with Winnunga Nimmityjah about the design of the facility.

- The facilities are planned to be complete by the end of 2024 subject to future budget funding.

#### **Key Information**

- In the 2021-22 ACT Budget, the ACT Government committed \$803,000 for the Watson health precinct development.
- This consists of \$503,000 in grants to Winnunga Nimmityjah to plan for the operation and construction of the rehabilitation facility (\$250,000 for PoC designs and \$253,000 for staff), and \$300,000 for ACT Health to commission the Proof of Concept work for the new Ted Noffs Foundation and Catholic Care facilities.
- As part of the Government's Covid-19 stimulus response, \$200,000 was provided in 2020 for initial planning on the Watson site.

#### **Possible Questions**

*Are there any concerns about the colocation of services in the precinct for a variety of vulnerable members of our community?*

- This is an important consideration that ACT Health will work with the successful tenderers and stakeholders on during the development of the Proof of Concept designs for the buildings.
- The Watson site is large and there will be considerable space between the rehabilitation facility and the two youth facilities.
- ACT Health will ensure the design of the precinct is a safe and therapeutic environment for all members of the community who need to access the services on site.
- This may include separation of sites through landscaping, and alternate access through separate driveways.

## **Eating Disorders Residential Treatment Centre**

### **Talking points:**

- ACT Health Directorate has recently appointed Collard Clarke Jackson Canberra Pty Ltd (CCJ) to deliver the Proof of Concept design for the Eating Disorders Residential Treatment Centre.
- CCJ is very cognisant that the Centre needs to be as 'home like' as possible, and provide a calming, welcoming and healing environment for clients.
- ACT Health recognises that involvement from consumers, persons with lived experiences of eating disorders, and experts in the field, will be important to the establishment of the Centre, particularly during the upcoming design phase.
- Consultation with key stakeholders in the health sector is already under way and will continue through the duration of the design process.
- The broader community and stakeholders will be kept informed about the project as the design process develops.
- It is expected that the Proof of Concept design work should be completed by the end of this financial year.
- Following the completion of proof of this proof of concept work, construction would be expected to start towards the end of 2022, with expected completion around the end of 2023.

### **Key Information**

- The ACT Government is committed to establishing the ACT Eating Disorders Residential Centre, in partnership with the Commonwealth Government.
- ACTHD has identified a block of land in Coombs (Block 3 Section 17) as the proposed site for the Residential Centre and is currently working with the Environment, Planning and Sustainable Development Directorate to progress this.
- The Commonwealth Government is providing the ACT Government with \$13.5 million for the construction of the Residential Centre. At this stage the specific costs for design, construction, landscaping and fit-out (including furnishings and ICT) are unknown. These costs will be determined during the forthcoming consultancy. The \$13.5 million that the Commonwealth are providing for the Residential Centre consists of \$5 million in 2021-22, \$6.5 million in 2022-23 and \$2 million in 2023-24.
- The ongoing operating costs of the Residential Centre are also unknown. ACTHD is currently undertaking work to determine patient/staffing/clinical models, and hence determine the overall scope and cost of the service once it is operational.
- The Suburban Land Agency is planning to do communications about the Coombs block from mid-March to the end of April 2022, to seek local community input about what sort of community facility they would like on the remainder of the site which the Centre does not require.

- ACTHD will provide input to the SLA's communications material and send staff to attend information sessions with the local community to answer any questions they may have about the Centre.

## **Building 3/2 and Canberra Hospital Expansion (SPIRE) History**

### **Building 2/3 Redevelopment**

- In 2014, the ACT Health Directorate (ACTHD) sought Government's approval to bring forward a business case for the demolition and redevelopment of Buildings 2 and 3 at the Canberra Hospital.
- This was an ambitious project and to ensure proper due diligence, the project was reviewed by ACT Health and Treasury with consideration given to clinical performance, existing infrastructure condition and capacity and future capital works.
- The review found that a redevelopment such as that proposal for Building 2 and Building 3 would not be necessary for up to 10 years.
- The review found there was also some risks with the progression of the project including unavoidable interruptions to clinical services and construction which may have also impacted clinical and workplace safety as well as physical reduction in available inpatient beds during the mid-point of construction, increasing, rather than decreasing demand issues at the hospital.
- The review also determined that there would still be a requirement for targeted investment in specific areas, particularly the Emergency Department, Intensive Care Unit and Operating Theatres.
- The Government made the decision not to go ahead with the building 3/2 redevelopment for many reasons including the time the project would take, the cost of that project and the risks associated with project – as well as the end outcome.
- However, that work was not wasted as much of the work was investigating the infrastructure in the ground and doing a lot of work around the campus. That work is still informing us today.
- Following the decision not to undertake the building 2 and 3 project, the Government invested nearly \$100 million into the Upgrading and Maintaining Health Assets (UMAHA) program which has focussed on addressing key infrastructure risks and extending the useful life of existing Canberra Health Services assets and Calvary Public Hospital Bruce buildings.

### **Canberra Hospital Expansion (formerly SPIRE) project**

- In 2016 the Government also committed to the Canberra Hospital Expansion (formerly SPIRE) project – one of the largest investments in Health in the history of the Territory.
- ACTHD led the planning of the Project until it was transferred to Major Projects Canberra on 1 July 2019.

- ACTHD and Major Projects Canberra from the outset have both consulted numerous stakeholders to keep them informed about service and infrastructure planning on the hospital campus and its potential impact on the surrounding community.
- The building is set to become the ACT's major emergency, surgical and critical health care facility that will deliver fit-for-purpose medical services for our growing and ageing population.
- The development site has been selected with care, and importantly, the new facility's location within the hospital campus will ensure that critical operations such as the helipad and emergency services can continue to operate, uninterrupted by major construction works.

**Why did you decide on SPIRE before a masterplan?**

- There has been significant planning work done on the hospital campus over many years.
- The decision to locate the critical services building was not made in isolation of this previous work and was based on what is the best outcome for patients.
- The new critical services building will provide Canberrans and our region essential acute services such as emergency care, surgery and intensive care. These services are essential, especially as we are the region's trauma centre. It is right that we are building this now and it should not be delayed for a masterplan.
- The master plan currently underway will look beyond the existing major projects to ensure that all the health infrastructure on the campus, new and existing, supports the best outcomes for our community.

## LGBTIQ+ Scoping Study and gender-focused health service

### Talking points:

#### 1. Who was on the reference group for the health scoping study?

- The Reference Group for the LGBTIQ+ Health Scoping Study consisted of representatives from the following organisations:
  - the ACT LGBTIQ+ Ministerial Advisory Council;
  - Health Care Consumers Association;
  - Meridian;
  - A Gender Agenda;
  - ACT LGBTIQ+ Aboriginal and Torres Strait Islander Network;
  - Australian Bureau of Statistics;
  - Sexual Health and Family Planning ACT;
  - CHS and Calvary Hospital;
  - The Office of LGBTIQ+ Affairs, CMTEDD;
  - ACT Health Directorate.
- This information is available in the published scoping study.

#### 2. What is the scope of the service being considered?

- The ACTHD has engaged KPMG to co-design and cost a gender focused health service.
- A gender-focused health service would provide gender-affirming healthcare to trans and gender diverse people, including but not limited to medical and surgical affirmation health services.
- The model of care will include broader healthcare and support services, such as hormone therapy and/or surgical intervention, allied health services, peer support/navigation and psychosocial support, that is delivered in a safe and inclusive setting.

### Key Information

- N/A

### Background Information

- The Office for LGBTIQ+ affairs at CMTEDD (the Office) were asked the above questions at their annual report hearings.
- These questions are out of scope of the Office and these questions may instead be raised at the ACT Health Directorate annual report hearings.

Cleared as complete and accurate: 00/02/2022

Cleared for public release by: Choose an item.

Contact Officer name:

Lead Directorate:

TRIM Ref: GBC22/26

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Health