

[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 18 August 2022**.

This application requested access to:

*'A copy of the Ministerial Briefs and Question Time Briefs with the titles outlined (excluding all attachments);*

<b>Reference</b>	<b>Subject Line</b>
MIN22/567	<i>Initiated brief - Minister for Health - DSAP Progress Report and Review Mar 2022</i>
GBC22/203	<i>Government Business - Brief - Minister for Health - S14a and S14b related DHR funding conversion</i>
GBC22/181	<i>FINAL Cabinet Submission - Minister for Health - CAB21/848 - Update on Gov't Response to 9th Assembly Standing Committee on Health, Ageing and Community Services Report 10 - Report on Inquiry into Maternity Services in the ACT (Rec 2)</i>
GBC22/228	<i>Weekly Brief - Minister for Health - 4-8 April 2022</i>
MIN22/587	<i>Initiated Brief - Minister for Health - Meeting - Culture Reform Oversight Group - 27 April 2022</i>
MIN22/584	<i>Initiated Brief - Minister for Health - Monthly Digital Health Record (DHR) Update - 21 April 2022</i>
GBC22/167	<i>Brief - Controlled Recurrent Payments Rollovers into 2022-23</i>
MIN22/568	<i>Initiated brief - Minister for Health - Endorsement of Better Together: A Strategic Plan for Research in the ACT Health System</i>
GBC22/236	<i>Weekly Brief - Minister for Health - 11-15 April 2022</i>
MIN22/510	<i>Initiated Brief - Minister for Health - ACT Quality Strategy 2018-2028 Review Report</i>
GBC22/239	<i>Weekly Brief - Minister for Health - 18-22 April 2022</i>
GBC22/260	<i>Weekly Brief - Minister for Health - 25-29 April 2022</i>
MIN22/496	<i>Initiated Brief – Minister for Health/Chief Minister – Options for a 2022 ACT Government Influenza Vaccination Program</i>
GBC22/285	<i>Government Business - Revocation of MMHU as an approved mental health facility</i>
COR22/12246	<i>QTB #9 - Mental Health - Suicide Prevention Programs - May 2022</i>

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 **Monday 10 October 2022**.

I have identified 15 documents holding the information within scope of your access application. These are outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

### **Decisions**

I have decided to:

- grant full access to ten documents;
- grant partial access to four documents; and
- refuse access to one document.

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 ten documents at references 1-2, 4-5, 7-8, 10, 12 and 14-15.

### **Refuse Access**

I have decided to refuse access to one document at reference 3 as it is comprised of information classified as Cabinet information, and under Schedule 1.6 (1) Cabinet Information, it is taken to be contrary to the public interest to release. Schedule 1.6 (1)(d) the disclosure of which would reveal any deliberation of Cabinet (other than through the official publication of a Cabinet decision).

This document also contains information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act as the information within this folio is comprised of personal information. The information contained in this document is an ACT-Government employees' mobile number and 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 this detail would not provide any government information pertinent to your request. Therefore, I have decided this factor outweighs the public interest factors and would not advantage the public in disclosing this information.

### **Partial Access**

I have decided to grant partial access to four documents at references 6, 9, 11 and 13.

### **Public Interest Factors Favouring Disclosure**

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

- Schedule 2, 2.1(a)(i) promote open discussion of public affairs and enhance the government's accountability;

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

#### Public Interest Factors Favouring Non-Disclosure

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

- Schedule 2, 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*;
- Schedule 2, 2.2 (a)(x) prejudice intergovernmental relations; and
- Schedule 2, 2.2 (a)(xiii) prejudice the competitive commercial activities of an agency.

Documents at references 6 and 9 are partially comprised of information classified as Cabinet information, and under Schedule 1.6 (1) Cabinet Information, it is taken to be contrary to the public interest to release. Schedule 1.6 (1)(d) the disclosure of which would reveal any deliberation of Cabinet (other than through the official publication of a Cabinet decision).

Document at reference 9 also contains information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act. The information contained in this document is partially comprised of information regarding the commercial activities of a non-ACT Government agency.

Document at reference 11 is partially comprised of information that would prejudice the agencies intergovernmental relations. This document also contains information regarding the commercial activities of a non-ACT Government agency.

Document at reference 13 is partially comprised of personal information of an ACT-Government employees' mobile number and has not been disclosed as this could reasonably be expected to prejudice the protection of the individual's right to privacy. This document also contains information that would prejudice the agencies intergovernmental relations.

On balance, the factors favouring disclosure did not outweigh the factor favouring non-disclosure as the information would not provide any government information pertinent to your request. Therefore, I have determined the information identified is contrary to the public interest and would not advantage the public in disclosing 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



Catherine Ellis  
**A/g Senior Director**  
Ministerial and Government Services  
ACT Health Directorate


10 October 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
	<i>'A copy of the Ministerial Briefs and Question Time Briefs with the titles outlined (excluding all attachments).'</i>	<b>ACTHDFOI22-23.03</b>

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 6	MIN22/567 Initiated brief - Minister for Health - DSAP Progress Report and Review Mar 2022	13 April 2022	Full Release		YES
2.	7 – 10	GBC22/203 - Government Business - Brief - Minister for Health - S14a and S14b related DHR funding conversion	13 April 2022	Full Release		YES
3.	11 – 15	GBC22/181 - FINAL Cabinet Submission - Minister for Health - CAB21/848 - Update on Gov't Response to 9th Assembly Standing Committee on Health, Ageing and Community Services Report 10 - Report on Inquiry into Maternity Services in the ACT (Rec 2)	14 April 2022	Refuse Release	Schedule 1.6 Cabinet & Schedule 2, 2.2 (a) (ii) Privacy	NO
4.	16 – 20	GBC22/228 - Weekly Brief - Minister for Health - 4-8 April 2022	14 April 2022	Full Release		YES

5.	21 – 23	MIN22/587 - Initiated Brief - Minister for Health - Meeting - Culture Reform Oversight Group - 27 April 2022	19 April 2022	Full Release		YES
6.	24 – 27	MIN22/584 - Initiated Brief - Minister for Health - Monthly Digital Health Record (DHR) Update - 21 April 2022	20 April 2022	Partial Release	Schedule 1.6 Cabinet	YES
7.	28 – 30	GBC22/167 - Brief - Controlled Recurrent Payments Rollovers into 2022-23	20 April 2022	Full Release		YES
8.	31 – 34	MIN22/568 - Initiated brief - Minister for Health - Endorsement of Better Together: A Strategic Plan for Research in the ACT Health System	21 April 2022	Full Release		YES
9.	35 – 38	GBC22/236 - Weekly Brief - Minister for Health - 11-15 April 2022	26 April 2022	Partial Release	Schedule 1.6 Cabinet & Schedule 2, 2.2 (a)(xiii) Commercial	YES
10.	39 – 42	MIN22/510 - Initiated Brief - Minister for Health - ACT Quality Strategy 2018-2028 Review Report	29 April 2022	Full Release		YES
11.	43 – 45	GBC22/239 - Weekly Brief - Minister for Health - 18-22 April 2022	29 April 2022	Partial Release	Schedule 2, 2.2 (a)(x) Intergovernmental relations & Schedule 2, 2.2 (a)(xiii) Commercial	YES
12.	46 – 48	GBC22/260 - Weekly Brief - Minister for Health - 25-29 April 2022	06 May 2022	Full Release		YES
13.	49 – 59	MIN22/496 - Initiated Brief – Minister for Health/Chief Minister – Options for a 2022 ACT Government Influenza Vaccination Program	12 April 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy & Schedule 2, 2.2 (a) (x) Intergovernmental relations	YES
14.	60 – 62	GBC22/285 - Government Business - Revocation of MMHU as an approved mental health facility	09 May 2022	Full Release		YES

15.	63 – 65	COR22/12246 - QTB #9 - Mental Health - Suicide Prevention Programs - May 2022	29 April 2022	Full Release		YES
<b>Total Number of Documents</b>						
<b>15</b>						

**ACT Health Directorate**

**To:** Minister for Health Tracking No.: MIN22/567

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**CC:** Rebecca Cross, Director-General

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**From:** Fiona Barbaro, Executive Group Manager, Population Health Division

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**Subject:** Drug Strategy Action Plan Progress Report 2020-21 and Review

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**Critical Date:** 18/04/2022

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**Critical Reason:** To enable typesetting and release of documents in April

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**Recommendations**

That you:

1. Agree to the public release of the Drug Strategy Action Plan Progress Report 2020-21 at Attachment A, including the Minister's Foreword;

**Agreed / Not Agreed / Please Discuss**

2. Agree to the public release of the Review of the Drug Strategy Action Plan 2018-2021 at Attachment B; and

**Agreed / Not Agreed / Please Discuss**

3. Note the timeline and approach for the development of the next Drug Strategy Action Plan.

**Noted / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister's Office Feedback
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## Background

1. The ACT Drug Strategy Action Plan 2018-2021 (DSAP) concluded at the end of 2021. A progress report for the final eighteen months of the DSAP in 2020 and 2021 ([Attachment A](#)) and a policy review of the DSAP ([Attachment B](#)) have been prepared to reflect on achievements and challenges of the DSAP and what can be learned for the next plan. Drafts of these documents were provided to you for noting in January 2022 alongside the discussion paper on the next DSAP ([Attachment C](#)).
2. The progress report focuses on Government and non-government organisation (NGO) achievements in relation to the DSAP for the period of mid-2020 to the end of 2021. The progress report was drafted in line with the structure and content of the previous progress report from 2019-2020. The report includes the most significant achievements and an appendix itemising the implementation of all 43 Actions contained in the DSAP.
3. The policy review of the DSAP fulfils a commitment made in the DSAP to a formal review of the plan after three years. The review was guided by the Monitoring and Evaluation Working Group, a sub-committee of the Drug Strategy Action Plan Advisory Group. The review was co-written by the ACT Health Directorate (ACTHD), the Alcohol Tobacco and Other Drug Association ACT (ATODA) and Associate Professor Anna Olsen from the Australian National University (ANU); the Drug Strategy Action Plan Advisory Group Research Advisor. The review examines how the DSAP functioned as a policy document to guide action towards harm minimisation in the ACT and makes recommendations for how the next plan could be enhanced to further prevent and minimise alcohol, tobacco and other drug related harm.
4. Extensive consultation across government and external stakeholders on both documents took place in late 2021 and early 2022. Feedback received related primarily to minor omissions, and clarifications and critiques of aspects of the DSAP or of the implementation of priority actions. Amendments to address these comments have been incorporated into the drafts wherever possible. Some feedback received was directed towards potential areas of focus under the next plan and is being considered in that context.
5. The discussion paper on the next DSAP (the Action Plan), as approved in [Attachment C](#), was circulated widely for comment in January and February 2022. The Action Plan is now being developed based on the feedback received on the discussion paper, progress report and review, and at recent stakeholder workshops for the alcohol and other drug (AOD) treatment and support sector.

## Issues

6. This brief seeks your approval of the content of the DSAP progress report and review documents for publishing on the ACT Health website. A Minister's Foreword within the DSAP progress report has been drafted for your consideration.

7. External stakeholders are expecting the documents to be published shortly to reflect that Government has taken on board their feedback and is using these documents to guide the development on the next plan.

*Process for development of the next Action Plan*

8. The next Action Plan is being developed using a co-design process with government and external stakeholders. Key stakeholder groups include teams across the ACT Health Directorate (ACTHD), Canberra Health Services (CHS), Justice and Community Safety Directorate (JACS), ACT Policing, and Community Services Directorate (CSD).
9. External stakeholders include AOD treatment and support services, peak bodies, allied health services, and academics. Many of the external stakeholders work closely with people with lived experience and contribute on their behalf. Public submissions to relevant government inquiries (including the Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021) and other ACT government plans and frameworks have informed the early development of the Action Plan. The current National Drug Strategy 2017-2026 provides the foundation and guiding principles for the Action Plan.
10. An evaluation plan for the Action Plan is also being developed using a co-design process with the members of the DSAP Monitoring and Evaluation Working Group.
11. As per the timeline provided in previous briefing, the Action Plan will be provided to you in April 2022. However, the draft Action Plan is now intended to be released for public consultation in May and amended following consultation if necessary. Ensuring stakeholders have adequate opportunity to provide feedback on the draft Action Plan is an important part of the co-design approach. This consultation will shift the timeline for Cabinet consideration and public release of the Action Plan from May to June 2022.

**Financial Implications**

12. There are no financial implications of publishing the DSAP progress report and review. These documents will be typeset in-house by ACTHD Media and Communications and be published electronically.
13. The 2021-22 Budget provided funding for various initiatives which will address commitments under the next Action Plan, including fixed-site pill testing, design of a medically supervised injecting facility, expanding needle and syringe programs, and the Aboriginal and Torres Strait Islander alcohol and other drug residential rehabilitation facility. Some potential commitments under the next Action Plan would be subject to further Budget considerations.

## Consultation

### Internal

14. Feedback was sought on the draft DSAP progress report, draft review and discussion paper from across ACTHD, including Population Health, Health Promotion, Aboriginal and Torres Strait Islander Health Partnerships, Mental Health Policy, Health Protection Service and other teams within ACTHD.
15. Consultation and co-design on the next Action Plan will continue to engage with all relevant areas within ACTHD.

### Cross Directorate

16. Feedback was sought on the draft DSAP progress report, draft review and discussion paper from ACT Government representatives on the DSAP Advisory Group, including; JACS, Aboriginal and Torres Strait Islander Elected Body, Chief Minister Treasury and Economic Development Directorate, Access Canberra, CHS, Education Directorate, Transport Canberra and City Services and CHS. The documents were also circulated for comment to other representatives of these directorates who are not on the DSAP Advisory Group.
17. Consultation and co-design on the next Action Plan will continue to engage with cross-directorate stakeholders, including members of the DSAP Advisory Group and other representatives in CHS, JACS, ACT Policing, and CSD.

### External

18. The DSAP review was drafted collaboratively with the ATODA CEO Dr Devin Bowles and Dr Anna Olsen from the ANU. The progress report includes input from ATODA about AOD non-government sector activities, particularly on the COVID-19 response. Extensive feedback was provided by the Mental Health Community Forum, and Families and Friends for Drug Law Reform, which was incorporated into the review where appropriate or will be considered in developing the next Action Plan
19. The DSAP review draws extensively on submissions made to relevant inquiries, including the Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021 and the Inquiry into Community Corrections.
20. The DSAP Advisory Group includes external representatives, from whom feedback was sought on the progress report, review and discussion paper. These include the Capital Health Network, ACT Policing, Mental Health Community Coalition, ATODA, Canberra Alliance for Harm Minimisation and Advocacy, Youth Coalition, Family and Friends of Drug Law Reform, Foundation for Alcohol Research and Education, Hepatitis ACT and Dr Anna Olsen from ANU. ATODA circulated the draft progress report and review to their executive members for comment.
21. A wide range of AOD treatment and service providers and community partners were also invited to provide comment on the documents through the AOD treatment and support services commissioning workshops held in January and February 2022.

22. Consultation and co-design on the next Action Plan will continue to engage with external stakeholders, including AOD treatment and support services and peak bodies, allied health services and academics. Specific individual meetings have occurred with the ACT Disability, Aged and Carer Advocacy Service, and similar engagement is planned with a range of other stakeholders representing priority populations including Meridian.

### **Work Health and Safety**

23. Not applicable.

### **Benefits/Sensitivities**

24. The progress report and review fulfil commitments made in the DSAP to progress reporting and a formal review of the DSAP. While progress reports were intended to be published annually, the first progress report was delayed due to the COVID-19 pandemic; the first report therefore covered both 2019 and the first six months of 2020. As a result, only two progress reports will have been published, each covering an 18-month period.
25. Both the DSAP and the 2019-20 progress report have been criticised by external representatives as being too government focused. However, this reflects a decision taken in 2018 to focus the DSAP on initiatives for which the Government is directly accountable. Efforts have been made to highlight collaborative work between the government and NGOs in the 2020-21 progress report where possible, particularly in responding to COVID-19, and also to incorporating relevant feedback provided. Criticisms may be made of a lack of data in the report, but demonstrating direct links between DSAP initiatives and data sourced from routine indicators is complex, and can be easily critiqued as lacking scientific validity. The focus of the report is therefore on describing evidence-based activities aligned to the National Drug Strategy and providing brief information on key statistics where that information is available.
26. In co-drafting the DSAP review, ACTHD sought to present a balanced view of the performance of the DSAP. The review includes critique of the functioning of the previous DSAP and its governance structures which reflects the feedback from the AOD sector and the external co-drafters. This is balanced with reflections on where the DSAP worked well and aspects of the approach that should be retained. ACTHD has received informal positive feedback on the collaborative approach taken to drafting the review and the review's acknowledgement of areas for improvement. The recommendations made in the review were intended to be achievable under the next plan and are being taken on board in the development of the next plan.

27. Despite efforts to address the comments provided on the drafts, it remains possible that some of the feedback provided by stakeholders on the direction, priorities or process for the next plan will not be able to be achieved due to Government priorities and resourcing limitations, with the possibility of negative commentary. There is also the risk of negative commentary if the next plan is perceived to deviate from the recommendations of the review.
28. The comprehensive co-design process being undertaken to develop the next Action Plan has had implications for the timeline to draft the Action Plan. However, this partnership approach will help to ensure shared objectives will be actioned by government and community partners over the course of the Action Plan.

### **Communications, media and engagement implications**

29. Once the text is cleared, ACTHD Media and Communications will prepare the progress report and review and for online publication. The ACTHD DSAP website will be updated to link to the DSAP progress report and review documents. Government and external stakeholders who were invited to provide input on the documents will be notified that the documents have been published.
30. Communications regarding the next Action Plan will be developed in due course. Government and external stakeholders will be engaged as the development of the plan progresses.

Signatory Name: Fiona Barbaro, Executive Group      Phone: 46146  
 Manager, Population Health

Action Officer: Rebecca Williams, Director, Alcohol      Phone: 49755  
 and Other Drug Policy

### **Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	ACT Drug Strategy Action Plan 2018-2021: Progress Report 2020-2021
Attachment B	Review of the Drug Strategy Action Plan 2018-2021
Attachment C	Brief - Discussion paper for the New ACT Alcohol Tobacco and Other Drug Plan

**ACT Health Directorate**

SENSITIVE: CABINET

**To:** Minister for Health

Tracking No.: GBC22/203

**Date:** 29/3/2022**CC:** Deb Anton, Deputy Director-General  
Peter O'Halloran, Executive Group Manager, Chief Information Officer  
John Fletcher, Executive Group Manager, Corporate and Governance**From:** Rebecca Cross, Director-General**Subject:** Seeking Ministerial support to convert capital and recurrent funding through budget instruments.**Critical Date:** 20/04/2022**Critical Reason:** To enter Treasurer approved adjustments before budget round is closed.**Recommendations**

That you:

1. Agree to support the conversion of \$12.1 million of Digital Health Record recurrent to capital funding over 2021-22 and 2022-23;

**Agree / Not Agreed / Please Discuss**

2. Agree to support the conversion of \$1.2 million from the COVID-19 Vaccination capital to recurrent funding in 2021-22; and

**Agree / Not Agreed / Please Discuss**

3. Agree to sign the attached letter to the Treasurer at (Attachment A).

**Agree / Not Agreed / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

SENSITIVE: CABINET

Minister's Office Feedback
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**Background**

1. In the second half of 2021, ACT Health Directorate (ACTHD) conducted an external review of the Digital Health Record (DHR) and related systems to ensure DHR will be delivered to scope and within the provided timeframe, while assessing any financial implications and pressures.
2. The review concluded in March 2022 with the overall DHR program highlighted as amber to achieve the previously announced November 2022 go live date. ACTHD has taken the necessary actions against all recommendations of the external review to mitigate known risks and to realise project benefits.
3. As part of the external review, financial analysis was undertaken on a range of budget related issues across the DHR and other ICT projects, which resulted in two funding adjustments that ACTHD is seeking as part of the 2022-23 budget process. These adjustments are:
  - a) The conversion of 2021-22 and 2022-23 DHR controlled recurrent payment funding (CRP) of \$12.1 million to capital injection (CI) funding, to adjust for the accounting treatment of ICT system hardware to be purchased and capitalised as part of ACTHD's asset; and
  - b) The conversion of 2021-22 COVID-19 Vaccination CI funding of \$1.2 million to CRP, to adjust for the accounting treatment for the hosting and infrastructure services provided by the vendor on behalf of ACTHD.

**Issues**

4. ACTHD and NTT Australia Pty Ltd (NTT) executed the system hosting deed in December 2020 for a range of ICT platforms including the DHR, ACT Pathology Laboratory information system and related systems. Work Order Five under the Deed is for the establishment and implementation of Epic Production environments and associated network, hardware, and security devices. The production environment will be implemented on the dedicated hardware infrastructure for the sole purpose of hosting the ACTHD DHR solution.

## SENSITIVE: CABINET

5. As part of the Deed, ACTHD has taken the approach to purchase the production hardware and related infrastructures and to provide these assets to NTT for hosting the DHR and pathology platforms. This approach is different to the original funding approach whereby NTT would provide all hardware and related infrastructure for hosting services.
6. Considering the significance of the DHR Epic production environments for the general ACT public health system and the importance of having the correct accounting treatment applied to owning ICT assets of this magnitude, ACTHD is seeking through *Section 14B of the Financial Management Act 1996* to convert the 2021-22 \$8.4 million DHR CRP to CI funding, with the balance (\$3.7 million) to be converted through the 2022-23 Budget process.
7. The COVID-19 vaccination capital project was established in 2020-21 to efficiently roll out ICT equipment and services across the Canberra vaccination hubs as well to upgrade the security facility at Holder for vaccination storage amidst COVID-19.
8. To facilitate the COVID-19 vaccine rollout in Government clinics, the Vaccination Information Management System (VIMS) was established in February 2021. The system has now been used across multiple sites and health equipment, including Australia Institute of Sport, Garran, COVID-19 response locations and Community Care at home service.
9. Considering the VIMS is hosted by NTT and will be replaced by the DHR modules once the DHR system goes live, ACTHD has chosen not to purchase the underlying infrastructure asset and instead use subscribing services for the hardware. The total expenditure to create the VIMS system and associated costs is \$1.2 million.
10. Given this, the correct accounting nature of these transactions should be expensed with funding accounted for in the CRP appropriation. Therefore, ACTHD is seeking through *Section 14A of the Financial Management Act 1996* to convert \$1.2 million of COVID-19 vaccination CI to CRP funding in 2021-22 to support the accounting change.

**Financial Implications**

11. The ACTHD 2021-22 capital appropriation will increase from the current \$69.38 million to \$76.6 million following the approval of the two financial instruments.
12. Across the adjustments, ACTHD is not seeking additional funding as the net appropriation change is zero. The full breakdown of the appropriation adjustment is provided in the table below.

SENSITIVE: CABINET



Table 1 – Appropriation adjustments for DHR related systems.

Business Case Initiatives	Appropriation type	FY21-22	FY22-23
		\$'000	\$'000
DHR - ACT Pathology Laboratory information system	CRP	-5,144	
DHR - ACT Pathology Laboratory information system	CI	5,144	
DHR - ACT Health Core IT Systems to align with the Digital Health Strategy	CRP	-3,271	-3,671
DHR - ACT Health Core IT Systems to align with the Digital Health Strategy	CI	3,271	3,671
COVID-19 Vaccination project	CI	-1,200	
COVID-19 Vaccination project	CRP	1,200	
<b>Net appropriation changes</b>		<b>0</b>	<b>0</b>

13. ACTHD has received the whole of government capital strategic re-profiling request *Budget Memo 2022/08 - 2022-23 Capital Works Program and Recurrent Initiatives* and is actively working to ensure 2021-22 capital funding reflects project financial milestones. ACTHD will be submitting a capital re-profiling request in the coming weeks.

### Consultation

#### Internal

14. Consultation has occurred and agreement received from Peter O'Halloran, Digital Solutions Division, Chief Information Officer.

### Work Health and Safety

15. Not applicable.

### Benefits/Sensitivities

16. Not applicable.

### Communications, media and engagement implications

17. Not applicable.

Signatory Name: Rebecca Cross, Director-General Phone: (02) 5124 9400  
 Action Officer: Jean Paul Donda, Acting Executive Phone: (02) 5124 9641  
 Branch Manager, Chief Finance Officer

### Attachments

Attachment	Title
Attachment A	Letter to the Treasurer













**MINISTERIAL BRIEF**

**ACT Health Directorate**

**Tracking No.: GBC22/228**

**To:** Minister for Health

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**CC:** Rebecca Cross, Director-General

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**From:** Deborah Anton, Deputy Director-General

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**Subject:** Minister’s Weekly Brief

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**Critical Date:** Thursday, 14 April 2022

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**Critical Reason:** To ensure you are briefed on current issues and events

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**Recommendations**

That you note the:

- Information in the Minister’s Weekly Brief for 4-8 April 2022;
- Media and Communication forecast at Attachment A;
- Freedom of Information requests update at Attachment B; and
- Ministerial & Government Services Report at Attachment C.

**Noted / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister’s Office Feedback
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**KEY TOPICS/EMERGING ISSUES****Ngunnawal Bush Healing Farm (NBHF) – COVID exposure**

1. On 6 April 2022, a staff member and one program participant returned positive COVID-19 tests.
2. The staff member and participant had been in contact with Ngunnawal elders, other staff and program participants on 4 April 2022.
3. Confirmed Exposure Risk Assessments were conducted on 6 April 2022 and contacts immediately notified.
4. Programs were paused on 7 and 8 April 2022 while infectious cleaning of the facility and vehicles were carried out.
5. All contacts returned negative Rapid Antigen Tests on 7 April 2022.
6. Programs resumed on 11 April 2022.

**Calvary Public Hospital Respiratory Assessment Unit and Older Persons Mental Health Unit**

7. On 11 April 2022, ACT Health Directorate (ACTHD) received advice from Clinical Health Emergency Coordination Centre (CHECC) and Calvary Public Hospital Bruce (CPHB), that the Calvary Respiratory Assessment Unit (CRAU) has been assessed as no longer required to be accommodated in the specially ventilated area of the Older Persons Mental Health Unit (OPMHU).
8. The CRAU was moved to Level 5 in the Xavier building on 26 March 2022, into the unoccupied space that CPHB uses for flexibility (eg. decanting for internal capital works).
9. Public mental health patients currently remain at Calvary Bruce Private Hospital while CPHB reverts the OPMHU, and also takes advantage of the unit being empty to undertake the ICT works funded under the Calvary Critical Infrastructure initiative (2019-20 Budget).
10. Patients are scheduled to return to the OPMHU from 26 April 2022.

**UPDATES ON KEY PROJECTS/PIECES OF WORK****The Canberra Health Annual Research Meeting**

11. Planning for the Canberra Health Annual Research Meeting (CHARM) for 26–29 July 2022 is progressing according to schedule, in alignment with progress on the Research Strategic Plan and Research and Innovation Fund.
12. Event proposals are being prepared to invite you and the Minister for Mental Health to attend and/or participate in a range of events across the four-day meeting.
13. The Centre for Health and Medical Research (CHMR) is liaising closely with the ACTHD Media and Communications teams to update the ACTHD website with relevant information to support abstract submission between 12 April and 16 May.
14. The CHARM Program Committee are considering a range of local and interstate speakers to present on the crucial role of quality data in driving a learning health system for the focus day on Wednesday, 27 July 2022. This includes international and



interstate speakers who can describe their experiences with the research opportunities provided by EPIC (the Digital Health Record, DHR) as well as local key research stakeholders involved in establishing the DHR here in the ACT (Associate Professor Rohan Essex).

15. CHMR is working with sponsors to raise \$25,000 to cover expenses involved in CHARM.

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

16. CHMR continues to progress work ensuring the RIF Fellowship Program aligns with the three objectives of Research Strategic Plan (that the ACT has a learning health system; consisting of people with the capacity and capability to conduct high value research; supported by vital research infrastructure)
17. Following input from yourself and the ACT Health and Wellbeing Partnership Board, CHMR is exploring opportunities for the RIF to draw new talent to the ACT, to leverage philanthropic funding, to target priority groups and research topics and to consider specific groups within the health system workforce for eligibility.

#### **Community Support Subsector Roundtable - 31 March 2022**

18. ACTHD has received very positive feedback on the Community Support Subsector (CSS) Roundtable from key subsector stakeholders, including ACTCOSS and Carers ACT.
19. Discussions throughout the day were candid and robust, and provided valuable insights to inform the objectives and outcomes of the CSS program, which will replace existing subsector programs from 1 July 2023 (ie. the Community Assistance and Support Program (CASP), Flexible Family Support (FFS) and Transitional Care).
20. The facilitator (ThinkPlace) will deliver a 'listening report' no later than 14 April 2022 and you will be provided with a copy.
21. The listening report will inform a discussion paper that will provide an outline of the post-commissioned CSS program. The discussion paper will be circulated to all relevant stakeholders and published on CSD's Commissioning for Outcomes website.
22. Allowing for a reasonable feedback window on the discussion paper, a second roundtable will be scheduled for a date sometime between end-June and mid-July 2022. The second roundtable will address both the 'design' and 'procure' phases of commissioning.

#### **Women's Health Matters (WHM) newly appointed CEO**

23. Vivien Bevan has been the interim CEO of WHM since September 2021 while recruitment was undertaken to permanently fill this position. Vivien finished in this position on 31 March 2022.
24. Lauren Anthes has been appointed as permanent CEO of WHM and will commence on 25 April 2022. Lauren has worked across both ACT and Commonwealth Governments as well as not-for-profit and private sectors, including Capital Health Network.

25. WHM have contingency plans in place for the three weeks in April when there is no CEO. Engagement between ACTHD and WHM will continue as usual during this time.

## **RESPONSES TO MINISTER'S COMMENTS ON BRIEFS**

### **MIN22/462: Further Updates on Standing Exemption for Household Contacts to return to essential work**

*MO comment: Thank you. A standing exemption will formally become a notifiable instrument if we step down to a COVID-19 Management Declaration. May need to think about how ACTHD would work with ASIO to manage this if still relevant. Unclear if ASIO has consulted its own staff and their unions?*

26. We have sought advice from GSO in relation to recent amendments made to the Public Health Act (120A) in December 2021, which now requires a COVID-19 Direction to be a notifiable instrument. GSO has confirmed that the standing exemptions, as currently drafted, could be regarded as a formal direction, and should therefore be notified in accordance with S120A of the Act. We are just awaiting formal written advice to confirm this, and once received OCHO will notify the current standing exemption. We will also publish this on the Public Health Directions section of the COVID-19 website, as well as on the standing exemption page.
27. Future standing exemptions will be notified and published going forward.
28. In relation to the ASIO standing exemption, we will advise ASIO that the standing exemption provided to the organisation is required to be notified on the legislation register. I don't expect that they will have concerns. We will not seek to publish the standing exemption on the COVID-19 website.
29. We can confirm that ASIO has consulted with Comcare following our request, on the basis of their advice that they do not have regular dealings with a specific union. ASIO advised ACTHD that Comcare was comfortable with ASIO seeking to apply for the standing exemption and noted that ASIO should have a staff consultation process. ASIO has a staff association, representatives of which provide advice on policies and workplace issues and advocate for staff. Internal decision makers consult with the staff association on policies affecting employment conditions as required and have consulted with the staff association on employment policies throughout the pandemic. Should an ASIO employee seek to rely on the standing exemption, ASIO has advised that they will determine the appropriate level of staff consultation required at the relevant time, which will allow for a tailored approach to be taken dependent on the particular business area. As a further oversight mechanism, ASIO has advised that where staff have concerns about employment policies, they also have the option to seek support from ASIO's Ombudsman.

## **MINISTER'S OFFICE REQUESTS FOR INFORMATION**

30. Nil.

**KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS****Ngunnawal Bush Healing Farm - Program**

31. Program 11 (named Mulleun) at the NBHF commenced on Monday, 4 April 2022 with twelve participants.
32. The program will be delivered over 10 weeks, ending on 9 June 2022.
33. A hybrid program delivery format is being trialled incorporating 2 days of virtual online sessions and 2 days face to face at the NBHF.
34. Participants will be engaged in a range of culturally based therapeutic activities including:
  - a) trauma recovery group sessions run by TLMC Institute;
  - b) virtual healthy cooking classes run by Nutrition Australia ACT;
  - c) virtual SMART Recovery group sessions run by NBHF;
  - d) cultural arts workshops run by CIT Yurauna centre;
  - e) healing on country workshops run by Yurbay; and
  - f) case management services.

Action Officer:       Kylie Gstrein, Director, Government Business

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Media and Communications Forecast
Attachment B	Freedom of Information Requests Update
Attachment C	Ministerial & Government Services Report

**ACT Health Directorate**

<b>To:</b>	Minister for Health	Tracking No.: MIN22/587
<b>CC:</b>	Minister for Mental Health	
<b>From:</b>	Rebecca Cross, Director-General	
<b>Subject:</b>	Culture Reform Oversight Group Meeting – 27 April 2022 – Agenda and Meeting Papers	
<b>Critical Date:</b>	<b>21/04/2022</b>	
<b>Critical Reason:</b>	To enable circulation of papers prior to the Oversight Group meeting scheduled for 27 April 2022	

**Recommendations**

That you:

1. Note the attached Agenda and meeting papers at Attachment A for distribution to members of the Oversight Group prior to the meeting.

**Agreed / Not Agreed / Please Discuss**

2. Note that the meeting of the Culture Reform Oversight Group (Oversight Group) will be held on 27 April 2022, 2:00pm – 5:00pm via Webex due to the current Health Directions.

**Noted/ Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister's Office Feedback

### Background

1. The *Final Report: Independent Review into the Workplace Culture within the ACT Public Health Services* (the Culture Review) was released on 7 March 2019.
2. In accordance with recommendation 18 of the Review, the Oversight Group was established to oversee the implementation of the Review's recommendations.

### Issues

3. The draft Agenda for noting and meeting papers for your approval are provided at Attachment A.
4. An annotated Agenda will be provided to you by close of business on 22 April 2022.

### Financial Implications

5. The implementation of recommendations arising from the Review have financial implications for the Territory. In the 2019-20 budget, the ACT Health Directorate was allocated \$4.0m per year for three years, offset by a \$1.5m roll-over from 2018-19, for the implementation of all twenty recommendations arising from the Review.

### Consultation

#### Internal

6. Not applicable.

#### Cross Directorate

7. There has been consultation with the Chief Executive Officer (CEO), Canberra Health Services.

#### External

8. There has been consultation with Mr Ross Hawkins Regional CEO, Calvary ACT.

### Work Health and Safety

9. Not applicable.

### Benefits/Sensitivities

10. The Culture Review is of interest to the health sector and the ACT community more generally. The release of the meeting communique is intended to reassure the community that the recommendations of the Review are being implemented in a considered manner.

### Communications, media and engagement implications

11. The Oversight Group Meeting Communique will be published following the meeting.

Signatory Name: Rebecca Cross

Phone: X55335

Action Officer: Jodie Junk-Gibson

Phone: X49923

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Draft Agenda and Meeting Papers – Culture Review Oversight Group Meeting – 27 April 2022

**ACT Health Directorate**

<b>To:</b>	Minister for Health	Tracking No.: MIN22/584
<b>CC:</b>	Rebecca Cross, Director-General	
<b>From:</b>	Peter O'Halloran, Chief Information Officer and Executive Group Manager, Digital Solutions Division	
<b>Subject:</b>	Digital Health Record Program – Monthly Briefing April 2022	
<b>Critical Date:</b>	21/04/2022	
<b>Critical Reason:</b>	For the briefing to be available for the DHR Update with the Minister on Thursday 21 April 2022	

**Recommendations**

That you:

1. Note the update on the status of the Digital Health Record Program as per the Program Status Report as of 8 April 2022 at Attachment A.

**Noted / Please Discuss**

2. Note the Epic provided Executive Summary on the Digital Health Record – March 2022 at Attachment B.

**Noted / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister's Office Feedback

## Background

1. At a meeting held with ACT Health Directorate (ACTHD) on 21 January 2021, you requested a monthly briefing on the Digital Health Record (DHR) Program to keep you up to date with the status of the Program. These meetings have been scheduled for the third Monday of every month, and commenced on 24 May 2021.

## Issues

2. The DHR Program is currently in Tranche 2 – Delivering the Capability. The DHR Implementation Project; DHR Technical Project; and DHR Business Intelligence and Data Projects within the DHR Program are now in Phase 3 Testing, Content Build and Training Preparations.
3. The program is currently reporting a red status. Epic are reporting the program as improved at a serious status with a score of 2.5/5 against an average customer score of 3.45/5. This has improved from 2/5 in the last month report. The critical areas have reduced from three to two and these are receiving daily executive attention to ensure progress. These areas are reporting and end user devices. All critical areas have plans to meet for the Go-Live schedule to remain viable.
4. The following achievements have been delivered in the last month:
  - a. System Integrated Testing commenced on 28 March 2022 and 13 test scripts have been completed and passed. This is tracking to an amber status but there are 9 scripts where the test steps have been completed and validation is occurring to see whether these can be considered fully completed and passed;
  - b. Training preparations are progressing well with locations for training and a training schedule being developed. This is planning to be published by the end of April with training courses uploaded in the Human Resources Information Management Solution (HRIMS) Learning Management System; Success Factors, by 16 May 2022 so that managers can start booking staff into training;
  - c. The Privacy Impact Assessment is now final and will be published. Progress against recommendations will be managed and monitored by the DHR Program Office;
  - d. The Benefits Management Plan has been endorsed with 14 headline benefits agreed to be tracked. These will be tracked and monitored by the DHR Program Office; and
  - e. For DHR technical team, End User Device procurement is in progress for required devices needed at Go-Live (barcode scanners, printers, workstations, computers on wheels (COWs)). Data Conversion and Interface testing is progressing, and a plan has been devised that is tracking to schedule for the outstanding items. Dependencies of bring your own device (BYOD), Identity and Access Management (IAM), login strategy and the ongoing management of provider information are being monitored closely.



5. Work is continuing with Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB) on the end-user engagement activities and change management activities required of the health services. A Supplementary DHR Business Case is being led by ACT Health to cover health service activities and uplift of licences across the public health system. This Business Case has been submitted through the ACT Health Directorate (ACTHD) processes. Discussions on the viability of the plans to support the training through backfill and slowdown of services is occurring with CHS and CPHB.

### Financial Implications

6. [REDACTED]
7. It should be noted that delays in the DHR Program are costly due to the size of the team within ACT Health and Epic (burn rate of the DHR Program is \$165,000 per day).
8. The DHR Technical Project has requested a reprofile of money from the operational budget to the capital budget and this is in progress to address the budget issue.

### Consultation

#### Internal

9. Nil for the purpose of this briefing.

#### Cross Directorate

10. Over 500 subject matter experts have been identified from across the health services to provide key clinical guidance to the Program team to ensure the program remains clinically led.

#### External

11. Keith McNeil, Chief Clinical Information Officer, Queensland Health, is the independent Chair of the Program Board and Darlene Cox, Executive Director, Health Care Consumers Association ACT is a member of the Program Board.
12. External organisations such as Winnunga Nimmityjah Aboriginal Health and Community Services continue to be consulted through attendance at direction setting sessions and meetings with the Senior Director, DHR Implementation Project.

13. There are representatives from the following external organisations on the following Steering Committees for the Program:

Consumer Experience Steering Committee

- a. Health Care Consumers Association;
- b. ACT Mental Health Consumer Network;
- c. Carers ACT;
- d. Meridian;
- e. People with Disabilities ACT; and
- f. A consumer representative from Calvary Public Hospital Bruce

Union Engagement Advisory Committee

- a. Australian Nursing & Midwifery Foundation;
- b. Australian Salaried Medical Officers Federation;
- c. Community and Public Sector Union;
- d. Professionals Australia;
- e. Health Services Union;
- f. Visiting Medical Officers Association (ACT); and
- g. Australian Medical Association (ACT)

**Work Health and Safety**

14. Not applicable.

**Benefits/Sensitivities**

15. The overarching headline Benefits Management Plan devised by independent external consultancy (Abt Associates) was approved by the DHR Program Board 8 April 2022 and will now be managed in the DHR Program Office to gather the baseline data prior to Go-Live of the Epic DHR solution and will work on cadence of gathering data post Go-Live.

**Communications, media, and engagement implications**

16. The Program team would like to continue to work with your office through the ACT Health Communications team to provide you with the opportunity to participate in media or community opportunities for the Digital Health Record.

**Signatory Name:** Peter O'Halloran, Chief Information Officer      **Phone:** 5124 9000

**Action Officer:** Rajvir Kaur      **Phone:** 5124 6277

**Attachments**

Attachment	Title
Attachment A	DHR Program Status Report – Report compiled 8 April 2022
Attachment B	Epic ACT Health Program Status Report March 2022



**ACT Health Directorate**

SENSITIVE: CABINET

**To:** Minister for Health

Tracking No.: GBC22/167

**Date:** 12/04/2022

**CC:** Deb Anton, Deputy Director-General  
Liz Lopa, Executive Group Manager, Strategic Infrastructure  
Peter O’Halloran, Executive Group Manager, Chief Information Officer  
Jacinta George, Executive Group Manager, Health Systems, Policy and Planning  
Victor Martin, Executive Branch Manager, Health Protection Service  
John Fletcher, Executive Group Manager, Corporate and Governance

**From:** Rebecca Cross, Director-General

**Subject:** Review and reprofile of existing capital works program and recurrent initiatives

**Critical Date:** 28/04/2022

**Critical Reason:** Minister cleared responses are due to Treasury by 28 April 2022

**Recommendations**

That you:

1. Agree to the capital reprofiling of \$11.6 million from 2021-22 into the forward years;  

**Agree / Not Agreed / Please Discuss**
2. Agree to the 2020-21 recurrent rollovers of \$4.8 million into 2022-23; and  

**Agree / Not Agreed / Please Discuss**
3. Agree to provide Minister endorsed Attachment A and Attachment B to Treasury.  

**Agree / Not Agreed / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

SENSITIVE: CABINET

Minister's Office Feedback
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**Background**

1. Budget Memo 2022/08 - 2022-23 Capital Works Program and Recurrent Initiatives (Attachment C) was released in April 2022 by Treasury to undertake a strategic review of the 2021-22 capital works program and to reprofile recurrent initiatives.
2. The 2022-23 ACT Government Capital Works Program is currently budgeted at \$1.5 billion, significantly higher than historical delivery performance. To achieve a more realistic program in the development of the 2022-23 capital works program, directorates are working with Major Projects Canberra (MPC), to undertake a strategic review of their capital works programs.
3. Recurrent initiatives funded by Controlled Recurrent Payments (CRP) are also to be considered for reprofiling as part of this budget memo within the 2022-23 Budget process.
4. Requests to rollover funds from one year to the next are subject to approval by the Treasurer for total amounts greater than \$1 million, with both capital and CRP rollovers required to be entered into the whole of Government Budget Management System (GBMS) by 28 April 2022.

**Issues**

5. In January 2022, ACT Health Directorate (ACTHD) completed an initial \$8.7 million capital reprofiling exercise. This was completed as ACTHD had observed early trends of project milestone delays due to various COVID-19 disruptions. Following from this, the current 2021-22 ACTHD capital works program stood at \$70.7 million.
6. As at the end of the March 2022 quarter, ACTHD's total capital expenditure was \$44.7 million, or 63 per cent against the current budget. The results have been greatly improved from the \$26 million expenditure in January 2022 due to large milestone payments for the Digital Health Record (DHR) program. With three months remaining in this financial year, further reprofiling undertakings were carried out in accordance with the budget memo to ensure project areas adopt a realistic view of the expenditures that can be achieved in 2021-22 and in particular, the 2022-23 financial year.
7. The strategic review has identified a further \$11.7 million from 2021-22 and \$7.6 million from the 2022-23 financial year from seven capital projects, resulting in a total reprofiling of \$19.4 million into the 2023-24 financial year.

## SENSITIVE: CABINET

8. The majority of the 2021-22 reprofiling is coming from the Calvary Critical Infrastructure phase 1 and 2 projects and the Northside hospital development project. Infrastructure projects are taking longer than expected as the ability to plan, engage and stage the detailed work programs have been affected by a range of COVID-19 disruptions. The full listing of the capital reprofile is at [Attachment A](#).
9. In the recurrent reprofiling, the items proposed to be agreed relate to genuine delays in new initiatives and tied to Commonwealth grants. Requests totalling \$4.8 million were received, and the full listing of rollover requests is at [Attachment B](#).

**Financial Implications**

10. Where funding is reprofiled from 2021-22 to forward years, the appropriation reprofiled from 2021-22 will be 'frozen' by Treasury. Frozen appropriation remains legally available in 2021-22 and can be 'unfrozen' for use, should final 2021-22 appropriation need to be higher than the reprofiled estimates.
11. The capital reprofiling will reduce the 2021-22 capital works budget to \$59.1 million, with the revised utilisation rate increased to 78 per cent as at March 2022.

**Consultation**Internal

12. Strategic Finance wrote to each Division and project managers of ACTHD seeking requests to reprofile capital funding and roll over CRP funding as part of the 2022-23 Budget.

External

13. Consultation has occurred and agreement received with Calvary Public Hospital Bruce (CPHB) finance team regarding the progress update of all capital works projects.

**Work Health and Safety**

14. Not applicable.

**Benefits/Sensitivities**

15. Not applicable.

**Communications, media and engagement implications**

16. Not applicable.

Signatory Name:	Rebecca Cross, Director-General	Phone: (02) 5124 9400
Action Officer:	Jean Paul Donda, Acting Executive Branch Manager, Chief Finance Officer	Phone: (02) 5124 6941

**Attachments**

Attachment	Title
Attachment A	Capital Strategic reprofiling template
Attachment B	Recurrent initiatives rollover
Attachment C	Budget Memo

SENSITIVE: CABINET

**ACT Health Directorate**

<b>To:</b>	Minister for Health	Tracking No.: MIN22/568
<b>From:</b>	Rebecca Cross, Director-General	
<b>Subject:</b>	Endorsement of <i>Better Together: A Strategic Plan for Research in the ACT Health System</i> (content only)	
<b>Critical Date:</b>	02/05/2022	
<b>Critical Reason:</b>	To allow for graphic design ahead of a decision on the timing for release of the strategic plan	

**Recommendations**

That you:

1. Agree to the content of the draft Research Strategic Plan: *Better Together: A Strategic Plan for Research in the ACT Health System* at Attachment A;

**Agreed / Not Agreed / Please Discuss**

2. Note the Research Strategic Plan project plan, including background information, stakeholder consultation process, timeframes and alignment with key work at Attachment B; and

**Noted / Please Discuss**

3. Note that the timing of release of the Research Strategic Plan will be progressed with your office and in the context of finalising the approach and announcement on the final round of the Research Innovation Fund.

**Noted / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister's Office Feedback

## Background

1. ACT Health Directorate (ACTHD) has been tasked to develop a Research Strategic Plan (RSP).
2. Two recent key drivers for this work are:
  - a. The findings of the Second Annual Review into the Culture Review Implementation program identifying that “work that has been done to establish a research strategy is a positive start but needs more focus and momentum” (Attachment C).
  - b. The ACT Health and Wellbeing Partnership Board Terms of Reference (Attachment D), revised in September 2021 to include a description of the functions of the Research Working Group (RWG) as including to “oversee the development of a research strategy for the ACT health system”.

## Issues

### Better Together: A Strategic Plan for Research in the ACT Health System (the RSP)

3. Following an extensive period of consultation and co-production with key stakeholders, ACTHD and the RWG have developed a draft of the RSP *Better Together: A Strategic Plan for Research in the ACT Health System* (content only) at Attachment A.
4. The RSP is a system-wide, long-term, principles-based strategy that seeks to be relevant to a wide range of audiences including consumers, clinicians, administrators, investors, and academics. It spans the organisational-level research strategies of health system partners and value-adds by focusing on the gains made when the sector acts as one ecosystem rather than in organisational silos. It incorporates a value element by emphasising the importance of research that matters relative to its cost (value-based research).
5. Overall, the vision of the RSP is to foster a vibrant learning health system where collaborative research drives health and wellbeing outcomes for all, and where the health system uses and generates high-value research through continuously improved healthcare policy, planning and delivery in partnership with consumers.
6. The three strategic objectives are:
  - a. the ACT health system becomes a learning system;
  - b. ACT people have capacity and capability to undertake high-value research; and
  - c. ACT research infrastructure supports high-value research.

7. The draft strategy outlines ten actions for system reform that are underpinned by principles of consumer-centred and value-based health care, continuous improvement through cutting edge and translational research and a multi-disciplinary approach that involves partnerships and collaboration to deliver great health outcomes for the people of the ACT. As part of its implementation, research priorities derived from consumer and health system needs will be developed in consultation with stakeholders. This work is underway, along with a draft implementation plan.
8. The RSP was developed through extensive consultation and co-produced with key partners, including consumers. For a full description of the development process and stakeholders involved see the background section of the Project Plan at [Attachment B](#).
9. It is intended that the RSP will be published on the ACTHD website and will feature a suite of addendums including: a glossary and sections defining key concepts (such “what is the ACT health system?” and “what is value-based research?”), research prioritisation (significant topics and themes), an implementation plan, a position statement of commitment to equity and self-determination as evidenced through improved health outcomes for Aboriginal and Torres Strait Islanders and an overview summary in accessible plain English with a consumer focus.

#### Next steps and alignment

10. Pending your endorsement of the content of the draft plan, ACTHD will finalise the addendums in collaboration with the RWG and work with ACTHD Media and Communications to develop graphics and prepare the content for publication and launch. Please note next steps and a proposed timeframe is in the project plan at [Attachment B](#).
11. The RSP provides an opportunity to align ACTHD’s health research work and initiatives such as the Research and Innovation Fund (RIF) and the Canberra Health Annual Research Meeting (CHARM).
12. Considerable effort has been undertaken by the RWG to ensure there is alignment between the RSP and other research strategies developed by our partner organisations, including the Canberra Health Services Research Strategy, the Australian National University Transform initiative and the University of Canberra research strategic development currently underway. All partners agree that a learning health system, investing in people and building capacity through research infrastructure are key themes to strategically investing in research programs and operationalising the delivery of research projects that maximise impact on patients and community.

#### **Financial Implications**

13. The RSP is being delivered within existing ACTHD resources: there is no appropriation or funding specifically allocated to the RSP. However, in bringing the RIF into alignment with



the RSP there is an opportunity to direct the RIF's final \$1.0 million into initiatives which address the RSP's objectives.

### Consultation

14. Consultation on the development of the RSP and its associated pieces has been extensive, covering internal, cross-directorate and external consultation. A full description of consultation is included at Attachment B.

### Work Health and Safety

15. Nil work health and safety issues have been identified as arising from the RSP.

### Benefits/Sensitivities

16. The benefits and risks around both the RSP and its release in April 2022 are described in full in the Project Plan at Attachment B.

### Communications, media and engagement implications

17. This matter has the potential to generate media coverage if packaged with the RIF call for applications and CHARM.
18. ACTHD Media and Communications is working closely with the team to produce the final report, including layout and graphics.
19. ACTHD will work with stakeholders to conduct targeted communications.

Signatory Name: Rebecca Cross, Director-General Phone: 5124 9400

Action Officer: Associate Professor Bruce Shadbolt Phone: 5124 4288

### Attachments

Attachment	Title
Attachment A	<i>Better Together: A Strategic Plan for Research in the ACT Health System (content only)</i>
Attachment B	Research Strategic Plan - Project Plan
Attachment C	Meeting papers – 27 October 2021
Attachment D	Endorsed Terms of Reference – October 2021

**MINISTERIAL BRIEF****ACT Health Directorate****Tracking No.: GBC22/236**

**To:** Minister for Health

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**CC:** Rebecca Cross, Director-General  
Deborah Anton, Deputy Director-General

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**From:** Chadia Rad, Senior Director, Ministerial and Government Services

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**Subject:** Minister's Weekly Brief

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**Critical Date:** Friday, 22 April 2022

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**Critical Reason:** To ensure you are briefed on current issues and events.

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**Recommendations**

That you note the:

- Information in the Minister's Weekly Brief for 11-15 April 2022
- Media and Communication forecast at ([Attachment A](#));
- Freedom of Information requests update ([Attachment B](#)); and
- Ministerial & Government Services Report ([Attachment C](#)).

**Noted / Please Discuss**


Rachel Stephen-Smith MLA ...../...../.....

Minister's Office Feedback

**KEY TOPICS/EMERGING ISSUES****Canberra Health Annual Research Meeting (CHARM)**

1. Planning for CHARM continues to progress according to schedule. Abstract submissions are now open and will close 16 May 2022.
2. The Program Committee (with representatives from a wide range of organisations) are currently focused on identifying potential candidates for invited presentations to recommend to the Health Directorate Director General for inclusion in the program.
3. Staff are being encouraged to add the CHARM banner to their signature block which includes a link to the ACTHD CHARM website. Branding for CHARM is focusing on echoing the three strategic objectives in the Research Strategic Plan – describing the meeting as a cornerstone event in the ACT health system’s learning cycle, investing in its people and showcasing the infrastructure and platforms which facilitate high-value research.
4. An event proposal brief inviting Ministerial involvement is on its way to your office .

**Hydrotherapy**

5. 
6. ACTHD core funding provides for a total of 614 hydrotherapy sessions per year, and hydrotherapy continues to be a primary AACT service. AACT advise that:
  - a) they delivered 1814 client-led sessions and 135 instructor-led sessions in 2021, and demand for hydrotherapy sessions outstrips supply by at least 2:1; and
  - b) much of the demand is driven by allied health referrals.
7. The project to build a new southside hydrotherapy facility is facing (significant) delays.

**UPDATES ON KEY PROJECTS/PIECES OF WORK****National Code of Conduct for Health Care Workers**

8. 
9. 

**Culture Review Implementation**

10. Professional Transition Working Group Meeting
  - a) The Professional Transition Working Group meeting was held on Tuesday 5 April 2022.
11. Culture Review Implementation Steering Group
  - b) The Culture Review Implementation Steering Group will be held on Thursday 14 April 2022.
12. HR Matters Working Group
  - c) The System Wide HR Matters Working Group meeting will be held on Wednesday 20 April 2022.
13. Culture Reform Oversight Group
  - d) The Culture Review Oversight Group is being held on Wednesday 27 April 2022, 2:00-5:00pm, the meeting will be held remotely via WebEx.
14. Early Intervention Working Group
  - e) The Early Intervention Working Group meeting will be held on Thursday 28 April 2022.
15. System-wide leadership development training
  - f) There have been a total of 154 employees who have attended the ACT Public Health System Leadership Development Program. There are two more sessions that have been confirmed for the 12 and 23 May 2022.
16. Yamba Precinct Carpark
  - g) Contract has been issued to GHD 14/04 for return by 20/04.

**RESPONSES TO MINISTER'S COMMENTS ON BRIEFS**

***GBC22/212 – 25<sup>th</sup> CHO Report – 6 April 2022 - National Situational Update – are these being investigated for source?***

17. The data reported in the 'National situation update' section of the CHO Report on the Status of the Public Health Emergency due to COVID-19 is sourced from the Australian Government Department of Health website <https://www.health.gov.au/health-alerts/covid-19/case-numbers-and-statistics>.
18. The case data in this section of the report is sourced from the table titled 'Local, overseas acquired and under investigation cases by states and territories' and includes data from all Australian jurisdictions on the total number of cases by source of infection in the last 24 hours and last 7 days as well as the number of active cases that have occurred in Australia. The Department of Health lists cases as 'under investigation' if the links of these cases are still under investigation or haven't been confirmed, which is quite common now that contact tracing is not conducted in most eastern states. Reporting from jurisdictions continue to include under investigation, which does not then get resolved due to limited specific contact tracing. In the ACT because we are so few international arrivals, we have advised that all our cases should be assumed to be locally acquired and as such are reported as such.

**MINISTER'S OFFICE REQUESTS FOR INFORMATION**

19. Nil.

**KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS**

20. Nil.

Signatory: Chadia Rad, Senior Director, Ministerial and Government Services

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Media and Communications Forecast
Attachment B	Freedom of Information Requests Update
Attachment C	Ministerial & Government Services Report

**ACT Health Directorate**

<b>To:</b>	Minister for Health	Tracking No.: MIN22/510
<b>CC:</b>	Rebecca Cross, Director-General	
<b>From:</b>	Deb Anton, Deputy Director-General	
<b>Subject:</b>	ACT Quality Strategy 2018 – 2028 Review Report	
<b>Critical Date:</b>	Not Applicable	
<b>Critical Reason:</b>	Not Applicable	

**Recommendations**

That you:

1. Agree to endorse the ACT Quality Strategy 2018 – 2028 review recommendations at Attachment A for implementation; and

**Agreed / Not Agreed / Please Discuss**

2. Note that the ACT Quality Strategy 2018 – 2028 review is now completed.

**Noted / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister's Office Feedback

## Background

1. The ACT Health Quality Strategy 2018-2028 (the Strategy) was developed following extensive government and community consultation to support the ACT public health system to; improve the safety and quality of care; reduce patient harm, variation, and waste; improve consumer experience; and to ensure the care that the community receives is evidence-based and reliable.
2. In March 2018, the then Minister for Health and Wellbeing, Ms Meegan Fitzharris MLA, launched the Strategy which included the following three priorities (with associated goals), and four enablers to assist achieving these:

### Priorities

- Person-centred:
- Patient safety
- Effective care

### Enablers

- Culture and leadership
- Communication and engagement
- Continuous improvement and innovation
- Quality improvement measurement

3. At the release of the Strategy, formal reviews were intended after two, five and ten years, but due to the COVID-19 pandemic, the commencement of the two-year review was delayed until 2021.

## Issues

4. In October 2018, shortly after the Strategy was published, a restructure of ACT public health services occurred, transitioning ACT Health into two separate directorates. ACT Health Directorate (ACTHD) assumed jurisdictional strategic and high-level policy responsibilities, and Canberra Health Services (CHS) assumed responsibility for operational health service delivery. Calvary Public Hospital Bruce (CPHB) is commissioned by the ACTHD to provide specific public health services in the ACT.
5. The review of the Strategy also considered whether some aspects of the Strategy needed to be reconsidered to ensure clear accountabilities within the restructured ACT health system.
6. A Strategy Review Steering committee was formulated to assist with the consultation and oversight of the review process, and included:
  - Director, Quality and Safety Unit, ACTHD
  - Executive Branch Manager, Quality & Safety, CHS
  - Director of Clinical Governance, CPHB
  - Executive Director, Health Care Consumers' Association (HCCA)

7. The following three Executive Sponsors were appointed to provide executive oversight to the Quality Strategy Review:
  - Deputy Director-General, ACTHD
  - General Manager, CPHB
  - Deputy Chief Executive Officer, CHS
8. The Strategy review has identified eight recommendations to improve the health system and further embed the priorities and enablers outlined in the Strategy.
9. Once implemented, these recommendations will assist in ensuring robust systems and processes are in place to effectively monitor patient safety, experience and outcomes and implement innovative improvements to ensure the ACT health system is safe, responsive and sustainable well into the future.

### **Financial Implications**

10. The Strategy review occurred using existing resources within ACTHD.
11. ACTHD has initiated a project to develop a framework for effective implementation of ACT-wide clinical system governance. Implementation of recommendations outlined in the Strategy review report (Attachment A) can be managed within allocated resources.

### **Consultation**

12. Extensive consultation occurred across the whole of the public health system as part of this review. Consultation also occurred with healthcare consumers and carers. Non-Government Organisations, Capital Health Network (CHN) and other stakeholders were also invited to participate in this review.

### Internal

13. Divisions within ACTHD.

### Cross Directorate

14. CHS through Executive, senior clinical leadership and quality and safety leads.

### External

15. The following external organisations were consulted:
  - CPHB through Executive, senior clinical leadership and quality and safety leads
  - ACT Council of Social Services
  - ACT Mental Health Community Coalition
  - ACT Human Rights Commission
  - ACT Mental Health Consumer Network
  - Alcohol and Other Drug Association ACT
  - Carers ACT



- CHN
- HCCA
- Sexual Health and Family Planning ACT

### **Work Health and Safety**

16. Nil.

### **Benefits/Sensitivities**

17. This review has provided an opportunity to consider progress against priorities and enablers identified in the Strategy.
18. Since the review was undertaken using internal staff and resources, it also provided an opportunity to develop skills of our own staff in undertaking such reviews.
19. The review was inclusive of stakeholders involved in quality improvement and patient strategy initiatives and has facilitated cohesion and better integration.

### **Communications, media and engagement implications**

20. A public release of the report could take place later in the year and would be accompanied by a communication and implementation plan to support ongoing reform.
21. As part of the implementation of ACT-wide clinical system governance framework, regular updates on progress against the Strategy's priorities and enablers will be published.

Signatory Name: Deb Anton, Deputy Director-General Phone: 5124 9320

Action Officer: Dr Dinesh Arya, Chief Medical Officer Phone: 5124 9320

### **Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	ACT Quality Strategy 2018 – 2028 Review Report



**MINISTERIAL BRIEF**

**ACT Health Directorate**

**Tracking No.: GBC22/239**

**To:** Minister for Health

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**CC:** Rebecca Cross, Director-General

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**From:** Deborah Anton, Deputy Director-General

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**Subject:** Minister’s Weekly Brief

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**Critical Date:** Friday, 29 April 2022

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**Critical Reason:** To ensure you are briefed on current issues and events.

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**Recommendations**

That you note the:

- Information in the Minister’s Weekly Brief for 18-22 April 2022;
- Media and Communication forecast at (Attachment A);
- Freedom of Information requests update (Attachment B); and
- Ministerial & Government Services Report (Attachment C).

**Noted / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister’s Office Feedback
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**KEY TOPICS/EMERGING ISSUES****Patient departure prior to discharge from Calvary Public Hospital Bruce**

1. On 22 April 2022, the Calvary Public Hospital Bruce (Calvary) General Manager, Ms Robin Haberecht informed ACT Health Directorate that an admitted patient had departed the hospital prior to discharge on the evening of 21 April 2022. Calvary held some concern for the patient's condition.
  - a) Nursing staff attempted to contact the patient without success.
  - b) Calvary hospital security and the after-hours hospital coordinator were notified, and staff followed the hospital's missing patient protocol and notified the Australian Federal Police (AFP).
2. The AFP located the patient at home the following day. The report from Calvary is that the patient was safe and did not wish to return to Calvary and would attend another health service if they felt further care was needed.

**UPDATES ON KEY PROJECTS/PIECES OF WORK**

3. Nil.

**RESPONSES TO MINISTER'S COMMENTS ON BRIEFS**

4. Nil.

**MINISTER'S OFFICE REQUESTS FOR INFORMATION****Update on implementation of Moderated Online Social Therapy (MOST) (budget measure from 2021-22)**

5. Regular meetings have been held between Orygen Digital (provider of MOST) and ACT Health Directorate (ACTHD) since late 2021. Discussions have focused on defining the scope of implementation for a trial period to test the MOST program in the ACT context. This will include an independent review of implementation and uptake of MOST in the ACT as well as ongoing evaluation of MOST by Orygen Digital and their research partners. This will inform how MOST is provided and any developments required for further use in the ACT.

6. [REDACTED]

7. [REDACTED]

8. Based on the analysis of the Orygen proposal, the ACTHD is progressing approval for a single select approach and will provide a Request for Quote to Orygen Digital. This process is expected to take 3-4 months to have a final contract in place so service delivery would commence in the second half of 2022.
9. ACTHD have met with officers from Queensland Health and non-government agencies involved in the rollout of MOST to share an understanding of their process, the progress they have made and how they are configuring MOST in Queensland. [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]
10. ACTHD are regularly briefing Minister Davidson and her Office on the progress to establish a trial of MOST in the ACT

#### KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS

##### Ngunnawal Bush Healing Farm Program

11. The onsite program at the Ngunnawal Bush Healing Farm was cancelled on Thursday, 21 April 2022 due to a number of staff having COVID and being unwell and therefore there was not sufficient senior staff to supervise and direct a program. The program will continue online.
12. Friday, 22 April 2022 was a client-free day.
13. The program will run virtually on 26 and 27 April 2022.
14. All staff, clients, providers and the Elder in Residence have been advised.

Action Officer: Chadia Rad, Senior Director, Ministerial and Government Services

#### Attachments

Attachment	Title
Attachment A	Media and Communications Forecast
Attachment B	Freedom of Information Requests Update
Attachment C	Ministerial & Government Services Report



**MINISTERIAL BRIEF**

**ACT Health Directorate**

**Tracking No.: GBC22/260**

**To:** Minister for Health

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**CC:** Rebecca Cross, Director-General

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**From:** Deborah Anton, A/g Director-General

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**Subject:** Minister’s Weekly Brief

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**Critical Date:** Friday, 6 May 2022

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**Critical Reason:** To ensure you are briefed on current issues and events.

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**Recommendations**

That you note the:

- Information in the Minister’s Weekly Brief for 25-29 April 2022;
- Media and Communication forecast at (Attachment A);
- Freedom of Information requests update (Attachment B); and
- Ministerial & Government Services Report (Attachment C).

**Noted / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister’s Office Feedback
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**KEY TOPICS/EMERGING ISSUES**

1. Nil.

**UPDATES ON KEY PROJECTS/PIECES OF WORK****Performance Audit - ACT Childhood Overweight and Obesity Programs**

2. The ACT Audit Office is conducting an audit into childhood overweight and obesity initiatives.
3. The focus of the audit is ACT Government agencies' programs and services to promote healthy weight and prevent and treat overweight and obesity in children.
4. The audit will consider:
  - a) cross-agency strategies for the prevention and reduction of overweight and obesity in children; and
  - b) ACT Government agencies' management of programs and services for the prevention and reduction of overweight and obesity in children. This includes activities for the planning, delivery and review of the programs and services.
5. Much of the Audit's focus will be on work conducted by the Population Health Division. Fortnightly meetings have been established with the ACT Audit Office to help facilitate information exchange and discuss preliminary findings as the audit progresses.
6. The Audit Report is expected to be completed and tabled in the Legislative Assembly in the third quarter of 2022. A draft of the Audit Report is expected to be provided in July/August for review. The ACT Government will have an opportunity to provide a formal response for inclusion in the final Audit Report.

**Bilateral Cross Border Agreements - National Health Reform Agreement**

7. On 27 April 2022, South Australia signed the bilateral agreement relating to the provision of public hospital services to June 2025 proposed by the ACT.
8. The remaining outstanding bilateral agreements (except NSW) with Western Australia, the Northern Territory and Tasmania are expected to be finalised by the end of June 2022.

**Calvary Public Hospital Respiratory Assessment Unit and Older Persons Mental Health Unit**

9. As per previous advice, the public mental health service inpatients at Calvary Bruce Private Hospital were scheduled to return to the Older Persons Mental Health Unit at Calvary Public Hospital Bruce (CPHB) on 26 April 2022.
10. CPHB has subsequently advised that the return date will now be 5 May 2022.

**Peak Body Commissioning Process**

11. On 29 April 2022, ACT Health Directorate and Community Services Directorate executives and representatives met peak Non-Government Organisations (NGO) bodies to recap the intent of the peak body commissioning process and confirm the proposed phased approach to commissioning peak bodies.
12. Peak body representatives expressed their satisfaction with the meeting, recent communications and explanation and praised meeting organisers and the useful presentation.
13. The proposed commissioning process was endorsed by all attendees using polling undertaken during the meeting.
14. Deeds of Grant for peak bodies will be progressed, aiming for finalised drafts being ready to offer this month.

**RESPONSES TO MINISTER'S COMMENTS ON BRIEFS**

15. Nil.

**MINISTER'S OFFICE REQUESTS FOR INFORMATION**

16. Nil.

**KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS****Ngunnawal Bush Healing Farm**

17. The Ngunnawal Bush Healing Farm Mulleun Program resumed on 26 April 2022, following a brief suspension on 21 April due to COVID-19 related staffing shortages.
18. The program is approaching its mid-way point and attracting strong attendance.

Action Officer: Chadia Rad, Senior Director, Ministerial and Government Services

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Media and Communications Forecast
Attachment B	Freedom of Information Requests Update
Attachment C	Ministerial & Government Services Report

**ACT Health Directorate**

**To:** Minister for Health  
Chief Minister

Tracking No.: MIN22/496

**CC:** Minister for Disability  
Rebecca Cross, Director-General, ACT Health Directorate  
Catherine Rule, Director-General, ACT Community Services Directorate  
Dave Peffer, Chief Executive Officer, Canberra Health Services  
Leesa Croke, Coordinator General, COVID-19 (Non-health) Response

**From:** Dr Robyn Walker, A/g Chief Health Officer

**Subject:** Options for a 2022 ACT Government Influenza Vaccination Program

**Critical Date:** 14/04/2022

**Critical Reason:** To allow further advice to be provided on implementation options and related activities

**Recommendations**

That the Minister for Health:

1. Agree to indicate your preferred option for a 2022 ACT Government funded Influenza Vaccination Program for:

Option One - Disability support workers, people they care for and vulnerable Canberrans who are not eligible under the federally funded National Immunisation Program (NIP) (estimate of 20,000 people);

**Agreed / Not Agreed / Please Discuss**

Option Two – Option one, plus concession card holders aged between five and 64 years of age who are not eligible under the NIP (estimate of 65,000 people);

**Agreed / Not Agreed / Please Discuss**



2. Agree to the ACT Health Directorate preparing an amendment to the *Medicines, Poisons and Therapeutic Goods Regulation 2008* (MPTG Regulation) to allow the Chief Health Officer to authorise student and enrolled nurses to administer influenza vaccines;

**Agreed / Not Agreed / Please Discuss**

3. Sign the letter to the Hon Greg Hunt, Australian Minister for Health advising him of the 2022 ACT Government funded Influenza Vaccination Program at Attachment A;

**Signed / Not Signed / Please Discuss**

4. Note that influenza vaccination will not be mandated for aged care workers in residential aged care facilities under a Public Health Direction; and

**Noted / Please Discuss**

5. Note that you will be briefed further on implementation options, additional costs and related activities dependent upon the preferred option.

**Noted / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister's Office Feedback

That the Chief Minister:

1. Agree to indicate your preferred option for a 2022 ACT Government funded Influenza Vaccination Program for:

Option One - Disability support workers, people they care for and vulnerable Canberrans who are not eligible under the Federally funded National Immunisation Program (NIP) (estimate of 20,000 people);

**Agreed / Not Agreed / Please Discuss**

Option Two – Option one, plus concession card holders aged between five and 64 years of age who are not eligible under the NIP (estimate of 65,000 people);

**Agreed / Not Agreed / Please Discuss**

2. Agree to the ACT Health Directorate preparing an amendment to the *Medicines, Poisons and Therapeutic Goods Regulation 2008* (MPTG Regulation) to allow the Chief Health Officer to authorise student and enrolled nurses to deal with influenza vaccines;

**Agreed / Not Agreed / Please Discuss**

3. Note that influenza vaccination should not be mandated for aged care workers in residential aged care facilities; and

**Noted / Please Discuss**

4. Note that you will be briefed further on implementation options, additional costs and related activities dependent upon the preferred option.

**Noted / Please Discuss**

Andrew Barr MLA ...../...../.....

Chief Minister's Office Feedback

### **Background**

1. Since April 2020, influenza activity has remained at historically low levels, primarily because of the COVID-19 pandemic response. Influenza vaccine uptake was much lower in 2021 than in previous years across all population groups, especially children. This, combined with the absence of influenza circulating since April 2020 means that the proportion of the population susceptible to influenza is higher than usual. With international borders open and pandemic restrictions easing, Canberrans may be vulnerable to a resurgence of influenza. This concern is exacerbated because the influenza season may coincide with another surge of COVID-19 in the winter months.
2. On 11 March 2022, National Cabinet agreed to a nationally consistent approach to manage both the COVID-19 pandemic and the likely co-circulation of influenza during winter 2022, to minimise health impacts while supporting the economy. The agreed key principles include:
  - i. maximising COVID-19 and Influenza vaccination coverage;

- ii. integrated messaging and communication strategies for the prevention, diagnosis and treatment of COVID-19 and influenza, with a focus on vaccination as the most important preventive measure against severe disease outcomes, particularly in high-risk groups.
3. National Cabinet also agreed that states and territories will consider mandating influenza vaccination for aged care workers at residential aged care facilities (RACFs).
4. Annual administration of influenza vaccine is available through several mechanisms including through the federally funded NIP for people at risk of complications from influenza (includes children aged six months to less than five years; Aboriginal and Torres Strait Islander people aged six months and over; pregnant women; people aged 65 years and over; and people with certain medical conditions). Whilst supply of the vaccine is free under the NIP, immunisation providers may charge a consultation fee for its administration.
5. The influenza vaccine is recommended for everyone aged six months and over and many Canberrans access influenza vaccine at their own expense from their general practitioner (GP) or pharmacist.
6. Corporate and private arrangements are also in place including where it is strongly recommended for workers in high-risk settings, such as aged care and disability care, and for people who live in congregate living or insecure living arrangements.
7. Further, the Australian National University and the University of Canberra are offering free influenza vaccination to all students as well as staff.
8. All Australian Government-subsidised residential aged care providers must offer staff and volunteers free access to annual influenza vaccinations in order to comply with the Aged Care Quality Standards<sup>1</sup>. This is at the provider's cost. The Commonwealth funds influenza vaccine for all RACF residents.
9. The ACT Health Directorate (ACTHD) administers the NIP Influenza Program through the delivery of influenza vaccines to approximately 220 primary care and other providers. During the 2020 and 2021 ACT NIP programs, 131,059 and 117,322 influenza vaccines were distributed. In 2021, the first year in which the use of the Australian Immunisation Register was mandatory, 190,695 influenza vaccines were administered in the ACT under NIP, corporate and other arrangements.
10. ACTHD commenced delivery of 2022 NIP influenza vaccine on Wednesday, 30 March 2022.

## Issues

11. ACTHD proposes that the uptake of influenza vaccination in the ACT community could be further supported through the delivery of a targeted, time limited program intended to increase community uptake in those not eligible under the NIP.

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<sup>1</sup> Quality of Care Principles 2014

12. The key purpose of a 2022 ACT Government Influenza Vaccination Program would be primarily to provide additional assistance in protecting the most vulnerable members of our community, who are most at risk of poor health outcomes and for those where significant barriers to access remain. This may also contribute to preventing hospital admissions from influenza for those at greatest risk. There may also be a contribution to a lessening of influenza related workforce absences during the winter period coincident with anticipated workforce pressures from potential COVID absences, although the size of this over the existing program is difficult to estimate.
13. It is proposed that as part of planning for Winter 2022, the ACT Government make influenza vaccination available at no cost for groups described in one of the two options outlined below. Influenza in Australia usually peaks around August and September with vaccination programs starting in early April. Vaccine administration in May and June provides good protection for the peak season.

**Option One - Disability support workers, people they care for and vulnerable Canberrans**

14. While a number of disability workers are able to access corporate vaccination programs, there are no reliable estimates on the levels of uptake (unlike COVID-19 vaccination, reporting of influenza vaccination is not required by the National Disability Insurance Scheme and is not required under their accreditation rules).
15. Increasing options for access to influenza vaccination will support providers and workers to access vaccination and likely reduce short term impacts on people with disability from increased worker furloughs due to illness. This option would also make vaccine available for community based aged care workers who may not be able to access a corporate program.
16. Eligibility under this option would effectively mirror the arrangements for access to ACT government-funded Rapid Antigen Tests (RAT) to community-based organisations that employ front line workers providing in-home personal care supports and services to people with disability and older Canberrans who have increased vulnerability to the impacts of COVID-19.
17. Vulnerable community members who are recipients of care from the above organisations, would also be eligible under this option, although alternative methods of delivery (e.g., targeted pop ups, partnering with other primary health care providers) may be required to reach the target audience. Some of this more vulnerable population will have eligibility under the NIP but the size of this population is unknown, nor the number that would routinely access their GP for this care.
18. It is estimated that approximately 20,000 people would be eligible under option one.
19. One delivery model for option one would be at ACT Government vaccination facilities (and Access and Sensory vaccination clinic). An alternative option would be through the private sector.

**Option Two - Option one, plus concession card holders aged between five and 64 years of age not eligible under the NIP.**

20. This option would make influenza vaccination available in 2022 for a significant cohort of people for whom current cost of living pressures may present a barrier to access to influenza vaccination. It is estimated that approximately 65,000 people would be eligible under option two. This is not intended to be an enduring program.
21. This group would include people receiving Commonwealth payments including a Disability Support Pension, New Start Allowance, Youth Allowance, Carer Payment, Parenting Payment, Newstart Allowance or Youth Allowance. These individuals hold a Concession or Health Care Card which could be used as the key requirement for eligibility. Eligibility under this option would effectively mirror the arrangements for access to up to ten free RAT in a three-month period through community pharmacies.
22. If this option is agreed further work will be required to identify the delivery pathways, as this will require partnering with the private sector and/or other primary care health providers.

**ACT Government Delivery – Necessary steps to operationalise**

23. There are significant complexities associated with the delivery of either option alongside the current COVID-19 vaccine program. These complexities relate to the qualifications of staff required to administer the vaccine.
24. For option one, if government vaccination staff are to be utilised, a change will be required to the *Medicines, Poisons and Therapeutic Goods Regulation 2008* (MPTG Regulation) to enable the current Canberra Health Services (CHS) student staff and enrolled nurses to administer influenza vaccine.
25. Amending the MPTG Regulation to allow the Chief Health Officer to authorise student and enrolled nurses to administer influenza vaccine would be justifiable on the basis that it supports a time limited and targeted response consistent with the clinical arrangements in place for the administration of COVID-19 vaccines. This approach would also be consistent with measures being taken to allow student and enrolled nurses to administer influenza vaccine in Queensland and Western Australia noting that the approach there is to support primary health deliver programs.
26. If changing the MPTG Regulation is not possible, then recruitment of increased numbers of registered nurses would be required to replace the current undergraduate student nurses and enrolled nurses. This would be difficult in the current workforce environment and place additional nursing pressures on an already stretched CHS nursing workforce.
27. For this reason, option one is not thought possible without this Regulation change. Currently there is a shortfall in COVID-19 vaccinators, so it is anticipated that some recruitment action will be required to deliver the program, if government-funded vaccination clinics are to be utilised. The financial costs associated with this recruitment are yet to be identified.

28. There are a number of operational issues that will also need to be addressed to ensure the right vaccine is administered to patients (i.e. different flu vaccine for > 65-year-olds, compared with < 65-year-olds) and booking and clinical documentation issues to allow bookings for either influenza and COVID-19, COVID-19, or influenza alone.

### **Alternative Influenza Delivery Approaches for option one and two**

29. The current Australian Institute of Sport (AIS) vaccination workforce (even with a change to the Regulation) cannot deliver option two and alternative delivery pathways would be required. Alternative delivery arrangements that can be explored by ACTHD for both options one and two include:
- i. Contracting a third-party private vaccine provider to deliver the influenza program to identified high-risk worker and vulnerable community members through a specific short term delivery hub;
  - ii. Community pharmacists could administer the influenza for concession card holders on ACT Government's behalf. This could be achieved through providing set funding to pharmacy stakeholder groups (i.e. Pharmacy Guild and/or Pharmacy Society of Australia (PSA)) to deliver a targeted amount of influenza vaccine opportunistically to concession card holders and/or high-risk workers. The agreed fixed cost of each vaccine and administration could be reimbursed by the Guild or PSA – using ACT Government identified funding.
  - iii. Broader general practice delivery may be supported through assistance from Capital Health Network (CHN). CHN could mobilise general practice capacity to deliver to identified high-risk worker and vulnerable community members. CHN may potentially also support specialist GP providers, such as the Interchange Health Co-operative and Directions ACT, to deliver targeted vulnerable persons influenza delivery.
30. Such alternative options would take time to operationalise – depending on stakeholder availability and complexity. Preliminary high-level discussions with vaccination administration providers and CHN have been positive. No discussions have occurred to date with Pharmacy representatives regarding potential delivery programs.
31. If non-ACT Government influenza delivery is preferred, ACTHD will return promptly with a further brief expanding upon options for delivering the program and its associated costs after engaging with the relevant stakeholders.

### **Influenza Vaccination for Residential Aged Care and Disability Workers**

32. Influenza vaccination is available free to residential aged care workers accessed through corporate arrangements either on-site or through primary health providers. This is a requirement under the Commonwealth Aged Care Quality Standards.
33. For this reason, it is proposed that aged care workers should not be included specifically in any ACT Government influenza vaccination program communications. However, it is proposed that an influenza vaccine would be provided, if an aged care worker presents for and seeks administration.

34. It is proposed that the ACT will not mandate influenza vaccination for aged care workers at residential aged care facilities under a Public Health Direction. This is on the basis that previous Commonwealth and ACT survey data have demonstrated very high uptake of influenza vaccine for this employee cohort. ACTHD will continue to monitor developments in the sector to ensure arrangements can be reviewed and responded to in a timely manner.
35. Several jurisdictions will not be mandating influenza vaccination for residential aged care and disability workers in 2022, including NSW.
36. On 31 March 2022, the Australian Health Protection Principal Committee noted in its statement on winter season preparedness that there are a range of methods, including improving access and enhanced monitoring and reporting, that are likely to be successful in increasing influenza vaccination coverage among health care, aged care and disability workers, without the need to mandate influenza vaccination.

#### National Partnership on Essential Vaccines

37. NIP influenza vaccines are distributed under the National Partnership on Essential Vaccines (NPEV). Under the NPEV, jurisdictions are required to notify the Commonwealth of 'substantial situations which will affect the volume and supply of vaccines'.
38. If a 2022 ACT Government Influenza Vaccination Program is agreed, it is proposed that the Minister for Health sign the letter to the Honourable Greg Hunt, Australian Minister for Health at [Attachment A](#). It is proposed that ACT officials would provide Department of Health official additional details on the ACT program following consultation with your office.

#### Future of the AIS Arena Vaccination Centre

39. Notwithstanding the potential for an influenza program, the AIS and Access and Sensory clinics have seen a large reduction in vaccination appointments in recent times. A large proportion of existing appointments are for the administration of the second Pfizer vaccine to 5 to 11 year olds with the majority of these expected to have been delivered by 10 April 2022.
40. Consideration is now being given to the downscaling of operations at these clinics. It is likely that future operations would be absorbed by primary care clinics, with the potential for the infrastructure footprint to remain so that operations can be scaled back up in response to a new variant or population-wide vaccine requirement. It is understood, for example, that consideration by Australian Technical Advisory Group on Immunisation for an expansion of the eligible groups for a 'winter dose' is currently underway.
41. The justification for downscaling includes:
  - i. demand has declined with very few booked appointments even with 'winter booster' availability;

- ii. outside of universal healthcare programs (like Maternal and Child Welfare), vaccines do not fall within the responsibility of ACT Health. These COVID centres were short term provisions designed to help with population-wide administration in the face of a pandemic;
  - iii. there is a strong narrative for consolidating healthcare resources and absorbing them into hospital and acute care provision in preparation for winter (and expected uptake in respiratory illness);
  - iv. feedback provided through interjurisdictional, and ACT specific surveys indicates that GPs are the most trusted source of information with regards to vaccines and COVID-19; and
  - v. for those that remain unvaccinated, survey results suggest the issue is not one of accessibility, but rather, concerns or lack of information with respect to the long-term effects of vaccines (particularly for children).
42. Once more detailed planning has been undertaken and a decision reached on the ACT Government's position on influenza vaccine for 2022 the ACTHD will return with a brief outlining the potential drawdown of the mass vaccination facilities. Preliminary consideration would see the facilities close for vaccination by no later than 30 June 2022.

### **Financial Implications**

43. The costs of implementing the proposed influenza program includes the purchase of vaccine (\$6.90 each), vaccine administration, and other program costs. Vaccine costs would be \$138,000 for option one and \$414,000 for option two. There will be some additional staffing costs associated with increased recruitment. Funding is sought from COVID-19 Response Funding.
44. As noted in paragraph 29, if a non-ACT Government influenza delivery is preferred, ACTHD will return promptly with a further brief expanding upon options administration and related costs based on uptake modelling scenarios. These costs are likely to be significant and would vary depending on the models to be delivered.

### **Consultation**

#### Internal

45. CHS has advised that operational changes would be required to manage the multiple streams of vaccination administration of influenza and COVID-19 vaccination programs within ACT Government COVID-19 vaccination clinics. CHS's principal concerns relate to the impact on staffing, particularly as we move into the winter period.

#### Cross Directorate

46. The Coordinator General COVID-19 (Non-health) has been verbally briefed on the proposal for a 2022 ACT Government Influenza Vaccination Program and has indicated in principle support.



### External

47. Tasmania is understood to be implementing a State funded 2022 influenza program complementing the NIP. Tasmania has announced a program for critical workers and vulnerable people who are not eligible under the NIP. Under the program eligible people include aged care and disability workers, people with disability, family/household members of older people and people with disability, people in rural and remote areas without access to vaccination providers and workers in other critical industries such as food and agriculture, education, health, corrections, emergency and freight and logistics workers.
48. Western Australia (WA) is understood to be implementing opportunistic influenza vaccination through their COVID vaccine clinics. They will also be using the hubs to deliver standalone influenza vaccination for WA Health employees (instead of corporate in reach). WA are also expanding their legislative instrument to widen their COVID immunisers to deliver influenza.
49. South Australia has advised that individuals over 65 years of age can receive their influenza vaccine when they receive their COVID-19 vaccine at one of the Government vaccination centres.
50. ACTHD has secured a supply 20,000 influenza vaccines from Sanofi in anticipation of agreement to a 2022 ACT Government Influenza Vaccination Program (or potential alternative model). Early indications are that supply is also likely to be available to meet requirements for 60,000, if required.

### **Work Health and Safety**

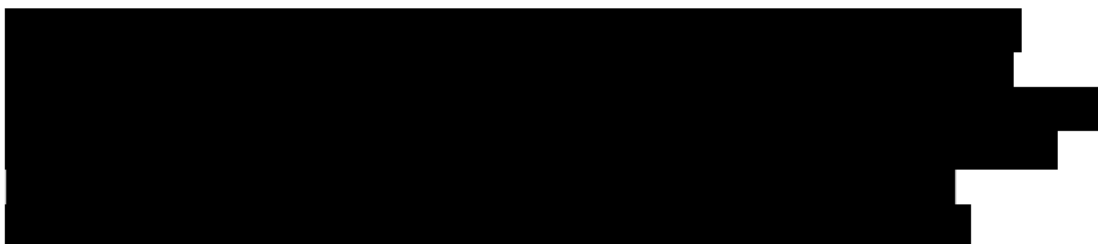
51. Widespread influenza vaccine uptake among aged care and disability workers is likely to result in a reduction in influenza transmission with reduced workforce impacts and impacts for older Canberrans and people with disability.

### **Benefits/Sensitivities**

52. Any expansion of the ACT Government vaccine workforce will be challenging at a time when the hospital is already experiencing increased demand for services, staff furloughs continue, and the hospital workforce is reporting fatigue.
53. Primary health representatives may raise concerns about a 2022 ACT Government Influenza Vaccination Program as they may consider negative financial impacts for their members, given that many providers will have already incurred expense in ordering private influenza supply. Conversely some GP may support an additional vaccination pathway that allows them to focus appointments on the sick.
54. Any proposed additional Influenza Vaccination Program is targeting sections of the community that would not normally access the private market for influenza vaccination due to the cost.


55. An amendment to the *Medicines, Poisons and Therapeutic Goods Regulation 2008* will be required to allow the Chief Health Officer to authorise student and enrolled nurses in ACT Government vaccine clinics to administer influenza vaccines. There may be concern from primary and other health stakeholders about such a change.
56. It is understood that both Queensland and WA will be expanding their legal instruments to allow their current COVID-19 vaccination workforce to deliver influenza vaccine.
57. If option two is preferred and a decision is made to include community pharmacies in its delivery, consideration could also be given to bringing the age at which pharmacists and intern pharmacists are able to administer influenza vaccine to patients (currently ten years or older) into line with COVID-19 vaccine (five years or older). This approach would support the programs delivery to eligible families and would be justifiable on the basis that it is a time limited and targeted response consistent with current clinical arrangements in place for COVID-19. Pharmacy stakeholders may advocate for such a change to be made permanent and this would be considered in the context of a review of the program.

58.



#### Communications, media and engagement implications

59. The COVID-19 Media and Communications team will support the delivery of 2022 ACT Government Influenza Vaccination Program as a component of broader winter preparedness plans.
60. Communications would be needed to ensure the community can identify their eligibility for either ACT Government or NIP influenza vaccines.

Signatory Name:	Dr Robyn Walker	Phone:	
Action Officer:	Charmaine Smith, Executive Branch Manager, COVID-19 Vaccine	Phone:	5124 6394
	Victor Martin, Executive Branch Manager, Health Protection Service	Phone:	5124 9262

#### Attachment A

Attachment	Title
Attachment A	Letter to the Hon Greg Hunt - 2022 ACT Government Influenza Vaccination Program

**ACT Health Directorate**

<b>To:</b>	Minister for Mental Health	Tracking No.: GBC22/285
<b>From:</b>	Dr Dinesh Arya, ACT Chief Psychiatrist	
<b>CC:</b>	Deb Anton, A/g Director-General	
<b>Subject:</b>	Revocation of the Medical Mental Health Unit as an approved mental health facility under the Mental Health Act 2015	
<b>Critical Date:</b>	Not applicable	
<b>Critical Reason:</b>	Not applicable	

**Recommendations**

That you:

1. Sign the revocation instrument at Attachment A;

**Signed / Not Signed / Please Discuss**

2. Note the information contained in Attachment B: Notifiable Instrument NI2022 – 17;

**Noted / Please Discuss**

3. Note the timeline information contained in Attachment C; and

**Noted / Please Discuss**

4. Note the information contained in Attachment D: Private Facility Licence – Medical Mental Health Unit.

**Noted / Please Discuss**

Emma Davidson MLA ...../...../.....

Minister's Office Feedback
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**Background**

1. On 14 January 2022 you approved the Medical Mental Health Unit (MMHU) located at Calvary Bruce Private Hospital as an approved mental health facility under section 261 of the *Mental Health Act 2015* (the Act) – refer to Attachment B.
2. The MMHU, initially licenced as a private mental health facility under section 226 of the Act, has been utilised since 24 August 2021 as public approved mental health facility to allow the repurposing of the Older Persons Mental Health Unit as a respiratory ward as part of the COVID-19 health response. A timeline of the use of the facility is at Attachment C.

**Issues**

3. On 5 May 2022, mental health patients receiving treatment care and support as inpatients at the MMHU, were returned to the mental health inpatient unit at Calvary Public Hospital Bruce.
4. Elaine Bell, General Manager, Calvary Bruce Private Hospital, has advised the ACT Health Directorate that the Calvary Bruce Private Hospital would like the MMHU to commence operating as a private psychiatric facility in accordance with the licence (Attachment D) as soon as possible.
5. The MMHU is not required to be utilised as an approved mental health facility under the Act and the approval at Attachment B is no longer required.
6. A notifiable instrument has been prepared for your signature at Attachment A. The notifiable instrument will revoke the previous instrument *Mental Health (Facility) Approval 2021 (No. 1) NI2022-17* (Attachment B). This will mean that the MMHU cannot be used as an approved mental health facility unless it is reapproved and notified. If the MMHU is required to be used as an approved mental health facility in the future, the ACT Chief Psychiatrist can assist in having the facility reapproved as an approved mental health facility under the Act.
7. The notifiable instrument will take effect from the day after notification.

**Financial Implications**

8. Not applicable.

**Consultation**Internal

9. ACT Health Commissioning Unit.

## OFFICIAL

Cross Directorate

10. Canberra Health Services.

External

11. Calvary Bruce Private Hospital and Calvary Public Hospital Bruce.

**Work Health and Safety**

12. Not applicable.

**Benefits/Sensitivities**

13. The return of the MMHU for use by Calvary Bruce Private Hospital will provide additional bed capacity for mental health consumers with co-existing health conditions that access services in the private health system.

**Communications, media and engagement implications**

14. Not applicable.

Signatory Name: Dr Dinesh Arya, ACT Chief Psychiatrist                      Phone: 5124 9320 (EA)

Action Officer: Sarah Cramond, Assistant Director, Office of the ACT Chief Psychiatrist                      Phone: 5124 9978

**Attachments**

Attachment	Title
Attachment A	Revocation of Notifiable Instrument NI2022 – 17
Attachment B	Notifiable Instrument NI2022 – 17
Attachment C	Timeline
Attachment D	Private Facility Licence – Medical Mental Health Unit

GBC22/241

**Portfolio:** Mental Health**Suicide Prevention Programs****Talking points:****ACT Suicide Prevention Framework**

- 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 and continues to have a suicide prevention team.
- The OMHW is continuing 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.
- The OMHW is currently reviewing the framework and governance processes that supported the LifeSpan model for suicide prevention. This includes revising the former ACT LifeSpan Steering Committee, and the five ACT LifeSpan Working Groups (which focussed on Health Services, Schools, Aboriginal and Torres Strait Islander suicide prevention, and Improving Public Safety and Community Awareness).
- Question Persuade Refer (QPR), a free online suicide prevention training program, has been promoted on social media platforms during the pandemic. There has been an increase in uptake of QPR training in the community during this time. QPR is promoted across the ACT community, including by the ACT Education Directorate to teachers and school communities.
- 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 a proactive Working Group with membership from Winnunga Nimmitjyah and other key organisations and individuals in the local community.
- The development of a culturally appropriate Aboriginal and Torres Strait Islander suicide prevention, aftercare, and postvention service for the ACT continues to progress.

Cleared as complete and accurate: 26/04/2022

Cleared for public release by: Coordinator General Mental Health

Ext: 4 9273

Contact Officer name: Elizabeth Moore

Ext: 4 9273

Lead Directorate: Health

TRIM Ref: GBC22/241

## QUESTION TIME BRIEF

- The ACT Government strongly agrees with the evidence that the service needs to include suicide prevention, intervention, aftercare and postvention services within a holistic care model. ACT Health Directorate is undertaking a commissioning process to establish the new service, which is designed and delivered by Aboriginal and Torres Strait Islander people. This commissioning process is expected to be completed mid 2022.
- 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 mid 2022.
- The Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Community Forum was postponed several times due to the pandemic. A virtual 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.

### **Youth Aware of Mental Health (YAM)**

- The YAM Program is an evidence-based program developed to promote mental health and address suicidal behaviour in young people.
- Commonwealth Government funding enabled this program to be delivered to year 9 students in high schools across the ACT from 2020.
- Since 2020, YAM has reached a cumulative total 5,141 ACT Year 9 students across 29 schools.
- The program continues to be implemented in partnership with Mental Health in Mind (MHIM) and Mental Illness Education ACT (MIEACT).

### **Way Back Support Service**

- The Way Back Support Service, developed by Beyond Blue, is a non-clinical suicide prevention service that provides follow-up support to people for up to three months, after they have attempted suicide.
- In the ACT, Way Back Support Service is jointly funded by the ACT and Australian Governments and is delivered by the Woden Community Service through a partnership with Capital Health Network.
- In the context of COVID-19, the Way Back Support Service now uses an online platform, phone and SMS systems, in addition to face-to-face support.

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

- CwP is an evidence informed, compassion-based approach to suicide prevention and risk mitigation 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.

Cleared as complete and accurate: 26/04/2022

Cleared for public release by: Coordinator General Mental Health

Ext: 4 9273

Contact Officer name: Elizabeth Moore

Ext: 4 9273

Lead Directorate: Health

TRIM Ref: GBC22/241

**QUESTION TIME BRIEF**

- CwP will continue to be facilitated online during COVID-19 restrictions through WebEx, with a hybrid face to face/online model commencing in 2022. To date 55 training seminars have been completed.
- This work is directly relevant to recommendation four of the *National Suicide Prevention Adviser – Final Advice*, which recommends that 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.