

[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 **Wednesday 28 September 2022**.

The application requested access to:

*"A copy of the Ministerial Briefs with the titles outlined (excluding duplicates & attachments);*

GBC22/178	<i>Cabinet Appointment - Minister for Health - CAB22/239 - Appointment of Canberra Region Medical Education Council</i>
GBC22/230	<i>Government Business - 2021-22 Directorate Infrastructure Investment Program - Quarterly Report (period ending 31 March 2022)</i>
GBC22/242	<i>Ministerial Brief - Minister for Health - Expanded medicines authorisations for public institutions</i>
GBC22/250	<i>Cabinet Submission - CAB22/358 - Minister for Health - 2021-22 COVID-19 Response Expenditure – 1 July – 31 March 2022</i>
GBC22/263	<i>Government Business - 2022-23 Performance Measures – Budget Papers</i>
GBC22/275	<i>Government Business - Treasurer s Advance 2022-23 - Local Hospital Network</i>
GBC22/294	<i>Weekly Brief - Minister for Health - 2 - 6 May 2022</i>
GBC22/308	<i>Weekly Brief - Minister for Health - 9 - 13 May 2022</i>
GBC22/314	<i>Weekly Brief - Minister for Health - 16 - 20 May 2022</i>
GBC22/317	<i>Final Cabinet Submission - CAB22/358 - Minister for Health - 2021-22 COVID-19 Response Expenditure – 1 July – 31 March 2022</i>
GBC22/319	<i>Letter - Minister for Health - 2022-23 Budget - Capital Works Program - Chief Minister Andrew Barr MLA</i>
GBC22/323	<i>Brief - Minister for Health - National Weighted Activity Unit Estimates submission (May 2022) to the National Health Funding Pool Administrator</i>
GBC22/327	<i>Weekly Brief - Minister for Health - 23-27 May 2022</i>
GBC22/342	<i>Weekly Brief - Minister for Health - 30 May - 3 June 2022</i>
MIN22/440	<i>Visit - Minister for Health - Next Practice Deakin - 20 May 2022 at 12.30pm-1.30pm</i>

MIN22/531	Meeting - Minister for Health - Palliative Care ACT - 23 May 2022 at 2 00 - 3 00pm
MIN22/558	Initiated brief - Minister for Health - Commissioning of Health Services in the Community – May 2022 Update
MIN22/625	Meeting - Minister for Health - University of Canberra Dean of Health - 19 May 2022 at 3.00-4.00pm
MIN22/640	Meeting - Minister for Health - Children's Tumour Foundation - 26 May 2022 at 3 00pm - 4:00pm
MIN22/655	Meeting - Minister for Health - ACT Health Professional Colleges Advisory Committee - 12 May 2022
MIN22/682	Meeting - Minister for Health - Sandra Cook Executive Group Manager Digital Health Records - 17 May 2022
MIN22/683	Initiated brief - Minister for Health - Renewal of Licence for Catholic Care to operate the ACT Sobering Up Shelter
MIN22/685	Initiated Brief - Minister for Health - 2022 Research and Innovation Fund (RIF) - Fellowship Proposal
MIN22/688	Caveat brief - Minister for Health - Data Breach, Notifiable Disease Management System
MIN22/700	Initiated brief - Minister for Health - Recommendations for 2022 ACT Government Influenza Vaccination Program
MIN22/734	Ministerial brief - Minister for Health - 2021-22 ACT Local Hospital Network Service Level Agreement
MIN22/773	Initiated Brief - Minister for Health - Health Services Planning Communication and Engagement
MIN22/779	Initiated Brief - Minister for Health/Chief Minister - 2022 ACT Government Influenza Vaccine Program
MIN22/791	Initiated Brief - Minister for Health - Proposed candidate to undertake the 2022 annual review of the Culture Review Implementation Program
MIN22/799	Initiated brief - Minister for Health - CRMEC annual meeting with the Minister for Health
MIN22/801	Initiated brief - Minister for Health - Influenza vaccine delivery at Access and Sensory Clinic and Walk in Centres
MIN22/805	Initiated brief - Minister for Health - Nurse/Midwife-to-Patient Ratio Quarterly Report

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 **Thursday 27 October 2022**.

I have identified 32 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 13 documents;
- grant partial access to 12 documents; and
- refuse access to 7 documents.

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

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

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

### **Full Access**

I have decided to grant full access to 13 documents at references 8-9, 12-13, 17-18, 20 and 26-31

### **Refuse Access**

I have decided to refuse access to 7 documents at references 1-2, 4-6 and 10-11. The documents are wholly 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).

### **Partial Access**

I have decided to grant partial access to 12 documents at references 3, 7, 14-16, 19, 21-25 and 32.

### **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, Schedule 2.2 (a)(xi) prejudice trade secrets, business affairs or research of an agency or person;
- Schedule 2, 2.2 (a)(xiii) prejudice the competitive commercial activities of an agency; and
- Schedule 2, 2.2 (a)(xv) prejudice the management function of an agency or the conduct of industrial relations be an agency.

Documents at references 3 and 14 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).

Documents at references 7 and 22 are partially comprised of 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 regarding the commercial activities of a non-ACT Government entity.

Document at reference 15 is partially comprised of personal information of ACT-Government employees' mobile numbers 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 could prejudice the management function of an agency.

Documents at references 16 and 25 are partially comprised of information classified as Cabinet information and information regarding the commercial activities of a non-ACT Government entity.

Documents at references 19 and 32 are partially comprised of personal information of ACT-Government employees' mobile numbers and has not been disclosed as this could reasonably be expected to prejudice the protection of the individual's right to privacy.

Document at reference 21 is partially comprised of information that could prejudice the business affairs of another entity.

Document at reference 23 is partially comprised of personal information of ACT-Government employees' mobile numbers 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 regarding the commercial activities of a non-ACT Government entity.

Document at reference 24 is partially comprised of information classified as information subject to legal professional privilege information, and under Schedule 1.2, it is taken to be contrary to the public interest to release. Schedule 1.2 information that would be privileged from production or admission into evidence in a legal proceeding on the ground of legal professional privilege.

On balance, the factors favouring disclosure were outweighed by the factors 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

27 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
[REDACTED]	<i>'A copy of the Ministerial Briefs with the titles outlined (excluding duplicates &amp; attachments).'</i>	<b>ACTHDFOI22-23.09</b>

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 6	GBC22/178 Cabinet Appointment - Minister for Health - CAB22/239 - Appointment of Canberra Region Medical Education Council	25 May 2022	Refuse Release	Schedule 1.6 Cabinet	NO
2.	7 – 11	GBC22/230 Government Business - 2021-22 Directorate Infrastructure Investment Program - Quarterly Report (period ending 31 March 2022)	24 May 2022	Refuse Release	Schedule 1.6 Cabinet	NO
3.	12 – 16	GBC22/242 Ministerial Brief - Minister for Health - Expanded medicines authorisations for public institutions	16 May 2022	Partial Release	Schedule 1.6 Cabinet	YES
4.	17 – 19	GBC22/250 Cabinet Submission - CAB22/358 - Minister for Health - 2021-22 COVID-19 Response Expenditure – 1 July – 31 March 2022	16 May 2022	Refuse Release	Schedule 1.6 Cabinet	NO

5.	20 – 23	GBC22/263 Government Business - 2022-23 Performance Measures – Budget Papers	08 June 2022	Refuse Release	Schedule 1.6 Cabinet	NO
6.	24 – 27	GBC22/275 Government Business - Treasurer’s Advance 2022-23 - Local Hospital Network	27 May 2022	Refuse Release	Schedule 1.6 Cabinet	NO
7.	28 – 31	GBC22/294 Weekly Brief - Minister for Health - 2 - 6 May 2022	13 May 2022	Partial Release	Schedule 2, 2.2 (a)(xiii) Commercial	YES
8.	32 – 35	GBC22/308 Weekly Brief - Minister for Health - 9 - 13 May 2022	20 May 2022	Full Release		YES
9.	36 – 38	GBC22/314 Weekly Brief - Minister for Health - 16 - 20 May 2022	27 May 2022	Full Release		YES
10.	39 – 41	GBC22/317 Final Cabinet Submission - CAB22/358 - Minister for Health - 2021-22 COVID-19 Response Expenditure – 1 July – 31 March 2022	09 June 2022	Refuse Release	Schedule 1.6 Cabinet	NO
11.	42 – 45	GBC22/319 Letter - Minister for Health - 2022-23 Budget - Capital Works Program - Chief Minister Andrew Barr MLA	10 June 2022	Refuse Release	Schedule 1.6 Cabinet	NO
12.	46 – 50	GBC22/323 Brief - Minister for Health - National Weighted Activity Unit Estimates submission (May 2022) to the National Health Funding Pool Administrator	07 June 2022	Full Release		YES
13.	51 – 52	GBC22/327 Weekly Brief - Minister for Health - 23 - 27 May 2022	06 June 2022	Full Release		YES
14.	53 – 59	GBC22/342 Weekly Brief - Minister for Health - 30 May - 3 June 2022	09 June 2022	Partial Release	Schedule 1.6 Cabinet	YES
15.	60 – 63	MIN22/440 Visit - Minister for Health - Next Practice Deakin - 20 May 2022 at 12.30pm-1.30pm	10 May 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy & Schedule 2, 2.2 (a)(xv) management function	YES
16.	64 – 66	MIN22/531 Meeting - Minister for Health - Palliative Care ACT - 23 May 2022 at 2:00 - 3:00pm	20 May 2022	Partial Release	Schedule 1.6 Cabinet & Schedule 2, 2.2 (a)(xiii) Commercial	YES

17.	67 – 71	MIN22/558 Initiated brief - Minister for Health - Commissioning of Health Services in the Community – May 2022 Update	12 May 2022	Full Release		YES
18.	72 – 78	MIN22/625 Meeting - Minister for Health - University of Canberra Dean of Health - 19 May 2022 at 3.00-4.00pm	18 May 2022	Full Release		YES
19.	79 – 81	MIN22/640 Meeting - Minister for Health - Children's Tumour Foundation - 26 May 2022 at 3:00pm - 4:00pm	20 May 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
20.	82 – 84	MIN22/655 Meeting - Minister for Health - ACT Health Professional Colleges Advisory Committee - 12 May 2022	10 May 2022	Full Release		YES
21.	85 – 89	MIN22/682 Meeting - Minister for Health - Sandra Cook Executive Group Manager Digital Health Records - 17 May 2022	16 May 2022	Partial Release	Schedule 2, 2.2 (a)(xi) Business affairs	YES
22.	90 – 93	MIN22/683 Initiated brief - Minister for Health - Renewal of Licence for CatholicCare to operate the ACT Sobering Up Shelter	12 May 2022	Partial Release	Schedule 2, 2.2 (a)(xiii) Commercial	YES
23.	94 – 100	MIN22/685 Initiated Brief - Minister for Health - 2022 Research and Innovation Fund (RIF) - Fellowship Proposal	09 June 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy & Schedule 2, 2.2 (a)(xiii) Commercial	YES
24.	101 – 102	MIN22/688 Caveat brief - Minister for Health - Data Breach, Notifiable Disease Management System	16 May 2022	Partial Release	Schedule 1.2 Legal	YES
25.	103 – 107	MIN22/700 Initiated brief - Minister for Health - Recommendations for 2022 ACT Government Influenza Vaccination Program	13 May 2022	Partial Release	Schedule 1.6 Cabinet & Schedule 2, 2.2 (a)(xiii) Commercial	YES
26.	108 – 111	MIN22/734 Ministerial brief - Minister for Health - 2021-22 ACT Local Hospital Network Service Level Agreement	19 May 2022	Full Release		YES
27.	112 – 118	MIN22/773 Initiated Brief - Minister for Health - Health Services Planning Communication and Engagement	27 May 2022	Full Release		YES
28.	119 – 123	MIN22/779 Initiated Brief - Minister for Health/Chief Minister - 2022 ACT Government Influenza Vaccine Program	31 May 2022	Full Release		YES



29.	124 – 127	MIN22/791 Initiated Brief - Minister for Health - Proposed candidate to undertake the 2022 annual review of the Culture Review Implementation Program	06 June 2022	Full Release		YES
30.	128 – 131	MIN22/799 Initiated brief - Minister for Health - CRMEC annual meeting with the Minister for Health	06 June 2022	Full Release		YES
31.	132 – 137	MIN22/801 Initiated brief - Minister for Health - Influenza vaccine delivery at Access and Sensory Clinic and Walk in Centres	03 June 2022	Full Release		YES
32.	138 – 140	MIN22/805 Initiated brief - Minister for Health - Nurse/Midwife-to-Patient Ratio Quarterly Report	06 June 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
<b>Total Number of Documents</b>						
<b>32</b>						

























UNOFFICIAL



OFFICIAL

MINISTERIAL BRIEF

## ACT Health Directorate

<b>To:</b>	Minister for Health	Tracking No.: GBC22/242
<b>CC:</b>	Dr Dinesh Arya, Chief Medical Officer Anthony Dombkins, Chief Nursing and Midwifery Officer Karen Grace, Executive Director of Nursing and Midwifery, Canberra Health Services Colm Mooney, Deputy Chief Executive Officer, Canberra Health Services Helen Matthews, Chief Allied Health Officer Jo Morris, Executive Director of Allied Health, Canberra Health Services	
<b>From:</b>	Fiona Barbaro, Executive Group Manager, Population Health	
<b>Through:</b>	Deborah Anton, Deputy Director-General	
<b>Subject:</b>	Expanded medicines authorisations for public institutions	
<b>Critical Date:</b>	24/05/2022	
<b>Critical Reason:</b>	To progress amendments to support delivery of clinical services in a timely manner.	
<b>•</b>	DG      .../.../...	

## Recommendations

That you:

1. Agree to withdraw the Cabinet Legislation Bid for the Medicines, Poisons and Therapeutic Goods Amendment Bill 2022;

**Agreed / Not Agreed / Please Discuss**

2. Agree for a staged approach to proposed regulatory change, as described in this brief;

**Agreed / Not Agreed / Please Discuss**

## OFFICIAL

3. Agree to consultation with key stakeholder regarding stage one of the proposed regulatory amendments;

**Agreed / Not Agreed / Please Discuss**

4. Sign the letter to the Chief Minister at Attachment F seeking agreement to withdraw the Cabinet Legislation Bid for the Medicines, Poisons and Therapeutic Goods Amendment Bill 2022

**Signed/ Not Signed / Please Discuss**

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

Minister's Office Feedback

### Background

1. The Medicines, Poisons and Therapeutic Goods Regulation 2008 (MPTG Regulation) provides the detail for the regulatory framework established by the *Medicines, Poisons and Therapeutic Goods Act 2008* (MPTG Act). The MPTG Regulation sets out authorisations for health professionals and other persons to prescribe, administer, obtain, possess and supply.
2. Canberra Health Services (CHS) has identified that current medicine authorisations are insufficient for both their allied health professionals (AHPs), Justice Health Services (JHS), registered nurses (RNs) and intern prescribing on discharge.
3. An amendment to the MPTG Regulation is warranted to address issues related to:
  - AHP medicine authorisations;
  - JHS medicine authorisations, and
  - clarify intern prescribing on discharge.
4. A detailed summary of the issues identified relating to medicine authorisations is at Attachment A.
5. Schedule 1.6 Cabinet

## Schedule 1.6 Cabinet

6.

7.

**Issues**

8. Both the ACTHD and CHS agree an amendment to the MPTG Regulation would meet the needs of ACT public health institutions and that a legislation amendment is unnecessary. Therefore, the Cabinet Legislation bid for the Medicines, Poisons and Therapeutic Goods Amendment Bill 2022 is not required. Both the ACTHD and CHS recommend that this amendment bill be removed from the 2022 Legislation Program.
9. Both ACTHD and CHS recommend amending the MPTG Regulation over two stages.
10. This would allow for stage one, that is less controversial to be completed with minimal delays to address some of the concerns raised by CHS regarding inefficiencies in the public health system. Stage two is proposed to enable additional AHPs to prescribe medication within public institutions. Stage two would expand the roles of AHPs and create further healthcare efficiencies. It is anticipated that this proposal will require more considered policy development and detailed stakeholder engagement.
11. Stage one proposes:
  - Amending the MPTG Regulation to authorise specified AHPs, RNs and registered midwives (RMs) employed at a public institution to obtain, possess, supply, and administer a medication.
  - The amendment would be a safe and well monitored enabling mechanism for the public sector as it will remain the responsibility of a public institution to ensure appropriate clinical policies, procedures and oversight are in place.
  - Minor amendments to support intern doctors prescribing discharge medicines is proposed to be included in this stage.
12. It is anticipated this stage will take four to six months.
13. Consultation for stage one is considered noncontroversial amongst stakeholders. ACTHD and CHS have drafted a consultation paper at [Attachment D](#). A list of stakeholders is at [Attachment E](#). Changes related to intern doctors are technical and non-controversial and are therefore not referenced in the consultation document.
14. CHS and the ACTHD Office of the Chief Allied Health Officer (OCAHO) will undertake a review of clinical outcomes related to allied health medicines authorisations following the implementation of stage one. You will be briefed on this review accordingly. This review will assist with the proposed stage two regulatory changes.

15. Stage two proposes:

- Expanding the abovementioned MPTG Regulatory amendment to allow a public institution to authorise certain appropriately trained allied health professionals to prescribe medication.

16. Consultation for stage two is proposed to commence 12 months following the completion of stage one.

17. Stage two is likely to raise concerns of stakeholders including the Australian Medical Association (AMA) due to the sensitive nature of other health professionals prescribing medicine amongst the medical profession.

18. Schedule 1.6 Cabinet

**Financial Implications**

19. Not Applicable.

**Consultation**

Internal

20. The ACTHD Pharmaceutical Services Section (PSS) has worked collaboratively with the ACTHD OCAHO, ACTHD Office of the Chief Nursing and Midwifery Officer and ACTHD Office of the Chief Medical Officer.

Cross Directorate

21. ACTHD worked collaboratively with CHS on this issue. CHS have indicated strong support to progress the proposed amendments as soon as possible.
22. Further consultation with Calvary Public Hospital Bruce is required once we have confirmed this approach and confirmed your agreement.

External

23. Pending your agreement ACTHD will undertake targeted consultation with key stakeholders.
24. The ACTHD PSS informally consulted with its State and Territory counterparts regarding medicine authorisations. Other jurisdictions regulate medicine authorisation by regulation.

**Work Health and Safety**

25. Not Applicable.



**Benefits/Sensitivities**

26. Significant clinical benefit is predicted as has been evidenced by other jurisdictions. This includes more efficient throughput, reduced waiting time and more timely access – whilst maintaining safe care.
27. Significant benefit to public health workforce attraction and retention. This is through enabling health professionals to work to full scope of practice. Also, to develop enhanced career structures through expanding skills, knowledge and practice as recommended through the 2020 Health Professionals Classification Review.
28. A sensitivity is likely to arise during the proposed stage two. The AMA have traditionally opposed the prescribing of medicines by other health professions.

**Communications, media and engagement implications**

29. The ACTHD will prepare a communications plan and key messages for implementation and will seek your agreement to this when seeking your Executive approval of the regulation.

Signatory Name: Fiona Barbaro, Executive Group Manager, Population Health      Phone: 5124 6146

Action Officer: Michael Fitzsimons      Phone: 5124 9089  
 Snr Director, Pharmaceutical Services, Health Protection Service

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Medicines Authorisation Issues
Attachment B	Legislation Proposal – Medicines, Poisons and Therapeutic Goods Amendment Bill 2022
Attachment C	GBC21/628
Attachment D	Medicines Authorisation Consultation Paper
Attachment E	Medicines Authorisation Stakeholder List
Attachment F	Chief Minister Letter



























## MINISTERIAL BRIEF

ACT Health Directorate

Tracking No.: GBC22/294

**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, 13 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 2-6 May 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**

1. Nil.

**UPDATES ON KEY PROJECTS/PIECES OF WORK****Health Services Planning**

2. **Cardiology:** work underway on Territory-wide planning for future cardiology services (part of but not restricted to northside planning). Considerations include interventional cardiology (how many centres; how many interventional procedures), feasibility of a new transcatheter aortic valve implantation (TAVI) service in the ACT, increasing access to cardiac computerised tomography (CT) and waiting lists for ambulatory care services/ procedures.
3. **Neurology:** work commencing on territory wide planning for future neurology services (part of but not restricted to northside planning).
4. **Gastroenterology and endoscopy:** issues include long waits, equity and access to gastroenterology public outpatient clinics and endoscopy procedures. Planning underway to consider immediate options as well as inclusion into work on the Northside Clinical Services Plan.
5. **Genetics and genomics:** work commenced on scoping a feasibility study for genetic and genomic medicine across the Territory. The study may cover demonstration projects to test and refine a new service model, with a focus on value-based care, and maximising patient outcomes and service efficiency.
6. **Gynaecology cancer:** intention to undertake feasibility study as part of future planning.

**Review of the National Bowel Cancer Screening Program**

7. The Australian Government established the National Bowel Cancer Screening Program (the Program) in 2006, to address the rising incidence and mortality of bowel cancer in Australia. This decision made Australia one of the first countries to offer free bowel cancer screening to a national population. The Program aims to reduce the incidence of bowel cancer through early detection of pre-cancerous growths and improve survival from bowel cancer. Screening was initially offered to Australians aged 55 and 65 and has gradually been expanded over time.
8. In September 2019, the Commonwealth Department of Health engaged Deloitte Access Economics to undertake a comprehensive evaluation (the Review) of Phase Four of the Program (2015-2020).
  - The scope of the Review covered: Appropriateness; Fidelity; Awareness and adoption; Effectiveness; Efficiency; but not the National Cancer Screening Register (NCSR).

9. Public consultation on the Review is open until 17 June 2022. ACT Health Directorate (ACTHD) suggests that a formal submission from the ACT is not required, however, there are a number of 'opportunities' from the report - to be led by the Commonwealth - that the ACTHD will consider ways of contributing to, including:
- Consideration of alternate forms of participant follow up function (PFUF) communication which do not require simultaneous availability of the PFUF officer and recipient (e.g. email/SMS). The PFUF is located at Canberra Health Services (CHS).
  - Encouraging the States and Territories to pilot innovative colonoscopy access models.
  - Reconvening a working group with the goal of prioritising initiatives to address data gaps and agree on any required changes to the endorsed set of KPIs to:
    - confirm an agreed revised set of KPIs and calculation approaches; and
    - improve the feasibility of reporting against each indicator by prioritising initiatives and/or dedicated resourcing to address data gaps, such as data linkage or clinical interoperability, noting that a number of these initiatives may require detailed workplans and dedicated funding.
  - Re-configuring the Program Delivery Advisory Group to include jurisdictional representatives that can provide operational advice on contextual issues related to colonoscopy access.
  - Exploring options to better utilise the NCSR to improve participation.
  - Consideration of piloting sample drop-off points. Trials of this nature should initially be targeted at people in regional areas due to their unique challenges in complying with the strict return postage requirements.
  - Consideration of the feasibility of lowering screening entry age to 40 or 45 for Aboriginal and Torres Strait Islander people, coupled with scale up of the Alternative Pathway pilot for this group.

#### **Stroke Foundation F.A.S.T. Education Program**

10. Schedule 2.2(a)(xiii) Competitive commercial activities
11. CHS Chief Operating Officer has advised that WICS are not appropriate locations for the program as WIC clinicians are well-trained on the signs of stroke, and WIC clientele are not the right target group as they are there for one-off care.
12. CHS has recommended delivery to General Practitioners (GPs) instead, followed by CHS practitioners at Community Health Centres, in community care teams, and potentially on hospital wards with long-term patients, for example, in the renal ward.

## SENSITIVE - CABINET

13. Stoke Foundation agrees with a focus on GPs, has already run a successful GP training program in NSW, and has the capacity to run a similar program in the ACT, liaising with CHS General Practitioners Liaison Unit, Capital Health Network and Royal Australian College General Practitioners (ACT).
14. Other aspects of the F.A.S.T education program in the ACT will remain as originally planned (e.g. annual public awareness raising campaigns, and community education).
15. Project implementation will begin from July 2022.

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

16. Nil.

**MINISTER'S OFFICE REQUESTS FOR INFORMATION**

17. Nil.

**KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS**

18. Nil.

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





## MINISTERIAL BRIEF

ACT Health Directorate

Tracking No.: GBC22/308

**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, 20 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 9-13 May 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****Australian Immunisation Register (AIR) non-compliance by ACT Health and Canberra Health Services starts on 9 May 2022**

1. At present, ACT Health Directorate (ACTHD) submits COVID vaccination details collected in Vaccination Information Management System (VIMS) to the AIR via a file upload process, which has reached end of life as of 8 May 2022.
2. Due to incomplete documentation, certification of the new solution has not happened yet and may take additional 2-3 weeks to be completed. All action needed to obtain certification and resume sending immunisation data to AIR are being taken.

**Impact**

3. Consumers that receive vaccinations will not be able to see evidence of this vaccination via the myGov/Medicare portal and will not be able to access a COVID-19 digital certificate. The broader implications of this will be dependent on services that require a vaccination certificate (e.g. International Travel).
4. The ACT will be in a state of non-compliance regarding the territories obligation to report vaccination events to AIR.

**Calvary Public Hospital Bruce – Executive Restructure**

5. On 16 May 2022, The Canberra Times published an article about an impending restructure of the executive at Calvary Public Hospital Bruce (CPHB).
6. In September 2021, Calvary Health Care ACT Ltd (Calvary) contracted MCA Consulting to undertake an independent review of its executive structure and organisational design.
7. The impetus for the review was an ongoing concern that the organisational design and assignment of executive responsibilities and accountabilities was not contemporary, nor fit for purpose.
8. The review process involved substantial consultation with senior staff and clinicians from Calvary (CPHB, ACT Regional and National Office), Canberra Health Services (Chief Executive Officer (CEO), Capital Health Network (CEO), and senior ACTHD staff.
9. CPHB has been subject to significant turnover in its executive staff in recent years, as well as a series of ad hoc adjustments to its structure and executive accountabilities. The proposed organisational design will enable CPHB to meet future challenges through a simplified accountability structure, that includes stronger governance structures.
10. The General Manager CPHB has provided assurances to the Executive Group Manager, Health System Planning and Evaluation, that there are strategies in place to ensure minimal disruption to CPHB operations throughout the consultation process and as the changes are implemented.

## UPDATES ON KEY PROJECTS/PIECES OF WORK

### Ngunnawal Bush Healing Farm – Board Meeting 13 May 2022

11. The Ngunnawal Bush Healing Farm Board (the Board) met Friday 13 May 2022 to discuss and plan for community consultants and yarning circles. This evidence will support an informed and co-designed approach to market for a residential trail.
12. Senior Ngunnawal Elders attended the meeting, with other discussions including review of the Healing Framework by Prof. Kerry Arabena, and visits to other Aboriginal and Torres Strait Islander healing services based in NSW.
13. A Ngunnawal yarning circle will be held Friday 20 May 2022 with a large number of Canberra and Region service providers attending. This early market engagement will be led by the Board, supporting self-determination for Aboriginal and Torres Strait Islander peoples.

### Publication of Contract to undertake Northside Clinical Services Planning work

14. A competitive tender was undertaken to procure the services of a consultant to undertake clinical services planning for the Northside.
15. On 30 March 2022, the Directorate executed a 6 month contract with bd infrastructure for a total of \$240,152 (inc GST).
16. The contract is for a Northside Health Services Needs Analysis, Northside Clinical Services Plan, and a Service Model (High-level Model of Care), to enable the Directorate to inform decisions necessary to progress planning and delivery of a Northside Hospital.
17. The contract was made public on 16 May 2022, following some internal delays related to establishing a collaborative consultation process on interdependent projects, including the Northside integrated health hubs. This process and the outcome of it is the subject of a brief that is making its way to you.
18. The first meeting of the Northside Clinical Services Plan Steering Committee is to be held on Wednesday, 18 May 2022. Membership of the group includes representatives from the Health Care Consumers' Association and a nominated representative from the Non-Government Organisation Leadership Group.

## RESPONSES TO MINISTER'S COMMENTS ON BRIEFS

19. Nil.

## MINISTER'S OFFICE REQUESTS FOR INFORMATION

20. Nil.

## KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS

### ACT Health Directorate – Residential Aged Care Forum

21. On 16 May 2022, ACTHD hosted an online forum with key stakeholders from the Residential Aged Care (RAC) sector. The forum was moved from Face to Face to an online format on the advice of the Centre for Disease Control.

## SENSITIVE - CABINET

22. Attendees included representatives from ACTHD, Canberra Health Services (CHS), CPHB, University of Canberra Hospital, Office of the Public Trustee and Guardian, Community Services Directorate, Clare Holland House, Commonwealth Health Department and managers of local RAC facilities.
23. Topics of discussion included the challenges and options for improving patient journeys between hospital and residential aged care facilities, the characteristics of long stay hospital patients whom hospitals find difficult to place in residential aged care and winter planning for high risk settings.
24. The Commonwealth department's Regional Director ACT/ SE NSW gave an overview of the strengthening of the regional offices in response to the findings of the Royal Commission and common themes being identified in regions across the country. She noted that there appears to be a deficit of specialist dementia aged care beds in the ACT.
25. Feedback from breakout sessions and discussions will be consolidated and fed back to participants with suggested ways to progress in partnership and options to address identified issues. There was consensus on the need to meet more regularly, with quarterly forums suggested by RACF attendees.

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.: GBC22/314

<b>To:</b>	Minister for Health
<b>CC:</b>	Rebecca Cross, Director-General
<b>From:</b>	Deborah Anton, Deputy Director-General
<b>Subject:</b>	Minister's Weekly Brief
<b>Critical Date:</b>	Friday, 27 May 2022
<b>Critical Reason:</b>	To ensure you are briefed on current issues and events.

## Recommendations

That you note the:

- Information in the Minister's Weekly Brief for 16-20 May 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. Abstract submissions for CHARM 2022 closed on Monday 16 May 2022 and 100 abstracts were received from students and health researchers across the ACT.
2. Abstracts are being sent out for review and scoring by a team of subject matter experts from across ACT Health Directorate (ACTHD), Canberra Health Services and our academic partners. This review will inform the final program development.
3. The final program will be ready for distribution in early June.

**Performance Audit - ACT Childhood Overweight and Obesity Programs**

4. The ACT Audit Office is conducting an audit into childhood overweight and obesity initiatives. 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.
5. Fortnightly meetings have been established with the ACT Audit Office and Population Health Division (PHD) to help facilitate information exchange and discuss preliminary findings as the audit progresses.
6. The auditors have provided a draft discussion paper with three preliminary findings on aspects of the audit including the policy intent of the ACT Preventive Health Plan and how the needs and barriers experienced by vulnerable sectors of the community are addressed. Preliminary findings include:
  - a) The ACT Preventive Health Plan articulates a clear policy intent to support healthy eating and active living for all Canberrans but may not achieve its intent of meeting the needs of vulnerable and at-risk sectors of the ACT population.
  - b) Measurement and monitoring of children's health, including childhood overweight and obesity, in the ACT can be improved.
  - c) Early evidence suggests that some, but not all programs and grants supporting children's healthy eating and active living include effective targeting of activities to maximise the likelihood of access for at risk communities.
7. The discussion paper, including preliminary findings, are used to inform discussion and test potential content for the Final Audit Report. However, findings may or may not be included in the Final Audit Report as the audit progresses and further discussions around these findings with PHD.
8. 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 August for review. The ACT Government will have an opportunity to provide a formal response for inclusion in the final Audit Report.

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

9. Nil.

**RESPONSES TO MINISTER'S COMMENTS ON BRIEFS****Weekly Brief - Minister for Health 2-6 May 2022 – GBC22/294****Review of the National Bowel Cancer Screening Program**

*MO comments: It is not suggested a submission is provided to feedback on the review, but I can't see in the report whether feedback was provided by ACTHD or CHS during the 20-21 initial consultation unless a written submission was provided?*

*Given the downstream impacts of the program on clinical environments it would be good to understand what has been provided and whether something should be considered.*

10. The staff who were involved in the initial consultation period are no longer with ACTHD but saved email suggests that stakeholders were contacted by Deloitte directly for interview (including the previous Bowel Screening Program Manager).

**MINISTER'S OFFICE REQUESTS FOR INFORMATION**

11. Nil.

**KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS**

12. Nil.

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

Tracking No.: GBC22/323

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

**Subject:** National Weighted Activity Unit Estimates submission (May 2022) to the National Health Funding Pool Administrator

**Critical Date:** 08/06/2022

**Critical Reason:** Due to the National Health Funding Pool Administrator

**Recommendations**

That you:

1. Note the difference between the current target and revised 2021-22 National Weighted Activity Unit (NWAU)s (182,437 and 177,000 respectively);

**Noted / Please Discuss**

2. Note the likely funding implications of the revised NWAUs for 2021-22 (\$13.7 million reduction);

**Noted / Please Discuss**

3. Note a copy of this brief is with Finance and Budget Division of ACT Treasury; and

**Noted / Please Discuss**

4. Agree to provide the revised 2021-22 public hospital NWAUs to the Administrator of the National Health Funding Pool (NHFP) (Attachment A).

**Agreed / Not Agreed / Please Discuss**

Rachel Stephen-Smith MLA .....

Minister's Office Feedback

## Background

1. Under Clauses A105 and A106 of Schedule A to the National Health Reform Agreement (NHRA) 2020-25, the ACT is required to provide a full year projection of its expected public hospital activity to the National Health Funding Body (NHFB) by 31 March and 31 May annually.
2. The March estimates are preliminary and are required to be provided to the Administrator of the NHFB for inclusion in the Federal Budget papers in May. The confirmed NWAUs are then required to be provided by 31 May each year (Attachment A). This will enable the Administrator to calculate the Commonwealth's funding contribution for the following year.
3. The ACT provided preliminary 31 March NWAU estimates (182,437) to the NHFB. These estimates were provided as National Weighted Activity Units (NWAU22), as specified by the Independent Hospital Pricing Authority's National Efficient Price Determination 2022-23.
4. The estimates of public hospital activity included all admitted (acute, sub-acute and mental health activity), emergency and non-admitted services for the three ACT public hospitals - The Canberra Hospital, Calvary Public Hospital Bruce (including Clare Holland House), and the University of Canberra Hospital. Additionally, activity contracted to private hospitals is also included in the estimates.
5. The ACT also has the option to review the 2021-22 NWAU targets in line with the above process to smooth out any adverse impacts in actual activity that may materially impact the ACT.

## Issues

6. The question of whether to revise the NWAU targets only impacts on cash flows. Once reconciliations are completed (around February the following year) any error in the target is adjusted via payments over the remainder of the then current financial year. That said, cash flows are an important part of the financing of the health system and at this time activity is particularly difficult to estimate.
7. As at 31 March 2022, the ACT has delivered 126,067 NWAU's in comparison to a pro rata target of 136,828. If this 8 percent under activity remains at 30 June 2022, the ACT would achieve approximately 171,676 NWAU which is 10,761 NWAU less than the 182,437 target (\$27.1 million in Commonwealth funding).

### The Minimum Funding Guarantee (MFG)

8. As set out in the *National Partnership on COVID-19 Response* (NPCR) a MFG was enacted to insulate health systems from financial penalties related to elective surgery halts, delays in wait times and other COVID-19 matters. The ACT MFG for 2021-22 equates to 181,628 NWAU or \$469.0 million. Should the ACT achieve 177,000 NWAU (ie more than the 171,676 discussed above but less than the MFG NWAU of 181,628),



once the reconciliation of 2021-22 data is undertaken in 2022-23 a MFG payment of \$11.9 million will be made irrespective of any changes we make to our estimates.

#### Revising the 2021-22 NWAU Target

9. If we revise the 2021-22 targets towards a more realistic profile (177,000 NWAU) the ACT will receive a one-off cash flow reduction in June of \$13.7 million (the difference in delivering 182,437 NWAU's to 177,000 NWAU) reflecting a reduction in the provisioning funding. Once the 2021-22 data is reconciled (approximately February 2023) and if we achieve 177,000 NWAU a MFG payment of \$11.9 million will be passed through to the ACT. The net effect on cash flow over the two years is a reduction of \$1.8 million. Note, this revision will result in about half the expected underachievement in NWAU being brought to book in 2021-22, with the remainder being booked in 2022-23.

#### Revising the 2022-23 NWAU Target

10. The ACT has two options for NWAU targets in 2022-23:
  - a) The recommended option - leave the NWAU target at 182,832, which will result in higher provisional payments based on additional growth in NWAU and help ensure funds are available to support activity during 2022-23; or
  - b) Reduce the NWAU target to 177,000, with associated lower provisional payments.
11. In considering revising the 2022-23 NWAU estimates, there are considerable uncertainties. Issues that are likely to negatively impact our ability to meet the currently projected NWAUs, include:
  - a) postponement of elective surgeries to accommodate COVID-19 and Influenza related services;
  - b) diversion of resources to support Digital Health Record project related activities, including associated change management;
  - c) reduced capacity to provide services due to clinical staff shortages; and
  - d) doctors from health services are attending a medical conference for 2 weeks.
12. Against this, it should be noted that the 2022-23 NWAU estimate is not significantly higher than the 2021-22 estimate and COVID may well affect the hospitals less in 2022-23 than in the current year.
13. Furthermore, if the Commonwealth established a MFG for 2022-23 then the target NWAU for 2022-23 may become the reference point for the MFG and may affect payments to the ACT. In this situation, leaving the target NWAU at 182,832 will ensure the ACT is adequately compensated for the affects of COVID on hospital activity.

14. For these reasons, the directorate recommends leaving the NWAU target for 2022-23 at the current level (182,832).

#### Other issues

15. A Service level Agreement on the 2021-22 NWAU target will separately be provided (MIN21/2445).
16. The 2022-23 NWAU targets and activity will also require a Service Level Agreement, in accordance with clauses A136, A137 and A143 of the Addendum, which will be forthcoming.
17. The apparent stabilisation of NWAU activity over the 2021-22 and 2022-23 financial years and the resultant leveling out in revenue will require an increase in ACT Government funding to ensure the growth rates agreed through the Health Funding Envelope Taskforce are maintained.
18. The impacts on LHN Commonwealth revenue further highlights ACTHD concerns with the current arrangements of indexing the historical NHRA Budget by 6.5 percent.

#### **Financial Implications**

19. The estimated reduction in activity in 2021-22 means Commonwealth funding will reduce in either 2021-22 or 2022-23. The proposed reduction in 2021-22 will partially account for the expected reduction in activity with the remainder (if any) being accounted for in 2022-23.
20. In considering the implications of the reduction in activity in 2021-22 for the 6.5 per cent NHRA growth cap in future years, we have considered the scenario of returning to the long term NWAU trend over a 2 year period. If we returned to the long term trend evenly over two years then growth would be approximately 6.3 per cent in each year and the cap would not be exceeded. Close monitoring would be necessary and if activity were to exceed 6.5 per cent then there is an avenue for the ACT to limit the period for which it would need to fully fund the over-cap activity to one financial year.

#### **Consultation**

This briefing has been prepared in consultation with:

#### Internal

21. Strategic Finance

#### Cross Directorate

22. Canberra Health Services were consulted regarding delivery of NWAU for 2021-22 and 2022-23; and
23. ACT Treasury, Finance and Budget Division were engaged in the options scenarios and a copy of this brief will be shared.

External

24. NHFB were consulted to understand the funding impact for the revised NWAU estimates.

**Benefits/Sensitivities**

25. Any negative impacts on Commonwealth funding may receive media attention.

Signed off by:	Michael Culhane	Phone:	49392
Title:	Executive Group Manager.		
Branch/Division	Policy, Partnerships and Programs		
Date:	May 2022		
Action Officer:	Kate Chambers, Chief Finance Officer	Phone:	49922
Unit:	Corporate & Governance		

**Attachments**

<b>Attachment A</b>	Revised 2021-22 public hospital NWAUs to the Administrator of the National Health Funding Pool
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## MINISTERIAL BRIEF

ACT Health Directorate

Tracking No.: GBC22/327

<b>To:</b>	Minister for Health
<b>CC:</b>	Rebecca Cross, Director-General
<b>From:</b>	Deborah Anton, Deputy Director-General
<b>Subject:</b>	Minister's Weekly Brief
<b>Critical Date:</b>	Friday, 3 June 2022
<b>Critical Reason:</b>	To ensure you are briefed on current issues and events.

## Recommendations

That you note the:

- Information in the Minister's Weekly Brief for 23-27 May 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**

1. Nil.

**UPDATES ON KEY PROJECTS/PIECES OF WORK****Aboriginal and Torres Strait Islander Suicide Prevention, Intervention, Postvention and Aftercare Service**

2. The contract for the Aboriginal and Torres Strait Islander Suicide Prevention, Intervention, Postvention and Aftercare Service was executed on 16 May 2022.
3. The successful service provider is Thirrili Ltd.
4. ACT Health Directorate has met with Thirrili and will facilitate contact between Thirrili and the Aboriginal and Torres Strait Islander Suicide Prevention Working Group, as they will be a key point of connection and advice for the new service.
5. During the first three months of the service, Thirrili will focus on community engagement and seeking local cultural expertise, as well engaging on timing for the commencement of the elements of the service.
6. A media release has been prepared for Minister Davidson to announce that Thirrili has been contracted for release during Reconciliation Week. Arrangements for a subsequent event such as a launch, will be planned in conjunction with Thirrili.

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

7. Nil.

**MINISTER'S OFFICE REQUESTS FOR INFORMATION**

8. Nil.

**KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS**

9. Nil.

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



## MINISTERIAL BRIEF

ACT Health Directorate

Tracking No.: GBC22/342

**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 & Government Services

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**Subject:** Minister's Weekly Brief

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**Critical Date:** Friday, 10 June 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 30 May - 3 June 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**

1. Nil.

**UPDATES ON KEY PROJECTS/PIECES OF WORK****ACT Mental Health Workforce Strategy (the ACT MHWF Strategy)**

2. The Office of Mental Health and Wellbeing (OMHW) are currently planning a series of consultations with the relevant unions, Indigenous bodies and professional bodies on the ACT MHWF Strategy.
3. A presentation will be delivered to the unions engaged with ACT Health on 15 June 2022.
4. The OMHW are currently planning for a presentation to the professional bodies, the date is to be confirmed.
5. The OMHW will engage with Indigenous mental health and allied health training bodies through a letter to seek feedback on the draft Strategy.

**Cross Border Bilateral Agreement with NSW - Reconciliation 2015/16 – 2019/20**

6. CHS has now provided ACT Health Directorate (ACTHD) with initial estimates for Blood and Blood Products used by NSW residents and a working meeting with relevant NSW people is being sought with CHS to inform finalisation.
7. ACT estimates for other types of NSW resident activity in the ACT and related funding are currently progressing through internal clearance processes and are expected to be shared with NSW during the week of 13 June 2022.

**Government response to the Review of ACT Health Programs - Children and young people and responses to Fetal Alcohol Spectrum Disorder**

8. ACTHD is preparing the Government response to the Review of ACT Health Programs - *Children and young people and responses to Fetal Alcohol Spectrum Disorder (FASD) Inquiry* (the Inquiry).
9. The Inquiry made 14 recommendations, which intersect multiple portfolios in the ACT, particularly health and disability.
10. The Government Response will provide a position for each of the recommendations with an explanation of current or proposed activity to meet the recommendations.
11. FASD is a complex condition for governments, given the preventative focus which lies in the alcohol and other drug sector and maternity sector; the diagnosis responsibilities in health and disability sectors; and the significant consequences for the justice sector, given the high rates of FASD in custodial settings.
12. Schedule 1.6 Cabinet

Schedule 1.6 Cabinet

13.

14. Noting many recommendations are already being addressed through business as usual work, it is recommended that directorates provide progress updates in their annual reports, rather than establishing a new governance and/or reporting mechanism.

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

Schedule 1.6 Cabinet

Schedule 1.6 Cabinet

15.

16.

17.

18.

19.

#### MIN22/568 Endorsement of Better Together: A Strategic Plan for Research in the ACT Health System

MO Comment: *Took a little while to get to this - sorry. Draft plan agreed with minor edits in attached. Please discuss where supporting processes are up to. I understand a brief on RIF is imminent. Will need to consider how to manage potential for raised expectations for funding and how next steps will be taken within existing resources.*

20. Research Strategic Plan (RSP) – update on supporting processes:



- a) Preparation for an RSP launch or announcement at the Canberra Health Annual Research Meeting (CHARM) is underway, including speaking notes in both your and the Director General's opening addresses followed by an hour-long presentation led by Professor Graham Mann and including co-presentation by key members of the Partnership Board and Research Working Group (Darlene Cox, Imogen Mitchell, Nick Brown and Christine Phillips).
- b) Work with the Directorate's Media and Communications team on drafting the visuals and layout of the RSP has commenced.
- c) A brief on the Research and Innovation Fund (RIF) (MIN22/685) is in train on its way to your office.

21. RSP – managing expectations:

- a) Pending your approval of the proposed new direction for the RIF, there is an opportunity to synchronise announcements relating to the RIF and the RSP at CHARM.
- b) Led by Professor Graham Mann, the Research Working Group is currently preparing input for a draft implementation plan, exploring an initial tranche of activities that can be achieved within existing resources, like leveraging off the implementation of EPIC to support high quality research, standardisation of research governance and performance management, and optimising the sharing of current equipment and methodological expertise between partner organisation to benefit ACT community health outcomes.
- c) The Centre for Health and Medical Research has commenced initial scoping discussions with the Canberra Hospital Fund regarding the potential to leverage any strategic investment by partners with additional philanthropic funding.

**GBC22/157 - Kids at Play Active Play – Parent Workshop – Communications**

*MO Comment: Kids at Play initiative is great. Please discuss with comms team whether we can get some coverage of this - unless this would simply create demand for workshops that cannot be met?*

- 22. The Health Promotion has worked closely with the Strategic Communications and Engagement team to promote the workshops via ACTHD social media platforms and have disseminated information to a range of stakeholders.
- 23. The next Parent Workshop is scheduled for 26 July 2022. Health Promotion are working with Strategic Communications and Engagement to identify additional pathways for promotion of this and future workshops.

**MIN22/558 - Update on Commissioning of Health Services in the Community**

*MO Comment: paragraph 15: It would be concerning to see a switch to grants funding mean that organisations are no longer required to address key ACT Government policies such as Secure Local Jobs, despite receiving the same amount of funding. Would need to consider how some of these requirements could be built into grant processes if go down this path.*

24. ACTHD is in discussions with Procurement ACT (PACT) and CMTEDD about the governance of grants from a Whole of Government perspective.
25. ACTHD will explore opportunities to build some of these requirements into grants application processes, where applicable.

*MO Comment: paragraph 14: note that CSD has recently developed a simpler SFA for a number of lower-cost, lower-risk out of home care related contracts. It would be worth checking with them whether these SFA would be useful for contract extensions (though it may be too late in the process now).*

26. ACTHD is offering variations in the form of Letters of Variation for the Service Funding Agreements (SFA) executed in 2016. The Schedules to the contract have been amended to reflect the partnership approach to commissioning and changes to deliverables or reporting negotiated, as required.
27. ACTHD will be working with Community Services Directorate (CSD) on a fit-for-purpose SFA template to reflect the move to commissioning. In a similar approach ACTHD and CSD have been working together to ensure consistency for the Deed of Grant template for the peak body commissioning.

#### **GBC22/183 - Activity forecasting work**

*MO Comment: Apologies for delayed sign-off but please discuss activity forecasting work - would just like to understand better how this fits with TWHSP. Thank you*

28. ACT Health Directorate (ACTHD) has engaged Health Policy Analysis for forecasting and scenario modelling capabilities over a five year contract (2022 to 2027). Health Policy Analysis is a leading health consultancy and provide forecasting services for NSW Health.
29. The activity forecasting will be for the next 20 years (2022 to 2042), and will cover inpatients, emergency departments and operating rooms.
  - a) In 2023 the ACTHD will work with Health Policy Analysis to expand the forecasting to also cover the community health programs.
  - b) The forecasting will be based on 10 years of activity data (2011 to 2021) and includes cross-border data and private hospital activity (although with some gaps in the private hospital data).
30. The project is on track and has completed the data analysis and validation stage. Over June the project will work through the forecasting methodology with a goal of completing the base case forecasts in July 2022. Following a period of testing the results the project will move onto building scenario modelling capabilities which will be complete in August. The scenario modelling will feed into planning for the northside hospital.
  - a) A technical workshop is scheduled for 8 June 2022 to discuss the methodology.

## SENSITIVE - CABINET

31. ACTHD is collaborating on the project with the Chief Information Officer, Canberra Health Services (CHS), and will share the forecasts with CHS, and work with CHS on finessing scenario projections based on models of care developed for the Critical Services Building as well as for the northside hospital.

**MIN22/536 - Donor Conceived Australia (DCA)**

*MO Comment: As discussed in meeting, please ensure DCA is engaged at every step of this process. Please discuss next steps at weekly meeting when PPP is on the agenda for updates.*

32. A meeting was held with DCA on Tuesday 7 June 2022 at 10:00am.
33. Michael Culhane and representatives from the Health Policy and Strategy Branch (HPSB) attended.
34. The directorate provided an update of where this work is up to, the likely next steps, and that the recommendations being presented in the response to the motion are subject to Government approval.
35. DCA was advised about the role of the Health Services Commissioner in considering complaints about practitioners and also that similar commissioners exist in other jurisdictions.
36. The directorate undertook to consult DCA while developing the stakeholder engagement plan.

**GBC22/236 - Hydrotherapy and National Code of Conduct for Health Care Workers**

*MO Comment: Please discuss;*

*- Future options for hydrotherapy support*

*- Engagement on HCW Code of Conduct – this affects many professions and workplaces, as highlighted by union engagement to date.*

37. *Options for hydrotherapy support*
- a) The future options for hydrotherapy support will be determined after the new southside hydrotherapy facility has been completed.
  - b) Schedule 1.6 Cabinet [REDACTED]
38. *Engagement on HCW Code of Conduct – this affects many professions and workplaces, as highlighted by union engagement to date.*
- a) Schedule 1.6 Cabinet [REDACTED]

**MINISTER'S OFFICE REQUESTS FOR INFORMATION**

39. Nil.

**KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS**

40. 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**

**To:** Minister for Health

Tracking No.: MIN22/440

**From:** Michael Culhane, Executive Group Manager, Policy, Partnerships and Programs

**Subject:** Visit and meeting with business owners - Next Practice Deakin and Chief Executive Officer of the Next Practice Group

**Critical Date:** 20 May 2022

**Critical Reason:** The visit and meeting are scheduled on this day

**Recommendation**

1. That you note the arrangements brief at Attachment A.

**Noted / Please Discuss**

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

Minister's Office Feedback

**Background**

1. You accepted an invitation forwarded from the Chief Minister to visit 'Next Practice', a new general medical practice in Deakin that opened in December 2020. Arrangements were made several times for your visit in 2021, however all visits were postponed due to COVID-19.
2. The Next Practice group is a novel network of traditional and integrative primary care medical clinics founded by Dr Sam Prince. These clinics aim to provide a new model of care in primary care, with a focus on wellness and enablement, multidisciplinary team-based care, high quality patient support, and the use of innovative, integrated technology. There are presently 12 practices nationally in the Next Practice network.

## OFFICIAL

3. Next Practice Deakin is the first in the network in the ACT. Dr Paresh Dawda, Director and Principal of Next Practice Deakin has advised that the practice:
  - a. aims to create customised, comprehensive and collaborative care plans for patients to improve health and wellness outcomes, and manage chronic conditions;
  - b. offers team-based care underpinned by purpose-built technology.
  - c. is the largest General Practitioner (GP) outreach service provider in the ACT to patients in residential aged care facilities;
  - d. provides outreach services for people in disability homes, people in their own homes who cannot attend GP, and people in palliative care; and
  - e. has close collaboration with the Geriatric Rapid Acute Care Evaluation team, and Home-Based Palliative Care Services.

**Issues**

4. Dr Dawda has advised the purpose of the visit is to show you the practice and demonstrate its innovative model of care (Attachment A).
5. Next Practice has a strong focus on preventive health and improving primary health care models in Australia. Next Practice has advised ACT Health Directorate (ACTHD) that it is committed to contributing to a sustainable value-based health care system and outcomes through strengthening primary care.
6. The Academic Unit of General Practice (AUGP) has advised that the Next Practice model of care is interesting (although its financial sustainability has not yet been determined) and that the practice will provide patients a good service, particularly around prevention, wellness, and ageing well programs. AUGP surmises that these services are pitched at people who are health literate and have an ability to pay.

**Financial Implications**

7. Not applicable.

**Consultation**Internal

8. Canberra Health Services (CHS), Calvary Health Care, Office of Professional Leadership and Education, Preventive and Population Health, Health System Planning and Evaluation, and AUGP were consulted in the preparation of this brief, with input received from AUGP.

External

9. Dr Paresh Dawda, Next Practice, Deakin.

## Work Health and Safety

10. Not applicable.

## Benefits/Sensitivities

### *Integrated care and funding models*

11. Next Practice has informed ACTHD that it has designed its infrastructure and model of care to provide a foundation for a future health system that integrates Commonwealth and State/Territory-funded services. While further information and detail is needed, there may be an opportunity for discussions with Next Practice, as CHS and ACTHD develop integrated care reform in the ACT.

### *Equitable access to primary care*

12. Next Practice Deakin's billing policy involves bulk billing patients living in disability homes and residential aged care facilities and has created its own safety net by bulk billing a patient's consultations for the remainder of calendar year after six consultations have been privately paid. Next Practice Deakin has advised its patient out of pocket payment is \$30 for concession card holders.

13. Schedule 2.2(a)(xv) Management function

### *Delivering Better Care Grant Round (DBC Grant)*

14. The DBC Grant is funded by Stage 2 of the DBC Budget Initiative ([Attachment B](#)) and aim to provide integrated primary care to homebound ACT residents with complex and chronic needs.
15. Next Practice Deakin and the Sunny Street mobile clinic initiative have made applications to the DBC Grant. Dr Dawda and Nikki Johnston are the ACT partners (and advocates) for the Sunny Street initiative.
16. The Assessment Panel will provide its final recommendations for funding for your consideration by mid-May. Grants are to be announced by early June 2022.

## Communications, media and engagement implications

17. Next Practice wishes to take photographs during the visit for their social media channels and issue a media release regarding your visit.

## OFFICIAL

Signatory Name: Michael Culhane  
 Executive Group Manager  
 Policy, Partnerships and Programs

Phone: [Redacted]  
 Schedule 2.2(a)(ii)  
 Privacy

Action Officer: George Vallance  
 Executive Branch Manager (a/g)  
 Health Policy and Strategy Branch

Phone: [Redacted]  
 Schedule 2.2(a)(ii)  
 Privacy

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Arrangements brief
Attachment B	Ministerial brief - Update on options for Stage 2 of the budget initiative



**ACT Health Directorate**

**To:** Minister for Health Tracking No.: MIN 22/531

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

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**From:** Michael Culhane, Executive Group Manager, Policy Partnerships and Programs

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**Subject:** Meeting with Palliative Care ACT – Leo’s Place

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**Critical Date:** 20/05/2022

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**Critical Reason:** The information provided will support your meeting with Palliative Care ACT on Monday, 23 May 2022

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**Recommendation**

That you:

1. Note the UNSW formal evaluation of Leo’s Place at Attachment A contained in this brief.

**Noted / Please Discuss**

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

Minister’s Office Feedback

## Background

1. Palliative Care ACT (PACT) is the Peak body for palliative care in the ACT. It provides information on palliative care options for clients, as well as non-clinical services.  
Schedule 2.2(a)(xiii) Competitive commercial activities  
[REDACTED]
2. PACT established Leo's Place with the support of the ACT Government to provide non-clinical palliative care respite in the ACT. Leo's Place is the only non-clinical, home-like palliative care respite facility in the ACT and appears to be a first for Australia.
3. Leo's place has been established in a leased private property in Braddon. It enables people with a life-limiting illness to spend anything from a few hours to up to seven days in a home-like environment while their carers get the rest they need and the time to manage their other responsibilities. Leo's Place also provides a place for families and carers to access resources, information, and support, including the coordination of access to other services.
4. Schedule 2.2(a)(xiii) Competitive commercial activities  
[REDACTED]

## Issues

5. Funding for Leo's Place expires in June 2022 and ongoing funding is required if the service is to continue. Schedule 1.6 Cabinet  
[REDACTED]
6. The University of NSW (UNSW) has undertaken a formal evaluation of Leo's Place (Attachment A), that shows that Leo's Place is successfully filling a gap in service provision and should be continued.
7. You have agreed to meet with Tracy Gillard, Chief Executive Officer (CEO) of PACT, together with PACT Board Chair, Dr Louise Mayo AM. The meeting will focus on the evaluation of Leo's Place and is intended to be a conversation about its future and the outcomes/benefits realised during the proof-of-concept trial.
8. PACT has also secured meetings with Leanne Castley, Shadow Health Minister, who will be visiting Leo's Place later this month. In addition, PACT will meet with Jonathan Davis, ACT Greens representative, in June, to provide a similar update.

## Financial Implications

9. Schedule 1.6 Cabinet  
[REDACTED]  
[REDACTED]  
[REDACTED]

10. In 2019–20 average bed day costs across the Canberra Hospital and Calvary Public Hospital Bruce were \$2,310. Bed day costs at Leo’s Place are currently \$416 (noting that Leo’s Place is a non-clinical service). Supporting carers may extend their ability to care for palliative patients at home, potentially slowing the growth in demand for hospital/hospice services.

### Consultation

#### Internal

11. Not applicable.

#### Cross Directorate

12. Not applicable.

#### External

13. Tracy Gillard, CEO PCACT, has been consulted in the preparation of this brief.

### Work Health and Safety

14. Not applicable.

### Benefits/Sensitivities

15. There will be an inevitable growth in demand for palliative services in the ACT as the population grows, however, the growth in demand for hospital or hospice services may be slowed if palliative patients can be cared for at home for longer. Leo’s Place supports carers to care for palliative patients at home for longer.

### Communications, media and engagement implications

16. Not applicable.

Signatory Name: Michael Culhane, Executive Group Manager, Policy Partnerships and Programs      Phone: 5124 9717

Action Officer: Michelle Reardon      Phone: 6207 6522

### Attachments

Attachment	Title
Attachment A	The UNSW formal evaluation of Leo’s Place

**ACT Health Directorate**

**To:** Minister for Health

Tracking No.: MIN22/558

**CC:** Minister for Mental Health  
Deborah Anton, Director-General

**From:** Jacinta George, Executive Group Manager, Health System Planning and Evaluation

**Subject:** Update on Commissioning of Health Services in the Community

**Critical Date:** Not applicable

**Critical Reason:** Not applicable

**Recommendation**

That you:

1. Note the information contained in this brief.

**Noted / Please Discuss**

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

Minister's Office Feedback

**Background**

1. In July 2021, ACT Health Directorate (ACTHD) and Community Services Directorate (CSD) last updated you and the Minister for Mental Health on the progress of Commissioning Health Services in the Community (Attachment A), in the lead up to the release of the joint Commissioning Roadmap.

2. ACTHD has commenced commissioning planning and engagement with relevant stakeholders from each of the subsectors identified in the Commissioning Roadmap. Engagement activities have commenced, following early delays due to the ACT emergency response to COVID-19, in September 2021.
3. Existing agreements are being varied and extended. The extended timeframes will allow further strategic planning before commissioning, with the new agreement expiry dates being 30 June 2023, 31 December 2023, and 30 June 2024.
4. Extensions to existing contracts are not impacted by the emergent Insourcing Policy and do not trigger the requirement for union and staff consultation under clause B11 included in the ACTPS Enterprise Agreements.

### Issues

5. ACTHD is engaging with funded sector partners about the variation to agreements expiring 30 June 2022. This has included seeking feedback and suggested changes from sector partners on their current agreements. ACTHD will negotiate any proposed changes required before formal offers of variations are made. It is anticipated offers will commence in May with the execution of agreements on track to be finalised by end of June 2022.
6. Since September 2021, ACTHD has been working in the “Strategise” phase of the commissioning cycle for most of the health subsectors, in partnership with sector partners, to better understand the nature of each of the services, and to identify community needs and gaps in each of the subsectors.
7. Many subsectors are now commencing or planning the collaborative “Design” phase of the commissioning process where ACTHD and sector partners are working together to consider available data and evidence, needs assessments, identify where further information is required, identify service priorities, develop outcomes statements and measures, and to confirm the purchasing approach for services. Some subsectors and specialty areas with contracts which are being varied for two years have yet to commence the “Strategise” phase.
8. The project timeline that demonstrates the commissioning cycle and timeframes for the various subsectors and specialty areas over the next two years is at [Attachment B](#).
9. Sector partners have participated in multiple engagement forums and provided feedback on initial discussion papers. An update on the ACTHD commissioning engagement activities is at [Attachment C](#).
10. ACTHD and CSD are jointly addressing the identified cross-sectoral issues that have been identified across various health and social services such as housing and homelessness, alcohol and other drug and sexually transmissible infection and blood borne viruses.
11. In 2021, Procurement ACT (PACT) provided advice to ACTHD that funding of many of the contracted health services may be better suited to a grant process. For example, where

services are funded which enable the recipient to achieve its own goals and objectives that are consistent with Territory policy even though an indirect benefit is obtained by the Territory, or where the recipient may have more than one source of funding to deliver the services, works or property (e.g. from other jurisdictions).

12. In response, ACTHD is considering the many aspects and impacts of long-term purchasing approaches for the health services undergoing commissioning. Details to distinguish between a grant and procurement is available in the ACT Government Procurement fact sheet at [Attachment D](#).
13. Using the indicators provided, and following advice from Procurement Policy and Capability, indicates the proportion of ACTHD grant arrangements may increase significantly from the six per cent of agreements currently funded through a Deed of Grant. Ultimately the financial delegate will determine the funding instrument.
14. In the short-term, the current funding instrument for those services undergoing contract variations will not change. These existing funded health service agreements are primarily contracted using a Service Funding Agreement under the *Government Procurement Act 2001 (the Act)*.
15. This transition to an increased number of grant processes will result in a significant change from historic practices. Grant arrangements are not subject to the legislative requirements applying to the Act and to the *Government Procurement Regulation 2007*, including procurement related policies and the Charter of Procurement Values. Therefore, organisations applying for, or funded through, grants are not bound by:
  - a. Aboriginal and Torres Strait Islander Procurement Policy;
  - b. Quotation and tender thresholds;
  - c. Government Procurement Board;
  - d. Notifiable Contracts, amendments, and invoices;
  - e. Canberra Region Local Industry Participation Policy; and
  - f. Secure Local Jobs Code.
16. Grant funding arrangements are expected to be considered out of scope for the proposed amendments to the *Financial Management Act 1996* to enable the Insourcing Framework.
17. The implementation of the grant purchasing approach will require an ACTHD operational shift to establish an in-house grant management system. PACT provides support to directorates for procurement activity, but it does not provide support relating to grant processes. While Chief Minister, Treasury and Economic Development (CMTEDD) has developed high level grant management guidelines, they have advised it is up to individual directorates to establish their own grant management processes, which will need to be individualised and which will differ depending on the approach.

18. To date, the unit in ACTHD responsible for funding health services in the community has not run competitive grants processes for ongoing contracts. This will likely increase ACTHD's resourcing requirements to facilitate appropriate oversight and management of the increased number of services purchased using a grant process.
19. As the commissioning cycle progresses, the collaborative design and procurement phases will overlap, and stakeholders will continue to work together to develop the service or subsector design and outcomes. There will be probity considerations at this time. More grant processes would mean in effect that the burden to provide administrative and probity advice would shift from PACT to ACTHD.
20. While there are differences to the legislative foundation and administrative approach for a grant or a procurement, the current predicted commissioning timeframes remain consistent for both purchasing approaches.

### **Financial Implications**

21. ACTHD currently manages approximately \$60 million in recurrent annual funding for health services provided by the community sector. This recurrent annual funding includes more than 100 health services delivered by more than 70 sector partners.

### **Consultation**

#### Internal

22. The commissioning and contract variation involves ongoing consultation and liaison with relevant policy units in ACTHD.

#### Cross Directorate

23. ACTHD continues to work closely with CSD in the implementation of commissioning processes, including commissioning of peak bodies, joint communications, stakeholder engagement and capability building.
24. ACTHD is meeting regularly with PACT and Procurement Policy and Capability to consider the application of a purchasing approach and to implement probity ability building across the commissioning processes.
25. Commissioning processes involve relevant representation from Canberra Health Services.

#### External

26. Non-government and other external stakeholders have been consulted in several subsectors. Refer to the Commissioning engagement update at [Attachment B](#) for details.

### **Work Health and Safety**

27. Not applicable.

### **Benefits/Sensitivities**

28. The peak body commissioning process has been delayed. Minister Vassarotti, Minister Berry, Minister Davidson, and you, were briefed on the joint proposed phased approach

to commissioning peak bodies in January 2022 (Attachment E). In recognition of the time constraints, complexities and issues raised during consultation in November 2021, it was determined that a phased approach would be required to allow time to address issues raised and determine the right balance of peak bodies and funding for the ACT community.

29. Dr Emma Campbell, CEO, ACT Council of Social Services, wrote a letter, on behalf of 'a coalition of ACT peak bodies', to Director-General's of ACTHD and CSD on 11 March 2022. The letter expressed concerns about the proposed approach to commissioning peak bodies and sought further collective discussion.
30. Further discussion occurred at a meeting on 8 April 2022 where the content of a proposed Deed of Grant was refined. A meeting on 29 April 2022 to recap the intent of commissioning and to discuss topics raised and the longer-term approach to commissioning of peak body services was well received.

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

31. A key component of communication with the sector is the use of the joint CSD and ACTHD Commissioning Web page:  
<https://www.communityservices.act.gov.au/commissioning/home>
32. As commissioning engagement is planned and discussion papers published, content and advice are posted on the web page. This now includes a consolidated calendar of engagement activities and events for each of the commissioning processes and a feed for subscription services. The web page is one method of widening the audience. Sector partners and interested stakeholders are also invited to commissioning engagement via email.

Signatory Name: Jacinta George, Executive Group Manager, Health System Planning and Evaluation Phone: 5124 9403

Action Officer: Jamie Droney, Senior Director, Community Sector Contracts and Grants Unit Phone: 5124 6195

### **Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Ministerial Brief: Commissioning of Services in the Community
Attachment B	Commissioning engagement activities
Attachment C	Commissioning project timeline
Attachment D	ACT Government Procurement fact sheet
Attachment E	Brief to Commissioning Ministers - Peaks Commissioning



**ACT Health Directorate**

**To:** Minister for Health

Tracking No.: MIN22/625

**From:** Anthony Dombkins, Chief Nursing and Midwifery Officer

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

**Subject:** Meeting with Michelle Lincoln, Dean of Health, University of Canberra

**Critical Date:** 19/05/2022

**Critical Reason:** The meeting is scheduled for this date

**Recommendation**

That you note Rebecca Cross, Director-General will be the executive attending this meeting.

**Noted / Please Discuss**

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

Minister's Office Feedback

**Background**

1. To provide you with information ahead of your meeting with Michelle Lincoln, Dean of Health, University of Canberra (UC).
2. You received a request for a meeting from Michelle Lincoln, Dean of Health, UC. The meeting is scheduled for Thursday, 19 May 2022.

## Issues

### Health infrastructure on campus

3. ACT Health are progressing planning for a new public hospital on the northside of Canberra. This hospital will replace ageing infrastructure at Calvary Public Hospital Bruce.

### *Northside Clinical Services*

4. The ACTHD Health Services Planning Unit (HSPU) is developing a Northside Clinical Services Plan (the Plan) for the northside community and have contracted BD Infrastructure to undertake the work.
5. This work will inform requirements for the Northside Hospital as well as services to be provided on the campus, in the community, in people's homes, and via virtual care.
6. The Plan is expected to be delivered to ACT Health Directorate (ACTHD) by mid-July 2022.
7. While the Plan will help to establish what services should be considered for delivery in the community, the specifics around what settings the services will be delivered in, as well as potential service models, will be further investigated post-July 2022.
8. Community consultation is expected to begin in August 2022.
9. However, HSPU would welcome an earlier meeting with Michelle Lincoln. HSPU will schedule within the month if Michelle is agreeable.
10. HSPU will also be leading strategic planning for a Centre for Excellence for Older Persons on the northside and will be happy to have an early conversation around this issue.

### Clinical placement opportunities with UC

11. Last year UC contributed approximately 40 per cent of placements placed through the ACTHD Clinical Placement Office (CPO).
12. CPO has increased nursing placements from 83 in December 2021 to 89 nursing placements as of June 2022.
13. Areas such as the Intensive Care Unit had reduced nursing numbers from three placements to two placements due to very junior staff availability to support students. Areas such as community have been able to increase numbers with the removal of COVID-19 restrictions.
14. A UC Maternal and Child Health (MACH) nursing placement was reidentified from a nursing placement to a midwifery placement to support the development of post-partum support with Midwifery students.

15. CPO has processed 290 nursing placements from February 2022 to 31 March 2022.
16. Allied Health placements have remained consistent. UC currently have nine disciplines that attend placement through CPO. The CPO has processed over 154 placements between February 2022 and 31 March 2022.
17. Midwifery placements have remained consistent, with all students from UC's undergraduate or graduate entry master's program. CPO has processed over 438 midwifery placements from February 2022 to 31 March 2022. Please be aware this is processing placement requests and not number of students. Midwifery had an extremely heavy processing load compared to other disciplines.
18. CPO is continuing to support placements throughout the COVID-19 pandemic and is part of several working groups that have been established to support student placements, such as:
  - Nursing and Midwifery COVID-19 working group;
  - Territory-wide Allied Health Student Placement Stakeholders Working Group;
  - Clinical Health Emergency Coordination Centre Education Institution meeting (CHECC);
  - Allied Health working monthly meeting;
  - Bi-Yearly Discipline meeting with UC and Industry partners looking at future workforce, placement requirements; and
  - Midwifery Education Review Steering Group.
19. CPO implemented a process to allow students to return to placement day eight post COVID or COVID exposure. This process was put in place with collaboration of UC who would ensure that all paperwork was correct ensuring that the COVID response team was able to approve the exemption in minimal time.
20. CPO arranged a train the trainer sessions for UC staff to ensure that they are compliant with manual handling requirements of clinical placement. Three sessions were organised with another session to be organised later when convenient to UC staff.
21. CPO attend a weekly CHECC meeting with UC to ensure unified processes for student placements.

#### *Current issues with Nursing Placements*

22. On 1 March 2022, UC notified CPO that UC nursing students will not be attending placements on weekends and public holidays.
23. The CPO advised UC that students not attending any public holidays will reduce the number of days that they attend placement.

24. The CPO ensured UC that they would attempt to assist with the makeup of the hours, but it was important to understand it won't always be guaranteed and that placements are limited.
25. At time of writing this brief, CPO had no response from UC regarding the email or public holidays.
26. On 21 April 2022, the CPO met with UC's placement team and the Nursing Professional Practice Convenor to discuss the issue that UC nursing was short extra nursing placements and required extra placements.
27. The UC placement team notified CPO that UC was running two extra units and required additional placements in June 2022 and July 2022.

#### Works underway and collaboration points with UC

##### *UC and ACT Health Directorate (ACTHD) Professional Deed*

28. The Professorial Deed between the ACTHD and UC is currently being finalised.
29. The UC Midwifery discipline are undertaking work at the request of the Chief Nursing and Midwifery Officer (CNMO) to review the undergraduate nursing and midwifery curriculum to identify what changes may be required to enable Bachelor of Midwifery graduates to become Child and Family Health practitioners.
30. The CNMO is supporting a PhD Aboriginal Midwife in partnership with UC, under the supervision of Dr Holly Northam.

##### *BETTER Project*

31. UC Professor Jane Frost is undertaking a research project on behalf of the CNMO.
32. The ACTHD clinical placement office (CPO) is working with Professor Frost to support the BETTER project.
33. The BETTER project is designed to explore the transition of nurses into the role of 'Registered nurse' in a territory wide approach including the experience that COVID -19 pandemic has created for students as they graduate and transition. The BETTER project is about developing an understanding of the transition to practice from student to registered nurse, through exploration of **B**elonging to the profession, **E**ducation and clinical placement, **T**raining and **T**eam dynamics, **E**mpathy and perceived readiness and **R**eality.
34. The objectives of the project are to:
  - develop an understanding of the barriers and enablers facing registered nurses in their transition to practice;
  - generate an understanding of the challenge of transitioning to practice in the current pandemic; and

- identify elements of a 'good placement', one that supports student learning and development towards becoming a registered nurse.
35. The expected outcomes of the project are:
- Reports at six months, 12 months, and 18 months highlighting the findings of each part of the study: post completion of undergraduate program, six months and 12 months after graduation.
  - Final report to include recommendations for practice, and at least one peer reviewed publication.
  - Clear articulation of the direction of the larger study to be conducted by the PhD recipient.

#### *InPlace and HRIMs*

36. CPO organised and implemented a new Learning Management system and coordinated with UC to ensure that staff were trained and supported through this transition.
37. CPO has arranged a project officer to oversee the integration of InPlace Network. The project officer is to remain in the role post implementation to ensure that support is provided for education providers. The project officer will develop and oversee processes to ensure that the system is utilised effectively and is working successfully for education providers such as UC.
38. CPO has organised second weekly meetings with Quantum IT to address any system errors that may occur between InPlace and InPlace Network integration.
39. CPO is currently working on clear concise processing to assist UC placement coordination.

#### *Allied Health Professional leadership courses*

40. The office of the Chief Allied Health Officer (OCAHO) supported 27 funded places for Allied Health Professionals from Canberra Health Services and Calvary Public Hospital Bruce to attend one day leadership courses at UC in May 2022. These courses aim to be an introductory opportunity and attendees may choose to progress to Graduate Certificate in Leadership and Management.

#### *Indigenous Allied Health Australia (IAHA) ACT Academy*

41. UC is involved in the implementation of the Indigenous Allied Health Australia (IAHA) ACT Academy in the ACT and has a representative on the Working Group co-ordinated by OCAHO and IAHA. UC will provide host employer placements for Academy participants in their Health Hub clinics. UC supports transitional education pathways between vocational qualifications and UC bachelor's degrees which is currently in development. This initiative would provide excellent career progression opportunities in allied health as well as change of health career.

Culture Review Works relating to UC

42. As you are aware, Professor Lincoln is a member of the Culture Review Board.
43. The Professional Transition to Work Working Group is focusing on two research projects.
44. The projects are being undertaken as a collaboration between the universities and ACT public health system. UC is taking the lead on the research component.
45. The projects will examine existing supports and graduate and early career programs and will involve a review of available evidence (including a literature review) to understand where there may be gaps and opportunities.
46. Evidence-based recommendations will be made by the working group to the Oversight Group.
47. Letters have been sent to the universities and key stakeholders across the health system to gain an understanding of existing programs and supports.
48. A research protocol is being developed and ethics approval for the research project is being sought.
49. The research component, including the literature review will be led by University of Canberra.
50. Recruitment for a research officer is underway with the process being supported by the Culture Review Implementation team.

**Financial Implications**

51. Not applicable.

**Consultation**Internal

52. HSPE, CNMO, CAHO, Strategic Finance and Culture Review teams within ACTHD have provided input.

Cross Directorate

53. Not applicable.

External

54. Not applicable.

**Work Health and Safety**

55. Not applicable.

**Benefits/Sensitivities**

56. Not applicable.

**Communications, media and engagement implications**

57. Not applicable.

Signatory Name: Anthony Dombkins, Chief Nursing and Midwifery Officer      Phone: 5124 9628

Action Officer: Anthony Dombkins, Chief Nursing and Midwifery Officer      Phone: 5124 9628

**ACT Health Directorate**

<b>To:</b>	Minister for Health	Tracking No.: MIN22/640
<b>CC:</b>	Rebecca Cross, Director-General	
<b>From:</b>	Michael Culhane, Executive Group Manager, Policy, Partnerships and Programs	
<b>Subject:</b>	Meeting with Children's Tumour Foundation - Thursday, 26 May 3:00pm-4:00pm	
<b>Critical Date:</b>	20/05/2022	
<b>Critical Reason:</b>	To allow you sufficient time to be across the meeting brief prior to the meeting on 26 May 2022	

**Recommendation**

That you:

1. Note the information contained in this brief.

**Noted / Please Discuss**

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

Minister's Office Feedback
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**Background**

1. You have agreed to meet with Brian Shaw, from the Children's Tumour Foundation on 26 May 3:00pm-4:00pm to discuss Neurofibromatosis (NF) and how to raise awareness for this condition. Mr Shaw is a retired teacher and is a member of the community awareness panel for the Children's Tumour Foundation.
2. Michael Culhane, Executive Group Manager, Policy, Partnerships and Programs, is attending as the ACT Health Directorate (ACTHD) representative.



**Issues**

3. NF (in particular, the variant NF1) is a genetic condition characterised by skin changes and the risk of benign and malignant tumours. It is a relatively common genetic disease, affecting around one in 5,000 people. NF1 can affect a range of body systems, with some individuals being mildly affected and others having a significant multiorgan disease burden with increased morbidity and mortality, as well as psychological and financial costs.
4. There are limited treatment or management options presently available, and the Children's Tumour Foundation has been an advocate in this space. The ACT Genetic Service in Canberra Health Services (CHS) supports calls to raise awareness of NF1, but there is no dedicated paediatric NF1 clinic at CHS. However, the condition can be managed by a General Paediatrician, and there is a dedicated clinic at Westmead Children's Hospital.
5. Neurofibromatosis Awareness Month is held annually in May to improve understanding of the signs and symptoms of NF, to share the stories of people affected by the condition and to educate Australians on diagnosis and treatment.
6. Mr Shaw is requesting that you make a pledge (at [Attachment A](#)) in support of NF, as part of a larger campaign to raise awareness of NF. The pledge asks you to wear a NF ribbon or share a photo or video among your network; to show support and bring awareness to NF. It also asks that where possible, you engage in activities to support members of the NF community.

**Financial Implications**

7. The ACTHD advises that the pledge does not contain any implications for financial or resource allocation.

**Consultation**Internal

8. Not applicable.

Cross Directorate

9. CHS has provided clinical input about NF1 and treatment pathways available in the ACT and at Westmead.

External

10. Not applicable.

**Work Health and Safety**

11. Not applicable.

**Benefits/Sensitivities**

12. While the pledge makes no commitment to financial resources, it does ask for several personal commitments to NF, including advocacy and awareness raising.

**Communications, media and engagement implications**

13. Mr Shaw plans to take a photo and share it via the Children's Tumour Foundation social media channels. This may also be shared via counterparts in the US and UK, to show global support for awareness of neurofibromatosis.
14. The pledge also asks that you share a photo or video among your network, to show support and raise awareness of NF.

Signatory Name: Michael Culhane, Executive Group Manager, Policy, Partnerships and Programs Phone: x49392

Action Officer: Noah Bowen Osmond, Graduate Policy Officer, Health Policy and Strategy Branch Phone: Schedule 2.2(a)(ii)  
Privacy

**Attachments**

Attachment	Title
Attachment A	Neurofibromatosis Pledge and introduction letter

**ACT Health Directorate**

**To:** Minister for Health Tracking No.: MIN22/655

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**CC:** Deborah Anton, Director-General

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**From:** Dr Dinesh Arya, Chief Medical Officer

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**Subject:** ACT Health Professional Colleges Advisory Committee

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**Critical Date:** 12/05/2022

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**Critical Reason:** The Committee is meeting on this date

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**Recommendations**

That you:

1. Note the agenda at Attachment B and papers at Attachments B.1 and B.2, for the upcoming ACT Health Professional Colleges Advisory Committee meeting on 12 May 2022; and

**Noted / Please Discuss**

2. Note speaking notes for the upcoming ACT Health Professional Colleges Advisory Committee meeting at Attachment C.

**Noted / Please Discuss**

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

Minister's Office Feedback

**Background**

1. The ACT Health Professional Colleges Advisory Committee provides collective advice and opinion on workforce culture and other systemic and institutional issues to the Culture Reform Oversight Committee and other key leadership committees within the ACT public health system.
2. You attended the previous ACT Health Professional Colleges Advisory Committee meeting on 31 March 2022 (meeting minutes at [Attachment A](#)).

**Issues**

3. The ACT Health Professional Colleges Advisory Committee is meeting on 12 May 2022, 3.30-5.00pm, agenda at [Attachment B](#) with meeting papers at [Attachments B.1 and B.2](#).
4. A meeting invite was forwarded to your office on 2 May 2022 with the Webex link for this meeting.
5. You have a 10 minute time slot (3.40pm) to provide your perspective on progress being made and reiterate priorities (speaking notes at [Attachment C](#)).
6. Dr Arya will present his thoughts on the development and implementation of the ACT Health Workforce Strategy and Plan and Clinical System Governance.

**Financial Implications**

7. Not applicable.

**Consultation**Internal

8. Clinical leads from the ACT Health Directorate will attend the meeting.

Cross Directorate

9. Clinical leads from Canberra Health Services and Calvary Public Hospital Bruce are invited to attend the meeting.

External

10. Representatives from ACT Health Professional Colleges are invited to attend the meeting.

**Work Health and Safety**

11. Not applicable.

**Benefits/Sensitivities**

12. ACT Health Professional Colleges Advisory Committee provides collective advice and opinion on workforce culture and other systemic and institutional issues to the Culture Reform Oversight Committee and other key leadership committees within the ACT public health system.

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**Communications, media and engagement implications**

13. Not applicable.

Signatory Name: Dr Dinesh Arya, Chief Medical Officer Phone: 5124 9637

Action Officer: Pieta McCarthy Phone: 5124 9554

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Minutes of meeting held on 31 March 2022
Attachment B	Agenda
Attachment B.1	Paper to the agenda
Attachment B.2	Paper to the agenda
Attachment C	Speaking Notes

ACT Health Directorate

<b>To:</b>	Minister for Health	Tracking No.: MIN22/682
<b>CC:</b>	Rebecca Cross, Director-General	
<b>From:</b>	Peter O'Halloran, Chief Information Officer and Executive Group Manager, Digital Solutions Division (DSD)	
<b>Subject:</b>	Digital Health Record (DHR) Program – Monthly Briefing May 2022	
<b>Critical Date:</b>	17/05/2022	
<b>Critical Reason:</b>	For the briefing to be available for the DHR Update with the Minister on Tuesday 17 May 2022	

- DG .../.../...

**Recommendation**

That you:

1. Note the update on the status of the Digital Health Record Program as per the Program Status Report as of 6 May 2022 at Attachment A.

**Noted / Please Discuss**

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

Minister's Office Feedback
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## Background

1. At a meeting held with ACT Health Directorate (ACTHD) on 21 January 2021, you requested a monthly briefing on the 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 are currently reporting red status whereas DHR Business Intelligence and Data Project is currently reporting Amber status.

3. Schedule 2.2(a)(xi) Business affairs

4. The following achievements have been delivered in the last month:
  - The first round of System Integrated Testing was completed on 6 May 2022 and 29 of 50 test scripts have been completed and passed without any P1, P2 or P3 issues. As of 12 May 2022, a further 4 test scripts have been completed. The next two weeks are focussed on defect resolution for the other 17 test scripts outstanding. The second round of System Integrated Testing will commence 23 May 2022.
  - Training preparations are progressing well with locations for training and a training schedule completed. The trainers commenced the MST Build (Master Training Environment) on 9 May 2022 which will take two weeks to complete. The DHR training schedule has progressed for publishing in HRIMS learning management system from 16 May 2022.
  - For DHR Technical Project, 17 of 18 End User Device types have had procurement paperwork completed with orders for 14 types progressed (barcode scanners, printers, workstations, COWs etc). Data Conversion and Interface testing is progressing, and a plan has been devised that is tracking to schedule for the outstanding items. Dependencies of BYOD, Identity and Access Management (IAM), login strategy and the ongoing management of provider information are being monitored closely.
  - Process to implement the work against recommendations of the Privacy Impact Assessment has now been initiated and is being managed by the DHR Program Office.
  - Nineteen DHR Summit sessions were delivered to familiarise health staff to the new DHR system. These summits were attended by virtually and in person by a total of 762 health staff. The sessions were well received with good engagement from staff.

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/ 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.
6. Agenda and structure for Go Live Readiness Assessment (GLRA) sessions have been finalised and agreed upon by DHR Program Board Members. The sessions will be held on following days before the go live i.e. 120 days (7 July 2022), 90 days (10 August 2022), 60 days (15 September 2022), and 30 days (13 October 2022). These sessions will be held at the Hellenic Club in Woden and the calendar invites have been sent to the relevant stakeholders. These sessions will provide the opportunity for operational leads across the health services to raise their concerns and issues with the system prior to Go-Live.

### **Financial Implications**

7. The 8-year DHR Program is currently forecasting overspend of \$27.578 Million is 9.5% of the total \$288.122 Million budget. Therefore, the budget will be reporting Amber as it is under the 10% tolerance. A detailed quarterly report will be provided to the Program Board at the 17 May 2022 Board meeting.
8. 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).
9. 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

10. Discussions with internal stakeholders for the procurement process to purchase End User Devices has occurred.

#### Cross Directorate

11. 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

12. 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.



13. 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.

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

Consumer Experience Steering Committee

- Health Care Consumers Association
- ACT Mental Health Consumer Network
- Carers ACT
- Meridian
- People with Disabilities ACT
- A consumer representative from Calvary Public Hospital Bruce

Union Engagement Advisory Committee

- Australian Nursing & Midwifery Foundation
- Australian Salaried Medical Officers Federation
- Community and Public Sector Union
- Professionals Australia
- Health Services Union
- Visiting Medical Officers Association (ACT)
- Australian Medical Association (ACT)

**Work Health and Safety**

15. Nil for the purpose of this briefing.

**Benefits/Sensitivities**

16. The identifiers for the baseline data to measure and track progress against 14 headline benefits from Benefits Management Plan (devised by Abt Associates) are being determined by the DHR Program Office in collaboration with the key stakeholders 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**

17. 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

**Phone:** 5124 9000

**Action Officer:** Rajvir Kaur

**Phone:** 5124 6277

**Attachments**

Attachment	Title
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OFFICIAL

Attachment A	DHR Program Status Report – May 2022
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**ACT Health Directorate**

<b>To:</b>	Minister for Health	Tracking No.: MIN22/683
<b>From:</b>	Fiona Barbaro, Executive Group Manager, Population Health Division	
<b>Subject:</b>	Renewal of Licence for CatholicCare to operate the ACT Sobering Up Shelter	
<b>Critical Date:</b>	31/05/2022	
<b>Critical Reason:</b>	The current Licence granted to CatholicCare Canberra and Goulburn to operate the ACT Sobering Up Shelter will expire on 30 June 2022	

**Recommendations**

That you:

1. Agree to renew the Licence to enable CatholicCare to operate the ACT Sobering Up Shelter for the 18 month period 1 July 2022 to 31 December 2023; and

**Agreed / Not Agreed / Please Discuss**

2. Sign the letter at Attachment A that grants the Licence.

**Signed / Not Signed / Please Discuss**

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

Minister's Office Feedback

## Background

1. CatholicCare Canberra and Goulburn (CatholicCare) has operated a sobering up place in the ACT from a purpose-built facility located at Lower M House Ainslie Village since late 2004. The service provides a safe and secure facility where people who are affected by alcohol or other drugs can sober up.
2. Under the *Intoxicated People (Care and Protection) Act 1994* (the Act), a person/entity commits an offence if it provides a caring service, and it is not licensed to provide the service. Under the Act a person/entity may apply for a licence to provide a caring service in writing. The application must specify the proposed name, address, and experience the applicant has in dealing with intoxicated people with problems related to alcohol or other drugs; and must be accompanied by (if the applicant is an incorporated association or any other kind of entity) a written statement signed on behalf of the association or entity by an officeholder stating that the association or entity can meet its debts.
3. Under the Act, the Minister may grant the applicant a licence to provide a caring service if satisfied that the applicant has adequate experience in dealing with intoxicated people and will provide a caring service in accordance with the Act and any standards. The Licence must specify the full name and address of the person/entity to whom it is granted and the location of the place where the caring service may be provided.
4. CatholicCare has continually met all obligations (performance, reporting and other obligations such as insurances) under the Service Funding agreement (SFA) with ACT Health Directorate (ACTHD) for the Sobering Up Shelter service.

## Issues

5. Historically the Licence to operate the ACT Sobering Up Shelter has been granted to coincide with the funding cycle for delivery of the service. ACTHD is currently negotiating an 18 month extension to the current SFA (2016-2022) with CatholicCare and other ACTHD funded non-government alcohol, tobacco and other drug (ATOD) sector organisations to allow an appropriate period to engage with the sector regarding the commissioning of future ATOD treatment services.
6. Population Health's Alcohol and Other Drug Policy Section is working with the ACT ATOD sector organisations and all relevant stakeholders to plan, design and commission non-government delivered ATOD services in the ACT community from 1 January 2024.
7. CatholicCare has written to the ACTHD requesting a renewal of the Licence to operate the Sobering Up Shelter (Attachment B) from Ainslie Village from 1 July 2022. This

written application is accompanied by the organisation's audited Financial Report relating to the 2020-21 financial year (Attachment C).

8. Schedule 2.2(a)(xiii) Competitive commercial activities  
[Redacted]
9. The current Licence granted to CatholicCare to operate the ACT Sobering Up Shelter service will expire on 30 June 2022. If a renewal of the Licence is not granted, CatholicCare will be required to cease operating the service from 1 July 2022.

### Financial Implications

10. Schedule 2.2(a)(xiii) Competitive commercial activities  
[Redacted]
11. Schedule 2.2(a)(xiii) Competitive commercial activities  
[Redacted]

### Consultation

#### Internal

12. The Community Sector Contracts and Grants Unit (CSCGU) has been notified regarding this renewal and it has not identified concerns about renewing CatholicCare's licence.

#### Cross Directorate

13. Not applicable.

#### External

14. Not applicable.

### Work Health and Safety

15. Not applicable.

### Benefits/Sensitivities

16. The Sobering Up Shelter service continues to meet the needs of the ACT community; provides ACT Policing a safe alternative to incarceration; and provides the means for opportunistic education, brief intervention, and referral.

### Communications, media and engagement implications

17. Not applicable

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

Phone: 6124 6146

## OFFICIAL

Action Officer: Megan Arnold, Senior Manager, Drug and Alcohol Policy Phone: 6124 9504

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Correspondence to CatholicCare granting a Licence to operate the ACT Sobering Up Shelter
Attachment B	Correspondence from CatholicCare seeking to renew its existing licence
Attachment C	CatholicCare's audited Financial Report 2020-21



## ACT Health Directorate

<b>To:</b>	Minister for Health	Tracking No.: MIN22/685
<b>From:</b>	Rebecca Cross, Director-General	
<b>Subject:</b>	2022 Research and Innovation Fund – Fellowship proposal	
<b>Critical Date:</b>	<b>14/06/2022</b>	
<b>Critical Reason:</b>	To alert the sector to the proposed approach involving fellowships and to ensure timely delivery of the program aligning with other key deliverables	

## Recommendations

That you:

1. Agree to the advice from the ACT Health and Wellbeing Partnership Board's Research Working Group at Attachment A, to invest the final \$1.0 million of the Research and Innovation Fund into Fellowships for early and mid-career researchers across the health system (aligned with the draft Research Strategic Plan's second objective regarding "people");

**Agreed / Not Agreed / Please Discuss**

2. Agree to the proposed 2022 Research and Innovation Fund Fellowship timeline at Attachment B, which includes an early announcement to the sector regarding the Fellowship approach, alignment with the Canberra Health Annual Research Meeting and launch of the Research Strategic Plan;

**Agreed / Not Agreed / Please Discuss**

3. Note the key eligibility criteria outlined in paragraph 12 – with detail to be refined as the guidelines are developed;

**Noted / Please Discuss**

4. Note the robust conflict of interest management through the assessment process as per the assessment panel's Terms of Reference at Attachment E; and

**Noted / Please Discuss**

- 5. Note Treasury have agreed to roll over the final \$1.0 million of the 2019/20 Research and Innovation Fund appropriation into the 2022/23 financial year.

**Noted / Please Discuss**

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

Minister's Office Feedback
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**Background**

- 1. The ACT Government Research and Innovation Fund (RIF) aims to support world-leading health research in the ACT, underpinning the delivery of high-quality health care through cross-discipline collaboration and engagement. A total funding allocation of \$3.0 million was provided in the 2019-20 ACT Budget to deliver on a 2016 election commitment to build research capacity and capability in key health areas to meet the health and wellbeing needs of the ACT community.
- 2. In August 2021, \$2.0 million was granted to the first group of nine successful RIF projects (see Attachment C). These projects all now have ethics approval, and the research teams are conducting initial activities which include but are not limited to:
  - a. recruiting participants such as young people at risk of early onset psychosis, adults who have had a mild stroke, consumers who use drugs, and young people for a "Citizen Jury";
  - b. collecting and preparing data such as neurological material extracted during cancer surgery and clinical records from sleep studies of over 8,000 people; and
  - c. developing and delivering interventions – with, for example, consumers and multidisciplinary teams working together to design interventions for people with cancer and delivering exercise-based cardiac rehabilitation programs.
- 3. You will receive a brief updating you on the progress of these projects in due course.



## Issues

### Rolling over the RIF's final \$1.0 million into the 2022/23 financial year

4. As noted above, the \$3.0 million provided in the 2019/20 budget was allocated for the financial years from 2019/20 to 2021/22 and to date, \$2.0 million has been committed.
5. A request has been approved by Treasury for the final \$1.0 million to be rolled over into the 2022/23 financial year.

### Aligning the RIF with the Research Strategic Plan and the Canberra Health Annual Research Meeting

There is an opportunity to align the final RIF round with the draft Research Strategic Plan (RSP), *Better Together: A Strategic Plan for Research in the ACT Health System* (see [Attachment D](#)) and Canberra Health Annual Research Meeting (CHARM).

6. Broadly, the three strategic objectives of the RSP relate to:
  - a. building a learning health system;
  - b. supporting people to conduct research; and
  - c. supporting the infrastructure and platforms required to conduct research.
7. Recent consultation with the ACT Health and Wellbeing Partnership Board and its Research Working Group (RWG) has indicated strong support for investing the RIF's final \$1.0 million into the second RSP objective – “people” – through a fellowship model.
8. CHARM will occur 26-29 July 2022. Opening the RIF round in the week preceding CHARM will likely support and enhance CHARM promotions.
9. CHARM itself will also provide ample opportunities to discuss the RIF and attract potential RIF applicants. The CHARM program committee have already tentatively scheduled time in the opening session of CHARM to introduce and launch the RSP. The alignment of the RIF and RSP could be emphasised in this presentation.

### Fellowships

10. The RWG's advice summarised by Professor Mann was presented to the ACT Health and Wellbeing Partnership Board and is at [Attachment A](#). The importance of investing in people via fellowships:
  - a. is a foundation to achieving the other two RSP objectives;
  - b. responds appropriately to the low research capacity of most people in the ACT health system, despite pockets of excellence;
  - c. achieves a positive multiplier effect from human capital investment;
  - d. aligns with national research investment strategies; and

- e. creates a strong base for research delivery, subsequently leveraging additional investment through successful grant applications and research initiatives.
11. The RWG has proposed a RIF Fellowship program be designed to support early and mid-career researchers to conduct research or to implement/translate established evidence into practice within the ACT Health System, via at least 0.5 FTE of their time dedicated to research and/or translation over at least a two-year period commencing 1 January 2023.
  12. The key eligibility and assessment criteria will be developed along the following lines (noting detail will be refined during development of the associated guidelines):
    - a. Eligibility: a professional in the ACT health system, in any discipline/field, proposing to undertake training in research, research translation or research implementation in the ACT;
    - b. Applicant merit criteria: emphasising both track record and likely benefit to the ACT of their increased research capacity (such as areas of need); and
    - c. Proposal merit criteria: emphasising quality of supervision and research environment, consumer engagement, proposed training program (research, translation, implementation), support of employer through time protection, cash and in-kind, support of academic partner through supervision and wraparound academic assistance.
  13. A non-exhaustive set of priority themes, designed in collaboration with the ACT Health and Wellbeing Partnership Board, are proposed to form part of the criteria and merit assessment:
    - a. to build capability and establish the ACT as a national leader;
    - b. to respond to health needs of ACT and the region;
    - c. to respond to inequities in health and in access to services, especially those of vulnerable populations, and of Aboriginal and Torres Strait Islander people;
    - d. to enhance the capacity and diversity of the health care research workforce, especially of women, Aboriginal and Torres Strait Islander people; and
    - e. to enhance the ACT health system through innovation in the application of technology, digital systems, in models of care or prevention to improve health outcomes and environmental sustainability.

#### Feasibility and project timeline

14. If the RWG's advice to focus the RIF on Fellowships is accepted, a proposed timeline is at Attachment B and considers the following steps: early foreshadowing announcement; program design, guidelines and assessment criteria finalised and approved; an application round open for six weeks; eligibility checks; expert assessment panel assessment of applications; ACT Health Directorate (ACTHD) decision making; and Ministerial announcement of successful applicants.

15. The public foreshadowing announcement and six-week application opening is important to ensure quality applications with in-kind wrap-around supports are secured. The ACTHD Media team will work directly with your office to provide a media release announcing the RIF's new direction.
16. A robust conflict of interest management through the assessment process is achieved by involving an external consultancy and interstate academic experts (see Attachment E for the proposed assessment panel's Terms of Reference).

### **Financial Implications**

17. The original successful RIF budget bid announced in the 2019/20 budget "Investing in medical and health research" was for \$3.0 million over three years:
  - a. \$2,012,171 was granted in the first RIF round (covering 2019/20 and 2020/21), including \$588,879 to two brain cancer projects; and
  - b. To meet the commitment of \$3.0 million allocated over three years, \$987,829 remains to be granted in 2022 RIF round.
18. A rollover of \$1.0 million has been approved to allow alignment of the RIF and RSP.
19. The original \$3.0 million RIF funding attracted \$49,004 in indexation:
  - a. Schedule 2.2(a)(xiii) Competitive commercial activities  
[REDACTED]
  - b. It is proposed the remaining \$24,000 be allocated to an external provider, determined through an open competitive process, to lead the RIF Fellowship assessment process. A request for quote (RFQ) is being developed and quotes will be sought from three providers.

### **Consultation**

#### Internal

20. ACTHD Strategic Finance has been consulted on funding available, indexation, and rollover.
21. The Office for Professional Leadership and Education (OPLE) was consulted on the use of a fellowship model. The proposal was supported however risks were identified relating to a potential mismatch of fellowships to workforce needs and availability of backfill. It is thought that much of the workforce is not yet research ready. The Centre for Health and Medical Research is working with OPLE to support pathway initiatives preparing the workforce to become research ready.
22. ACTHD Media have been consulted on the process for providing the media release.
23. ACTHD Strategic Procurement has been consulted on ensuring compliance with the RFQ process.

### Cross Directorate

24. Canberra Health Services (CHS) have provided input to this proposal through feedback and involvement of Professor Imogen Mitchell and members of the RWG.

### External

25. The RWG comprises members from the Australian National University (ANU), University of Canberra (UC) and University of Sydney. Advice from the group is at [Attachment A](#).
26. The ACT Health and Wellbeing Partnership Board comprises members from CHS, ANU, UC, Health Care Consumers Association, Capital Health Network and Calvary Public Hospital Bruce.
27. The Centre for Health and Medical Research is working with external consultancy company Mary Haines Consulting (MHC) to develop guidelines, eligibility and assessment criteria, funded from within the RIF envelope. MHC is a credible and experienced provider of health and medical research governance expertise in New South Wales and Victoria and brings significant relevant experience to the process.

### **Work Health and Safety**

28. All applications to the RIF must provide appropriate insurance arrangements for funded projects and personnel.

### **Benefits/Sensitivities**

29. The RWG's advice to invest in fellowships is based on the benefits of the proposed scheme, see above. This advice also notes that Research Fellowship programs have a proven track record of improving health systems and the health and wellbeing of the people the health system serves. Through creating nurtured cohorts, Fellowship Programs create a pipeline of research-enabled people vital for effective succession planning in the health system. As noted in the RWG's advice at [Attachment A](#), "the cohort of Fellows will come together in a community of practice, be nurtured, and their progress evaluated. This supportive environment will drive further significant culture change in the ACT health system and kick-start a long-term process of strengthening the ability of the ACT health system to deliver benefit to its people."
30. It is widely acknowledged that following two years of responding to a pandemic, the health system workforce is under considerable pressure. Investing in people through a Fellowship model is a clear demonstration that the ACTHD is committed to the health system workforce.
31. Risks include readying the sector for the new fellowship approach; ensuring availability of wraparound supports for the cohort; ensuring suitable pathways for fellows on completion; measuring success; monitoring fellows over two-year span; ensuring backfill availability; and ensuring a strong diversity of fellowship applicants.

### Communications, media and engagement implications

32. A media release will be provided to your office by the ACTHD media team. Centre for Health and Medical Research and the ACTHD media team are developing supporting website content.

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

Action Officer: Fiona Barbaro, Executive Group Manager, Population Health Phone: Schedule 2.2(a)(ii)  
Privacy

### Attachments

Attachment	Title
Attachment A	Research and Innovation Fund Fellowship Research Working Group Advice
Attachment B	2022 Research and Innovation Fund fellowship Timeline
Attachment C	Ministerial brief - Research and Innovation Fund announcements
Attachment D	Ministerial brief - Endorsement of Better Together: A Strategic Plan for Research in the ACT Health System
Attachment E	Terms of Reference – Expert Panel

**OFFICIAL**

SENSITIVE: LEGAL

**To:** Rachel Stephen-Smith MLA, Minister for Health

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

**Subject:** Data Breach, Notifiable Disease Management System

- The purpose of this brief is to inform you about an error occurring within the Notifiable Disease Management System (NDMS), resulting in a data breach and incorrect messaging being sent to people with COVID-19.

### **Background**

- In the process of automating the case notifications arising from COVID RAT tests, incorrect rules were applied, affecting the records for 86 people.
- The error was identified on 1 April 2022 by a member of the public, when they identified an error in the advice they received from ACT Health Directorate (ACTHD). We have not received communication from any other individuals.
- The error in the automated person matching rule was rectified on 4 April 2022. This has prevented any further data breaches or incorrect messaging.

### **Issues**

- The directorate has been working to understand the impact of the error and to take appropriate action. At this point in our investigations, we consider there are public health implications as well as privacy implications:
  - From a public health perspective all affected people correctly received notification that they were COVID-positive and were directed to isolate. However, following this direction to isolate the person may not have been provided follow-up information re covid-care at home and case clearance (24 cases), or they may have been released late from isolation (7 cases). We believe no people were released early from isolation, and no significant negative health outcomes have been identified such as death or hospitalisation in this cohort.
  - From a privacy perspective there were 9 identified cases where a person received basic demographic or COVID-related health information which wasn't their own.
- The entries for each of the 86 cases are in the process of being corrected.
- Schedule 1.2 Legal

## OFFICIAL

- Schedule 1.2 Legal [REDACTED]

**Sensitivities**

- Schedule 1.2 Legal [REDACTED]

- [REDACTED]

- [REDACTED]

**Media Points**

- An error in record matching involving COVID information for 86 records has been detected.
- Work to understand the impact of the error is underway. This is a very complex process.
- All people with COVID-19 received advice to isolate at the time of their laboratory PCR notification or through the RAT process.
- Some people may have received basic demographic or COVID related information about another person.
- The directorate is working to fully understand the implications and take appropriate action.

Contact Officer: Maria Travers  
 Contact Number: 5124 9922  
 Date: 16 May 2022

**Noted/Please Discuss**

.....  
 Rachel Stephen-Smith MLA  
 Minister for Health

**ACT Health Directorate****To:** Minister for Health

Tracking No.: MIN22/700

**CC:** Minister for Disability

Deb Anton, Acting Director General, ACT Health Directorate

Catherine Rule, Director General, ACT Community Services Directorate

Dave Pepper, Chief Executive Officer, Canberra Health Services

Leesa Croke, Coordinator General COVID-19 (non-Health) Response

Dr Kerryn Coleman, Chief Health Officer

**From:** Dr. Robyn Walker, Executive Group Manager COVID-19 Response**Subject:** Recommendations for 2022 ACT Government Influenza Vaccination Program**Critical Date:** 13/05/2022**Critical Reason:** To allow implementation from the week commencing 16 May 2022.**Recommendations**

That you:

1. Note the intention to implement opportunistic delivery of influenza vaccination at the ACT Walk in Centres to eligible individuals (aged nine and above);

**Noted / Please Discuss**

2. Note the intention to implement influenza vaccinations at the Access and Sensory Clinic for people with disability, support workers and their carers throughout Winter (to August 2022) assuming there is sufficient demand.

**Noted / Please Discuss**

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



Minister's Office Feedback
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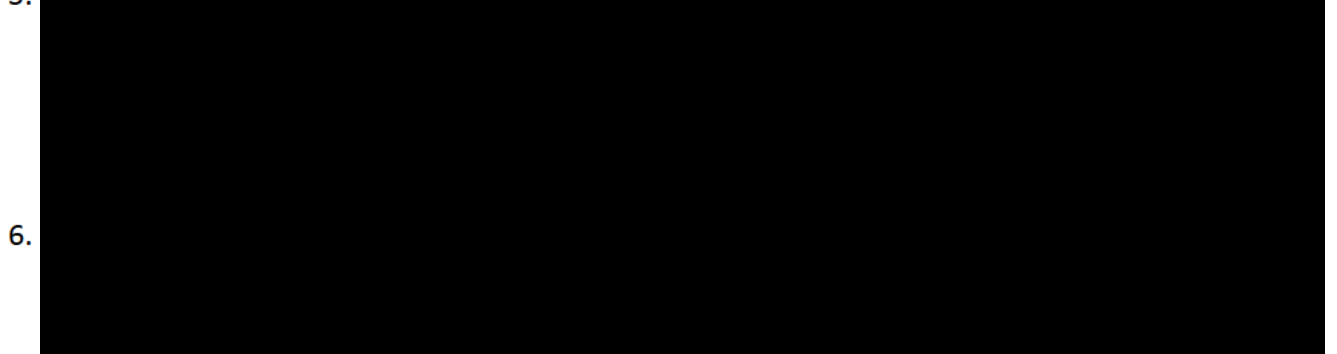
### Background

1. Vaccine co-administration forms part of the Commonwealth's strategy to prepare public health systems for a concurrent COVID-19 and influenza (winter) season.
2. The National Immunisation Program (NIP) funded influenza vaccines are provided to groups identified as being at higher risk of severe health outcomes from influenza and its complications. NIP influenza vaccine program eligibility groups are children aged over 6 months and under 5 years, Aboriginal and Torres Strait Islander people aged 6 months and over, pregnant women, people aged 65 years and over and people with certain medical conditions.
3. ACT Government has purchased 20,000 doses of influenza vaccine with the intention of providing influenza vaccination to disability support workers, people they care for, carers and vulnerable Canberrans who are not eligible under the federally funded NIP (Attachment A). Provision of free influenza vaccines to this cohort is a temporary action which is intended to reflect the unique characteristics of the 2022 influenza season.
4. Due to significantly reduced demand for COVID-19 vaccines and the need to redeploy staff to areas of the healthcare system e.g., hospital settings, CHS cease vaccination operations at the AIS Arena clinic, close of business on Tuesday 31 May. (MIN Brief 22/701 - Plan to transition from direct ACT Government COVID-19 vaccination delivery - refers).

### Issues

#### Expression of interest for influenza clinics

5. Schedule 2.2(a)(xiii) Competitive commercial activities



- 6.
7. Prior consultation with the Pharmacy stakeholders identified that they also do not have capacity to administer influenza vaccinations to the identified target cohort of Canberrans on behalf of ACTHD. Pharmacy representatives noted vaccine delivery fatigue amongst their vaccine delivery workforce.

8. Efforts have also been made to source nursing immunisers from the Canberra Health Services (CHS) casual staffing pool (that support ACT schools immunisation programs) for redeployment during the school-holiday period. However, all available staff will be absorbed in other areas of CHS when not being used for school-based NIP delivery.
9. Staffing shortages for suitably qualified vaccine administrators are sector wide.

#### Opportunistic influenza vaccinations at the Walk in Centres

10. In previous years, ACTHD has provided influenza vaccinations to the ACT Walk in Centres to administer opportunistically to people aged 65 years and older where clinically appropriate. This year, ACT Walk in Centres have expanded this to include Aboriginal and Torres Islander persons aged 6 years and older as per the NIP.
11. ACTHD are providing a reserve of influenza vaccines to ACT Walk in Centres to expand opportunistic administration. This stock will consist of:
  - a. a small reserve of FludQuad vaccines from the ACT's NIP stock for co-administration to people aged 65-years and older; and
  - b. a small reserve of FluQuadri vaccines from ACT Health's private stock (paragraph 3 refers) to be opportunistically administered to members of the public aged 9 to 64 years (if they have not already received influenza vaccination elsewhere).
12. This will enable opportunistic influenza vaccine administration to those persons attending Walk in Centres for any reason.
13. It is not proposed to advertise this widely as it would have the potential to overwhelm the Walk in Centres and it is on an opportunistic basis only.

#### Influenza vaccinations at the Access and Sensory Clinic for people with disability

14. The Access and Sensory vaccination clinic offers an avenue for people to receive a COVID or influenza vaccination where the mass vaccination clinic setting is not suitable. ACTHD recommend that the Access and Sensory vaccination clinic expand its scope to provide influenza vaccination to vulnerable Canberrans including people living with a disability and their carers until at least the end of the Winter influenza season (30 August).
15. CHS has provided support to keep the Access and Sensory Clinic operational for up to three days per week depending on demand (Monday, Tuesday and Saturday; 8am to 3pm) to allow administration of influenza vaccinations to the target cohort in an inclusive way.
16. ACTHD estimate that the Access and Sensory Clinic will be able to administer up to 225 vaccine doses weekly (75 daily), consisting primarily of influenza vaccinations with scope to provide remaining COVID-19 vaccinations to patients that are not yet up to date with vaccination.
17. This option also allows ACT Government to maintain the clinic for COVID-19 vaccination administration while increasing efficiencies by improving total throughput.

18. ACTHD is working with CHS and the Digital Solutions Division to establish the required clinic schedule and bookings mechanism to enable influenza vaccine administration at the clinic. We anticipate this recommendation can be operationalised by beginning 23 May 2022.

#### Other opportunities

19. ACTHD will continue to scope options for the delivery of influenza vaccine to the more vulnerable community members based on vaccine uptake over coming weeks.

#### **Financial Implications**

20. Schedule 1.6 Cabinet
- [REDACTED]
- [REDACTED]
- [REDACTED]

#### **Consultation**

##### Internal

21. Consultation has occurred with CHS and the Digital Solutions Division on the practicalities of the proposed recommendations.

##### Cross Directorate

22. Consultation will occur with the Community Services Directorate (Office of Disability) and stakeholder bodies such as the Minister for Disabilities COVID-19 reference group, the National Disability Service, Carers ACT and Advocacy for Inclusion. Consultation will be focussed on communication strategies to encourage uptake amongst the sector and service users.

##### External

23. Negotiations have occurred with Aspen, other vaccination service providers servicing the ACT and the Pharmacy Guild of Australia. No third-party providers have the capacity and capability to provide Influenza vaccination services this winter period. This is largely due to a sector wide staff resourcing shortage.

#### **Work Health and Safety**

24. Nil identified.

#### **Benefits/Sensitivities**

25. Many private health care providers have already purchased their influenza vaccinations for the 2022 season and are anticipating charging for the administration of the vaccines to members of the public. ACTHD entering the market to provide free influenza vaccinations to some people, may be viewed adversely by some primary care providers, particularly as they have previously expressed that the reimbursement for COVID-19 vaccines is insufficient to meet administration costs.

## OFFICIAL

26. ACTHD will manage these impacts by working with peak bodies and targeting communications to disability support workers, carers, those they care for and vulnerable Canberrans at the Access and Sensory vaccination Clinic.
27. There may be negative responses from some members of the public if it is perceived that the allocation of a free influenza vaccination at Access and Sensory vaccination clinic is provided to some cohorts of the population and not others. This will be managed by targeted sector communications and the emphasis on protecting Canberra's most vulnerable.
28. The Commonwealth (via National Cabinet) has sought State and Territory agreement to maintain a small supply of influenza vaccines at COVID-19 mass vaccination sites to be opportunistically administered to targeted high risk COVID-19 cohorts alongside winter booster vaccines. These recommendations are consistent with this request.

**Communications, media and engagement implications**

29. All communications and media engagement will be coordinated by the COVID-19 Branch Communications Team.

Signatory Name: Dr Kerryn Coleman, Chief Health Officer      Phone: 02 51249442

Action Officer: Dr Robyn Walker      Phone: 02 51243330

Attachment	Title
Attachment A	Brief - Options for 2022 ACT Gov Influenza Vax Program

**ACT Health Directorate**

**To:** Minister for Health

Tracking No.: MIN22/734

**CC:** Minister for Mental Health, Minister for Justice Health  
Michael Culhane, Executive Group Manager, Policy, Partnerships and Programs  
Rebecca Cross, Director- General

**From:** Jacinta George, Executive Group Manager

**Subject:** 2021-22 ACT Local Hospital Network Service Level Agreement

**Critical Date:** 19 May 2022

**Critical Reason:** Overdue and commitment given to the Administrator of the National Health Funding Pool for provision by 19 May 2022. This has not been achieved due to workforce limitations.

**Recommendations**

That you:

1. Sign the 2021-22 ACT Local Hospital Network (LHN) Service Level Agreement (SLA) at Attachment A; and

**Signed / Not Signed / Please Discuss**

2. Note that the ACT LHN SLA will be publicly released on the ACT Health website within fourteen calendar days of signing to comply with the National Health Reform Agreement.

**Noted / Please Discuss**

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

Minister's Office Feedback

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## Background

1. The ACT Local Hospital Network (LHN) receives funding under the National Health Reform Agreement (NHRA) and National Partnership on COVID-19 Response (NPCR) and funds public hospital and other health services delivered through:
  - a. Canberra Health Services (CHS), including Canberra Hospital, University of Canberra Hospital and the network of community health care centres and walk-in centres;
  - b. Calvary Public Hospital Bruce;
  - c. Clare Holland House;
  - d. Queen Elizabeth II Family Centre; and
  - e. Private hospitals engaged under contracts to care for public patients.
2. The National Health Reform Agreement (NHRA) requires the ACT LHN and the ACT Minister for Health to enter into a Service Level Agreement (SLA), which includes key components on schedule of services, performance targets, and LHN funding provisions.
3. In addition, the *Addendum to the NHRA 2020-25* requires the ACT to:
  - a. publicly release the LHN SLAs within fourteen calendar days of finalisation (Clause E8); and
  - b. provide the Administrator of the National Health Funding Pool (the Administrator) with a copy of the SLA once agreed between the ACT and the LHN (Clause A107).
4. The Administrator publishes quarterly reports regarding jurisdictions' compliance with requirements applicable to data submission and LHN Service Agreements.
5. The ACT has developed and released the required SLA each year since 2012 in line with current national reforms.

## Issues

6. The development of the 2021-22 ACT LHN SLA was impacted by the delayed 2021-22 ACT Budget and the COVID-19 outbreaks. The SLA was prioritised on the Health System Planning and Evaluation Division's Business Continuity Plan as a 'should do' item. Understaffing and other, higher priorities have prevented us from completing this work until now. As the completion of the SLA does not impact on patient care or funding flows, the risk to the Territory of the SLA being outstanding has been low. The National Health Funding Body (NHFB) has been kept informed of its progress.
7. The 2021-22 ACT LHN SLA at Attachment A is aligned to government policy directions, priorities, funding, and performance targets as approved through the 2021-22 Budget.
  - a. The 2021-22 Priorities contained in the LHN SLA are obtained from the *2021-22 ACT Budget Statements C*. Both the ACTHD and the ACT LHN

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Strategic and Accountability indicators, relevant to the ACT LHN, are included in the SLA.

- b. The SLA funding and activity targets are the totals for the LHN and are not broken down by provider or facility. Individual arrangements with each provider (e.g. CHS Budget Papers and Calvary Performance Agreement) are the vehicles used to reflect their portions of the total.
  - c. The NWAU estimates contained in the LHN SLA are now misaligned with the LHN Accountability Indicators in the *2021-22 Budget Statements C* due to a recent update in the estimates (a reduction) for NWAU activity being flowed through this SLA. It is understood that some other jurisdictions have also revised their estimated NWAU activity down for 2021-22.
8. As a Directorate created under the *Public Sector Management Act 1994 (ACT)*, CHS is directly responsible and accountable to the Minister for Health for delivery against activity and performance targets as assigned by the ACT Government and for CHS's contribution to the goals and deliverables of the LHN.
  9. Along with the Budget Statements, the ACT LHN SLA currently forms one of the primary governance and accountability documents for the ACT LHN. The adequacy of the ACT LHN SLA and the current performance measures, particularly in comparison to other jurisdictions, is one aspect of health system performance that could be considered by the Health System Council once it is established.

### **Financial Implications**

10. In 2021-22, the total amount of funding available through the LHN to deliver a range of hospital and health services to the ACT community and the surrounding region is \$1.607 billion<sup>1</sup>, consistent with the 2021-22 ACT Budget.
11. At the time of writing there is an update to estimate figures provided for NWAU activity which will result in a \$13.7 million reduction in Commonwealth funding and a separate briefing is forthcoming on this matter.

### **Consultation**

#### Internal

12. The Strategic Finance Branch at ACTHD was consulted in developing the LHN SLA and has cleared the financial information in the document. A draft copy of the SLA has been shared with the Executive Group Manager, Policy, Partnerships and Programs Division.

#### Cross Directorate

13. Not applicable.

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<sup>1</sup> Includes the allocation for Public Health implemented by ACTHD.

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### External

14. The NHFB was consulted on the presentation of the Australian Government and ACT funding contributions. A draft copy of the SLA has also been shared with the Administrator.

### **Work Health and Safety**

15. Not applicable.

### **Benefits/Sensitivities**

16. Not applicable.

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

17. There are no communications or media implications anticipated. However, to comply with the NHRA, the 2021-22 ACT LHN SLA will be publicly released on the ACT Health website within fourteen calendar days of signing.

Signatory Name: Jacinta George, Executive Group      Phone: 5124 9699  
 Manager, Health System Planning  
 and Evaluation

### **Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	2021-22 ACT Local Hospital Network Service Level Agreement

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**ACT Health Directorate**

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<b>To:</b>	Minister for Health	Tracking No.: MIN22/773
<b>CC:</b>	Colm Mooney, Chief Operating Officer, Canberra Health Services Rebecca Cross, Director General, ACT Health Directorate	
<b>From:</b>	Liz Lopa, Executive Group Manager, Strategic Infrastructure Division Jacinta George, Executive Group Manager, Health System Planning and Evaluation	
<b>Subject:</b>	Health Services Planning Communication and Engagement	
<b>Critical Date:</b>	27 May 2022	
<b>Critical Reason:</b>	To commence community engagement on a range of health planning projects	

**Recommendation**

That you:

1. Agree the proposed approach for the Territory Health Services Planning Communication and Engagement to be conducted between June and November 2022.

**Agreed / Not agreed / Please Discuss**

2. Agree that Canberra Health Services (CHS); ACT Health Directorate (ACTHD); and Chief Minister, Treasury and Economic Development Directorate (CMTEDD); will work together to deliver an integrated communications and engagement activity, including via the establishment of project governance.

**Agreed / Not agreed / Please Discuss**

3. Agree this health services planning communication and engagement will provide input into the Northside Clinical Services Plan, the Northside Hospital Project and the Canberra Health Services Integrated Care Program.

**Agreed / Not agreed / Please Discuss**

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

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Minister's Office Feedback

### Background

1. There are a range projects being delivered across the Territory to improve health services and address growing demand.
2. The planned projects include:
  - a. The Northside Clinical Services Plan – determining the operational capacity and range of health services needed to meet current and future health demand on the northside of Canberra;
  - b. The Northside Hospital Project – an infrastructure project to deliver a replacement hospital on the Northside of Canberra to meet growing demand for hospital services; and
  - c. The Integrated Care Program (ICP) – focussing on integrated models of care, including the delivery of five new community-based health facilities in agreed region.
3. The development and delivery of these projects gives us a unique opportunity to engage with the community about their expectations, needs and values around healthcare.
4. ACTHD and CHS have been collaborating to bring together these various engagement activities into a single coordinated process.

### Issues

#### *Design*

5. To meet the needs and timeframes of each project we are proposing a three-phase process that allows the community input into key stages along each project's continuum. As each project continues there will be future opportunities to use the same structure or establish new processes for community engagement on health issues.
6. The phased approach is designed to engage with and seek views from all relevant sections of the community, including stakeholders, peak bodies, clinicians and the community.

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7. To maximise the results from engagement activities the design will be informed with an initial research piece including analysis of outputs from previous engagement including the Hospital Expansion project, the Canberra Hospital Master Plan and the Integrated Care Program. This will help determine what questions will be most meaningful in progressing a deeper understanding on community views on what, where and how they would like to see their health services delivered.

*Phase one – Values, vision and broad feedback - June/July 2022*

8. Phase 1 will be designed to conduct broad community engagement focused on scene setting the context, environment and objectives of projects while seeking broad feedback on the values the community attach to healthcare and the vision they have for services delivered in their communities.
9. Links will be illustrated in all sessions/material that these projects have come as a result of consumer feedback in previous processes so that the community members can see the value of their previous contributions.
10. The Territory-wide approach will allow a two-way conversation with the community on the inputs into health planning, while outlining the differences across locations. The single process will be designed so that each project can glean relevant inputs at appropriate times across the engagement.
11. It will be conducted between June and July 2022 to allow input into key stages of each project, including:
  - a. service profile the Northside Clinical Services Plan;
  - b. priorities for the Northside Hospital, to inform concept design and master planning;
  - c. how the services come together as one system and what is required to ensure a seamless, integrated and navigable service to each consumer;
  - d. the feasibility study on potential locations for the new health facilities; and
  - e. identification of individuals who would like to engage in the deeper engagement processes for the relevant projects.
12. This phase will enable community feedback to be considered as part of the Feasibility Study and business case development for the four new health hubs, the planning and design of the new northside hospital and the finalisation of the Northside Clinical Services Plan.
13. This initial phase will also identify, recruit and schedule community engagement panels with participants of phase 1 activities who express an interest in the next phase workshops.

*Phase two – Design and deliberation - August/September*

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14. Phase two will focus on analysis of feedback received to develop and deliver workshops in August 2022 with the Panels established in phase 1. The workshops will occur on a Territory wide basis and be designed to obtain feedback across projects including region-based input for the new health facilities and more localised input for the northside projects.
15. Phase two will also progress the northside projects to infrastructure options (how the services will be delivered). This will give the community an opportunity to consider what services should ideally be hospital based, and which services could be provided in another way. Simultaneously the community will provide input on the northside hospital master plan and concept design.
16. This will include:
  - a. the presentation of high-level master planning for the Northside Hospital and concept designs for community feedback; and
  - b. potential opportunities for integrated community-based health services in response to the northside clinical services plan.

*Phase three – Ongoing engagement/Closing the loop – October/November 2022*

17. Phase three will present different project milestones to the community. The ICP will continue to work with the established panels to test possible service plans, verification of design and models of care. The northside projects will close the loop with the community and move to a communications phase until a decision on the business case is reached (at which point more engagement will be conducted through detailed design should the project be funded).

*Mechanisms*

18. The proposed level and range of investment in health services provides a unique opportunity for Government to consider how better to involve the community in health panning across a range of different mechanisms. This includes:
  - a. YourSay Community Panel established by CMTEDD (which can be filtered based on geographical location);
  - b. YourSay Conversations;
  - c. drop-ins;
  - d. pop ups at the hospital and local shops;
  - e. appropriately designed stakeholder engagements, including for Aboriginal and Torres Strait Islander people, people with a disability, culturally and linguistically diverse communities, and vulnerable Canberrans;
  - f. workshops;
  - g. community council briefings;
  - h. clinical engagement; and
  - i. utilisation of the existing online community.

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19. Workshops will be conducted as part of Phase 2 in August 2022 (and phase 2 for ICP in October 2022) with the Community Engagement Panels established from the engagement activities in phase 1. The Panel will continue to be utilised to test integrated care models and patient navigation.
20. The range of mechanisms suggested will allow genuine two-way and iterative conversations with the community where they can see their role in planning health services (as well as a range of other inputs, including health planning data and workforce planning). It will also be an opportunity to promote and increase community understanding of our current network of health services across the Territory.
21. Particular attention will be paid to ensuring a representative sample of communities and health users have been involved the engagement.

An indicative diagram of the proposed approach is outlined in Figure 1.

Figure 1: Proposed process for the Regional Health Services Communication and Engagement

Timing	Topic	Outcome	Project alignment	Next steps
Phase 1 (June–July)	What will be delivered and according to what values	Community and stakeholder response to needs analysis	ALL	Ongoing planning and evaluation
Phase 2 (August – October)	How it will be delivered	Infrastructure options for delivery	Northside Hospital	Government Decision
			Integrated Care Program	Ongoing delivery
Phase 3 (November 2022 – Ongoing)	What will it look like and what will be inside?	Detailed infrastructure design	Northside Hospital	Ongoing delivery
			Integrated Care Program	
Broad Community (Your Say, drop ins etc)				
Clinical Stakeholders (meetings, workshops etc)				
Other Stakeholder/Peak Body Groups (Workshops, briefings, community meetings)				
Deliberative process on health services and infrastructure planning (Phase 2 onwards)				

#### Proposed timing, governance and next steps

22. The scope of the Engagement, including integrating projects and a range of community engagement mechanisms will require the support of an appropriately skilled consultant.
23. CHS are in the process of entering contract negotiations with a preferred tenderer for the ICP process. Given this will be a single process, the preferred way forward is to work with a single consultant across all projects.

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24. ACT Health and CHS will determine the best way to expand the scope of the current procurement or supplement this process with a separate engagement.
25. To ensure integration and delivery of a range of outputs, ACTHD are proposing to establish a Steering Committee for this work. This committee will oversee the terms of the procurement (including scope), the delivery schedule and the overall design of the engagement activity.
26. It will include representation from:
  - a. Strategic Infrastructure ACT Health (Chair);
  - b. Health System, Planning and Evaluation;
  - c. Communications and Engagement, CMTEDD;
  - d. Office of the COO, Canberra Health Services;
  - e. Integrated Care Project, Canberra Health Services;
  - f. Communications and Engagement, ACT Health; and
  - g. Communications and Engagement, CHS.
27. The Steering Committee will provide updates as required the Executive Steering Committee Northside Hospital Project and the Integrated Care Working Group (ICWG) of the ACT Health and Wellbeing Partnership Board.
28. Over the next two weeks ACTHD and CHS will settle the governance, funding and procurement arrangements. Once confirmed a detailed plan will be developed and provided to your Office for information.
29. Given ongoing health planning, implementation of a range of health priority projects and the increased health literacy in the community following the Covid-19 pandemic, there is an opportunity for Government to garner significant community engagement in its health services and infrastructure planning.

### **Financial Implications**

30. The engagement will be funded from existing collective project budgets. The Engagements will be funded out of existing project allocations.

### **Consultation**

#### Internal

31. ACT Health Strategic Communications was consulted in the preparation of this brief.
32. ACT Health System and Planning Evaluation was consulted in the preparation of this brief.
33. CHS project teams and Executive have contributed to this brief.

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Cross Directorate

34. CMTEDD communications and engagement was consulted in the development of this brief and plan and will be assisting ACTHD in the community consultation including use of the Community Panel.

External

35. Not Applicable

**Work Health and Safety**

36. Not Applicable

**Benefits/Sensitivities**

37. There are sensitivities associated with this project, including that the Government has not yet made any announcement about a preferred site for the Northside Hospital.

**Communications, media and engagement implications**

38. As outlined in the brief.

Signatory Name:	Liz Lopa	Phone:	(02) 5124 9805
Action Officer:	Caitlin Bladin	Phone:	MS Teams

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**ACT Health Directorate**

**To:** Minister for Health

Tracking No.: MIN22/779

Chief Minister

**CC:** Kathy Leigh, Head of Service

Rebecca Cross, Director-General, ACT Health Directorate

Deb Anton, Deputy Director-General, ACT Health Directorate

Leesa Croke, Coordinator General COVID-19 (Non -Health)

**From:** Dr Kerry Coleman, Chief Health Officer

**Subject:** 2022 ACT Government Influenza Vaccine Program

**Critical Date:** 31/05/2022

**Critical Reason:** Ongoing Media Interest

**Recommendations**

That the Minister for Health:

1. Agree the proposed 2022 access arrangements for the ACT Government influenza vaccine program;

**Agreed / Not Agreed / Please Discuss**

2. Note the greatest public health benefit is likely to be achieved by focusing efforts on increasing the uptake of the vaccine by those at greatest risk of severe disease compared to further expanding the free availability of influenza vaccine; and

**Noted / Please Discuss**

3. Note the Talking Points at Attachment C.

**Noted / Please Discuss**

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



Minister's Office Feedback

That the Chief Minister:

1. Agree the proposed 2022 access arrangements for the ACT Government influenza vaccine program;

**Agreed / Not Agreed / Please Discuss**

2. Note the greatest public health benefit is likely to be achieved by focusing efforts on increasing the uptake of the vaccine by those at greatest risk of severe disease compared to further expanding the free availability of influenza vaccine; and

**Noted / Please Discuss**

3. Note the Talking Points at Attachment C.

**Noted / Please Discuss**

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

Minister's Office Feedback

## Background

1. You have previously been briefed on options for an ACT Government 2022 Influenza vaccine program (see Attachments A and B) and agreed to purchase 20,000 influenza vaccines and extend the availability of free vaccine:
  - a. at the Access and Sensory Clinic for people with disability, support workers and their carers throughout Winter (to August 2022), and
  - b. to implement opportunistic delivery of influenza vaccine at ACT Walk -in Centres (WiC).
2. Other jurisdictions (Queensland, New South Wales (NSW) and South Australia) have recently announced extensions of their influenza programs with free vaccine available to the public, and it is anticipated that Western Australia and Victoria will soon follow.
3. For NSW free influenza vaccines will be available to all NSW residents over the age of six months from 1 to 30 June 2022 from General Practitioners (GPs) and pharmacies.

4. It is understood that:
  - a. GPs can order from a stock of 300,000 doses purchased by the NSW Government or seek reimbursement for vaccine cost if vaccinating from their own stocks;
  - b. GPs will not be paid an administration fee by the NSW government; and
  - c. Pharmacies will be paid \$25 per vaccine administered to cover costs of the vaccine administration for those under 65, and for the 65 and older age group they have access to National Immunisation Program (NIP) vaccine plus a \$16 administration payment from the NSW government.

### **Issues**

5. Subsidised NIP vaccine is available for those at greatest risk of serious outcomes from influenza and maximising the uptake in these groups will have the greatest impact on reducing hospitalisations.
6. The uptake of influenza vaccine in the ACT in 2022 to date is very good in comparison to the rest of Australia. Importantly, there has been a large increase in uptake over the last two weeks with coverage estimated at 54 per cent for those over 65 years (increase of over 20 per cent), 43 per cent for Aboriginal and Torres Strait Islanders over 50 years, 21 per cent for under-five's (increase approximately 15 per cent), and 22 per cent of all ACT residents.
7. There remains a need to focus on increasing the uptake in the groups at highest risk through awareness and reducing or removing the financial barrier where hardship is being experienced.
8. Encouraging GPs to bulk bill those accessing influenza vaccines, particularly for those eligible under the NIP, would assist in reducing this barrier. The ACT President of the Australian Medical Association has strongly supported the uptake of influenza vaccine this year.

### **Proposed Access**

9. Annual 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).
10. There are existing free access points to the NIP vaccine including:
  - a. Maternal and Child Health clinics to those under five years of age;
  - b. Access and Sensory clinic will open Monday, Tuesday and Saturday 8.30am-3.00pm to administer free influenza vaccine for those with a disability, their carers and their family members;

- c. ACT Health Directorate (ACTHD) will continue providing influenza vaccine to organisations providing healthcare to hard to reach or vulnerable client groups including Directions, Interchange GP, and Companion House; and
  - d. Patients attending WiCs will be opportunistically offered free influenza vaccine.
11. ACTHD has also written to businesses promoting the use of corporate influenza vaccine programmes as part of their occupational health responsibilities.

Additional options to consider

12. Expansion of Access and Sensory clinic access to those holding a concession card. ACTHD estimates this may result in an additional eligible 45,000 people, but it is unknown how many of these will already have accessed the vaccine through other mechanisms. Individuals would be asked to show the concession card at the appointment; however, we would not propose to turn anyone away who has booked an appointment. Further discussion is required with Canberra Health Services (CHS) on staffing issues prior to confirming this option and we will advise you of the outcome of these discussions.
13. Extend ability for pharmacists to administer flu vaccine down from 10 years to five years. This could be done through a regulation change however this is not recommended at this time based upon:
- a. no current request from the Pharmacy Guild, and pharmacies are reporting limited ability to extend their capacity;
  - b. pharmacies are unlikely to be geared towards easily implementing arrangements for five–10-year-olds, noting that for under 10s who are being vaccinated for the first time a two dose schedule is required; and
  - c. this does not increase access points for <five-year-olds eligible under the NIP.
14. Reimburse pharmacies for administering and providing vaccine to priority groups under 65. This is not recommended at this time as it:
- a. would be relatively expensive for limited public health benefit;
  - b. challenges include establishing administrative arrangements and leakage outside of priority groups;
  - c. this would be the first time an administration fee was paid to pharmacies for vaccine by the ACT Government and risks creating a precedence; and
  - d. private market supply is challenged, and hence anything which drives up demand for non-NIP take up will put pressure on the private market.
15. Continue to monitor vaccination uptake. Noting the aim would be to have administered all 20,000 vaccines by the end of June 2022, additional options for the distribution of any excess supply through existing mechanisms will be considered in mid-June 2022.

## Financial Implications

16. This submission does not have any direct funding impacts. The influenza vaccine stocks were the subject of a previous brief ([Attachment A](#)) and staff administration costs will be absorbed by current programs.

## Consultation

### Internal and Cross Directorate

17. ACTHD will consult with CHS on further opening up access at the Access and Sensory Clinics and WiCs as a priority this week.

## Work Health and Safety

18. Nil implications.

## Benefits/Sensitivities

19. Expanding the uptake of influenza vaccine may help prevent additional strain on the health system coincident with an expected wave of COVID-19.
20. There may be some negative public criticism of a lack of free vaccine for all noting the stance taken by other jurisdictions.
21. A potential unintended consequence of the rapid expansion of subsidised vaccine programs across Australia is that vaccine supply may not be available in the event of increased demand for vaccine amongst those at higher risk of serious adverse effects from the transmission of influenza including those eligible under the NIP.

## Communications, media and engagement implications

22. Talking points are at [Attachment C](#).

Signatory Name: Kerry Coleman Phone: 5124 9605

Action Officer: Victor Martin Phone: 5124 9605

## Attachments

Attachment	Title
Attachment A	Previous Brief – MIN22/496 Options for a 2022 ACT Government Influenza Vaccination Program
Attachment B	Previous Brief – MIN22/700 Recommendations for 2022 ACT Government Influenza Vaccination Program
Attachment C	Talking Points – Influenza Vaccination Program

**ACT Health Directorate**

<b>To:</b>	Minister for Health	Tracking No.: MIN22/791
<b>CC:</b>	Minister for Mental Health	
<b>From:</b>	Rebecca Cross, Director-General	
<b>Subject:</b>	Proposed candidate to undertake the 2022 Independent Annual Review of the Culture Review Implementation Program	
<b>Critical Date:</b>	17/06/2022	
<b>Critical Reason:</b>	To enable the timely procurement for the 2022 Independent Annual Review	

**Recommendation**

That you:

1. Note that Ms Glenys Beauchamp PSM will be procured to undertake the 2022 Independent Annual Review of the ACT public health system Culture Review Implementation Program.

**Noted / Please Discuss**

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

Minister's Office Feedback

## Background

1. In 2018, the former Minister for Health and Wellbeing appointed an independent panel, led by Mr Michael Reid, to undertake a review into workplace culture within the ACT public health system. The *Final Report of the Independent Review into Workplace Culture within the ACT Public Health Services* (Culture Review) was tabled in the ACT Legislative Assembly in March 2019.
2. The Culture Review Implementation Program commenced in April 2019 to facilitate the delivery of the 20 Culture Review recommendations. The three-year formal program is scheduled to end on 30 June 2022. Recommendation 19 of the Culture Review states that “the ‘Culture Review Oversight Group’ auspice for the next three years, an annual, independent and external review of the extent of implementation of the recommendations of the Review and consequent impact on cultural changes within the ACT Public Health Services.”
3. Mr Reid conducted the first annual independent and external review (Annual Review), which was tabled in the ACT Legislative Assembly on 4 June 2020. Ms Renee Leon undertook the second Annual Review, which was tabled in the ACT Legislative Assembly on 11 November 2021.
4. The Annual Review process is an accountability mechanism for how comprehensively the three arms of the ACT public health system have engaged with the Culture Review Implementation Program.

## Issues

5. The third and final Annual Review is scheduled to commence around August 2022 and be completed in November 2022. The Terms of Reference ([Attachment A](#)) for the 2022 Annual Review were discussed by the Culture Reform Oversight Group at its 14 February 2022 meeting and are expected to be endorsed at the 18 July 2022 meeting.
6. Four potential candidates were identified to undertake the 2022 Annual Review. These candidates were all approached. Ms Glenys Beauchamp, Public Service Medal (PSM) has been assessed as having the expertise and is also available to undertake the review during the timeframe required.
7. Ms Beauchamp PSM has 35 years of public sector experience and was Secretary of three Commonwealth Government departments including the Department of Health. She is on a range of boards for the Commonwealth Government and non-for-profit organisations and has significant experience managing transformational change within government.

8. As part of undertaking the 2022 Annual Review, Ms Beauchamp PSM will meet with key stakeholders including your and the Minister for Mental Health, the Director-General ACT Health Directorate, Chief Executive Officer Canberra Health Services, Regional Chief Executive Officer Calvary ACT, and select members of the Culture Reform Oversight Group and Culture Review Implementation Steering Group.
9. Ms Beauchamp PSM will be procured through the company Proximity, where she is Principal Advisor. Proximity is listed on the ACT Government Professional and Consulting Services Panel to provide strategic business advice. Ms Beauchamp will provide her own staff to undertake administration assistance for the 2022 Annual Review.

### **Financial Implications**

10. The Culture Review Implementation Steering Group has approved \$150,000 from the Culture Review Implementation budget (Cost Centre 69018) to undertake this activity.

### **Consultation**

#### Internal

11. Nil.

#### Cross Directorate

12. Mr Dave Peffer, Chief Executive Officer, Canberra Health Services, has been notified that Ms Beauchamp PSM will be appointed to undertake the 2022 Annual Review.

#### External

13. Mr Ross Hawkins, Regional Chief Executive Officer, Calvary Public Hospital Bruce, has been notified that Ms Beauchamp PSM will be appointed to undertake the 2022 Annual Review.
14. The Culture Reform Oversight Group is aware that that the 2022 Annual Review is being progressed and will be provided with an update on the appointment of a reviewer at its 18 July 2022 meeting.

### **Work Health and Safety**

15. Not applicable.

### **Benefits/Sensitivities**

16. Ms Beauchamp PSM is well regarded and has high-level experience that is directly relevant for this role. Her appointment is not expected to raise any issues or concerns.

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17. In undertaking the Annual Review, it is possible that some Culture Review recommendations may be deemed by Ms Beauchamp PSM to have been insufficiently implemented by one or more of the three arms of the ACT public health system. Ms Beauchamp PSM has the experience and diplomacy required to communicate this sensitively.

**Communications, media and engagement implications**

18. The appointment of Ms Beauchamp PSM to undertake the 2022 Annual Review could generate media interest. A media release will be developed for release around the time of the commencement of the 2022 Annual Review.

Signatory Name: Rebecca Cross, Director-General      Phone: 49400

Action Officer: Jodie Junk-Gibson, Executive Branch      Phone: 49923  
 Manager, People Strategy and  
 Culture

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Culture Review Implementation: Annual Review Terms of Reference



**ACT Health Directorate**

**UNCLASSIFIED**

**To:** Minister for Health

Tracking No.: MIN22/799

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

**Subject:** Canberra Region Medical Education Council (CRMEC) annual report

**Critical Date:** Not applicable (meeting date to be confirmed)

**Critical Reason:** Not applicable

**Recommendation**

That you:

1. Note the information contained in this brief and attachments.

**Noted / Please Discuss**

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

Minister's Office Feedback

UNCLASSIFIED

## Background

1. The Canberra Region Medical Education Council (CRMEC) was established as a Ministerial Management Council on 5 September 2014 by the then Minister for Health with the purpose of accrediting prevocational medical education training programs in the Australian Capital Territory (ACT) and Southern New South Wales (NSW) regions.
2. The Council reports to the Minister for Health annually via an annual report (Attachment A) and an annual meeting between the Minister for Health and the CRMEC Chair.
3. The Council is chaired by Emeritus Professor Nicholas Glasgow and includes medical educators, senior doctors, junior doctors and a consumer representative (see Terms of Reference, Attachment B).
4. The CRMEC is accredited by the Australian Medical Council as an intern training accreditation authority until March 2024 (Attachment C). The CRMEC's authority to accredit resident training is enshrined in the Council's Terms of Reference established by the ACT Minister of Health in 2014.
5. The CRMEC's broader role includes leadership and management initiatives with respect to medical education in the training region, developing partnerships with key stakeholders in postgraduate medical education, and promoting and encouraging innovation in prevocational postgraduate education (see Business Plan, Attachment D).

## Issues

6. The CRMEC Chair, Emeritus Professor Nicholas Glasgow, has an upcoming meeting with you to provide the annual update from CRMEC on accreditation and strategic planning for medical education training in the ACT region (meeting date currently under negotiation with the Directorate Liaison Officer (DLO)).
7. The last annual meeting was conducted on 11 March 2021 with the preceding CRMEC Chair, Associate Professor Anderson.
8. The 2022 CRMEC annual report has been prepared (Attachment A). The key points of interest from the annual report include:
  - a) A national review of the internship/prevocational training framework stemming from Council of Australian Governments (COAG) directions in 2015 is continuing. The review will transform prevocational education and training across Australia. Representatives from CRMEC are fully engaged in the review process and reported on this review in 2021.
  - b) Since March 2021, CRMEC has undertaken accreditation visits in the two major ACT hospitals in July 2021: The Canberra Hospital, and April 2022: Calvary Public Hospital Bruce.

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- c) CRMEC continues to facilitate an internationally recognised training program for doctors at all levels wishing to increase their engagement as a teacher. To date, over 50 ACT doctors have completed post-nominal qualifications through this course.

9. The key talking points from CRMEC for the upcoming annual meeting are:

- a) Overview of the new national internship/prevocational training framework, including actions of significance requiring cross-jurisdictional agreement at the government level.
- b) Results of the 2021 national Medical Training Survey (available at <https://www.medicaltrainingsurvey.gov.au/> )

### Financial Implications

10. There are no financial implications associated with this brief.

### Consultation

#### Internal

11. Not applicable.

#### Cross Directorate

12. Not applicable.

#### External

13. Not applicable.

### 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: x49786

Action Officer: Emily Haesler, Professor Phone: X42946  
Canberra Region Medical Education Council

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**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	CRMEC 2022 Annual Report with Appendices
Attachment B	CRMEC Terms of Reference
Attachment C	Letter from AMC regarding CRMEC accreditation
Attachment D	CRMEC Business Plan 2022-2024

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**Choose a Directorate:**

**To:** Minister for Health

Tracking No.: MIN22/801

**CC:** Chief Minister

Emma Davidson, Minister for Disability

Kathy Leigh, Head of Service

Rebecca Cross, Director-General ACTHD

Dr Kerry Coleman, Chief Health Officer

Dave Pepper, Chief Executive Officer, Canberra Health Services

Catherine Rule, Director-General, Community Services Directorate

Leesa Croke, Coordinator General COVID-19 (Non-Health)

**From:** Dr Robyn Walker, Executive Group Manager, COVID-19 Response

**Subject:** Influenza Vaccine delivery

**Critical Date:** 05/06/2022

**Critical Reason:** To support announcement and promotion of appointments from Monday 6 June

**Recommendations**

That you:

1. Note the increased pathways to receive influenza vaccination at both Access and Sensory clinic and Walk-in-Centres for Winter 2022 commencing 6 June 2022;

**Noted / Please Discuss**

2. Note the offer for ACT Government to primary care operators who support vulnerable community cohorts to provide free influenza vaccination; and

**Noted / Please Discuss**

3. Note the intended change to the minimum age for pharmacists to administer an influenza vaccine to five years.

**Noted / Please Discuss**

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

<p>Minister's Office Feedback</p>
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### Background

1. You have previously been briefed on options for an ACT Government 2022 Influenza vaccine program ([Attachment A](#) , [Attachment B](#) & [Attachment C](#)).
2. From 6 June 2022, it is proposed to commence delivery of influenza vaccination appointments at the Access and Sensory Clinic. Following closure of the Australian Institute of Sport (AIS) vaccination clinic, the Access and Sensory Clinic is extending its hours of operation from 2 to 3 days each week to help meet future demand. The increased demand is expected from free access to influenza vaccine plus the widening scope of the COVID-19 winter booster to people with disability with significant or complex health needs or multiple comorbidities which increase the risk of poor outcome from COVID-19.
3. Influenza vaccinations will also be offered opportunistically to patients attending the Walk-in-Centres (WiCs) for acute care needs. These vaccinations opportunities will not be publicly promoted to prevent overwhelming WiCs with patients. However, WiC nurses will actively offer opportunistic influenza vaccination to appropriate patients, where operational requirements permit.
4. To support community pharmacists to provide convenient additional influenza delivery the minimum age for pharmacists to administer an influenza vaccine will be reduced from 10 years to five years. This will support more families with primary school age children to access influenza vaccination together.

### Issues

#### Access and Sensory Clinic

5. The ACT Government vaccine booking line began taking bookings at the Access and Sensory Clinic for the influenza vaccine from people living with disability, their carers and family members from 24 May 2022.

## OFFICIAL

6. Vaccination at the Access and Sensory Clinic is by appointment only. The appointment types can be for co-administration of COVID-19 and influenza vaccination, eligible COVID-19 vaccination or influenza vaccination only.
7. The Access and Sensory clinic will have capacity to accommodate up to 234 vaccination appointments (78 per day). As of 1 June, under current eligibility settings, less than half of clinic capacity is being utilised.
8. Therefore, in agreement with Canberra Health Services (CHS), the Access and Sensory clinic will increase influenza vaccine eligibility to concession card holders that are not otherwise eligible for a free influenza clinic under the National Immunisation Program from 6 June 2022. To be eligible, it is intended that the concession card is a Health Care Card or Pensioner Concession Card. However, evidence of concession cards will not be required.
9. The policy intention of delivery of influenza at the Access and Sensory is to be inclusive and support vulnerable and/or low-income community members to receive free vaccination during a challenging winter flu season. This will hopefully also assist by reducing hospital admissions from influenza, COVID-19 and other associated winter respiratory conditions.
10. To make an appointment for either a free COVID-19 or influenza vaccine, community members will book through the ACT COVID-19 vaccination line between 8am and 5pm, Monday to Friday. The vaccination line is ready to accept bookings following the public announcement of this broadened eligibility.
11. To ensure that the integrity of the Access and Sensory Clinic remains appropriate for people with disability, mental health conditions, or those who require additional support to get their COVID-19 or influenza vaccinations; booking staff will carefully note any assistance required in the patient record.
12. The booking staff have noted that most individuals requiring vaccination support at Access and Sensory Clinic make appointments between 9-11.30am. Booking staff in conjunction with clinic nurses, will monitor requests and appointment timing closely to try and ensure that both the needs of disability patients are met, while also maximising appointment usage.

Walk-in-Centres

13. From 6 June 2022, all WiCs will offer opportunistic vaccination to suitable patients seeking acute care. The opportunistic vaccination will be subject to operational requirements including patient wait times and nursing workloads. It is not proposed to offer 'walk-in' vaccination only, nor specific appointments for influenza. This is given the high existing demand from patients seeking medical care at WiCs.

14. CHS will monitor the uptake of the influenza vaccination in WiCs closely during first half of June, including nursing staff workload pressures. This will guide whether influenza vaccination delivery continues throughout Winter months and/or whether the delivery approach is adjusted etc.

#### Provision of Influenza to Vulnerable Community Providers

15. ACT Health is continuing to offer free influenza vaccine to community primary care providers who deliver healthcare and support to vulnerable populations.
16. Offers to supply and deliver free additional influenza vaccines have been made to Interchange Health Co-operative; Directions Health Services; Companion House and Winnunga. The Interchange Health Co-operative has accepted several hundred doses of influenza vaccination. The other providers are considering additional ways to liaise with their community members to increase influenza vaccination and will advise ACT Health accordingly.
17. ACT Health will continue to work with non-Government organisations and Community Services Directorate networks to offer free influenza vaccine doses for delivery.

#### Change to ACT Pharmacist Vaccination Standards

18. To encourage and support broader community delivery channels for influenza vaccination, the minimum age for pharmacists to administer an influenza vaccine will be reduced from 10 years to five years. To enable this change to occur, the Chief Health Officer will revoke the current *Medicines, Poisons and Therapeutic Goods (Vaccinations by Pharmacists)* Direction (Disallowable instrument DI2021– 287) and make another. This is proposed to be signed and notified on the ACT Legislation Register on 6 June 2022. It is also proposed to advise Pharmacists that the change will come into effect 08 June 2022 ( to allow for any slippages in this notification process).
19. ACT Health will work with Pharmacy stakeholders to support education and communication around this change of age for influenza vaccine delivery. A notable focus of education will be the requirement for children less than nine years of age to receive 2 influenza doses, 4 weeks apart, when receiving influenza vaccine for the first time.

#### Other Options

20. ACTHD will continue to explore other potential avenues for increasing the uptake of influenza vaccine amongst the most vulnerable members of the community and return with additional advice as appropriate.

#### **Financial Implications**

21. This submission does not have any direct funding impacts. The influenza vaccine stocks were the subject of a previous brief (Attachment A) and staff administration costs will be absorbed by current programs.



**Consultation**Internal

22. DSD have provided input regarding booking team services and Information Technology (IT) systems at both WiCs and Access and Sensory clinic.

Cross Directorate

23. CHS provided operational information for this Brief and approved the contents.

External

24. Primary care providers (GPs) have been advised of the changes at Access and Sensory Clinic (including influenza delivery) through a letter from the ACT Chief Health Officer providing community updates and winter messages.

**Work Health and Safety**

25. Nil implications.

**Benefits/Sensitivities**

26. There may be some negative public criticism of a lack of free vaccine for all noting the stance taken by other jurisdictions.
27. Increasing influenza vaccination in vulnerable communities will assist to prevent flu infections and broader transmission. This may help prevent additional strain on the health system coincident with an expected wave of COVID-19.

**Communications, media and engagement implications**

28. There is a winter wellness communication campaign already in market that actively encourages all Canberrans to seek an influenza vaccination (in addition to their COVID-19 vaccinations). The campaign utilises above the line advertising channels and sharing of messages through direct stakeholder communication channels to target those Canberrans who are considered most vulnerable to severe outcomes from influenza.
29. The additional key messages required to encourage concession card holders to access free vaccinations will be incorporated into the winter wellness campaign with additional radio and digital advertising dedicated to promoting this initiative. This work is being undertaken collaboratively between the ACT Health and the COVID-19 Response Communication Teams.
30. A media release and talking points will be provided to your office to support this announcement.

## OFFICIAL

Signatory Name: Dr Robyn Walker, Executive Group      Phone: (02) 5124 3330  
Manager, COVID-19 Response

Action Officer: Charmaine Smith, Executive Branch      Phone: (02) 5124 6394  
Manager, COVID-19 Vaccination

<b>Attachment</b>	<b>Title</b>
Attachment A	Brief - Options for 2022 ACT Gov Influenza Vax Program
Attachment B	Brief - Influenza vaccine administration briefing
Attachment C	Brief ACT 2022 Influenza Vaccine Program - 30 May update

**ACT Health Directorate**

**To:** Minister for Health Tracking No.: MIN22/805

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**CC:** Rebecca Cross, Director General

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**From:** Anthony Dombkins, Chief Nursing and Midwifery Officer

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**Subject:** Nurse and Midwife to Patient Ratio Quarterly Report

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**Critical Date:** 30/06/2022

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**Critical Reason:** Quarterly Report is due on 30 June 2022

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**Recommendation**

That you note the information contained in the Report at Attachment A.

**Noted / Please Discuss**

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

<b>Minister's Office Feedback</b>
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**Background**

1. A Memorandum of Understanding was signed on 19 August 2018 by the then Director-General of the ACT Health Directorate (ACTHD), and the Secretary of the Australian Nursing and Midwifery Federation ACT Branch, to develop a ratio framework to guide the implementation of nurse and midwife to patient ratios across the ACT Public Health Services.

2. The *ACT Public Sector Nursing and Midwifery Safe Care Staffing Framework* (the Framework) was developed. This Framework was endorsed by the Minister for Health in November 2019.
3. In the 2020 election, the Government committed to mandating a minimum nurse and midwife to patient ratios at Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB).
4. The *ACT Public Sector Nursing and Midwifery Enterprise Agreement* (the Agreement) 2020-2022, came into effect on 24 January 2022 within which Schedule 10 sets out the minimum nurse and midwife to patient requirements.

### Issues

5. Phase one of implementation at CHS and CPHB includes General Medical, General Surgical, Acute Aged Care and the Adult Mental Health Unit.
6. A phased approach to implementation has been taken with the first phase which commenced on 1 February 2022, with the intent to complete this phase over the next 12 months.
7. There is an amnesty of disputation period agreed by the parties on the mandated aspects of ratios until 30 June 2022. This means that while the terms of Schedule 10 must be met by the health services from commencement of the Agreement, any alleged breach of the terms are not subject to the dispute resolution procedure set out in the Agreement.
8. A Project Management Plan was developed namely, the ACTHD, CHS, CPHB, Nurse and Midwife to Patient Ratios Implementation – Phase 1, Project Management Plan (PMP)
9. The quarterly report at [Attachment A](#), which is due on 30 June 2022, outlines the background and progress to date of the implementation and is a milestone for this PMP.
10. [Attachment A](#) provides the quarterly report and contains discussion within. There are issues within this report which relate to recruitment and the impact of COVID-19.

### Financial Implications

11. Phase two of the Nurse and Midwife to patient ratios business case will be forthcoming once additional information is obtained from the upcoming enterprise bargaining process for the *ACT Public Sector Nursing and Midwifery Enterprise Agreement*. The current Agreement expires December 2022.
12. It is anticipated phase two costs will be less than phase one due to existing methods of staffing profiles and existing staffing standards.

**Consultation**Internal

13. Office of the Chief Nurse and Midwifery Officer, ACTHD.

Cross Directorate

14. Nil.

External

15. Nil.

**Work Health and Safety**

16. Nil.

**Benefits/Sensitivities**

17. Nil.

**Communications, media and engagement implications**

18. Nil.

Signatory Name:	Anthony Dombkins, Chief Nursing and Midwifery Officer	Phone:	Schedule 2.2(a)(ii) Privacy
Action Officer:	Catherine McGrory, Project Officer	Phone:	x46296

**Attachments**

Attachment	Title
Attachment A	Nurse and Midwife to patient ratios Quarterly report