



**ACT**  
Government

**ACT Health**

# DRAFT

# Territory-wide Health Services Plan 2021–2026

# Table of Contents

Foreword (intentionally blank) .....	2
Executive Summary.....	3
Introduction.....	7
Planning Context.....	10
Our Health System.....	14
Challenges and Opportunities .....	18
Future service directions.....	20
Transitions of care.....	20
Our role as a local, Territory and regional service provider .....	20
Strengthening core services .....	20
Addressing key areas of service demand and reform .....	20
Transitions of Care.....	21
Our role as a local, Territory and regional service provider .....	24
Strengthening Core Services .....	27
Addressing key areas of service demand and reform .....	30
Enablers .....	35
Working together on actions and strategies.....	37
Non-Government Organisations and community groups .....	37
Australian Government.....	38
ACT Government.....	38
NSW Government .....	38
Future requirements for capital infrastructure .....	39
Planning into the future .....	40
References.....	41

# Foreword (intentionally blank)

DRAFT

# Executive Summary

The ACT Government's vision is for a public health system in the ACT that is Accessible, Accountable and Sustainable.

Realising this vision means that service partners across the system work together to deliver the best possible outcomes and that meeting the needs of service users is a system priority. People want to live healthy and active lives, and when they need health services, their individual needs and circumstances are an important part of decision making about their care. This is particularly important to improving the health outcomes for people with the poorest health and social outcomes. Harnessing innovation in the design and implementation of effective and high-quality care will help us achieve this.

Strengthening and transforming parts of our health system and changing the way services work together across the care continuum will also be essential to achieving a health system that is accessible and sustainable. This plan sets a roadmap for the next five to ten years to redesign, invest in and redevelop services provided and funded by the ACT Government.

## What this means

Service development and expansion of infrastructure to support the growing demand for hospital and community-based services will be prioritised. Services will be better integrated to make the system easier to navigate and more effective for patients and their families. These changes will be supported by a focus on improving equity in access to services and better aligning services with need. Harnessing technology will be essential to supporting all these activities and will enable more services to be delivered as close as possible to where people live, including expanding services that can be delivered in people's homes.

Over the next five to ten years, the focus for service redesign, investment and redevelopment will initially be on:

- Improved integration across the service system to support seamless *transitions of care* as patients and carers move through primary, community, acute, outpatient and residential health care settings.
- Formalising arrangements across our service system for how and where services are delivered through work to define *our role as a local, Territory and regional service provider*, realignment of services and work to ensure that services are sustainable and appropriately resourced to deliver care in line with their defined scope of service.
- Laying the foundations for a stronger, more sustainable health system to support current and future demand through *strengthening core services*.
- Recognising that whilst there will be growth across the service system related to population growth and ageing, there are several *key areas of service demand and reform* that need particular attention to support the needs of our priority population groups, ensure equitable access to care and respond to the emerging and growing needs of our community.

## **Work undertaken to date to inform the draft Plan**

The priority strategies and actions in this plan are based on a comprehensive assessment of health service needs across the care continuum on a geographic basis and for population groups with the poorest health outcomes. The assessment included:

- Direct input from key stakeholders, including consumers and carers, ACT public hospitals and health services, non-government organisations and colleagues in the bordering areas of NSW.
- Analysis of data on demographics, health status and health risk factors for our growing population including for particular priority population groups.
- Analysis of data on trends in patients accessing our public hospitals and health services and what those trends might look like into the future taking into account population growth and ageing.
- Analysis of data on trends in people travelling interstate for care and on NSW residents accessing services in the ACT as part of our role as a regional service provider.
- Local and national policy directions for publicly provided and funded hospitals and health services.
- Reviews and inquiries into various elements of the ACT health system and assessment of actions planned and underway.
- Comparisons of ACT health service profiles with those in other states and territories and emerging trends in models of care and health technology.

Feedback received in relation to other planning projects including for infrastructure master planning, service reviews and planning for local services and health facilities was also taken on board.

## **Key findings from work undertaken to date**

Canberrans already have access to an extensive range of locally provided acute, subacute, and community-based health services. There are opportunities, however, to improve how services work together and to strengthen the sustainability of existing services. There are also opportunities to work with service providers in NSW to support improved access for both ACT residents and residents of NSW who travel to the ACT for treatment and care.

Demand on our hospitals and health services continues to grow, with the main drivers of demand being population growth, ageing and the rising incidence of chronic conditions including mental ill health.

Coronary heart disease, chronic obstructive pulmonary disease, asthma, dementia and mental health are the leading causes of burden of disease in our community.

Aboriginal and Torres Strait Islander peoples and people from culturally and linguistically diverse backgrounds appear to be underrepresented in our services and opportunities have been identified to improve the flexibility and inclusivity of our services to better meet the needs of these groups as well as the LGBTIQ community. Older people and those with chronic conditions and disability tend to experience higher rates of hospital admission and extended lengths of stay.

**Aligning services with need:** To improve health outcomes at the population level, a focus is required on both those population groups that are in greatest need and those services that are most in need of investment. It is important that reforms support better, more equitable access to care across the whole service spectrum from health promotion and prevention services through to acute care.

Access to an expanded range of hospital services for residents in the north of Canberra will bring hospital services closer to the growing and ageing northside population. There is a need for our network of hospital and community-based health facilities to support both increased service demand and deliver care closer to home.

A focus on prevention: Preventing health issues from emerging (primary prevention), reducing impact or re-occurrence (secondary prevention) as well as managing the impact of ongoing health issues (tertiary prevention) are essential for supporting access to care and ensuring sustainability of our health system. Therefore, it is vital that the focus is shifted from diagnosis and treatment to prevention of disease or worsening of a condition to support better health outcomes for individuals and the population.

Improving integration: Fragmentation of health services, inequitable access, lack of continuity of care, governance issues and a 'silo' approach to health service provision are major barriers to improving population health outcomes. Improving integration of services both vertically (within their own service) and horizontally (with other services across the patient journey) supports better patient experiences and outcomes. The success and sustainability of our public hospital and health system relies on strong, collaborative relationships with NSW Health, primary care providers, the private sector and organisations that support people to access the social services that are critical to health outcomes, like safe housing and access to education.

Embracing technology: Advances in technology reshape everyday life and provide opportunities to improve all aspects of health care including clinical diagnosis and treatment, delivery of support services and communication with and between staff and patients. Improving the use of technology to enhance and complement care is an essential component of our commitment to ensuring access to the right care, in the right place, at the right time. Our investments in new technology and the extension of existing technology should align to need.

Workforce is vital to ensuring safe patient care and the sustainability and efficiency health services. There is a particular need for workforce planning to support the sustainability of core clinical support services, to deliver on the workforce requirements for existing service developments such as the Canberra Hospital Expansion, to address issues related to the ageing workforce and to ensure our medical workforce arrangements and capacity and capability support sustainability of services and a focus on integrated care.

Infrastructure is a critical enabler for the provision of safe, contemporary models of care. Investment in redevelopment of ageing and inadequate infrastructure for pathology and pharmacy will be required to support development of core clinical services.

A focus on enabling research activities will support rapid translation of research to patient care. Work will be undertaken to identify and embrace new and emerging technologies and models of care that have proven benefits for the community, as well as aligning local clinical practice with research. Work will also be undertaken to provide local support for patient access to clinical trials and early access to evidence-based clinical innovations.

While the long-term impacts of the COVID-19 pandemic on our health system are largely unknown at this time, working towards a better connected health system that supports care closer to home

will provide a strong foundation for future service system reform that responds to the changing needs of our community.

### **Making it happen**

The ACT Health Directorate (ACTHD) worked with a representative Steering Committee to prioritise the actions that resulted from our analysis. The prioritisation process included an initial shortlisting of strategies and actions followed by a comprehensive prioritisation process that gave consideration to strategic and policy priorities, evidence of need, opportunities to improve health outcomes, risk and urgency, potential for realignment of existing services and current and previous activities undertaken to address the identified strategy or action.

There are several actions that can be delivered in the short term. Many of the actions in the plan flag more detailed review and planning. This work with our partners in designing and delivering services is needed to confirm the approach to be taken or investment that needs to be incorporated into upcoming planning and budget cycles to achieve our priorities for transformation.

Health service planning is a continual process, and there is a need to continue to be flexible to respond to changing circumstances, to ensure our priorities are aligned with the changing needs of the community and to ensure the Plan is achievable and affordable. As new local and national policies are endorsed a health service planning lens will consider the service implications, through a process of review cycles to ensure key directions and strategies remain relevant and develop as the outcomes of initial strategies and actions are evaluated.

# Introduction

**This Plan establishes the system wide priorities for service development and redesign of publicly provided and funded health services in the ACT over the next five to 10 years.**

It is a key deliverable under *Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System Health 2020–2030*.

The priorities are based on a comprehensive assessment of health service needs across the care continuum on a geographic basis and with specific consideration given to identified priority population groups. It encompasses the range of public health services provided by Canberra Health Services, Calvary Public Hospital Bruce, health protection and other services delivered through the ACT Health Directorate, services provided by other organisations in the community as well as public hospital services that ACT residents access interstate.



**This Plan is the outcome of research and planning processes undertaken over the course of 18 months, underpinned by extensive consultation and engagement with health services, consumers and carers.**

Approximately 100 consultation sessions with approximately 600 participants across the ACT Health Directorate, Canberra Health Services, Calvary Public Hospital Bruce, a number of non-government organisations (NGOs) funded by ACTHD and local aged care providers have been undertaken to date to inform development of this Plan. The development of priorities has been informed by:

- An assessment of the local and national strategic, policy and operational context including research and horizon scanning to assess future directions in models of care.
- Population and demographic profiles.
- Socioeconomic considerations.
- Health status and burden of disease.
- Current service profiles and trends in health service activity.
- Current challenges across the Territory identified by community-based services, consumers, non-government organisations and hospital-based services.



- Consideration of current and proposed future capacity and capability of public hospitals across the ACT to support the needs of the population in a safe and sustainable way.

This Plan considers and builds on work already completed to develop ‘A Healthy Canberra: The ACT Preventive Health Plan 2020-2025’, which focuses on programs and strategies to prevent chronic conditions by addressing risky behaviours, increasing healthy eating and active living and recognises the impact of social determinants on health outcomes. The functionality and sustainability of existing services across preventive health, care in the community and care in the hospital are also considered in this Plan. It seeks to make the most efficient use of resources, refining and re-configuring the role delineation, service levels and supply of acute and community-based services accordingly, to meet the needs of the region.

The Plan also complements work undertaken to establish wellbeing indicators for the ACT. The ACT Wellbeing Framework reflects Canberrans’ values, aspirations and monitors areas that influence our quality of life. Of the twelve domains identified, access and connectivity, health and social connection are vitally important to this Plan as they reinforce the community’s need to have good physical and mental health and to be able to connect and access services when people need them. Data from the ACT wellbeing indicators will be utilised to inform decision-making, priorities and investments across the life of this Plan, ensuring that health service delivery continues to achieve optimal results across the continuum of care.

A Territory-wide lens has been used to consider the broader health system context and opportunities to improve collaboration and work with all service providers to support an integrated approach to service system reform.

Our service planning methodology is underpinned by the following principles:

- Planning for safe and quality services.
- Planning to improve population health outcomes and access.
- Planning that is person-centred.
- Planning for culturally appropriate services.
- Planning for sustainable services.



**This Plan takes a system wide approach, establishing priorities and applying a 10-year planning horizon to ensure that the planning undertaken now addresses the long-term health service needs and retains a focus on the development of a public health system in the ACT that is person centred, integrated and culturally accessible.**

The following strategic priorities underpin the themes, strategies and actions identified in this Plan:

**Aligning services with need:** To improve health outcomes at the population level, a focus is needed on both those population groups that are in greatest need and those services that are most in need of investment. It is important that reforms support better, more equitable access to care across the whole service spectrum from promotion and prevention services through to acute care.

**A focus on prevention:** Preventing health issues from emerging (primary prevention), reducing impact or re-occurrence (secondary prevention) as well as managing the impact of ongoing health issues (tertiary prevention) are essential for supporting access to care and ensuring sustainability of our health system. Therefore, it is vital that the focus is shifted from diagnosis and treatment to prevention of disease or worsening of a condition to support better health outcomes for individuals and the population.

**Improving integration:** Fragmentation of health services, inequitable access, lack of continuity of care, governance issues and a 'silo' approach to health service provision are major barriers to improving population health outcomes. Improving integration of services both vertically (within their own service) and horizontally (with other services across the patient journey) supports better patient experiences and outcomes.

**Embracing technology:** Advances in technology reshape everyday life and provide opportunities to improve all aspects of health care including clinical diagnosis and treatment, delivery of support services and communication with and between staff and patients. Improving the use of technology to enhance and complement care is an essential component of our commitment to ensuring access to the right care, in the right place, at the right time.

So that services continue to evolve in line with new and emerging needs, there will be ongoing review and refinement of the Plan to ensure it remains relevant and accurately reflects planned health service development and the current service environment at any given point in time.

The development and implementation of an ACT Disability Health Strategy and strategies under the LGBTIQ+ Health Scoping study are just two examples of policy work that is expected to be relevant to the review and refinement of this Plan.

Ongoing engagement, integration and coordination with primary health care providers, non-government organisations, private providers and other directorates will be critical to achieving the system reforms required.

# Planning Context

The ACT community is growing and becoming increasingly diverse. Demand for health care is growing and the health care system is adjusting to delivering care that considers the diversity and complexity of individuals' health care needs.

## Demographics

### Population and Ageing<sup>1,2,3</sup>

- The ACT population is projected to increase from an estimated 428,509 in 2019 to 526,525 by 2032.
- In 2019 females outnumbered males in the ACT—215,968 females and 212,541 males.
- The number of ACT residents aged 65 years or older is expected to increase from an estimated 55,410 in 2019 to 78,154 in 2032.
- Approximately 26% of the ACT resident population was born overseas and 92.2% of those born overseas were proficient in English.
- Between 2016 and 2020, 1,062 people permanently settled in the ACT on a humanitarian visa, representing 1.3% of all people permanently settling in Australia on humanitarian visas.

### Aboriginal and Torres Strait Islander Peoples<sup>4</sup>

- In 2016, an estimated 7,513 (or 1.9%) of the ACT population identified as Aboriginal and/or Torres Strait Islander.
- The estimated ACT resident Aboriginal and Torres Strait Islander population in 2016 included 2,389 children aged 0 to 14, or 3.1% of children in the Territory.

### People with Disability<sup>5</sup>

- The proportion of ACT residents living with disability increased from 16.2% (or 62,000 people) in 2015 to 19.4% (or 80,000 people) in 2018.
- More people in the ACT are living with profound or severe core activity limitations — increasing from 18,800 in 2015 to 25,800 in 2018.

### People with Chronic Conditions<sup>6</sup>

- Chronic conditions are now the leading cause of illness, disability and death in Australia.
- Many Canberrans have one or more chronic disease: in 2017-18, one in two (48.5%) ACT adults reported having a chronic condition, such as arthritis, asthma, cancer, diabetes, mental illness, or heart disease, and one in five (20.2%) reported having at least two conditions.

## Burden of Disease<sup>7</sup>

The ACT had the lowest burden of disease of all Australian states and territories in 2015. Burden of disease analysis is the best measure of the impact of different diseases or injuries on a population. Burden of disease is measured using 'Disability Adjusted Life Years' or DALY.

- In 2015, the leading causes of disease burden in the ACT were coronary heart disease (9.0 DALYs per 1,000 population age-standardised), anxiety disorders (8.4 DALYs per 1,000 population) and back pain and problems (7.9 DALYs per 1,000 population) [AIHW 2019].

- For females, the leading causes of disease burden were anxiety disorders, other musculoskeletal disorders and back pain and problems. For males, the leading causes of disease burden were coronary heart disease, other injuries, and suicide and self-inflicted injuries.

### Anxiety and Depression<sup>8,9</sup>

Mental illness is a leading cause of burden of disease in the ACT. Many Canberrans experience a mental illness at some stage of their lives and anxiety disorders are the most common mental disorder.

Anxiety disorders accounted for 5.1% of the burden of disease in the ACT in 2015, which was higher than the national figure of 3.2%, and depressive disorders contributed 2.7% compared to 2.9% for Australia. [AIHW 2019, Australian Burden of Disease Study: impact and causes of illness and death in Australia 2015].

In 2017-18, one in five (20.8%) Canberrans aged 18 years and over had a mental or behavioural condition, one in seven (13.9%) had an anxiety related condition and one in ten (10.3%) reported depression or feelings of depression.

### Dementia<sup>10,11</sup>

Dementia is a group of conditions, including Alzheimer's disease, characterised by a deterioration of memory, thinking, and the ability to perform everyday tasks.

- In 2016, an estimated 4,400 people (1,700 men and 2,700 women) were living with dementia in the ACT.
- In 2015-16, there were 2,531 hospital separations for ACT residents that involved a diagnosis of dementia (47% males; 53% females).
- Of the 2,033 deaths recorded in Canberrans during 2019, nearly 10% were caused by dementia. Females accounted for the majority of deaths due to dementia (63.2%) and it was the most common cause of death for women [ABS Causes of Death]. Between 2006 and 2018, the age-standardised death rate for dementia in the ACT significantly increased by an average of 2.3% per year [CODURF]. With an ageing population, this trend is likely to continue because the most significant risk factor for dementia is ageing.

### **Risk Factors**

Many chronic diseases share common modifiable lifestyle risk factors, such as tobacco use, high body mass, dietary risks, alcohol intake, high blood pressure, and physical inactivity, presenting opportunities for prevention.

### Physical inactivity<sup>12,13</sup>

- In 2017-18, adults aged 18-64 years in the ACT were more likely than other Australians to report having undertaken 150 minutes or more of exercise in the past week, excluding workplace physical activity (62.6 percent compared with 55.4 per cent nationally).

- Active travel to work and school is one means of increasing physical activity levels. In 2012–2016, 38.7% of children rode or walked to school, while in 2016, only 16.4% of people aged 15 or older used active transport options to travel to work.

#### Excess body weight<sup>14</sup>

- In 2017-18, prevalence of overweight or obese adults was lowest in the ACT (64.0%), compared to 67.0% nationally. Further, the proportion of ACT men (54.1%) and women (65.3%) with a measured waist circumference that put them at an increased risk of disease (ie. >94cm for men; >80cm for women) was lower or similar to that for Australia (men: 59.6%; women: 66.0%)

#### Alcohol consumption<sup>15</sup>

- In 2019, the proportion of Canberrans that drank alcohol at levels that exceeded the lifetime risk guidelines was lower than that for Australia (14.1% compared with 16.8%).

#### Tobacco use<sup>16,17</sup>

- Tobacco smoking is declining: Although smoking remains a leading health risk, contributing 22% of the cancer burden in Australia, there has been a long-term downward trend in daily tobacco smoking over the past two decades and the ACT continues to have the lowest smoking prevalence in Australia (10.6%), compared to 14.0% nationally.

#### Other drugs<sup>18,19</sup>

- Illicit drug use is declining. In 2001, 17.8% of the population had used an illicit drug in the past 12 months, reducing to 14.6% in 2019. In 2019 cannabis was the most commonly used illicit drug. Similarly, between 1996 and 2017, prevalence of drug use in the last year in ACT secondary students (aged 12-17 years) declined from 32.5% to 15.7%.

#### Dietary Risks<sup>17</sup>

- In the ACT 6.7% of people consumed sugar sweetened drinks daily compared to 9.1% across Australia. However, in the ACT, 5.5% of people consume diet drinks daily compared to 4.7% across Australia.

### **Determinants of Health**

#### Socio-economic profile<sup>(20, 21,22</sup>

- The ACT is among the top 5% of most advantaged Local Government Areas in Australia.
- Within the ACT, 48.7% of residents live in areas considered to be the 'least disadvantaged' and 1.4% live in areas considered to be in the most disadvantaged 20 percent of Australians. Approximately 37,000 people live in low-income households in the ACT, representing 11% of the total population. This includes almost 8,000 children, representing 12% of those aged 0-14.

#### Employment and income<sup>23,24</sup>

- The ACT unemployment rates increased from 2.8% in February 2020 to 4.1% in February 2021. During the same period, the Australian unemployment rate increased from 5.0% to 5.8%.

- The ACT underemployment rate decreased from 5.1% in February 2020 to 5.0% in February 2021. During the same period, the Australian underemployment rate decreased from 8.6% to 8.5%.
- The average adult full-time weekly income of ACT residents in November 2020 was \$1,888, compared to \$1,712 nationally. Over the previous year, average earnings in the ACT grew by 3.3%.

#### Education<sup>25</sup>

- ACT residents are highly educated. In 2016, 37.2% held a bachelor's degree or higher. Of the ACT population aged 15 or older, 68.0% had qualifications gained after school.

#### Housing and Homelessness<sup>26,27,28,29</sup>

- Housing is becoming less affordable in the ACT, with Canberra's mean property price increasing from \$693,500 in 2019 to \$757,000 in 2020.
- The proportion of family income required to meet average loan repayments in the ACT increased to 23.7 per cent in the December quarter 2020,
- The proportion of family income for average rental payments also increased in this quarter to 19.7%.
- On Census night 2016, 1,506 people (or 40.2 per 10,000 population) were homeless in the ACT, compared to 1,738 people (or 48.7 per 10,000 population) in 2011.

#### Climate change

The impacts of climate change may include more frequent temperature extremes resulting in increased incidence of heat stress, reduced air quality and increased pollution from industry and more frequent and severe bushfire smoke causing cardiorespiratory stress, food insecurity and higher cost of fresh food in prolonged drought impacting nutrition and changes in infectious disease transmission.

## Our Health System

- In 2018-19 there were 118,483 inpatient hospital separations in ACT public acute hospitals.<sup>30</sup>
- There were 815,431 non-admitted patient services provided by ACT public hospitals in 2018-19, of which 62% were provided in allied health and/or clinical nurse specialist clinics, 29% were medical consultation clinics, 6% were procedural clinics and 3% were diagnostic services.<sup>31</sup>
- Around 10,903 people (or 25.7 patients per 1,000 population) received community mental health care in the ACT in 2018-19. On average each patient had 29.1 community mental health care service contacts.<sup>32</sup>
- There was a total of 18,967 breast screen appointments in 2019-20.
- In 2019-20, 66,502 people presented to ACT Walk-in Centres for care and treatment. An additional 23,044 people presented for COVID-19 testing.<sup>33</sup>

DRAFT

### **Canberra Hospital and Centenary Hospital for Women and Children**

**Location:** Canberra Hospital is located in the suburb of Garran.

**Size:** Approximately 670-beds

**Services:** Canberra Hospital is a tertiary teaching hospital which provides trauma services and most major medical and surgical sub-specialty services. [Source: Canberra Health Services Annual Report 2018-19]. Services include medical, surgical, emergency, maternity, paediatrics, specialist outpatient clinics, mental health, critical care, allied health, sexual health, alcohol and drug treatment and other clinical support services.

### **University of Canberra Hospital**

**Location:** The University of Canberra Hospital (UCH) is located in Bruce.

**Size:** 84 inpatient beds, 75 day places.

**Services:** UCH is a specialist centre for rehabilitation, recovery and associated research.

### **Dhulwa Mental Health Unit**

**Location:** Dhulwa Mental Health Unit located in the suburb of Symonston.

**Size:** The unit has 10 acute care beds and 15 rehabilitation beds.

**Services:** Dhulwa Mental health Unit delivers 24-hour treatment and care for adults with complex mental health needs.

### **Walk-in Centres**

**Location:** Nurse led Walk-in Centres (WiCs) are located in Belconnen, Dickson, Gungahlin, Tuggeranong and Weston Creek.

**Services:** WiCs provide free treatment for minor injury and illnesses, health advice and information.

### **Community-based services**

**Community Health Centres** located in Belconnen, Canberra City, Dickson, Gungahlin, Kambah, Phillip, and Tuggeranong. They provide general and specialist health services to people of all ages including rehabilitation, aged care services, women, youth and children's services, mental health, dental services, allied health and nursing services.

**Baby Health Clinics** located in Weston and Narrabundah.

**Child and Family Centres** located in Holt, Gungahlin and Tuggeranong, where selected health services are collocated in Centres operated by the Community Services Directorate.

**Child Health Clinics** located in Florey, Ngunnawal and Lanyon.

**Community Paediatric and Child Health Service** located in Holder.



**Justice Health Services** delivered at the Alexander Maconochie Centre in Hume and Bimberi Youth Justice Centre in Mitchell.

### **Calvary Public Hospital Bruce**

**Location:** Calvary Public Hospital is located in Bruce.

**Size:** Approximately 250 beds.

**Services:** CPHB is a general hospital which provides a 24/7 Emergency department, intensive and coronary care services, medical and surgical inpatient services, maternity services, voluntary inpatient mental health services, specialist outpatient clinics, Hospital in the Home service and the Geriatric Rapid Acute Care Evaluation (GRACE) service. CPHB is also a teaching hospital.

### **Clare Holland House**

**Location:** Clare Holland House is located in Barton.

**Size:** 19 beds, with additional beds to be commissioned in 2021 as part of the expansion of Clare Holland House.

**Services:** Clare Holland House Hospice provides inpatient specialist palliative care service and outpatient clinics, community-based palliative care services, specialist outreach services and the Palliative Care Research Centre.

### **Queen Elizabeth II Family Centre**

**Location:** The Centre is located in the suburb of Curtin in Canberra.

**Size:** 13 beds.

**Services:** The Centre provides a residential program for families with children aged up to 3 years experiencing health and behavioural difficulties in the postnatal and early childhood periods.

### **Health Protection Services**

The Health Protection Service (HPS) manages risks and implements strategies for the prevention of, and timely response to, public health incidents. This is achieved through a range of regulatory and

policy activities relating to areas such as food safety, communicable disease control, environmental health, emergency management, pharmaceutical products, tobacco control and analytical services.

#### ACT Government funded community-based health services

- Aboriginal Community Controlled Health Services in the community and at the Alexander Maconochie Centre.
- Primary health care services including after-hours GP services, in-reach services, youth health.
- Mental health services including supported accommodation, step up step down for young people and adults, counselling and support and suicide prevention and postvention
- Alcohol and other drugs community and residential support including counselling, residential withdrawal and rehabilitation, sobering up shelter, harm reduction, peer support.
- Sexual health and blood borne viruses services including primary health care, education and counselling.
- Women's and children's services including breastfeeding and other supports for new parents
- Cancer support services.
- Community assistance and support programs

# Challenges and Opportunities

With a growing and ageing population and rising burden of disease related to increasing incidence, prevalence and complexity of chronic conditions, the ACT public health system is facing increasing challenges in meeting the needs of our population.

Our first line of response to the challenges of increasing burden of disease is through the priorities for health promotion and prevention established through *Healthy Canberra: ACT Preventative Health Plan 2020-2025*. The Preventive Health Plan identifies the need to support Canberrans to make healthy lifestyle choices and reduce risky health behaviours to prevent disease. There is an opportunity to also support Canberrans to take control of their health in accessing our hospitals and health services. By reforming our health system to one that is easy to navigate and where people are able to access the right service, at the right time, and where care is flexible and inclusive, further deterioration of illness and development of comorbid conditions can be prevented.

## **Chronic conditions**

The needs of individuals and carers impacted by complex and multiple chronic diseases will be best met through a collaborative and integrated network of healthcare professionals supporting people across care settings to enable better health outcomes. Canberrans living with complex chronic disease often have multiple co-morbidities, further necessitating the need for a coordinated healthcare approach. Chronic disease pathologies including cardiorespiratory disease, cardiovascular disease, musculoskeletal disease, chronic pain, mental ill health and dementia are the leading contributors to burden of disease across the ACT. The prevalence of other chronic diseases such as diabetes and chronic renal disease is increasing within the community with the latter reported as above the national average in the ACT.

The development of Territory-wide integrated models of care particularly for people with complex needs and people whose care is being transitioned across care settings and providers, will standardise pathways for integrated care and identify and address gaps in care. The review and development of models of care and pathways for people with chronic conditions will help to reduce hospital admission, readmission and extended lengths of stay through active management of existing conditions, more intensive case management for those with complex mental or physical health conditions, and a focus on secondary and tertiary prevention.

## **A growing and ageing population**

There is increasing demand for general and specialist medical and surgical services in our growing and ageing population, both from local residents and residents of surrounding communities in NSW travelling to Canberra to access care. Access to some services is impacted by long wait times and as our population on the northside of Canberra grows, the geographic distribution of services will become increasingly important. There is a need to expand several services to accommodate increasing demand and develop and leverage partnerships in primary health care and other health services in the region to support timely transition out of specialist care to care closer to home. There are also opportunities to maximise use of available resources through embracing new technologies and exploring and implementing alternative workforce models to support safe and sustainable access to services.

## **Access to services for priority population groups**

Consultation during the development of the plan has identified the need for more flexibility and inclusivity in the way some health services are delivered for people who need more support to access health care. This includes:

- Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds, who appear to be underrepresented in our services.
- Older people and people with chronic conditions and disability, who tend to experience higher rates of hospital admission and extended lengths of stay.
- People with disability and people in the LGBTIQ+ community, who report experiencing discriminatory or service barriers that prevent access to appropriate care.

Transitions of care between hospital and community need to be improved. Work will be undertaken with service partners in the disability sector, community-based health services and aged care to maximise access to services people need in the community. There are also opportunities to improve care environments and ensure that the entry points to services are redesigned to support inclusive practices and person-centred care. Clinical and non-clinical workforce need to be supported to develop culturally appropriate and inclusive care practices and health services need to invest in more flexible models of care and supporting services that respond to individuals' needs.

## **Clinical support services**

Clinical support services like pathology, pharmacy, allied health and medical imaging are critical components of both hospital and community-based health services. Currently some of these services are operating below workforce benchmarks and continue to be placed under increasing pressure as new and expanded clinical services are introduced. In order to support safe and sustainable service development and redesign across our health system, the challenge of ensuring timely and appropriate access to these services across the system, both in the hospital and in the community needs to be addressed. Opportunities to support reduced length of hospital stay and increased access to services need to be explored including alternate workforce models and improved access to allied health and pharmacy services on a 24/7 basis for selected services.

## **Embracing technology**

Technological advances will impact how and what types of health care can be delivered. Robotic surgery, and specialities such as interventional cardiology and neurology are likely to see significant technological change in the near future and the advances that present the best value for our health system, and when, need to be identified. These advances need to be considered in the context of our current and growing population and what is safe and sustainable to invest in now and into the future.

Embracing the use of telehealth and telemonitoring presents particular opportunities in Renal services, Chronic Care, General Medicine, Endocrinology and Hospital in the Home. Telehealth is an alternative to face-to-face appointments, providing outreach services and reducing travel time. Remote monitoring for consumers within the Territory and surrounding catchment area can also reduce the need to attend physical appointments. Both telehealth and telemonitoring are widely used in other jurisdictions but have had limited uptake in the ACT to date.

## Future service directions

To meet the growing and changing needs of our population and respond to the challenges and opportunities identified through our analysis of need, areas for service development and redesign have been prioritised across four themes:

- Transitions of care.
- Strengthening core services.
- Our role as a local, Territory and regional service provider.
- Addressing key demand and reform.

### Transitions of care

Improved integration across the service system to support seamless *transitions of care* as patients and carers move through primary, community, acute, subacute, outpatient and residential health care settings is vital in a high functioning health service system to ensure patients are getting the care they need when they need it. The Plan focuses on transitions of care for those with complex needs, for Aboriginal and Torres Strait Islander peoples, for CALD populations, for young people transitioning from paediatric to adult services, across the care continuum in specific identified areas, and to address barriers to hospital discharge.

### Our role as a local, Territory and regional service provider

Work will be undertaken to formalise the role of services in providing health care to the residents of the ACT and surrounding NSW at the local, Territory and regional level to support delivery of health care based on population need and geographic catchment. Care will be provided as close to home as possible while ensuring safety, sustainability and streamlined access to highly specialised services when needed. Opportunities to reverse the flow of patients into the ACT will support the approach of providing care closer to home wherever possible and support capacity to manage increasing demand.

### Strengthening core services

The foundations will be laid for a stronger, more sustainable health system to support current and future demand through a focus on *strengthening core services* including pathology, pharmacy, allied health and genetics and genomic healthcare. Core services are essential to the successful provision of many clinical services, providing collection, interpretation, counselling, education and training and direct care to patients across the health system.

### Addressing key areas of service demand and reform

Whilst change is anticipated across the service system in relation to both population growth and ageing, there are a number of *key areas of service demand and reform* that will need to be a focus to support the needs of our priority population groups, ensure equitable access to care and respond to the emerging and growing needs of our community.

# Transitions of Care

Integrating care is vital to improving outcomes for vulnerable and at-risk populations and people with complex health and social needs.<sup>34</sup> A well-integrated health care system is easy to use, navigate and access.<sup>34</sup> Improved integration of care will improve service navigation and person-centred care; colocation of services; and support integrated recovery/care plans across multiple providers. It is vital to focus on transitions of care for patients who have complex comorbidities; where care gaps have been generated through the transition to the NDIS; and ensuring that vulnerable/high risk patients are connected with appropriate services in the community prior to discharge from hospital and that their transition out of hospital is supported. A particular focus on service areas including cancer services; between geriatric and psychogeriatric services; and for children and young people who need to travel between the ACT and NSW for their care or are transitioning from paediatric to adult services.

Transitions from acute inpatient care to community-based care can be particularly challenging for people experiencing mental illness. Inadequate or inappropriate support may lead to delays in discharge, readmission to hospital, or repeat presentations to the Emergency Department. It is recognised that investment in early intervention mental health services; investment in community-based mental health services and primary care supports for mental health; better care coordination for clients of mental health services who are frequently presenting to ACT Emergency Departments; and increasing the capability of mental health subacute services and supported accommodation services to better assist health care consumers with care navigation will support better patient outcomes.

Older people and people with chronic conditions are a particular priority for service reform as a growing cohort of our population with higher lengths of stay in hospital and higher readmission rates. Given the ACT's biggest population growth is on the northside there will need to be capacity to support increased demand on the northside in the acute setting and in the community to support older persons in particular. Improving development of care plans and rehabilitation services as part of pre-admission planning will be a particular focus to improve transitions following hospitalisation and minimise the likelihood of barriers to discharge.

The Australian Aboriginal and Torres Strait Islander Health Performance Report 2020 reported that 42% of respondents from the ACT did not access health services when needed — the highest proportion across jurisdictions.<sup>35</sup> Cultural appropriateness was ranked as one of the many barriers for not accessing services. From July 2015 to June 2017, Aboriginal and Torres Strait Islander people in the ACT discharged against medical advice at 4 times the rate of non-Aboriginal and Torres Strait Islander people.<sup>35</sup> Work will continue to identify and address issues related to underrepresentation of Aboriginal and Torres Strait Islander people in public health and hospital services, with a particular focus on ensuring flexible and inclusive models of care, addressing barriers to access, working to improve identification of Aboriginal and Torres Strait Islander status and improving the cultural safety of our services.

Consultations with stakeholders highlighted that culturally appropriate care is inconsistent across the continuum of care in the ACT. Public health services in the ACT need a consistent approach to,

awareness of, and responsiveness to differing cultural values and beliefs in relation to health and illness to help in addressing this. Work will also be undertaken to identify and address underrepresentation in ACT public health services of people from CALD backgrounds and ensuring more flexible and inclusive models of care that respond to individual needs.

## Theme 1: Transitions of Care

Table 1.1 Key strategies and actions — Short term

Reference number	Service area	Strategies	Actions
1.1a	Paediatrics	Improve interstate care arrangements — particularly for children and young people that need specialist care	Introduce a paediatric nurse liaison service to help coordinate care within the health system and patient and family navigators to help families navigate the complexity of shared care
1.1b	Mental Health	Invest in intensive case management for clients of mental health services who are frequently presenting to the Emergency Department	<p>Increase the capacity of the existing mental health assertive community outreach services</p> <p>Review and update the existing model of care to support expanded service capacity and scope</p> <p>Identify the cohort of patients frequently presenting to Canberra Hospital and Calvary Public Hospital Bruce who would benefit from intensive case management and implement new services and supports</p>
1.1c	Mental health	Increase capacity and capability of mental health subacute and supported accommodation services to improve access to care in the right place at the right time and to moderate growth in inpatient demand	<p>Review existing subacute mental health service arrangements to identify and implement opportunities to improve integration with inpatient and specialist community mental health services and other mental health rehabilitation and recovery services and maximise opportunities to increase capability of services to prevent inpatient admission or facilitate timely discharge from inpatient care</p> <p>Establish new or expanded subacute mental health services with a focus on ensuring appropriate clinical capacity and capability and appropriate geographical distribution of services across the ACT</p> <p>Establish new or expanded supported accommodation services at the low, medium and high level of support to align with individual needs and that are integrated with existing services</p>
1.1d	Mental health	Improve integration of the Older persons Mental Health Unit (OPMHU) with the acute geriatric unit at Canberra Hospital	<p>Undertake analysis of service gaps across the care continuum between geriatric and psychogeriatric services</p> <p>Develop and implement an integrated care pathway</p> <p>Invest in improved capacity for allied health and other supporting services</p>
1.1e	Health System	Identify and address issues related to underrepresentation of Aboriginal and Torres Strait Islander peoples in public health and hospital services, with a particular focus on barriers to access and culturally safe services	Work collaboratively with Aboriginal and Torres Strait Islander Health Partnership team and Aboriginal community controlled primary health care service operators to identify issues and solutions related underrepresentation
1.1f	Health System	Identify and address issues related to underrepresentation of Culturally and linguistically diverse people in public health and hospital services, with a particular focus on barriers to access to safe services	Work collaboratively with Multicultural Advisory Group and others to identify issues and solutions related underrepresentation of Culturally and linguistically diverse people

## Theme 1: Transitions of Care

Table 1.2 Key Strategies and Actions — Medium term

Reference number	Service area	Strategies	Actions
1.2a	Health System	Address barriers to discharge and improve transitions between inpatient and community-based care services, between care providers and between paediatric and adult services	Review and redesign current patient pathways and models of care to improve integration, with a particular focus on older people and people with chronic conditions  Invest in supported transition of care between paediatric and adult services for young people with long term conditions
1.2b	Maternity	Improve pathways to services and programs in the community for vulnerable and high-risk families	Review and redesign models of care for services and programs in the community for vulnerable and high-risk families
1.2c	Paediatrics	Improve interstate care arrangements — particularly for children and young people that need specialist care	Improve continuity of care across hospital services and community health services, including referral services and access to diagnostic imaging for interstate patients. Increase and improve coordination of support services for patients and their families receiving healthcare interstate
1.2d	Cancer Services	Ensure alignment of cancer services with optimal care pathways	Review of current procedures and optimal care pathways and identify a process of change for alignment.
1.2e	Surgery	Improve prehabilitation services in readiness for surgery to maximise patient outcomes	Development of care plans as part of pre-admission planning, focusing on weight, oral health and post-surgical home supports



# Our role as a local, Territory and regional service provider

The ACT public health system plays an important role in supporting access to hospitals and health services for both residents of the ACT and the surrounding NSW region and ensuring access to care close to home. In order to establish and deliver services in line with the expectations of the community and the capacity and capability of our services in a safe and sustainable way, there is a need to define and formalise our commitments to local, Territory and regional service provision now and into the future.

Implementation of a structured service level framework that defines local, regional and Territory wide services and associated formal service level agreements and distribution of services to support a care closest to home principle will provide clarity around service provision, expectations for consumers and service providers, and identification of core requirements to meet needs through formalised agreements.

At the regional level, streamlining the patient journey will be supported through a strengthening of shared care arrangements, formalised networks and clear pathways for patients who need to access specialist care interstate, particularly paediatrics. Population growth and increasing acuity of patients is placing demand pressures on health services in Southern NSW and the ACT and inpatient activity is projected to grow significantly. Opportunities to reverse flows to NSW will be explored and implemented including opportunities to access services locally as well as improve service arrangements for people who need to travel interstate for care. Existing, new and emerging technologies including in virtual care and areas such as robotic surgery will be explored for feasibility of implementation in the ACT wherever possible and appropriate.

## Theme 2: Our role as a local, Territory and regional service provider

Table 2.1 Key Strategies and Actions — Short term

Reference number	Service area	Strategies	Actions
2.1a	Health System	Increase the capacity and capability of key services on the northside to support improved access, self-sufficiency and patient flows	Progress planning for the new northside hospital including development of a northside clinical services plan
2.1b	Surgery	Maximise theatre utilisation at our acute hospitals in line with current and future role delineations	Establish profile of procedures that can be undertaken off site in ambulatory or procedural settings to reduce demand on theatre sessions  Develop a plan for the establishment of a new day surgery centre
2.1c	Health System	Support patients, families and service providers to navigate the health system by improving access to information on the services available in the ACT and how to access them	Develop linkages with existing service directories  Identify opportunities to further improve service navigation resources and supports across the Territory
2.1d	Alcohol and other Drugs	Establish a framework and future directions for Alcohol and Other Drugs services in the ACT across the service spectrum from primary care to specialist services in the community and hospital	Adapt the National Framework for Alcohol, Tobacco and Other Drug Treatment to the ACT context  Review existing service arrangements in accordance with the Framework

Reference number	Service area	Strategies	Actions
			Develop an Alcohol and Other Drug Health Services Plan to establish the future state for Alcohol and Other Drugs Services in the ACT
2.1e	Paediatrics	Identify and implement strategies to ensure the sustainability of existing paediatric services at Canberra Hospital and priorities for increasing capacity and capability to meet the needs of the community	Develop and implement a Child and Adolescent Clinical Services Plan
2.1f	Health System	Improve governance arrangements for managing antimicrobial resistance at population level (ACT and SNSW)	Establish a consolidated governance arrangement for managing antimicrobial resistance at population level (ACT and SNSW)
2.1g	Mental Health	Improve Territory wide service model for mental health	Develop a Territory wide service model for mental health

## Theme 2: Our role as a local, Territory and regional service provider

Table 2.2 Key Strategies and Actions — Medium term

Reference number	Service area	Strategies	Actions
2.2a	Health System	Increase the capacity and capability of key services on the northside to support improved access, self-sufficiency and patient flows	Finalise planning for the new northside hospital to support commencement of construction
2.2b	Health System	Better define service levels at the local, Territory and regional level for individual clinical services	Formalise agreements and plans to support implementation of the service levels framework for defining levels of service at the local, Territory and regional level for individual clinical services to better define their roles and responsibilities  Priority will be placed on: <ul style="list-style-type: none"> <li>- development of formal arrangements for cancer services including Territory wide and regional service arrangements</li> <li>- development of formal arrangements for Territory wide Palliative Care Services</li> <li>- development of Territory wide service agreements and plans for rehabilitation services</li> <li>- renewing plans and service arrangements for renal services at the Territory wide and regional level</li> <li>- establishing and/or strengthening service networks at the Territory and regional level for maternity services, critical care, trauma and retrieval services</li> </ul>
2.2c	Palliative Care	Develop a Territory-wide Model of Care	Establish dedicated palliative care inpatient beds at Canberra Hospital as part of the Territory wide integrated model of care
2.2d	Community Health	Establish and implement a role delineation framework for geographic catchment-based distribution of community-based health services that supports access for priority population groups	Source and map current and projected service activity to locations and place of residence and analyse against population catchment and health status data  Map current service activity to capacity of existing facilities Develop a role delineation framework, assign levels to each facility, and realign services accordingly
2.2e	Sexual Health	Establish future directions for sexual health services in the ACT across the service spectrum from primary care to specialists' services in the community and hospital	Develop a Sexual Health Services Plan for the ACT

Reference number	Service area	Strategies	Actions
2.2f	Health System	Explore and implement opportunities to reverse flows to NSW	Identify inflows and work with relevant NSW local health districts to determine the profile and volumes to be reversed to NSW.  Progress formal plans to reverse flows through the ACT-NSW cross-border agreement
2.2g	Trauma Services	Improve sustainability of current on-call arrangements for Territory-wide Trauma services	Review the current on-call arrangements for Territory-wide services and establish strategies to improve equitable access to care
2.2h	Surgery	Examine feasibility of robotic surgery with a particular focus initially on urology, gynaecology and cardiothoracic surgery	Undertake a cost benefit analysis/feasibility study for the development and sustainability of robotic surgery in the ACT, with a particular focus initially on urology, gynaecology and cardiothoracic surgery. This process will consider the patient outcomes benefits, workforce issues, cost of equipment and infrastructure modifications required, equipment maintenance, training, set up time, volumes of procedures.
2.2i	Education and Training	Improve access to public health system education and training for CPHB and NGO providers by improving links with CHS training and education packages	Develop service level agreements to facilitate access to training

# Strengthening Core Services

Core clinical support services must be considered in planning, resourcing and implementation of any new and expanded services. Significant investment has been made in new and expanded services in the ACT and the impacts on demand for allied health, pharmacy, pathology and imaging services has not always been accounted for. Strengthening service capability and capacity, workforce, infrastructure, training and partnerships with universities to enable development of these core services to support existing clinical services and future service developments is essential for ensuring safe and sustainable services.

Pathology services in the ACT complete millions of group tests per year with annual average growth rate of 3% in 2016–17, and with a projected growth rate of 14.1% to 2026–27. There is a need to support the infrastructure and service developments to ensure that these services are safe, sustainable, and accessible both in terms of hours of service and service locations to support current and future developments in public health services in the ACT.

With workload expected to continue to rise in the future, ACT Pathology requires new infrastructure both at the central hub at Canberra Hospital and across the network. Currently, ACT Pathology is inhibited by its allocated workspace at CHS, CPHB, UCH and several of its collection centres. ACT Pathology requires space to install and house new technology that will automate systems and reduce specimen handling and re-entry. An ongoing storage solution for specimens is also required.

Pharmacy services across the public health system in the ACT are increasingly constrained by growing demand for hospital and health services and the need for both dispensing and clinical pharmacy services. There is a particular need to improve access to clinical pharmacy services in the hospital setting, in transitions of care out of hospital for high-risk patients and in the community. Constraints on access to pharmacy services has flow on effects to other service areas in supporting integrated, multi-disciplinary approaches to care, education and training. Strengthening Pharmacy means developing a workforce plan that focuses on workforce supply, recruitment and retention to support sustainability of existing services and the introduction of new and expanded services.

Medical Imaging services across the ACT public health system have seen increasing demand across the emergency department, inpatient and outpatient settings for diagnostic and interventional services, related to both increased service demand and increasing use of these technologies to support clinical service provision. Between 2017–18 and 2026–27, projections for Medical Imaging activity indicate an average increase of 3.2% per annum across ACT public hospitals, with the X-ray modality projected to have the highest proportion of service delivery. It will be important to ensure that medical imaging services are well integrated with the broader service system to support patient flow whilst also ensuring these services continue to develop in accordance with current and future planned service developments. There is opportunity to improve service access through investing and improving capacity and capability of medical imaging services in sub-acute and community-based settings.

A multi-disciplinary workforce that supports the best outcomes and reduces inpatient admissions and lengths of stay is crucial for the health outcomes and the sustainability of our health system. There are opportunities to strengthen capacity, capability and equity of access to allied health services across the Territory to support patient centred care and improved outcomes. This includes

looking at access to allied health services from hospital-based services for patients with chronic and long-term health conditions where an acute triage model may not be appropriate. Workforce planning will be a key enabler for this work to ensure a sustainable, long term approach to workforce supply and service development.

There are significant opportunities to embrace new and emerging technologies in personalised medicine to maximise investment in care and outcomes for patients. A Territory-wide genetic and genomic medicine service is required that is underpinned by evidence-based policy, Territory-wide models of care, governance and research. With advancing technology, whole exome sequencing has become a reality with tangible improved clinical management. Strengthening genetic and genomic medicine is vital to ensure this service has the capability and capacity to continue to improve patient management and patient care outcomes, developing our clinical and core services, training our workforce and maximising existing investments in precision medicine.

### Theme 3: Strengthening Core services

Table 3.1 Key Strategies and Actions — Short term

Reference number	Service area	Strategies	Actions
3.1a	Health System	Invest in redevelopment of ageing and inadequate infrastructure for pathology and pharmacy	Review current service model including status of and readiness for expanding digitisation and automation both at Canberra Hospital hub and across the network  Develop plan for transformation of pathology service across the ACT to support infrastructure planning and operational implementation
3.1 b	Pharmacy	Develop a workforce plan for Pharmacy with a focus on workforce supply, recruitment and retention to support sustainability of existing services and future consideration of expansion of community-based pharmacy services	Establish detailed profile of pharmacy workforce requirements across all existing and future planned services to support workforce planning activities
3.1c	Medical Imaging	Improve access to Medical Imaging services	Establish medical imaging services at the University of Canberra Hospital  Plan for commissioning of expanded medical imaging services at Canberra Hospital as part of the Canberra Hospital Expansion  Establish imaging services at Weston Creek Walk in Centre  Identify other opportunities to improve access to community based medical imaging services
3.1d	Genetic and genomic medicine	Build capacity and capability in genetic and genomic medicine across the Territory	Develop a 5 -year roadmap including a model of care for genetic and genomic medicine across the Territory  Undertake demonstration projects to test and refine the new service model, with a focus on value-based care and maximising patient outcomes and service efficiency

### Theme 3: Strengthening Core Services

Table 3.2 Key Strategies and Actions — Medium term

Reference number	Service area	Strategies	Actions
3.2a	Rehabilitation, Medical Imaging, Pharmacy, Pathology	Improve capacity and capability of pharmacy, pathology and medical imaging services at UCH in line with role delineation for rehabilitation services	<p>Review current and proposed future service arrangements at UCH to determine required capacity and capability of pharmacy, pathology and imaging services</p> <p>Develop and implement revised model of care for UCH that aligns with revised role delineations</p>
3.2b	Allied health	Increase access to allied health services in the community and identify opportunities for substitution of medical outpatient services with allied health clinics	<p>Conduct a feasibility study for substitution of medical outpatient services with allied health clinics</p> <p>Increase allied health staff numbers in community health settings</p> <p>Implement allied health clinics in place of medical outpatient services where appropriate</p> <p>Work with tertiary education providers to identify training needs to grow capacity in allied health workforce</p>
3.2c	Allied health	Improve equity in access to allied health services for key services including HITH, renal, sexual health, cancer services, Older Persons Mental Health and paediatrics and improve equitable access to allied health services across hospitals for like services	<p>Determine the requirements to improve access for specified service areas</p> <p>Develop plans for each area and implement</p>
3.2d	Pharmacy and Pathology	Improve pharmacy and pathology services across a 7 day work week, across the Territory	Undertake a service review focussing on development of pharmacy and pathology services as 7 day a week services across the Territory aligned to current and future planned clinical services that are or will operate on a 24/7 basis
3.2e	Pharmacy	Expand capacity of community-based pharmacy services	Explore with stakeholders Hospital Medicines Review options in other jurisdictions that have implemented policy, SOPs and currently use new MBS codes and pathways for high-risk patients leaving hospital

# Addressing key areas of service demand and reform

Whilst increased demand is anticipated across the service system in relation to both population growth and ageing, there are a number of *key areas of service demand and reform* that need to be a focus in order to support the needs of our priority population groups, ensure equitable access to care and respond to the emerging and growing needs of our community.

The service areas identified as requiring a particular focus for responding to service gaps, high increasing demand and opportunities to improve access and integration through redesign are:

**Emergency departments** — Emergency Departments continue to experience a very high and increasing demand for services. Between 2013–14 and 2017–18 Emergency Department presentations increased by an average of 4.1% per annum (from 125,888 to 147,778), the highest average annual increase of all states and territories.<sup>36</sup> ACT Emergency Departments experience high rates of frequent presentations related to mental health issues, by older people, those with chronic conditions and Aboriginal and Torres Strait Islander people. There are opportunities to deliver services in the community to avoid Emergency Department presentation alongside acknowledging and responding to the need to accommodate for expanded capacity within our Emergency Departments.

**Surgery** — There is growing demand for elective and emergency surgery in ACT public hospitals and public hospital theatres are at or nearing capacity. There is a need to both plan for commissioning of increased capacity with the Canberra Hospital Expansion and address the need for interim capacity to meet demand. Increased capacity for elective surgery across the ACT will have a particular focus on plastic and reconstructive surgery, Ear Nose and Throat surgery, orthopaedic surgery, urology, paediatric surgery and general surgery. Developments in surgical services and new technologies will also present opportunities to look at shifting services to different modalities including robotic surgery, from surgical to procedural and from services requiring multi-day and longer stays in hospital to shorter stays and same day procedures.

**Medicine** – drawing on trends in health status and burden of disease, growth in demand for inpatient services, waitlist data for outpatient services and benchmarking with other jurisdictions, a need for focus on geriatric medicine, rehabilitation and palliative care and for improved access across the system to pain management services and for individuals with health issues related to obesity, has been identified. There is an opportunity to improve coordination of services for patients with complex comorbidities and to invest in community-based services to support care closer to home and avoid hospital admission. Some growth in inpatient demand is accommodated for in the Canberra Hospital Expansion, however there is a need to plan for increased capacity in medical beds across the Territory, with growth in demand moderated through a focus on community-based services and other opportunities to provide care closer to home.

**Women, children and youth** — In line with the ACT Government commitment to the First 1000 Days Strategy, the model of care for the QEII Family Centre will be reviewed to support improved integration with public health and hospital services and primary care, flexible care arrangements according to individual needs and improved access for vulnerable patients and families. Additionally

a Child and Adolescent Clinical Services Plan that will establish priorities for local service development and redesign including a focus on providing care closer to home will be developed.

Cancer services — with a growing and ageing population, the incidence and prevalence of cancer will continue to increase. Treatments for cancer services are becoming increasingly complex and specialised. Cancer care will need to continue to evolve with new and emerging treatments and technologies. Our role as a regional service provider needs to progress in a way that is safe and sustainable, aligned with optimal care pathways and well-integrated with more specialised services delivered in major metropolitan areas. The need to respond to increased demand across patient pathways for cancer care has also been recognised from screening, endoscopy and diagnostic services, to surgical services, chemotherapy and radiation therapy, through to palliative care and the allied health and psychosocial supports and care coordination. Cancer care must wrap around the entire patient journey.

Mental Health — the significant and increasing burden of disease related to mental health issues in our community has resulted in increasing pressure on services across the care continuum and for a range of specific issues. Alongside measures to improve access to subacute and supported accommodation services to offset the need for expansion of inpatient services, there is a need to respond to the increasing demand on services to care for complex individuals. This includes those individuals with behavioural and psychological symptoms of dementia, eating disorders and individuals with complex cognitive impairment who are often cared for in an acute mental health inpatient unit for extended periods of time.

A key opportunity for supporting improved access to care and care closer to home is to pursue virtual health care opportunities including but not limited to telehealth and telemonitoring. Work will be undertaken to maximise the use of these technologies to support safe, appropriate and patient centred care both within the ACT and for those service where the ACT has a regional service provider role.

#### Theme 4: Addressing Key Areas of Service Demand and Reform

Table 4.1 Key Strategies and Actions — Short term

Reference number	Service area	Strategies	Actions
4.1a	Health System	Deliver on commitments for health services under the Aboriginal and Torres Strait Islander Agreement commitments	Work collaboratively with the Aboriginal and Torres Strait Islander Health Partnerships Team and the Office for Mental Health and Wellbeing to achieve our commitments under the Agreement. Priorities for the first 18 months of the Agreement include: <ul style="list-style-type: none"> <li>- culturally appropriate residential rehabilitation for alcohol and other drugs options</li> <li>- deliver ENT surgery for at risk Aboriginal and Torres Strait Islander infants, children and young people</li> <li>- Enhance Ngunnawal Bush Healing Farm as a culturally based healing program</li> <li>- developing tailored health and wellbeing programs at AMC</li> </ul>
4.1b	Palliative Care	Invest and build capacity and capability for palliative care services across the Territory	Develop a Territory-wide Model of Care for Palliative Care Services  Expand home based palliative care services across the ACT  Increase access to respite beds



Reference number	Service area	Strategies	Actions
			Establish dedicated inpatient palliative care beds at Canberra Hospital
4.1c	Care for older persons	Improve services for older patients requiring hospital care including those with behavioural and psychological symptoms of dementia (BPSD)	<p>Establish a Centre of Excellence for Care of Older Canberrans on the northside</p> <p>Develop a Territory-wide stepped care model for people with BPSD and establish a dedicated inpatient environment for patients with BPSD who are at high risk of harm to themselves or others</p> <p>Develop and implement appropriate training for all care providers in managing patients with dementia</p>
4.1d	Health System	Identify and provide improved care coordination for patients who frequently present to the emergency department	<p>Review and redesign current patient pathways and models of care with a focus on improving integration of care across service settings and providers</p> <p>Invest in care coordination and improved access to services in the community including through walk in health centres</p>
4.1e	Rehabilitation	Maximise access to rehabilitation as early as possible in the patient journey and ensure services are integrated within the broader service system	Review and redesign the models of care for rehabilitation services in the ACT with a focus on access to rehabilitation services in different care settings, criteria for admission and patient pathways
4.1f	Health System	Improve uptake of telehealth as an appropriate care modality through promotion and training of staff and education and promotion with patients and regional service providers	Establish and implement Telehealth/Telecare models and supporting infrastructure to enable care closer to home, including ensuring all appropriate rooms and offices in health facilities are enabled wherever possible to support provision of services via telehealth
4.1g	Endocrinology and Maternity	Increase capacity and capability of endocrinology services at CPHB to support the Maternity Access Strategy and improve self-sufficiency of CPHB in servicing the northside population	<p>Review and redesign the model of care for maternity services to provide for expanded scope to include access to endocrinology and maternity care for women with gestational diabetes where safe and appropriate</p> <p>Implement new model of care and explore other opportunities for increasing self-sufficiency of services on the northside related to increased capability in endocrinology services</p>
4.1h	Women's and Children's	Realign services at the QEII Family Centre to support contemporary models of care in line with the needs of the ACT community	<p>Review the model of care for the QEII Family Centre to support improved integration, flexible care arrangements according to individuals' needs, better meets the needs of vulnerable patients and families</p> <p>Undertake an open tender process to establish a long-term service contract for the QEII Family Centre based on the revised model of care.</p>
4.1i	Health System	Improve care for patients with complex comorbid conditions	<p>Identify opportunities to shift management of care for patients with comorbid conditions to general medicine as an alternative to sub-specialist services to support improved holistic care and maintain and strengthen general medical services and improve access for these patients to services in community based settings</p> <p>Review and redesign existing models of care including collaborative and integrated care plans with primary care providers and patient navigation for this cohort to get possible outcomes.</p>
4.1j	Health System	Establish and implement a Territory-wide model of care for eating disorders	<p>Develop and implement a Territory-wide model of care for eating disorders</p> <p>Implement new and expanded services in line with the new model of care</p>
4.1k	ED	Improve Emergency Department service Access	<p>Improve access and care coordination for patients frequently presenting to the ED including review and design of pathways with GPs and primary health care providers.</p> <p>Expand the scope of services delivered from our network of Walk-In Centres and health care hubs.</p>

Reference number	Service area	Strategies	Actions
4.1l	People with Intellectual Disability	Explore options for appropriate care environments for people with an intellectual disability/acquired brain injury and develop and implement improved training for staff in managing patients including identifying and responding to behaviour deterioration	Develop training for staff in managing patients with intellectual disability or acquired brain injury  Undertake a scoping study to which has determined appropriate requirements for safe care in line with the needs of patients with complex cognitive impairment and associated behavioural issues

## Theme 4: Addressing Key Areas of Service Demand and Reform

Table 4.2 Key Strategies and Actions — Medium term

Reference number	Service area	Strategies	Actions
4.2a	Health System	Deliver on commitments for health services under the Aboriginal and Torres Strait Islander Agreement commitments	Continue to work collaboratively with the Aboriginal and Torres Strait Islander Health Partnerships Team and the Office for Mental Health and Wellbeing to achieve our commitments under the Agreement. Priorities include: - strengthened support for mental health and suicide prevention - reducing transmission of STIs and BBVs - increasing vaccination coverage
4.2b	Aged Care	Continue to strengthen capacity and capability and scope of services such as GRACE that support older persons to receive care out of hospital or reduce LOS	Identify and implement other strategies and supports that can reduce length of stay and keep people at home and support residential aged care providers to keep older persons out of hospital
4.2c	Cancer Services	Respond to increasing demand for cancer services and the increasing complexity of treatments	Invest in screening, diagnostic and endoscopy services in line with increasing demand and undertake modelling of the impacts of these developments on demand for other cancer care services.  Implement new Regional Cancer Services Plan  Improve integration with highly specialised low volume cancer care services delivered in major metropolitan areas to support improved access and care coordination for ACT residents  Scope new and emerging cancer treatments including clinical trials and other therapies that can be safely and sustainably provided in the ACT  Ensure cancer services are well integrated across the care continuum, from screening and diagnosis, through to surgical services, cancer services, palliative care and other supports in the community
4.2d	Emergency Medicine	Ensure long term sustainability of access to ED services across the Territory through increased capacity at CH, CPHB and implementing hospital diversion strategies to moderate growth in demand.	Identify opportunities to moderate growth in demand and quantify the associated impact on ED presentations  Commission new ED as part of the Canberra Hospital Expansion Project  Plan for expanded ED capacity in the Territory
4.2e	Surgical and procedural services	Increase capacity for elective surgery and procedural services across the ACT	Expand capacity of plastic and reconstructive surgery, Ear, Nose and Throat surgery, orthopaedic surgery, urology, paediatric surgery and general surgery and improve management of wait lists by surgical specialty  Establish and implement arrangements to manage interim demand prior to commissioning of new theatres at Canberra Hospital
4.2f	Vascular	Increase access to endovascular services through appropriately enabled theatres and procedural spaces at Canberra Hospital	Plan for increased capacity for services within the Canberra Hospital Expansion

Reference number	Service area	Strategies	Actions
4.2g	Health System	Increase capacity in medical inpatient services across Territory and establish and implement strategies to moderate growth	Plan increased capacity in medical inpatient services across Territory  Establish and implement strategies to moderate growth in demand including opportunities for reducing LOS and avoidable hospital admissions
4.2h	Health System	Minimise provision of services identified as low value care, with a particular focus on diagnostic imaging services, surgical interventions and screening services that are not supported by the evidence base for supporting improvement in health outcomes	Review Choosing Wisely recommendations for Territory-wide pilot projects
4.2i	Rheumatology	Improving Rheumatology service sustainability	Undertake a review of rheumatology services to identify requirements for improving service sustainability in meeting the needs of the population  Realign services in accordance with the service levels framework
4.2j	People with Intellectual Disability	Implement options for appropriate care environments for people with an intellectual disability/acquired brain injury and develop and implement improved training for staff in managing patients including identifying and responding to behaviour deterioration	Implement training for staff in managing patients with intellectual disability or acquired brain injury  Review and implement scoping study recommendations into appropriate requirements for safe care — in line with the needs of patients with complex cognitive impairment and associated behavioural issues
4.2k	Anaesthetics and Perioperative	Ensure pain management services have the capacity to respond to the growing and increasingly complex needs of the population	Increase capacity and capability for pain management services across the ACT, both in the acute inpatient setting and for chronic conditions in accordance with the National Strategic Plan for Pain Management. Increased capacity and access will be enhanced through a focus on patient-centred services that support self-management and increased use of telehealth
4.2l	Paediatrics / HITH	Explore options for paediatric HITH services	Develop and implement a Child and Adolescent Clinical Services Plan
4.2m	Obesity	Ensure obesity services are responsive to the needs of the community and integrated with health promotion and prevention programs	Review capacity and models of care for current obesity services and limitations of existing services in accommodating bariatric patients

# Enablers

Successful implementation of the Plan will rely on a series of enabling activities in workforce planning, asset management and infrastructure planning, research and digital health technology.

Work will be undertaken to ensure that the public health system delivers value for the community by considering the best way to allocate resources and improve health outcomes.

## Infrastructure

Infrastructure that delivers the capacity to meet demand, appropriate care environments to support contemporary care, respond to changing models of care and new technology is an essential enabler for ensuring that our health service system meets the needs of our community. The need to invest in new and expanded infrastructure is recognised as well as the need to address issues of ageing infrastructure in order to increase capacity and capability to meet future demands and deliver contemporary care.

The ACT Government will continue to invest in health infrastructure to provide high quality care as close to home as possible and to support and manage the increasing demands on our specialist and tertiary hospital services. This includes the following strategies and actions:

- Review, invest, and renew ageing infrastructure in endoscopy, pathology and pharmacy.
- Maximise theatre utilisation through alternative safe settings to reduce demand on theatre sessions.
- Improve access to outpatient clinics through investment in alternate models for outpatient services including telehealth, shifting services to community-based facilities and working with GPs to increase capability to support transitions from specialist to primary care.
- Increase capacity in medical inpatient beds across the Territory.
- Undertake a needs assessment for medi-hotel services to alleviate the pressure on acute hospital beds.
- Identify and implement actions to deliver on the ACT Climate Change Strategy.
- Ensure that Master planning supports a priority on education and training including adequate training facilities at our teaching hospitals and simulation space at our hospital campuses.
- Progress planning for new northside hospital.<sup>37</sup>

## Workforce

The ACT Government actively seeks to attract and retain highly trained and experienced medical practitioners, medical researchers, nurses and allied health professionals by providing access to the latest technologies and clinical solutions.<sup>38</sup> With an ageing health workforce, an undersupply of doctors in some specialties, long waitlists, and a significant need to invest in allied health services, the ACT Government will investigate options for workforce reform to support improved sustainability and future proofing of hospital services in the ACT including:

- A workforce Strategy that serves to promote a workplace culture of excellence, innovation, education and research and a public health system that maintains the capability, skills, culture and leadership needed to flexibly respond to future service demands and health system challenges.<sup>38</sup>

- Support for the professional development, workforce retention and career development of the ACT public health workforce through post-graduate scholarships, symposiums, recognition of excellence, research and quality in healthcare; placement programs for students within allied health, medicine, nursing, midwifery.
- A pathway for students to progress into the workforce within ACT Health.

### **Research and Training**

The ACT Government is committed to enhancing the health and well-being of the ACT community across the continuum of care through excellence in policy, research, and training innovation. Reciprocal academic partnerships between universities and teaching hospitals, are crucial to sustaining and advancing clinical research, education and work to integrate research into clinical practice – with the aim of identifying clear priorities, limitations and opportunities.

DRAFT

# Working together on actions and strategies

## Non-Government Organisations and community groups

Collaboration with non-government organisations (NGOs) and other service partners to deliver the best quality care for the ACT community is paramount. Over 100 ACTHD funded non-government organisations (NGOs) deliver a range of health services required to maintain and improve the health of the community and provide invaluable support for the acute public health care sector. These services include aged care, alcohol and other drugs, mental health, neurology, oncology, rehabilitation, respiratory, rheumatology, sexual health, and women's, youth and children's health.

The ACT Government will work with NGOs and the primary care sector to support patient centred, holistic care that is delivered as close to home as possible and maximises patient outcomes whilst also supporting sustainability of the broader public hospital and health system. This will be achieved through collaborative service design, improved referral pathways from primary care generalists to acute specialists, community pharmacy, pain management, prehabilitation and colocation of services, through:

- Partnering with the Capital Health Network (CHN) to improve access to mental health supports in the primary care setting and to improve access to services.
- Partnering with CHN and other key stakeholders to develop a strategic approach for developing networks of GPs with specialised skills in priority areas.
- Improving integration between NGOs through strategic linkages accessed by individual clients including the need for individual recovery and care plans across multiple providers.
- A collaborative commissioning approach for the future delivery of health services in the community to harness the knowledge and experience of service providers and users to design health services that deliver improved client outcomes.
- Improving service navigation portals for the health workforce and clients to facilitate clear care pathways and referrals.
- Improving integration and care pathways across the service system including pathways between alcohol and other drugs and mental health, suicide prevention and postvention, primary health and physical health care services.
- Improving integration and pathways to services that support the social determinants of health, particularly for vulnerable families and population groups.
- Maximising opportunities for colocation of services to support an integrated and coordinated approach to care.

## Australian Government

The ACT Government will continue to work with the Australian Government to improve health outcomes for all Australians. This will include working with the Australian Government to address systemic interface issues between the public hospital system and the aged care system. Such issues include the National Disability Insurance Scheme (NDIS) and the primary care system, which are the responsibility of the Australian Government, delays to hospital discharge for older patients waiting for a place in a residential aged care facility, ensuring that people with disability receive timely access to assessment and services under the NDIS and supporting care in the primary care setting and closer to home wherever possible.

## ACT Government

At the local level, work will be undertaken to develop a policy position and framework for Justice Health Services in the ACT including arrangements with ACT Corrective Services, provision of services to people on remand for extended periods of time, equitable access to care and maximising health outcomes post-release.

## NSW Government

The ACT Government is committed to delivering a connected and borderless health system for Canberrans and residents of surrounding NSW, under the Regional Agreement between the ACT Government and NSW Ministry of Health. The ACT and NSW health systems provide essential services to thousands of people across the Southern NSW region and the ACT. As demand on hospital services in the ACT continues to grow, working collaboratively to explore and implement opportunities to reverse flows to NSW in areas where there is high demand and long wait lists has never been more important.

## Future requirements for capital infrastructure

The number of available beds and other points of care required for future hospital infrastructure and master planning is a key output of the clinical service planning process.

The ACT Health Directorate has forecast public hospital inpatient bed requirements to 2026–27 and beyond, taking into account current service utilisation, population growth and ageing, and service changes to be implemented through this Plan.

Future health infrastructure requirements need evidenced-base planning to supporting the delivery of safe, timely and effective health services. The Canberra Hospital Campus Master Plan and planning for the new northside hospital as well as new investments in new walk-in health centres, and a new elective day surgery centre will form part of infrastructure strategic planning providing a blueprint for the ACT Government's future investment in health and hospital infrastructure.

Over the next five years, identified ACT public health facilities will undergo significant expansion and renewal. These redevelopments will boost capacity to meet the community's care needs into the coming decade in key areas including the ED, intensive care, surgery, mental health, geriatric medicine and specialist health services for women and children.

Key considerations for hospital infrastructure planning over the life of this Plan, much of which is accommodated for within health infrastructure projects already underway, include:

- Presentations to the ED continue to grow. To meet this demand, requirements for ED treatment spaces will need to increase.
- The number of high acuity patients is rising. Consequently, ICU bed requirements are projected to increase.
- Projected growth in surgical activity to 2026–27 will require additional operating theatres across the Territory.
- Demand for cots in the Special Care Nursery (SCN) and Neonatal Intensive Care Unit (NICU) at CH to 2026-27 are projected to increase.
- To accommodate the projected increase in adult patients with mental illness, the number of adult acute mental health beds required will need to increase.
- It is expected that the ageing of the population will place increasing pressure on hospital services in the future.

Anticipated trends in both surgical practice and other clinical services, technology, treatment modalities and diagnostic services will affect demand for surgery. A component of increased demand will be offset by investments in non-hospital-based services, improved efficiency and reversal of flows.



## Planning into the future

This Plan has been developed in the context of an unprecedented and uncertain service environment arising from the COVID-19 pandemic. The long-term impacts on the public health system are as yet unknown and continued monitoring of emerging and sustained impacts on population growth and migration, risk behaviours and social determinants issues impacting on health, burden of disease and incidence and prevalence of illness over time will be required.

The health system is nevertheless faced with the task of responding to both the challenges and opportunities that have arisen from the COVID-19 pandemic and related response activities. This includes work undertaken to address a backlog of elective surgery, procedural and outpatient demand as well as embedding and building on the collaborative, innovative and flexible service arrangements that were mobilised in response to the pandemic with service partners across CHS, CPHB, non-government services and other directorates.

It is standard practice for health service plans to continue to be reviewed and updated. ACTHD will work with other directorates within the ACT Government, other jurisdictions and the Australian Government to monitor key indicators and undertake an annual review process to ensure our priorities continue to reflect the needs of our community, maximise access to services locally and embrace contemporary models of care and new technologies. Priorities for health service development and redesign will continue to be informed by evolving policy priorities at the national and local level and the broader clinical evidence base.

# References

1. Chief Minister, Treasury and Economic Development Directorate. ACT Population Projections 2018 to 2058. 2019, Canberra (ACT). [cited 2020 July 28].  
[https://apps.treasury.act.gov.au/\\_data/assets/pdf\\_file/0005/1305581/ACT-Population-Projections-Paper-FINAL.pdf](https://apps.treasury.act.gov.au/_data/assets/pdf_file/0005/1305581/ACT-Population-Projections-Paper-FINAL.pdf)
2. Australian Bureau of Statistics. Australian Statistical Geography Standard (ASGS) : Volume 1 – Main Structure and Greater Capital city statistical Areas. Regional summary: Australian Capital Territory. Canberra (ACT). 2016. [cited 2021 May 10]. ABS cat no. 1270.0.55.001
- 3 Australian Department of Home Affairs. Settlement data reports 2016-2021. [Internet]. (Canberra (ACT)). [cited 2021 May 17]. Commonwealth of Australia. Available from:  
<https://data.gov.au/data/dataset/8d1b90a9-a4d7-4b10-ad6a-8273722c8628>
- 4 Australian Bureau of Statistics. Estimates of Aboriginal and Torres Strait Islander Australians, June 2016. Canberra (ACT); 2018. ABS cat. no. 3238.0.55.001.
- 5 Australian Bureau of Statistics. Australian Capital Territory Data Cube – Disability, Ageing and Carers. Canberra (ACT); 2018. [cited 2020 April 07]. ABS cat. no. 4430.0.
- 6 Australian Bureau of Statistics. National Health Survey: First results 2017-18. Canberra (ACT); 2019. ABS cat. no 4364.0.55.001.
- 7 Australian Institute of Health and Welfare. 2019. Australian Burden of Disease Study 2015: Interactive data on disease burden. Cat. no. BOD 24. Canberra: AIHW. Viewed 28 July 2020, Available from: <https://www.aihw.gov.au/reports/burden-of-disease/abds-2015-interactive-data-disease-burden>
- 8 Australian Institute of Health and Welfare. 2019. Australian Burden of Disease Study 2015: Interactive data on disease burden. Cat. no. BOD 24. Canberra: AIHW. Viewed 28 July 2020, <https://www.aihw.gov.au/reports/burden-of-disease/abds-2015-interactive-data-disease-burden>
- 9 Australian Bureau of Statistics. National Health Survey: First results 2017-18. Canberra (ACT); 2019. ABS cat. no 4364.0.55.001.
- 10 ACT Health Directorate. ACT Chief Health Officer's Report 2018. Canberra (ACT): ACT Government; 2018. [cited 2019 Jul 10]. Available from:  
<https://www.health.act.gov.au/sites/default/files/2018-09/ACT-Chief-Health-Officer-Report-2018.pdf>.
- 11 Australian Bureau of Statistics. Causes of Death, Australia, 2019. Canberra (ACT); 2019. ABS cat. no 3303.0.
- 12 Australian Bureau of Statistics. National Health Survey: First results 2017-18. Canberra (ACT); 2019. ABS cat. no 4364.0.55.001.

- 13 ACT Health Directorate. 2018. ACT Chief Health Officer's Report 2018. Canberra (ACT): ACT Government; 2018. [cited 2019 Jul 10]. Available from: <https://www.health.act.gov.au/sites/default/files/2018-09/ACT-Chief-Health-Officer-Report-2018.pdf>.
- 14 Australian Bureau of Statistics. National Health Survey: First results 2017-18. Canberra (ACT); 2019. ABS cat. no 4364.0.55.001.
- 15 Australian Institute of Health and Welfare. 2019. National Drug Household Survey; 2019. [Internet]. Available from: <https://www.aihw.gov.au/about-our-data/our-data-collections/national-drug-strategy-household-survey/2019-ndshs>
- 16 Australian Institute of Health and Welfare 2019. Australian Burden of Disease Study 2015: Interactive data on disease burden. Cat. no. BOD 24. Canberra: AIHW. Viewed 28 July 2020. Available from: <https://www.aihw.gov.au/reports/burden-of-disease/abds-2015-interactive-data-disease-burden>
- 17 Australian Bureau of Statistics. National Health Survey: First results 2017-18. Canberra (ACT); 2019. ABS cat. no 4364.0.55.001.
- 18 Australian Institute of Health and Welfare. 2019. National Drug Strategy Household Survey 2019 – Australian Capital Territory. [Internet]. Canberra (ACT) Australian Institute of Health and Welfare; 2019 [cited 2021 May 10]. Available from <https://www.aihw.gov.au/getmedia/ecbff00a-7d71-47fb-bcd3-714eae2fc51e/aihw-phe-270-fact-sheet-ACT.pdf.aspx>
- 19 ACT Health Directorate. ASSAD - Used at least one illicit drug, ever, last year, last month, last week. [Internet]. Canberra (ACT): ACT Government; 2017. [cited 2021 May 17]. Available from: <https://www.health.act.gov.au/about-our-health-systemdata-and-publications/healthstats/statistics-and-indicators/assad-used-least>
- 20 Australian Bureau of Statistics. Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2011, Data Cube, 28 March 2013, ABS Cat No. 2033.0.55.001.
- 21 ACT Council of Social Service Inc (ACTCOSS). September 2020. ACT Cost of Living Report: Tracking changes in the cost of living for low-income households in the Australian Capital Territory. [cited 2021 Mar 25]. Available from: <https://www.actcoss.org.au/sites/default/files/public/publications/2020-report-ACT-Cost-of-Living-Sep2020.pdf>
- 22 Tanton, R., Miranti, R. and Y. Vidyattama. Hidden disadvantage in the ACT: report for ACT Anti-Poverty Week, NATSEM, University of Canberra, Canberra, October 2017. Available from: <https://www.actcoss.org.au/sites/default/files/public/publications/2017-hidden-disadvantage-in-the-act-anti-poverty-week-report.pdf>
- 23 Chief Minister Treasury and Economic Development Directorate. Labour Force – February 2021, ACT Government; 2021. [cited 2021 Mar 24]. Available from: [https://apps.treasury.act.gov.au/data/assets/pdf\\_file/0005/399983/LF.pdf\\_recache](https://apps.treasury.act.gov.au/data/assets/pdf_file/0005/399983/LF.pdf_recache)

24 Chief Minister Treasury and Economic Development Directorate. Full-Time Adult Average Weekly Ordinary Time Earnings (AWOTE) – November 2020 [ACT Government; 2029. [cited 2021 Mar 24]. Available from:

[https://apps.treasury.act.gov.au/\\_data/assets/pdf\\_file/0006/399975/AWOTE.pdf/recache](https://apps.treasury.act.gov.au/_data/assets/pdf_file/0006/399975/AWOTE.pdf/recache).

25 Australian Bureau of Statistics. Australian Capital Territory Region Summary. Canberra (ACT); 2017. ABS cat. no. 1379.0.55.001.

26 Australian Bureau of Statistics. Residential Property Price Indexes: Eight Capital Cities (December 2019). Canberra (ACT); 2020 [cited 2021 Mar 24]. Available from:

<https://www.abs.gov.au/statistics/economy/price-indexes-and-inflation/residential-property-price-indexes-eight-capital-cities/dec-2019>.

27 Australian Bureau of Statistics. Residential Property Price Indexes: Eight Capital Cities (December 2020). Canberra (ACT); 2021 [cited 2021 Mar 24]. Available from:

<https://www.abs.gov.au/statistics/economy/price-indexes-and-inflation/residential-property-price-indexes-eight-capital-cities/latest-release>

28 Chief Minister Treasury and Economic Development Directorate. Housing Affordability Report - December Quarter 2020. Publication Release Date: 3 March 2021 [cited 2021 Mar 24]. Available from: [https://apps.treasury.act.gov.au/\\_data/assets/pdf\\_file/0004/1256863/HAR.pdf/recache](https://apps.treasury.act.gov.au/_data/assets/pdf_file/0004/1256863/HAR.pdf/recache)

29 Australian Bureau of Statistics. Census of Population and Housing: Estimating homelessness 2016, Table 1.1 Homeless persons, Selected characteristics; 2001, 2006, 2011 and 2016. Data Cube. Canberra (ACT); 2018. [cited 2019 Nov 05]. ABS cat. no. 2049.0.

30 Australian Institute of Health and Welfare. Admitted patient care 2018-19. Canberra: AIHW; 2020.

31 Australian Institute of Health and Welfare. Non-admitted patient care 2018-19: Australian hospital statistics [Internet]. Canberra: Australian Institute of Health and Welfare, 2020 [cited 2021 Jan 29]. Available from: <https://www.aihw.gov.au/reports-data/myhospitals/sectors/non-admitted-patients>.

32 Australian Institute of Health and Welfare. Mental health services in Australia [Internet]. Canberra: Australian Institute of Health and Welfare, 2021 [cited 2021 Jan 29]. Available from: <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia>

33 ACT Public Health Services Quarterly Performance Report. ACT Government [Internet]. Canberra: ACT Health Directorate. Available from: <https://www.health.act.gov.au/about-our-health-system/act-public-health-services-quarterly-performance-report>.

34 NSW Government. NSW Health Strategic Framework for Integrating Care. Sydney (NSW); 2018. Available from: <https://www.health.nsw.gov.au/integratedcare/Publications/strategic-framework-for-integrating-care.PDF>

35 Australian Institute of Health and Welfare 2020. Aboriginal and Torres Strait Islander Health Performance Framework 2020 key health indicators — Australian Capital Territory. Cat. no. IHPF 3. Canberra: AIHW

36 Australian Institute of Health and Welfare. Emergency department care 2017–18: Australian hospital statistics. Canberra: AIHW; 2018.

37 ACT Health Directorate. Annual Report 2019-2020 [Internet]. Canberra (ACT): 2020. [cited 2021 March 25]. Available from: <https://www.health.act.gov.au/sites/default/files/2020-12/ACT%20Health%20Directorate%20Annual%20Report%202019-20%20Accessible.pdf>.

38 ACT Government. ACT Health Corporate Plan 2018-2023. [cited 2020 Aug 05]. Available from: [https://www.health.act.gov.au/sites/default/files/2019-02/ACT%20Health%20Corporate%20Plan%202018-2023\\_0.pdf](https://www.health.act.gov.au/sites/default/files/2019-02/ACT%20Health%20Corporate%20Plan%202018-2023_0.pdf).

DRAFT