



Dear 

**DECISION ON YOUR ACCESS APPLICATION**

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by ACT Health Directorate (ACTHD) originally on **Monday 2 May 2022** and rescoped on **Tuesday 14 June 2022**.

The rescoped application requested access to:

*'A copy of the Ministerial Briefs with the titles outlined below, excluding all attachments to the briefs:*

<i>Covid-10 Response – Changes to Public Health Directions and functionality of the Check In CBR app from 25 February 2022</i>	<i>MIN22/324</i>
<i>Initiated brief – Minister for Health – Freedom of Information (FOI) application from “redacted” regarding information about the supply of RATs to ACT Ministers or their offices – ACTHDFOI21-22.38</i>	<i>MIN22/307</i>
<i>Initiated brief – Minister for Health - Freedom of Information (FOI) application from “redacted” regarding All documents prepared in relation to providing a media statement to The Canberra Times on Thursday, February 3 2022 -</i>	<i>MIN22/308</i>
<i>Initiated brief – Minister for Health - Freedom of Information (FOI) application from “redacted” regarding COVID-19 weekly surveillance report – ACTHDFOI21</i>	<i>MIN22/342</i>
<i>Initiated brief – Minister for Health – Calvary Public Hospital Bruce 2020-2021 Financial Statements</i>	<i>MIN22/358</i>
<i>Meeting – Minister for Health – Early Years priorities joint discussion with Minister Stephen Smith &amp; Minister Berry – Tuesday 22 February, 11:00am – 12:00pm</i>	<i>MIN22/302</i>
<i>(EXPOSURE) Cabinet Submission – CAB22/136 Early Intervention Service for Eating Disorders</i>	<i>GBC22/76</i>
<i>2022-23 Business Cases for Provision to MO – Minister for Health</i>	<i>GBC22/143</i>
<i>ASSEMBLY BUSINESS PAPER – (CAB22/207) – Ministerial Statement progress on the recruitment of our public health workforce and implementation of nurse-patient</i>	<i>GBC22/141</i>
<i>Cabinet Submission (FINAL) – Minister for Health CAB21/852 – 2021-22 COVID-19 Response Expenditure – 1 October – 30 December YTD</i>	<i>GBC22/86</i>

<i>Cabinet Submission – Minister for Health – (CAB22/158) Government Response to Standing Committee on Health and Community Wellbeing Inquiry into the Public Health Amendment Bill 2021 (No2)</i>	<i>GBC22/107</i>
<i>Ministerial Brief– Minister for Health – 2022-23 Business Cases – Additional Proposals</i>	<i>GBC22/115</i>
<i>Weekly Brief– Minister for Health – 14-18 February 2022</i>	<i>GBC22/91</i>
<i>Weekly Brief– Minister for Health – 21-25 February 2022</i>	<i>GBC22/117</i>
<i>Weekly Brief– Minister for Health – 28 February – 4 March 2022</i>	<i>GBC22/134</i>
<i>Weekly Brief– Minister for Health – 7-11 February 2022</i>	<i>GBC22/77</i>
<i>2022-23 Business Cases for Provision to MO – Minister for Mental Health</i>	<i>GBC22/145</i>
<i>Cabinet Submission (Exposure Draft – ERC) – CAB22/48- Minister for Mental Health – Re-envisioning Older Persons Mental health and Wellbeing in the ACT Strategy 2022 -2026</i>	<i>GBC22/96</i>
<i>Cabinet Submission (Exposure Draft) – joint Minister for Mental Health/Minister for Emergency Services – National Disaster Mental Health and Wellbeing Framework (CMTEDD LEAD)</i>	<i>GBC22/116</i>
<i>Initiated Brief– Minister for Mental Health – Update on negotiations and positions for Bilateral Mental Health and Suicide Prevention Agreement between the ACT and Commonwealth Governments</i>	<i>MIN22/277</i>
<i>Meeting – Minister for Mental Health – Canberra Mental Health Forum (Online) 22 February 2022</i>	<i>MIN22/260</i>
<i>Weekly Brief– Minister for Mental Health – 14-18 February 2022</i>	<i>GBC22/92</i>
<i>Weekly Brief– Minister for Mental Health – 21-25 February 2022</i>	<i>GBC22/118</i>
<i>Weekly Brief– Minister for Mental Health – 28 February – 4 March 2022</i>	<i>GBC22/135</i>
<i>Weekly Brief– Minister for Mental Health – 7 – 11 February 2022</i>	<i>GBC22/78'</i>

I am an Information Officer appointed by the Director-General of ACT Health Directorate (ACTHD) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. ACTHD was required to provide a decision on your access application by **Tuesday 12 July 2022**.

I have identified 22 documents holding the information within scope of your access application. These are outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

### **Decisions**

I have decided to:

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

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

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

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

### **Full Access**

I have decided to grant full access to four documents at references 1, 12, 15 and 22.

### **Refuse Access**

I have decided to refuse access to eight documents.

Documents at references 7-11 and 16-17 are wholly comprised of information classified as Cabinet information, and under Schedule 1.6 (1) Cabinet Information, they are taken to be contrary to the public interest to release. Schedule 1.6 (1) provides that Cabinet Information is information that:

- Schedule 1.6 (1)(a) that has been submitted, or that a Minister proposes to submit, to Cabinet for its consideration and that was brought into existence for that purpose; and
- Schedule 1.6 (1)(b) that is an official record of Cabinet; and
- Schedule 1.6 (1)(d) the disclosure of which would reveal any deliberation of Cabinet (other than through the official publication of a Cabinet decision).

The document at reference 5 is wholly comprised of the business affairs of a non-ACT Government agency.

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

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

- Schedule 2, 2.1(a)(i) promote open discussion of public affairs and enhance the government's accountability; and
- Schedule 2, 2.1(a)(ii) contribute to positive and informed debate on important issues or matters of public interest.

### **Public Interest Factors Favouring Non-Disclosure**

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

- Schedule 2, Schedule 2.2 (a)(xi) prejudice trade secrets, business affairs or research of an agency or person.

I have given significant consideration to the factors favouring disclosure and I believe the factor favouring non-disclosure outweighed these as the information requested could reasonably be expected to be detrimental to the relationship between the Directorate and the non-ACT Government agency. Therefore, I have determined the information identified is contrary to the public interest and would not advantage the public in disclosing this information.

### **Partial Access**

I have decided to grant partial access to ten documents.

Documents at references 13 and 19-20 are partially comprised of information classified as Cabinet information, and under Schedule 1.6 (1) Cabinet Information, they are taken to be contrary to the public interest to release.

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

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

- Schedule 2, 2.1(a)(i) promote open discussion of public affairs and enhance the government's accountability;
- Schedule 2, 2.1(a)(ii) contribute to positive and informed debate on important issues or matters of public interest;
- Schedule 2, 2.1(a)(iv) ensure effective oversight of expenditure of public funds; and

- Schedule 2, 2.1(a)(viii) reveal the reason for a government decision and any background or contextual information that informed the decision.

#### Public Interest Factors Favouring Non-Disclosure

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

- Schedule 2, Schedule 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the *Human Rights Act 2004*; and
- Schedule 2, Schedule 2.2 (a)(xi) prejudice trade secrets, business affairs or research of an agency or person.

Documents at references 2-3 and 6 have been identified containing information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act. The information contained in these documents are partially comprised of personal information such as ACT Government employees' mobile numbers.

Documents at references 4, 14 and 18 are partially comprised of personal information such as ACT Government employees' mobile numbers and also information classified as Cabinet information, and under Schedule 1.6 (1) Cabinet Information, they are taken to be contrary to the public interest to release.

Document at reference 21 has redactions to information regarding the business affairs of a non-ACT Government organisation. The release of this information could be detrimental to the business and not in the public interest. This document also contains information classified as Cabinet information, and under Schedule 1.6 (1) Cabinet Information, they are taken to be contrary to the public interest to release.

I have given significant consideration to the factors favouring disclosure and I believe the factors favouring non-disclosure outweighed these as the information requested would not provide any government information pertinent to your request regarding the personal information. The release of the business affairs of another agency could reasonably be expected to be detrimental to the relationship between the Directorate and the non-ACT Government agency. Therefore, I have determined the information identified is contrary to the public interest and would not advantage the public in disclosing this information.

#### Charges

Processing charges are not applicable to this request.

#### Disclosure Log

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

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

#### Ombudsman review

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

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

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

ACT Civil and Administrative Tribunal (ACAT) review

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

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

**Further assistance**

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

Yours sincerely



Chadia Rad  
**Senior Director**  
Ministerial and Government Services

4 July 2022

## FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

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

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

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

APPLICANT NAME		WHAT ARE THE PARAMETERS OF THE REQUEST			FILE NUMBER	
[REDACTED]		<i>'A copy of the Ministerial Briefs with the titles provided.'</i>			<b>ACTHDFOI21-22.60</b>	
Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 8	MIN22/324 Covid-10 Response – Changes to Public Health Directions and functionality of the Check In CBR app from 25 February 2022	23 February 2022	Full Release		YES
2.	9 – 11	MIN22/307 Initiated brief – Minister for Health – Freedom of Information (FOI) application from Buko, RighttoKnow.org (constituent) regarding information about the supply of RATs to ACT Ministers or their offices – ACTHDFOI21-22.38	22 February 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
3.	12 – 15	MIN22/308 Initiated brief – Minister for Health - Freedom of Information (FOI) application from “redacted” regarding All documents prepared in relation to providing a media statement to The Canberra Times on Thursday, February 3 2022 – ACTHDFOI21-22.42	18 March 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES

4.	16 – 18	MIN22/342 Initiated brief – Minister for Health - Freedom of Information (FOI) application from “redacted” regarding COVID-19 weekly surveillance report – ACTHDFOI21-22.41	16 March 2022	Partial Release	Schedule 1.6 Cabinet & Schedule 2, 2.2(a)(ii) Privacy	YES
5.	19 – 22	MIN22/358 Initiated brief – Minister for Health – Calvary Public Hospital Bruce 2020-2021 Financial Statements	8 March 2022	Refuse Release	Schedule 2, 2.2 (a)(xi) Business Affairs	NO
6.	23 – 26	MIN22/302 Meeting – Minister for Health – Early Years priorities joint discussion with Minister Stephen Smith & Minister Berry – Tuesday 22 February, 11:00am – 12:00pm	21 February 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
7.	27 – 33	GBC22/76 (EXPOSURE) Cabinet Submission – CAB22/136 Early Intervention Service for Eating Disorders	2 March 2022	Refuse Release	Schedule 1.6 Cabinet	NO
8.	34 – 36	GBC22/141 ASSEMBLY BUSINESS PAPER – (CAB22/207) – Ministerial Statement progress on the recruitment of our public health workforce and implementation of nurse-patient ratios	17 March 2022	Refuse Release	Schedule 1.6 Cabinet	NO
9.	37 – 39	GBC22/86 Cabinet Submission (FINAL) – Minister for Health CAB21/852 – 2021-22 COVID-19 Response Expenditure – 1 October – 30 December YTD	9 March 2022	Refuse Release	Schedule 1.6 Cabinet	NO
10.	40 – 44	GBC22/107 Cabinet Submission – Minister for Health – (CAB22/158) Government Response to Standing Committee on Health and Community Wellbeing Inquiry into the Public Health Amendment Bill 2021 (No2)	15 March 2022	Refuse Release	Schedule 1.6 Cabinet	NO
11.	45 – 47	GBC22/115 Ministerial Brief – Minister for Health – 2022-23 Business Cases – Additional Proposals	2 March 2022	Refuse Release	Schedule 1.6 Cabinet	NO
12.	48 – 51	GBC22/91 Weekly Brief – Minister for Health – 14-18 February 2022	25 February 2022	Full Release		YES
13.	52 – 59	GBC22/117 Weekly Brief – Minister for Health – 21-25 February 2022	4 March 2022	Partial Release	Schedule 1.6 Cabinet	YES
14.	60 – 64	GBC22/134 Weekly Brief – Minister for Health – 28 February – 4 March 2022	18 March 2022	Partial Release	Schedule 1.6 Cabinet & Schedule 2, 2.2(a)(ii) Privacy	YES
15.	65 – 68	GBC22/77 Weekly Brief – Minister for Health – 7-11 February 2022	18 February 2022	Full Release		YES

16.	69 – 72	GBC22/96 Cabinet Submission (Exposure Draft – ERC) – CAB22/48- Minister for Mental Health – Re-envisioning Older Persons Mental health and Wellbeing in the ACT Strategy 2022 - 2026	29 April 2022	Refuse Release	Schedule 1.6 Cabinet	NO
17.	73 – 77	GBC22/116 Cabinet Submission (Exposure Draft) – joint Minister for Mental Health/Minister for Emergency Services – National Disaster Mental Health and Wellbeing Framework (CMTEDD LEAD)	8 March 2022	Refuse Release	Schedule 1.6 Cabinet	NO
18.	78 – 82	MIN22/277 Initiated Brief – Minister for Mental Health – Update on negotiations and positions for Bilateral Mental Health and Suicide Prevention Agreement between the ACT and Commonwealth Governments	17 February 2022	Partial Release	Schedule 1.6 Cabinet & Schedule 2, 2.2(a)(ii) Privacy	YES
19.	83 – 86	GBC22/92 Weekly Brief – Minister for Mental Health – 14-18 February 2022	25 February 2022	Partial Release	Schedule 1.6 Cabinet	YES
20.	87 – 91	GBC22/118 Weekly Brief – Minister for Mental Health – 21-25 February 2022	4 March 2022	Partial Release	Schedule 1.6 Cabinet	YES
21.	92 – 94	GBC22/135 Weekly Brief – Minister for Mental Health – 28 February – 4 March 2022	11 March 2022	Partial Release	Schedule 1.6 Cabinet & Schedule 2, 2.2 (a)(xi) Business Affairs	YES
22.	95 – 96	GBC22/78 Weekly Brief – Minister for Mental Health – 7 – 11 February 2022	18 February 2022	Full Release		YES
<b>Total Number of Documents</b>						
<b>22</b>						

**ACT Health Directorate**

**To:** Chief Minister  
Minister for Health  
Minister for Business and Better Regulation

**Tracking No.:** MIN22/324

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**CC:** Kathy Leigh, Head of Service  
Rebecca Cross, Director-General, ACT Health  
Leesa Croke, Coordinator General, Whole of Government (Non-Health Response) to COVID-19  
Deb Anton, Deputy Director-General, ACT Health

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

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**Subject:** COVID-19 Response – Changes to Public Health Directions and functionality of the Check In CBR app from 25 February 2022

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**Critical Date:** 23/02/2022

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**Critical Reason:** The public announcement of these changes is proposed for this day.

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**Recommendations**

That the Chief Minister:

1. Agree to the proposed changes to face mask requirements from 6:00pm on 25 February 2022.

**Agreed / Not Agreed / Please Discuss**

2. Note the planned changes to the functionality of the Check In CBR app to enable notification of potential COVID-19 exposures.

**Noted / Please Discuss**

3. Note the implementation of changes to the Public Health (Diagnosed People and Household Contacts) Emergency Direction 2022 and Public Health (Restricted Activities) Emergency Direction 2022 from 11:59pm on 25 February 2022.

**Noted / Please Discuss**

Andrew Barr MLA .....

Minister’s Office Feedback

That the Minister for Health:

- 1. Agree to the proposed changes to face mask requirements from 6:00pm on 25 February 2022.

**Agreed / Not Agreed / Please Discuss**

- 2. Note the planned changes to the functionality of the Check In CBR app to enable notification of potential COVID-19 exposures.

**Noted / Please Discuss**

- 3. Note the implementation of changes to the Public Health (Diagnosed People and Household Contacts) Emergency Direction 2022 and Public Health (Restricted Activities) Emergency Direction 2022 from 11:59pm on 25 February 2022.

**Noted / Please Discuss**

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

Minister’s Office Feedback

That the Minister for Business and Better Regulation:

- 1. Agree to the proposed changes to face mask requirements from 6:00pm on 25 February 2022.

**Agreed / Not Agreed / Please Discuss**

- 2. Note the planned changes to the functionality of the Check In CBR app to enable notification of potential COVID-19 exposures.

**Noted / Please Discuss**

3. Note the implementation of changes to the Public Health (Diagnosed People and Household Contacts) Emergency Direction 2022 and Public Health (Restricted Activities) Emergency Direction 2022 from 11:59pm on 25 February 2022.

**Noted / Please Discuss**

**Tara Cheyne MLA** ..... /...../.....

Minister's Office Feedback

#### **Background**

1. On 18 February 2022, the Chief Minister and Minister for Health announced changes to Public Health Social Measures (PHSM) based on advice from the Chief Health Officer outlined in MIN22/290.
2. From 6:00pm on 18 February 2022, the following changes to PHSM were implemented in the ACT:
  - a. All density limits removed
  - b. All capacity signage requirements removed
  - c. Requirement for patrons to be seated while eating and drinking removed
  - d. Dancing permitted at all businesses and venues
  - e. Requirement for events to be ticketed or preregistered removed, provided Check in CBR is used
  - f. Public health advice revised to encourage the return to work where it suits employees and employers
3. In addition to these changes, the Chief Minister and Minister for Health announced additional changes to PHSM would be implemented from 25 February 2022, including changes to face mask requirements and the removal of exemption requirements for events.

**Issues****Face Mask Requirements (implementation from 6:00pm on Friday 25 February 2022)**

4. As outlined in MIN22/290, it is recommended that existing face mask requirements are eased from 6:00pm on 25 February 2022 to support businesses and allow for implementation in time for weekend events and activities. It is proposed that face masks will only be required to be worn in the following settings:
- a. On public transport, including a public bus, light rail vehicle, taxi, rideshare vehicle, hire car or demand response service vehicle (drivers of these vehicles should continue wearing a mask when transporting passengers);
  - b. On buses chartered for school excursions carrying children in Years 7 to 12;
  - c. In Canberra Airport and on domestic flights into and out of Canberra Airport;
  - d. Staff and visitors who are entering a high risk setting:
    - i. Hospitals;
    - ii. Residential aged care facilities;
    - iii. Correctional centres, detention place or other places of custody
    - iv. Residential accommodation facilities that support people who require frequent, close personal care and who are vulnerable to severe disease; and
  - e. In all indoor spaces at a school, early childhood education and care setting (including out of school hours care), noting that only children in years 7 to 12 are required to wear a face mask while in an indoor space at school. Children in years 3 to 6 are encouraged to wear a mask when indoors at school if they are comfortable doing so (at the discretion of the student and their parent or carer).
  - f. Staff who are providing a service to a person with a disability which is funded or provided:
    - i. Under the National Disability Insurance scheme under the National Disability Insurance Scheme Act 2013 of the Commonwealth; or
    - ii. By the ACT Government for the primary purpose of providing support to people living with disability, including the Special Needs Transport and Flexible Bus Service operated by the Transport Canberra and City Services Directorate.
  - g. Staff who are working for an In-home and community aged care provider including:
    - i. an approved provider for whom a home care subsidy or a flexible care subsidy is payable under the Aged Care Act 1997 (Cth); or

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- ii. a service provider of a Commonwealth-funded aged care service, as defined in the Aged Care Quality and Safety Commission Act 2018, delivering services outside of a residential aged care facility setting.
5. These changes are similar to the planned easing of face mask requirements in NSW and Victoria, which are scheduled to commence from 25 February 2022.
6. Communications and messaging will be developed to encourage the community to wear a face mask when entering public indoor settings, particularly where it could be difficult to maintain physical distancing, however this will be voluntary.
7. In addition, it is proposed to recommend that businesses and workplaces consider whether to put in place mask wearing policies within their own workplaces, both for their employees and any clients or visitors entering their premises. This will be important for all businesses and workplaces which employ staff with customer-facing roles, and particularly relevant to protecting vulnerable people who must access these premises and services.
8. It is proposed that ACT Government agencies review and implement policies to support the above, with a focus on where it is appropriate for public-facing staff to wear masks.
9. Children who are attending school in Years 3 to 6 are also encouraged to wear a mask when indoors at school, if they are comfortable doing so. This is at the discretion of the student and their parent or carers.
10. Previous public health directions on face masks will be combined into one public health direction titled 'Public Health (Mandatory Face Masks) Emergency Direction 2022 (No 1)'. The Office of the Chief Health Officer is closely consulting with the ACT Government Solicitor's Officer to finalise the direction for implementation.

*New notification functionality in Check In CBR app*

11. A new notification function has been developed for the Check In CBR app to enable cross matching of mobile phone data for any new positive COVID-19 cases with check-in data. The new cross matching functionality will allow push notifications containing relevant public health advice to be sent to individuals who were at a high impact setting at the same time as a positive case. The public health advice will be to request that individuals monitor for symptoms.
12. This notification is not intended to replace the previous publication of exposure locations.
13. It is planned that this functionality will be implemented by the end of February 2022.

Changes to Diagnosed People and Household Contacts Emergency Direction

14. A revised Public Health (Diagnosed People and Household Contacts) Emergency Direction is scheduled to be implemented from 11:59pm on 25 February 2022 to mandate recent changes to test, trace, isolate and quarantine (TTIQ).
15. The Minister for Health has agreed to amendments to the public health direction, based on advice from the Chief Health Office outlined in MIN22/283. ACT Health Directorate understands a copy of this brief was provided to all Ministers for their information.
16. From 11:59pm on 25 February 2022, the following changes will be implemented:
  - a. A person who returns a positive result from a rapid antigen test (RAT) will be defined as a 'diagnosed person' and will therefore be required to self-isolate in the same way as if the person were diagnosed through PCR testing.
  - b. A person who has tested positive to COVID-19 via a RAT will be required to complete an online form to inform ACT Health of their diagnosis. The Direction will outline that this process will not apply to a detainee at a correction centre or detention place, or a resident of a residential aged care facility.
  - c. A person who is diagnosed with COVID-19 will continue to be required to notify their household contacts of their status as a diagnosed person. In addition, individuals will be required to take reasonable steps to notify their employer, operator of an education setting or operator of a high risk setting if they attended during their infectious period.
  - d. The infectious period will be defined as the earlier of the following:
    - i. two days prior to symptom onset for the person diagnosed with COVID-19; or
    - ii. two days prior to undertaking a COVID-19 test which returned a positive result for COVID-19.
  - e. A note will be included in the public health direction that recommends a diagnosed person notify any person with whom they have had contact during their infectious period which may result in that person being at high or moderate risk of developing COVID-19. Actions required of individuals who are regarded as high or moderate risk exposures will continue to be recommended, rather than mandated.

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- f. The definition of a recovered case will be refined to mean a person who has been given clearance from isolation and no more than four weeks have elapsed since the date of clearance.
- g. The definition of a household contact will be refined to make it clearer that a household contact is only required to quarantine for a period of seven days from the date the first person in the household undertook their COVID-19 test which returned a positive result.

Changes to the Restricted Activities Emergency Direction

- 17. The Public Health (Restricted Activities) Emergency Direction 2022 will be updated from 11:59pm on 25 February 2022 to give effect to the announced changes to event exemption requirements.
- 18. Event organisers will no longer be required to seek an exemption from ACT Health for events of greater than 2,000 people.
- 19. The Direction will still require organisers of events of greater than 5,000 people to submit their COVID Safety Plan to ACT Health for review. This will enable ACT Health to continue to work with large event organisers to ensure their events continue to be COVID Safe.

Re-Introduction of PHSM

- 20. As previously advised, with the removal of the majority of PHSM for businesses and workplaces, it will be important to ensure that businesses are encouraged to remain COVID Safe, plan for potential exposures within their workplaces and be ready for potential re-introduction of tightened PHSM should the situation in the ACT worsen, particularly in the lead up to winter, 2022.

**Financial Implications**

- 21. This brief does not have any direct financial impacts.

**Consultation**Internal

- 22. The Health Protection Service has been consulted in relation to the proposed changes, noting the potential impact on the compliance framework.

Cross Directorate

- 23. There has been consultation with the Chief Minister, Treasury and Economic Development Directorate (Access Canberra and Economic Development) on the changes to public health directions.
- 24. The Coordinator General Working Group has been consulted in relation to the proposed face mask changes.

External

25. The Chief Health Officer has been liaising with Chief Health Officers in other jurisdictions with a view to ensuring alignment with any easing of PHSM wherever possible, particularly with NSW.

**Work Health and Safety**

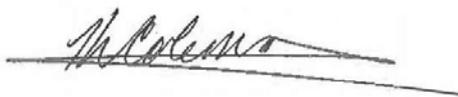
26. Businesses and workplaces will need to consider whether to put in place mask wearing policies within their own workplaces, both for their employees and any clients or visitors entering their premises.
27. These considerations should form part of business/workplace COVID-Safe planning practices and should reflect obligations under work health and safety legislation. Further information around COVID-Safe planning will be provided in direct communication to all relevant stakeholders.

**Benefits/Sensitivities**

28. It is anticipated that the announcement to ease face mask requirements will be broadly well received by businesses and the community, however some community groups and vulnerable cohorts of the population are likely to express concern.
29. Changes to the functionality of the Check In CBR app are likely to be well received and increase community confidence in the app. Communications messaging has been developed to provide the community with clear information on the purpose of the notification function.

**Communications, media and engagement implications**

30. A public announcement of the face mask changes and new Check In CBR app function is planned for 23 February 2022. ACT Health COVID-19 Communications Branch is working with Ministerial offices to prepare for the announcement.
31. There will be direct communication with all relevant stakeholders at the same time as the public announcement.
32. Web content will be updated in time for implementation of changed measures from 6:00pm on 25 February 2022.



Signatory Name: Dr Kerry Coleman  
Chief Health Officer

Phone: x49442

**ACT Health Directorate**

**UNCLASSIFIED**

<b>To:</b>	Minister for Health	Tracking No.: MIN22/307 (ACTHDFOI21-22.38)
<b>CC</b>	Rebecca Cross, Director-General	
<b>From:</b>	Cherie Hughes, Chief Operating Officer, COVID-19 Response	
<b>Subject:</b>	Freedom of Information application from Buko, RighttoKnow.org (constituent) - Information about the supply of RATs to ACT Ministers or their offices	
<b>Critical Date:</b>	22/02/2022	
<b>Critical Reason:</b>	FOI will be delivered to applicant on this day.	

**Recommendations**

That you:

1. Note ACT Health Directorate's response at Attachment A; and

**Noted / Please Discuss**

2. Note the Media Talking Points at Attachment B.

**Noted / Please Discuss**

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

Minister's Office Feedback

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**Background**

1. On Thursday, 13 January 2022, Buko, RighttoKnow.org (constituent) submitted an access application under the *Freedom of Information Act 2016* (the Act) to the ACT Health Directorate (ACTHD) which was rescoped by the Education Directorate on Monday, 17 January 2022 requesting:

*'Documents including but not limited to emails, text messages or briefs with information about the supply of RATs to ACT Ministers or their offices by the ACT Health Directorate in the months December 2021 and January 2022. For clarity this is about the supply of RAT tests for the use of those offices.'*

**Issues**

2. After conducting a search for all relevant documents, ACTHD has identified two documents containing the information that meets the scope of the request.
3. The decision letter and accompanying documents released to the applicant are at Attachment A.

**Financial Implications**

4. Processing fees are not applicable to this request.

**Consultation**Internal

5. Consultation was undertaken with the COVID-19 Branch.

Cross Directorate

6. Early advice was provided to your Chief of Staff in relation to this.
7. Canberra Health Services was consulted and had no further information to be included in this request.

External

8. Not applicable.

**Work Health and Safety**

9. Not applicable.

**Benefits/Sensitivities**

10. Right to Know is an organisation who assist people in submitting freedom of information requests. Most users of this site promote fringe ideals and Right to Know is committed seeking information from Governments to support these ideals and beliefs on behalf of their clients.

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11. Documents released are published on their website at <https://www.righttoknow.org.au/>
12. Once published it is possible that this information will generate further requests including gaining media attention.

### Communications, media and engagement implications

13. Media talking points have been prepared at Attachment B. The ACTHD media team will support your offices should any media issues arise.
14. The decision letter and accompanying documents in response to the applicants FOI access applications will be uploaded to the ACTHD Disclosure Log in accordance with the Act.

Signatory Name: Cherie Hughes

Phone: [REDACTED]

Action Officer: Laura McNeill

Phone: 5124 9605

### Attachments

Attachment	Title
Attachment A	ACTHD Response
Attachment B	Media Talking Points

UNCLASSIFIED

## ACT Health Directorate

**OFFICIAL**

**To:** Minister for Health Tracking No.: MIN22/308 (ACTHDFOI21-22.42)

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

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**From:** Toby Keene, Executive Branch Manager, Public Health Operations, COVID-19

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**Subject:** Freedom of Information application from [REDACTED] regarding vaccination statuses of people in the ACT who had died from COVID-19 in January 2022

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**Critical Date:** 18/03/2022

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**Critical Reason:** FOI was delivered to the applicant close of business, 17 March 2022.

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**Recommendations**

That you:

1. Note ACT Health Directorate's response at Attachment A;
2. Note the Media Talking Points at Attachment B; and

**Noted / Please Discuss****Noted / Please Discuss**

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

Minister's Office Feedback

OFFICIAL

**Background**

1. On 16 February 2022, [REDACTED] submitted an access application under the *Freedom of Information Act 2016* (the Act) to the ACT Health Directorate (ACTHD) requesting:

*'All documents prepared in relation to providing a media statement to The Canberra Times on Thursday, February 3 2022 regarding the vaccination statuses of people in the ACT who had died from COVID-19 in January 2022.*

*This request includes draft responses and correspondence relating to the request.'*

**Issues**

2. After conducting a search for all relevant documents, ACTHD has identified 33 documents containing the information that meets the scope of the request.
3. The decision letter and accompanying documents released to [REDACTED] are at Attachment A.

**Financial Implications**

4. Processing fees are not applicable to this request.

**Consultation**Internal

5. Nil.

Cross Directorate

6. Nil.

External

7. Nil.

**Work Health and Safety**

8. Nil.

**Benefits/Sensitivities**

9. On 24 January 2022 ACT Health received a media enquiry from The Canberra Times relating to getting a breakdown of vaccine status and co-morbidities for people who had died from COVID-19. Further questions were sent by the journalist on 25 January 2022.

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## OFFICIAL

10. There was a delay in providing a response to the Canberra Times, with the response provided on 3 February 2022. The delay was noted by the journalist in her article published on 6 February 2022 Unvaccinated disproportionately represented in ACT COVID-19 deaths and hospitalisations | The Canberra Times | Canberra, ACT <https://www.canberratimes.com.au/story/7608060/only-one-person-who-died-with-covid-19-in-canberra-last-month-had-a-booster/?cs=17267>
11. [REDACTED] has subsequently FOI'd ACTHD for related correspondence.
12. The email communication being released shows discussion between key staff that outline the concerns about the likely interpretation of this data by The Canberra Times and discuss how to best explain the complexities involved with the data from this request.
13. Identifying trends in COVID-19 deaths can be complex, and take into consideration age, underlying health conditions, vaccination status etc.
14. Contributing factors leading to death in people who have COVID-19 are complex and it was important to carefully consider all information available to ACT Health to present an accurate and complete picture of this data.
15. It was also important to consider how this was presented to not create an unrealistic expectation of the effectiveness of the vaccine in preventing death in individuals who had severe comorbidities in addition to COVID-19.
16. While anecdotally we did see a correlation between people receiving palliative care and death from COVID-19 in the ACT, ACT Health did not have adequate records to confidently make this assertion based on data-driven evidence.

### Communications, media and engagement implications

17. Media talking points have been prepared at Attachment B. The ACTHD media team will support your offices should any media issues arise.
18. The decision letter and accompanying documents in response to [REDACTED] FOI access applications will be uploaded to the ACTHD Disclosure Log in accordance with the Act.

Signatory Name:	Toby Keene Executive Branch Manager, Public Health Operations, COVID-19	Phone: 5124 9700
Action Officer:	Laura McNeill Executive Officer Office of the Chief Health Officer	Phone: 5124 9605

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**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	ACTHD Response
Attachment B	Media Talking Points

OFFICIAL

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

Tracking No.: MIN22/342 (ACTHDFOI21-22.41)

**From:** Toby Keen, Executive Branch Manager, Public Health Operations, COVID-19**CC:** Rebecca Cross, Director General**Subject:** Freedom of Information application received from [REDACTED]  
(Constituent) regarding COVID 19 weekly surveillance report**Critical Date:** 16/03/2022**Critical Reason:** FOI was delivered to applicant on this day**Recommendation**That you note ACT Health Directorate's (ACTHD) response at Attachment A;**Noted / Please Discuss**

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

Minister's Office Feedback

**UNCLASSIFIED**

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## Background

1. On Tuesday 15 February 2022, [REDACTED] (Constituent) submitted an access application under the *Freedom of Information Act 2016* (the Act) to Chief Minister, Treasury and Economic Development Directorate (CMTEDD), which was transferred to the ACT Health Directorate (ACTHD) requesting:

*'The ACT's own version of NSW's Covid 19 weekly surveillance report. (the ACT version is scant on detailed information) It would include the following information. 1 Jan 2020 to 15 June 2021 (Pre delta) PCR Tests Hospitalised Admitted to ICU Deaths PCR Tests 16 June 2021 to 25 Nov 2021 (Delta) PCR Tests Hospitalised Admitted to ICU Deaths PCR Tests 26 Nov 2021 to 22 Jan 2022 (Omicron) PCR Tests Hospitalised Admitted to ICU Deaths PCR Tests A table with the below information: 3 Doses 2 Doses 1 Dose No dose Under investigation Vaccination Status of Covid 19 cases in the ACT Total Cases of Covid 19 in the ACT Hospitalised (% of total cases) of cases in the ACT Hospitalised and in ICU (% of total cases) of cases in the ACT Death (% of total cases) of cases in the ACT Also I would like access to the age range of the cases who died and whether they died in a hospital and/or aged care facility'*

## Issues

2. After conducting a search for all relevant documents, ACTHD has identified 52 documents containing the information that meets the scope of the request.
3. The decision letter and accompanying documents released to [REDACTED] are at [Attachment A](#).

## Financial Implications

4. Processing fees are not applicable to this request.

## Consultation

### Internal

5. Not applicable.

### Cross Directorate

6. CMTEDD is also aware of the FOI request and requested a transfer to the ACTHD.

### External

7. Not applicable.

## Work Health and Safety

8. Not applicable.

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**Benefits/Sensitivities**

9. ACTHD routinely publishes data relating to COVID-19 on the website, and on social media.
10. [REDACTED] is requesting more detailed reporting, with similar information that is included in the NSW surveillance report. [REDACTED]
11. A summary of this information is published publicly on a weekly basis also.
12. The detail of information in the reports developed for SEMC, including the low numbers in some data sets, makes it inappropriate for public release, as it is potentially identifiable.
13. As Cabinet documents these will not be released under this FOI request.

**Communications, media and engagement implications**

14. The decision letter and accompanying documents in response to [REDACTED] FOI access applications will be uploaded to the ACTHD Disclosure Log in accordance with the Act.

Signatory Name: Toby Keene Phone: 5124 9700  
 Executive Branch Manager,  
 Public Health Operations, COVID-19

Action Officer: Laura McNeill Phone: 5124 9605  
 Executive Officer  
 Office of the Chief Health Officer

**Attachments**

Attachment	Title
Attachment A	ACTHD Response

UNCLASSIFIED









**ACT Health Directorate**

**To:** Minister for Health Tracking No.: MIN22/302

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**CC:** Liz Lopa, Executive Group Manager, Strategic Infrastructure and Procurement

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

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**Subject:** Joint Ministers' meeting – Early Years Priorities (First 1000 Days)

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**Critical Date:** 21/02/2022

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**Critical Reason:** The meeting is scheduled for 11am, Tuesday 22 February 2022

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**Recommendation**

That you note the draft Best Start Framework at Attachment A; and

**Noted / Please Discuss**

That you note the presentation Community Services Directorate has prepared for the meeting at Attachment B.

**Noted / Please Discuss**

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

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

1. Community Services Directorate (CSD) and ACT Health Directorate (ACTHD) jointly led development of the *Best Start for Canberra's Children: the First 1000 Days Framework* (the Framework) in 2019. This Framework outlines the parameters that support the positive development of children and families within the first 1,000 days of life, to set them up to thrive and flourish as they grow.
2. A First 1000 Day strategy is a commitment in the Parliamentary and Governing Agreement of the 10th Legislative Assembly and a key priority under the Healthy Canberra: ACT Preventive Health Plan 2020-2025. The strategy will also align with the ACT Wellbeing Framework and Early Years Framework.
3. Building on significant work completed to date including the draft Framework and work the Expert Reference Group, ACTHD and CSD are now working together to jointly develop the ACT Government's First 1000 Days Strategy and action plan.

## Issues

4. The First 1000 Days Strategy and action plan will be a crucial part of the Government's commitment to implement service-wide reform and improvement of services to children and their families.
5. The draft Framework ([Attachment A](#)) provides a strong foundation for the Strategy now under development. The Framework was developed with the assistance of an Expert Reference Group consisting of paediatricians, midwives, maternal and child health nurses and child development experts. It identifies priority focus areas and evidence about what works to improve outcomes for children and families and build strong foundations to set children up well for life.
6. Intensive work is currently being conducted by ACTHD and CSD to refine the Framework and produce a cohesive Strategy and action plan. This includes consultation with the community, with a focus on engaging with people who have lived experience to ensure the Strategy and its actions are appropriate for the ACT context.
7. An advisory group was formed comprising representatives from a diverse range of community organisations and advocacy groups (listed at paragraph 18), ACTHD, CSD, CHS and EDU. The advisory group will facilitate the valuable perspective of people with lived experience which has not been previously captured in the draft Framework.
8. While part of the intent of the advisory group is to support development of a health literacy approach to fulfil the requirements of an Australian Government grant, ACTHD and CSD focused advisory group workshops on building on and seeking feedback on previous work undertaken on the Framework and capturing critical lived experience feedback about what works, and what doesn't work, to create better outcomes for families and children in the early years.

9. Two advisory group planning workshops were recently held in February 2022. The workshops were an opportunity for participants to share information and ideas about issues related to the first 1000 days, which will help to refine the principles, focus and development of actions building on the draft Framework. The workshops also provide an opportunity to empower members to consult with their clients/community/members in order to hear their voices, experiences, ideas and/or concerns to contribute to the Strategy, and to build collaborative relationships with a co-design approach.
10. Feedback from the workshops was constructive and participants were highly engaged. Participants indicated support for the existing goals and objectives in the draft Framework and supported the approach of building on the substantial work of the Framework, guided by the feedback of people with lived experience, to develop a single, shared Strategy with meaningful actions.
11. The advisory group will play a pivotal role in facilitating feedback from people in the community with lived experience. An external consultant with experience in co-design and co-production is guiding this process and assisting organisations to help to gather feedback over the next six weeks, with feedback expected by late March 2022.
12. With the incorporation of feedback from people with lived experience, the Strategy and action plan will be prepared for Cabinet consideration by June 2022. ACTHD will be working very closely with CSD in the development of this work, along with CHS and EDU, as there is significant shared interest and responsibility across directorates.
13. As the First 1000 Days is considered to be from the time of conception to a child's second birthday, it will be important to ensure that there is continuity of services and support throughout the early years until a child starts school. Therefore, the First 1000 Days Strategy will complement other 'Early Years' strategies and priorities such as *Focused on our Future: A Territory-wide maternity services plan* and *Set up for Success: An Early Childhood Strategy for the ACT*.
14. A copy of the presentation provided by Community Services Directorate is at [Attachment B](#). We understand this will be used for the discussion at the meeting.

### **Financial Implications**

15. There are no financial implications arising from this brief.
16. ACTHD received a grant from the Commonwealth Health Innovation Fund (HIF) of \$238,000 to improve health literacy in the Canberra community. The funds will also assist in the development of the First 1000 Days strategy and action plan. The grant is to be expended in the 2021/22 financial year.

### **Consultation**

#### Internal

17. ACT Health Promotion Grants Program, Nursing and Midwifery Office.

Cross Directorate

18. CSD, CHS, and EDU.

External

19. The advisory group includes representatives from Capital Health Network, Women's Health Matters, Meridian, Playgroups ACT, CCCares @ Canberra College, Women with Disabilities ACT, Companion House, Child First Alliance, Village for Every Child – Kippax Uniting Care and the Aboriginal and Torres Strait Islander Co-Design Network

**Work Health and Safety**

20. There are no work, health and safety issues arising from this brief.

**Benefits/Sensitivities**

21. There are no known benefits or sensitivities arising from this brief.

**Communications, media and engagement implications**

22. There are no immediate media implications arising from this brief. Any media enquires will be managed by the ACTHD Media Team in coordination with your Office.

Signatory Name: Kristin Blume, EBM, Population Health      Phone: 6205 1711

Action Officer: Simone Woods, A/g Assistant Director, First 1000 Days Project Officer

Phone: [REDACTED]

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Draft Best Start for Canberra's Children: The First 1000 Days Framework
Attachment B	Copy of the powerpoint provided by CSD to guide the conversation at the meeting.












































**ACT Health Directorate**
**Tracking No.: GBC22/91**

<b>To:</b>	Minister for Health
<b>CC:</b>	Rebecca Cross, Director-General
<b>From:</b>	Deborah Anton, Deputy Director-General
<b>Subject:</b>	Minister's Weekly Brief
<b>Critical Date:</b>	Friday, 25 February 2022
<b>Critical Reason:</b>	To ensure you are briefed on current issues and events

**Recommendations**

That you note the:

- Information in the Minister's Weekly Brief for 14-18 February 2022;
- Media and Communication forecast at Attachment A;
- Freedom of Information requests update at Attachment B; and
- Ministerial & Government Services Report at Attachment C.

**Noted / Please Discuss**

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

 Minister's Office Feedback

**KEY TOPICS/EMERGING ISSUES**

1. Nil.

**UPDATES ON KEY PROJECTS/PIECES OF WORK****Alignment and progress of Health and Medical Research initiatives (the Research Strategic Plan, the Research and Innovation Fund and Canberra Health Annual Research Meeting, CHARM)**

2. Work on finalising Better Together: A Strategic Plan for Research in the ACT Health System (the Research Strategic Plan) is progressing with the view to seek your approval in March. Next steps include further consultation with the Aboriginal and Torres Strait Islander Community; refining the action plan; exploring the feasibility of a research hub; and implementation.
3. Themes for the Research and Innovation Fund (RIF) are being finalised in preparation to open the grant round for the final \$1.0 million of RIF funding. These themes will align with the strategic objectives of the Research Strategic Plan
4. Preparation for the Canberra Health Annual Research Meeting (CHARM), with a proposed date of 26-29 July 2022 has commenced (date set to align with university timetables to ensure conference is accessible for students). With the success of the 2021 CHARM as an online meeting, it is proposed that 2022's CHARM will also be conducted online. Themes for the meeting are being finalised and will also align with the strategic objectives of the Research Strategic Plan. Tentative approaches to world-class presenters are due to commence soon.
5. There is opportunity for a combined launch of the Research Strategic Plan, the opening of the Research and Innovation Fund round, and the details for CHARM. Further advice will be provided.

**Watson Precinct Redevelopment**

6. Major Projects Canberra (MPC) has issued a tender for the first stage of redevelopment of the Watson health precinct. This tender is seeking consultants to undertake Proof of Concept design work for new facilities for Ted Noffs Australia and Catholic Care. The tender is an open tender and will close on March 17. ACTHD received \$300,000 in the 2021-22 Budget for the TNF and Catholic Care PoC.
7. ACTHD met Winnunga on 16 February 2022 about the residential alcohol and other drug rehabilitation facility for the Aboriginal and Torres Strait Islander community on the Watson site. ACTHD and Winnunga discussed the 2021-22 Budget funding for:
  - a) project and Alcohol and other Drug staff; and
  - b) the PoC.
8. In the coming week, ACTHD will provide a Deed of Grant for this funding: \$250,000 for PoC and \$253,000 for staff.

## SENSITIVE - CABINET

9. The meeting was very positive. ACTHD discussed the outputs we require from the PoC stage, such as the level of detail required in the design work and stressed that Winnunga would have overall control of the look, feel and design of the facility. Winnunga and ACTHD agreed on the need for close collaboration on the two PoC processes, which will be occurring concurrently, given the three facilities will be occupying the same site.
10. All three facilities are broadly on track to be completed by the end of 2024.

**RESPONSES TO MINISTER'S COMMENTS ON BRIEFS****MO COMMENT - GBC22/60 - Weekly Brief 31 Jan - 4 Feb**

*Re par 13, given this arrangement has taken a little while to set up since non-urgent elective surgery at CPHB was suspended, would it be possible to continue beyond re-commencement at CPHB to ensure CPHB's overall target can be met this year?*

11. On 9 February 2022, ACT Health Directorate (ACTHD) was advised that the Clinical Health Emergency Coordination Centre (CHECC) order suspending non-essential elective surgeries was lifted, with surgeries able to resume at the public hospital from 28 February 2022. Calvary Public Hospital Bruce's (CPHB) General Manager subsequently advised ACTHD on 16 February 2022 that CPHB had clearance from CHECC for full elective surgery to recommence from 21 February 2022.
12. CPHB is nevertheless continuing with subcontracting arrangements with Calvary Bruce Private Hospital (CBPH), with the agreement of ACTHD, in order to address the shortfall in delivery of surgeries due to the impacts of COVID-19. CPHB advised they had reached agreement with CBPH on 15 February 2022 to commence surgeries and patients were being scheduled at that time. The next Calvary Network Committee is scheduled for 22 February 2022, where ACTHD will seek a further update on the subcontracting arrangements and advise you when surgeries have actually commenced.
13. A planning meeting is arranged between CPHB, ACTHD and Canberra Health Services (Territory Wide Surgical Services) on 23 February 2022 to discuss CPHB's contribution to the remaining three years of the ACT Government's election commitment to achieve 60,000 elective surgeries by 2024-25.

**MINISTER'S OFFICE REQUESTS FOR INFORMATION**

14. Nil.

**KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS**

15. Nil.

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

**Attachments**

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



**ACT Health Directorate**

**Tracking No.: GBC22/117**

<b>To:</b>	Minister for Health
<b>CC:</b>	Rebecca Cross, Director-General
<b>From:</b>	Deborah Anton, Deputy Director-General
<b>Subject:</b>	Minister's Weekly Brief
<b>Critical Date:</b>	Friday, 4 March 2022
<b>Critical Reason:</b>	To ensure you are briefed on current issues and events

**Recommendations**

That you note the:

- Information in the Minister's Weekly Brief for 21-25 February 2022;
- Media and Communication forecast at Attachment A;
- Freedom of Information requests update at Attachment B; and
- Ministerial & Government Services Report at Attachment C.

**Noted / Please Discuss**

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

Minister's Office Feedback

**KEY TOPICS/EMERGING ISSUES****Elective surgery and subcontracting**

1. At the Calvary Network Committee on 22 February 2022, Calvary Public Hospital Bruce (CPHB) advised that the first surgeries under the subcontracting arrangements with Calvary Bruce Private Hospital would commence on 4 March 2022, with approximately 60 surgical procedures scheduled for the month.
2. The agreement by ACT Health Directorate (ACTHD) allows for these subcontracting arrangements to continue through to the end of the financial year.
3. CPHB recommenced all elective surgery categories from 21 February 2022.

**UPDATES ON KEY PROJECTS/PIECES OF WORK****Implementation of Indigenous Allied Health Australia led Academy in ACT progress update**

4. Indigenous Allied Health Australia (IAHA), in collaboration with Education Directorate and Canberra Institute of Technology (CIT), have enrolled seven secondary students (as apprentices) to the Health Academy. Student 'onboarding' will take place on 28 February 2022.
5. Canberra Health Services (CHS) and University of Canberra (UC) have confirmed they can offer placement opportunities to all students enrolled in the Academy – likely mid-2022.
6. IAHA Cultural Responsiveness training is a requirement for supervisors prior to placement.
7. ACT Government Solicitors Office provided advice to ensure the Student Placement Deed covers ACT Public Service requirements. Deed has been sent to IAHA, CHS and CPHB for review and signing.

**Commissioning of Health Services**

8. At the Non-Government Organisation (NGO) Leadership Group meeting on 24 February 2022, several sector partners expressed the view that ACTHD was not supporting them sufficiently for the implementation of commissioning of health services in the community.
9. Concerns were particularly focused around subsector consultation not happening in a timely way, the workloads of peak bodies were not being taken into account, and that there appeared to be a lack of coordination in arrangements for engagement of NGOs with unreasonable deadlines imposed for providing feedback on the proposed approach to funding peak body activity.
10. ACTHD and Community Services Directorate (CSD) will consider this feedback and seek to rectify the issues with sector partners

**Pharmaceutical Reform Agreement (PRA)**

11. The ACT met several times with the Commonwealth Department of Health (DoH) in 2021 to identify milestones prior to commencing negotiations for an interim PRA.
12. On 6 January 2022, DoH advised that it would be unable to negotiate a PRA until policy authorisation is available through the 2022 Mid-Year Economic and Fiscal Outlook. DoH was not able to provide certainty of a negotiation timeframe.
13. Discussions between the ACT and DoH on the structure of an interim PRA will be ongoing in 2022, while awaiting the Commonwealth Government decision.
14. On 7 January 2022, you wrote to Minister Hunt, seeking support for an interim PRA. Minister Hunt replied on 27 January 2022, confirming the advice provided by the DoH on 6 January 2022.
15. Without the execution of a PRA by the time the Digital Health Record (DHR) 'go live' in November 2022, the use of PBS scripts within the ACT public health services is limited.
16. Until a PRA for the ACT is executed, there will be no changes of the clinical practice. The current prescribing process will continue.
17. The DHR Program will configure the system to enable PBS scripts to be produced electronically replacing the current use of prescription pads.
18. Minister Hunt has directed DoH to share proposed elements of an interim PRA with ACTHD as soon as is practicable, enabling preliminary configuration planning for the DHR.
19. The DoH is conducting a national PRA review, and on 21 February 2022 the ACT attended a consultation workshop regarding the Review. A consultation report is anticipated by end June 2022.

**Bilateral Agreement**

20. On Monday 28 February 2022, Mental Health Policy and Strategy (MHPS) representatives met with Commonwealth Health officials to discuss the draft ACT Commonwealth Bilateral Agreement provided on 16 February 2022.
21. At this meeting, the Commonwealth noted that the draft National Agreement on Mental Health and Suicide Prevention will be considered by National Cabinet for endorsement on 11 March 2022.
22. The Commonwealth officials advised that some jurisdictions (up to half) are expected to finalise their Bilateral Agreements in the first two weeks of March 2022. This timeframe has been driven by a desire to confirm bilateral arrangements prior to caretaker conventions commencing prior to the Commonwealth Election.
23. [REDACTED]

24. ACT sought clarifications from the Commonwealth regarding the draft Bilateral Agreement clauses, including duplication of National Agreement commitments, initiative specific implementation and funding parameters, and the potential acknowledgement of in-kind funding contributions.
25. Noting these clarifications, the ACT agreed to provide an updated tracked version of the draft Bilateral Agreement to support ongoing bilateral negotiations.
26. [REDACTED]
27. The ACT proposals will be informed by ACT service demand, gaps and current ACT Government mental health commitments. MHPS will provide the draft investment proposals for consideration prior to being shared with the Commonwealth

#### **It's Your Move Outdoor Environment Project**

28. The It's Your Move (IYM) Outdoor Environment Project at Caroline Chisholm School (CCS) focuses on improving physical activity and mental health outcomes for the school community.
29. Using student-led codesign unpinned by the Entrepreneurs: IYM curriculum, new outdoor spaces have been designed and funded with project partners, including the Education Directorate, Transport Canberra and the Office for Mental Health and Wellbeing.
30. The first design to be delivered at CCS is a mountain bike track, accessible to both the school and community. Construction of the track was finalised on 23 February 2022.
31. COVID Safe media/communication opportunities to promote the new track are being developed by the project team and the ACTHD communications team, in consultation with cross directorate communications teams.
32. A Ministerial Brief will be progressed to provide you with more information about the project and opportunities for promotion. The Minister for Education and Youth Affairs, Minister for Transport and City Services and Minister for Mental Health will be briefed concurrently.

#### **Research Innovation Fund progress**

33. Following negotiation with the Australian National University (ANU) and UC, seven of the nine successful applicants to the 2020-21 Research and Innovation Fund have now been executed. This represents a total of \$1.4 million of the \$2.0 million committed. Approval for the remaining two projects is imminent.

34. The negotiations included extensive consideration regarding moral rights, multi-party agreements (all projects are collaborations) as well as the time lag involved for projects to apply for and receive ethics approvals.

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

**GBC22/8 – Weekly Brief 3-7 Jan 2022 - Re CRCC - this is very strange, as they have previously briefed me on their work in this space and advocated for additional funding, as it is essentially unfunded work.**

35. Chrystina Stanford, CEO of the Canberra Rape Crisis Centre advised the following:
36. Yes, in the past they worked with children with harmful sexual behaviours (HSB) who were also victims of sexual assault (of which the majority of young people they see with HSB are post-traumatic responses to domestic violence or sexual assault themselves).
37. They are willing to see children with HSB regardless of whether they are victims of sexual assault and would welcome referrals from CHS to assist with this. They can also offer assistance / counselling on an ongoing or ad-hoc basis to parents/carers/families of children affected in addition to the children themselves.
38. In the last 12 months they haven't seen any new children with HSB, only children and families they had previously seen. They believe there has been a misunderstanding of their role and referrals would be welcomed from the Child at Risk Health Unit (CARHU) at CHS.
39. In the past five years they have assisted about 30 children and their families who fall into this category. Usually children/families come for a number of sessions over a year and then ad-hoc as required after that.
40. They are not specifically funded for this kind of work and funding of this work would entirely depend on how many patients or referrals they received, but they would be willing to pilot a project for \$130,000 per annum which would cover the cost of 1 FTE dedicated to this work.

41. [REDACTED]

**GBC22/46 - Weekly Brief 24-28 Jan 2022 - [REDACTED]**

42. [REDACTED]

43. [REDACTED]

**GBC22/39 Weekly Brief 17-21 January 2022** - *I am a bit concerned about the potential for extended timeframes from process at paragraph 18b. Please ensure briefing flagged at par 19 outlines how this work will be completed in a timely way to ensure that legislation can be introduced this year. Thank you*

44. Legislative Amendments to the Health Act to deal with privacy and open disclosure are expected to take significant time due to clinician sensitivities. In other jurisdictions this process has taken years. ACTHD will be seeking to tailor the work to the resources available. Once we have more fully scoped the work, we will provide you with an updated brief.

**GBC21/846 Draft ACTPS Policy - National Code of Conduct for Health Care Workers** - *Please see notes on attachment. Rec 3 above is not clear from the document - text appears inconsistent with flow chart. Overall, it seems like this policy has not really addressed union concerns about duplication and the number of regulatory/oversight mechanisms introduced in recent years. It would be useful to get some advice on how this has been implemented interstate prior to meeting with unions (noting may have been provided previously). Thank you*

45. The flowchart should have matched Recommendation 3 from the brief and has been amended. The HSC may investigate a complaint relating to the National Code and an ACT public servant if:
- a preliminary assessment conducted by the ACTPS finds evidence of a serious risk to the public if the health worker continues to provide a health service; or
  - the Public Sector Standards Commissioner refers a finding of misconduct to the HSC where there is evidence of a serious risk to the public if the health worker continues to provide a health service.
46. In relation to addressing union concerns regarding the number of regulatory oversight mechanisms, two options were briefed on in October 2021. One of these better addressed union concerns by carving out certain employees but may not be compliant with the Human Rights Act. This brief presents a more fully worked version of the option that is likely to be Human Rights compliant.
47. We will provide advice on implementation in other jurisdictions. We note that in New South Wales, the Health Care Complaints Commission (HCCC) is able to investigate complaints about NSW public servants such as speech therapists employed by the NSW Department of Education because they are deemed to provide a health service.

**GBC21/807 – Cabinet Submission – Omnibus – Update on Health National Partnerships.** *CHS claim of \$202,000 for aged care response seems low. CHS also supported response at Calvary Haydon and I understand more recent outbreaks as well.*

48. Input was sought from Strategic Finance, ACTHD; and CHS.
49. CHS incurred expenditure during the Calvary Haydon response and has raised invoices to Calvary, this expenditure would be included in Calvary data.

## SENSITIVE - CABINET

50. CHS Division of Infrastructure and Health Support Services provided an emergency delivery of Personal Protective Equipment (PPE) to Carey Gardens Nursing Home 31 December 2021, the dollar cost of this expenditure is difficult to separate as it was mixed with CHS-use PPE. It was claimed via the monthly National Partnership on COVID-19 Response.
51. No other divisions have reported any other COVID-19 aged care expenditures besides the \$202,000 spent on the LDK response.

**MIN21/2350 - Letter - Minister for Health - National Hospital Cost Data Collection Report, Public Sector, Round 24 and Independent Financial Review Report, Round 24: ACT – IHPA - Par 11 is not very helpful in terms of analysis. Increased expenditure would not necessarily result in increased average cost if activity also increased. The question is what is driving higher AVERAGE cost (eg complexity/acuity of ED presentations).**

52. There has been an increase in Health Services expenditure for 2019-20. First table has comparative numbers from 2018-19 to 2019-20, this summary was reported to the Australian Institute of Health & Welfare as part of the Public Hospital Expenditure. CHS reported a \$114M (9 per cent) increase in expenditure compared to the 2018-19 period. CPHB reported a 13 per cent increase in expenditure over the period.

Hospital	2018-19	2019-20	Variance
CHS	\$1,304,062,792	\$1,418,796,383	9%
CPHB	\$237,055,395	\$268,606,558	13%
<b>Total</b>	<b>\$1,541,118,187</b>	<b>\$1,687,402,940</b>	<b>9%</b>

53. Salaries and wages of health staff accounted for most of this increase, with salary and wage expenditure up by 9 per cent on the 2018-19 period. Medical officer wage costs increased by \$33M, nursing wage costs increased by \$17.6M and admin & clerical wage costs increased by \$7.8M over the period. Across the ACT, payments to visiting medical officers increased by \$6M.
54. Staffing increased by 335 Fulltime equivalent staff across the ACT relative to the 2018-19 period. CHS accounted for 248 of these FTEs with an increase of 93 FTE nurses and 39 salaried medical officer FTEs compared to the 2018-19 year. CPHB gained 87 FTEs over 2019-20 with 28 additional salaried medical officers FTEs and 33 nurse FTEs.
55. There was a drop in activity for the 2019-20 financial year. The total NHRA NWAU target provided to the National Health Funding Body was 169,986 but, due to the COVID pandemic and lockdown, the ACT was unable to meet the target. Total NHRA NWAU for the 2019-20 was 164,306.

#### MINISTER'S OFFICE REQUESTS FOR INFORMATION

56. Nil.

**KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS****Review into Assisted Reproductive Technology (ART)**

57. Women's Health Matters (WHM) have launched a survey to understand consumer experiences of accessing ART in the ACT. The survey is open from 23 February to 14 March 2022.
58. The outcomes of this research will be used to inform ACTHD response to the Legislative Assembly motion regarding regulation and access to ART.
59. The survey and promotional resources have been shared with key stakeholders for distribution amongst their networks, and the survey has been promoted through ACTHD social media channels.
60. Although being offered by WHM, the survey is targeted towards anyone who has accessed, or is considering accessing ART, including the LGBTIQ+ community, singles, couples and all kinds of families.

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

**Attachments**

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



**ACT Health Directorate**

**Tracking No.: GBC22/134**

<b>To:</b>	Minister for Health
<b>CC:</b>	Rebecca Cross, Director-General
<b>From:</b>	Deborah Anton, Deputy Director-General
<b>Subject:</b>	Minister's Weekly Brief
<b>Critical Date:</b>	Friday, 18 March 2022
<b>Critical Reason:</b>	To ensure you are briefed on current issues and events

**Recommendations**

That you note the:

- Information in the Minister's Weekly Brief for 28 February – 4 March 2022;
- Media and Communication forecast at Attachment A;
- Freedom of Information requests update at Attachment B; and
- Ministerial & Government Services Report at Attachment C.

**Noted / Please Discuss**

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

Minister's Office Feedback

**KEY TOPICS/EMERGING ISSUES**

1. Nil.

**UPDATES ON KEY PROJECTS/PIECES OF WORK****Healthier Choices Canberra – Gamechangers initiative**

2. Since the Minister's launch of the Gamechangers initiative on 10 February 2021, there are three local business' keen to be part of the program and three junior sports clubs; not previously associated with Healthier Choices Canberra who are already making pledges to improve the health of their clubs. Pledges include swapping stickers for lollies as rewards post training and looking to cease McDonald's voucher sponsorship when able to.

**Best Start for Canberra's Children: The first 1000 Days Strategy (Best Start Strategy)**

3. ACT Health Directorate (ACTHD) and Community Services Directorate (CSD) have formed a joint project team and are working with a consultant to jointly progress and deliver the Best Start for Canberra's Children: The first 1000 Days Strategy (Best Start Strategy).
4. ACTHD and CSD are engaging and collaborating with Education Directorate (EDU), Canberra Health Service (CHS) and other internal stakeholders through the Early Years Working Group.
5. The current focus of the project is community consultation via the First 1000 Days Advisory Group and hearing from community members with lived experience during March-April 2022, and then testing what we have learnt with the Advisory Group in late April 2022.
6. Consultation with people with lived experience will enrich the Best Start Strategy and help to guide the finalisation of the action plan, building on the significant work completed to date in consultation with the Expert Reference Group.
7. [REDACTED]
8. A Ministerial Statement has been prepared for the Minister for Health to provide an update to the Assembly on the Best Start Strategy during the March 2022 sitting.

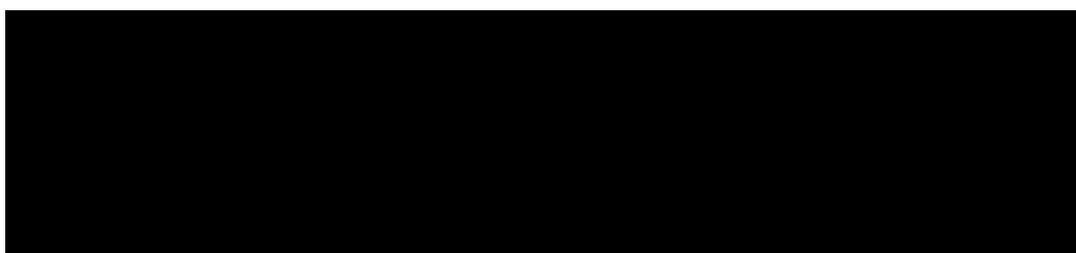
**National Mental Health Workforce Strategy**

9. ACTHD representatives have been participating in national consultations with the Commonwealth and other State and Territory governments to develop a National Mental Health Workforce Strategy.
10. This Strategy, which is currently in draft, provides a vision and roadmap for all governments to build a sustainable workforce that is skilled, distributed and supported to deliver mental health treatment, care and support that meets the current and future population needs.

11. The Commonwealth Department of Health is now working under tight timeframes to finalise the Strategy as soon as possible with the aim of seeking endorsement from Health Ministers in March 2022.
12. All government stakeholders have been asked to provide feedback on the draft Strategy by 10 March 2022 in order to finalise the Strategy, which will then be sent to Health Ministers.
13. [REDACTED]

### ACT Disability Health Strategy

14. The Expression of Interest (EOI) to apply for membership of the ACT Disability Health Strategy Steering Committee (ACT DHS-SC) closed on Friday, 25 February 2022.
15. 21 EOI applications were received:
  - a) seven people with disability;
  - b) two people with disability and a carer of people with disability;
  - c) six people who are carer for people with disability; and
  - d) although we did not request organisations to apply, six applications were received:
    - ACT Down Syndrome Association (applicant also a carer of a person with disability);
    - DeafACT (applicant also a person with disability);
    - Sexual Health and Family Planning ACT (applicant also a person with disability);
    - Advocacy for Inclusion;
    - ADACAS; and
    - The Summer Foundation.
16. A panel was convened to consider the EOI applications and consisted of staff from Health Policy and Strategy Branch, the Office for Disability and [REDACTED] as a person with disability and co-chair of the ACT DHS-SC.
17. From the EOI process, five community members have been endorsed by the panel to be invited to be a member of the ACT DHS-SC:



## SENSITIVE - CABINET

18. The following organisations will be invited to nominate a person to be a member of the ACT DHS-SC:

- a) Mental Health and Suicide Prevention Division, ACTHD;
- b) CHS;
- c) Calvary Public Hospital Bruce (CPHB);
- d) CSD;
- e) Health Care Consumers Association;
- f) Women's Health Matters;
- g) Women with Disabilities ACT;
- h) ACT Council of Social Services;
- i) Advocacy for Inclusion;
- j) Carers ACT;
- k) Winnunga Nimmityjah Aboriginal Health and Community Services;
- l) Sexual Health and Family Planning ACT; and
- m) Capital Health Network.

19. The following positions will be invited to be a member of the ACT DHS-SC:

- a) Chief Nursing and Midwifery Officer, Office for Professional Leadership, ACTHD;
- b) A/g Senior Director, Aboriginal and Torres Strait Islander Health Partnership, ACTHD;
- c) Commissioner for Discrimination, Health Services, Disability and Community Services; and
- d) Chair, Disability Reference Group.

20. Unsuccessful EOI applicants will be added to the list of project allies and will be contacted in the near future to share their story with the project team.

21. Unsuccessful EOI applicants, disability service providers, disability advocacy groups (e.g., DeafACT, ADACAS and an appropriate representative from the autism community), and the broader ACT disability community will be provided with multiple opportunities to participate in co-design activities, including one-on-one interviews, working groups, forums, and responses to publicly released discussion papers.

22. Health Policy and Strategy Branch has approached the ACTHD Directorate Liaison Officer (DLO) to organise with your office a suitable time for the first ACT DHS-SC meeting in April 2022.

23. A brief will be prepared for you, extending on the information above and will include speaking notes for you to open the ACT DHS-SC.

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

*Last week you were provided the below information, however the information provided was incorrect. The information below has been corrected.*

*GBC21/807 – Cabinet Submission – Omnibus – Update on Health National Partnerships.*

**SENSITIVE - CABINET**

*CHS claim of \$202,000 for aged care response seems low. CHS also supported response at Calvary Haydon and I understand more recent outbreaks as well.*

*Incorrect information provided:*

24. CHS incurred expenditure during the Calvary Haydon response and has raised invoices to Calvary, this expenditure would be included in Calvary data.

*Updated and correct information:*

25. CHS incurred expenditure during the Calvary Haydon response. CHS, CPHB & Calvary Bruce Private Hospital (CBPH) all raised invoices to Calvary Haydon (note, not CPHB).

**MINISTER'S OFFICE REQUESTS FOR INFORMATION**

26. Nil.

**KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS**

27. Nil.

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

**Attachments**

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


**ACT Health Directorate**
**Tracking No.: GBC22/77**

<b>To:</b>	Minister for Health
<b>CC:</b>	Rebecca Cross, Director-General
<b>From:</b>	Deborah Anton, Deputy Director-General
<b>Subject:</b>	Minister's Weekly Brief
<b>Critical Date:</b>	Friday, 18 February 2022
<b>Critical Reason:</b>	To ensure you are briefed on current issues and events

**Recommendations**

That you note:

- Information in the Minister's Weekly Brief for 7-11 February 2022;
- Media and Communication forecast at Attachment A;
- Freedom of Information requests update at Attachment B;
- Ministerial & Government Services Report at Attachment C; and
- Karralika Fadden photos at Attachment D.

**Noted / Please Discuss**

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

 Minister's Office Feedback

**KEY TOPICS/EMERGING ISSUES****Calvary Public Hospital Bruce matters**Outcome of Fair Work Commission Hearing

1. The Australian Nursing and Midwifery Foundation (ANMF) lodged a notice of dispute with the Fair Work Commission against Calvary Public Hospital Bruce (CPHB) regarding 'unfilled' midwife rosters. The dispute was heard by the Deputy President Fair Work Commission on 25 January 2022.
2. ACT Health Directorate (ACTHD) will brief you separately on the CPHB General Manager's report of the outcome of the hearing, which was received in writing on 13 February 2022.

Provisional Improvement Notice (PIN)

3. On 3 January 2022, CPHB was issued a PIN by WorkSafe due to a report that there was a shortage of personal protective equipment within CPHB's Emergency Department.
4. On 7 January 2022, WorkSafe conducted an inspection at CPHB and were satisfied that the hospital was compliant with Work Health and Safety (WHS) requirements.
5. CPHB has advised ACTHD that the PIN was lifted by WorkSafe on 12 January 2022 following their workplace inspection.

Urology - new day clinic

6. Following the Clinical Health Emergency Coordination Centre's (CHECC) lifting of the elective surgery suspension at CPHB from 28 February 2022, CPHB advises 7 March 2022 will be the first session booked for the new flexible cystoscopes to be undertaken through the new clinic.
7. The 'flexiscopes' entail the new model of care (MOC) where patients have their consultation followed by their cystoscopy within the same day. Patients are currently listed on the Elective Surgery Wait List (ESWL) to receive cystoscopies and the new MOC will result in a diversion of a proportion of patients from the ESWL.
8. On 9 February 2022, ACTHD met with CPHB to clarify billing under the National Health Reform Agreement and other arrangements for the commencement of the new MOC. This included discussion of the data that will need to be collected to monitor and assess the impact of the new MOC on the ESWL and elective surgery target. Note that the ACTHD Strategic Indicator 2.1 (the ESWL target) was annotated in the 2021-22 Budget Statement to indicate that there would be an impact from the urology MOC that ACTHD was unable to quantify at the time the target was set.

Elective surgery subcontracting

9. CPHB advised ACTHD that they met with Calvary Bruce Private Hospital (CBPH) on 8 February 2022 to negotiate pricing for the subcontracting of public elective surgeries. CBPH asked for a week to calculate pricing for the identified services and the two hospitals will reconvene on 15 February 2022.
10. CPHB advises that all other operational arrangements are in place to commence the surgeries once pricing has been agreed.
11. ACTHD's agreement to the subcontracting arrangement (Calvary Network Agreement cl 5.6) was premised on the surgeries being met from within CPHB's existing base funding.

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

12. ACTHD has been working with Major Projects Canberra (MPC) about the issuing of a public tender for the first stage of the design of the Ted Noffs and Catholic Care facilities. The documentation for this tender is almost finalised – the tender should be advertised publicly within the next 7-10 days.
13. ACTHD has also been liaising with Winnunga Nimmityjah about the grant that will be provided to that organisation for the first stage of the design of the alcohol and drug rehabilitation facility.
14. A Deed of Grant to Winnunga has been drafted – it will be ready to send to Winnunga in the next 7-10 days.

**Karralika Fadden Outdoor Make Safe & Healing Garden and HVAC Installation**

15. The project to deliver critical make safe and compliance remediation works and provide a therapeutic healing garden for families at Karralika Fadden was completed on 9 February 2022.
16. The project included significant demolition of a pool and retaining walls, concrete and pavers and some trees, bulk earthworks and stormwater upgrades. The project delivered new gardens with underground irrigation, concrete paving and pathways, trees and shrubs, benches from recycled materials, blackboard walls, a naturescape play area, a new softfall and playground and a pathway with a bike track for the children. Photos of the completed landscape works are provided at [Attachment D](#).
17. The HVAC installation has also been completed.
18. Riverview Developments have made a donation of \$60,000, with \$600,000 funded through Community Health and Hospitals Funding. The total project has been delivered on time and on budget.

## SENSITIVE - CABINET

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

19. Nil.

**MINISTER'S OFFICE REQUESTS FOR INFORMATION**

20. Nil.

**KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS**

21. Nil.

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

**Attachments**

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



















**ACT Health Directorate**

**To:** Minister for Mental Health

Tracking No.: MIN22/277

**CC:** Minister for Health  
Chief Minister  
Rebecca Cross, Director-General

**From:** Elizabeth Moore, Coordinator General

**Subject:** Update on negotiations and position for the Bilateral Mental Health and Suicide Prevention Agreement between the ACT and Commonwealth Governments

**Critical Date:** 17/02/2021

**Critical Reason:** This is the date of the next meeting between ACT and Commonwealth officials

**Recommendation**

That you:

1. Sign the letter of response to Assistant Minister Coleman at Attachment B.

**Signed / Not Signed / Please Discuss**

Emma Davidson MLA .....

Minister's Office Feedback

## Background

1. ACT Government and Commonwealth officials have continued negotiations to develop the Bilateral Mental Health and Suicide Prevention Agreement between the ACT and Commonwealth governments (the Bilateral Agreement).
2. On 21 July 2021, the Hon David Coleman MP, Assistant Minister to the Prime Minister for Mental Health and Suicide Prevention, wrote to you providing a proposed list of projects for inclusion in the five-year Bilateral Agreement.
3. This letter from Assistant Minister Coleman proposed several co-funding arrangements for a range of key initiatives. These Commonwealth proposed key initiatives included:
  - a. an Adult Mental Health Centre;
  - b. investing in child mental health and social and emotional wellbeing;
  - c. enhancement and expansion of youth mental health services;
  - d. clinician time spent with consumers;
  - e. aftercare services for people discharged from hospital after a suicide attempt;
  - f. postvention for those bereaved or impacted by suicide; and
  - g. perinatal Mental Health Screening.
4. [REDACTED]
5. The commitments proposed by the Commonwealth were originally quite prescriptive and largely based on the Commonwealth budget priorities rather than accounting for or support ACT priorities and actions already underway.
6. While some of these initiatives are also priorities for the ACT Government, such as supporting suicide prevention, perinatal mental health and expanding mental health services for young people; the ACT Health Directorate (ACTHD) is advocating for investment to be oriented to reflect need in the ACT. There is also an opportunity for the ACT to identify and advocate for investment in local priority areas.
7. ACT Government officials have been negotiating with the Commonwealth to allow the ACT to invest its component of funding under the Bilateral Agreement in its own services.

**Issues**

8. Despite requests, at the time of writing, the ACT Government has not received a draft Bilateral Agreement from the Commonwealth. ACTHD understands that other States and Territories have received a draft copy of their Bilateral Agreement and are significantly more progress in negotiations. The Commonwealth have advised previously that they could provide an early draft to the ACT, although this would likely be heavily templated on the NSW draft. Obtaining a draft is a priority for ACTHD to further inform negotiations and to finalise the list of commitments under the Bilateral Agreement.
9. The next meeting between officials is scheduled for 17 February 2022.
10. In preparation for this meeting, ACTHD has reviewed each of the key initiatives proposed in the framework for the Bilateral Agreement and for each of the objectives, roles and responsibilities for both governments proposed in the letter from Assistant Minister Coleman. This review, available at [Attachment A](#), forms the basis of the ACTHD's negotiating position for the development of the Bilateral Agreement.
11. ACTHD has also prepared a response at [Attachment B](#), to Assistant Minister Coleman, addressing the ACT Government's position regarding the Bilateral Agreement and outlining the investments and commitment that ACTHD will be advocating for in ongoing discussions.
12. [REDACTED]
13. Other potential opportunities that may be of interest to the Commonwealth include:
  - a. Safe Haven – this could be capital funding for the Canberra Hospital site; or
  - b. PACER – this could be to fund the second team beyond its current six-month trial or could consider some augmentation of the supports provided post PACER intervention taking into account the Commonwealth's support for a

## OFFICIAL

national trial for the Distress Brief Intervention service (a service established in Scotland that is similar to PACER).

### Financial Implications

14. Financial implications are detailed in point 4. ACTHD is drafting budget business cases incorporating the ACT's contribution to the co-funded initiatives proposed by the Commonwealth.

### Consultation

#### Internal

15. The Mental Health and Suicide Prevention Division has consulted with areas of ACTHD where relevant for some of the proposals in the Bilateral Agreement.

#### Cross Directorate

16. ACTHD is consulting with Canberra Health Services where relevant for some of the proposals in the Bilateral Agreement.

#### External

17. ACTHD officials and negotiating with Commonwealth officials during the development of the Bilateral Agreement.

### Work Health and Safety

18. Not applicable.

### Benefits/Sensitivities

19. The finalisation of the Bilateral Agreement represents an opportunity to invest in local ACT initiatives for improving the range of mental health services across the ACT.

### Communications, media and engagement implications

20. There are no media implications for the Bilateral Agreement at this stage, however once it is finalised it is likely that there will be local media interest in the initiatives committed to in the Bilateral Agreement.

Signatory Name:	Dr Elizabeth Moore, Coordinator General, Mental Health and Suicide Prevention	Phone:	██████████
Action Officer:	Cheryl Garrett, Executive Branch Manager	Phone:	██████████

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**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Stocktake of items in Assistant Minister Coleman's letter
Attachment B	Response letter to Assistant Minister Coleman

SENSITIVE - CABINET



ACTHD Directorate

MINISTERIAL BRIEF

Tracking No.: GBC22/92

**To:** Minister for Mental Health

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

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**From:** Dr Elizabeth Moore, Coordinator-General

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**Subject:** Minister's Weekly Brief

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**Critical Date:** Friday, 25 February 2022

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

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**Recommendations**

That you note the:

- Information in the Minister's Weekly Brief for 14-18 February 2022;
- Media and Communications Forecast at Attachment A; and
- Ministerial & Government Services at Attachment B.

**Noted / Please Discuss**

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

Minister's Office Feedback

SENSITIVE - CABINET

Tracking No.: GBC22/92

1

**KEY TOPICS**

1. Nil.

**UPDATES ON KEY PROJECTS/PIECES OF WORK****Eating Disorders Residential Centre**

2. Collard Clarke Jackson Canberra Pty Ltd (CCJ), ACT Health Directorate (ACTHD), Canberra Health Services (CHS) and Suburban Land Agency (SLA) have begun meeting to discuss the scope of the project and the initial design work.
3. CCJ is very cognisant that the Centre needs to be as 'home like' as possible, and provide a calming, welcoming and healing environment for clients.
4. The ACTHD Media and Communications team is working on a media release about the start of design work.
5. The SLA is planning to do communications about the Coombs block from mid-March to the end of April 2022, to seek local community input about what sort of community facility they would like on the remainder of the site.
6. ACTHD will provide input to the SLA's communications material and send staff to attend information sessions with the local community.
7. The timeframe for the design work, and for the project more broadly, remains on track.
8. It is expected that the Proof of Concept design work be completed by the end of May 2022.

**Eating Disorders****Early Intervention Service for Eating Disorders**

9. The Early Intervention Service for Eating Disorders (EISED) Request for Quote process closed on 20 December 2021, with no responses received.
10. Following this, ACTHD spoke with Procurement ACT (PACT) who advised that two organisations had submitted queries, but neither had submitted a response. ACTHD (via PACT) sought feedback from these two interested organisations to understand what prevented them from submitting a tender response. Feedback was provided from one of these organisations, with the biggest barrier referenced as the funding allocation being insufficient for the service required. The provider also advised that they have an existing eating disorder service model for people with mild to moderate presentations that they believe could be implemented in the ACT and adapted to include early intervention with appropriate funding.
11. With this feedback, ACTHD approached Health Procurement who advised that due to the significant delays experienced throughout the EISED procurement process and that the market has been tested with no responses received, ACTHD would be eligible to pursue a Single Select process for the EISED. While it was originally envisaged that a second Request for Tender process would be undertaken with active engagement with the sector, entering into focused negotiations with a possible provider on what could be delivered for the funding amount in line with the model of care is recommended given the feedback provided.

## SENSITIVE - CABINET

12. Pursuing a Single Select procurement would require approval from the Director-General (DG) requesting an exemption to undertake this process.

13.

#### Commonwealth Grant

14. On 17 February 2022, ACTHD was made aware that the Commonwealth will be opening a grant opportunity at the end of this financial year to support eating disorder services delivered through the Head to Health centres and Headspace.

15. The grant opportunity will be open and competitive and may include things such as training modules for Head to Health and Headspace staff, guided self-help, and e-therapy modules. The grant opportunity is over 3 years from 2022-23. As part of this initiative, the Commonwealth has also provided funding to the InsideOut Institute in 2021-22 to develop guided e-therapy modules available to all Headspace centres.

16. ACTHD was surprised to hear of this grant opportunity and believe this would contribute to improved patient outcomes and more efficient utilisation of funds if integrated into the wider eating disorder project work currently being undertaken by ACTHD. This particularly includes the ACT Government investment into establishing the EISED in the 2022/23 financial year.

17. ACTHD will continue to work with officers from Commonwealth Health and the Capital Health Network to ensure alignment of investment on eating disorders.

#### **Watson Precinct Redevelopment**

18. Major Projects Canberra (MPC) has issued a tender for the first stage of redevelopment of the Watson health precinct. This tender is seeking consultants to undertake Proof of Concept design work for new facilities for Ted Noffs Australia and Catholic Care. The tender is an open tender and will close on March 17. ACTHD received \$300,000 in the 2021-22 Budget for the TNF and Catholic Care PoC.

19. ACTHD met Winnunga on 16 February 2022 about the residential alcohol and other drug rehabilitation facility for the Aboriginal and Torres Strait Islander community on the Watson site. ACTHD and Winnunga discussed the 2021-22 Budget funding for:

a) project and Alcohol and other Drug staff; and

b) the PoC.

20. In the coming week, ACTHD will provide a Deed of Grant for this funding: \$250,000 for PoC and \$253,000 for staff.

21. The meeting was very positive. ACTHD discussed the outputs we require from the PoC stage, such as the level of detail required in the design work and stressed that Winnunga would have overall control of the look, feel and design of the facility. Winnunga and ACTHD agreed on the need for close collaboration on the two PoC

SENSITIVE - CABINET

**SENSITIVE - CABINET**

processes, which will be occurring concurrently, given the three facilities will be occupying the same site.

22. All three facilities are broadly on track to be completed by the end of 2024.

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

23. Nil.

**MINISTER'S OFFICE REQUESTS FOR INFORMATION****ACT Emergency Department presentations and public specialised Mental Health data**

**7/02/2022 – 13/02/2022**

24. A rise in 12–17-year age group presenting to Emergency Department with Suicidal and Self-Harm is noted this week.
25. The spike in 18-25 year age group noted previously is falling

**KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS**

26. Nil.

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

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Media and Communications Forecast
Attachment B	Ministerial & Government Services

**SENSITIVE - CABINET**

SENSITIVE - CABINET



ACTHD Directorate

Tracking No.: GBC22/118

**To:** Minister for Mental Health

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

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**From:** Sallyanne Pini, A/g Executive Branch Manager, Office of Director-General

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**Subject:** Minister's Weekly Brief

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**Critical Date:** Friday, 4 March 2022

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

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**Recommendations**

That you note the:

- Information in the Minister's Weekly Brief for 21-25 February 2022;
- Media and Communications Forecast at Attachment A;
- Ministerial & Government Services at Attachment B; and
- Summary of possible responses to the wording of the recommendations related to the Act at Attachment C.

**Noted / Please Discuss**

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

Minister's Office Feedback

SENSITIVE - CABINET

Tracking No.: GBC22/118

**KEY TOPICS**

1. Nil.

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

2. On Monday 28 February 2022, Mental Health Policy and Strategy (MHPS) representatives met with Commonwealth Health officials to discuss the draft ACT Commonwealth Bilateral Agreement provided on 16 February 2022.
3. At this meeting, the Commonwealth noted that the draft National Agreement on Mental Health and Suicide Prevention will be considered by National Cabinet for endorsement on 11 March 2022.
4. The Commonwealth officials advised that some jurisdictions (up to half) are expected to finalise their Bilateral Agreements in the first two weeks of March 2022. This timeframe has been driven by a desire to confirm bilateral arrangements prior to caretaker conventions commencing prior to the Commonwealth Election.
5. [REDACTED]
6. ACT sought clarifications from the Commonwealth regarding the draft Bilateral Agreement clauses, including duplication of National Agreement commitments, initiative specific implementation and funding parameters, and the potential acknowledgement of in-kind funding contributions.
7. Noting these clarifications, the ACT agreed to provide an updated tracked version of the draft Bilateral Agreement to support ongoing bilateral negotiations.
8. MHPS will provide the Commonwealth a number of supplementary ACT Mental Health bilateral investment proposals for consideration. The Commonwealth stated that they will consider "Missing Middle", suicide prevention and, potentially, capital funding initiatives but will not consider acute mental health service development proposals as this falls outside the objectives to be achieved.
9. The ACT proposals will be informed by ACT service demand, gaps and current ACT Government mental health commitments. MHPS will provide the draft investment proposals for consideration prior to being shared with the Commonwealth.

**Discharge Accommodation Program (DAP)**

10. The Mental Health Foundation (MHF) reported an underspend of \$258,964 for the July 2021 – January 2022 period. As a result, MHF have confirmed that the current underspend will allow DAP to continue to be delivered until June 2022. ACT Health Directorate (ACTHD) is currently preparing a Deed of Variation to reflect this extension of contract.
11. Acknowledging that there is room for review, learnings and evaluation in the future delivery of DAP, an analysis of current programs will be undertaken to inform the open tender process to commission a provider for the remainder of the extended pilot.

## SENSITIVE - CABINET

## RESPONSES TO MINISTER'S COMMENTS ON BRIEFS

12. Nil.

## MINISTER'S OFFICE REQUESTS FOR INFORMATION

## Secure Facilities Mental Health Act Review

13. [REDACTED]
14. [REDACTED]
15. [REDACTED]
16. [REDACTED]
17. [REDACTED]
- [REDACTED]
  - [REDACTED]
  - [REDACTED]
  - [REDACTED]

## KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS

## Safe Haven

18. The Safe Haven Steering Group continues to meet on a monthly basis.
19. In discussion with Capital Health Network (CHN) it was agreed to ease the reporting burden on the Safe Haven program. ACTHD will now be receiving data in line with the Service Funding Agreement with CHN through the formal six monthly reports. These reports are provided during the months of January and July for the duration of the contract.
20. Ad hoc requests for data can also be made as required.
21. Capital Health Network (CHN) have advised that their proposed contribution to Safe Haven has been approved. ACTHD is following up with CHN to work together on how this will be implemented.

SENSITIVE - CABINET

## SENSITIVE - CABINET

**Moderated Online Social Therapy (MOST)**

22. On Thursday 17 February 2022, ACTHD met with Orygen Digital where the parameters for the initial rollout were discussed:
  - an initial budget of \$1.8 million over 18 months; and
  - an independent review or evaluation of the implementation of MOST in the ACT will be carried out before the end of the trial to consider further options. This would be funded in addition to the \$1.8 million to go to Orygen Digital.
23. Orygen Digital will review what they are able to deliver given the timeframe and budget and identify any risks. They have requested some additional information on local services targeting the 'missing middle'.
24. Orygen Digital and ACTHD are scheduled to meet again on 3 March 2022.
25. MHPS have also reached out to other states who have arrangements in place with Orygen to deliver MOST. A meeting has been set up to meet with health officers in Queensland to discuss the recently announced partnership with Orygen and the Children's Hospital Foundation to deliver a two-year pilot of Q-MOST with an \$8 million commitment.

**MyHome**

26. Work has been completed with the MyHome Committee members in relation to the sustainability and viability of the ongoing model of support.
27. The Committee have received a range of information about the range of options to fund the ongoing support arrangements and these include National Disability Insurance Scheme (NDIS) funding, client contributions and fund raising/ community support. It is likely on an ongoing basis that the Committee will need to utilise and combination of these mechanisms.
28. The Committee have heard the process and the complexity in supporting people to get NDIS plans with appropriate support.
29. The Committee understand that if they receive funding for the capital, there will be significant work during the construction of the building to get the arrangements in place for potential residents.

30.



SENSITIVE - CABINET

**SENSITIVE - CABINET**

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

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Media and Communications Forecast
Attachment B	Ministerial & Government Services
Attachment C	Summary of possible responses to the wording of the recommendations related to the Act

**SENSITIVE - CABINET**

SENSITIVE - CABINET



ACT Health Directorate

Tracking No.: GBC22/135

**To:** Minister for Mental Health

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

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**From:** Cheryl Garrett, Executive Branch Manager

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**Subject:** Minister's Weekly Brief

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**Critical Date:** Friday, 11 March 2022

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

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### Recommendations

That you note the:

- Information in the Minister's Weekly Brief for 28 February - 4 March 2022;
- Media and Communications Forecast at Attachment A; and
- Ministerial & Government Services at Attachment B.

**Noted / Please Discuss**

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

Minister's Office Feedback

SENSITIVE - CABINET

**KEY TOPICS**

1. Nil.

**UPDATES ON KEY PROJECTS/PIECES OF WORK****National Mental Health Workforce Strategy**

2. ACT Health Directorate (ACTHD) representatives have been participating in national consultations with the Commonwealth and other State and Territory governments to develop a National Mental Health Workforce Strategy.
3. This Strategy, which is currently in draft, provides a vision and roadmap for all governments to build a sustainable workforce that is skilled, distributed and supported to deliver mental health treatment, care and support that meets the current and future population needs.
4. The Commonwealth Department of Health is now working under tight timeframes to finalise the Strategy as soon as possible with the aim of seeking endorsement from Health Ministers in March 2022.
5. All government stakeholders have been asked to provide feedback on the draft Strategy by 10 March 2022 in order to finalise the Strategy, which will then be sent to Health Ministers.

6.

**Moderated Online Social Therapy (MOST)**

7. ACTHD met with Orygen Digital on 17 February 2022 to discuss reviewed project parameters and proposed a reviewed timeframe of 1.5 years and budget of \$1.8 million.
8. ACTHD met with Orygen Digital again on Thursday 3 March 2022 to discuss their revised proposal in response to the reviewed timeframe and budget. An agreement has been reached for fortnightly meetings to continue to progress discussions.

9.



10. ACTHD is negotiating further with Orygen Digital to determine a fair and appropriate amount and is drafting a Request for Quote for MOST.

## SENSITIVE - CABINET

11. ACTHD has also met with officers in Queensland (QLD) to discuss the implementation of MOST in their jurisdiction. QLD has indicated that the negotiations with Orygen Digital for MOST took a significant period of time and required extensive negotiation to ensure they were able to get the service they wanted. QLD is allocating \$8 million over two year for the delivery of MOST in seven Hospital and Health Services (out of 16 in the whole state).

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

12. Nil.

**MINISTER'S OFFICE REQUESTS FOR INFORMATION****Weekly ACT Emergency Department presentations and public specialised Mental Health data 15 February to 27 February 2022.**

13. A spike in presentations for suicidal and self-harm for age group 18-25 years to the emergency departments.
14. A spike in overall mental health presentations to the emergency departments.

**KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS**

15. Nil.

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

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Media and Communications Forecast
Attachment B	Ministerial & Government Services

SENSITIVE - CABINET



ACT Health Directorate

Tracking No.: GBC22/78

**To:** Minister for Mental Health

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

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**From:** Dr Elizabeth Moore, Coordinator-General

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**Subject:** Minister's Weekly Brief

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**Critical Date:** Friday, 18 February 2022

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

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Recommendations

That you note the:

- Information in the Minister's Weekly Brief for 7-11 February 2022;
- Media and Communications Forecast at Attachment A;
- Ministerial & Government Services at Attachment B; and
- Marymead Data Set at Attachment C.

Noted / Please Discuss

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

Minister's Office Feedback

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## SENSITIVE - CABINET

**KEY TOPICS**

1. Nil.

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

2. Nil.

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

3. Nil.

**MINISTER'S OFFICE REQUESTS FOR INFORMATION****MindMap data 3/01/2022 – 3/02/2022**

4. 42 calls were made to MindMap in the time period. 10 calls were also made from MindMap to follow up on Service User Requests.
5. Usage of MindMap has been steady since 3/01/2022, with peaks on 9/01/2022 and 28/01/2022. There was an increase in the usage of the age groups 25-34 and 35-44. This reflects the increase in parents making enquiries on behalf of their young people
6. The full MindMap data report is at [Attachment C](#).

**KEY STAKEHOLDER MEETINGS/COMMUNITY ENGAGEMENTS**

7. Nil.

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

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Media and Communications Forecast
Attachment B	Ministerial & Government Services
Attachment C	Marymead data set

SENSITIVE - CABINET