

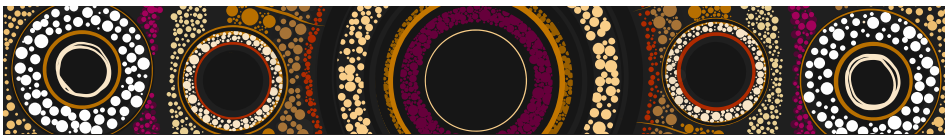


ACT Health Services Plan

2022–2030

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Acknowledgment of Country

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

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Foreword

Canberrans have among the highest living standards and longest life expectancy in the world. Our healthcare services, delivered by our dedicated frontline staff, have kept Canberrans healthy and safe throughout the ongoing COVID-19 pandemic. But our population is growing and ageing, and services continue to evolve with new technologies and treatments, so we need a long-term plan and vision for the future of our healthcare system.



The ACT Health Services Plan sets a roadmap for the next eight years to redesign, invest in and redevelop health services funded by the ACT Government, by continuing to build on what is working well in the public health system as well as taking opportunities to grow and develop new services.

This Plan sets the Government's vision for how we will meet the needs of Canberra's growing population and deliver health care for those in surrounding regions; to support our workforce to do what they do best; and to keep working towards true person-centred care. This plan builds on and complements the significant investments made over previous years, including record infrastructure investment and significant increases in frontline healthcare workers.

The planning applies a Territory-wide lens to where speciality services in the public health system are best placed and networked with other services. It enables us to better define the roles of ACT public hospitals and health services as local, Territory-wide and regional providers, as well as to more clearly understand the services we require from our non-government partners. The Government also recognises that systems and plans need to adjust as circumstances change, which is why this Plan will be a living document – ensuring our focus remains on continuing to deliver the best health care when and where people need it.

Supporting Canberrans to stay well and receive care at home and in community settings is an important focus of this Plan. It is better for consumers and more efficient for the system if people can access the care they need outside an acute hospital. To do this, our services need to be better at working with primary care providers to coordinate care, particularly for people with chronic conditions and complex lives.

The ACT Government recognises that harnessing the momentum of virtual care across the health system has the potential for stronger engagement with patients, carers, families, clinicians and primary care partners. Embedding virtual care into services to complement face-to-face interactions will be a key priority in the coming years.

The ACT Health Services Plan was developed following extensive consultation with the community and health stakeholders, capturing not only issues for attention in the public health system but opportunities for change. I thank everyone who took time to contribute as you have all helped to shape the future of the ACT public health system.

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



Executive Summary

The ACT Government's vision, as outlined in the Framework for the Public Health System 2020-2030, is for a public health system that is Accessible, Accountable and Sustainable.

Planning is vital to ensure that resources are allocated effectively to achieve this vision. The ACT Health Services Plan reflects ongoing work with consumers, carers, non-government organisations, primary and allied health care providers, health services in surrounding NSW and private providers to ensure the right care is provided in the right place at the right time.

People want to live healthy and active lives, and when health services are needed, individual needs and circumstances are central to decision making about health care. This is particularly important to improving the health of people with the poorest health and social outcomes.

The ACT Health Services Plan sets a roadmap for this decade for redesign, investment and redevelopment of health services funded by the ACT Government. It also sets out ACT Government priorities for working with Australian Government funded health services, private providers, primary care and allied health services. There are opportunities to work differently, and to try, test and learn new ways of doing things to improve and integrate the service system over time, making it easier for people to access the care that they need. The strategies outlined in this plan include a focus on equity and ensuring that services are flexible and inclusive.

The ACT's health workforce delivers safe and effective patient care every day of the year – our people are affected by and will enable this plan. Accordingly, the Government will prioritise workforce planning to support the sustainability of existing services, to address issues related to the ageing workforce, and to meet the growing needs of the population and commitments to new and expanded services.

Harnessing technology is also essential to supporting the plan by allowing more services to be delivered as close as possible to where people live. This will include expanding services that can be delivered in people's homes as well as the roll-out of the Digital Health Record.

Key areas of focus

Over the life of this plan, the focus for service redesign, investment and redevelopment will be on:

- Recognising that while there will be growth across the service system related to population growth and ageing, there are several *key areas of service demand and reform* that need particular attention to ensure equitable access to care and respond to the emerging and growing needs of the community.
- Supporting seamless *transitions of care* across the service system as patients and carers move through primary, community, acute, outpatient and residential healthcare settings.
- Formalising arrangements across the service system for how and where services are delivered through work to define the *ACT's role as a local, Territory and regional service provider*.
- Laying the foundations for a stronger, more sustainable health system to support current and future demand through strengthening core *ACT Government-funded clinical support services*.



...the right care is provided in the right place at the right time.

The graphic below describes the outcomes that will be delivered for consumers and the system through a focus on these key areas.

Figure 1: Future service directions and desired outcomes



The Plan sets out actions for each of these future service directions. The development of the actions was underpinned by a comprehensive assessment of service needs across the care continuum on a geographic basis and for population groups with the poorest health outcomes. This covered:

- Demographics, health status and risk factors for the ACT and surrounding regions
- Analysis of trends in service utilisation for people using ACT public hospitals and health services and seeking care interstate
- Local and national policy directions for publicly funded hospitals and health services
- Reviews and inquiries into various elements of the ACT health system and assessment of actions planned and underway
- Comparison of ACT health service profiles with those in other states and territories
- A review of emerging trends in models of care and health technology
- Consideration of current ACT Government commitments for investment in health services including the Canberra Hospital Expansion and the new northside hospital.

The first part of this Plan outlines some of this work and the factors that are driving demand in the ACT health system at a high level.

Living with COVID-19

The development of this Plan – like so many parts of people’s lives – has been affected by the COVID-19 pandemic. The emergence of new and more transmissible COVID-19 strains has made it clear that COVID-19 will need to be managed as an endemic disease. The ACT’s health system will need to enhance its infection prevention control practices while dealing with ongoing spikes in demand and the impacts of deferred care. The system will also be impacted by ‘long-COVID’ the extent of which is unquantified but may be significant.

While the long-term impacts of the COVID-19 pandemic on the ACT public health system are still being worked through, working towards a better-connected health system that spans preventative health and early intervention, care in the community and closer to home, acute and sub-acute care, as well as public health response services, will provide a strong foundation for future service system reforms and allow a continued response to the changing needs of the community.

Making it happen

Annual Budget priorities and operational plans, workforce and infrastructure planning will be aligned to support implementation of the Plan.

There are some actions that can be delivered in the short term. However, many of the actions in the plan will require detailed appraisal and planning. To achieve these longer-term actions, the Government will work with its partners to design and deliver services and consider the investments that may need to be incorporated into future planning and Budget cycles.

Health service planning is a continual process. Flexibility will be needed to respond to changing circumstances, to ensure government priorities are aligned with the changing needs of the community, and to ensure the Plan is achievable and affordable. As new local and national policies are endorsed, the ACT Health Directorate will ensure that the directions and actions in this Plan remain relevant through a regular process of review and evaluation of outcomes.



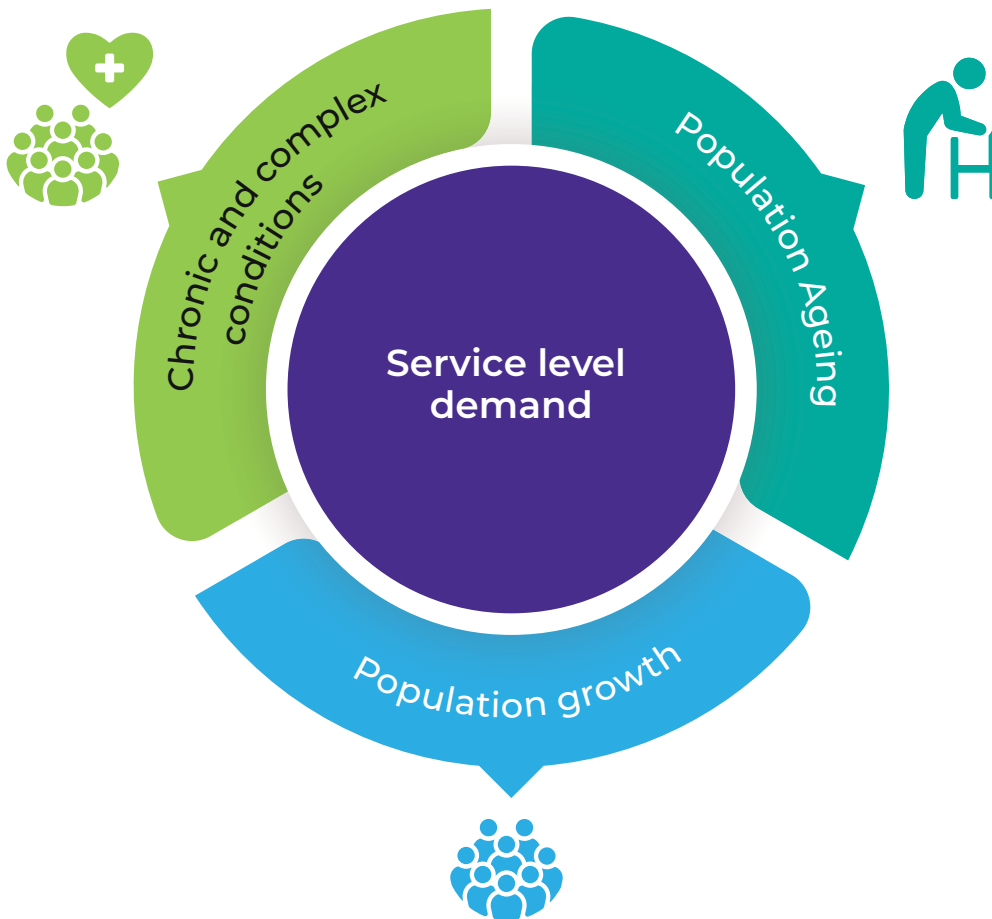
**To achieve these longer-term actions,
the Government will work with its
partners to design and deliver services..**



Introduction

The ACT Health Services Plan establishes the system wide priorities for service development and redesign of ACT-Government funded health services over the course of the decade.

Service level demand



The ACT's population is growing and ageing and Canberra's hospitals are seeing higher admissions due to the increasing prevalence of chronic conditions.

- The ACT's population increased from 397,403 in 2016 to 454,499 in 2021, representing a 14 per cent increase. The forthcoming *CMTEDD population forecast* shows an expected increase of 44,029 over the decade to 2030.
- The ACT's population in the 70+ age category increased by 34 per cent from 32,685 in 2016 to 43,690 in 2021. Over the decade, the forecast population in this age group is expected to rise by 9,935 persons.

This population growth is contributing to increased demand for health services. For example, over the five years between 2015-16 and 2020-21, the number of same day separations from ACT public hospitals increased by 20 per cent, while multi-day separations increased by 17 per cent. The COVID-19 pandemic has also impacted on utilisation of health services, increasing demand in some parts of the ACT health system while also resulting in delayed care in other areas.

Table 1 – ACT public hospital demand, 2015-16 to 2020-21

	2015-16	2020-21	Total increase %	Per annum%
Same-day separations	56,596	67,965	20.1	3.7
Multi-day separations	51,828	60,500	16.7	3.1
Multi-day bed-days	243,572	359,899	47.8	8.1

Source: 2015-16 and 2020-21 Independent Hospital Pricing Authority Submission.

Looking forward, in the absence of any Government intervention, demand for hospital services in the ACT is forecast to increase steadily over the next ten years. The forecasting will be updated to reflect the recent uplift in population captured by the 2021 census, however the expected increase per annum is described below.

- Same-day separations – 2.7 per cent per annum
- Multi-day separations – 3.2 per cent per annum
- Multi bed-days – 3.0 per cent per annum

The emergency departments at Canberra Hospital and Calvary Public Hospital Bruce have also been facing growing demand. Between 2017-18 and 2021-22, the number of emergency department presentations has grown by an average 3 per cent per annum, and this level of growth is forecast to continue over the next ten years.

The Government's challenge is to plan for the infrastructure and services that will be required, as well as to put in place the measures that will help to address growing demand and to deliver the best possible health outcomes for Canberrans. See [Appendix A](#) for more detail on activity forecasting over the next ten years.

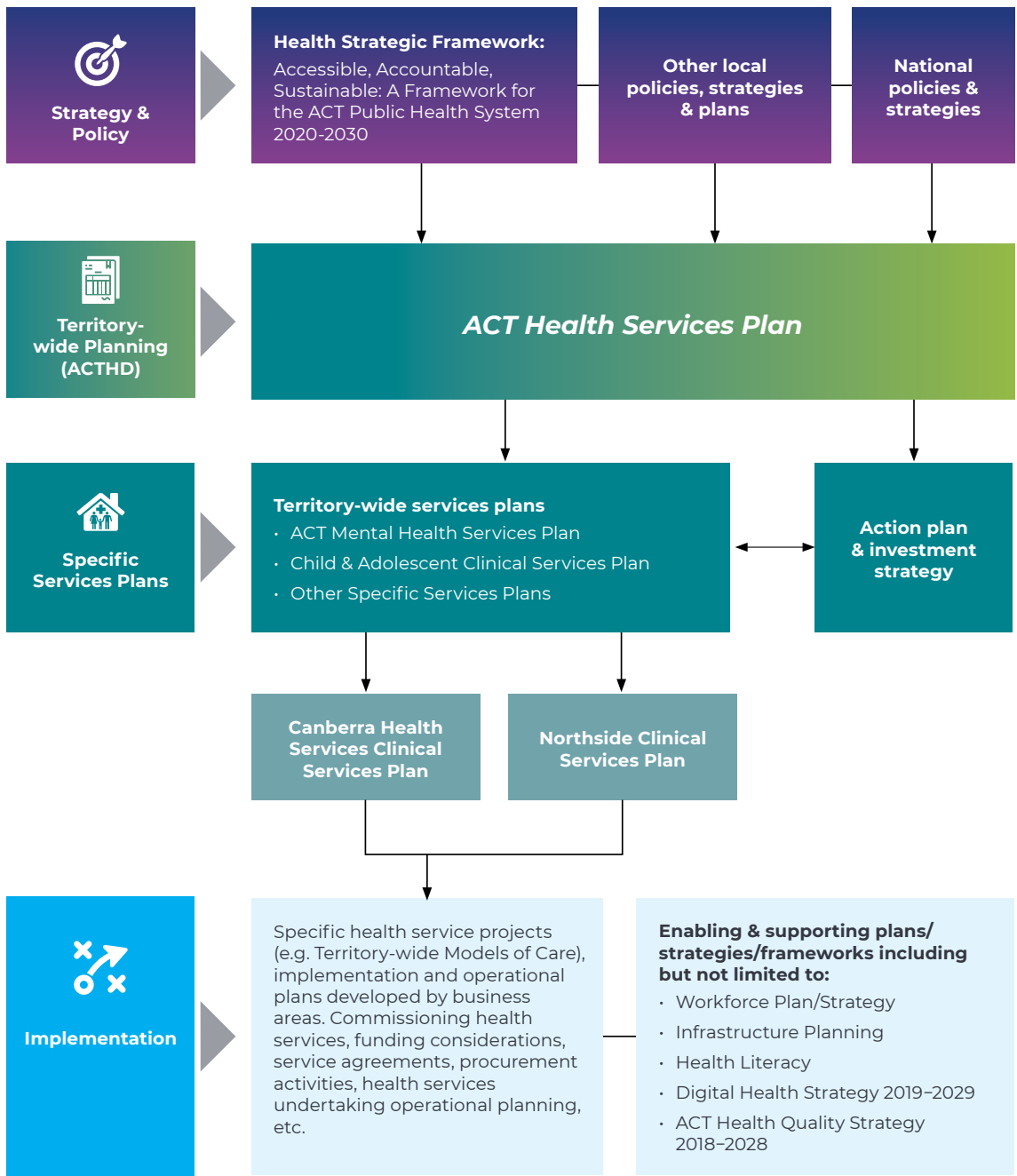
The policy context

This Plan is a key deliverable under *Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020–2030*¹ strategic goal of access. It will form the basis for more detailed planning for individual services and population groups along with priorities for enabling activities in areas such as infrastructure and workforce.

Figure 2: Strategic goals and key strategies under *Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020-2030*

HIGH PERFORMING, SAFE HEALTH SYSTEM		
PERSON-CENTRED CARE		
Strategic Goal 1: ACCESS Providing the right service, at the right time, in the right place, and by the right team – every time.	Strategic Goal 2: ACCOUNTABILITY Robust and transparent decision making that supports the health system.	Strategic Goal 3: SUSTAINABILITY Strategic investment to support health services now and into the future.
Key Strategies: <ul style="list-style-type: none"> • ACT Health Services Plan • Building Health Services Program • ACT Mental Health and Suicide Prevention Plan 	Key Strategies: <ul style="list-style-type: none"> • Workforce Strategy • Quality Strategy • Performance, Reporting and Data Management Strategy 	Key Strategies: <ul style="list-style-type: none"> • Research Strategy • ACT Preventive Health and Wellbeing Plan • Digital Health Strategy

Figure 3: Hierarchy of Policies, Strategies and Plans informing the ACT Health Services Plan



Preventive health and wellbeing

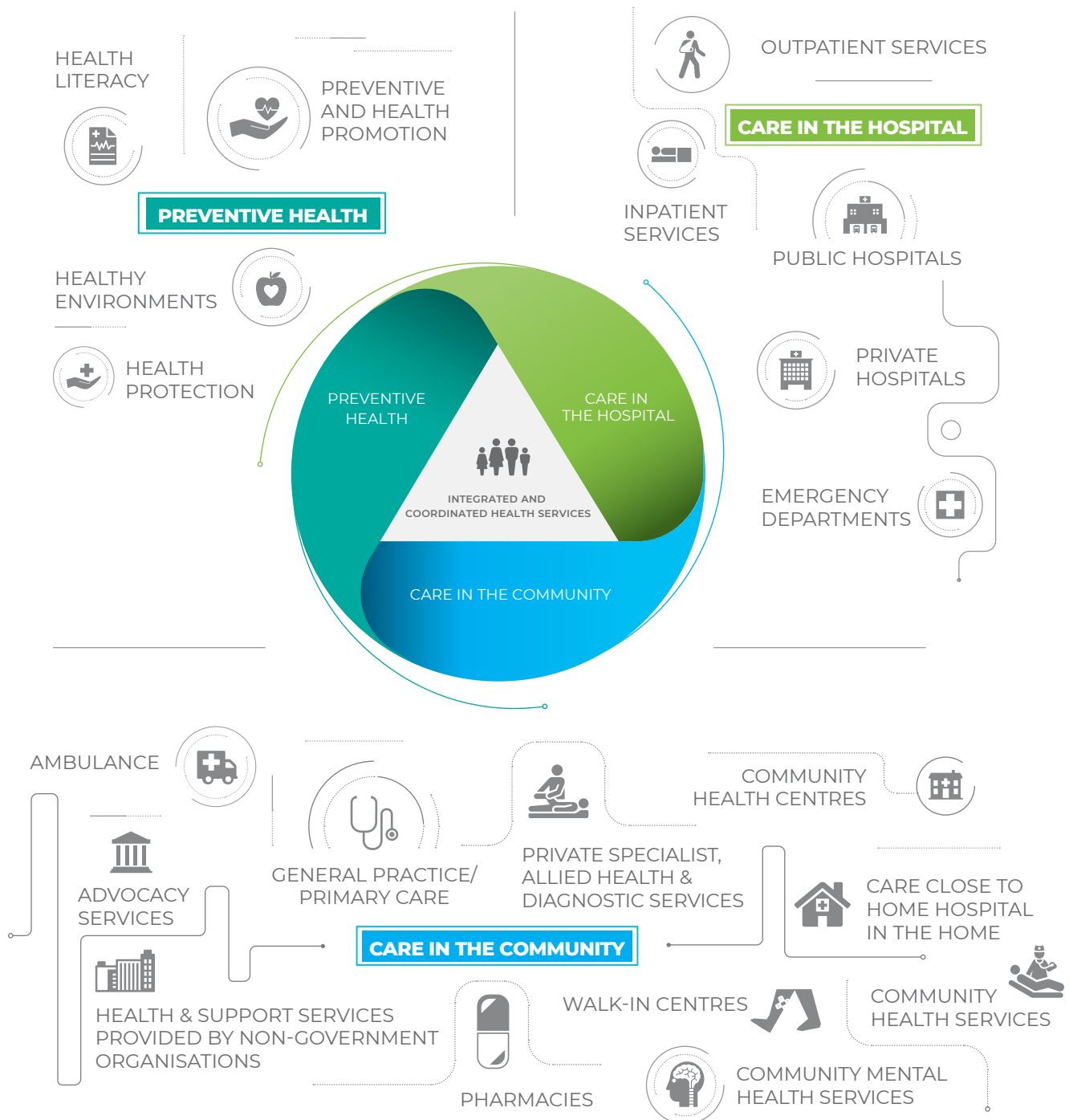
This Plan is intended to complement the priorities for preventive and population health identified in *Healthy Canberra: The ACT Preventive Health Plan 2020–2025*, which focuses on programs and strategies to prevent chronic conditions by addressing risky behaviours, increasing healthy eating and active living and recognises the impact of social determinants on health outcomes.

The Plan is also aimed at supporting the ACT Wellbeing Framework. Of the twelve domains identified in the Wellbeing Framework, the Plan supports the domains of access and connectivity, health and social connection. These domains are vitally important to this Plan as they reinforce the community’s need to have good physical and mental health and to be able to connect and access services when people need them. Wellbeing analysis and data will be utilised to inform implementation and monitor progress, ensuring that health service delivery continues to achieve optimal results across the continuum of care.

Service system context and the scope of this plan

The priorities in this Plan are based on a comprehensive assessment of health service needs across the care continuum on a geographic basis and with specific consideration given to identified priority population groups. The scope of the Plan encompasses the ACT public health system, that is, health services provided by Canberra Health Services, Calvary Public Hospital Bruce, health protection and other services delivered through the ACT Health Directorate, and non-government health services that are funded by the ACT Government.

Figure 4: Services across the ACT health system



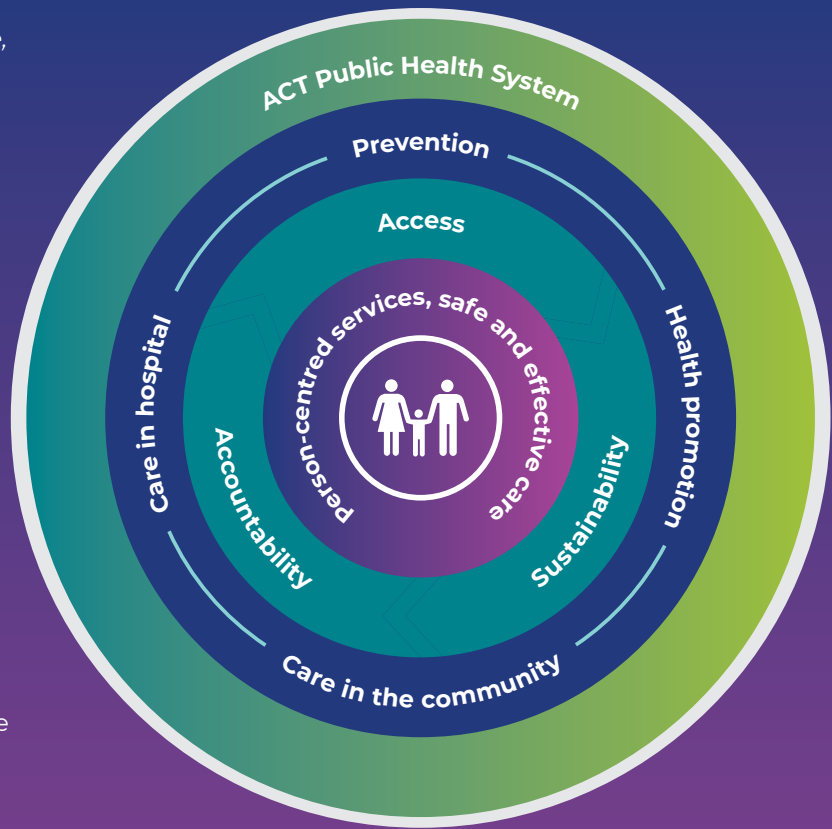
The Plan also considers areas for collaboration with health services in the ACT that are funded by the Australian Government, private health and hospital services, general practice, nurse practitioners, pharmacists, allied health providers and health services in the surrounding NSW communities.

Person-centred care

As described in *Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020–2030* person-centred care is a way of thinking and doing things that sees healthcare users as equal partners in planning, delivering and monitoring safe, quality health services that meet their needs. This means putting people at the centre of decisions and seeing them as experts, working alongside health professionals to achieve the best outcomes. By shifting the culture from “doing to” to “doing with” significant clinical improvements can be made.

Role Delineation and Service Levels Frameworks

To ensure the sustainability of existing services across the care continuum, and to efficiently use resources and meet the needs of the region, the levels of acuity of services that are able to be safely supported by clinical support services, workforce and linked services are defined in this Plan for ACT public hospitals (“role delineation”, [Appendix B](#)), as are the populations that the services provide for (“service levels”, [Appendix C](#)).



Process to develop the plan

This Plan is the outcome of detailed research and analysis underpinned by extensive consultation and engagement with health services, consumers and carers.

Principles

The following principles^{1,2,3,4} underpin the service planning methodology used to develop this plan:



- **Person-centred services:** The ACT Government consults with consumer and carers so that services are planned to treat consumers with dignity and respect; the ACT Government makes it easier for people to access services equitably, to move between services across the health system, and to partner with health professionals to participate in decisions about the services provided to them.
- **Improving health outcomes and access:** Planning is guided by evidence-informed policy directions, with specific focus on at-risk and priority population groups; planning the right service, at the right time, in the right place, by the right team—every time.
- **Sustainable services:** The ACT Government maximises the use and efficient allocation of limited resources by taking a Territory-wide approach to planning services across the ACT public health system, guided by clear role delineations, service levels, and evidence-informed policy directions: service planning activities are prioritised based on need.
- **Inclusive and culturally appropriate services:** The ACT Government consults with groups underrepresented in the healthcare system so that services are planned to be inclusive and culturally appropriate, and targeted to specific health needs where necessary.
- **Safe and quality services:** Planning is guided by evidence-informed policy directions, and the ACT Government continually strives to plan for services that improve health outcomes, experiences of receiving care, experiences of providing care, and effectiveness and efficiency of care.

Methodology

The service planning methodology used to develop this plan applied the following process:



Needs assessment

The needs assessment was based on planning principles and informed by analysis across the following sources of evidence:

- An assessment of the local and national strategic, policy and operational context including research and horizon scanning to assess future directions in models of care.
- Population and demographic profiles.
- Socioeconomic considerations.
- Health status and burden of disease.
- Current service profiles and trends in health service activity.
- Current challenges across the Territory identified by community-based services, consumers, non-government organisations and hospital-based services.
- Consideration of current and planned capacity and the capability of public hospitals across the ACT to support the needs of the population in a safe and sustainable way.

Prioritisation and determining service directions for the Plan

The prioritisation process took the set of opportunities for service development and redesign identified through the needs assessment and prioritised these against a set of weighted criteria that included:

- Alignment with strategic priorities and planning principles
- Validation of the identified need
- Opportunity to improve health outcomes
- Urgency for progressing action on the service need
- Risk of proceeding or not proceeding with action on the service need
- Opportunities to address the service need through realignment of existing services.

These priorities were then formed into agreed service directions and actions detailed in this Plan.

Implementation and evaluation

An Implementation Plan including processes and reporting requirements for monitoring implementation has been developed and will be accompanied by an Evaluation Framework.

So that services continue to evolve in line with new and emerging needs, there will be ongoing review and refinement of the Plan to ensure it remains relevant and accurately reflects planned health service development and the current service environment. This ongoing process of review will also inform the evolution of commissioning priorities over time.

The development and implementation of an ACT Disability Health Strategy and recommendations under the LGBTIQ+ Health Scoping Study Report are two examples of policy work that is expected to be relevant to the review and refinement of this Plan and in turn commissioning activities, as are commitments under the *Maternity in Focus: First Action Plan 2022-2025* and Phase two of the Aboriginal and Torres Strait Islander Agreement, to be agreed in the coming year.

Working together on actions in the plan

Achieving improved access to care, improved integration and in turn improved health outcomes cannot be accomplished by any one service provider in isolation.

There are opportunities to improve patient centred care and care closer to home through better collaboration between ACT Government publicly funded health services, Australian Government funded health services including those funded through Capital Health Network, the private sector, primary care and allied health care providers.

The actions outlined in this Plan establish the program of work and priorities for investment and redesign of ACT Government funded health services. In order to achieve the broader health system objectives of improving access, integration and health outcomes and delivering patient centred care closer to home, priorities for collaboration with other providers in the broader health service system include:

Non-Government Organisations

The ACT Government works closely with ACT Government funded NGOs to deliver care for the ACT community. Many of our NGO partners also receive funding from other sources including the Australian Government and Capital Health Network. Priorities for working with NGOs include:

- Collaborative design, bringing government and NGO service partners together to identify where there are service gaps or emerging need that is not being addressed within the current health system
- Moving towards procuring services through a collaborative commissioning process
- Improving integration between NGOs including the need for individual recovery and care plans across multiple providers
- Improving integration and care pathways across the service system including pathways between alcohol and other drugs and mental health, suicide prevention and postvention, primary health and physical healthcare services

- Improving integration and pathways to services that support the social determinants of health, particularly for families and population groups experiencing vulnerability
- Identifying opportunities for colocation of services to support a coordinated approach to care.

Capital Health Network

Priorities for working with Capital Health Network include:

- Working together on needs assessments for the service system and specific service areas
- Developing a collaborative commissioning approach
- Removing barriers and complexity in funding arrangements for NGOs
- Establishing agreed funding priorities at the system level and clear responsibilities and commitments across funders
- Working collaboratively to sustain and maximise access to primary care and transitions between public health and hospital services, NGO services and general practice.

Australian Government

The ACT Government will continue to work with the Australian Government to improve health outcomes for ACT residents. This will include working to address systemic interface issues between the public hospital system and the aged care system, including delays to hospital discharge for older patients waiting for a place in a residential aged care facility. It will also include ensuring people with disability receive timely access to assessment and services under the NDIS and supporting care in the primary care setting and closer to home wherever possible.

The ACT Government will continue to work with the Australian Government to improve health outcomes for ACT residents.

ACT Government

Priorities for working across government include:

- Addressing social determinants of health through collaborations with housing, education and community services
- Developing a policy position and framework for Justice Health Services in the ACT including arrangements with ACT Corrective Services to maximise health outcomes in the short, medium and long term for people engaged in the justice system
- Improving alignment of public transport and access to health services.
- Improving mental health and wellbeing of women and girls in the ACT, noting that this is an objective in the Second Action Plan of the *ACT Women's Plan 2016-2026*.

NSW Government

The ACT Government is committed to delivering a connected and borderless health system for Canberrans and residents of surrounding NSW.

The ACT and NSW health systems provide essential services to hundreds of thousands of people across Southern NSW and the ACT. As demand on hospital services in the ACT continues to grow, it has never been more important to collaborate to explore and implement opportunities to reverse the flow of NSW residents seeking hospital care in the ACT back to NSW, particularly in areas where there is high demand and care is available closer to home for these consumers.

Priorities for working with the NSW Government include finalisation and execution of the Cross Border Agreement between the ACT Government and NSW Ministry of Health.





Planning Context

The ACT community is growing and becoming increasingly diverse.

Demand for healthcare is growing and the healthcare system is adjusting to delivering care that considers the diversity and complexity of individuals' health care needs, as well as developments in medical research resulting in more effective treatments and new treatments. Alongside this, there is a growing appreciation for the importance of community-based NGO services in providing more holistic care.

Where possible the data below has been derived from the ACT Chief Health Officer Report 2020, released in May 2021, as well as referenced back to its primary source.



Demographics

Population and Ageing



In 2021 females were estimated to outnumber males in the ACT —

230,140 females and **224,361** males.⁵



Approximately **26%** of the **ACT resident population was born overseas** and **21.8%** can speak a language other than English at home.⁷



Between the 2016 and 2021 census, the number of ACT residents **aged 70 or older grew from 32,685 to 43,690 persons which was a 34 per cent increase.** This was more than twice the rate of growth for the population as a whole (14 per cent).⁶



Between 2016 and 2020, **1,062 people permanently settled in the ACT** on a humanitarian visa, representing **1.3%** of all people **permanently settling in Australia on humanitarian visas.**⁸

Aboriginal and Torres Strait Islander Peoples



In 2016, an estimated **7,513** (or 1.9%) of the ACT population identified as **Aboriginal and/or Torres Strait Islander.**⁹



The estimated ACT resident **Aboriginal and Torres Strait Islander population** in 2016 included **2,389** children aged 0 to 14, or 3.1% of children in the Territory.¹⁰

People with Disability



The proportion of ACT residents **living with disability increased from 16.2%** (or 62,000 people) in 2015 **to 19.4%** (or 80,000 people) in 2018.¹¹



More people in the ACT are living **with profound or severe core activity limitations** — increasing from 18,800 in 2015 to **25,800** in 2018.

People with Chronic Conditions

Chronic conditions are now the leading cause of illness, disability and death in Australia.¹²

Many Canberrans have one or more chronic disease: in 2017-18,



one in two (48.5%)

ACT adults reported having a chronic condition, such as **arthritis, asthma, cancer, diabetes, mental illness, or heart disease** and

one in five (20.3%)

reported having at least **two conditions**.¹³

Burden of disease

In 2015, the ACT had the lowest burden of disease of all Australian states and territories.¹⁴ Burden of disease analysis is the best measure of the impact of different diseases or injuries on a population. Burden of disease is measured using 'Disability Adjusted Life Years' or DALY.



In 2015, the leading causes of disease burden in the ACT were coronary heart disease

(9.0 DALYs per 1,000 population age-standardised), **anxiety disorders** (8.4 DALYs per 1,000 population) and **back pain and problems** (7.9 DALYs per 1,000 population).¹⁵



For females, the leading causes of disease burden were **anxiety disorders, other musculoskeletal disorders and back pain and back problems**.



For males, the leading causes of disease burden were **coronary heart disease, back pain and back problems, suicide and self-inflicted injuries**.¹⁴

Anxiety and depression



Mental illness is a leading cause of burden of disease in the ACT. Many Canberrans experience a mental illness at some stage of their lives and anxiety disorders are the most common mental disorder.^{15,16}

The cumulative pressures of **bushfires and extreme weather events, the COVID-19 pandemic** and associated social and economic pressures are expected to impact the mental health and wellbeing of the community over an extended period.¹⁷

The public health impacts of COVID-19 have included an increased demand for crisis and support organisations, online mental health services, Medicare Benefits Scheme mental health services and high levels of psychological stress.¹⁷



The National Women's Health Strategy 2020-2030 indicates that **women at all stages of life are at a greater risk than men of mental-ill health,** and that **43% of women** have **experienced mental illness at some time**.¹⁸



Anxiety disorders

accounted **for 5.1%** of the burden of disease in the **ACT in 2015,** which was **higher than the national figure of 3.2%** and the depressive disorders contributed **2.7%** compared to **2.9%** for Australia.¹⁵



In 2017-18, one in five (20.8%)

Canberrans aged 18 years and over had a mental or behavioural condition,



one in seven (13.9%)

had an anxiety related condition and



one in ten (10.3%)

reported depression or feelings of depression.¹³

Dementia



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



In 2016, an estimated **4,400 people** (1,700 men and 2,700 women) were living with dementia in the ACT.¹⁹



In 2015–16, there were **2,531 hospital separations** for ACT residents that involved a diagnosis of dementia (47% males; 53% females).¹⁹

Of the **2,162 deaths** recorded in Canberrans during 2020, **10% were caused by dementia**.¹⁶ Females accounted for the majority of deaths due to dementia (**64%**) and it was the most common cause of death for women. Between 2006 and 2018, the **age-standardised death rate** for dementia in the ACT significantly increased by an average of **2.3% per year**.²⁰ With an ageing population, this trend is likely to continue because the most significant risk factor for dementia is ageing.

Lifestyle risk factors

Many **chronic diseases share common lifestyle risk factors**, such as **tobacco use, high body mass, dietary risks, alcohol intake, high blood pressure, and physical inactivity**. This provides an opportunity to improve health outcomes through prevention.

Physical inactivity



In 2017–18, adults **aged 18–64 years** in the ACT were more likely than other Australians to report having undertaken

150 minutes or more of exercise in the past week, excluding workplace physical activity (**62.6%** compared with **55.4% nationally**).^{12,21}



Active travel to work and school is one means of increasing physical activity levels. In 2012–2016, in the ACT

38.7% of children rode or walked to school, while in 2016, **only 16.4% of people aged 15 or older** used active transport options to travel to work.¹⁹

Excess body weight



In 2017–18, across all jurisdictions the prevalence of overweight or obese adults was the

lowest in the ACT **64.0%** compared to **67.0% nationally**.

Further the proportion of ACT

men (54.1%) and women (65.3%) with a measured waist circumference that put them at an increased risk of disease (ie. **>94cm for men; >80cm for women**) was lower or similar to that for **Australia (men: 59.6%; women: 66.0%)**.^{12,21}

Lifestyle risk factors

Alcohol consumption



In 2019, the proportion of Canberrans who drank alcohol at levels that exceeded the lifetime risk guidelines was

lower than that

for Australia (14.1% compared with 16.8%).^{21,22}

Tobacco use



Tobacco smoking is declining: Although smoking remains a leading health risk, contributing

22% of the **cancer burden in Australia**, there has been a long-term downward trend in daily tobacco smoking over the past two decades and the ACT continues to have the **lowest smoking prevalence in Australia 10.6%**, compared to **14.0% nationally.^{12,21}**

Other drugs

Illicit drug use is declining. In 2001,

17.8% of the ACT population had **used an illicit drug in the past 12 months,**

reducing to 14.6% in 2019.²²

In 2019 **cannabis was the most commonly used illicit drug**. Similarly, between 1996 and 2017, the prevalence of drug use in the last year in ACT secondary students (aged 12–17 years) declined from **32.5% to 15.7%.¹²**

Sugar sweetened drink consumption



In the ACT **6.7%** people consumed sugar sweetened drinks daily

compared to **9.1%** across Australia.

However, in the ACT, **5.5% of people consume diet drinks daily compared to 4.7% across Australia.¹²**

Determinants of health

Socio-economic profile



Approximately **37,000 people** live in low-income households in the ACT, representing **11% of the total population.** This includes **8,000 children** representing **12% of those aged 0–14.**²³

Education



ACT residents are highly educated.

In 2020, **46%** held a bachelor's degree or higher. Of the ACT population aged 15 or older, **75% had or were studying for a qualification gained after school.**²⁶

Housing and Homelessness



Housing is becoming less affordable in the ACT, with Canberra's **median property price increasing from \$745,000 in the December quarter 2019 to \$1,050,000** in the December quarter 2021 and the **median unit price increasing from \$475,000 to \$598,200** across the same time period.²⁷

The proportion of family income required for **average rental repayments also increased in this quarter** to

19.7%²⁸

Employment and income^{26,27}

The ACT unemployment rates decreased by

0.2%

points to

3.0%

in February 2022.



Nationally, the **unemployment rate decreased by 0.2 percentage points to 4.0%** in February 2022.²⁴

The ACT underemployment rate remained at

5%

from February 2021 to

February 2022. During the

same period, the **Australian underemployment rate** decreased from **8.6% to 6.6%.**



The **average adult full-time weekly income of ACT residents in November 2021** was

\$1,979

compared to

\$1,748



nationally. Over the previous year, average earnings in the **ACT grew by 3.6%.**²⁵

The proportion of family income required to meet **average loan repayments in the ACT** increased to

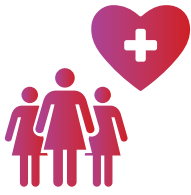
23.7%

in December quarter 2020.²⁸

On Census night 2016,

1,596 people (or 40.2 per 10,000 population) were homeless in the ACT, compared to 1,738 people (or 48.7 per 10,000 population) in 2011.²⁹

Gender



In 2021 census⁶
127,785
females reported that
they had a **long term
health condition,**
compared to
97,648
males. The most significant
sex-based differences were for
**mental health, arthritis
and heart disease.**



For **mental health**
22,952
females reported
having a long-term
condition as compared to
12,145 **males.**
This difference extended across
the age categories – for example,
in the 15-24 age category there
were **5,911 females** with a
long-term condition compared to
2,889 males.



Arthritis – females report that
they have this condition more than
males (**22,952 females**
compared to **12,145 males**),
although the absolute numbers
are more significant for the older
age categories.



Heart disease –
8,599 **males**
reported having **heart
disease,** compared to
5,494
females.



The ACT Public Health System



Activity snapshot

In 2019–20 there were

118,737

inpatient hospital

separations in ACT public hospitals.³⁰

There were

843,969

non-admitted patient services

provided by ACT public hospitals in 2019–20, of which **61%** were provided in allied health and/or clinical nurse specialist clinics, **28%** were medical consultation clinics, **6%** were procedural clinics and **5%** were diagnostic services.^{31,32}



There was a total of 17,850 breast screen appointments

in 2019–20³⁴. In March 2020 BreastScreen services across Australia were impacted by COVID-19. Restrictions across states and territories affected the number of screening mammograms able to be performed each month. There was a **significant drop in breast screening for April and May 2020**. In the ACT, a nine-month comparison of the total number of screening mammograms performed through **BreastScreen Australia in 2018 and 2020 showed 12,083 compared to 12,078**. The long-term effects of the impact of delayed screening due to the COVID-19 pandemic will need to be monitored into the future.³⁵



Around

11,395

people

(or 26.7 health care consumers per 1,000 population)

received **ACT Government-provided community mental health care** in the ACT in 2019–20. On average each patient had **30.6 community mental health care service clinical contacts**.³³



In 2019–20 66,502 people presented to ACT Walk-in Centres for care and treatment.^{36,37}

An additional **21,424 people** presented for **COVID-19 testing**.³⁷

(These figures do not include mental health services provided by ACT Government-funded NGOs or mental health support services).

Cross-border activity



In 2019–20, out of the 118,737 total patient separations, 21,047 separations were for NSW residents, representing 18% of the total.³⁸

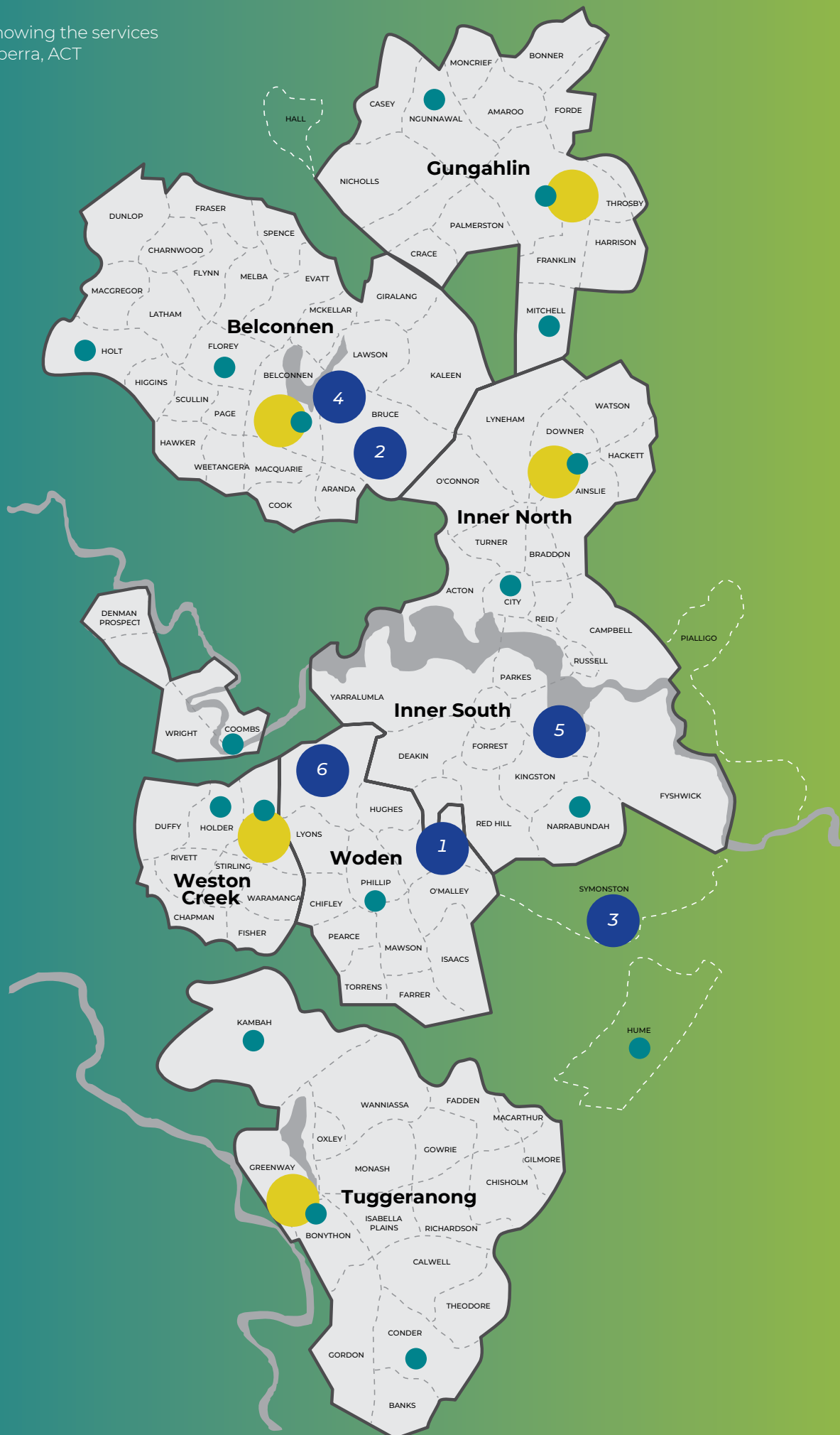


An additional 710 patient separations were from the rest of Australia, meaning that **18%** of patient separations were from **outside of the ACT**.³⁸



To note there were **1,374 separations (1%)** that were **not elsewhere classified/not reported**.³⁸

Map showing the services in Canberra, ACT



ACT Government-funded health services

● Canberra Health Services

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

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



Size: Approximately 670-beds

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

2 **University of Canberra Hospital**

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



Size: 84 inpatient beds, 75 day places

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

3 **Dhulwa Mental Health Unit**

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



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

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

● **Walk-in Centres**

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

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

● **Community-based services**

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

Community-based public health services are also delivered in other facilities such as child and family centres, workplaces, homes and schools.

Maternal and Child Health services are located in ACT Government sites at Lanyon, Tuggeranong, Phillip, Narrabundah, Belconnen, Florey, Kambah, West Belconnen, City, Dickson, Gungahlin and Ngunnawal.

Community Paediatric and Child Health Service located in Holder.

Canberra Health Services at Molonglo located in Coombs which provides maternal and child health services.

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

4 **Calvary Public Hospital Bruce**

Location: Calvary Public Hospital is located in Bruce.



Size: Approximately 250 beds

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

5 **Clare Holland House**

Location: Clare Holland House is located in Barton.



Size: 27 beds

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

6 **Queen Elizabeth II Family Centre**

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



Size: 13 beds

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

Health Protection Service

The Health Protection Service (HPS) manages risks and implements strategies for the prevention of, and timely response to, public health incidents. This is achieved through a range of regulatory and policy activities relating to areas such as food safety, communicable disease control, environmental health, emergency management, pharmaceutical products, tobacco control and analytical services.

ACT Government-funded health services provided by NGOs

The ACT Health Directorate funds over 70 organisations to deliver health services and programs to the ACT community, including:

- Aboriginal Community Controlled Health Services in the community and at the Alexander Maconochie Centre.
- Primary health care services including after-hours GP services, in-reach services, services for diverse and vulnerable groups and youth health.
- Mental health services including supported accommodation, step up step down for young people and adults, counselling and support, mental health promotion and stigma reduction, psychosocial support, recovery services, suicide prevention and postvention.

- Alcohol and other drugs community and residential support including counselling, residential withdrawal and rehabilitation, sobering up shelter, harm reduction, peer support.
- Sexual health and blood borne viruses services including primary health care, education and counselling.
- Women's and children's services including breastfeeding and other supports for new parents.
- Cancer support services.
- Community assistance and support programs.
- Consumer and carer advocacy and support services.
- Peak body services to support the provision of best practice services.



Challenges

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



Chronic conditions

Chronic conditions including cardiorespiratory disease, cardiovascular disease,

musculoskeletal disease, chronic pain, mental ill health and dementia are the leading contributors to burden of disease across the ACT.

The prevalence of other chronic diseases such as diabetes and chronic renal disease is increasing in the community with chronic renal disease reported as above the national average in the ACT.

Canberrans living with complex chronic disease often have multiple co-morbidities, which requires a coordinated healthcare approach. For example, obesity is both a health challenge in its own right and a significant contributor to poor health and the development of chronic disease.



A growing and ageing population

With a growing and ageing population comes an increasing demand for health services.

Prior to COVID-19, the ACT had experienced strong and sustained population growth, particularly on the northside. This growth was a result of a number of factors: natural rise, retention of people of diverse ages, and positive net interstate and overseas migration.³⁹ As the population on the northside grows, it will become increasingly important to focus on expanding services for residents.

An ageing ACT population has significant implications for the planning and delivery of health services, compounded by additional demand on secondary and tertiary health services from older people who have relocated to the surrounding region and the availability of these services locally. A key challenge for the health system will be managing the impact of chronic diseases and other health conditions, which have a higher prevalence in older age groups, generally making this group of people higher users of health services.⁴⁰



Access to services for priority population groups

Accessible, Accountable, Sustainable: A Framework for

the ACT Public Health System 2020–2030

identifies that while the ACT community generally experiences good health, some population groups are at increased risk of poor health as a result of a range of socio-demographic factors and pre-existing conditions. Facilitating access for the following population groups has been identified as a priority:

- Aboriginal and Torres Strait Islander people appear to be underrepresented in ACT public health services overall, but overrepresented in some services.
- People from culturally and linguistically diverse backgrounds are underrepresented in ACT public health services.
- Older people have higher rates of hospital admission and/or extended lengths of stay.
- People with chronic conditions including mental illness have higher rates of hospital admission and/or extended lengths of stay.
- People with disability report that they experience discrimination or service barriers that prevent access to appropriate care but they are also more likely to experience higher rates of hospital admission and extended lengths of stay.
- LGBTIQ+ people also report experiencing discrimination or service barriers that prevent access to appropriate care.
- Families with complex needs experiencing multiple and interrelated problems, are generally higher health services users, also requiring a high degree of interagency collaboration.⁴¹
- Children and young people require developmentally appropriate health care.⁴²
- Carers who support a family member or friend with disability or illness have a significantly higher incidence of poor physical and mental health than the general population and face barriers to accessing health services for themselves. The 2021 Carer Wellbeing Survey from Carers Australia found that carers are 2.5 times more likely to have low wellbeing than the average Australian.



Service Demand



Surgery

There is significant growth in demand across ACT public hospitals for both emergency surgery and elective surgery. Public hospital theatres are at or nearing capacity. This is currently managed by contracting some elective surgeries to the private sector.

Developments in surgical services and new technologies will also present opportunities to shift services to different modalities including robotic surgery, from surgical to procedural and from services requiring multi-day and longer stays in hospital to shorter stays and same-day procedures.



Medicine

The increasing burden of disease along with a growing and ageing population will drive growth in demand for inpatient and outpatient services. To respond to this growth there is a need to focus on geriatric medicine, rehabilitation and palliative care and to improve access across the system to pain management services.

There is also an opportunity to improve the coordination of services for patients with complex comorbidities and to invest in community-based services to support care closer to home and avoid hospital admission. Post-COVID-19 syndrome, or 'long COVID' patients are likely to require care by multi-disciplinary teams and additional primary care consultations.^{43,44}



Cancer services

With a growing and ageing population, the incidence and prevalence of cancer will continue to increase. At the same time, treatments for cancer services are becoming increasingly complex and specialised. Cancer care will need to continue to evolve with new and emerging treatments and technologies.



Mental Health

The increasing burden of disease related to mental health issues in the community has seen increasing pressure on services across the care continuum and for a range of specific issues. There is emerging evidence that the public health measures used to limit the spread of COVID-19 as well as 'long COVID' impact upon mental health.^{45,46}



Health Protection

The COVID-19 pandemic has highlighted the critical importance of maintaining a flexible, responsive and well-resourced public health capacity to plan for, detect and respond to, future public health risks and emergencies. While population growth will generally increase demand for health protection services, modelling shows both the frequency and complexity of public health emergencies such as bushfire, severe storms and drought are likely increase due to climate change. When considered concurrently with the ongoing and emerging epidemic and pandemic disease risks that continue to evolve both locally and globally, expansion of health protection services will go some way to effectively mitigate these risks. Anticipated outcomes would include enabling and sustaining a resilient, agile and coordinated health sector while strengthening specialist health protection capabilities and capacities.



Prevention

Although the ACT has one of the healthiest communities and longest life expectancy in the country, nearly half of its residents live with a chronic illness. ACT Government-funded health services offer a range of services and programs to improve the health of the population. As previously noted, one such initiative is the *Healthy Canberra: ACT Preventive Health Plan 2020-2025*, a framework for reducing the prevalence of chronic disease and supporting good health across all stages of life. The plan aims to modify risk factors and assist people in making healthier lifestyle choices, thereby improving health and wellbeing and reducing the demand for health services.



Climate change

The impacts of climate change are likely to include increased incidence of heat stress due

to more frequent temperature extremes; increased incidence of cardiorespiratory distress from reduced air quality caused by more frequent and severe bushfire and smoke events; the effects of climate change on a person's mental health and wellbeing; poorer nutrition from food insecurity and higher costs of fresh food in prolonged drought; and changes in infectious disease transmission.⁴⁷ These health impacts of climate change will place pressure on overall capacity in the public health system



COVID-19

COVID-19 is placing pressure on overall capacity in the public health system and this is expected

to continue for some time. This includes pressure due to demand in the ACT as well as in regional NSW to manage COVID-19 cases requiring treatment; testing, tracing, quarantine and vaccination activities; health workforce availability and impacts of furloughing; mental health conditions requiring treatment; and health impacts due to delayed screening and/or other preventative health measures that were suspended during lockdown.

As international evidence emerges on the impacts of post-COVID-19 syndrome, or 'long COVID', it is expected that patients experiencing post-COVID-19 syndrome may require rehabilitative care by multi-disciplinary teams.

Opportunities



Technological advances

Technological advances will continue to impact how healthcare is delivered. Surgical

services, interventional cardiology and neurology are likely to see significant technological change, but there is a need to look at what presents the best value for the ACT public health system and when.

Genetic and genomic medicine is an evolving area of health technology that is anticipated to become increasingly important for supporting clinical decision making and maximising patient outcomes. With advancing technology, whole exome sequencing has become a reality with tangible improved clinical management. Strengthening genetic and genomic medicine is vital to ensure this service has the capability and capacity to continue to improve patient management and patient care outcomes.

Embracing the use of telehealth and telemonitoring presents opportunities to provide improved access and care closer to home in renal services, chronic care, general medicine, endocrinology and Hospital in the Home, as well for COVID-19 patients.

The Digital Health Record will be implemented in 2022 and will contribute to achieving the aims of this Plan, by providing timely access to integrated information to plan and manage service demand and delivery more effectively. Real-time access to data and patient information has the potential to significantly improve the quality and efficiency of care at the bedside, within hospitals and across the broader ACT health system.

Technological advances will impact how and what types of healthcare can be delivered.

Future service directions

1: Addressing key areas of service demand and reform

While increased demand across the service system is anticipated due to both population growth and ageing, there are a number of key areas of service demand and reform that need to be a focus in order to support the needs of priority population groups, ensure equitable access to care and respond to the emerging and growing needs of the community. There is the need to plan for expanded capacity within ACT emergency departments. There are also opportunities to reduce presentations to emergency departments through delivering services in the community. The actions below are aimed at delivering:

- Improved health outcomes and access to care, with a particular focus on priority population groups
- Improved access to services experiencing demand pressures
- Services that are flexible and inclusive to respond to individual needs and circumstances.

Service Areas and Actions

Area of focus	Actions
Health system	
Health Demand	Establish and implement strategies to manage growth in demand, through: <ul style="list-style-type: none"> • focused plans for increased capacity • identifying opportunities for safely reducing length of stay • identifying opportunities to decrease avoidable hospital admissions • increased health promotion activities • identifying opportunities for integrated early intervention services
Better value care	Design and review models of care that focus on collaborative and integrated care with primary care providers and NGOs. <p>Establish value as a core principle in all service review, service design and redesign activities demonstrating a commitment to models of care that deliver outcomes that matter to patients and improved patient experiences.</p> <p>Develop new models of care coordination and services in the community that:</p> <ul style="list-style-type: none"> • identify opportunities to co-locate services at community-based health services • partner with NGO services • improve access to services in community settings <p>Improve holistic care for people with comorbid conditions by identifying opportunities to direct new patients to multidisciplinary care teams in public hospital, outpatient and community services.</p> <p>Consider recommendations of Choosing Wisely to implement Territory-wide pilot projects with a focus on:</p> <ul style="list-style-type: none"> • diagnostic imaging services • surgical interventions • screening services

Area of focus	Actions
Health system	
Virtual care	<p>Expand virtual care as a service delivery option with a focus on:</p> <ul style="list-style-type: none"> • renal services • chronic care • general medicine • endocrinology • Hospital in the Home <p>Establish and implement telehealth/telemedicine/telecare models and supporting infrastructure to enable care closer to home.</p> <p>Collaborate with NGO services and consumer advocacy groups to determine the unintended impacts of digital disadvantage and access to virtual care.</p> <p>Implement resources to support access to virtual care through:</p> <ul style="list-style-type: none"> • training and education of health professionals • promotion in health services • ensuring a collaborative approach with patients and families
Health protection and health emergency services	<p>Review ACT Health Protection Service (HPS) to ensure services can effectively and efficiently prevent, detect and respond to future public health risks and health emergencies including:</p> <ul style="list-style-type: none"> • determining health protection needs • reviewing regulation • reviewing health emergency capabilities and capacities • developing priorities • reviewing resourcing of the ACT HPS <p>Upgrade and expand capability of the ACT Government Analytical Laboratories to better support the work of health services and the HPS.</p>
Priority and vulnerable populations	
People with disability	<p>Improve access to the public health system, including linkages with primary care and community healthcare providers through:</p> <ul style="list-style-type: none"> • developing and implementing the ACT Disability Health Strategy • developing and implementing the Canberra Health Services Disability Action and Inclusion Plan • identifying and addressing barriers to access health services or return to the community from a hospital setting for people with disability <p>Improve the capacity and capability of health services to provide care for people with intellectual disability, acquired brain injury or sensory sensitivity through a scoping study of safe inpatient care that:</p> <ul style="list-style-type: none"> • ensures care environments are appropriate • meets the needs of patients • identifies strategies to reduce stresses caused by environmental or procedural factors • collaborates with carers and significant others

Area of focus	Actions
Priority and vulnerable populations	
LGBTIQ+ health	<p>Improve access to the public health system, including linkages with primary care and community healthcare providers through:</p> <ul style="list-style-type: none"> • implementation of the recommendations from the LGBTIQ+ Health Scoping Study in partnership with community • co-design a gender-focused health service with community partners to better deliver integrated care and improve access to specialist services • expand gender focused health services for trans and gender diverse people in the ACT • review and develop the new model of care for the Paediatric Gender Service • implement new models of care to support children and families born with variations in sexual characteristics to support the implementation of deferrable medical interventions regulation
Aboriginal and Torres Strait Islander Health	<p>Address underrepresentation of Aboriginal and Torres Strait Islander peoples in the public health system by undertaking a data linkage project to improve the use of the indigenous identifier in health data sets to identify gaps and priorities for action.</p> <p>Improve health and access to health care for Aboriginal and Torres Strait Islander peoples in the Canberra region through implementation of Canberra Health Services 'Together, Forward' Action Plan.</p> <p>Improve workforce representation through the implementation of the Canberra Health Services Aboriginal and Torres Strait Islander Workforce Action Plan.</p> <p>Deliver on commitments for health services under the Aboriginal and Torres Strait Islander Agreement, including:</p> <ul style="list-style-type: none"> • establishing a culturally appropriate residential rehabilitation facility for alcohol and other drugs • boost delivery of Ear, Nose and Throat (ENT) surgery for at risk Aboriginal and Torres Strait Islander infants, children and young people • enhance the Ngunnawal Bush Healing Farm as a culturally based healing program • develop tailored health and wellbeing programs at Alexander Maconochie Centre • strengthened support for mental health and suicide prevention
Culturally and Linguistically Diverse population health	<p>Address underrepresentation of Culturally and Linguistically Diverse peoples in the public health system in collaboration with key stakeholders including:</p> <ul style="list-style-type: none"> • develop an ACT Health Directorate Languages Services Plan to ensure the Directorate meets the requirements of whole-of-government policy and tailors information provision to meet community needs and requirements • report on work undertaken by the ACT Health Directorate with recommendations to Government for future consideration

Area of focus	Actions
Service Areas	
Emergency Care	<p>Identify and implement strategies to safely reduce growth in emergency presentations, including in partnership with NGO services and community-based programs.</p> <p>Review models of care for emergency treatment, including:</p> <ul style="list-style-type: none"> · opportunities for innovative service delivery models · options for care closer to home · pathways for acute admission · community education about emergency care <p>Commission the new Canberra Hospital Expansion Project Emergency Department to grow emergency treatment capacity in the ACT.</p> <p>Complete service planning for an expanded emergency department on the northside of the ACT as part of the northside hospital project.</p>
Surgical and procedural services	<p>Develop a Territory-wide public surgery plan that:</p> <ul style="list-style-type: none"> · ensures long-term sustainability for public emergency and elective surgery delivery · identifies future workforce requirements · identifies infrastructure requirements · maps the current and predicted future service case-mix · identifies opportunities for service innovation · identifies strategies to manage patient comfort while waiting for surgery · considers cross-border arrangements <p>Increase capacity for emergency and elective surgery and procedural services across the ACT, including:</p> <ul style="list-style-type: none"> · identify opportunities for further emergency surgery delivery to respond to increasing demand · redistribution of elective surgery to maximise Territory-wide capacity · improve management of wait lists by surgical specialty · expand capacity of specialty surgery including plastic and reconstructive surgery, ENT surgery, orthopaedic surgery, vascular surgery, urology, paediatric surgery and general surgery · establish a territory-wide public endoscopy waiting list and review opportunities to establish Territory-wide public waiting lists for procedures
Children and young people	<p>Develop and implement a Child and Adolescent Clinical Services Plan.</p> <p>Plan for development of paediatric sub-specialty services including paediatric gastroenterology and paediatric endocrinology.</p> <p>Establish paediatric Hospital in the Home services for selected conditions where a paediatric patient would otherwise be admitted to a hospital inpatient bed.</p> <p>Identify service options to deliver more paediatric care at home for:</p> <ul style="list-style-type: none"> · chronic conditions · rehabilitation · palliative care

Area of focus	Actions
Service Areas	
Women and children	<p>Implement 'Maternity in Focus: The ACT Public Maternity System Plan 2022-2032'.</p> <p>Support integration and flexible care arrangements through stakeholder engagement on proposed service changes for the QEII Family Centre.</p> <p>Develop and implement the Best Start of Canberra's Children: The First 1,000 Days Strategy (the Best Start Strategy).</p> <p>Implement a staged approach to redesign of the QEII service model with:</p> <ul style="list-style-type: none"> · introduction of day programs · virtual care · home visits
Older persons care	<p>Identify and implement strategies and supports that reduce length of hospital stay and assist older people to stay at home.</p> <p>Support residential aged care providers to keep older people out of hospital, including:</p> <ul style="list-style-type: none"> · continued development of the Geriatric Rapid Acute Care Evaluation (GRACE) service · continued development of the Rapid Assessment of the Deteriorating Aged at Risk (RADAR) service <p>Establish a Centre of Excellence for Care of Older Canberrans on the northside</p> <p>Develop and implement workforce education and training to improve the care of patients with dementia.</p> <p>Develop an ACT stepped care model for people with Behavioural and Psychological Symptoms of Dementia (BPSD) and establish a dedicated inpatient environment for patients with BPSD who are at high risk of harm to themselves or others.</p>
Medical Services	<p>Explore opportunities to enhance the capability of endocrinology services on the northside.</p> <p>Undertake a review of rheumatology services to identify requirements for improving service sustainability in meeting the needs of the population.</p> <p>Realign rheumatology services in accordance with the service levels framework.</p> <p>Review capacity and models of care for current obesity services and limitations of existing services in accommodating bariatric patients.</p> <p>Ensure obesity services are responsive to the needs of the community and integrated with health promotion and prevention programs, in line with the National Obesity Strategy 2022-2032.</p> <p>Improve access to cardiology services on the northside, with a focus on:</p> <ul style="list-style-type: none"> · cardiology diagnostic services with a view to prevention and long term health · ambulatory and community based heart failure services to reduce demand on the hospital system and provide care closer to home
Palliative Care	<p>Develop an ACT Model of Care for Palliative Care Services.</p> <p>Establish dedicated palliative care inpatient beds at Canberra Hospital to deliver an improved care environment for inpatients who have palliative care needs.</p> <p>Expand home based palliative care services across the ACT.</p> <p>Increase access to palliative care respite services.</p>

Area of focus	Actions
Service Areas	
Pain Management	<p>Identify opportunities to support self-management of pain and increased use of virtual care.</p> <p>In accordance with the National Strategic Plan for Pain Management increase capacity and capability for multidisciplinary pain management services across the ACT with a focus on:</p> <ul style="list-style-type: none"> • the acute inpatient setting • for chronic conditions <p>Establish transitional pain services across the Territory aimed at:</p> <ul style="list-style-type: none"> • early identification of patients at high risk of transitioning from acute to chronic pain • improving pain management post-surgery, trauma or prolonged hospital admission • facilitating stepped approaches away from pain medications • reducing the development of chronic pain disability
Rehabilitation	<p>Review and redesign the models of care for rehabilitation services in the ACT with a focus on:</p> <ul style="list-style-type: none"> • access to rehabilitation services in different care settings • criteria for admission • patient pathways • Improve access to early rehabilitation in the acute inpatient environment.
Mental Health	<p>Develop and implement a public mental health services plan</p> <p>Implement an ACT model of care to support early intervention and management of eating disorders.</p> <p>Implement new and expanded services in line with the new model of care for eating disorders including:</p> <ul style="list-style-type: none"> • a residential treatment service • an early intervention service • a clinical hub service • improved access to integration with inpatient services • improved access to integration with community-based treatment services
Cancer care	<p>Develop a Regional Cancer Services Plan.</p> <p>Establish a single point of contact to access fertility preservation working with existing providers to deliver appropriate fertility preservation services for individual patients according to their needs.</p> <p>Establish the Cancer Research Centre at the Canberra Region Cancer Centre.</p> <p>Scope new and emerging cancer treatments including clinical trials and other therapies that can be safely and sustainably provided in the ACT.</p> <p>Invest in screening, diagnostic and endoscopy services in line with increasing demand and undertake modelling of the impacts of these developments on demand for other cancer care services.</p> <p>Expand gynaecological oncology services in the ACT to enhance self-sufficiency and reduce the need for women to travel interstate to access specialist services.</p> <p>Identify options for surveillance of breast cancer in those considered high-risk following genetic testing.</p>

2: Transitions of Care

Effective transitions of care through health services are vital to improving outcomes for vulnerable and at-risk populations and people with complex health and social needs. An integrated health care system is easy to use, navigate and access for all who need it.⁴⁸

The actions below outline steps the Government will take to deliver better integration within services and across the service system in key areas identified through the extensive consultation.

The expected outcomes of implementing these actions will improve health outcomes and access to care, making it easier for patients, families and service providers to navigate the service system. The actions will also address issues of patients 'falling through the gaps' as they move between services and care settings (e.g. between hospital and community settings).

Through the identified actions care will also be provided closer to home and break down silos between services including:

- Between different services within hospitals
- Between hospital and community
- Between health services in the ACT and NSW
- Between health services and other services people access in the community.

Service Areas and Actions

Area of focus	Actions
Health system	
Health system	<p>Develop linkages between existing service directories to improve access to information on available services.</p> <p>Identify and address barriers to access and discharge:</p> <ul style="list-style-type: none"> • within health services in the ACT • between health services, including cross-jurisdiction • external to the health service system <p>Review and redesign patient pathways and models of care to improve integration across the health system for:</p> <ul style="list-style-type: none"> • older people • people with chronic conditions or disability • people with mental health issues
Patient navigation	<p>Improve continuity of care across the health system with a focus on:</p> <ul style="list-style-type: none"> • coordination of referrals to multiple services • access to diagnostic imaging services for patients and transfer of information between services • linkages for patients receiving care interstate <p>Review current navigation, care coordination and liaison roles across the Territory to establish an integrated Patient Navigation Service with a focus on:</p> <ul style="list-style-type: none"> • supporting people with chronic, complex conditions • a Paediatric Liaison and Navigation Service to support families in navigating the complexity of interstate shared care arrangements • identifying opportunities to improve service navigation resources and supports across the Territory

Area of focus	Actions
Health system	
Children and young people	<p>Invest in supported transition of care between paediatric and adult services for young people with long term conditions.</p> <p>Investigate opportunities to integrate services for children and young people that:</p> <ul style="list-style-type: none"> · develop new models of care coordination and services · support co-location of services at community-based settings · partner with other ACT Government Directorates and NGO services · improve access to services in the community
Mental Health	<p>Identify opportunities to improve integration between inpatient and specialist community mental health services.</p> <p>Identify opportunities to engage mental health intensive case management in the community and subacute services to ensure the right care is being provided at the right time.</p> <p>Improve support of patients frequently presenting to Canberra Hospital and Calvary Public Hospital Bruce through intensive case management.</p> <p>Improve health outcome and strengthen access to mental health services in the Territory through:</p> <ul style="list-style-type: none"> · review of the Territory-wide governance of mental health services · review of existing subacute mental health service arrangements in ACT Government provided and funded services · expanded access to mental health services with a focus on: <ul style="list-style-type: none"> - ensuring appropriate clinical capacity and capability - appropriate geographical distribution of services across the ACT · Development of a care coordination model of care to support expanded service capacity and scope
Mental health and alcohol and drug services	<p>Improve access to integrated care for people with co-morbid conditions through:</p> <ul style="list-style-type: none"> · review of existing care pathways for people accessing both mental health and alcohol and other drug services · identify opportunities to address barriers for people accessing both mental health and alcohol and other drugs services · develop and implement a person-centred collaborative care model for alcohol and other drugs and mental health across all services
Mental health and older persons services	<p>Undertake analysis of service gaps between geriatric and psychogeriatric services.</p> <p>Develop and implement an integrated model of care for people requiring mental health and geriatric services.</p> <p>Invest in improved capacity for allied health and other appropriate workforce for people requiring mental health and geriatric services.</p>
Cancer Care	<p>Improve access to the right care, in the right place at the time across the cancer care continuum:</p> <ul style="list-style-type: none"> · review and redesign current care pathways to align with cancer care optimal care pathways · improve integration with highly specialised low volume cancer care services delivered in major metropolitan areas · improve integration with a focus on: <ul style="list-style-type: none"> - screening and diagnosis - through to surgical services - cancer services - palliative care - other supports in the community

3: The ACT's role as a local, Territory and regional service provider

The ACT public health system plays an important role in supporting access to hospitals and health services for both residents of the ACT and the surrounding NSW region and ensuring access to care close to home. The first step in establishing a common expectation for planning and developing sustainable services is to define and formalise commitments to local, Territory and regional service provision now and into the future.

Through delivery of identified actions the system will be better prepared to deliver care close to home in a safe and sustainable way, as well as improve consistency between services.

The actions outlined below will also maximise the efficient use of health resources to meet the needs of the community.

Service Areas and Actions

Area of focus	Actions
Health system	
Service agreements including cross border arrangements	<p>Formalise agreements and plans to support implementation across local, Territory and regional services to better define roles and responsibilities, with priority placed on:</p> <ul style="list-style-type: none"> • development of formal arrangements for cancer services and planning, including Territory-wide and regional service arrangements • development of Territory-wide service agreements and plans for rehabilitation services • renewing plans and service arrangements for renal services at the Territory-wide and regional level • establishing and/or strengthening service networks at the Territory and regional level for maternity services, critical care, trauma and retrieval services <p>Identify inflows and work with relevant NSW local health districts to determine the profile and volumes to be reversed to NSW where local NSW services are already established and the opportunities to support new services in the ACT with sufficient patient flow.</p> <ul style="list-style-type: none"> • Progress formal plans to reverse flows through the ACT & Southern NSW Joint Operations Committee.
Northside service planning	<p>Plan for future development of services in the northern regions of the ACT including:</p> <ul style="list-style-type: none"> • maternity services • mental health services • cancer services • surgical and procedural services <p>Develop and progress planning for the new northside hospital.</p> <p>Develop and progress planning for the northside hospital clinical services plan in line with infrastructure planning.</p>
Alcohol and other drugs	<p>Build on current progress through the Drug Strategy Action Plan through the implementation of the next Drug Strategy Action Plan.</p> <p>Develop an Alcohol and Other Drug Health Services Plan to establish the future state for alcohol and other drugs services in the ACT.</p>

Area of focus	Actions
Service Areas	
Community Health	<p>Improve alignment of community-based health services provided by the ACT Government to the needs of district catchments:</p> <ul style="list-style-type: none"> • establish and implement a role delineation framework for geographic catchment-based distribution of community-based health services that supports access for priority population groups • source and map current and projected service activity to locations and place of residence and analyse against population catchment and health status data • map current service activity to capacity of existing facilities • assign required service levels to each district and realign and expand services accordingly
Sexual Health	<p>Establish future directions for sexual health services in the ACT across the service spectrum from primary care to specialist services in the community and hospital through development of a Sexual Health and Blood Borne Viruses Services Plan for the ACT.</p>
Surgery	<p>Develop care plans as part of pre-admission planning, focusing on:</p> <ul style="list-style-type: none"> • weight and nutrition • oral health • allied health supports pre- and post-surgery • post-surgical home supports <p>Establish a profile of procedures that can be undertaken in ambulatory or procedural settings to reduce demand on hospital-based theatres and consider the development of infrastructure to enable the delivery of day surgery away from hospitals.</p> <p>Undertake a cost benefit analysis/feasibility study for the development and sustainability of robotic surgery in the ACT, with a particular focus on:</p> <ul style="list-style-type: none"> • urology, gynaecology and cardiothoracic surgery • patient outcomes benefits • workforce issues • cost of equipment and infrastructure modifications required • equipment maintenance • training, set up time • volumes of procedures

4: Strengthening Core ACT Government-Funded Clinical Support Services

The ACT Government has made significant investments in new and expanded services in the ACT continuing to deliver a world-class public health system.

To ensure the health system continues to meet the growing and increasingly complex healthcare needs of Canberrans, the system will require continued investment in a multi-disciplinary workforce that supports the best outcomes and reduces inpatient admissions and lengths of stay is crucial for the health outcomes and the sustainability of the ACT public health system.

Leveraging the opportunities presented by the development of genetic and genomic medicine across the Territory is anticipated to have substantial benefits for patient outcomes.

The actions and areas of focus below will deliver improved patient outcomes and reduce the length of stay in hospital. Ensure that our clinical support services have the appropriate capacity and capability to support new and expanded clinical services. The actions also focus on optimising clinical decision-making in determining the most appropriate treatment and care for patients.

Service Areas and Actions

Area of focus	Actions
Workforce	<p>Develop an ACT Health Workforce Strategy that will:</p> <ul style="list-style-type: none"> • set the medium and long-term plan for the health workforce in the ACT • take a Territory-wide approach to ensure a sustainable and growing healthcare workforce • ensure a diverse and highly skilled workforce is prioritised • align with evidence and clinical services planning • align with health infrastructure planning across the Territory <p>Identify opportunities to expand access to existing public training and education packages for non-government organisation and primary health workforces.</p> <p>Develop service level agreements to facilitate access to training to improve links between CPHB, NGO providers and CHS training and education packages.</p> <p>Review existing training packages provided by non-government organisation providers for CPHB and CHS workers.</p>
Nursing and Midwifery	<p>Maintain delivery of phase one of nurse-patient ratios across the public hospital system.</p> <p>Plan for and commence implementation of phase two of nursing and midwifery-patient ratios across the public health system.</p> <p>Develop nursing and midwifery workforce action plans to ensure appropriate recruitment, retention and career pathways are established to support the growing workforce.</p> <p>Increase access to nurse and midwife-led services:</p> <ul style="list-style-type: none"> • complete a review of nurse and midwife-led services and identify opportunities for expanding models of care • complete and implement the review of the Nurse Practitioner Role in the ACT • review the Advanced Practice Nurse role in the ACT and identify opportunities for expansion

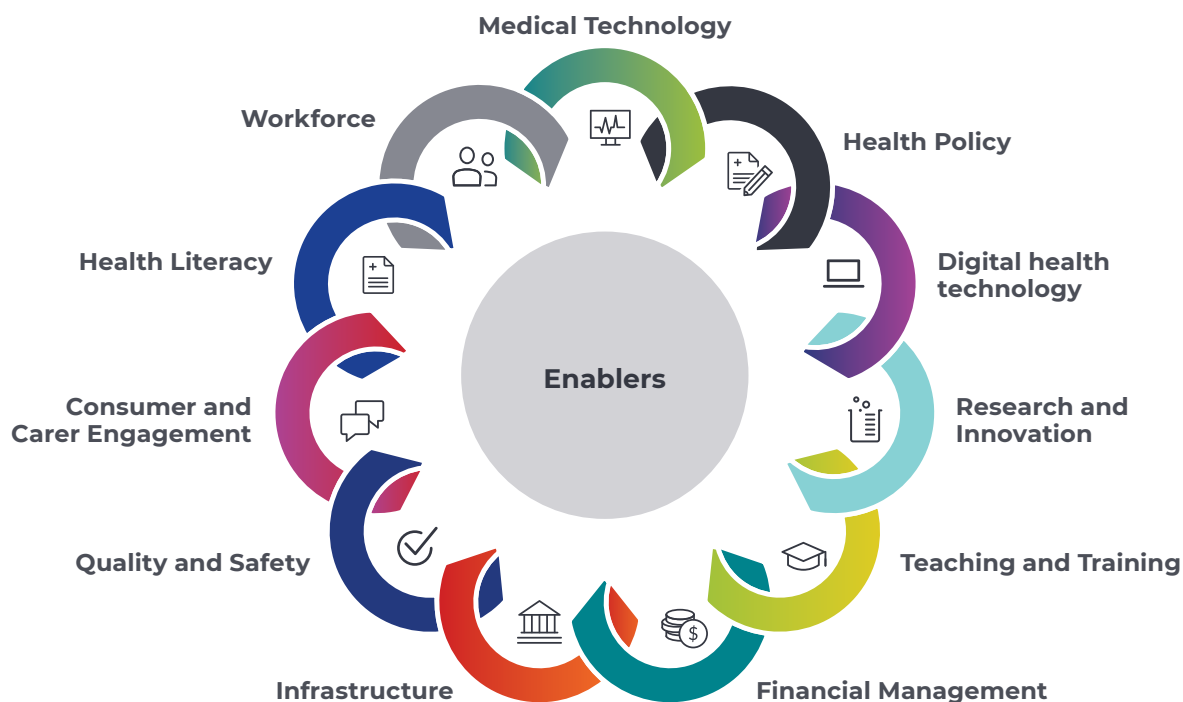
Area of focus	Actions
Allied health workforce	<p>Increase access to allied health services:</p> <ul style="list-style-type: none"> · conduct a feasibility study for substitution of doctor-led outpatient services with allied health clinics · increase allied health staff numbers in community health settings · increase allied health staff numbers in hospital settings · implement allied health clinics in place of medical outpatient services where appropriate <p>Work with tertiary education providers to identify training needs to grow capacity in the allied health workforce.</p> <p>Improve equity in access to allied health care within services, including:</p> <ul style="list-style-type: none"> · HITH · renal · sexual health · cancer services · psychogeriatrics · paediatrics
Pathology	<p>Undertake a service review of pathology services as a 7-day a week service across the Territory aligned to current and future planned clinical services that are or will operate on a 24/7 basis.</p> <p>Ensure planning and implementation of new and expanded services includes consideration of pathology service impacts.</p> <p>Review current service model including status of and readiness for expanding digitisation and automation both at Canberra Hospital hub and across the network for pathology services.</p> <p>Develop a plan for the transformation of pathology services across the ACT to inform infrastructure planning and operational implementation.</p>
Pharmacy	<p>Undertake a service review focusing on development of pharmacy services as a 7-day a week services across the Territory aligned to current and future planned clinical services that are or will operate on a 24/7 basis.</p> <p>Ensure planning and implementation of new and expanded services includes consideration of pharmacy service impacts.</p> <p>Review and improve current arrangements for clinical pharmacy supports during admission to hospital.</p> <p>Review current service model including status of and readiness for expanding digitisation and automation both at Canberra Hospital hub and across the network for pharmacy services.</p> <p>Review current pharmacy service capacity across inpatient and outpatient services including for those services with dedicated pharmacy support.</p> <p>Improve community based clinical pharmacy supports for patients with complex pharmaceutical needs.</p> <p>Identify and respond to gaps in capacity to deliver clinical pharmacy services.</p> <p>Work with the Commonwealth on a Public Hospital Pharmaceutical Reform Agreement for ACT public hospitals.</p>

Area of focus	Actions
Medical Imaging	Establish medical imaging services at the University of Canberra Hospital. Commission expanded medical imaging services at Canberra Hospital as part of the Canberra Hospital Expansion. Establish imaging services at Weston Creek Walk-in Centre. Identify other opportunities to improve access to community-based medical imaging services.
University of Canberra Hospital (UCH)	Review current and proposed future service arrangements at UCH to determine the required capacity and capability of pharmacy, pathology and imaging services.
Genetic and Genomic Medicine	Undertake a feasibility study for genetic and genomic medicine across the Territory. Undertake demonstration projects to test and refine the new service model, with a focus on value-based care, and maximising patient outcomes and service efficiency (subject to outcomes of the above).



Enablers

Successful implementation of the Plan will rely on a series of enabling activities in the areas shown below.



Health Policy



Health service planning and delivery is underpinned by healthcare system or organisation’s policies and strategic directions. “A ‘policy’ is a statement of intent in relation to providing a service, managing an operational or governance issue or addressing a problem. Health service planning focuses on what should be done to achieve the direction specified by a relevant policy or strategic plan. Through a process of analysis, health service planning identifies the changes required in a particular area and develops strategies to achieve these changes.”³

The effective use of data is a core feature of evidence-based health policy. The ACT Public Health Data Strategy provides strategic direction for the overall management of data arising from the provision of public health services in the ACT. The Strategy identifies that at the system level, availability of high-quality health performance data encourages design and delivery of better, more sustainable health services and more appropriate health system policies.

Infrastructure



Infrastructure is an essential enabler – it provides the appropriate environments to support contemporary care and meet demand.

ACT Government buildings and facilities need to respond to changing models of care and new technology to ensure that the public health service system meets the needs of the community.

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

- Review, invest in and renew ageing infrastructure in endoscopy, pathology and pharmacy.
- Maximise theatre utilisation through alternative safe settings to reduce demand on theatre sessions.
- Improve access to outpatient clinics through investment in alternate models for outpatient services including telehealth, shifting services to community-based facilities and working with GPs and nurse practitioners to support transitions from specialist to primary care.

- Increase medical inpatient capacity across the Territory.
- Identify and implement actions to deliver on the ACT Climate Change Strategy.
- Ensure that master planning supports a priority on education and training including adequate training facilities at ACT teaching hospitals and simulation space at ACT hospital campuses.
- Progress planning for the new northside hospital.⁴⁹

Digital health technology



The ACT Government is focussed on building digital capabilities to support a sustainable, innovative and world-class health system for the ACT. One of the drivers of the ACT Digital Health Strategy 2019-2029 is the development of a clinical record that can be accessed by all members of the treating team regardless of physical location. This single record will capture all clinical interactions, which will provide a consistent and accurate information base on which to deliver improved clinical decision support with advanced tools and a more complete view of patient information.

The integrated Digital Health Record will allow improved patient scheduling and administration as well as building the foundations for patient self-service. An integrated Digital Health Record will also provide a platform to support future directions in person-centred care such as the use of genomics in precise and personalised medicine as well as providing an information base from which to drive a focus on population and preventative healthcare. The Digital Health Record will be implemented in 2022 and will contribute to achieving the aims of this Plan by providing timely access to integrated information to plan and manage service demand and delivery more effectively.

Digital health technology development is also critical for realising the actions in this Plan targeted at embracing advances in technology, including telehealth and telemedicine; robotic surgery; technology advancements in services such as interventional cardiology, surgical services and genetic and genomic medicine.

Workforce



Without a skilled and supported workforce, health services simply cannot be provided. The ACT Government seeks to attract and retain highly trained and experienced medical practitioners, medical researchers, nurses, midwives, allied health professionals and non-clinical staff by providing a positive work environment and access to the latest technologies and clinical solutions.⁵⁰

The ACT Government will progress workforce reform to future proof health services in the ACT including through:

- A Health Workforce Strategy that promotes a workplace culture of excellence, innovation, education and research and a public health system that maintains the capability, skills, culture and leadership needed to flexibly respond to future service demands and health system challenges.⁵⁰
- Support for the professional development, workforce retention and career development of the ACT public health workforce through post-graduate scholarships, symposiums, recognition of excellence, research and quality in healthcare; placement programs for students within allied health, medicine, nursing and midwifery.
- A pathway for students to progress into the workforce within the ACT health system.
- A strong culture of respect and safety for staff through embedding the lessons from the Independent Review of Workplace Culture and engaging closely with staff and their representatives to continuously improve processes and outcomes for all staff.

Research and Training



The ACT Government is committed to enhancing the health and wellbeing of the ACT community across the continuum of care through excellence in policy, research, training and innovation. Academic partnerships with universities and teaching hospitals advance clinical research and integrate research into clinical practice. The ACT Government will work to strengthen partnerships with the aim of identifying clear priorities, limitations and opportunities.

The Government has an important role to share research learnings with the NGO health sector – and vice versa. There are opportunities for cross-sector collaboration and learning in the areas of research and training, and enormous value in learning from people with lived experience and their trusted support services.

Quality and safety



Improving the quality of healthcare across the ACT is a priority for the ACT health system. The ACT Health Quality Strategy 2018–2028 continues to provide overarching guidance for provision of patient and consumer-focused service delivery. In implementing this plan with regular reviews, a focus on safety and quality will ensure that care remains safe, sustainable and patient-focused.

Health Literacy



Health literacy is about people's ability to obtain, understand and act on health information in their daily lives. Health literacy occurs at an individual and environmental level.⁵¹

- Individual health literacy – describes the knowledge, skills, motivation, confidence and personal networks that people use to get, understand and act on health information and make decisions about their health.
- The health literacy environment – describes the settings in which people seek health information and use health care services. This includes the buildings where care occurs, signage and maps, websites, policies and processes, as well as the way clinical and non-clinical staff of health services interact and speak with consumers and carers.

The ACT Government funds the Canberra Health Literacy website maintained by the Health Care Consumers' Association, which contains health literacy information and resources for the ACT and region, for health and community services, clinical and allied health professionals.⁵²

Medical technologies



Technological development drives changes in clinical practice and health system processes. The range of technologies used in health includes medicines, diagnostics, devices, equipment and supplies, medical and surgical procedures, support systems, and organisational and managerial systems used in prevention, screening, diagnosis, treatment and rehabilitation.⁵³

The ACT Government will continue to support research towards medical technology advancements that can translate into clinical practice.⁵⁴

Finance and funding



Health care costs and demands on public health systems are increasing. Health service funding is determined and provided by Australian and state and territory governments, private health insurance and consumers. Future funding for new service models, treatments and technology may be constrained, so prioritising best value and most efficient use of resources is paramount to successful service planning. There is also a need to consider the critical mass and the economies of scale required to ensure services can be delivered safely and sustainably. Future funding challenges include potential national health funding reforms, a move from block funding to activity-based funding, and the need to maximise efficiency and accuracy around reporting, data collection, and more efficient models of care.

Consumer and carer consultation



Continual engagement with consumers and carers through a variety of forums will help the ACT Government achieve planning for a public health system that is truly person-centred. According to the 'Partnering with Consumers Standard' in the National Safety and Quality Health Service Standards, consumer partnerships are needed across three levels:⁵⁵

- At the level of the individual
- At the level of the service. This is where consumer and carer participation in the implementation and evaluation of this Plan will help guide positive outcomes.
- At the level of the health service organisation. Consumer-centred care comes from health governance and policy systems that involve consumers as partners in designing and shaping the whole health care system.²

The areas where consumer input is beneficial include:

- improving the delivery of care
- improving safety and quality of care
- policy and program development
- implementation and evaluation
- research
- facility and service design
- professional education, and
- stewardship of the system.

Feedback through consumer and carer consultation and engagement will assist in monitoring the success of this Plan and identify early opportunities and challenges.

Future requirements for capital infrastructure

The clinical service planning process provides the ACT Government with the number of available hospital beds and other points of care required for future hospital infrastructure and master planning.

The ACT Health Directorate forecasts public hospital inpatient bed requirements, taking into account current service utilisation, population growth and ageing, increasing chronic and complex conditions, and through scenario modelling, the impacts of service changes to be implemented through this Plan. ACT Health Directorate has commissioned updated forecasts in the context of COVID-19 and recovery.

Forecasting is a key input for determining future health infrastructure requirements. The Canberra Hospital Campus Master Plan, planning for the new northside hospital and investments in new walk-in health centres form part of the ACT Government's strategic planning for investment.

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

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

- Presentations to ACT emergency departments continue to grow. To meet this demand, more emergency department treatment spaces are needed.
- The number of high acuity patients is rising. Consequently, intensive care bed requirements are forecast to increase.
- Forecast growth in surgical activity will require additional operating theatres across the Territory.
- Demand is forecast to increase for cots in the Special Care Nursery (SCN) at both Canberra and Calvary hospitals and the Neonatal Intensive Care Unit (NICU) at Canberra Hospital.
- To accommodate the forecast increase in adult patients with mental illness requiring admitted care, more adult acute mental health beds are required.
- The ageing of the population will place increasing pressure on hospital services in the future.
- Anticipated trends in both surgical practice and other clinical services, technology, treatment modalities and diagnostic services will affect demand for surgery.

The ACT Health Directorate has used its activity forecasting to estimate the future capacity that will be required across the public hospital system. The required capacity is described in terms of beds/ treatment spaces, based on average occupancy targets for the different service areas.

A component of increased demand will be offset by investments in non-hospital-based services, improved efficiency and reversal of flows. Key considerations for other health infrastructure planning over the life of this Plan include, but will not be limited to:

- Increased capacity for mental health subacute and supported accommodation across the Territory;
- The need to expand community-based health infrastructure on the northside to respond in population growth;
- Maximising opportunities for co-location of health services in the community, including co-location of ACT Government and NGO delivered services;
- Expanding the scope of walk-in centres and other community-based health services to shift services from the hospital to the community.

Appendix A outlines activity forecasts to 2031-32 in the absence of any government intervention and provides further information about forecasting.

Planning into the future

This Plan has been developed in the context of an unprecedented and uncertain service environment arising from the COVID-19 pandemic.

While the long-term impacts on the ACT's public health system are not fully known at this time, the immediate impacts of COVID-19 on the health system have included increased demand for hospital beds including Intensive Care Unit beds, hospital and healthcare workforce shortages, and evidence of increased demand for mental health services. The ACT Government will monitor the emerging and sustained impacts. This will include the impacts of population growth and migration, risk behaviours and social determinants issues impacting on health, burden of disease and incidence and prevalence of illness over time.

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

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



Appendix A: Forecasting Public Hospital Demand in the ACT 2021–32

Purpose

This technical appendix outlines key areas of demand for the ACT public health system over the next ten years, identified through forecast activity and other analysis.

The forecasting in this appendix focuses on hospital demand as a key area that requires infrastructure and service planning. The forecasting covers:

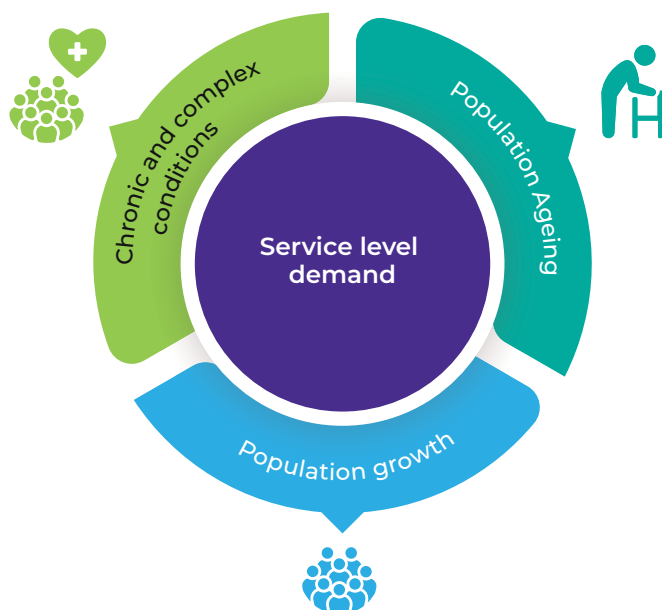
- Admitted hospital inpatient separations and bed-days (both acute and sub-acute)
- Emergency Department presentations
- Operating theatre capacity

Forecasting involves extrapolation of existing trends. Forecasts for future health service activity levels take into account past health service activity data, population projections, existing patterns of service utilisation, NSW/ACT flow patterns and clinical trends. Since forecasts become less reliable over time, and trends are subject to change, it is important that forecasts are updated regularly. ACT Health Directorate reviews its modelling tools every two to five years to ensure forecasts are as up to date as possible.

Recent trends

Key drivers for increasing utilisation of health services in the ACT public health system include a growing and ageing population and increasing prevalence of chronic conditions. The COVID-19 pandemic has also impacted upon utilisation of health services in terms of increasing demand in certain parts of the ACT public health system as well as affecting what services are provided, and when..

Figure 1: Drivers of demand



Population growth and Canberra's ageing population⁶

The ACT's population increased from 397,403 in 2016 to 454,499 in 2021, representing a 14 per cent increase. The forthcoming CMTEDD population forecast shows an expected increase of 44,029 over the decade to 2030. Between the 2016 and 2021 census, the number of ACT residents aged 70 or older grew from 32,685 to 43,690 persons which was a 34 per cent increase. This was more than twice the rate of growth for the population as a whole (14 per cent).

The COVID-19 pandemic temporarily reduced population growth in the ACT as international travel was reduced and fewer migrants came to the ACT to live. In 2020–21 the ACT's population only increased by 640 persons for a growth of 0.15 per cent, and the ACT's population is forecast to increase by 1,201 persons over 2021–22 or 0.3 per cent.

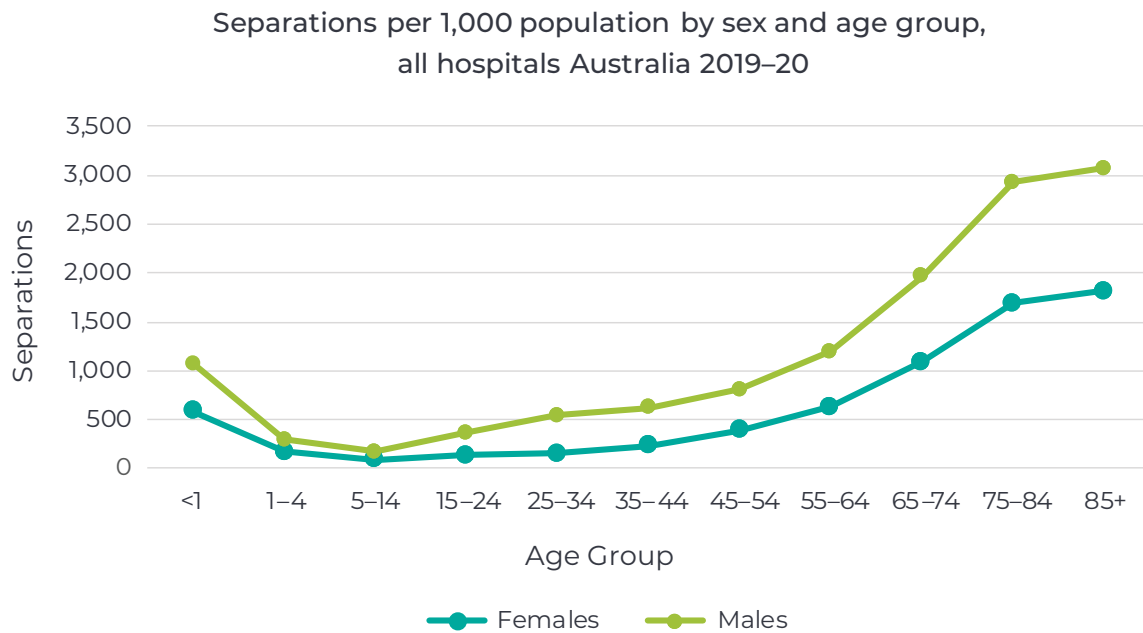
In the longer term the ACT is forecast to grow from 1 to 1.2 per cent per annum, which is equal to approximately an additional 5,000 to 6,000 people every year. Between 2021 and 2030 the ACT's population is forecast to increase by 44,000 persons, from 432,000 in 2021 to 476,000 in 2030.

The majority of the growth is forecast to take place in the northside of Canberra – Belconnen, Gungahlin and North Canberra are together forecast to grow by 34,000 people by 2030.

The population of Canberrans who are older than 70 is forecast to grow by 11,500 persons over the next ten years. Growth in the northside of Canberra accounts for 7,400 persons out of the total growth.

This is an important consideration because older people tend to require more hospital services. The figure below demonstrates the correlation between a person's age and the utilisation or requirement of hospital services rapidly increasing as a person ages.

Figure 2: Separations per 1,000 population by sex and age group, all hospitals Australia 2019-20



Source: AIHW. Admitted Patient Care 2019-20, Who used these services? Data Cube (Figure 3.2)

Chronic conditions

Chronic conditions are becoming more common. The ACT Chief Health Officer’s Report 2020 reports one in two ACT adults have a chronic condition. The leading causes of disease burden in the ACT are coronary heart disease, anxiety disorders, and back pain/back problems.

- Service level planning – forecasting can indicate whether some service areas are growing faster than others and allow the ACT Government to plan for changes in service offerings.
- Workforce planning – the ACT Government plans for the right workforce for future health services and infrastructure.

Forecasting

Forecasting health services activity underpins effective health services planning. Planners need to be able to predict future demand for health services to support service and investment decisions and to facilitate preventive health care intervention strategies.

There has also been a focus on modelling specialised service streams such as emergency department presentations. This is required as these service streams are affected by additional factors, such as (for lower acuity presentation) the availability of walk-in health centres and bulk-billing General Practitioners.

Some of the service and investment decisions that forecasting supports include:

Modelling tools and methodology

The ACT Acute Inpatient Model (ACTAIM) and an Emergency Department model are the main forecasting tools used by the ACT Government.

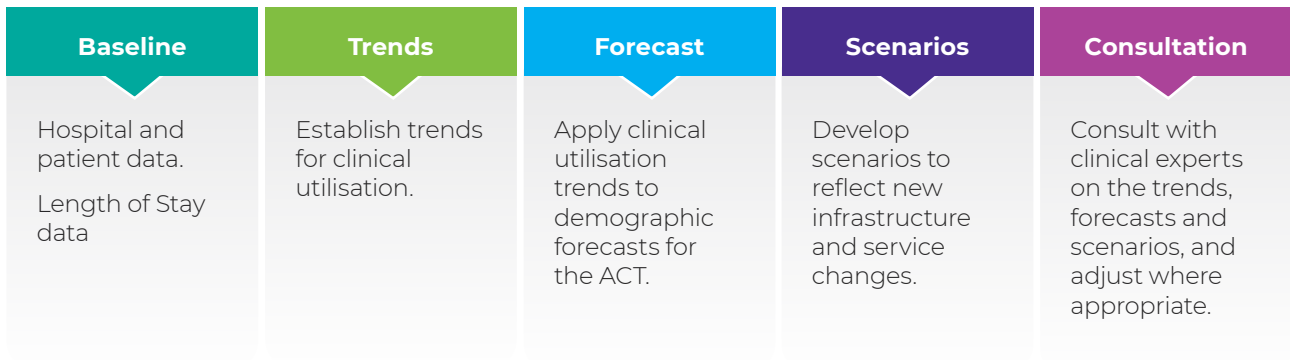
- Infrastructure – when considering investment in infrastructure such as hospitals, the ACT Government considers future patients and what their treatment needs will be.



The forecasting in this appendix focuses on hospital demand as a key area that requires infrastructure and service planning.

How ACTAIM works

Figure 3: Forecasting methodology



Hospital services forecasting starts by taking existing hospital and patient stay data and then calculating how different age groups in the districts of Canberra as well as from other jurisdictions access hospital services in the ACT. This includes which public hospitals people go to for health care and the types of clinical services they require.

The next step in the modelling is to establish trends across clinical services and age groups. For example, there is currently a trend for older Canberrans to access cancer services at higher rates over time. The modelling generally assumes that these trends will continue over time.

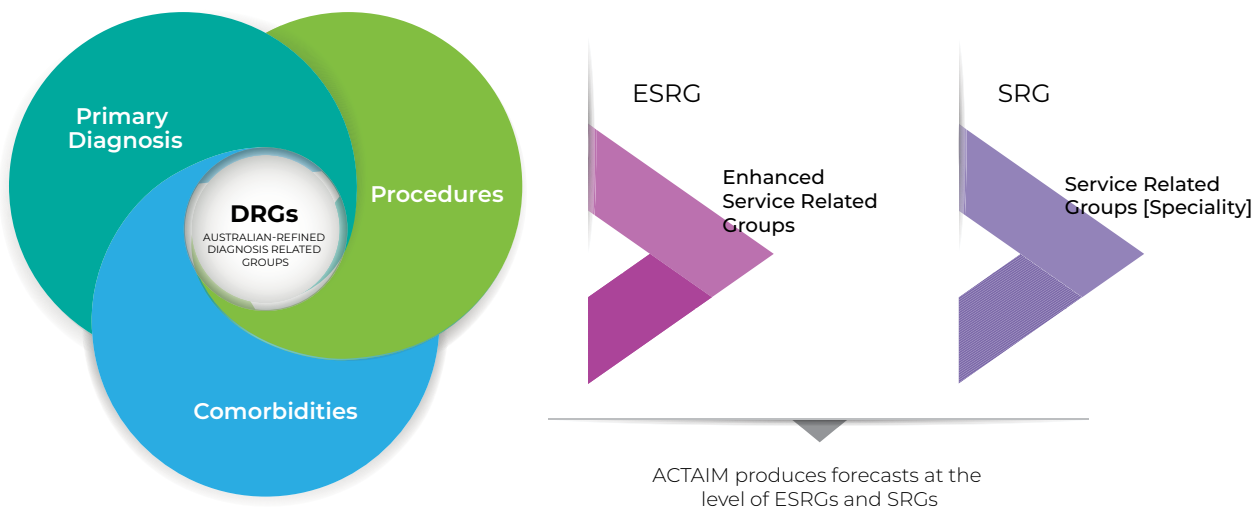
The trends for utilisation rates are then applied to population projections for the ACT. This allows the model to forecast the total volume and case mix for future years, which is referred to as the 'Base Case'. The forecasts are completed at the level of Enhanced Service Related Groups (ESRGs) and Service Related Groups (SRGs).

What are ESRGs and SRGs?

The ESRG and SRG classification categorises admitted patient episodes into groups representing hospital activity by clinical specialty.

SRGs reflect clinical specialties, while ESRGs are a more detailed level of classification of conditions and procedures within the specialties. ESRGs are comprised of Australian-Refined Diagnosis Related Groups (DRG), which are the finer level of detail. These classifications, along with others such as Peer Hospital Groups, provide health systems with robust tools for planning, evaluation, funding and other strategic initiatives.

Figure 4: How ESRGs and SRGs relate to DRGs



Reality testing

A key part of forecasting is reality testing the outputs with clinicians to discuss the potential for, or changes in, clinical practice that affect demand.

While consultation is important the modelling process still relies on being data driven. This is because most trends tend to be stable over time and any changes to them tend to be small and incremental.

How the Emergency Department model works

Base case emergency department (ED) projections apply a similar methodology to inpatient projections as described above. A five-year trend in historical ED data is used to project future demand combined with historical, current and projected population data. The methodology for calculating trends is based on linear regression.

Scenario modelling

In addition to the Base Case forecasts, the ACT Government also undertakes scenario modelling to reflect the expected impacts of new infrastructure as well as any significant service changes planned for the future.

- The most significant recent infrastructure investment has been the University of Canberra Hospital. The hospital opened in 2018 and involved the movement of rehabilitation activity to the new site from both Canberra Hospital and Calvary Public Hospital Bruce.
- The ACT Government has undertaken some initial scenario modelling to reflect the redistribution of activity to improve the 'self-sufficiency' of hospital services provided on the northside of Canberra. This work includes consideration of services currently provided at Canberra Hospital to residents of the northside of Canberra, that may be suitable for the proposed new Northside Hospital.

Length of Stay

When admitted, the amount of time that patients spend in hospital is a key assumption for forecasting. Length of stay is a measure of the average duration in hospital for patients admitted for a particular condition or procedure, counted in days.

The Council of Australian Governments (COAG), has recognised length of stay as a measure of hospital efficiency, by including it as one of the indicators in the Performance and Accountability Framework, the document endorsed by all Australian governments that guides the National Health Performance Authority's work.⁵⁶

The length of time patients spend in hospital for specific conditions has a large impact on overall health system costs. Information about the average length of stay among patients offers some insight into the efficiency of hospitals and local health systems in the following ways:

- A shorter stay is more efficient from a hospital's perspective, making beds available more quickly to provide care for more patients, as well as reducing the cost per patient. However, stays that are too short may reduce the quality of care and result in poorer patient outcomes.
- Longer stays are often due to complications and may be associated with a higher risk of adverse events
- Longer stays may also be due to factors unrelated to the patient's clinical condition, such as delays in consulting or coordinating care with other health professionals who have a role in assisting the patient's recovery. Longer stays can also occur if there are delays in ensuring the patient is accepted into another service, such as a rehabilitation facility, aged care home or community care service.⁵⁷



Despite an increasing pressure on hospital admissions by older and chronically ill patients, if 2019-20 is excluded due to variables that could be related to the COVID-19 pandemic, average length of stay has trended downward as compared to 2015-16. This has been driven by changes in the way health services are delivered, such as increasing use of same day care for treatments that previously required overnight hospital stay.

Table 1: Public Hospital Average Length of Stay

ALOS	2015-16	2016-17	2017-18	2018-19	2019-20
Calvary Health Care ACT	3.42	3.08	3.04	2.95	3.11
The Canberra Hospital	3.25	3.13	3.23	3.18	3.17
UCH				12.48	17.13
Grand Total	3.29	3.12	3.18	3.27	3.40

As well as a key assumption for forecasting, average length of stay is also a key measure for clinical performance. In 2011-12 the National Health Performance Authority compared average length of stay at 58 major metropolitan hospitals across Australia. Canberra Hospital and CPHB was included in this analysis.

At this time the average length of stay for knee replacement ranged from 3.3 to 8.7 days and hip replacement ranged from 3.8 to 15 days with CPHB having the shortest length of stay in the study group at 3.3 and 3.8 respectively.

This study also identified opportunities in areas across the 16 selected conditions and procedures as exemplified by Chronic Obstructive Pulmonary Disease without complication that had an 80 per cent longer average length of stay at some hospitals than others (ranging from 3.5 to 6.3 days).⁵⁷

Future Plans

In terms of future scenario modelling, ACT Government priorities include assessing the potential impacts of service redesign that will, for example, seek to shift multi-day patient visits to hospital to same-day treatments. Additional scenario work will also include reducing low value surgical interventions and the redistribution of elective surgery and procedural activity between sites. The ACT Health Directorate will also be expanding its forecasting to include other health service facilities beyond the public hospitals.

The ACT Health Directorate is also working towards improving its ability to forecast activity levels for:

- Non-admitted patients (outpatients)
- Community Health Centres
- Walk-in Centres
- Some services provided by Non-Government Organisations (e.g. alcohol and other drug services and mental health services).

Forecasting and COVID-19

The forecasting included in this paper is based on the establishment of trends from historical data from 2012-13 to 2017-18. The modelling process has not included any recent trends experienced during the COVID-19 pandemic. While utilisation is expected to return to more normal, long-term trends, it is also possible that there will be lasting impacts. The ACT Government will be updating its forecasting to take into account more current data and more recent trends, while also seeking to 'look past' the immediate COVID-19 impacts.

Forecasting and Infrastructure

Health service forecasting outputs include bed-days which are converted into beds, and ED treatment spaces, and these outputs are used to guide decisions about how much physical capacity is needed.

Planning for physical capacity needs to provide for a margin of safety that allows the facility to be able to cope with peaks in demand and operational requirements. This is done by setting average occupancy rates which will vary across the different service types.

The planning units for Canberra Health Services, University of Canberra Hospital and Calvary Public Hospital Bruce (and the northside scenario) are based on overnight occupancy rates, of 70 or 90 per cent depending on service type.

ACT public hospital base-case forecasting for key areas of demand

The analysis below shows some of the key areas of clinical service demand in ACT public hospitals. The data does not include non-admitted activity or activity for community-based health services.

The forecasts represent a base case scenario, meaning that they are the expected outcomes in the absence of any government intervention. The forecasts are for Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB) and are provided for 2026–27 and 2031–32, with a breakdown of multi-day separations, multi-day bed-days and same-day separations. Underlying data to inform forecasts has been grouped into clinical specialties.

Inpatient summary

Table 2: Forecast hospital inpatient activity

	Actual			Projection			Projection			Projection			Average % change per annum		
	2017-18			2021-22			2026-27			2031-32					
	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total
Multi-day separations	37,223	12,945	50,168	43,492	15,774	59,266	49,527	18,811	68,338	56,173	22,211	78,384	3.0	3.9	3.2
Multi-day bed-days	216,881	69,619	286,501	246,207	83,965	330,172	279,031	99,735	378,766	315,474	117,443	432,917	2.7	3.8	3.0
Same-day separations	39,439	8,658	48,097	44,806	10,199	55,005	50,367	11,883	62,250	55,877	13,588	69,465	2.5	3.3	2.7

Surgical services

In the ACT, the capacity of the public health system to provide elective surgery is influenced by several crucial factors. These include the demand for emergency surgery, demand for the surgical specialty, demand for hospital beds due to emergency and urgent medical care, the supply of surgeons, anaesthetists and nursing staff, theatre capacity, scheduling and management practices, and early discharge planning with patients to plan for an expected date of discharge.

Table 3: Forecast surgical services activity

	Actual			Projection			Projection			Projection			Average % change per annum		
	2017-18			2021-22			2026-27			2031-32					
	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total
Multi-day separations	12,405	3,070	15,475	14,646	3,631	18,276	16,882	4,232	21,115	19,336	4,855	24,191	3.2	3.3	3.2
Multi-day bed-days	62,626	7,399	70,025	72,420	9,424	81,844	83,150	11,084	94,234	94,998	12,854	107,852	3.0	4.0	3.1
Same-day separations	6,259	3,548	9,807	7,484	3,966	11,450	8,778	4,393	13,171	10,153	4,793	14,946	3.5	2.2	3.1

Table 4: Forecast number of operations – elective and non-elective/emergency activity

	Actual			Projection			Projection			Projection			Average % change per annum		
	2017-18			2021-22			2026-27			2031-32					
Operations	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total
Elective	7,968	5,422	13,390	9,222	6,239	15,461	10,516	7,139	17,655	11,912	8,063	19,975	2.9	2.9	2.9
Non-elective	10,638	1,682	12,320	12,616	1,940	14,556	14,668	2,240	16,908	16,889	2,545	19,434	3.4	3.0	3.3
Total	18,606	7,104	25,710	21,838	8,179	30,017	25,184	9,379	34,563	28,801	10,608	39,409	3.2	2.9	3.1

Key points:

- Orthopaedics has the largest average growth rate across the Territory in public hospitals. Orthopaedics also shows the largest average % change per annum of 4.2 per cent between 2017–18 and 2031–32 in multi-day separations across the Territory, however General Surgery is forecast to have the largest volume of activity accounting for 29.0 per cent of total surgical activity.
- Plastic Surgery is forecast in 2031–32 to have the largest rate of growth in same-day separations across the Territory from 2,766 separations in 2017–18 to 4,607 separations in 2031–32, followed by Urology and Orthopaedics.
- The number of emergency admissions to ACT public hospitals for non-elective (emergency) surgery is forecast to increase by an average percentage increase per annum of 3.3 per cent between 2017–18 and 2031–32.
- The proportion of forecast elective and non-elective/emergency surgery number of operations is 50.6 per cent and 49.3 per cent respectively in 2031–32.

Children 0–14 not admitted under a Paediatric Surgeon

- Specialties within surgical services with the highest forecast inpatient activity in 2031–32 for this age group:
 - For CHS multi-day separations, Orthopaedics (643 forecast separations), followed by Ear, Nose and Throat (433 forecast separations).
 - For CHS same-day separations, Plastic Surgery (626 forecast separations), followed by Orthopaedics (446 separations).
 - For CPHB same-day separations, Ear, Nose and Throat (118 forecast separations) followed by Dental (41 forecast separations).

Medical Services

Medical services in the ACT covers a range of non-surgical health interventions and treatments. This includes for example respiratory conditions, cardiology and endocrinology. These medical services are provided in a variety of settings and the forecasts in this section relate to inpatient services provided in the hospital setting at CHS and CPHB, and activity forecasts for Dialysis which is provided by CHS in both the hospital setting and sites in the community.

Table 5: Forecast medical services activity

	Actual			Projection			Projection			Projection			Average % change per annum		
	2017-18			2021-22			2026-27			2031-32			CHS	CPHB	Total
	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total			
Multi-day separations	9,133	5,984	15,117	10,698	7,627	18,325	12,212	9,467	21,679	13,877	11,665	25,542	3.0	4.9	3.8
Multi-day bed-days	52,153	35,049	87,202	58,825	44,239	103,064	66,219	54,134	120,353	74,389	65,981	140,370	2.6	4.6	3.5
Same-day separations	27,190	3,315	30,505	30,967	4,107	35,074	34,749	5,006	39,755	38,420	5,968	44,388	2.5	4.3	2.7

Table notes: Multi-day inpatient separations for Palliative Medicine at CPHB are patients admitted to Clare Holland House. Palliative Medicine at CHS is a consultation service. Rheumatology, Dermatology, Infectious Diseases and Renal Medicine for CPHB inpatient separations are reflected under General Medicine activity.

Key points:

- General Medicine and Cardiology together account for 56 per cent of forecast multi-day inpatient activity, across the Territory in 2031–32.
- Specialties within medical services with the highest forecast multi-day inpatient activity in 2031–32:
 - For CHS, Cardiology (3,153 forecast separations) followed by General Medicine (2,321 forecast separations).
 - For CPHB, General Medicine (7,444 forecast separations) followed by Cardiology (1,416 forecast separations).
- Areas with the highest forecast multi-day bed-days in 2031–32 (separations x length of stay):
 - For CHS, General Medicine (15,930 forecast multi-day bed-days) followed by Respiratory Medicine (13,527 forecast multi-day bed-days).
 - For CPHB, General Medicine (42,392 forecast multi-day bed-days) followed by Palliative Medicine (8,676 forecast multi-day bed-days).
- Areas with the highest forecast same-day activity:
 - For CHS, Renal Medicine (dialysis) 27,376 forecast separations, followed by Gastroenterology (3,204 forecast separations) and Cardiology (2,752 forecast separations).
 - For CPHB, Gastroenterology (3,746 forecast separations) followed by General Medicine (1,626 forecast separations).

Palliative care services

- CPHB Palliative Medicine has the largest forecast average growth rate per annum of 5.2 per cent of all medical specialties across the Territory for multi-day inpatient separations.
- Palliative Medicine has a forecast average percentage increase per annum of 4.5 per cent for multi-day bed-days at CPHB between 2017–18 and 2031–32.

Geriatric Medicine

Hospital services for older people are a particular priority area for service reform as a growing cohort of our population with longer lengths of stay in hospital and higher readmission rates. Given the ACT's biggest population growth is on the northside there is need to ensure appropriate capacity to support increased demand on the northside in the acute setting and in the community to support older persons in particular.

There are several key commitments identified within the 'Health Policy Position Statement' issued by ACT Labor in 2020 that support care for older people including:

- The expansion of GRACE across the ACT will lead to fewer unnecessary hospital admissions for nursing home residents, and a smoother path through the ED if they need hospital treatment.
- Establish a Centre of Excellence in Caring for Older People to strengthen the capacity of the ACT health system to meet the health and wellbeing needs of older Canberrans with complex health needs.
- Trial geriatric streaming at Canberra Hospital and work with Calvary to implement this model across both EDs.
- Providing innovative models of care outside the hospital will deliver better outcomes for older people, while taking pressure off acute hospital services and creating safer environments for both patients and staff.



Emergency Department

Canberra Hospital and Calvary Public Hospital Bruce each have EDs that address urgent and life-threatening situations. People presenting to Calvary Public Hospital Bruce's ED will be transferred to the Canberra Hospital ED if tertiary level care is required. Forecasting for emergency care is broken down by triage category, where the triage category 1 is the most serious.

Table 6: Forecast emergency department presentations, by triage category

	Actual			Projection			Projection			Projection			Average % change per annum		
	2017-18			2021-22			2026-27			2031-32					
Presentations	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total
Triage 1	539	213	752	513	215	728	575	259	834	645	313	958	1.3	2.8	1.7
Triage 2	9,771	4,966	14,737	10,991	6,281	17,271	12,698	7,597	20,295	14,633	9,049	23,682	2.9	4.4	3.4
Triage 3	34,643	27,463	62,106	35,589	30,268	65,857	43,351	36,870	80,221	52,441	44,119	96,561	3.0	3.4	3.2
Triage 4	35,427	22,572	57,999	38,562	26,074	64,636	43,320	29,893	73,213	48,792	33,633	82,425	2.3	2.9	2.5
Triage 5	8,281	3,903	12,184	10,721	6,855	17,576	11,406	7,543	18,950	12,177	8,138	20,315	2.8	5.4	3.7
Presentations Total	88,661	59,117	147,778	96,376	69,694	166,069	111,350	82,163	193,513	128,688	95,252	223,941	2.7	3.5	3.0

Table notes: The Australasian Triage Scale Category (ATS) aims to ensure that patients presenting to EDs are treated in the order of their clinical urgency and allocated to the most appropriate assessment and treatment area. The ATS is only used to describe clinical urgency. The ATS utilises five categories from Category 1 – an immediately life-threatening condition that requires immediate simultaneous assessment and treatment – to Category 5 - a chronic or minor condition which can be assessed and treated within two hours.

Table 7: Forecast emergency department presentations, by triage category, by age group 0–14 and 15+

Presentations	Actual			Projection			Projection			Projection			Average % change per annum		
	2017-18			2021-22			2026-27			2031-32					
	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total
Triage 1															
0-14	53	11	64	42	5	47	48	6	53	52	6	58	-0.2	-4	-0.7
15+	486	202	688	471	210	681	527	253	780	593	307	901	1.4	3.0	1.9
Total	539	213	752	513	215	728	575	259	834	645	313	958	1.3	2.8	1.7
Triage 2															
0-14	1,465	367	1,832	1,496	457	1,953	1,598	520	2,119	1,694	569	2,262	1.0	3.2	1.5
15+	8,306	4,599	12,905	9,494	5,824	15,318	11,099	7,077	18,176	12,940	8,480	21,420	3.2	4.5	3.7
Total	9,771	4,966	14,737	10,991	6,281	17,271	12,698	7,597	20,295	14,633	9,049	23,682	2.9	4.4	3.4
Triage 3															
0-14	8,626	4,966	13,592	8,448	5,436	13,884	9,740	6,326	16,066	11,120	7,080	18,200	1.8	2.6	2.1
15+	26,017	22,497	48,514	27,140	24,832	51,972	33,611	30,545	64,155	41,321	37,039	78,361	3.4	3.6	3.5
Total	34,643	27,463	62,106	35,589	30,268	65,857	43,351	36,870	80,221	52,441	44,119	96,561	3.0	3.4	3.2
Triage 4															
0-14	9,575	4,825	14,400	10,593	6,064	16,657	11,974	7,185	19,159	13,442	8,138	21,580	2.5	3.8	2.9
15+	25,852	17,747	43,599	27,969	20,010	47,979	31,346	22,708	54,054	35,349	25,495	60,844	2.3	2.6	2.4
Total	35,427	22,572	57,999	38,562	26,074	64,636	43,320	29,893	73,213	48,792	33,633	82,425	2.3	2.9	2.5
Triage 5															
0-14	1,872	592	2,464	2,392	1,160	3,552	2,537	1,296	3,833	2,661	1,383	4,044	2.5	6.2	3.6
15+	6,409	3,311	9,720	8,329	5,696	14,025	8,869	6,247	15,116	9,516	6,755	16,271	2.9	5.2	3.7
Total	8,281	3,903	12,184	10,721	6,855	17,576	11,406	7,543	18,950	12,177	8,138	20,315	2.8	5.4	3.7
Presentations Total	88,661	59,117	147,778	96,376	69,694	166,069	111,350	82,163	193,513	128,688	95,252	223,941	2.7	3.5	3.0

Key points:

- Forecasts of presentations to ED for ages 0–14 account for 20.6 per cent of all presentations across the Territory for all triage categories.
- The triage category with the highest volume of activity for ages 0–14 is forecast for category four presentations (21,580 forecast presentations). Whereas highest volume of forecast ED presentations for ages 15+ is for triage category three (78,361 forecast presentations).

- Across ACT public hospitals triage category five for all age presentations is forecast to have the highest average increase per annum of 3.7 per cent, including 2.8 per cent per annum at Canberra Hospital and 5.4 per cent at CPHB, noting the volume of category five presentations accounts for only 9.1 per cent of total presentations to EDs. Infrastructure works likely to impact future forecasts include the establishment of the Weston Creek Walk-in Centre in December 2019 and the Dickson Walk-in Centre in August 2020, potentially decreasing the amount of triage category four and five presentations to EDs.

Cancer, immunology and haematology services

This section reflects forecast activity for cancer, immunology, and haematology (cancer and non-cancer) services.

Table 8: Forecast cancer, immunology and haematology services activity

	Actual			Projection			Projection			Projection			Average % change per annum		
	2017-18			2021-22			2026-27			2031-32					
	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total
Multi-day separations	1,801	n.p	1,801	2,196	n.p	2,196	2,593	n.p	2,593	3,035	n.p	3,035	3.8		3.8
Multi-day bed-days	17,969	n.p	17,969	19,062	n.p	19,062	22,137	n.p	22,137	9,475	n.p	9,475	2.5		2.5
Same-day separations	639	564	1,203	633	687	1,320	673	807	1,480	730	914	1,644	0.9	3.5	2.2

Table notes: Same-day chemotherapy and radiation oncology separations at Canberra Hospital (CHS) have not been included in the table as same-day activity as this is recorded as outpatient (non-admitted patient) activity. CPHB records chemotherapy as same-day inpatient activity. At CHS children are admitted for chemotherapy but under paediatric medicine, not medical oncology. At CPHB patients needing immunology treatment are admitted under a general physician with consultation from an immunology specialist or alternatively, are transferred to the Canberra Hospital depending on the level of services required. There is no radiation oncology delivered at CPHB. Data notes: n.p. is defined as not publishable because of small numbers. Surgical separations for cancer operations have been included in forecast data within surgical services section (tables 2 and 3).

Key points:

- Multi-day patient activity is forecast to grow at an average annual rate of 3.8 per cent in separations and 2.5 per cent in bed-days through to 2031–32. The lower growth rate in bed-days is a result of an anticipated reduction in the average length of stay for overnight patients.
- Same-day admissions are forecast to grow at a lower average annual rate of 2.2 per cent, being 3.5 per cent at CPHB at 0.9 per cent at CHS.

Women and babies services

Both Canberra Hospital and Calvary Public Hospital Bruce provide services for women and babies. This includes providing gynaecological, neonatal intensive care (only at CHS), special care nursery and maternity services.

Table 9: Forecast women's and babies services activity

	Actual			Projection			Projection			Projection			Average % change per annum		
	2017-18			2021-22			2026-27			2031-32			CHS	CPHB	Total
	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total			
Multi-day separations															
Gynaecology	658	413	1,071	754	479	1,234	829	539	1,369	906	594	1,500	2.3	2.6	2.4
Neonatology	1,197	375	1,572	1,330	413	1,742	1,406	443	1,848	1,463	459	1,922	1.4	1.5	1.4
Obstetrics	4,005	1,710	5,715	4,297	1,843	6,140	4,495	1,954	6,449	4,627	2,020	6,647	1.0	1.2	1.1
Total	5,860	2,498	8,358	6,381	2,735	9,116	6,730	2,936	9,666	6,996	3,073	10,069	1.3	1.5	1.3
Multi-day bed-days															
Gynaecology	1,617	907	2,524	1,935	1,098	3,033	2,140	1,243	3,383	2,360	1,382	3,742	2.7	3.1	2.9
Neonatology	11,245	3,065	14,310	11,917	3,265	15,182	12,200	3,416	15,616	12,319	3,470	15,790	0.7	0.9	0.7
Obstetrics	11,597	3,949	15,546	11,779	4,141	15,920	11,712	4,210	15,922	11,478	4,173	15,651	-0.1	0.4	0.0
Total	24,459	7,921	32,380	25,631	8,504	34,135	26,051	8,869	34,920	26,157	9,026	35,183	0.5	0.9	0.6
Same-day separations															
Gynaecology	765	483	1,248	867	553	1,419	966	622	1,588	1,068	691	1,759	2.4	2.6	2.5
Neonatology	12	25	37	14	27	40	16	28	44	18	28	47	3.1	0.9	1.7
Obstetrics	508	474	982	558	512	1,070	633	586	1,219	707	654	1,361	2.4	2.3	2.4
Total	1,285	982	2,267	1,439	1,091	2,530	1,616	1,235	2,851	1,794	1,373	3,166	2.4	2.4	2.4

Table notes: The above forecast data for women and baby services includes hospital activity at CHS and CPHB for Gynaecology, Special Care Nursery (SCN) separations (at both CHS and CPHB), Neonatology and Maternity (Obstetrics). Unqualified babies are excluded. Note: forecast activity for special care nursery at CPHB is reflected against neonatology, with babies admitted to the SCN at CPHB receiving medical care from a Paediatrician.

Key points:

- Gynaecology has the largest forecast average growth rate change of 2.5 per cent across the Territory for all same-day separations between 2017–18 and 2031–32. With medical advancements, local availability and increased requirements for clinical procedures due to an increasing aging population, such as for Urogynaecology, it is expected that there will be further increases in separations over time, with 2.9 per cent average per annum growth rate forecast for multi-day bed-days across the Territory.
- In 2031–32 the clinical specialty providing services for pregnancy and babies with the largest forecast multi-day inpatient separations across the Territory is neonatology (inclusive of SCN). However, activity forecasts for obstetrics at both CPHB and CHS are expected to change with the recent introduction of the Territory-wide initiative—Canberra Maternity Options strategy, and the expansion projects at CHS Centenary Hospital for Women and Children. Future reviews of key areas of service demand and reform will also impact inpatient activity patterns at both hospitals.
- Both Obstetrics and SCN/NICU forecast activity for multi-day bed-days between 2017–18 and 2031–32 remains relatively static across the Territory with an average growth rate per annum between 0.0 per cent and 0.7 per cent. With clinical trends for earlier discharge following birth, increased available home support services for mothers and babies, and advances in therapeutic clinical interventions and available technology, there may be further declines in the length of inpatient stay although this will require monitoring over time due to factors such as the increasing age of mothers.



Paediatric services

Specialist paediatric services in the ACT are provided by Canberra Health Services. This includes both paediatric medicine and paediatric surgery. Calvary Public Hospital Bruce provides services for children in the ED and day surgery for children meeting certain criteria, the forecasts for this activity is included in relevant sections above.

Table 10: Forecast paediatric services activity

	Actual			Projection			Projection			Projection			Average % change per annum		
	2017-18			2021-22			2026-27			2031-32					
	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total
Multi-day separations	3,168	0	3,168	3,557	0	3,557	3,788	0	3,788	3,976	0	3,976	1.6		1.6
Multi-day bed-days	8,686	0	8,686	9,743	0	9,743	10,344	0	10,344	10,835	0	10,835	1.6		1.6
Same-day separations	2,835	0	2,835	3,144	0	3,144	3,413	0	3,413	3,668	0	3,668	1.9		1.9

Table notes: The data table includes the patients discharged by a paediatrician and paediatric surgeon grouped together. Paediatricians and paediatric surgeons are at CHS only, as such there are no separations for paediatric services within the CPHB sections of this table. It is however important to note that CPHB does provide care for 0-14 year old children however this activity is captured in other clinical activity groupings.

Key points:

- For all inpatient separations for forecast paediatric services, Paediatric Surgery accounts for 24.8 per cent total activity for multi-day and same-day separations, and 23.5 per cent multi-day bed-days.
- In 2031–32 the clinical specialty within paediatric services with the largest forecast of multi-day inpatient separations is Paediatric Medicine—an average growth rate of 1.5 per cent per annum. The SRG projected to have high volumes of activity within Paediatric Medicine are Respiratory Medicine, Non-Subspecialty Medicine, Gastroenterology and Neurology.
- Whilst Paediatric Surgery accounts for 25.1 per cent of forecast total multi-day inpatient separations, with an average growth rate per annum of 2.0 per cent between 2017–18 and 2031–32. Forecast separations under Paediatric Surgery with high volume SRG activity are for Non-Subspecialty Surgery, Urology, Non-Subspecialty Medicine (ESRGs of Cellulitis and Injuries- Non-Surgical) and Gastroenterology (ESRGs of Other Gastroenterology and Digestive System Diagnoses including GI Obstruction).
- In 2031–32 the clinical specialty within paediatric services with the largest number of forecast same-day separations is Paediatric Medicine—an average growth rate of 1.8 per cent per annum. The SRGs forecast to have high volumes of activity within Paediatric Medicine are Non-Subspecialty Medicine, Gastroenterology, Haematology, Respiratory Medicine, and Neurology.
- Paediatric Surgery has a 1.9 per cent average growth rate per annum forecast for same-day separations. Forecast separations under Paediatric Surgery with high volume SRG activity are for Urology, Non-Subspecialty Surgery, and Plastic and Reconstructive Surgery.

University of Canberra Hospital

University of Canberra Hospital (UCH) opened in July 2018 as a dedicated and purpose-built rehabilitation facility for people over the age of 18. It provides specialist rehabilitation and mental health rehabilitation services.

Table 11: Forecast activity for University of Canberra Hospital

	Actual	Projection	Projection	Projection	Average & change per annum
SRG	2019-20	2021-22	2026-27	2031-32	
Multi-day separations					
Rehabilitation	1,000	1,088	1,307	1,555	3.7
Mental Health	82	90	111	133	4.1
Other	280	302	359	425	3.5
Total	1,362	1,480	1,777	2,113	3.7
Multi-day bed-days					
Rehabilitation	20,695	21,939	25,058	28,294	2.6
Mental Health	6,473	6,984	8,266	9,598	3.3
Other	8,838	9,525	11,251	13,253	3.4
Total	36,006	38,448	44,574	51,145	3.0
Same-day separations					
Rehabilitation	781	766	765	699	-0.9
Mental Health	n.p	n.p	n.p	n.p	
Other	n.p	n.p	n.p	5	
Total	781	766	765	704	-0.9

Table notes: UCH opened in July 2018 and as a result, forecasts for UCH are not formulated using a five-year activity trend, rather, 2019–20 UCH activity data has been used as a base to forecast future activity. Acutely unwell patients requiring rehabilitation are unable to be accommodated at UCH. The table above includes activity for mental health rehabilitation at UCH for inpatient separations only. Same-day activity for mental health programs/services are not reflected in the above data, as this is recorded as outpatient activity. Data notes: N.P. is defined as not publishable because of small numbers.

Key points:

- In 2019–20 most of the same-day rehabilitation activity was transferred to UCH from CHS. Forecasts for same-day activity for Rehabilitation at UCH are expected to have an average growth rate of -0.9 per cent. A reduction in forecast same-day separations for rehabilitation may be attributed to the impact of COVID-19 and the National Cabinet’s directive that from 25 March 2020 all non-urgent public and private elective surgery was temporarily suspended, thereby reducing the volume of patients requiring rehabilitation programs, and may not be indicative of future trends in this context. Same-day rehabilitation programs at UCH were also temporarily paused at this time.
- Multi-day separations for rehabilitation across UCH are forecast to have an average growth rate of 3.7 per cent per annum between 2019–20 and 2031–32.
- Multi-day bed-days for rehabilitation across at UCH are forecast to have an average growth rate of 2.6 per cent per annum, with Mental Health multi-day bed-days forecast an average growth rate of 3.3 per cent.
- Multi-day bed-days for mental health are forecast to be 9,598 in 2031–32 or an average length of stay of 72 days per separation.
- Multi-day bed-days grouped as ‘other’ account for 25.9 per cent of total multi-bed bed-days, and 20.1 per cent of multi-day separations. This includes separations for SRGs predominantly for non-subspecialty medicine, followed by non-subspecialty surgery.



Mental health and alcohol and other drug services

The ACT Government recognises the importance of strengthening mental health services and the services provided across the alcohol and other drug sector. These services are provided in a variety of settings however the forecasts provided in this section focus on acute hospital-based treatment settings in Canberra Hospital and Calvary Public Hospital Bruce.

Table 12: Forecast mental health and alcohol and other drugs services inpatient activity

	Actual			Projection			Projection			Projection			Average % change per annum		
	2017-18			2021-22			2026-27			2031-32					
	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total	CHS	CPHB	Total
Multi-day separations															
Psychiatry	1,506	488	1,994	1,855	639	2,493	2,262	775	3,037	2,700	918	3,618	4.3	4.6	4.3
Alcohol & Drug	447	0	447	520	0	520	589	0	589	660	0	660	2.8		2.8
Total	1,953	488	2,441	2,374	639	3,013	2,850	775	3,626	3,360	918	4,278	4.0	4.6	4.1
Multi-day bed-days															
Psychiatry	18,187	12,855	31,042	21,696	13,802	35,498	25,773	16,091	41,863	29,996	18,495	48,491	3.6	2.6	3.2
Alcohol & Drug	2,325	0	2,325	2,547	0	2,547	2,752	0	2,752	2,983	0	2,983	1.8		1.8
Total	20,512	12,855	33,367	24,243	13,802	38,045	28,525	16,091	44,616	32,979	18,495	51,474	3.5	2.6	3.1
Same-day separations															
Psychiatry	90	66	156	109	107	216	126	129	255	142	154	297	3.3	6.3	4.7
Alcohol & Drug	13	0	13	17	0	17	21	0	21	25	0	25	4.9		4.9
Total	103	66	169	126	107	233	147	129	276	168	154	322	3.5	6.3	4.7

Table notes: The forecast data above relates only to inpatient acute separations in ACT public hospitals and does not reflect the significant volume of services provided in community settings or by ACT Government funded NGOs providing mental health and alcohol and other drug services. The complexity of capturing and forecasting mental health and alcohol and other drug service activity across the health service spectrum for all age groups, developmental stages and settings is such that more detailed forecasting will be required in future health service planning activities.

Key points:

- Psychiatry multi-day inpatient separations are forecast to increase substantially by 2031–32. Without significant interventions to manage growth in inpatient demand, there will be an increase in separations per annum of 4.3 per cent at CHS and 4.6 per cent at CPHB between 2017–18 and 2031–32.
- Inpatient services for people requiring assessment or treatment for mental health conditions are provided by both CHS and CPHB, including:
 - Adult Mental Health Unit (CHS), for short term acute mental health care.
 - Adult mental health inpatient unit (CPHB), short term mental health care.
 - Mental Health Short Stay Unit (CHS) – located next to ED at Canberra Hospital, provides extended assessment and treatment initiation for mental health conditions.
 - Mental Health Consultation Liaison (CHS and CPHB), a multidisciplinary team providing specialist mental health assessments and treatment to patients admitted to hospital under other treating teams.
 - Older persons mental health inpatient unit (CPHB), providing specialist mental health assessment, intensive treatment services, physical health assessment team, advice on hoarding and squalor and multi-disciplinary teams reviews.
 - Dhulwa Mental Health Unit (CHS) – located in Symonston, a secure 24-hour forensic mental health unit providing acute and rehabilitation mental health programs for people aged 18 to 65 years.
- Inpatient multi-day separations for alcohol and other drug treatment are forecast to have an average change per annum of 2.8 per cent between 2017–18 to 2031–32 at CHS.
- Based on current service provision for acute hospitalisations, the required number of beds and treatment spaces for inpatient services is forecast to increase, with same-day separations forecast to have a growth rate of 4.7 per cent across the Territory for psychiatry and 4.9 per cent for alcohol and other drug inpatient services.
- Inpatient services for drug and alcohol related issues are provided at CHS, including:
 - Opioid replacement therapy.
 - Detoxification/withdrawal services.
 - Counselling and treatment services.
 - Inpatient consultation and liaison services.
 - Medical specialist services.

Data sources

The data used in this paper is sourced from a number of systems within the ACT Health Directorate.

- Admitted patient care data is captured in ACTPAS – the ACT public hospitals' Patient Administration System. This system is the source of separation numbers, bed-days, and operations.
- ED presentation data is sourced from the Emergency Department Information System (EDIS). ED activity is measured by the number of presentations to the ED by triage category.

Demographic information is sourced from the Chief Minister, Treasury and Economic Development Directorate. The demographic statistics in this report are from the most current forecast, which was available from March 2022 and extends to 2060. However the health service forecasts in this report were completed before the updated demographic forecast was made available and so they were based on the demographic forecast that was published in January 2019 for 2018–2058.

Appendix B: Current and future role delineations

The ACT Health Services Plan uses the NSW role delineation framework to describe minimum support services, workforce and other requirements for specific services.

The capability of public hospital services in the ACT is defined according to the NSW Guide to the Role Delineation of Clinical Services. The role delineation tool⁵⁸ is used to not only establish a common language when describing and coordinating health services, but also to assist in decision making when planning services to ensure they are delivered safely.

The levels outlined in the tool are indicators of the complexity of clinical services and available infrastructure at a health facility or hospital. Levels of service range from NPS (no planned service) to 6 (complex service capability). Part of the consideration of the levels for core medical or surgical service is linked to defined capability for clinical support services including pathology, pharmacy, anaesthetics, diagnostic imaging, allied health, and operating theatres.

Key changes to be implemented over the next five years are the development of core clinical support services at UCH, establishment of dedicated inpatient palliative care capacity at Canberra Hospital and establishment of endocrinology services at CPHB to support improved access to care including for maternity services.

There will be further exploration into the Role Delineation of Clinical Services across the Territory, especially on the northside of the ACT with the development of a Northside Clinical Services Plan.

Service	2021			2026		
	Canberra Hospital	UCH	CPHB	Canberra Hospital	UCH	CPHB
Core services						
Anaesthesia and recovery	6	NPS	4	6	NPS	4
Operating Suite	6	NPS	4	6	NPS	4
Intensive Care Service	6	NPS	4	6	NPS	4
Nuclear Medicine	6	NPS	4	6	NPS	4
Radiology and Interventional Radiology	6	2	5	6	3	5
Pathology	6	2	5	6	3	5
Pharmacy	6	2	5	6	4	5
Emergency medicine						
Emergency Medicine	6	NPS	4	6	NPS	4
Medicine						
Acute Stroke Services	5	NPS	4	6	NPS	4
Cardiology and Interventional Cardiology	6	NPS	4	6	NPS	4
Chronic Pain Management Services	4	3	NPS	4	3	NPS
Clinical Genetics	4	NPS	NPS	5	NPS	NPS
Dermatology	5	NPS	3	5	NPS	3
Drug and Alcohol Services	5	NPS	1	5	NPS	1
Endocrinology	6	NPS	3	6	NPS	4

Service	2021			2026		
	Canberra Hospital	UCH	CPHB	Canberra Hospital	UCH	CPHB
Gastroenterology	6	NPS	4	6	NPS	4
General and Acute Medicine	6	NPS	4	6	NPS	4
Geriatric Medicine	6	5	4	6	5	4
Haematology	6	NPS	3	6	NPS	4
Immunology	6	NPS	4	6	NPS	4
Infectious Diseases	6	2	5	6	2	5
Neurology	5	NPS	4	6	NPS	4
Oncology — medical	6	NPS	2	6	NPS	2
Oncology — radiation	6	NPS	NPS	6	NPS	NPS
Palliative Care	4	NPS	2, CHH 6	5	NPS	2, CHH 6
Rehabilitation Medicine	2	6	2	2	6	2
Renal Medicine	6	NPS	2	6	NPS	2
Respiratory and Sleep Medicine	6	NPS	3	6	NPS	4
Rheumatology	5	NPS	2	5	NPS	2
Sexual Assault Services	4	NPS	1	4	NPS	1
Sexual Health	5	NPS	NPS	5	NPS	NPS
Surgery						
Burns	4	NPS	2	4	NPS	2
Cardiothoracic Surgery	5	NPS	NPS	5	NPS	NPS
ENT Surgery	6	NPS	4	6	NPS	4
General Surgery	6	NPS	4	6	NPS	4
Gynaecology	6	NPS	4	6	NPS	4
Neurosurgery	6	NPS	NPS	6	NPS	NPS
Ophthalmology	5	NPS	3	5	NPS	3
Oral Health	6	NPS	NPS	6	NPS	NPS
Orthopaedic Surgery	6	NPS	4	6	NPS	4
Plastic Surgery	5	NPS	4	5	NPS	4
Urology	6	NPS	4	6	NPS	4
Vascular Surgery	6	NPS	4	6	NPS	4
Child and family health services						
Maternity	6	NPS	5	6	NPS	5
Neonatal	5	NPS	3	5	NPS	3
Paediatric Medicine	5	NPS	2	5	NPS	2
Surgery for Children	4	NPS	2	4	NPS	2
Youth Health	4	NPS	NPS	6	NPS	NPS
Mental Health						
Adult Mental Health	5	2	4	5	2	4
Child and Youth Mental Health	4	NPS	NPS	5	NPS	NPS
Older Persons Mental Health	4	NPS	4	4	NPS	4

Appendix C: Service Levels Framework

To support work to define our role as a local, Territory and regional service provider, a service levels framework has been developed to define the current and future roles for individual clinical services across CHS and CPHB.

This framework will form the basis of a program of work for formalising agreements and plans at the Territory-wide and regional level for identified services and supporting funding arrangements.

The definitions for each service level identified in the table below are as follows:

Local — community health service: a local community health service is a service that operates only out of facilities in the ACT and is able to be accessed by ACT residents and in some instances, depending on service eligibility criteria, residents of other jurisdictions.

Local — inpatient and outpatient: a local service is a service that operates only out of facilities in the ACT. This includes hospital based inpatient and outpatient services and non-hospital based outpatient services accessible by ACT residents and residents of other jurisdictions.

Territory: a service that operates at a Territory-wide level across both CHS/CPHB and other public health system services providers with staff working across multiple health service facilities within and outside of their home service and/or operating at a Territory-wide level through consultation liaison arrangements, clinical networks and/or a Territory-wide service management. Service level agreements should be in place for all Territory-wide service arrangements.

Regional: a regional service is one that has responsibility at a defined level of service for supporting provision of health services outside of the ACT. This may include consultation liaison support arrangements, provision of outreach services, provision of services out of NSW health facilities, workforce development and training arrangements through to regional service arrangements where CHS has primary oversight for delivery of services across the region inclusive of identified NSW sites. Formal agreements should be in place for all regional service arrangements. Categories of regional service include:

1. regional — consultation liaison support
2. regional — outreach
3. regional — part of NSW service network
4. regional — service network with SNSW
5. regional — oversight of service at regional level

— Future Service Level remains the same

NA The service is not provided at the facility

Service	Current Service Level (2021) CHS	Current Service Level (2021) CPHB	Future Service Level (2026) CHS	Future Service Level (2026) CPHB
Core services				
Anaesthetic and Perioperative Medicine	Local — inpatient and outpatient	Local — inpatient and outpatient	—	—
ICU	Local — inpatient	Local — inpatient	↑	—
Nuclear Medicine	Local — inpatient and outpatient	N/A	—	—
Medical Imaging	Local — inpatient and outpatient	Local — inpatient and outpatient	—	—
Pathology	Territory	Local	—	—
Pharmacy	Local — inpatient	Local — inpatient	—	—
Emergency medicine				
Emergency Medicine	Local	Local — In the ED	↑	—
ACT Trauma Service	Regional — part of NSW service network	N/A	—	—
Capital Regional Retrieval Service	Regional — service network with SNSW	N/A	—	—
Medicine				
Canberra Clinical Genomics Service	Local — inpatient and outpatient	N/A	↑	—
Cardiology	Local — inpatient and outpatient	Local — inpatient and outpatient	↑	—
Dermatology	Local — inpatient and outpatient	Local — inpatient	—	—
Alcohol and Drug Services	Local — community Local — inpatient and outpatient	Local — inpatient	—	—
Diabetes	Local — community Local — inpatient and outpatient	Local — inpatient	—	↑
Endocrinology	Regional — consultation liaison	N/A	↑	↑
Gastroenterology and Hepatology	Local — inpatient and outpatient	Local — inpatient	—	—
General Medicine	Local — inpatient and outpatient	Local — inpatient and outpatient	—	—
Geriatric Medicine	Local — inpatient and outpatient	Local — inpatient	—	↑
Haematology	Regional — outreach	Local — inpatient	—	—
Hospital in the Home	Local — inpatient	Local — inpatient	↑	—
Immunology	Regional — outreach	N/A	—	—

Service	Current Service Level (2021) CHS	Current Service Level (2021) CPHB	Future Service Level (2026) CHS	Future Service Level (2026) CPHB
Infectious Diseases	Local — inpatient and outpatient Regional — consultation liaison	Local — inpatient and outpatient	—	—
Neurology	Local — inpatient and outpatient	Local — inpatient and outpatient	—	—
Medical Oncology	Regional — outreach	Local — inpatient	↑	—
Radiation Oncology	Local — inpatient and outpatient Regional — outreach	N/A	↑	—
Palliative Care	Local — inpatient and outpatient	Territory	—	—
Rehabilitation Medicine	Local — inpatient and outpatient	N/A	↑	—
Renal Medicine	Regional — oversight of service at regional level	N/A	—	—
Respiratory and Sleep Medicine	Local — inpatient and outpatient	Local — inpatient and outpatient	↑	—
Rheumatology	Local — inpatient and outpatient Regional — outreach	Local — inpatient	↓	↑
Canberra Sexual Health Clinic	Local — inpatient and outpatient	N/A	—	—
Clinical Forensic Medicine	Local — inpatient and outpatient	N/A	—	—
Surgery				
Cardiac Surgery/Perfusion Service	Local — inpatient and outpatient	N/A	—	—
Thoracic Surgery	Local — inpatient and outpatient	N/A	—	—
ENT Surgery	Local — inpatient and outpatient	Local — inpatient and outpatient	—	—
General Surgery	Territory	Local — inpatient	—	—
Gynaecology	Local — inpatient and outpatient	Local — inpatient and outpatient	—	—
Neurosurgery	Local — inpatient and outpatient	N/A	—	—
Ophthalmology	Territory	Local — inpatient	—	—
Oral Maxillo-Facial Surgery	Local — inpatient and outpatient	Local — inpatient	—	—
Orthopaedic Surgery	Territory	Local — inpatient and outpatient	—	—

Service	Current Service Level (2021) CHS	Current Service Level (2021) CPHB	Future Service Level (2026) CHS	Future Service Level (2026) CPHB
Plastic and Reconstructive Surgery	Local — inpatient and outpatient	Local — inpatient	↑	—
Urology	Territory	Local — inpatient	—	↑
Vascular Surgery	Local — inpatient and outpatient	N/A	—	—
Child and family				
Maternity	Local — inpatient and outpatient	Local — inpatient and outpatient	↑	—
NICU/SCN	Local — inpatient Regional — service network with SNSW	Local — inpatient	—	—
NETS	Regional — part of NSW service network	N/A	—	—
Acute Paediatrics	Local — inpatient and outpatient	N/A	—	—
Paediatric General Surgery	Local — inpatient and outpatient	N/A	—	—
Community Health Programs	Local — community	N/A	—	—
Genetics	Local — inpatient and outpatient	N/A	↑	—
Mental Health, Justice Health				
Adult Acute Mental Health Inpatient	Local — inpatient and outpatient	Local — inpatient	—	—
Adult Community Health Mental Health Services	Local — community	N/A	—	—
Child & Adolescent Mental Health Services	Local — community	N/A	—	—
Mental Health Rehabilitation Inpatient	Local — inpatient and outpatient	N/A	—	—
Justice Health Services	Local — community	N/A	—	—
Older Person Mental Health Community Team > 65 years	N/A	Local — inpatient	—	—

Service	Current Service Level (2021) CHS	Current Service Level (2021) CPHB	Future Service Level (2026) CHS	Future Service Level (2026) CPHB
Community Services				
Oral Health Service	Local — community Territory	N/A	—	—
Community Care	Local — community	Local — community	—	—
BreastScreen ACT	Local — community	N/A	—	—
Walk-in Centres	Local — community	N/A	—	—
Breast Care Drop-in Clinic	N/A	Local — community	—	—
Allied Health (Acute)				
Nutrition and Dietetics	Local — inpatient and outpatient	Local — inpatient	—	↑
Occupational Therapy	Local — inpatient and outpatient	Local — inpatient	—	↑
Physiotherapy	Local — inpatient and outpatient	Local — inpatient and outpatient	—	↑
Social Work	Local — inpatient and outpatient	Local — inpatient	—	↑
Speech Pathology	Local — inpatient and outpatient	Local — inpatient	—	↑
Podiatry	Local — inpatient and outpatient	N/A	—	—
Orthotics/prosthetics	Local — inpatient and outpatient	N/A	—	—
Psychology	Local — inpatient and outpatient	Local — inpatient	—	↑
Aboriginal Liaison	Local — inpatient and outpatient	Local — inpatient and outpatient	—	—

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