DECISION ON OPEN ACCESS INFORMATION – MINISTERIAL BRIEFINGS

In accordance with section 24 of the *Freedom of Information Act 2016* (FOI Act), an agency or Minister must make open access information of the agency or Minister publicly available unless the information is contrary to the public interest information.

Section 23 of the FOI Act

Section 23(1)(i) states open access information includes any of the following ministerial briefs prepared by the agency that are 5 or more years old:

(i) incoming ministerial briefs;

(ii) parliamentary estimates briefs;

(iii) annual reports briefs;

(iv) question time briefs.

On 1 July 2025, ACT Health Directorate (ACTHD) and Community Services Directorate (CSD) were abolished and replaced by the Health and Community Services Directorate (HCSD). Section 101 of the FOI Act provides that a decision made regarding disclosure of information made to an abolished agency, is taken to have been made to the agency that acquired the abolished agency's functions.

Therefore, a decision has been made by HCSD (the Directorate) regarding information previously held by ACTHD.

Authority

I am an Information Officer appointed by the Director-General of the Directorate under section 18 of the FOI Act to ensure that the agency meets its obligation to publish open access information under Part 4 of the Act.

Searches and material considered

Thorough searches of records in the Directorate were undertaken, and 43 documents have been identified holding the information within scope of section 23(1)(i) of the FOI Act. This package contains Question Time Briefs (QTB) that have been released in previous Open Access Ministerial Brief packages but may contain updated information.

Information that is already publically available in the form of incoming ministerial briefs is within scope of this decision. This information is available using the below links;
https://www.cmtedd.act.gov.au/__data/assets/pdf_file/0006/1674357/2020-213_Part1.pdf
https://www.cmtedd.act.gov.au/__data/assets/pdf_file/0007/1674358/2020-213_Part2.pdf

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

- The FOI Act;
- The contents of the documents that fall within the open access information scheme; and
- The views of relevant subject matter experts.

Decision on access

My decision is to grant full access to the information in the identified documents.

Review rights

ACT Ombudsman

My decision is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this decision under section 73 of the FOI Act within 20 working days from the day that my decision is published on the ACT Governments Open Access website, or a longer period allowed by the Ombudsman.

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

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au

Alternatively you may wish to visit the website https://www.ombudsman.act.gov.au/accountability-and-oversight/freedom-of-information/foi-complaints-and-reviews.

ACT Civil and Administrative Tribunal (ACAT) review

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

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

ACT Civil and Administrative Tribunal
Allara House
15 Constitution Avenue
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740

Further information may be obtained from the ACAT at: http://www.acat.act.gov.au/

Further assistance

Should you have any queries or would like further information, please do not hesitate to contact the FOI Team on (02) 5124 9831 or via email at HealthFOI@act.gov.au.

Yours sincerely



Cheryl Garrett
Executive Branch Manager
Governance, Assurance and Risk
Health and Community Services Directorate

19 December 2025

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QUESTION TIME BRIEF

GBC20/637

Portfolio: Health

ISSUE: COVID-19: KEY FACTS AND FIGURES

Talking points:

- As of 9.00am on 3 December 2020:
    - There are two active cases in the ACT.
    - There have been 121,417 negative tests in the ACT to date.
    - A total of 112 cases have recovered from COVID-19 and have been released from self-isolation.
    - Three deaths have been recorded.
- Currently, there is no evidence of community transmission in the ACT.
- Of the ACT's cases:
    - 88 were overseas acquired cases with a total of 29 related to cruise ships;
    - 25 were close contacts of known cases;
    - 3 were locally acquired with no contact identified following interstate travel; and
    - 1 was locally acquired with an unknown epi-link.
- ACT Health is continuing to take appropriate public health action to contact trace all new cases in line with national guidelines.

National

- As at 9:00am on 3 December 2020, there have been 27,923 confirmed cases of COVID-19 in Australia. There have been 8 new cases in the last 24 hours.
- Of the 27,923 confirmed cases in Australia, 908 have died from COVID-19. 10,065,826 tests have been conducted across Australia.

Cleared as complete and accurate:	02/12/2020	
Cleared by:	Vanessa Dal Molin	Ext: 49442
Contact Officer name:	Vanessa Dal Molin	Ext: 49442
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Vanessa Dal Molin	
TRIM Ref:	GBC20/637	

QUESTION TIME BRIEF

Location	Confirmed cases*
New South Wales	4,588
Northern Territory	53
Queensland	1,205
South Australia	562
Tasmania	230
Victoria	20,345
Western Australia	823

- * Note that under National Notifiable Diseases Surveillance System reporting requirements, cases are reported based on their Australian jurisdiction of residence rather than where they were detected. For example, a case reported previously in the NT in a NSW resident is counted in the national figures as a NSW case.
- ** Includes Diamond Princess repatriation cases: Qld (3), SA (1), Vic (4), WA (2, including 1 death)

International

- As at 2 December 2020, across the world there have been 63,360,234 confirmed cases of COVID-19 and more than 1,475,825 deaths.

Testing

- The ACT is consistently producing strong testing figures with 121,417 negative tests completed as of 2 December 2020.
- Testing is a vital step in responding and managing to COVID-19, as it enables early detection and response to cases to mitigate widespread transmission in the community.
- Free and easily accessible testing is available at multiple locations across the ACT including Weston Creek walk-in centre, Exhibition Park in Canberra and Winnunga Nimmityjah Aboriginal Health and Community Services.

Background information

- COVID-19 causes a spectrum of illness, from mild to very severe, including fever and/or respiratory symptoms. The key symptoms are fever, cough, shortness of breath, and sore throat.
- Current estimates of the time it takes for symptoms to develop after being exposed to the virus that causes COVID-19 range from 2-14 days.

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Contact Officer name:	Vanessa Dal Molin	Ext: 49442
Lead Directorate:	Health	
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Information Officer name:	Vanessa Dal Molin	
TRIM Ref:	GBC20/637	

QUESTION TIME BRIEF

GBC20/637

Portfolio: Health

Choose a Portfolio

Public Health Emergency (and Directions)

Talking points:

- The Chief Health Officer advised me on 17 November 2020 that the ACT's public health emergency declaration due to COVID-19 should be extended for a further 90 days. The public health emergency has been extended to 17 February 2021.
- The extension was necessary to maintain public health control measures to safeguard against a resurgence of COVID-19 cases.
- The decision to maintain the public health emergency is reviewed regularly as the situation evolves, maintaining a state of emergency is consistent with that of the Australian Government and other jurisdictions.
- Since the emergency declaration has been in force, the Chief Health Officer has taken the necessary actions to contain the spread of the disease, including issuing specific Public Health Emergency Directions.

Public Health Emergency Directions

Public Health (COVID-19 Interstate Travellers – South Australia) Emergency Direction 2020 (No. 2)

- Requires any person that has been in South Australia within the last 14 days to complete an interstate traveller self-declaration form within the 24-hour period prior to travel and receive confirmation to travel before the affected person arrives in the ACT; and
- Provides that any person that is not an ACT resident who has been in a South Australian COVID-19 declared place or who has any symptoms of COVID-19 must not travel to the ACT; and
- Provides that any person that is not an ACT resident who has been in a South Australian COVID-19 declared place but still arrives into the ACT may be directed by an authorised person into quarantine or to return to South Australia; and

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Cleared for public release by:	Executive Group Manager	Ext:
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TRIM Ref:	GBC20/637	

- Requires ACT residents that have have returned from South Australia and that been in a South Australian COVID-19 declared place must quarantine.
- Does not apply to persons transiting through the ACT provided the person does not exit the car, bus or train in which the person is travelling in, or if transiting by air doesn't leave the Canberra airport.

Public Health (Restricted activities – Gatherings, Business or Undertakings) Emergency Direction 2020 (No. 14) *(commencing from 9:00am, 2 December 2020)*

- Unless specifically excluded, all gatherings may have 500 persons or 1 person per 2 square metres per usable indoor or outdoor space (excluding staff). This extends to:
  - gatherings in an outdoor space;
  - gatherings at non-residential premises, unless that place is excluded from the operation of the gathering restrictions (such as medical facilities, shopping centres, public transport facilities, and workplaces not listed as non-essential businesses);
  - community sporting events (officials are excluded from the person count, but participants and spectators are counted).
- If businesses wish to have more than 25 people across their venue, they can apply the 1 person per 2 square metres of usable space rule in both indoor and outdoor spaces provided they use the Check In CBR app to collect patron contact details.
  - Venues will have until Wednesday 16 December 2020 to register with Check In CBR to meet this requirement.
  - If a venue does not wish to use Check In CBR, they must follow current requirements of 1 person per 4 square metres of usable space indoors and 1 person per 2 square metres of usable space outdoors.
- Cinemas and movie theatres that use the Check In CBR app to collect patron contact details can sell up to 65 per cent capacity of each theatre up to 500 people per cinema or theatre.
  - Otherwise, cinemas and theatres must continue to maintain 50 per cent capacity.

- Large indoor performance venues, such as theatres and arenas, can have up to 65 percent capacity across the whole venueup to 1,500 people. Events must be seated, ticketed and have a COVID Safe plan in place for each event.
- Enclosed outdoor venues with permanent tiered seating and grandstands can have up to 65 per cent capacity across the whole venue up to 1,500 people.Events must be seated, ticketed and have a COVID Safe Plan in place for each event.
- GIO Stadium and Manuka Oval will be able to have crowds of up to 65 per cent capacity across the whole venue, so long as each event held at these venues has an appropriate COVID Safe Plan in place. Patrons must be seated whilst consuming alcohol in indoor venues only.
- Non-essential businesses and undertakings must develop and adhere to a COVID-19 Safety Plan and display a sign at the entrance specifying the occupancy limit.
- Non-essential businesses and undertakings must ask that each person that attends their premises record their first name and contact number for contact tracing purposes. It is not currently mandatory for persons that attend the premises to provide their details.
- Persons organising planned events of more than 200 persons must develop and adhere to a COVID-19 Safety Plan and adhere to the requirements in the COVID Safe Event Protocol.

Public Health (Residential Aged Care Facilities) Emergency Direction 2020 (No. 3)

- Restrictions prevent visitors entering RACFs if they have been overseas within the last 14 days, been in contact with a confirmed case of COVID-19, or have a temperature >37.5C.
- An influenza vaccination is required for people entering a RACF unless the person's presence is for the purposes of emergency management or law enforcement, or if vaccination is not available to the person due to a documented medical contradindication or the person is a child under 6 months of age.

Public Health (Returned Travellers) Emergency Direction 2020 (No. 8)

- Restrictions on persons entering the ACT following a flight from outside Autralia commence from the point at which the person arrives in the

ACT. Returned travellers must travel directly from that place to a designated premises to reside in until clearance from quarantine is given by an authorised medical officer.

Public Health (Self-Isolation) Emergency Direction 2020 (No. 4)

- A person diagnosed with COVID-19 and close contacts on confirmed cases must self-isolate until clearance is given by an authorised medical officer, or travel directly to a hospital for medical treatment.

QUESTION TIME BRIEF

GBC20/637

Portfolio/s: Health

Health

Easing of Restrictions – Check in CBR app

Talking points:

- Stage 4 of Canberra's Recovery Plan – COVID-19 Easing of Restrictions Roadmap commenced from 9am on 2 December 2020.
- Under these changes, venues may increase their occupancy if they use the Check In CBR app to collect patron contact details for contact tracing purposes. This allows venues to have 1 person per 2 square metres of usuable space in indoors as well as outdoor space.
- The Check In CBR app is free, secure and convenient and it enables ACT Health to quickly access patron information to quickly alert people who may have been in contact with a person with COVID-19 if required.
- The Commonwealth has also undertaken the National Contact Tracing and Outbreak Management Review led by Dr Alan Finkel AO noted the Chick in CBR app as an effective mechanism to assist our contact tracing team to have easy and fast access to contact tracing data in the event it is required.
- Tasmania and the Northern Territory have launched their own version with support from ACT Health officials.

<u>Restrictions</u>

- Businesses and venues not using the Check In CBR app can continue to have 1 person per 4 square metres of usable space in indoor spaces and 1 people per 2 square metres in outdoor spaces.
- Patrons must remain seated while consuming alcohol in indoor spaces.
- Cinemas and movie theatres that use the Check In CBR app to collect patron contact details can sell up to 65% capacity of each theatre, up to 500 people per cinema or theatre.
    - Otherwise, cinemas and theatres must continue to maintain 50 per cent capacity.

Cleared as complete and accurate:	25/11/2020	
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TRIM Ref:	GBC20/637	

- Large indoor performance venues, such as theatres and arenas, Enclosed outdoor venues with permanent tiered seating and grandstands can have up to 65 per cent capacity across the whole venue up to 1,500 people. However, events must be seated, ticketed and have a COVID Safe Plan in place for each event.
- GIO Stadium and Manuka Oval will be able to have crowds of up to 65 per cent capacity across the whole venue, so long as each event held at these venues has an appropriate COVID Safe Plan in place. Patrons must be seated whilst consuming alcohole in indoor venues only.

Background

- On 23 October 2020, the National Cabinet endorsed the new 3 Step Plan (the Plan) providing a pathway to reach a state of COVID Normal in Australia by December 2020.
- The ACT is currently broadly consistent with Step 2 of the Plan and will continue to be guided by COVID Safe Checkpoints in consideration of further easing of restrictions. However the move to Stage 4 easing on 2 December brings ACT closer to step 3.
- Easing restrictions leads to a higher risk of a resurgence of COVID-19 cases.
- ACT Health Directorate is monitoring and assessing the impact of each step as public health control measures are gradually eased.

QUESTION TIME BRIEF

GBC20/637

Portfolio/s: Health

COVID-19 Border Closures and Effects on the ACT

Talking points:

South Australia

- A Direction came into effect from 5:30pm on 20 November 2020 for travellers arriving from South Australia, which requires the traveller to declare if they have been in a South Australian COVID-19 declared place within the last 14 days before arriving in the ACT, or if they are experiencing any symptoms of COVID-19.
- Travellers who are not ACT residents must not travel to the ACT if they have been in a South Australian COVID-19 declared place, or have symptoms of COVID-19.
- ACT residents who have travelled to the ACT from South Australia and who have been in a South Australian COVID-19 declared place must enter into quarantine upon their arrival to the ACT.
- The ACT Government also issues travel advice to residents in relation to COVID-19 affected areas. At this time ACT residents are advised not to travel to South Australia except for essential purposes.

Victoria

- The Direction restricting movement for interstate travellers from Victoria was revoked from 12:01am on 23 November 2020 in alignment with NSW after Victoria's situation dramatically improved.
- Travellers may now travel to Victoria without restrictions or the requirement to quarantine on return to the ACT.
- Travellers from Victoria who were in quarantine in the ACT after the Directions revocation were also able to leave quarantine from 12.01am on 23 November 2020.

Background Information

More than 6,500 requests to travel to the ACT from Victoria were received by the ACT Government. More than 2,500 people returning from Victoria quarantined in the ACT, including more than 1,600 ACT residents.

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TRIM Ref:	GBC20/637	

QUESTION TIME BRIEF

GBC20/637

Portfolio/s: Health

COVID-19 Aged Care Planning

Talking points:

- The ACT Residential Aged Care COVID-19 Sector Response Plan was developed in collaboration with the Sector and key stakeholders and released on 6 October 2020.
- The purpose of the Plan is to clearly outline roles and responsibilities for achieving agreed actions to prepare and respond to COVID-19 in the Aged Care sector.
- An Outbreak Response Centre has been jointly established with the Australian Department of Health and the Aged Care Quality and Safety Commmission to support rapid and coordinated response to outbreaks in the ACT.

Workforce

- In conjunction with Commonwealth stakeholders, ACT Health and the Clinical Health Emergency Coordination Centre (CHECC) will facilitate provision of a local surge workforce in the event of an outbreak.
- Workforce planning continues between ACT Government, aged care and disability care stakeholders, and tertiary institutions. An Expression of Interest (EOI) was circulated to staff and student nurses at tertiary institutions to potentially participate in surge workforce for RACFs.

Sector Engagement

- On site infection prevention and control audits and desktop audits of outbreak management plans have been completed for all 30 residential aged care facilitites.
    - The audit processes have included assistance, direction, and support for individual facilities in alignment with National and ACT Health infection prevention and control preparedness and outbreak management.
- Two Aged Care Forums have been held with ACT Health, Aged Care Providers, and key Commonealth and ACT stakeholders to ensure clarity of relevant COVID-19 documents as well as provide a forum to discuss any issues or concerns.

Cleared as complete and accurate:	23/11/2020	
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Lead Directorate:	Health	
TRIM Ref:	GBC20/637	

- Five workshops have been completed, represented by 28 facilities.
- The workshops provided scenario-based learning opportunities to improve processes, and highlighted the support, collaboration and building of trust between Aged Care Providers and government stakeholders.

Education for preparedness

- The Department of Health have funded a training package (3 units of competency) through Skills Canberra and Canberra Institute of Technology at no cost to providers. The training package aims to improve knowledge and skills in relation to infection prevention and control. This is only open to current Australian Citizens working within the aged care sector.
- Face-to-face, on site personal protective equipment (PPE) training for General Practitioners and aged care staff remains a priority, and is currently under investigation by ACT Health, the CHECC and Capital Health Network. Further collaboration is sought with tertiary institutions.

Key Information

- The ACT Outbreak Management Framework guides the whole-of-Government support, coordination, and public health response to an outbreak of COVID-19 in high-risk settings, including residential aged care facilities.
- The ACT has 30 residential aged care facilities, catering for 1,979 permanent residents. There are currently no COVID-19 cases linked to any of the residential aged care facilities in the ACT.
- A COVID-19 Residential Aged Care Governance Framework has been jointly established which includes representation from ACT Government and non-government stakeholders, the Department of Health, the Aged Care Quality and Safety Commission, and the Aged Care Sector. This reflects the shared responsibilities for prevention, preparedness and response in this Sector, and incorporates key learnings from other jurisdictions into ACT planning, implementation and monitoring.
- Key areas of concern for the sector include: (a) workforce, (b) (PPE) training/PPE resources and (c) in-reach services. These areas are currently being prioritised and addressed through the RAC Governance Framework.
- The *Royal Commission into Aged Care Quality and Safety COVID-19 Report* was released 1 October 2020. This contained six (6) recommendations including:

- "All Residential Aged Care homes should have one or more trained infection control officers as a condition of accreditation…". The training requirements, funding and timeframes for this policy will be finalised in February 2021.
- "The Australian Government should arrange with the States and Territories to deploy accredited infection prevention and control experts into residential aged care homes to provide training, assist with the preparation of outbreak management plans and assist with outbreaks."

QUESTION TIME BRIEF

GBC20/637

Portfolio: Health

National reviews of Contact Tracing and Hotel Quarantine

Talking points:

National Review of Hotel Quarantine

- The National Review of Hotel Quarantine examined hotel quarantine management, structures, and operations for all jurisdictions, except Victoria.
- The ACT was assessed as suitable against the reviews national recommendations, which were responded to locally.
- Mental health and wellbeing is a particular focus of the Government's approach. There is a dedicated team that offers a range of mental health and wellbeing support to persons in quarantine.
- Support for families and parents, making information about quarantine clearer and more easily accessible, and ensuring systems are adapted to manage the flow of persons through quarantine were strengthened following the review.
- The ACT Government is working closely with hotel quarantine providers to ensure infection prevention and control measures are in place and that staff are adequately trained in how to use personal protective equipment.

National Contact Tracing and Outbreak Management Review

- The National Contact Tracing and Outbreak Management Review has reviewed systems and operations in all jurisdictions with the aim of strengthening capacity and capability to effectively test, trace and isolate COVID-19 and ensure health systems are prepared to quickly control outbreaks.
- The ACT was assessed as having strong contact tracing and outbreak management systems in place.
- The ACT has agreed to and is implementing all 22 of the reviews national recommendations.

Cleared as complete and accurate:	25/11/2020	
Cleared for public release by:	Executive Branch Manager	Ext: 49401
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Lead Directorate:	Health	
TRIM Ref:	GBC20/637	

- The review identified areas for continuous improvement and preventative public health measures for all jurisdictions in the areas of workforce and training; stress testing; end to end contact tracing; data exchange between jurisdictions; outbreak management; technology systems; and community engagement.
- The ACT's Check in CBR app, launched in September, was noted through this review as an effective mechanism to assist our contact tracing team to have easy and fast access to contact tracing data in the event it is required.

Key Information

- The reviews assessed the ACT as having good hotel quarantine and contact tracing systems and procedures in place.
- The ACT has responded to all recommendations in both reviews to ensure our systems meet best practice national standards.

Background Information

- The Final Report of the National Review of Hotel Quarantine found that hotel quarantine has proven largely effective as a defence against the importation of COVID 19 and is a necessary response to protect the community until a safe and effective vaccine is available.
- The National Contact Tracing and Outbreak Management Review found that testing, contact tracing and case management should be fully digital and end to end, in addition to the assurance of having a well trained workforce in place with surge capacity which can "go hard and go early" to effectively respond to an outbreak.

QUESTION TIME BRIEF

GBC20/637

Portfolio: Chief Minister

GOVERNMENT FACILITATED FLIGHTS

Talking points:

- All states and territories are being asked by the Commownealth Government to support the return of Australians from overseas.
- A flight arrived on 26 November 2020 with 120 passangers who remain in hotel quarantine.
- Prior to taking the November flight, the ACT Government worked collaboratively with the Commonweaath Government to review the ACT's hotel quarantine systems and procedures and has implemented measures to further strengthen our quarantine system and processes in accordance with best practice guidelines.
- The ACT Government is taking every precaution to minimise the risk to the community of these flights, including testing for staff at Canberra's quarantine hotels as recommended by the Australian Health Protection Principal Committee (AHPPC).

<u>SCan Program</u>

- **S**afeguarding **C**anberrans (SCan) program is a staff surveillance program for all staff working in the hotel quarantine program.
- The objectives of the SCan program are to:
    - Collect regular data on potential COVID-19 syptoms from staff working in the hotel quarantine program;
    - Identify COVID-19 cases among hotel quarantine staff early, in order to avoid transmission into the ACT community; and
    - Support staff members in the hotel quarantine program who additionally work in other roles, to be able to continue to work safely in their roles.

Cleared as complete and accurate:	01/12/2020	
Cleared by:	Deputy Director-General	
Contact Officer name:	Leesa Croke	Ext: x73751
	Vanessa Dal Molin (EBM – Health)	Ext: x49401
Lead Directorate:	Chief Minister, Treasury and Economic Development	
Cleared for release	Yes	
Information Officer name:	Anne Croudace	
TRIM Ref: CM2020/3837		

- There are two arms of the SCan program: syndromic symptom surveillance and regular weekly asymptomatic testing of staff.

Pacific Suites

- The ACT Government worked closely with the Pacific Suites as a possible hotel quarantine facility in the weeks prior to the arrival of the flight, and arrangments finalised during the week of 23 November 2020.
- Residents were advised of the flight as per the most up to date information at the time, to provide as long a lead time as practical.
- At the time residents were contacted, the ACT and Commonwealth Government were working to finalise quarantine arrangements and processes, including incorporating any lessons from the South Australian experience.
- Once the ACT and Commonwealth Governments had finalised these arrangements, the ACT Government announced on 20 November 2020 that a flight was expected for 26 November 2020.
- ACT Health provided information to the hotel to provide to their long-term residents about the hotel being a quarantine facility for the upcoming flight.
- During this process, ACT Health worked closely with hotel management to ensure long-term residents were informed and felt confident about the measures in place for quarantining guests.
- Quarantining guests are not located on the same floor as long-term residents and use different lifts and entry points from long-term residents.
- Hotel staff are well trained and supported by teams from ACT Policing and ACT Health on site, who can assist long-term residents with any concerns. ACT Health and ACT Policing staff are closely monitoring quarantining guests and are in contact with them daily.
- Lease arrangements between Pacific Suites and residents, including new residents, is a matter for the hotel.

Cleared as complete and accurate:	01/12/2020	
Cleared by:	Deputy Director-General	
Contact Officer name:	Leesa Croke	Ext: x73751
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Lead Directorate:	Chief Minister, Treasury and Economic Development	
Cleared for release	Yes	
Information Officer name:	Anne Croudace	
TRIM Ref: CM2020/3837		

QUESTION TIME BRIEF

Key information

- The ACT previously received two Government facilitated flights on 14 May 2020 and 9 June 2020.
- National Cabinet has agreed international air passenger caps have played an important role in ensuring jurisdictions' quarantine systems can protect Australians at home. The Commonwealth will be extending the international air passenger caps till 31 January 2020 for Sydney, Brisbane, Perth and Adelaide, with further increases to be made if and when additional quarantine places become available.
- The Commonwealth Government has outlined that as of 26 November 2020 there are 36,875 Australians overseas who wish to return home.
- National Cabinet is exploring alternative quarantine approaches for low risk cohorts, as noted by the National Review of Hotel Quarantine (National Review). This work is intended to free up significant capacity in Australia's hotel quarantine system for returning Australians.
- Between 13 November and Christmas 2020, the Commonwealth Government expects to bring an additional 27,000 Australians home with further places becoming available once Melbourne Airport reopens to international arrivals.
- On 17 November 2020, AHPPC released a statement on routine testing of hotel quarantine workers. In this statement the AHPPC recommends a new testing regime for this group which is in addition to a range of established risk management strategies in each state and territory. AHPPC recommends regular testing of workers in COVID-19 quarantine and isolation settings, and recommends that those at higher risk have a test every 7 days.
- All guests quarantining in the ACT are tested for COVID-19 twice during their stay – on day 1 and day 10 - 12. They receive a phone call, including symptom check, from an ACT Health staff member every day of their quarantine, and any guest who became symptomatic would be tested for COVID-19, via an inreach testing service
- The ACT was recognised in the National Review as having a holistic approach to quarantine which prioritises the physical and mental wellbeing of persons in quarantine.
- We have a robust hotel quarantine program based on best practice national standards and learning from the experiences of other jurisdictions, with a strong focus on supporting mental health and wellbeing of persons in quarantine. Mental health and wellbeing screening is provided on entry (day one) to quarantine and throughout the quarantine period, which seeks to identify needs related to psychosocial vulnerabilities or changes in mood or mental health and responding with appropriate support.

Cleared as complete and accurate:	01/12/2020	
Cleared by:	Deputy Director-General	
Contact Officer name:	Leesa Croke	Ext: x73751
	Vanessa Dal Molin (EBM – Health)	Ext: x49401
Lead Directorate:	Chief Minister, Treasury and Economic Development	
Cleared for release	Yes	
Information Officer name:	Anne Croudace	
TRIM Ref: CM2020/3837		

QUESTION TIME BRIEF

- This improves the quarantine experience and reduces the likelihood of a quarantine breach and risk to our community.
- We work closely with hotel quarantine accommodation providers to ensure infection prevention and control measures are in place and that staff are adequately trained in how to use personal protective equipment.All staff working for ACT Health, who have contact with quarantining guests have undertaken PPE training and are required to do face to face refresher competency training every 2 months.

Cleared as complete and accurate:	01/12/2020	
Cleared by:	Deputy Director-General	
Contact Officer name:	Leesa Croke	Ext: x73751
	Vanessa Dal Molin (EBM – Health)	Ext: x49401
Lead Directorate:	Chief Minister, Treasury and Economic Development	
Cleared for release	Yes	
Information Officer name:	Anne Croudace	
TRIM Ref: CM2020/3837		

QUESTION TIME BRIEF

GBC20/637

Portfolio: Health

COVID-19 2020-21 Expenditure

Talking points:

- The 2020-21 health portfolio funding includes funding of up to $59.9 million for COVID-19 suppression, response and ongoing recovery.
- Funding for the ongoing suppression and response to COVID-19 is 50:50 funded by the ACT and the Commonwealth through the *National Partnership COVID-19 Response* agreement.
- As at 30 September 2020, expenditure recorded across the health system for ACT Health, Canberra Health Services and Calvary Public Hospital Bruce was $18.018 million for ongoing COVID-19 suppression and response.
- Expenditure levels have exceeded pro-rata for the first quarter, however there is an expected decline in personal protective equipment and testing expenditure over the remaining nine months, particularly in the absence of a second wave in the ACT.

<u>Public health system recovery</u>

- The funding allocated includes $30 million for our COVID-19 recovery, which will see our health system deliver:
    - at least 16,000 elective surgeries in 2020-21;
    - Up to 679 additional endoscopy procedures;
    - Targeted school checks for kindergarten children, focusing on hearing and vision
    - 2600 child development checks through Maternal and Child Health (MACH) Clinic
    - Up to 1900 dental appointments, targeting people with special needs, children and vulnerable community groups.

Background

- Commonwealth funding will be subject to the continuation of the *National Partnership for COVID-19 Response* Agreement for the period in which the ACT claims expenditure.

Cleared as complete and accurate:	19/11/2020	
Cleared for public release by:	Executive Group Manager	Ext:49869
Contact Officer name:	Jean-Paul Donda	Ext:49641
Lead Directorate:	Health	
TRIM Ref:	GBC20/637	

- Not all COVID-19 reboot activity will attract a Commonwealth contribution rate of 50 per cent of cost. Non-eligible costs may attract an NHRA contribution at 45 per cent against the National Efficient Price.

QUESTION TIME BRIEF

GBC20/637

Portfolio: Health

Calvary Public Hospital Bruce – Cleaners dispute

Talking points:

- Negotiations have now concluded. More than 75% of staff voted and 100% voted in support of the new Agreement on 27 November.
- The cleaners at Calvary Public Hospital Bruce were in negotiations with their employer, Compass Medirest, over their enterprise agreement. As part of this negotiation, the cleaners have carried out industrial action at Calvary Public Hospital Bruce.
- Whilst the cleaners are not directly employed by Calvary Public Hospital Bruce or the ACT Government, we respect their right to collectively bargain.
- Calvary Public Hospital Bruce's National Office, the Little Company of Mary Health Care Ltd, managed the impacts of the industrial action directly with Compass Medirest.
- The cleaners carried out one hour work stoppages on 30 October, 2 November and 11 November 2020.
- Calvary Public Hospital Bruce had alternative cleaning arrangements in place to ensure cleaning standards were maintained during the work stoppages. They have confirmed there were no reports of patients or staff being adversely affected.
- Calvary Public Hospital Bruce has advised that Compass Medirest remains engaged to provide cleaning services to Calvary Public Hospital Bruce.

Key Information

- The cleaners are represented by the United Workers Union (UWU) and ACT Health Directorate understands claims include pay parity with the contracted cleaners at Canberra Hospital.
- Cleaning services at Canberra Hospital are contracted out to a different company (ISS) and are unaffected by the Compass Medirest negotiation.

Cleared as complete and accurate:	26/11/2020	
Cleared for public release by:	Executive Group Manager	Ext: 49805
Contact Officer name:	Margaret Stewart	Ext: 49420
Lead Directorate:	Health	
TRIM Ref:	GBC20/637	

- Compass Medirest is contracted by a third party contract manager to provide cleaning services at University of Canberra Hospital. These services are unaffected by the negotiation with the Calvary Public Hospital Bruce cleaners.
- Calvary Health Care ACT Ltd (Calvary) is a private, not for profit company which owns and operates the Calvary Public Hospital at Bruce under contract with the Territory. Calvary is directly responsible for the engagement and management of cleaning services and meets the cost of these services from within the annual grant received from the ACT Government for the operation of the public hospital.

QUESTION TIME BRIEF

GBC20/637

Portfolio: Health

ACT's Emergency Department Performance

Talking points:

- Presentations to our emergency departments declined during the beginning months of the COVID-19 pandemic and we saw improvements in the percentage of patients who started their treatment on time during this period.
- Since restrictions relating to the pandemic have been lifted, we've seen activity in our emergency departments returning to pre-COVID levels, and in recent weeks our emergency departments have experienced high demand.
    - Canberra Hospital experienced record numbers of presentations during the month of November 2020, recording over 300 presentations on a number of days.
    - This high number of presentations seen recently has been impacted by an increase in mental health related presentations and an increase in paediatric presentations of a respiratory nature.
- The proportion of presentations requiring immediate or very urgent care increased throughout 2019-20.
- The most urgent Category 1 presentations increased by 25% in 2019-20 compared with 2018-19, even with the impact of COVID-19.
- 100 per cent of category one, patients were seen on time in 2019-20 and the timeliness performance for category two patients improved each quarter, finishing at just one percentage point below target in quarter four (79 per cent against the target of 80 per cent).
- In response to the challenges around timeliness for categories three and four, there are several strategies in place to improve performance:
    - Both Calvary and Canberra Hospitals are implementing changes to processes to improve patient flow through the emergency departments, including:
        - direct admissions into wards;

- rapid assessment by senior clinicians; and
- increased sharing of information between jurisdictions to better embed best practice in our Emergency Departments.

- The Calvary Emergency Department expansion is operational and has added eight new short stay beds and 14 additional treatment spaces to the system, increasing capacity by 50 per cent, and increasing capacity across the Territory by 20 per cent

Key Information

- The proportion of category one and two patients presenting to the emergency departments in quarter one of 2019-20 was 12.5 per cent. By quarter four of 2019-20 this had increased to 13.7 per cent.

QUESTION TIME BRIEF

GBC20/637

Portfolio: Health

Elective Surgery Waiting Times (including Paediatric Waiting Times)
See QTB 21 for information on elective surgery additional investments

Talking points:

Elective surgery performance

- For the five years to 2018-19, the ACT had increased elective surgery rates at double the national average. Where nationally there was a 2.1 per cent increase from 2014-15 to 2018-19, the ACT recorded 4.2 per cent growth.
- Over 2,000 additional elective surgeries were performed in 2018-19 compared with 2014-15.
- If population growth is taken into account, figures from the Australian Institute of Health and Welfare show the ACT performs even better. With growth over the same period at over four times the national rate (2.2 per cent to 0.5 per cent).
- According to the Australian Institute of Health and Welfare, for median wait times by surgical specialty nationally in 2018-19 the ACT was:
    - first for cardio-thoracic surgery;
    - second for vascular surgery;
    - fourth for neurosurgery;
    - equal with the national median for urological surgery; and
    - one day more than the national median for plastic and reconstructive surgery.
- The ACT Government has committed to deliver more than 16,000 elective surgeries in 2020-21, to address the impacts of COVID-19.
- The ACT Government has committed to delivering 60,000 elective surgeries over the next four years from 2021-22.
- In 2019-20, ACT hospitals were able to maintain the treatment timeliness for the most urgent Category 1 surgeries, with 98 per cent of these patients receiving their surgery within the clinically recommended 30-day timeframe.

Cleared as complete and accurate:	26/11/2020	
Cleared for public release by:	Executive Group Manager	Ext: 49805
Contact Officer name:	Margaret Stewart	Ext: 49420
Lead Directorate:	Health	
TRIM Ref:	GBC20/637	

QUESTION TIME BRIEF

Key Information

- The indicative total number of elective surgeries delivered for public patients in the ACT last financial year was 12,852.
- 2019-20 actual results will be publicly released in the upcoming ACT Health Directorate Annual Report.

Elective Surgery

Indicator	2018-19 Result	2019-20 Target	2019-20 Result	2019-20 Q1 Result	2019-20 Q2 Result	2019-20 Q3 Result	2019-20 Q4 Result
Number of elective surgery procedures performed	14,006	14,250	12,852	3,840	3,477	3,087	2,448
Category 1 elective surgery patients admitted for surgery within clinically recommended timeframes	96%	100%	97%	97%	98%	97%	98%
Category 2 elective surgery patients admitted for surgery within clinically recommended timeframes	75%	80%	64%	71%	71%	62%	49%
Category 3 elective surgery patients admitted for surgery within clinically recommended timeframes	78%	93%	76%	76%	76%	76%	77%

Cleared as complete and accurate:	26/11/2020	
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Contact Officer name:	Margaret Stewart	Ext: 49420
Lead Directorate:	Health	
TRIM Ref:	GBC20/637	

QUESTION TIME BRIEF

GBC20/637

Portfolio: Health

QUARTERLY PERFORMANCE REPORTING AND PUBLICATION OF DATA FOR CONSUMERS

Talking points:

Quarterly Performance Report – April to June 2020

Patient experience

- The quarterly performance report continues to show that the vast majority of people treated in our public hospitals experience a high quality of care.
- 95 per cent of patients provided positive feedback on their experience within Canberra Health Services and 96 per cent reported a positive experience at Calvary Public Hospital Bruce.

Emergency presentations

- 65 per cent of patients were treated and left the emergency department within four hours, an increase of 8 per cent compared with the previous quarter.
- In the less urgent triage categories (i.e. Categories 3-5), the median waiting time to treatment dropped by more than 50 per cent in each triage category compared with the previous quarter. The median waiting time ranged between 24-29 minutes for these three categories.
- Emergency department presentations dropped compared with the previous quarter, which was expected due to the impact of COVID-19.

Elective surgeries

- The ACT was on track to deliver a record 14,250 elective surgeries for the year prior to COVID-19 restrictions. By the end of March, the ACT public system had performed 10,404 procedures compared with 10,458 at the same time the year before.
- Unfortunately, the impact of COVID-19 resulted in a reduction in elective surgeries and an increase in overdue patients:
    - 2,448 elective surgeries procedures performed, down 21 per cent from the previous quarter.

Cleared as complete and accurate:	23/11/2020	
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Lead Directorate:	Health	
TRIM Ref:	GBC20/637	

- 1,317 overdue patients waiting for surgery, up 48 per cent from the previous quarter.

Walk-in Centres and COVID-19 Testing Centres

- Our Nurse-led Walk-in Centres continue to be very popular with Canberrans, which reflects the opening of the Weston Creek Walk-in Centre in late 2019 and the important role it has played in responding to COVID-19.
    - Since this report, the ACT Government hs opened the fifth Walk-in Centre in the Inner North.
- The Walk-in Centres experienced a drop in presentations of 56 per cent compared with the January-March quarter. However, this excludes presentations to the Weston Creek Walk-in Centre, which was rapidly converted to be a dedicated COVID-19 respiratory clinic.
- During the April-June quarter, the COVID-19 respiratory clinics and testing centres saw a total of 21,424 presentations, ensuring that everyone who needed to be tested had timely and convenient access.
    - All three centres open during this quarter were stood up in late March, meaning there is no comparable information with previous quarters.

Publication of Data for Consumers

- The ACT Government continues to improve the information available on our public health system and the health of Canberrans.
- In addition to existing sources of timely health information like the Quarterly Performance Report, HealthStatsACT and the ACT Government's Open Data Portal, the ACT Government also publishes the COVID-19 dashboard on covid19.act.gov.au to provide Canberrans with up-to-date case information and visualisations.

QUESTION TIME BRIEF

GBC20/637

Portfolio: Health

Air Quality

Talking points:

Air quality monitoring

- There ACT Government monitors air quality via three monitoring stations located at Civic, Florey and Monash.
- ACT Health has started work on a trial to assess options for expanding the air quality monitoring network. This trial is being conducted using current resources and aims to provide information on the most effective strategy to provide widespread air quality information.

Pollen

- The ACT Health Directorate produces and annual Pollen Season Communication Strategy to inform Canberrans about pollen allergies and how they can reduce their symptoms of asthma and hay fever during the pollen season.
    - It also advises primary care providers (GPs and pharmacists) and Emergency Departments of the risk of thunderstorm asthma in the grass pollen season.
- To date this year the ACT Health Directorate has issued five Public Health Alerts for Thunderstorm Asthma on 23 October, 11 November, 22 November, 27 November and 30 November.

2019-20 Exceedances

- Between 28 November 2019 and 28 January 2020 Canberra was impacted by smoke. There were 47 days where at least one station recorded an Air Quality Index (AQI) above the national standard (100-Poor). On the days that exceeded the standard, 35 days also exceeded the Hazardous (200) threshold.
- The highest level of PM2.5 recorded by ACT Health was on 5 January 2020, which reached an hourly reading of 2,496µg/m3 (microgram per cubic metre) at the Florey monitoring station

Whole-of-Government strategy on smoke and air quality in the ACT

Cleared as complete and accurate:	24/11/2020	
Cleared for public release by:	Executive Branch Manager	Ext:49262
Contact Officer name:	Jade Redfern	Ext:49195
Lead Directorate:	Health	
TRIM Ref:	GBC20/637	

- Several reports and reviews into air quality and natural disasters have been released in recent of months and more ACT reviews are due between August and the end of the year. These include the Royal Commisssion into Natural Disaster Arrangements report and the Australian Bushfires 2019-20 Report.
- An air and smoke strategy will necessarily need to adapt and respond to findings and recommendations arising from the Royal Commission and ACT inquiries into the 2019-20 bushfires and response, which were not announced at the time of the Assembly's resolution.

Royal Commission into National Natural Disaster Arrangements Report

- In response to the recommendations arising from the Royal Commission into National Natural Disaster Arrangements, the ACT, together with all Australian governments, through the Australian Health Protection Principle Committee, has endorsed nationally consistent categories and public health messaging for 1-hour PM2.5 exposure.
- Standardised health messaging for 24 hourly PM2.5 is currently being developed.
- The report also notes that the use of low-cost sensors to complement air quality monitoring networks should be supported by nationally agreed standards and process to verify low cost monitors and integrate the data provided within the broader air quality networks. ACT Health has commenced assessment of low cost sensor options to expand the current air quality network.

ACT State of the Environment report 2019

- The ACT state of the environment report made several recommendations on air quality. The report did not take into consideration the 2019-20 bushfires or lessons learned.
- ACT Health is addressing concerns raised in this report alongside information that was released in subsequent reports. ACT Health is working to ensure that all recommendations on air quality monitoring improvements are considered.

Cleared as complete and accurate:	24/11/2020	
Cleared for public release by:	Executive Branch Manager	Ext:49262
Contact Officer name:	Jade Redfern	Ext:49195
Lead Directorate:	Health	
TRIM Ref:	GBC20/637	

QUESTION TIME BRIEF

Background Information

Air quality figures

- Last summer (Dec-Feb) there were a total of
    - *PM2.5 standard:* 55 exceedances at Monash and 51 at Florey that were directly related to smoke from the 2019-20 Bushfires;
    - *PM10 standard:* 53 exceedances at Monash and 59 times at Florey, however during the bushfire period a dust storm also occurred which is responsible for two of the exceedances at Monash and three at Florey;
    - *Carbon monoxide standard:* breached on three days for both Monash and Florey resulting in 6 exceedances at Monash and 15 at Florey.
    - *Nitrogen dioxide standard:* two exceedances at Florey both occurring on 5 January.
    - *One hour ozone standard:* breached over three days resulting in three exceedances at Monash and four at Florey;
    - *Four hour ozone standard:* breached four days and resulted in 15 exceedances at Monash and 13 exceedances at Florey
- During winter 2020, Canberra experienced 18 exceedances for PM2.5 that were attributed to woodfire smoke. Of these 12 where recorded in Monash and 6 in Florey.

Air quality monitoring

- The ACTHD monitors air quality via three monitoring stations located at Civic, Florey and Monash.
- Five pollutants are measured in the ACT. They are particulate matter (PM2.5 and PM10), carbon monoxide, nitrogen dioxide and ozone.
- An Air Quality Index (AQI) is a scale used to monitor air quality for a range of pollutants across the ACT, not just smoke, and is calculated according to national standards.
- PM2.5 information for 1 hour and 24-hour rolling averages are published on the public ACTHD website.
- Forecasting is not currently available for the ACT. Work is currently underway to determine what is required for the ACT to implement a forecasting service, such as funding, data modelling and other resources.

Pollen

- Pollen is monitored by the Australian National University with input from ACT Health.
- The Canberra Pollen Count and Forecast Service (www.canberrapollen.com.au) provides a daily pollen forecast via the webpage or free mobile app.
- The service is maintained by the Australian National University, with support and data from ACT Health Directorate.

Cleared as complete and accurate:	24/11/2020	
Cleared for public release by:	Executive Branch Manager	Ext:49262
Contact Officer name:	Jade Redfern	Ext:49195
Lead Directorate:	Health	
TRIM Ref:	GBC20/637	

- Pollen levels may vary between AirRater and the Canberra Pollen Count and Forecast Service from time to time. These differences arise because AirRater measures total pollens and Canberra Pollen Count and Forecast Service measures grass pollen only**.**

Whole of government strategy on smoke and air quality in the ACT

- The Assembly called on Government to create a whole of government strategy on smoke and air quality in the ACT on 13 February 2020. Reporting to the Assembly on the whole of government strategy was scheduled for August 2020.

Royal Commission into National Natural Disaster Arrangements Report

- The Royal Commission was established on 20 February 2020 in response to the 2019/2020 bushfires.
- Two Royal Commission recommendations address air quality monitoring.
    - 14.1 recommends implementation of national standardised messaging when communicating air quality and health advice to the public
    - 14.2 recommends the development of air quality forecasting capacity.
- ACT government contributed information to the report.
- The report was published on October 2020.

AIHW - Australian Bushfires 2019-20 Report

- ACT data features in the report due to Canberra being the major population centre that was consistently impacted by the extreme smoke conditions over the report period.
- The report examines short term community and individual health effects experienced during the 2019-20 Bushfires.
- The report utilises health, health systems and air quality data. These sources include:
    - Emergency department presentation data for NSW
    - Respiratory medications data,
    - Medicare data,
    - Deaths data,
    - Air quality monitoring station data for NSW, ACT and VIC.

ACT State of the Environment Report 2019

- The State of the Environment Report is provided by the Commissioner for Sustainability and the Environment and was received by the government on 19 December 2019 and tabled in parliament on 13 February 2020
- Four recommendations addressed air quality in the ACT. Recommendations 21, 22, 23 and 24.
- Recommendation 20: build on the incentives to encourage the replacement of wood heaters, specifically targeting the Tuggeranong Valley.

- Recommendation 21: increase the number of National environment protection (Ambient Air quality) measure compliance monitoring stations.
- Recommendation 22: urgently undertake an assessment of air pollutant emissions from diffuse sources to update the National Pollutant Inventory data (1999).
- Recommendation 23: in collaboration with health professionals, improve knowledge of the impacts of air pollution on human health and the associated costs to the health system and economy.
- ACT Government reviewed the recommendations and agreed in principle to recommendation 20 and 21. The Government agreed with recommendation 23. The Government did not agree with recommendation 22.

QUESTION TIME BRIEF

GBC20/637

Portfolio/s: Health

2020-21 Health Funding

Talking points:

- The 2020-21 Budget will be delivered on 9 February 2021.
- Until the 2020-21 Budget is passed, the Health portfolio, like other ACT Government agencies, will report against 2020-21 Budget estimates provided through the 2020-21 Economic and Fiscal update in August 2020.
- Funding available for the Health portfolio is $1.963 billion:
    - Canberra Health Services * $1.327b
    - Health Directorate $0.305b
    - Calvary Public Hospital $0.241b
    - Balance of LHN funding (i.e COVID-19, Cross Border) $0.089b

  * Excludes ICT Resources Received Free of Charge by the Health Directorate of $71m.
- The 2020-21 funding includes COVID-19 ACT funding of $29.950 million and assumes matching Commonwealth funding up to the same amount, bringing the total allocation available up to $59.900 million.

Background

- The 2020-21 budget estimates are essentially the forward estimate contained in the 2019-20 Budget, plus pre-election decisions taken by Government, such as COVID-19 funding, critical and urgent announced decisions and the continuation of ceasing initiatives.
- In addition, Commonwealth funding, such as the Community Health and Hospital National Partnership Agreement, and approved roll overs are also incorporated in the forward estimates.
- While funding is currently limited to appropriation provided through the supply instrument, the funding providing through this instrument (at 100 percent of 2019-20 funding) is not expected to be exceeded by the time the 2020-21 Budget is passed through the Assembly.

Cleared as complete and accurate:	19/11/2020	
Cleared for public release by:	Executive Group Manager	Ext:49869
Contact Officer name:	Jean-Paul Donda	Ext:49641
Lead Directorate:	Health	
TRIM Ref:	GBC20/637	

QUESTION TIME BRIEF

GBC20/637

Portfolio/s: Health

2019-20 FINANCIAL OUTCOME: ACT HEALTH DIRECTORATE

Talking points:

- 2019-20 finanical outcome will not be publically released until the Speaker has approved the authorisation for publication of annual reports, this is set to occur on the 18 December 2020.
- Health expenses will grow to $1.968 billion in 2019-20 (excluding Territorial capital grants). This includes adjustments made through the second Appropriation Act.
- This represents an increase of $206 million (12 per cent) from the 2018-19 actual outcome.

Key Information

<u>COVID-19 – Health funding</u>

- The ACT Government committed an additional $126 million, funded 50:50 between the ACT and Commonwealth governments, to respond to the COVID-19 pandemic.
- The funding will provide for: a COVID-19 surge centre; extra emergency department capacity; additional beds for ICU; fever clinics; and respiratory clinics; personal protective equipment; enhanced operational capacity for public health services including contact tracing and testing.

<u>2019-20 Budget</u>

- The 2019-20 Budget allocates $27.8 million to health service delivery (including Health Protection Services and Calvary Public Hospital) and $9.2 million to health policy, research, administration and support services inclusive of $2.9 million for ACT Health Core IT Systems.
- New health service delivery over the forward estimates (four years) will be $194.7 million.
- New health policy, research, administration and support services over the forward estimates (four years) will be $44.1 million, which includes $19.9 million for ACT Health Core IT Systems.
- There are no significant new savings targets contained in this Budget, however, Canberra Health Services will be required to internally fund $1.213 million towards the Emergency Department Doctor increase initiative per annum.

Cleared as complete and accurate:	23/11/2020	
Cleared for public release by:	Chief Finance Officer	Ext:49428
Contact Officer name:	Sasith Wickramasinghe	Ext:49645
Lead Directorate:	Health	
TRIM Ref:		

QUESTION TIME BRIEF

Background Information

- On 1 July 2019, Major Projects Canberra was created following the *Administrative Arrangements 2019 (No.1)*. The responsibility of the Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE) project was transferred from the ACT Health Directorate to Major Projects Canberra.
- The comparative information in the financial statements for 2018-19 represents the activities of the ACT Health Directorate for the period of 9 months from 1 October 2018 to 30 June 2019 following *Administrative Arrangements 2018 (No.2)*, in comparison to a full year of operations being reflected in 2019-20.

Cleared as complete and accurate:	23/11/2020	
Cleared for public release by:	Chief Finance Officer	Ext:49428
Contact Officer name:	Sasith Wickramasinghe	Ext:49645
Lead Directorate:	Health	
TRIM Ref:		

QUESTION TIME BRIEF

GBC20/637

Portfolio/s: Health

Calvary Infrastructure

Talking points:

- The original buildings at Calvary Public Hospital were built in 1979 and have required, like all older buildings, investments in repairs, maintenance and periodic upgrades over the years to keep step with standards and to maintain functionality, as well as, most importantly, patient and staff safety.
- Since 2016-17, the ACT Government has provided more than $55 million for services and infrastructure at Calvary Public Hospital Bruce.
- This includes:
    - An expansion of the Emergency Department, which has provided an extra 22 treatment spaces and additional staff;
    - Two new theatres, which are now both open, enabling the ACT Government to deliver our commitment to more elective surgeries in the ACT;
    - The upgrade of Calvary's Keaney building to deliver a standalone Adult Mental Health Unit, with co-located older persons and inpatient adult mental health services, which was completed in early 2020;
    - A refurbishment of the Maternity Unit, delivering cosmetic upgrades to birth suites and patient rooms as well as additional beds and single rooms on the maternity ward;
    - Updates to existing fire safety systems, electrical systems, ICT network, electronic access control system, and the nurse call/medical emergency alert systems; and
    - a refreshed Endoscopy Suite.

Cleared as complete and accurate:	23/11/2020	
Cleared for public release by:	Executive Group Manager	Ext: 5124 9805
Contact Officer name:	David Jones	Ext: 6207 6100
Lead Directorate:	Health	
TRIM Ref:	GBC20/637	

QUESTION TIME BRIEF

GBC20/637

Portfolio: Health

Culture Review and Canberra Health Services Workplace Culture Initiatives

Talking points:

- The ACT Government invests significantly in the delivery of public health services to ensure safe, high quality healthcare for the ACT community and our surrounding regions. In addition to taking care of our community, we are also working hard to ensure that our staff are cared for and feel valued.
- The mental health and wellbeing of our workforce are central to the changes that we will implement, ensuring our staff feel valued, safe and supported in the important work they do for our community.
- The effect of this will be a better public health system for staff and the Canberra community.
- The Culture Review Oversight Group and the Culture Review Implementation Steering Group have been established to ensure effective and efficient implementation across the ACT public health system, including implementation fo the 20 recommendations accepted form the *Final Report: Independent Review into Workplace Culture within ACT Public Health Services*.
- Through a comprehensive program plan, work is being progressed in an iterative manner to ensure that core objectives are met in a step-by-step process.
- The Culture Review Oversight Group convened a workshop on 25 August 2020 with the key aims of reviewing the Group's Terms of Reference and discussing and agreeing on the roles and responsibilities of the Group. Further discussions will occur to clarify the alignment between the Oversight Group and the Culture Review Impleementation Steering Group and how ACT public health system initiatives will be progressed.
- The Overight Group acknowledged that cultural changes takes time and requires sustained effort over several years, ad the ACT public health system is in an early phase of positive change.

Cleared as complete and accurate:	26/11/2020	
Cleared for public release by:	Executive Branch Manager	Ext: 49923
Contact Officer name:	Jodie Junk-Gibson	Ext: 49923
Lead Directorate:	Health	
TRIM Ref:	GBC20/637	

QUESTION TIME BRIEF

Canberra Health Services Workplace Culture Initiatives

- Whilst monitoring the continued impacts of COVID-19, focus has now returned to:
  - Implementing recommendations from the Review; and
  - Developing the Fostering Organisational Culture Improvement Strategy (previously known as Positive Workplace Strategy) for the organisation.
- Initiatives that are in place or currently underway:
  - CHS Awards and Recognition Program has been developed to recognise and acknowledge staff who embody our Vision and Values.
    The inaugural CEO Awards Ceremony was held on 19 November 2020.
  - The Workplace Resolution and Support Service (previously known at the Employee Advocate) has been fully integrated into the business – on a shared basis with the ACT Health Directorate.
  - Introduced the Consultative Framework. There are four committees in place covering all the workforce, along with forums being conducted with all relevant Unions, and regular one on one meetings between the Chief Executive Officer, Executive Group Manager People and Culture and principal unions.
  - Established the Aboriginal and Torres Strait Islander Steering Group and staff network to lead relevant key initiatives.
  - Established the CHS Aboriginal and Torres Strait Islander Consumer Reference Group. The aim of the Reference Group is to develop stronger partnerships with Aboriginal and Torres Strait Islander communities.
    The Reference Group was launched on 24 July 2020.
  - Launched the Occupational Violence Strategy on 1 April 2020.
    The relevant supporting policy and procedure have been developed and are available for staff.
  - The MyHealth Staff Health and Wellbeing Strategy 2020-23 has been finalised and the MyHealth program continues to be implemented across the directorate.

Cleared as complete and accurate:	26/11/2020	
Cleared for public release by:	Executive Branch Manager	Ext: 49923
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Lead Directorate:	Health	
TRIM Ref:	GBC20/637	

- CHS has undertaken assessment against the Organisational Culture Improvement Model (based on the ANU Workplace Culture Framework) to assess past and current culture maturity levels. The outcomes of assessments have informed the development of the Fostering Organisational Culture Improvement Strategy initiatives to be implemented, including:
  - Rollout of the Cognitive Institute Speaking up for Safety program in 2021; and
  - Development of a Management and Leadership Strategy aligned to the Workplace Culture Framework (ANU).
- For workforce planning, priority areas have been identified and plans underway – including relevant recruitment strategies.
- Became a champion health service member of Choosing Wisely Australia and established a Choosing Wisely Low Value Care Steering Committee and Project Officer. Several initiatives are being trialled, designed to engage clinicians in the Choosing Wisely principles and improve the quality and safety of care.
- Conducting quarterly pulse surveys to measure CHS staff engagement, with the first survey being conducted in November 2020.
- Review of Preliminary Assessment/Misconduct processes (complaints and grievances) to identify improvement opportunities.

- A process is underway to establish a robust network for staff with a disability and will be launched on 3 December 2020, which is the International day of Persons with Disabilities.
- Developed the Supporting CHS Staff during the COVID-19 Pandemic Framework providing a comprehensive framework for understanding and responding to the sources of anxiety among staff in particular frontline health care professionals.
- Developed and implemented the CHS Staff Health and Wellbeing COVID-19 Strategy which focused on assisting to meet the basic needs as well as the mental health and psychosocial needs of staff in response to the COVID-19 pandemic.

QUESTION TIME BRIEF

GBC20/637

Portfolio/s: Health

Canberra Hospital Master Plan

Talking points:

- The ACT Government is committed to ensuring the Canberra Hospital campus can respond to the current and future needs of our community.
- ACT Health Directorate has commenced work on a Canberra Hospital Master Plan in close collaboration with Canberra Health Services.
- The Master Plan will guide how future campus infrastructure investment decisions are considered, ensuring that future changes make the campus welcoming and usable for patients and staff.
- Throughout the development of Master Plan options, the government will engage with all campus users, including the hospital workforce and clinicians, surrounding residents, and the wider Canberra community.
- While consultation and engagement on the Master Plan has been delayed due to COVID-19, the overall program has been extended to allow for meaningful engagement with the community on Master Plan options.
- The community will have the opportunity to provide their feedback on options early next year, and I look forward to seeing how these ideas and feedback will inform future options for the campus.

Key Information:

- In late 2019, ACT Health Directorate engaged an external consultant to undertake the Master Plan design, with the intention to present Master Plan options to government in 2020.
- However, consultation and engagement with the community and clinicians has been impacted by COVID-19 and delayed the project.
- ACT Health Directorate has continued to develop Master Plan options based on previous engagement data, clinical demand information, asset information and best practice reviews.
- ACT Health Directorate is currently undertaking targeted stakeholder engagement and preparing to commence community and clinician consultation in early 2021.
- The Master Plan is expected to be complete by mid-2021.

Cleared as complete and accurate:	23/11/2020	
Cleared for public release by:	Executive Group Manager	Liz Lopa Ext: 49805
Contact Officer name:	David Jones	Ext: 6207 6111
Lead Directorate:	Health	
TRIM Ref:	GBC20/637	

QUESTION TIME BRIEF

GBC20/708

Portfolio/s: Health

Chronic disease management policy and programs

Talking points:

- Providing health care for Canberrans with chronic conditions is core business for the ACT Health Directorate and Canberra Health Services, and encompasses the largest part of the work undertaken in the ACT health system.
- Over the past three years, the ACT Government has implemented a range of initiatives to expand and improve health services for people with chronic conditions, including for some of the most vulnerable members of our community.
- In December 2019, the ACT Preventive Health Plan 2020-2025 was launched, with actions to reduce the impact of chronic disease.
- The Government's election commitments will further improve care for people with chronic conditions, including commitments on mental health, hydrotherapy, Walk-in Centres, care in the community, care closer to home, the Centre for Excellence in Caring for Older People, and patient navigation.

<u>Auditor General report</u>

- In October 2020 the Auditor-General's performance audit report - *Management of care for people living with serious and continuing illness* - was tabled in the Legislative Assembly.
- The Government welcomes the report's recommendations and already has activities in place to improve the planning and governance of chronic conditions services for the community.

Key Information

- The Auditor General's performance audit report's principal focus was on the ACT Government's governance, rather than the ongoing management or delivery of services for those with chronic conditions.
- The audit did not take into account the majority of work being undertaken in relation to chronic conditions by the ACTHD and CHS, the primary care sector through general practice and allied health, the community, aged care and disability services, as well as preventive and population health measures. These initiatives contribute significantly to the prevention, management and treatment of chronic conditions for the ACT community.

Cleared as complete and accurate:	26/11/2020	
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Lead Directorate:	Health	
TRIM Ref:	GBC20/708	

QUESTION TIME BRIEF

Background

- Chronic conditions are 'the leading cause of illness, disability and death in Australia'.[1] The increasing prevalence of chronic conditions is caused by a number of factors, including an ageing and growing population.
- In 2015, the five conditions causing the most burden across Australia were coronary heart disease, back pain, chronic obstructive pulmonary disease (COPD), dementia and lung cancer.
- Each year in Australia, there are more than a quarter of a million admissions to hospital for health problems that potentially could have been prevented and at least $1 billion spent nationally on planning, coordinating and reviewing chronic disease management and encouraging good practice in primary care[2].
- Since the audit commenced, governance arrangements in both organisations have been significantly strengthened to ensure that the ACT Government is in a position to drive an effective, coordinated and strategic approach for chronic conditions and integrated care services across the ACT health system.
- In October 2019, the joint directorate Chronic Conditions Working Group was established, to provide strategic direction and oversight of chronic conditions programs and services in the ACT public health system.
- The ACTHD and CHS recognise that there is a need for improved integrated care and that this relies on effective partnerships between all levels of government, non-government organisations (NGOs), private sector, industry, researchers, academics, communities, individuals, carers and families. Services which consolidate existing partnerships and forge new ones can potentially achieve greater results than services which work in isolation.
- CHS has recently commenced an agenda of reform, comprising 10 themes and 26 initiatives, to improve its health services in the ACT. The first reform agenda project is focused on integrated care. ACTHD is collaborating with CHS on this reform program.
- This work will result in care that reflects the specific needs of the ACT community and is informed by evidence, and will help ensure that people with chronic conditions:
    b) are provided with information about staying healthy;
    c) receive appropriate screening and early detection;
    d) receive appropriate and integrated care;
    e) are aware of relevant support options and how to access them; and
    f) are involved in service planning, implementation, and evaluation.

[1] Australian Institute of Health and Welfare (2014), Australia's health 2014, Australia's health series no. 14, Cat. No. AUS 178, Canberra: AIHW.

[2] : https://grattan.edu.au/poor-management-of-chronic-disease-costs-more-than-320-million-a-year (2016)

Cleared as complete and accurate:	26/11/2020	
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TRIM Ref:	GBC20/708	

- In 2021, consultation will be conducted for the development of an ACT response to the *National Strategic Framework for Chronic Conditions*, the development of a model of integrated care – as part of the CHS agenda of reform project, development and funding of Stage 2 projects under the 'Delivering better care' 2019-20 budget initiative, and consultation for the co-design of a commissioning process for the chronic conditions and primary care subsector. The procurement and subsequent contracting process will be finalised by June 2022.

QUESTION TIME BRIEF

TRIM Ref: GBC20/737

Portfolio: Health

DIGITAL HEALTH RECORD

Talking points

- ACT Health signed a 10-year $114 million contract in July 2020 with Epic, a world-leading provider of digital medical record systems to deliver the ACT's Digital Health Record, which will be operational in 2022-23.
- The ACT Digital Health Record is a key priority in achieving the vision outlined in the *2019-29 ACT Digital Health Strategy.* It will enable clinicians to have a single view of a patient, to have access to all relevant treatment protocols and forms, in context for each case.
- Clinical and administrative staff as well as consumers will be closely involved in the implementation of the Digital Health Record.
- The ACT Digital Health Record will be implemented in all ACT public health services, including across our public hospitals, Walk-in Centres, Community Health Centres, and justice health.
- The ACT's Digital Health Record will be purpose built to securely manage information in one place to ensure that patient information is safe and protected.

Background

- The 2018-19 budget committed $151 million, comprised of $106 million capital and $45 million recurrent funding to the Digital Health Record over eight years.
- Configuration of the Digital Health Record will begin in early 2021 and will be operational in 2022-23.
- The contract with Epic is for 10 years, totalling to $114,802,796 (GST exclusive).
- The Tender Evaluation Team comprised of clinicians, consumer representatives and ICT experts. This team, along with more than 100 subject matter experts from the ACT public health services, non-government organisations and consumer representatives provided feedback and advice during the tender evaluation process.

Cleared as complete and accurate:	23 November 2020	
Cleared by:	Chief Information Officer	Ext: 49000
Contact Officer name:	Peter O'Halloran	Ext: 49000
Lead Directorate:	Health	
Cleared for release		
Information Officer name:	Philippa Kirkpatrick	
TRIM Ref:	GBC20/737	

- The Digital Health Record complements the national My Health Record. The Digital Health Record is a more detailed record than the My Health Record, which only holds a summary of key health information.
- The Digital Health Record will contain the detail of a person's care, including which bed they are in, which theatre they are booked into, detailed observations and the time their treatments and medications are required and administered.
- The My Health Record contains a snapshot summary of this care which is particularly useful when a person is treated at a health service outside of the ACT public health system such as physios, GPs, private hospitals, or hospitals in other jurisdictions.
- A privacy impact assessment will be undertaken by Maddocks for the Digital Health Record. This will support the team in addressing any risks associated with the management of the personal health information and sensitive information that will be stored in the Digital Health Record.
- Procurement is currently underway for a third-party hosting provider, a blood bank solution, a medical device integration middleware and pathology analyser middleware.

Cleared as complete and accurate:	23 November 2020	
Cleared by:	Chief Information Officer	Ext: 49000
Contact Officer name:	Peter O'Halloran	Ext: 49000
Lead Directorate:	Health	
Cleared for release Information Officer name:	Philippa Kirkpatrick	
TRIM Ref:	GBC20/737	

QUESTION TIME BRIEF

GBC20/637

Portfolio: Health

ISSUE: MINISTER'S FACT SHEET

	2018-19	2019-20	change	Q1 2019-20	Q2 2019-20	Q3 2019-20	Q4 2019-20
Walk-in Centres							
Number of presentations to Walk-in Centres	61,216	66,502	8.6%	17,481	17,707	21,798	9,516
COVID-19 Testing Centres							
Number of presentations to COVID-19 Testing Centres	n/a	23,044				1,620	21,424
Emergency department							
Number of presentations by hospital							
Canberra Hospital	90,819	87,388	-3.8%	23,954	23,362	21,871	18,201
Calvary Public Hospital Bruce	58,454	53,632	-8.2%	14,230	14,199	13,932	11,271
Total	**149,273**	**141,020**	**-5.5%**	**38,184**	**37,561**	**35,803**	**29,472**
Number of presentations by triage category							
1—Resuscitation	814	1020	25.3%	267	257	270	226
2—Emergency	16,238	17,169	5.7%	4,509	4,649	4,202	3,809
3—Urgent	64,890	63,055	-2.8%	17,481	16,977	15,753	12,844
4—Semi-urgent	56,400	50,992	-9.6%	13,670	13,333	13,243	10,746
5—Non-urgent	10,931	8,784	-19.6%	2,257	2,345	2,335	1,847
Total	**149,273**	**141,020**	**-5.5%**	**38,184**	**37,561**	**35,803**	**29,472**
Percentage of patients seen on time by triage category[1]							
1—Resuscitation	100.0%	99.9%	-0.1	99.6%	100%	100%	100.0%
2—Emergency	73.8%	75.2%	1.4	72.8%	73.6%	76.4%	78.8%
3—Urgent	31.7%	33.8%	2.1	25.8%	26.7%	30.6%	57.3%
4—Semi-urgent	47.1%	50.6%	3.5	40.6%	40.6%	48.0%	77.1%
5—Non-urgent	83.1%	83.8%	0.7	78.9%	78.6%	82.2%	97.8%
Total	**46.3%**	**48.5%**	**2.2**	**40.4%**	**41.3%**	**42.3%**	**70.1%**
Proportion of presentations with a length of stay of 4 hours or less[2]							
Canberra Hospital	55.4%	54.2%	-1.2	51.8%	51.1%	53.3%	62.2%
Calvary Public Hospital Bruce	65.9%	63.2%	-2.7	61.0%	61.5%	63.4%	68.1%
Total	**59.5%**	**57.6%**	**-1.9**	**55.2%**	**55.0%**	**57.2%**	**64.5%**

1. The benchmarks for seen on time are as follows:

- *Triage category 1—100%*
- *Triage category 2—80%*
- *Triage category 3—75%*
- *Triage categories 4, 5 and overall—70%*

2. The performance benchmark for emergency department presentations with a length of stay of 4 hours or less is 90%.

Cleared as complete and accurate:	23/11/2020	
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TRIM Ref:	GBC20/637	

QUESTION TIME BRIEF

	2018-19	2019-20	change	Q1 2019-20	Q2 2019-20	Q3 2019-20	Q4 2019-20
Elective surgery waiting lists							
Number of patients waiting longer than clinically recommended at end of period	635	1,317	107.4%	594	783	889	1,317
Percentage of elective surgery prorcedures performed within clinically recommended timeframes							
Urgency 1 (see within 30 days)	96.2%	97.4%	1.2	96.6%	97.9%	97.0%	98.3%
Urgency 2 (see within 90 days)	75.3%	64.1%	-11.2	70.8%	70.6%	61.9%	48.6%
Urgency 3 (see within 365 days)	78.1%	75.9%	-2.2	75.8%	75.6%	76.0%	77.0%
Total number of elective surgery procedures	14,006	12,852	-8%	3,840	3,477	3,087	2,448
Additions to the elective surgery waiting list	16,226	15,316	-6%	4,452	4,035	3,732	3,097
Separations from public hospitals							
Number of inpatient separations							
Same day	58,369	58,889	0.9%	15,311	15,282	14,654	13,642
Overnight	56,620	56,021	-1.1%	15,115	14,548	13,654	12,703
Total	**114,989**	**114,910**	**-0.1%**	**30,427**	**29,830**	**28,308**	**26,345**

Cleared as complete and accurate:	23/11/2020	
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Lead Directorate:	Health	
TRIM Ref:	GBC20/637	

QUESTION TIME BRIEF

GBC20/637

Portfolio/s: Health

Northside Hospital Planning NEW

Talking points:

- The ACT Government is committed to building a new hospital in northern Canberra.
- Canberra's north has had one of the strongest growing populations in the country, and growth for health services expected to keep rising strongly.
- Along with the Canberra Hospital Expansion project, a new northside hospital will provide the capacity and infrastructure needed to future proof the Territory's health system for decades to come.
- ACT Health Directorate has completed an initial scoping study for the new northside hospital. This study examined the various options and issues for the construction of a new hospital, and included initial consultation with Calvary Public Hospital Bruce.
- The study has provided a pathway for ACT Health Directorate to now examine in more detail the numerous policy and logistical questions around a new hospital.
- Significant work will be undertaken to decide:
    - the location;
    - the size and scope of the hospital;
    - construction options, such as building in stages or in a single process;
    - funding options; and
    - how it integrates with or impacts on existing services across the ACT's health system.
- These are complex issues that will take much work to finalise.

Cleared as complete and accurate:	23/11/2020	
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TRIM Ref:	GBC20/637	

QUESTION TIME BRIEF

GBC20/637

Portfolio/s: Health

Aboriginal and Torres Strait Islander Affairs

Ngunnawal Bush Healing Farm

Talking points:

Program delivery

- The seventh Ngunnawal Bush Healing Farm program was delivered from 10 August to 15 October 2020, with ten participants, including four men and six women. The eighth program commenced on 2 November 2020, with 11 participants. It will run until 24 December 2020.
- A panel of seven providers has been established to deliver Ngunnawal Bush Healing Farm programs. The majority of panel providers are local Aboriginal and Torres Strait Islander enterprises, selected in line with the ACT Government's Aboriginal and Torres Strait Islander Procurement Policy. The panel is in place until June 2022.
- The Ngunnawal Bush Healing Farm is supported by $1.694m operational funding in 2020-21 to provide culturally based, non-residential and non-clinical drug and alcohol rehabilitation programs.

NBHF Advisory Board

- The Ngunnawal Bush Healing Farm Advisory Board provides guidance to ACT Health Directorate on matters related to Ngunnawal Bush Healing Farm programs, culture, operational procedures and the development and review of policies.
- Current representation on the Ngunnawal Bush Healing Farm Advisory Board includes members from the United Ngunnawal Elders Council, ACT Aboriginal and Torres Strait Islander Elected Body and ACT Health Directorate Senior Executives.

Healing Framework

- On 20 November 2020, a Healing Framework progress update was provided to the Ngunnawal Bush Healing Farm Advisory Board with the Healing Framework on track to be finalised and provided to the Advisory Board on 11 December 2020.

Cleared as complete and accurate:	23/11/2020	
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Lead Directorate:	Health	
TRIM Ref: GBC20/637		

- The Healing Framework will strongly influence the cultural healing philosophy of the Ngunnawal Bush Healing Farm, shape policies and inform the nature and design of the program curriculum and is being developed in consultation with United Ngunnawal Elders Council.

Key Information

- The Ngunnawal Bush Healing Farm provides a place of healing for Aboriginal and Torres Strait Islander peoples using a therapeutic community approach, traditional healing concepts, cultural programs and life skills training.
- Day programs at the Ngunnawal Bush Healing Farm use a therapeutic community approach, traditional healing concepts, cultural programs and life skills training to tackle the underlying social and emotional issues linked to alcohol and other drugs (AOD) use.
- The Ngunnawal Bush Healing Farm team works with a range of services (health, social, community, educational, government, non-government) to support clients to access assistance based on individual needs.

<u>Healing framework</u>

- ACT Health Directorate engaged the Healing Foundation to lead the co-design of a Healing Framework to support the work of the Ngunnawal Bush Healing Farm that would:
    - Identify healing priorities of Ngunnawal Elders and the broader ACT Aboriginal and Torres Strait Islander community;
    - Balance therapeutic support with approaches that strengthen cultural identity and connection; and
    - Embed principles to guide the practice of the Ngunnawal Bush Healing Farm and partner agencies in supporting healing for clients in line with the Living Web Framework.

<u>Bushfire impact</u>

- Between December 2019 and July 2020, Ngunnawal Bush Healing Farm program delivery was disrupted due to the Orroral Valley bushfires, heavy rainfall and COVID-19.
- A review of the Ngunnawal Bush Healing Farm Bushfire Operation Plan and Action Management Plan has been successfully completed. Following the Orroral Valley Fire in 2019, ACT Health Directorate received a commendation from the ACT Emergency Services Commissioner on the coordinated response and compliance with its then Bushfire Operation Plan and Action Management Plan.

QUESTION TIME BRIEF

GBC20/637

Portfolio/s: Health

Territory-wide Health Service Plan (including long term planning and investment)

Talking points:

- The Territory-wide Health Service Plan will identify priorities for health service development and redesign of ACT Government provided and funded services across the ACT over the next five to ten years.
- Approximately 100 consultation sessions with approximately 600 participants across ACT Health Directorate, Canberra Health Services, Calvary Public Hospital Bruce, a number of non-government organisations funded by ACT Health Directorate and local aged care providers have been undertaken to date to inform development of the Territory-wide Health Service Plan.
- Following completion of the Territory-wide Health Service Plan, more detailed specialty or service plans will be developed where further detail is required to inform development or redesign of services. Work is progressing on plans for child and adolescent and mental health services and Canberra Health Services is also developing a Clinical Services Plan to inform work on the Canberra Hospital Master Plan.
- Our planning also focuses on sustainable investment; programs aimed at prevention and early intervention, technologies to support contemporary service models and care closer to home, community-based supported mental health accommodation and on workforce initiatives.

Key information:

- The Territory-wide Health Service Plan was due to be completed by mid 2020, however the work program has been revised in the context of COVID-19 response activities and ACT Government Elections. The revised program of work will see the Territory-wide Health Service Plan completed in early 2021.
- It will be based on a comprehensive assessment of health service needs across the care continuum on a geographic basis and for priority population groups and consider the range of public health services provided by Canberra Health Services, Calvary Public Hospital Bruce and other organisations in the community that are funded by ACT Health Directorate to deliver health services.

Cleared as complete and accurate:	26/11/2020	
Cleared for public release by:	Executive Group Manager	Ext: 5124 4805
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Lead Directorate:	Health	
TRIM Ref:	GBC20/637	

QUESTION TIME BRIEF

- A Communique on development of the Territory-wide Health Service Plan was released in September 2020. The Communique provided an overview of the progress to date including key learnings from consultations, and highlighted the emerging themes for the Plan including Transitions of Care, Our Role as a Local, Territory and Regional Service Provider, Strengthening Core Services and Addressing Key Areas of Service Demand and Reform.
- The Territory-wide Health Service Plan will support delivery of election commitments, noting particular commitments for service development and reform including:
    - Expansion of the number and scope of walk in centres across the ACT, which aligns with Territory-wide Health Service Plan activities for diverting emergency department presentations, providing better access to services in the community closer to home and in collocated arrangements with other service providers;
    - Investment in growing the health workforce, which will support a range of service development activities including the Canberra Hospital Expansion;
    - Establishing a Centre of Excellence for care for older Canberrans at Calvary Public Hospital Bruce, which aligns with Territory-wide Health Service Plan strategies for increasing self sufficiency of services on the northside and recognising the increasing service demands related to our growing and ageing population;
    - Development of palliative care services across the ACT;
    - Establishment of an elective surgery day centre on the northside, which aligns with Territory-wide Health Service Plan strategies for managing growth in demand for surgical services by establishing a profile of procedurs that can be safely and sustainably delivered off site; and
    - Redevelopment of endoscopy infrastructure.

Cleared as complete and accurate:	26/11/2020	
Cleared for public release by:	Executive Group Manager	Ext: 5124 4805
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Lead Directorate:	Health	
TRIM Ref:	GBC20/637	

QUESTION TIME BRIEF

GBC20/637

Portfolio/s: Health

Territory-Wide Public Health Infrastructure

Talking points:

- During 2020, the global pandemic has shown how important it is to have a health system that is well staffed, well managed and well funded, supported by the right infrastructure in the right places.
- ACT Government health investments have provided a network of hospitals and health facilities that support a world-class health system for people of the ACT and surrounding region.
- In the past decade, this government has committed more than one billion dollars into new health infrastructure, such as:
    - The Centenary Hospital for Women and Children;
    - The University of Canberra Hospital;
    - The Canberra Region Cancer Centre;
    - New Gungahlin and Belconnen Community Health Centres;
    - New walk-in centres across Canberra; and
    - Expansions and upgrades at Calvary Public Hospital Bruce.
- When it comes to health infrastructure, due to population growth and an ageing population, there is always more to do. That's why this Government is taking a proactive approach to future-proofing our health system. Projects already under way include:
    - The Canberra Hospital Expansion - the biggest healthcare infrastructure investment since self-government;
    - Delivering an expanded Centenary Hospital for Women and Children including an Adolescent Mental Unit, scheduled to open in 2022;
    - Planning for a new hospital in northern Canberra, ready for construction to start by mid-decade;

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TRIM Ref:	GBC20/637	

- A Canberra Hospital Master Plan - which will provide a framework for future growth on the campus in the decades to come;
- Establishing a new palliative care ward for Canberra hospital;
- Establishing the Centre of Excellence for older Canberrans at Calvary Public Hospital Bruce, expanding its inpatient capacity in addition to outreach services;
- Working with Winnunga Nimmityjah Aboriginal Health and Community Services to deliver a culturally appropriate residential alcohol and other drug rehabilitation facility for the ACT Aboriginal and Torres Strait Islander community; and
- The Digital Health Record, which will complement our physical infrastructure and provide better information for patients and staff.

- In addition, the Government has committed to five new walk-in centres across the Territory, and invest around $21 million to establish an elective surgery centre at the University of Canberra campus.
- These initiatives demonstrate and support the Government's commitment to a whole-of-Territory approach to health service delivery and infrastructure planning.

QUESTION TIME BRIEF

GBC20/638

Portfolio/s: Mental Health

Health

ACT Health Directorate Staff Climate Survey 2019

Talking points:

- In accordance with Recommendation 75 from the Select Committee on Estimates, I provided the Assembly with a report on the outcomes of the Climate Survey on 2 April 2020.
- The results showed strong agreement around several work culture indicators, including that the workplace is free from sexual harassment; that there is good workplace flexibility; and the value of Integrity is demonstrated by colleagues.
- The results identified number of aspects of the Directorate's culture to be targeted as part of the Action Planning process. These include perceptions of favouritism, of behaviour not espousing the values; and of poor internal processes, systems and procedures.
- Action plans have been embedded into the divisional business planning process.
- The Directorate has implemented a number of initiatives to address these perceptions. These include:
    - Refreshing Directorate Values, including preparation of a values implementation plan and establishment of values champions in the workplace.
    - Strengthened recruitment governance by implementing best practices through updated policy and staff training.
    - Implementating a culture uplift training program aimed at improving communications and interactions between staff;
    - Facilitating bespoke workshops for teams to assist them refocus their internal cultures;
    - Strengthening the RED (Respect, Equity and Diversity) Contact Officer network.

Cleared as complete and accurate:	24/11/2020	
Cleared for public release by:	Executive Group Manager	Ext: 49869
Contact Officer name:	Julie Nolan	Ext: 49835
Lead Directorate:	Health	
TRIM Ref:	GBC20/638	

QUESTION TIME BRIEF

Key Information

- The Directorate's Executive Leadership group have integrated action plans addressing the findings of the survey into divisional business plans.
- In October, the Directorate completed a COVID-19 Wellbeing staff survey, with a response rate of 67%. Debriefs for this survey commenced 24 November 2020.
- The high level results show that 95% of respondents agreed that they have coped well during the pandemic; and that 98% of respondents believed the Directorate has handled the pandemic well.

Background Information

- Recommendation 2 from the Final Report of the Independent Review into the Workplace Culture within ACT Public Health Services (the Culture Review) contained an action item to conduct a staff survey in 2019.
- The ACT Health Directorate's Workplace Climate survey was conducted between 8 and 26 November 2019.
- 82% of Directorate staff completed the survey.
- Results from the survey inform the Directorate's response to the recommendations arising from Culture Review.
- Information that has the potential to identify business units or individual staff and/or managers will not be made available.
- The last workplace climate survey of (the former) ACT Health was conducted in 2015.

Cleared as complete and accurate:	24/11/2020	
Cleared for public release by:	Executive Group Manager	Ext: 49869
Contact Officer name:	Julie Nolan	Ext: 49835
Lead Directorate:	Health	
TRIM Ref:	GBC20/638	

MINISTER FOR MENTAL HEALTH AND JUSTICE HEALTH
EMMA DAVIDSON MLA
QUESTION TIME BRIEFS
INDEX
ACT HEALTH DIRECTORATE
December 2020

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3.	COVID-19 and Mental Health	ACTHD – CHO
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5.	Culture Review (Mental Health)	ACTHD – Culture Review
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AGENDA

QUESTION TIME BRIEF

GBC20/637

Portfolio: Health

ISSUE: COVID-19: KEY FACTS AND FIGURES

Talking points:

- As of 9.00am on 3 December 2020:
  - There are two active cases in the ACT.
  - There have been 121,417 negative tests in the ACT to date.
  - A total of 112 cases have recovered from COVID-19 and have been released from self-isolation.
  - Three deaths have been recorded.
- Currently, there is no evidence of community transmission in the ACT.
- Of the ACT's cases:
  - 88 were overseas acquired cases with a total of 29 related to cruise ships;
  - 25 were close contacts of known cases;
  - 3 were locally acquired with no contact identified following interstate travel; and
  - 1 was locally acquired with an unknown epi-link.
- ACT Health is continuing to take appropriate public health action to contact trace all new cases in line with national guidelines.

National

- As at 9:00am on 3 December 2020, there have been 27,923 confirmed cases of COVID-19 in Australia. There have been 8 new cases in the last 24 hours.
- Of the 27,923 confirmed cases in Australia, 908 have died from COVID-19. 10,065,826 tests have been conducted across Australia.

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TRIM Ref:	GBC20/637	

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ACT Government

QUESTION TIME BRIEF

Location	Confirmed cases*
New South Wales	4,588
Northern Territory	53
Queensland	1,205
South Australia	562
Tasmania	230
Victoria	20,345
Western Australia	823

- * Note that under National Notifiable Diseases Surveillance System reporting requirements, cases are reported based on their Australian jurisdiction of residence rather than where they were detected. For example, a case reported previously in the NT in a NSW resident is counted in the national figures as a NSW case.
- ** Includes Diamond Princess repatriation cases: Qld (3), SA (1), Vic (4), WA (2, including 1 death)

International

- As at 3 December 2020, across the world there have been 63,360,234 confirmed cases of COVID-19 and more than 1,475,825 deaths.

Testing

- The ACT is consistently producing strong testing figures with 121,417 negative tests completed as of 3 December 2020.
- Testing is a vital step in responding and managing to COVID-19, as it enables early detection and response to cases to mitigate widespread transmission in the community.
- Free and easily accessible testing is available at multiple locations across the ACT including Weston Creek walk-in centre, Exhibition Park in Canberra and Winnunga Nimmityjah Aboriginal Health and Community Services.

Background information

- COVID-19 causes a spectrum of illness, from mild to very severe, including fever and/or respiratory symptoms. The key symptoms are fever, cough, shortness of breath, and sore throat.
- Current estimates of the time it takes for symptoms to develop after being exposed to the virus that causes COVID-19 range from 2-14 days.

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QUESTION TIME BRIEF

GBC20/637

Portfolio/s: Health

Mental Health

Public Health Emergency (and Directions)

Talking points:

- The Chief Health Officer advised me on 17 November 2020 that the ACT's public health emergency declaration due to COVID-19 should be extended for a further 90 days. As such, the declared public health emergency is now scheduled to conclude at 1:11pm on 17 February 2021.
- That extension was necessary to maintain public health control measures to safeguard against a resurgence of COVID-19 cases.
- The decision to maintain the public health emergency is being reviewed regularly as the situation evolves, however this position is consistent with that of the Australian Government and other jurisdictions.
- While the emergency declaration remains in force, the Chief Health Officer will provide me with a report every 30 days on the status of the COVID-19 pandemic as it impacts the Territory and whether the emergency declaration is still justified.
- Since the emergency declaration has been in force, the Chief Health Officer has taken the necessary actions to contain the spread of the disease, including issuing specific Public Health Emergency Directions.
- The Directions have included restrictions around the operation of non-essential businesses and undertakings, gatherings, returned international travellers, and entrance requirements to aged care facilities.

Public Health Emergency Directions

Public Health (Emergency) Declaration Further Extension 2020 (No. 12)

- The public health emergency declaration remains in force for a period of 90 days until 1:11pm on 17 February 2021, subject to ongoing review.

Public Health (COVID-19 Interstate Travellers – South Australia) Emergency Direction 2020 (No. 2)

- Requires any person that has been in South Australia within the last 14 days to complete an interstate traveller self-declaration form within the 24-hour period prior to travel and receive confirmation to travel before the affected person arrives in the ACT; and
- Provides that any person that is not an ACT resident who has been in a South Australian COVID-19 declared place or who has any symptoms of COVID-19 must not travel to the ACT; and

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- Provides that any person that is not an ACT resident who has been in a South Australian COVID-19 declared place but still arrives into the ACT may be directed by an authorised person into quarantine or to return to South Australia; and
- Requires ACT residents that have have returned from South Australia and that been in a South Australian COVID-19 declared place must quarantine.
- Does not apply to persons transiting through the ACT provided the person does not exit the car, bus or train in which the person is travelling in, or if transiting by air doesn't leave the Canberra airport.

Public Health (Restricted activities – Gatherings, Business or Undertakings) Emergency Direction 2020 (No. 13)

- Unless specifically excluded, all gatherings may have 500 persons or 1 person per 2 square metres per usable outdoor space or 1 person per 4 square metres per usable indoor space (excluding staff). Venues may not temporarily divide spaces. This extends to:
    - gatherings in an outdoor space;
    - gatherings at non-residential premises, unless that place is excluded from the operation of the gathering restrictions (such as medical facilities, shopping centres, public transport facilities, and workplaces not listed as non-essential businesses);
    - community sporting events (officials are excluded from the person count, but participants and spectators are counted).
- Non-essential businesses and undertakings and non-residential premises that are less than 100sqm may have up to 25 persons across the whole premises or follow the above density rule, whichever is the greater.
- Hospitality businesses between 101 -200sqm can have up to 50 persons across the whole premises or follow the above density rule, whichever is the greater.
- Non-essential businesses and undertakings may not temporarily divide spaces for the purposes of calculating usable space.
- Non-essential businesses and undertakings must develop and adhere to a COVID-19 Safety Plan and display a sign at the entrance specifying the occupancy limit.
- Non-essential businesses and undertakings must ask that each person that attends their premises record their first name and contact number for contact tracing purposes. It is not currently mandatory for persons that attend the premises to provide their details.
- Persons organising planned events of more than 200 persons must develop and adhere to a COVID-19 Safety Plan and adhere to the requirements in the COVID Safe Event Protocol.

QUESTION TIME BRIEF

Public Health (Residential Aged Care Facilities) Emergency Direction 2020 (No. 3)

- Restrictions prevent visitors entering RACFs if they have been overseas within the last 14 days, been in contact with a confirmed case of COVID-19, or have a temperature >37.5C.
- An influenza vaccination is required for people entering a RACF unless the person's presence is for the purposes of emergency management or law enforcement, or if vaccination is not available to the person due to a documented medical contradindication or the person is a child under 6 months of age.

Public Health (Returned Travellers) Emergency Direction 2020 (No. 8)

- Restrictions on persons entering the ACT following a flight from outside Autralia commence from the point at which the person arrives in the ACT. Returned travellers must travel directly from that place to a designated premises to reside in until clearance from quarantine is given by an authorised medical officer.

Public Health (Self-Isolation) Emergency Direction 2020 (No. 4)

- A person diagnosed with COVID-19 and close contacts on confirmed cases must self-isolate until clearance is given by an authorised medical officer, or travel directly to a hospital for medical treatment.

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QUESTION TIME BRIEF

GBC20/638

Portfolio: Mental Health

COVID-19 and Mental Health

Talking points:

- The impact of COVID-19 has led to an increase in people, particularly younger people, reporting mental health concerns as well as receiving mental health support. The increased need for mental health support is expected to remain beyond the pandemic.
- Mental health initiatives are an important part of the ACT Government's Community Recovery Plan which is a multi-staged plan to support our community throughout the recovery.
- This year, the ACT Government provided additional funding of around $4.5 million to expand services and enable our mental health sector to adapt to the COVID-19 crisis and into the longer term.
- Some of the initiatives funded include:
    - $1.44 million for increased acute mental health crisis support in the community;
    - $500,000 for additional sub-acute accommodation for people exiting mental health inpatient units;
    - $341,843 for two new Canberra Safe Haven Cafes, which are being planned in conjunction with the community and people with lived experience of mental illness;
    - $200,000 for Way Back Support Service to expand non-clinical support for people who have made a suicide attempt;
    - $250,000 for an Aboriginal & Torres Strait Islander specific mental health program for suicide prevention which will be developed following an community based needs analysis which has been completed;
    - $100,000 for OzHelp to continue to support workplaces and to expand their service to people who have lost employment.
- In addition to the specific allocations, non-government organisations received funding for innovation projects to respond to the changing circumstances.
- A coordinated approach has been taken for whole of government communications on mental health and wellbeing. Messages on supporting and maintaining good mental health have been circulated throughout the ACT community and are on the ACT Health COVID website. Work has been undertaken with specific groups to ensure appropriate messages across the community.

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- An ACT specific community awareness campaign on mental health was run in the second half of 2020 and has been followed by a national mental health campaign that will run until early 2021.
- In August 2020, the ACT Government announced it will provide a $1.7 million Children, Young People and their Families Package to help ease the financial stress for young carers, foster and kinship carers and young people. The package includes one-off payments to non-government service providers to help them deliver services
- The Office for Mental Health and Wellbeing and the Chief Psychiatrist are continuing to work closely across the ACT Government and the community sector to ensure coordinated and connected whole of community planning.
- The Office meets regularly with peak mental health non-government organisations to identify the emerging and ongoing issues impacting consumers, carers and community service providers.
- The ACT Government is also contributing to the implementation of the National Mental Health Pandemic Response Plan.
- The work in monitoring and responding to the mental health needs across the ACT community is ongoing.

Key Information:

- The ACT Health Directorate has worked with the Chief Psychiatrist on contingency planning for the functions and operations of the Mental Health Act in the COVID-19 environment, including developing a hierarchy of the Chief Psychiatrist delegations to ensure immediate continuity in the event that the Chief Psychiatrist is unable to fulfill her functions.
- A Deputy Chief Medical Officer for Mental Health has been appointed. The Chief Psychiatrists from all jurisdictions will have regular meetings with her, to provide advice and feedback to assist her in her role.
- The ACT COVID-19 scenario planning for the whole of the mental health system aligns with the National Mental Health Pandemic Response Plan into which the ACT Government had input.

QUESTION TIME BRIEF

GBC20/638

Portfolio: Mental Health

Implementation of the COVID-19 Mental Health Support Package (MHSP)

Talking points:

- On 6 May 2020, in response to the difficulties posed by COVID-19, the ACT Government announced its COVID-19 Mental Health Support Package, which outlined nearly $4.5 million in additional funding for mental health services to address increased demand by many Canberrans impacted by COVID-19.
- The Mental Health Support Package Grants to Non-Government Organisations and the COVID-19 Mental Health and Wellbeing Innovation Grants Program ($350,000), have all been processed and payments made to relevant parties, with most programs and services already being implemented.
- Scoping and design work for new programs include:

1. Aboriginal and Torres Strait Islander Suicide Prevention Program
    - The MHSP includes $250,000 to commission an Aboriginal and Torres Strait Islander suicide prevention program.
    - A Needs Assessment for an Aboriginal and Torres Strait Islander Suicide Prevention Service was conducted by consultants engaged by Black Dog Institute (BDI), and was completed in July 2020, establishing that there is overwhelming support for such a service.
    - ACT Health Directorate is currently developing procurement documentation for the procurement of a service that will adequately meet the needs of the ACT Aboriginal and Torres Strait Islander community.
    - It is anticipated that a tender process will be conducted in early 2021.

2. Safe Haven Café Planning
    - The MHSP included $341,843 allocated to Canberra Safe Haven Cafes.
    - A Safe Haven Café is a non-clinical, safe space where people can go to if they are experiencing personal difficulties, mental health concerns, loneliness or are simply seeking social connection and support.
    - It complements hospital emergency department and mental health crisis services when no other options are available.
    - The Safe haven Café Project is now in the final stages of a facilitated codesign process. Codesign is an important factor in the success of these programs as it brings together people with lived experience (consumers and carers), peer workers, clinical and support staff from government and non-government mental health services and clinical staff from emergency departments. The relationships built during codesign will assist the implementation of the Safe Haven Cafes.

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- Two design teams have been meeting weekly since 18 September 2020, and presented their designs to the Steering Group on 24 November 2020. The Steering Group will now finalise the Safe Haven Café model of care for the ACT, before arrangements are made to commission them.

Background:

- The Mental Health Support Package included:
    - $1.44 million for ACT Government mental health services to respond to acute mental health crisis in the community, with PACER and HAART;
    - Nearly $1 million to services to scope new programs and expand existing programs to meet increased demand;
    - $500,000 for a new short-term transitional accommodation service which has begun operation for people exiting acute mental health inpatient units;
    - $450,000 for organisation and community innovation grants to improve Canberran's mental health and wellbeing;
    - $120,000 to establish a Community Mental Health and Wellbeing Information campaign; and
    - $985,000 to support NGOs to meet the levels of increased demand they were experiencing and also to shift their activities online during COVID-19 restrictions. This funding was provided to the NGOs as soon as practicable and negotiated in order to support their operation.
- A key focus of the Support Package was supporting and investing in new programs to support emerging needs across the Canberra Community. This included running a COVID-19 Mental Health and Wellbeing Innovation Grants Program that invited individuals and community organisations to apply for grant funding for new and creative programs to support the mental health and wellbeing of people in the ACT.
- Out of a total of nearly 100 applications, 20 grant recipients were selected, representing over $400,000 in new programs across the community. This is a great example of the interest in mental health across the community. All of these funds have now been distributed.
- Because the MHSP was time sensitive and required swift action on behalf of the ACT Government, a number of actions were undertaken which include project implementation planning to support provider applications. Procurement activities have been managed in phases to support rollout of the initiatives under each stage of the MHSP.

QUESTION TIME BRIEF

GBC20/638

Portfolio/s: Mental Health

Culture Review (Mental Health)

Talking points:

- The ACT Government invests significantly in the delivery of public health services to ensure safe, high quality healthcare for the ACT community and our surrounding regions. In addition to taking care of our community, we are also working hard to ensure that our staff are cared for and feel valued.
- The mental health and wellbeing of our workforce are central to the changes that we will implement, ensuring our staff feel valued, safe and supported in the important work they do for our community.
- The effect of this will be a better public health system for staff and the Canberra community.
- The Culture Review Oversight Group and the Culture Review Implementation Steering Group have been established to ensure effective and efficient implementation across the ACT public health system, including implementation of the 20 recommendations accepted from the *Final Report: Independent Review into Workplace Culture within ACT Public Health Services.*
- Through a comprehensive program plan, work is being progressed in an iterative manner to ensure that core objectives are met in a step-by-step process.
- The Culture Review Oversight Group convened a workshop on 25 August 2020 with the key aims of reviewing the Group's Terms of Reference and discussing and agreeing on the roles and responsibilities of the Group. Further discussions will occur to clarify the alignment between the Oversight Group and the Culture Review Implementation Steering Group and how ACT public health system initiatives will be progressed.
- The Overight Group acknowledged that cultural changes take time and require sustained effort over several years, and the ACT public health system is in an early phase of positive change.

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Background Information

- On 10 September 2018, the former Minister for Health and Wellbeing, Ms Meegan Fitzharris announced the Independent Review into the Workplace Culture within ACT Public Health Services in response to significant negative reporting about poor workplace culture across the three arms of the ACT Public Health Service over an extended time period. The Minister appointed an independent panel to undertake the review.
- The panel presented the *Final Report of the Independent Review into the Workplace Culture within ACT Public Health Services* to Minister Fitzharris on 5 March 2019. The Final Report was released to staff and the public on 7 March 2019.
- The Review overwhelmingly highlighted:
    - Inappropriate behaviours and bullying and harassment in the workplace;
    - Inefficient procedures and processes including complaints handling;
    - Inadequate training in dealing with inappropriate workplace practices;
    - Poor leadership and management at many levels throughout the ACT public health system;
    - Inefficient and inappropriate Human Resource practices, including recruitment; and
    - Considerable disengagement by clinicians from the management of ACT public hospitals and health services.
- The Final Report was tabled on 19 March 2019 in the ACT Legislative Assembly. The former Minister for Health and Wellbeing tabled the Government Response to the Report on 16 May 2019. In the response, the Government agreed to all 20 recommendations of the Report. This marked the formal commencement of the implementation process to take place over the next three years.
- The Culture Review Implementation Branch was established in April 2019 within the ACT Health Directorate to take responsibility for leading the planning and implementation of the recommendations arising from the Review. The Branch works closely with the Culture Review Oversight Group and the Culture Review Implementation Steering Group, established to ensure effective and efficient implementation.

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QUESTION TIME BRIEF

GBC20/638

Portfolio/s: Mental Health

Future planning for Health Services Across the ACT (Mental Health focus)

Talking points:

- ACT Health Directorate is developing a Territory-wide Health Service Plan.
- The Territory-wide Health Service Plan will identify priorities for health service development and redesign of ACT Government provided and funded services across the ACT over the next five to ten years. It will be based on a comprehensive assessment of health service needs across the care continuum on a geographic basis and for priority population groups. It considers the range of public health services provided by Canberra Health Services, Calvary Public Hospital Bruce and other organisations in the community that are funded by the ACT Health Directorate to deliver health services.
- Approximately 100 consultation sessions with approximately 600 participants across ACT Health Directorate, Canberra Health Services, Calvary Public Hospital Bruce, a number of non-government organisations funded by ACT Health Directorate, and local aged care providers have been undertaken to date to inform development of the Territory-wide Health Service Plan.
- The Territory-wide Health Service Plan was due to be completed by mid-2020, however the work program has been revised in context of COVID-19 response activities and ACT Government Elections. The revised program of work will see the Territory-wide Health Service Plan completed in early 2021.
- A Mental Health Services Plan is also currently under development and will establish the medium to long term priorities for service development and redesign of ACT Government provided and funded mental health services in the ACT. Priorities for the Mental Health Services Plan will be aligned to the Regional Mental Health and Suicide Prevention Plan. Work on the Mental Health Services Plan is also being used to inform decision making in response to current service demand issues.
- The Mental Health Services Plan was expected to be completed by mid-2020 but is now expected to be completed in early 2021.

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QUESTION TIME BRIEF

GBC20/638

Portfolio: Mental Health

Office for Mental Health And Wellbeing

Talking points:

- The Office for Mental and Health and Wellbeing Work Plan sets out the ongoing commitment to enhance the mental health and wellbeing of our region, by partnering with government, non-government and the community to support the people in the ACT and surrounds experiencing mental health concerns.
- The Work Plan introduces the territory-wide vision for mental health and wellbeing: A kind, connected and informed community working together to promote and protect the mental health and wellbeing of all.
- Activities being delivered under the plan this year include an Outcomes Framework for the mental health system, implementation of the Lifespan Suicide Prevention Strategy, and the delivery of key projects following the Review of Children and Young People in the ACT.
- The Office is currently developing an online youth navigation portal for the ACT with key stakeholders in the community, and is undertaking an analysis of the needs of children and young people with moderate to severe mental health concerns.
- The Office has recently completed a mid-term review of the Office through CMTEDD which involved community representation, government and non-government organisations.
- In addition to the work plan activities, the Office has taken a leadership role in identifying and addressing the significant impact of both the natural disasters and the current pandemic on the mental health of our community.

Key Information:

- The Office retains a level of independence from the day-to-day running of ACT Health and has authority to conduct reviews and produce reports as the Coordinator-General deems necessary or at the request of the Minister for Mental Health.

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- Within the 100 days from the commencement of the Coordinator-General, the Office for Mental Health and Wellbeing developed the Office Work Plan in conjunction with the peak non-government organisations.
- The Workplan was launched on 30 April 2019 and is available on the Office website.
- The Mental Health and Wellbeing Inter-Directorate Committee (previously called the Agency Stewardship Group) has held regular meetings to oversee the development of the Work Plan and will continue to meet on a regular basis.
- The Office has completed the Community Engagement Commitment, an Evaluation Framework for the Office, the Review of Children and Young People in the ACT.

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QUESTION TIME BRIEF

GBC20/638

Portfolio/s: Mental Health

Impact of NDIS in Mental Health Community

Talking points:

National Disability Insurance Scheme

- The ACT was a trial site for transition to the National Disability Insurance Scheme, implementing the full scheme between 2014 and 2016. There are currently 894 participants who access the scheme based on psychosocial disability.
- The Office for Disability, in collaboration with the ACT Health Directorate, has been leading the national work to improve the National Disability Insurance Scheme response to people with lived experience of mental illness and psychosocial disability.
- COVID-19 has had a significant impact on the delivery of disability support across the country. The National Disability Insurance Agency has responded through facilitating plan adjustments and exploring ways for support providers to manage and communicate changing restrictions.
- Measures are also being implemented locally, through the ACT's Office for Disability.

Background

- On 24 November 2020, the Commonwealth Government released the National Disability Insurance Scheme Reforms – Information Paper, which provides information on the package of reforms that will deliver the National Disability Insurance Scheme. This paper will be the subject of discussions in the coming weeks.

National Psychosocial Support Measure (NPSM) and Continuity of Support (CoS):

- The ACT Government has a bilateral agreement with the Commonwealth for the National Psychosocial Support Measure (NPSM). Under this agreement, $2 million of ACT Government funding and $1.3 million of Commonwealth funding is allocated to provide psychosocial support services to assist people with mental illness who are not eligible for a funded support package through the National Disability Insurance Scheme in the ACT. The funding is spread over four years to the end of the 2020-2021 financial year.

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- Continuity of Support (CoS) funding is also available from the Commonwealth as part of the 2018-19 Federal Budget to provide supports for people who previously received support under Commonwealth funded programs such as Partners in Recovery and who have not been found eligible for supports under the National Disability Insurance Scheme.
- Funds for both measures are being administered through the Capital Health Network, in partnership with the ACT Health Directorate, Canberra Health Services and other community stakeholders. The National Psychosocial Support Measure provided funds for two programs, offered by Flourish Australia and Woden Community Service. Funding for Continuity of Support was awarded to Woden Community Service.

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AGENDA

ACT Government

CHOOSE BRIEF TYPE

GBC20/638

Portfolio/s: Mental Health

Mental Health Assessments - s309 of the Crimes Act 1900

Talking points:

- The challenges and demands currently being experienced in the acute mental health system are well known. In response, strategic planning is underway to address these issues through a variety of projects and pathways.
- One such strategy involves an investigation into what alternative approaches to section 309 assessments may be possible.
- Section 309 of the *Crimes Act 1900* provides a legislative mechanism for the Magistrates Court to order the transfer and mental health assessment of people involved in the criminal justice system.
- The Canberra Hospital is declared as an approved Mental Health Facility under the *Mental Health Act 2015* and is the only facility that receives patients for section 309 assessments.
- The ACT Health Directorate continues to work in collaboration with the Canberra Health Services, the Chief Psychiatrist and the Justice and Community Safety Directorate to investigate alternative approaches to assessments under section 309 that may reduce demand on the emergency department and acute mental health services at the Canberra Hospital.
- This work is significant and requires cross-directorate, legal, and wider community consultation.

Key Information

- The *Administrative Arrangements 2020 (No 3)* allocate the *Crimes Act 1900* to Justice and Community Safety under the Attorney-General.
- An alternative approach under consideration is allowing for section 309 (s309) assessments to be carried out in a designated area by a mental health clinician within the court building rather than requiring the person to be transported to the emergency department. This would mean less disruption to the person and allow for a more streamlined service for the court.

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- The onsite examination amendment may reduce demand by ensuring only people with mental or physical health that require acute hospital services for care or treatment are transported to the Emergency Department.
- During 2018-19, 137 people were referred to the Canberra Hospital Emergency Department under a s309 order for removal to an approved facility. Of these, 83 people were admitted.
- Legislative and policy changes required for any amendments are significant and will require:
    - cooperation from JACS (including Corrections, the courts and the Criminal Law Section);
    - consultation with other directorates (such as ACT Policing); and
    - costing of the financial implications of the proposed changes.
- Other options to consider are:
    - Offering people the opportunity to have an assessment as a voluntary patient. This is in keeping with the principles and objects of the *Mental Health Act 2015* for the least restrictive approach to mental health care.
    - Areas other than the Emergency Department could carry out s309 assessments where they are required, for example another health facility.
- The ACT Health Directorate is working with the Canberra Health Services to gather data to understand of the operation of section 309. The data collected for analysis includes the length of stay in the Emergency Department for a person on a s309 order. The availability of this data has been delayed due to the impact the COVID-19 response is having at Canberra Health Services.
- Analysis of the this data will provide an opportunity to identify periods of high demand for mental health services in the Emergency Department as well as providing a clear indication of general wait times for assessment under section 309.

QUESTION TIME BRIEF

GBC20/638

Portfolio: Mental Health

Suicide Prevention Programs

Talking points:

LifeSpan Suicide Prevention Framework

- The ACT Government continues its commitment to suicide prevention, commenced with the investment of $1.545 million in the 2018-19 Budget to the Black Dog Institute's LifeSpan Integrated Suicide Prevention Framework over three years to 2021.
- LifeSpan is an evidence-informed approach to integrated suicide prevention.
- The ACT LifeSpan Steering Committee, composed of key local agencies and stakeholders, continues to guide this work.
- The work of the five ACT LifeSpan Working Groups, focusing on Health Services, Schools, Aboriginal and Torres Strait Islander suicide prevention, Improving Public Safety and Community Awareness are now well underway.
- Some key LifeSpan initiatives have been modified in light of the pandemic.
- Question Persuade Refer (QPR), a free online suicide prevention training program, has been actively promoted on social media platforms during the pandemic. There has been an increase in uptake of QPR training in the community during this time.
- A 'QPR for Business' initiative, encouraging workplaces to enable staff to complete QPR Training, is being promoted in partnership with Healthier Work and Black Dog Institite (BDI).
- QPR is also being promoted to teachers and school communities by the ACT Education Directorate.
- Mindframe Plus training in safe and purposeful media reporting and communication about suicide, provided by Everymind, was conducted for local media and communication stakeholders in September 2020.
- ACT LifeSpan is driving the implementation of 4 Mental Health's "Connecting with People" suicide prevention training for clinical and frontline staff in 2021, as well as best practice guidelines for Emergency Departments in the ACT. The Health Working Group which oversees the implementation represents an effective collaboration of key clinical and frontline partners from Canberra Health Service, Calvary Hospital, the ACT Way Back Service, BDI and Capital Health Network.

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- Aboriginal and Torres Strait Islander Suicide Prevention is a major priority for ACT LifeSpan, and is guided by a proactive Working Group with membership from Winnunga Nimmityjah and other key organisations and individuals in the local community.
- A needs assessment for the provision of a culturally appropriate Aboriginal and Torres Strait Islander suicide prevention, aftercare, and postvention service for the ACT has been completed. It is now being used to inform the provision of key community suicide prevention strategies, including those implemented in response to the pandemic.
- This month, Wesley Mission will conduct culturally appropriate suicide prevention training for 10 members of the local Aboriginal and Torres Strait Islander community, to build capacity in suicide prevention.
- Due to the pandemic, an Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Forum has been postponed as it requires face-to-face delivery. It is hoped that this Forum can be conducted in early 2021.

Youth Aware of Mental Health (YAM)

- BDI's Youth Aware of Mental Health Program (YAM), a flagship program of ACT LifeSpan, is now well underway. Commonwealth Government funding has enabled this program to be delivered to year 9 students in high schools across the ACT in 2020 and 2021. YAM will be evaluated by BDI.
- YAM is an evidence-based program developed to promote mental health and address suicidal behaviour in young people. It commenced in ACT high schools in February 2020.
- Due to the impact of COVID-19, the rollout of YAM was briefly paused after Term 1 as the program model requires face-to-face implementation with students. YAM recommenced in Term 2 2020. To date, 14 schools and over 1700 Year 9 students have completed the program.

Way Back Support Service

- The Way Back Support Service (Way Back), developed by Beyond Blue, is a non-clinical suicide prevention service that provides follow-up support to people for up to three months, after they have attempted suicide.
- In the ACT, Way Back is jointly funded by the ACT and Australian Governments and is delivered by the Woden Community Service.
- In the context of COVID-19, the Way Back Support Service has moved to working via an online platform, phone and SMS systems.

QUESTION TIME BRIEF

Key Information:

- According to the latest ABS data, there were 3,318 deaths by suicide across Australia in 2019. In 2019, 53 suicide deaths were recorded in the ACT, compared to 47 deaths recorded in 2018.
- This is the second highest number of suicides in the ACT over the 10 years from 2010. The only higher year was 2017, when there were 58 suicides.
- The standardised death rate in the ACT over the period 2015-2019 was 11.2 suicide deaths per 100,000 population. This was below the national rate of 12.7 suicide deaths per 100,000 population.

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QUESTION TIME BRIEF

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Portfolio/s: Mental Health

ACT Regional Mental Health and Suicide Prevention Plan

Talking points:

- The development of the ACT Regional Mental Health and Suicide Prevention Plan (the ACT Plan) was led by the Capital Health Network in partnership with the ACT Health Directorate, Canberra Health Services, and community stakeholders.
- The ACT Plan is a deliverable of the Fifth National Mental Health and Suicide Prevention Plan (the 5th Plan). The ACT Plan was officially launched by the then Minister for Mental Health, Shane Rattenbury MLA, on 31 August 2020.
- A range of broad and targeted consultations were carried out to inform the priorities of the ACT Plan. These priorities were also informed by, and align with, the Office for Mental Health and Wellbeing's vision and priorities.
- The seven Strategic Priorities identified in the ACT Plan are:
    - Improved outcomes for everyone.
    - Services that are responsive and integrated.
    - A highly skilled and sustainable mental health workforce.
    - Early intervention in life, illness and episode.
    - Whole of person care.
    - Reduced self-harm and suicide prevention.
    - Improving the social and economic conditions of people's lives.
- The ACT Plan will guide development and reform in the mental health service sector. A steering group is being established, based on the working group and existing stakeholder partnerships, to oversee the implementation and monitoring of the ACT Plan.
- The collaborative approach taken in the development of the ACT Plan will be a feature of implementation and is critical to promoting a more integrated and coordinated approach to the delivery of mental health and suicide prevention programs and services across the spectrum of primary care, non-government and government services.

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QUESTION TIME BRIEF

Key Information

- The 5th Plan prioritises effective regional planning and integration of mental health services. Development of the ACT Plan is a key commitment under this priority.
- The full ACT Plan is publicly available on the Capital Health Network website: https://www.chnact.org.au/about-us/publications/other/.

Background Information

- The process of developing a regional mental health and suicide prevention plan commenced in earnest in 2018 and incorporated service mapping and data analysis including:
    - the first edition of the Integrated Mental Health Atlas of the Australian Capital Territory Primary Health Network Region drafted by the Capital Health Network, ACT Health Directorate and the Australian National University;
    - the National Mental Health Services Planning Framework planning support tool to assist and inform service planning and demand analysis;
    - baseline (2016) and follow up (2018) Needs Assessments conducted by Capital Health Network for the Primary Health Network region; and
    - analysis of data on community and service profiles, prevalence of mental health issues, service use and outcomes.
- Collaboration and co-design have been fundamental to the process of creating the ACT Plan. Key stakeholders, inclusive of peak bodies representing people with lived experience of using mental health programs and services (consumers and carers), have been involved in the ACT Regional Planning Working Group. A consultation forum held in August 2018 involved participants from across the ACT community including stakeholders from Education and Policing. An online survey invited additional input from the community with over 30 online submissions received.
- Specific input was sought to ensure the ACT Plan is representative of the issues and priorities of the whole ACT community such as consultation with the Aboriginal and Torres Strait Islander Suicide Prevention Working Group that assists the work of the LifeSpan Suicide Prevention Project Implementation.

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QUESTION TIME BRIEF

GBC20/638

Portfolio/s: Mental Health

Health

ACT Health Directorate Staff Climate Survey 2019

Talking points:

- In accordance with Recommendation 75 from the Select Committee on Estimates, I provided the Assembly with a report on the outcomes of the Climate Survey on 2 April 2020.
- The results showed strong agreement around several work culture indicators, including that the workplace is free from sexual harassment; that there is good workplace flexibility; and the value of Integrity is demonstrated by colleagues.
- The results identified number of aspects of the Directorate's culture to be targeted as part of the Action Planning process. These include perceptions of favouritism, of behaviour not espousing the values; and of poor internal processes, systems and procedures.
- Action plans have been embedded into the divisional business planning process.
- The Directorate has implemented a number of initiatives to address these perceptions. These include:
    - Refreshing Directorate Values, including preparation of a values implementation plan and establishment of values champions in the workplace.
    - Strengthened recruitment governance by implementing best practices through updated policy and staff training.
    - Implementating a culture uplift training program aimed at improving communications and interactions between staff;
    - Facilitating bespoke workshops for teams to assist them refocus their internal cultures;
    - Strengthening the RED (Respect, Equity and Diversity) Contact Officer network.

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Key Information

- The Directorate's Executive Leadership group have integrated action plans addressing the findings of the survey into divisional business plans.
- In October, the Directorate completed a COVID-19 Wellbeing staff survey, with a response rate of 67%. Debriefs for this survey commenced 24 November 2020.
- The high level results show that 95% of respondents agreed that they have coped well during the pandemic; and that 98% of respondents believed the Directorate has handled the pandemic well.

Background Information

- Recommendation 2 from the Final Report of the Independent Review into the Workplace Culture within ACT Public Health Services (the Culture Review) contained an action item to conduct a staff survey in 2019.
- The ACT Health Directorate's Workplace Climate survey was conducted between 8 and 26 November 2019.
- 82% of Directorate staff completed the survey.
- Results from the survey inform the Directorate's response to the recommendations arising from Culture Review.
- Information that has the potential to identify business units or individual staff and/or managers will not be made available.
- The last workplace climate survey of (the former) ACT Health was conducted in 2015.

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QUESTION TIME BRIEF

GBC20/638

Portfolio/s: Mental Health

Mental Health Budget Initiatives

Talking points:

The ACT 2020-21 August Economic and Fiscal Update provided $20.7 million over four years towards Mental Health initiatives. This included Commonwealth funding on-passed to the Health portfolio.

Mental Health initiatives across the Health portfolio are as follows:

Commonwealth Community Health and Hospitals Program (CHHP)

- **Youth Mental Health Suicide Prevention ($5.190 million):** Commonwealth funding has been committed to two programs of work under the Youth Mental Health and Suicide Project. Access to the already committed Commonwealth funds will implement:
  a) Youth Aware Mental Health (YAM) Program; and
  b) Online Youth Navigation Portal (the Portal).

- Both parts of the project will complement the existing services available in the ACT and will provide a targeted approach to reduce the prevalence of mental health issues for young Canberrans and enhance the new model of care for communit mental health. The Portal will also showcase the different services and supports available across our community.

- **Mental Health ($10.0 million):** ACT will provide a plan and timeframes for the delivery of mental health initiatives. In doing so, ACT Health is required to consult with the ACT Primary Health Network in relation to ensuring appropriate integration of mental health services with the planned Canberra Adult Mental Health Centre. $8.1 million of this funding is capital funding for Canberra Health Services Ward 12B Work and approximately $1.6 million to increase Calvary capacity.

COVID-19 Stimulus Measure ($3.507 million) – Mental Health Support package

- The Government is providing additional mental health support ($3.315m) for Canberrans impacted by COVID-19. Increased support will be provided across a range of services, including early intervention, expanded step-down support and additional counselling services. Funding will increase capacity of

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both government and non-government service delivery, including Lifeline. This initiative included 6 months funding (July to December 2020 for HAART and PACER).

- **Youth Support Package ($0.250 million):** The Government will provide further funding for youth mental health initiatives to build on Government's COVID-19 package Mental Health Support Package.

Screwdriver ready projects ($0.750 million):

- As part of the Government's rapid rollout of 'screwdriver ready' projects, funding was provided to commence early work on design and construction of additional mental health capacity at Canberra Hospital.

Continuing Mental Health Initiatives

- **ACT Mental Health Recovery College ($0.189 million)**: The Government will provide funding to continue the ACT Recovery College, which provides non-clinical mental-health training courses that support early intervention, helping to facilitate experience-based learning and peer support. The College provides courses that are both mental health specific and holistic, emcompassing broad topics that promote wellbeing.

- **Child and Adolescent Mental Health Services (CAMHS) $1.016 million**: Contination of service expansion funding provided for CAMHS. Original funding provided in 2018-19 was ceasing in 2019-20.

QUESTION TIME BRIEF

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Portfolio/s: Mental Health

2019/2020 Half Yearly Performance Report ACTHD/LHN

Talking points:

There were no major variances within the Statements of Performance which will be tabled in the Assembly on 13 February which related to Mental Health.

Key Information

ACT Health Directorate

Output 1.3: Mentally Healthy Communities:

1.3.a - *Percentage of mental health clients with outcome measures completed* – was 6 percent higher than target due a sustained effort to complete outcome measures for eligible consumers.

1.3.b - *Annual progress report on the implementation of the Office for Mental Health and Wellbeing Workplan 2019-2021 published* – is on target to be met.

ACT Local Hospital Network

Output 1.1: ACT Local Hospital Network:

1.1.d – *Acute Admitted Mental Health Services* – was 3 percent below target.

Background Information

- Directors-General (DG) and Chief Executive Officers (CEO) are responsible for delivering outcomes for the provision of services. Each DG / CEO is responsible to their Minister for the delivery of outcomes and for the provision of outputs as specified in each agency's budget papers. Performance indicators provide succinct and transparent means by which ACT Government entities can present their performance and, in so doing, be held accountable.
- Section 30(E) of the Financial Management Act 1996 requires Ministers to prepare a half-yearly performance report for each directorate for which the Minister is responsible and report to the Legislative Assembly within 45 days of the end of the December period, this report must include:
    a. A progress report on delivery of outputs; and
    b. An explanation of any significant variations from performance criteria.

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Portfolio/s: Mental Health

Productivity Commission Report into Mental Health

Talking points:

- The Report highlights that almost half of adult Australians meet the criteria for mental illness at some point in their lives and that the Australian mental health system has not kept pace with our needs.
- In economic terms, mental health costs the Australian economy over $200 billion through direct costs attributable to healthcare and other services, as well as lost productivity, informal care provided by family and friends, diminished health outcomes and reduced life expectancy.
- The Report makes recommendations to the Australian and State and Territory Governments to improve the mental health of people of all ages and cultural backgrounds, working in partnership with people who have experience of mental illness, and with their families and carers.
- I am pleased to note that the ACT Government's submissions to the Inquiry, responses to the Draft Report and the health system more broadly is consistent with the Report.
- In addition, recent initiatives in the ACT are also consistent with the report, for example:
    - Publication of the ACT Regional Mental Health and Suicide Prevention Plan 2019-2024 which prioritises improved mental health outcomes for everyone; early intervention in life, illness, and episode; and improving the social and economic conditions of people's lives.
    - The $4.5 million COVID-19 mental health support package that included:
        - mental health services to respond to acute mental health crisis in the community;
        - two Safe Haven Cafes for the ACT;
        - safe and supportive emergency department alternatives for people with mental health needs;
        - an Aboriginal and Torres Strait Islander targeted mental health and suicide prevention program;
        - increased support for NGOs to help them meet increased demand;

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- a new short-term transitional accommodation service for people exiting mental health inpatient units with no safe stable accommodation to exit into;
- a Community Mental Health and Wellbeing Information campaign to improve community mental health literacy and promote positive self-management and resilience strategies.

- Establishment of a new, step up step down facility for South Canberra, which will provide early intervention step up support for people becoming mentally unwell, before they become need hospital care; and step down support for people who have been discharged from hospital to support successful transition back to community and improve overall recovery outcomes.

- All of these activities aim to provide mental health support as early in life illness and episode of mental ill-health as possible, reducing the need for emergency department admission and acute care wherever possible. By providing care when and where people need it, including providing support in the community were feasible, they aim to support sustainable mental health and wellbeing across our community.
- The significant election commitments that have been made in relation to mental health will further improve the services available for people and families experiencing mental illness.
- The ACT Government will be giving careful consideration to this very significant report.
- We will also work with the Commonwealth to improve the mental health system for all Canberrans.

Background Information

1. Recommended reforms extend across workplaces, schools and universities, the justice system, community groups and services for healthcare, psychosocial support, and housing recognising their intersections with mental health outcomes.
2. The report also includes key statistics including highlighting that 1 in 5 Australians meets the diagnostic criteria for mental illness in a given year; and that the annual cost of mental ill-health and suicide is over $200 billion per annum.
3. To address these distressing statistics the report includes a clear statement of objective for a person-centred care mental health system - the needs, preferences and aspirations of people who use it should shape all parts of a person-centred systems supported by recovery-oriented services and supports.

4. The Report notes that a person-centred care mental health system also means people should be empowered to choose the service most suitable for them. These services should be evidence-based and responsive to their cultural, social, and clinical preferences.
5. Areas for reform identified by the Report include:
   a. the need to instil incentives and accountability for improved outcomes;
   b. prevention and early help for people;
   c. improved experiences of mental healthcare;
   d. improved experiences with services beyond the health system; and
   e. the need to equip workplaces to be mentally healthy.

QUESTION TIME BRIEF

GBC20/638

Portfolio: Mental Health

The Report on the Inquiry into Youth Mental Health in the ACT

Talking points:

- The Standing Committee on Education, Employment and Youth Affairs of the 9th Legislative Assembly provided the Report on their Inquiry into Youth Mental Health in the ACT to the ACT Government on 13 August 2020.
- I would like to thank the work of the Standing Committee, who carefully considered all the submissions they received and collated them into a comprehensive report with 66 recommendations for the ACT Government.
- The ACT Government is currently finalising its response to the Standing Committee's report. This response will be provided to the Chair of the Standing Committee, Mr Michael Petersson MLA, and will be tabled in this Legislative Assembly in due course.
- In responding to the Report, the ACT Government acknowledges the importance of early intervention and prevention of mental illness and that the mental health and wellbeing of young people can be impacted by a wide range of social and economic determinants with intersections across human services.
- The ACT Government supports Whole of Government action to jointly improve a wide range of determinants, including mental health. This is evidenced by the fact that the ACT Government has advocated for this in its submissions to the Productivity Commission's Inquiry into Mental Health and demonstrated its commitment through Whole of Government actions, like the establishment of the ACT Wellbeing Indicators.
- This is also echoed in the 10th Parliamentary and Governing Agreement for the Legislative Assembly, that commits to actions such as creation of secure local jobs; a healthy natural environment; closing the Gap for First Nations People; reducing inequality and poverty; and providing dignified housing to all Canberrans. All of these are known to be determinants of mental health outcomes.

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- As the newly elected Minister for Mental Health, I look forward to working towards the recommendations outlined in the Report and the ACT Government's response, as well as delivering on the commitments made by the ACT Government for mental health in the 10th Parliamentary and Governing Agreement for the Legislative Assembly.

Background Information

- The Report makes recommendations across a number of systems and human services that young people with mental illness interact with. These include education, health, community services and justice.
- Each of the relevant ACT Government Directorates governing these systems and services reviewed the Report and provided input into the ACT Government response.

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QUESTION TIME BRIEF

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Portfolio/s: Mental Health

Chief Psychologist Changes

Talking points:

- The Chief Psychiatrist who was appointed in August 2018 was recently successful in appointment to an alternate position within Canberra Health Services, which leaves the position vacant.
- ACT Health Directorate has made arrangements for a short term internal backfill of the position whilst an expression of interest is released.
- The internal candidate is a practicing psychiatrist and fulfills the legislative requirements for this position. The candidate also has experience as the Chief Psychiatrist in the Northern Territory.
- An expression of interest for a six month acting opportunity will be released shortly. It is intended that following the appointment of a suitably qualified candidate to this six month position recruitment for long term appointment with full Cabinet consultation will commence.

Key Information

- The Chief Psychiatrist position is a Statutory Appointment under the Mental Health Act 2015 and must have a nominal or acting occupant at all times.
- The statutory functions of this role under Section 197 of the Mental Health Act include:
    - to provide treatment, care or support, rehabilitation and protection for persons who have a mental illness;
    - to make reports and recommendations to the Minister with respect to matters affecting the provision of treatment, care or support, control, accommodation, maintenance and protection for persons who have a mental illness; and
    - any other function given to the Chief Psychiatrist under this Act.
- For positions that hold statutory functions any permanent or long term appointment must be considered and deliberated by Cabinet as outlined in the *Governance Principles – Appointments, Boards and Committees*. However, the Chief Minister can waive these requirements should a Minister write to him seeking his approval to proceed with the short-term appointment extensions (up to 6 months) without Cabinet approval.

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