

Our reference: **ACTHDFOI23-24.25**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED]

### **DECISION ON YOUR ACCESS APPLICATION**

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by the ACT Health Directorate (ACTHD) on **Thursday 30 November 2023**.

This application requested access to:

*'Under the FOI Act I would like to be supplied with copies of the following ministerial briefs:*

- *MIN2023/00592*
- *MIN2023/00596*
- *MIN2023/00606*
- *GBC23/501*
- *MIN2023/00629*
- *MIN2023/00671*
- *MIN2023/00672*
- *MIN2023/00409'*

I am an Information Officer appointed by the Director-General of ACTHD under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. ACTHD was required to provide a decision on your access application by **Friday 19 January 2024**.

I have identified 8 documents holding the information within scope of your access application. These are outlined in the schedule of documents included at Attachment A to this decision letter.

#### **Decisions**

I have decided to:

- grant full access to 4 documents;
- grant partial access to 3 documents; and
- refuse access to 1 document.

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

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

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

### **Full Access**

I have decided to grant full access to the documents at references: 3 and 5-7.

### **Partial Access**

I have decided to grant partial access to the documents at references: 1-2, and 4.

These documents contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in Section 17 of the FOI Act.

### **Refuse Access**

I have decided to refuse access to the document at reference: 8. This document contains information contrary to the public interest to disclose under the test set out in Schedule 1 of the FOI Act.

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

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

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

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

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

- Schedule 1.2 Information subject to legal professional privilege.
- Schedule 1.6 Cabinet Information.
- Schedule 2, 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the Human Rights Act 2004.
- Schedule 2, 2.2(a)(xi) prejudice trade secrets, business affairs or research of an agency or person.

Documents at references 2 and 4 are partially comprised of personal information such as mobile numbers of ACT-Government employees in accordance with Schedule 2, 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the Human Rights Act 2004.

Documents at references 1 and 4 are partially comprised of cabinet information under Schedule 1.6, and under Schedule 1.6 (1) Cabinet Information, it is taken to be contrary to the public interest to release. Schedule 1.6 (1)(d) the disclosure of which would reveal any deliberation of Cabinet (other than through the official publication of a Cabinet decision).

Document at reference 4 is partially comprised of information classified as information that would be contrary to the public interest in accordance with Schedule 2, 2.2 (a)(xiii) prejudice the competitive commercial activities of an agency.

Document at reference 8 is comprised of cabinet information under Schedule 1.6, and under Schedule 1.6 (1) Cabinet Information, it is taken to be contrary to the public interest to release. Schedule 1.6 (1)(d) the disclosure of which would reveal any deliberation of Cabinet (other than through the official publication of a Cabinet decision).

### **Charges**

Processing charges are not applicable to this request.

### **Disclosure Log**

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

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

### **Ombudsman review**

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

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

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

### **ACT Civil and Administrative Tribunal (ACAT) review**

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

ACT Civil and Administrative Tribunal  
Allara House  
15 Constitution Avenue  
GPO Box 370  
Canberra City ACT 2601  
Telephone: (02) 6207 1740  
<http://www.acat.act.gov.au/>

### **Further assistance**

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

Yours sincerely



Catherine Ellis  
**Senior Director**  
Ministerial and Government Services


18 January 2024

## FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

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

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

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

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
	<p><i>Under the FOI Act I would like to be supplied with copies of the following ministerial briefs:</i></p> <ul style="list-style-type: none"> <li>• MIN2023/00592</li> <li>• MIN2023/00596</li> <li>• MIN2023/00606</li> <li>• GBC23/501</li> <li>• MIN2023/00629</li> <li>• MIN2023/00671</li> <li>• MIN2023/00672</li> <li>• MIN2023/00409</li> </ul>	ACTHDFOI23-24.25

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	01 - 10	MIN2023/00592 - Health infrastructure update	01 September 2023	Partial Release	Schedule 1.6 Cabinet Information	YES
2.	11 - 14	MIN2023/00596 - First meeting with ACT Health System Council Chair, Dr Nigel Lyons	06 September 2023	Partial Release	Schedule 1.6 Cabinet Information Schedule 2.2(a)(ii) Privacy	YES

3.	15 - 17	MIN2023/00606 - Digital Health Record (DHR) Referral issue	08 September 2023	Full Release		YES
4.	18 - 20	MIN2023/00629 - Meeting to discuss current midwifery initiatives to support midwives and midwifery led care in the ACT	08 September 2023	Partial Release	Schedule 2.2(a)(ii) Privacy Schedule 2.2(a)(xi) Business Affairs	YES
5.	21 - 26	MIN2023/00671 - Update on Commissioning Health Services in the Community	22 September 2023	Full Release		YES
6.	27 - 31	MIN2023/00672 - Update on Commissioning Health Services in the Community	22 September 2023	Full Release		YES
7.	32 - 36	MIN2023/00409 - Amsterdam visit	10 October 2023	Full Release		YES
8.	N/A	GBC23/501 - 2024 Legislation Program – ACT Health Directorate Legislation Proposals	09 September 2023	Refused	Schedule 1.6 Cabinet Information	NO
<b>Total Number of Documents</b>						
<b>8</b>						

**ACT Health Directorate**

<b>To:</b>	Minister for Health	<b>Tracking No.:</b> MIN2023/00592
<b>CC:</b>	Rebecca Cross, Director General, ACT Health Directorate	
<b>From:</b>	Liz Lopa, A/g Deputy Director General, ACT Health Directorate	
<b>Subject:</b>	Health infrastructure update	
<b>Critical Date:</b>	Not applicable	
<b>Critical Reason:</b>	Not applicable	

**Recommendation**

That you:

1. Note the information contained in this brief;

**Noted / Please Discuss**

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

Minister's Office Feedback
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## Background

1. In July 2023 the ACT Government released the Health Sector Infrastructure Plan. This provided a long-term view of health infrastructure in the Territory, underpinned by providing access to public health care for Canberrans where and when they need it.
2. The ACT Government has prioritised the delivery of significant hospital infrastructure commitments over the decade to boost Canberra's health care capacity and meet health needs of the community.
3. In 2021 the ACT Government released the Canberra Hospital Masterplan (CHMP) to guide the redevelopment of the tertiary hospital campus over the coming 20 years. This will include delivery of new inpatient towers, a car park, new pathology buildings and a range of campus improvements to way finding and public amenity.
4. Through the 2023-24 Budget the ACT Government funded a new northside hospital. This will be the single biggest investment in health infrastructure in the Territory.
5. To support the health system the Government is also investing in health centres in the community and a range of other community health initiatives.
6. The projects are progressing across ACT Health Directorate (ACTHD) and Canberra Health Services (CHS).

## Issues

### Territory Wide Health Infrastructure Planning

7. The Government's decision to transition operations at the North Canberra Hospital means that planning for the new hospital can now be integrated into the Territory-wide health infrastructure planning.
8. This will include analysis of various scenarios to determine the most effective and efficient mix of services across hospital and community settings.
9. [REDACTED]
10. It is expected there will be options that will be presented to meet the demand scenarios while managing the Government's capital investment in hospital infrastructure.

### Governance

11. To oversee the ongoing planning and implementation of these health infrastructure projects, a governance framework comprising an Executive Steering Committee, Project Control Groups, Design Reference Groups and project teams will be established. The draft governance framework is provided in Attachment A.
12. The Territory-wide Health Infrastructure Executive Steering Committee will provide high-level strategic oversight and leadership on project implementation.
13. Project Control Groups will oversee and advise on matters related to the land planning and design of:

- i. the Canberra Hospital Master Plan project
  - ii. the Northside Hospital project
  - iii. Community-based Infrastructure projects.
14. Design Reference Groups will be established for particular infrastructure projects as required to provide expert input and advice to inform the design of the project.
  15. A Program Management Office is being established within the Strategic Infrastructure Branch to establish the required committee/groups, and provide consistent overarching governance support, resources and reporting.
  16. Major Projects Canberra (MPC) and ACTHD are considering the timing for the establishment of a project board for Northside Hospital Project.

#### Communications and Engagement

17. ACTHD will develop a communication and engagement strategy, plan and associated activities that align to the Territory-wide infrastructure planning program. Tender documentation has been prepared to seek an appropriately qualified team to support this work program.
18. Staff engagement commences at NCH on 31 August 2023.

#### The new Northside Hospital

19. Following the development of a proof of concept and tier 1 infrastructure business case for a new northside hospital during 2021-22 and 2022-23, the ACT Government announced, in May 2023, their decision to construct a new northside hospital that will be operated by Canberra Health Services (CHS) on the existing Calvary Public Hospital Bruce site.
20. Funding of \$64.2 million for detailed design and planning has been allocated over 2 years prior to a full construction business case being considered through the 2025/26 Budget Process. Government has provision more than \$1 billion for construction has been allocated this will be tested and updated over the coming two years.
21. The Northside Hospital Project has two main workstreams:
  - a. Enabling and early works; and
  - b. Main works.

#### *Enabling and Early works*

22. The scoping of the current stage of the Northside Hospital project has been informed by the following key assumptions and requirements:
  - a. the NCH will continue to operate through the construction of the new hospital; and,
  - b. the study area for the hospital includes Block 2 Section 1 (the Northern Block) to the north of the NCH site (for the mental health precinct).



23. Both the NCH site and the Northern Block have existing buildings, services and parking. These will require decanting, relocation and in some instances the reconstruction of these facilities to enable the future development of the hospital.
24. ACTHD and MPC are scoping these enabling works and working this into a comprehensive project timeline. Individual projects include:
  - a. NCH site:
    - i. Replacement parking (300 places)
    - ii. Administration, education and outpatient buildings including Lewisham and O'Shannassy;
    - iii. relocation of services and access; and
    - iv. relocation of the childcare.
  - b. Northern Block:
    - i. Gawanggal – a secure Mental Health facility
    - ii. Directions – a residential alcohol and other drug rehabilitation facility
    - iii. The Cottage – a day program and school program for young people with moderate to severe mental health issues.
25. Work has commenced to determine the specific requirements associated for each impacted service or facility and identify options to progress. The operators of the services have been engaged with and are aware of the active plan to relocate them. ACTHD has committed to collaboration on site identification, site selection and then more detailed planning.
26. Concurrently ACTHD is progressing the development of a range of site options for each required service with a view to starting more detailed work to determine the feasibility and cost of each options. To do this ACTHD is working with CHS, CIT, ACTPG, JACS and the University of Canberra.
27. A summary of planning undertaken to date is at [Attachment B](#).

#### *Birth Centre*

28. Following an e-petition to the Legislative Assembly the government committed to a feasibility study into a Stand-alone Birth Centre on the NCH campus.
29. ACTHD will commence this work to inform the inclusion and specifics of such a service at the hospital.
30. Significant policy and engagement work will need to be undertaken to progress the policy work on the model of care and relationship to the acute facility including spatial requirements.

#### *Main Works*

31. ACTHD and MPC are developing the procurement strategy to engage the necessary consultancy and contractor support to deliver the design of the new hospital and the associated business case.

32. Tender documentation for associated work programs are expected to be ready for market in late 2023.

### **Canberra Hospital Master Plan**

33. The CHMP has been established to guide the development, upgrade and modernisation of the Canberra Hospital campus in stages over 20 years.
34. The Master Plan provides a road map for redevelopment and growth of the campus to ensure challenges and opportunities are fully resolved and explored.
35. In April 2023, the ACT Government engaged a lead consultant (Ernest & Young) to complete the CHMP Phase 2 Implementation and Business Case.
36. The next stage is the construction of a new Pathology and Clinical Support Building beside the Critical Services Building (CSB) which requires the demolition of Buildings 6 and 23 (and the adjacent storage shed, Building 17).
37. The lead consultant will undertake designs and feasibility studies for these new builds and progress this work to a Tier One infrastructure business case for the 2024-25 Budget, including a proof-of-concept design.

### **Phase 1 – Yamba precinct carpark**

38. A key challenge faced by a growing campus is increasing parking supply.
39. Yamba Car Park Proof of Concept design commenced in 2022. This study looked to understand the ability of the Yamba Precinct to accommodate a new multi storey car park. This included parking and traffic analysis, an overall parking strategy for the campus, designs, costings and a delivery program. The project culminated in a tier 1 business case which was taken to ERC in October 2022.
40. The design team were able to demonstrate that a 3000+ space car park could be delivered on the Yamba Precinct.
41. The project team are now working on commercial advice with KPMG to respond to the ERC request for further information regarding potential financial delivery models. This advice will be completed in coming months to support a response at mid-year review.

### **Phase 2**

42. Phase 2 of the CHMP commenced in June of 2023. This project will deliver the proof of concept for several new buildings on the Canberra Hospital campus. These buildings will include a replacement pathology building and replacement clinical services and support services building. The aim of this project is to provide replacements for Building 1 and 10 on the campus.
43. Phase 2 will provide designs, costings and a delivery program. The project will culminate in a tier 1 business case in the first quarter of 2024.

44. Phase 2 is currently on track with the first part of the project currently drawing the site analysis work to a close and design work commencing in coming months.

#### **Building 6/23 decanting and demolition**

45. Phase 2 of the CHMP requires the demolition of Buildings 6 and 23.
46. Demolition is expected to start by November 2023 with the project overall taking approximately 12 months to finish. The development application for the demolition of Buildings 6, 23 and 17 has been approved.
47. Before demolition can proceed, all staff (clinical and administrative) currently accommodated in Buildings 6 and 23 will need to be relocated. ACTHD is project managing the staff relocation including coordinating staff consultation and communication including identifying staff requirements and suitable new accommodation.
48. Accommodating Building 6 and 23 clinical staff who need to remain on campus will displace administrative teams from other buildings, further increasing the number of impacted staff.
49. ACTHD and CHS Infrastructure Health Support Services have been working with the CHS executive team to confirm accommodation requirements (on/off campus).
50. Development of the schedule of Accommodation and design documentation are underway, whilst decant space continues to be identified and made available.
51. A head contractor (SHAPE) has been engaged to undertake any associated minor refurbishment and undertake the required relocations.

#### **Southside Hydrotherapy Pool**

52. Following the closure of the Canberra Hospital hydrotherapy pool, and the construction of a new ACT Government hydrotherapy pool at the University of Canberra Rehabilitation Hospital, the ACT Government committed to exploring options to deliver a new hydrotherapy pool in Canberra's south.
53. Hydrotherapy offers a vital service for a wide range of people: it provides people with mobility issues access to an important form of recreation; it helps people better manage chronic pain caused by illnesses such as cancer, migraine, osteoarthritis, and arthritis; and it offers the opportunity to help people recover from injury or surgery.
54. In April 2021, ACTHD engaged a consultant (GHD) to undertake design, develop a business case for 2021 22 ACT Budget for a southside hydrotherapy pool. This identified the construction of a new hydrotherapy pool at the Lakeside Leisure Centre in Greenway as the preferred option.
55. The 2022-23 ACT Budget provided funding for the detailed design and construction of a Southside Hydrotherapy pool at this site.
56. The Development Application (DA) payment was made on 16 August 2023.

57. Slight amendments to the plans were required, which were resubmitted on 18 August 2023.
58. The DA is now undergoing a final technical check to ensure it is complete for Public Notification.
59. ACTHD will continue to work with EPSDD Customer Service to ensure the media announcement occurs on the same day as it goes live on the Public Notification website.
60. The Request for Tender for a Head Contractor for the construction of the facility is anticipated to be released to market on 1 September 2023.

### **Watson Health Hub**

61. In 2021–22, ACTHD began design work for the construction of new facilities at Watson for the Ted Noffs Foundation and Catholic Care, which respectively offer youth alcohol and drug rehabilitation services and youth mental health services (the youth facilities). The large bushland site of these services has been identified as a suitable location for a new alcohol and other drug rehabilitation facility for Aboriginal and Torres Strait Islander persons, and the rebuilding of the existing services in the Watson site will create space for the rehabilitation facility for Aboriginal and Torres Strait Islander persons – the design, construction and eventual operation of which will be managed by Winnunga Nimmityjah. In 2021–22, the Directorate provided funding to Winnunga Nimmityjah to start design work on the new facility.
62. In 2022, ACTHD engaged Architects (STH) to undertake the initial design, planning and costing work for the youth facilities, as well as engagement of key stakeholders.
63. The DA was submitted for a completeness check on 26 July 2023; this is a joint DA for the youth facilities and for the Winnunga Nimmityjah facility as a result of close collaboration between STH Architects and the architect (Judd Studio) commissioned by Winnunga Nimmityjah.
64. EPSDD provided some feedback with amended plans were submitted on 22 August 2023.
65. The DA will be lodged for formal assessment and public notification following this step.
66. ACTHD will continue to work with EPSDD Customer Service to ensure the media announcement occurs on the same day as it goes live on the Public Notification website.
67. The Request for Tender for a Head Contractor for the construction of the facility is anticipated to be released to market on 10 October 2023.
68. Construction of the Winnunga Nimmityjah facility and the youth facilities will occur concurrently.

## **Eating Disorders**

69. In 2019 the Commonwealth announced that it would provide the ACT Government with \$13.5 million over three years for the establishment of a community-based residential eating disorder treatment centre, as part of the Community Health and Hospitals Program (CHHP). On 23 June 2020, Cabinet agreed (CAB19/728) to the projects covered by the CHHP agreement.
70. In March 2021, Block 3 Section 17 Coombs was selected as the preferred site for the Centre. Design commenced relatively after with the Development Application approval received in May 2023 and Building Approval in July 2023.
71. A builder has been engaged (IQon Pty Ltd) and early works are progressing well with bulk excavation completed at the building site.
72. The builder has commenced work on slab preparation, onsite stormwater detention tank and inground works for Hydraulic and Electrical services.
73. Construction completion is expected to be completed mid-2024.

## **Financial Implications**

74. The Northside Hospital Project was funded \$64.2 million for the next two years.
75. The 2022-23 Budget provides \$51.463 million over four years to support critical projects and associated planning as identified in the CHMP.
76. \$19.633 million over four years was transferred at mid-year review to (MPC for the design and fit-out of a 64-bed inpatient unit "shell space" in the Canberra Hospital Expansion Critical Services Building (CSB).
77. A project budget \$8,330,000 (ex GST) has been allocated under the CHMP funding for Phase 2 of the Master Plan.
78. A project budget of \$3,500,000 (ex GST) has been allocated under the CHMP funding for Building 6/23 decant.
79. A project budget of \$8M (ex GST) has been allocated under the CHMP funding for Building 6/23 demolition.
80. Funding of \$3M (ex GST) has been allocated for the Yamba precinct carpark POC and business case.
81. ACTHD received \$31,629,000 in the 2023-2024 Budget for the construction of the Watson Health Hub. The Winnunga Nimmityjah facility was also funded in the 2023-24 Budget; this funding (\$17.4m) will be provided to Winnunga Nimmityjah via a Deed of Grant between Winnunga Nimmityjah and ACTHD.
82. Funding for the Southside Hydrotherapy Pool project budget appropriation is \$8.5M.
83. The total budget for the eating disorder project is \$13.5M. There is also a separate \$4.752M for the eating disorder land acquisition funding separated to this scope of works.

## **Consultation**

### Internal

84. Northside Hospital Team and Strategic Infrastructure and working closely with Health System Planning and Evaluation to determine the demand and modelling scenarios to develop a final clinical scope for the hospitals.

### Cross Directorate

85. ACTHD is continuing to engage with all ACT Government Directorates and is establishing whole of Territory
86. ACTHD continues to work collaboratively and engage with Canberra Health Services (CHS) and Major Projects Canberra (MPC) during design and construction of projects.

### External

87. ACTHD is working closely with service providers impacted by the Northside Hospital Project including CREC, Directions ACT and University of Canberra.

## **Work Health and Safety**

88. Nil.

## **Benefits/Sensitivities**

89. The Government is making record investments in Health Infrastructure, this is a very exciting body of work delivering better outcomes for the community.
90. The announcement of the Northside Hospital Project was made in conjunction with the operator arrangement which continues to be the subject of media, political and community interest.

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

91. ACTHD has a dedicated team managing Health Infrastructure Communications and Engagement, including the development of comprehensive strategy to guide engagement and communications on the CHMP and Northside Hospital Project.

Signatory Name: Liz Lopa

Phone: MSTeams

Action Officer: Rebecca Sweetman

Phone: MSTeams

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Territory-wide Health Infrastructure governance
Attachment B	Summary of site information and next steps



## ACT Health Directorate

**To:** Minister for Health

Tracking No.: MIN2023/00596

**CC:** Dave Pepper, Chief Executive Officer, Canberra Health Services  
 Rebecca Cross, Director-General ACTHD  
 Robyn Hudson, Deputy Director-General, ACT Health Directorate

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

**Subject:** First meeting with ACT Health System Council Chair, Dr Nigel Lyons

**Critical Date:** 07/09/2023

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

## Recommendations

That you:

1. Note the Agenda for Dr Nigel Lyons at Attachment A;

**Noted / Please Discuss**

2. Note the ACT Health System Council Terms of Reference at Attachment B.

**Noted / Please Discuss**

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

Minister's Office Feedback



## Background

1. On 12 July 2023, you agreed to the establishment of the ACT Health System Council (the Council). On 7 September 2023, you are meeting with the nominal Chair of the the Council, Dr Nigel Lyons at 9.00 AM in your office.
2. The other attendees are the Chief Executive Officer, Canberra Health Services (CHS), Dave Peffer and the Deputy Director-General, ACT Health Directorate (ACTHD), Robyn Hudson.
3. Dr Lyons is a Specialist Advisor with the New South Wales (NSW) Ministry of Health.
4. The appointment of members to the Council is tentatively scheduled to be considered by Cabinet on 10 October 2023. Ahead of Cabinet's consideration, exemptions from the merit process are required to be sought from the Chief Minister, in relation to certain members based on their mix of skills and experience. A brief with the Cabinet Appointment Paper and Exemption requests is being prepared and will be progressed shortly.
5. On 1 September 2023, the Director-General ACTHD, Ms Rebecca Cross met with Dr Lyons, to outline the current and emerging priorities in the ACT health system and to inform him of the current work being progressed in the ACTHD, such as the performance framework and the trial of activity based funding. She also discussed some of the challenges being faced such as integrated care and how to make better connections.
6. The DG indicated there are two key priorities:
  - a. The implementation and evaluation of the ACT Health Services Plan; and
  - b. [REDACTED]
7. The Executive Group Manager, Health System Planning and Evaluation and her team have met with Dr Lyons and engaged him under a short-term contract to develop a forward work plan for the Council.

## Issues

8. This is your first meeting about the Health System Council with Dr Lyons and it is an opportunity to discuss your priorities for the Council and your expectations of the roles of Chair and members. This is also an opportunity to inform his understanding of the health system in the ACT.
9. In addition to the meeting with you on 7 September 2023, the Secretariat of the Council has organised for Dr Lyons to meet with:
  - a. Stacy Leavens, CEO, Capital Health Network;
  - b. Professor Graham Mann, Chair, Research Working Group;

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- c. Megan Cahill, Chair, Territory-Wide Health Workforce Planning Working Group; and
- d. Robyn Hudson, in her capacity as both DDG and Chair, Integrated Care Working Group.

10. The Agenda for Dr Lyons' day is at Attachment A for your information. The Terms of Reference for the Council is at Attachment B.

11. On 13 September 2023, Dr Lyons will meet separately with the CEO CHS, and Dr Elaine Pretorius, Chair, Clinical Services Governance Committee. The DG has also scheduled a follow up meeting with him.

### **Financial Implications**

12. Not applicable.

### **Consultation**

#### Internal

13. The Chairs and Secretariats of the Working Groups.

#### Cross Directorate

14. CHS has been consulted through previous briefing materials and discussions at Partnership Board

#### External

15. Nil.

### **Work Health and Safety**

16. Not applicable.

### **Benefits/Sensitivities**

17. Nil.

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

18. Nil.

Signatory Name: Kate Chambers, Executive Branch  
Manager, Local Hospital Network  
(LHN) Commissioning, HSPE

Phone: [REDACTED]

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Action Officer: Camille Carroll, Senior Director, LHN      Phone: 0262077662  
Commissioning

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Agenda for Dr Lyons meetings
Attachment B	Terms of Reference

## UNCLASSIFIED

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

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

**Subject:** Digital Health Record (DHR) Referral issue

- On Thursday 31 August 2023, the DHR technical team were investigating an issue, escalated by the health service, that a referral was not in DHR. However, HealthLink had confirmed a referral successful notice to the General Practitioner (GP).
- During this investigation, a technical issue that meant this referral did not flow through to the DHR system for triaging was found. Further review showed a total of 231 referrals from 12 November 2022 to 20 June 2023 were affected by the same technical issue that impacted this patient referral.
- This technical issue was a problem in the AETHER integration engine that stopped the information from the referring clinician going through to the DHR. This was a previously known technical issue that was resolved on 20 June 2023. At the time, it was thought we had identified all referrals impacted by this technical issue.
- The reason why some referrals were not identified in the first technical issue review was that the AETHER system was reporting an internal error that was not visible to the technical team. Visibility to these internal errors is now available to the technical team.
- Additional manual scanning of the technical logs has been completed to ensure all referrals affected by this issue have been identified.
- The DHR team escalated the 231 missed referrals with the health service on Thursday 31 August. The health service reviewed this list to see whether referrals had been received in some other way and progressed or whether we needed to replay the original messages.
- Of the 231 referrals –
  - 20 referrals were for North Canberra Hospital (NCH) clinics with 13 of those referrals already in the DHR (seven referral messages needed to be replayed).
  - 211 referrals were for Canberra Health Services (CHS) clinics with 102 of those already in the DHR (109 referral messages need to be replayed).

- The review by the health services showed eight of the 109 CHS referrals and one of the seven referrals from NCH were deemed high risk referrals and needed immediate clinical review and triaging.
- Two referrals were for patients who have subsequently deceased or are on palliation care.
- The health service will follow clinical incident procedures if any deterioration in care is identified due to the delays in receiving the referrals within DHR.
  
- NCH referral messages were replayed on Friday 1 September 2023 and CHS referral messages were replayed on Tuesday 5 September 2023. This replaying of messages means the referral information has now gone into the appropriate clinical queue for triaging.
  
- Messaging to the clinic services for the eight high risk referrals has occurred to prioritise the referrals for urgent triage, review and action.
  
- Once the 109 referrals are triaged, patients will receive the standard messaging to advise the referral has been received and the appropriate triaging actions.
  
- The mitigation for future issues is to remove the AETHER integration engine from all integration points.
  
- Work is progressing to transfer integration points from AETHER to Rhapsody. The last four integration points existing on AETHER are as follows:
  - HealthLink/ Smartforms – this is the system that connects GP Practice Management Software systems to ACT Health Directorate (ACTHD) and is used for inbound referrals.
  - National Cancer Screening Register – this is an outbound messaging service from ACTHD to participate in the National Cancer Screening register.
  - HIPS Healthcare Information Provider Service (HIPS) – This is for facilitating integration with the My Health Record.
  - Go Fax – is the platform we use to send faxes from the Epic DHR system where the external provider has faxing as their preference for communications.
  
- It was planned to have these final four systems cutover from AETHER to Rhapsody by the end of August 2023, however, delays have occurred due to the availability of third-party resources. This is urgent work that is being escalated with the relevant parties to ensure the transition of the AETHER platform is complete without further delays.

Contact Officer: Holger Kaufmann, Chief Information Officer

Contact Number: 5124 9000

Date: 08 September 2023

**Noted/Please Discuss**

.....

Rachel Stephen Smith MLA

Minister for Health

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

Tracking No.: MIN2023/00629

**From:** Rebecca Cross, Director-General**Subject:** Meeting to discuss current midwifery initiatives to support midwives and midwifery led care in the ACT**Critical Date:** 26/09/2023**Critical Reason:** The meeting is scheduled for this date**Recommendation**

That you:

1. Note that Sarah Stewart, a/g Chief Nursing and Midwifery Officer, will be the ACT Health Directorate executive attending this meeting.

**Noted / Please Discuss**

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

Minister's Office Feedback

**Background**

1. Jasmin Boscheinen is the Australian Capital Territory (ACT) branch secretary of the Australian College of Midwives (ACM), and Amanda Axelby is a member of the ACM. You have a meeting with Ms Boscheinen and Ms Axelby to discuss current midwifery initiatives that support midwives and midwifery led care in the ACT. There is no formal agenda for the meeting.

## Issues

2. Midwifery Workforce in the ACT: On 7 September 2023 you attended a midwifery workforce roundtable with the Australian Nursing and Midwifery Federation (ANMF), Canberra Health Services (CHS) and North Canberra Hospital (NCH), and with representation from the ACM to discuss and plan a way forward. Several actions were identified and will progress within the governance of a working party which the ACTHD is working to convene.
3. Midwifery Leadership: ACM is aware of the positive commitment by the ACT Government to increase “continuity of care” through Maternity in Focus. However, the ACM highlights that midwifery leadership and management in the ACT should be cognisant of the differences between midwifery continuity of care models such as caseload or midwifery group practices when embedding this in the standard health system, so that the care provided to women is not diluted by inappropriate models of care. ACM is of the view that an ACT Chief Midwife with a position description, level, and delegation of equivalence to a Chief Nurse will indicate ACT’s commitment to midwifery continuity of care and to midwifery leadership to improve outcomes for women.
4. National Health Reform Agreement (NHRA)– Funding Reform: ACM has put forward a submission to the NHRA, requesting that revised NHRA funding levers are agreed by Health Ministers and actualised through National Cabinet to progress funding reform, such as bundled funding, which will aid in addressing continuity of care for women.
5. Centenary Hospital for Women and Children (CHWC) Professional Advisor Visits for Continuity of Care:  
CHWC has engaged Patrice Hickey, an experienced midwife to provide professional advice and help develop a local action plan to enhance practice and service delivery of CHWC midwifery continuity of care models. The ACM has requested that the actions from this be shared publicly. ACM branch president Alison Teate has been contacted by Patrice Hickey to be involved in this conversation.
6. Maternity Ratios:  
A Nursing & Midwifery Enterprise Agreement bargaining meeting will be held Tuesday 23 September where all items relating to Mandated Minimum Nurse/Midwife to patient ratios will be discussed, inclusive of maternity services.
7. National Maternity Workforce Strategy: The intention of the proposed project is to seek to understand the current and future health care needs of Australian women and their babies across the health sector.

The requirement to understand and support the ongoing development of maternity healthcare professionals now and into the future is critical in establishing service availability and high-quality care.

The first part of this project aims to understand the national ‘current state’ by carrying out a national environmental scan of maternity workforce, maternity workforce



initiatives, plans and strategies (both underway and in development) and a gap analysis including actual and predicted workforce numbers to inform policy and decision making. The project is being led jointly by ACT, Queensland and Northern Territory under the auspice of the Health Workforce Taskforce.

### **Financial Implications**

8. Not applicable

### **Consultation**

#### Internal

9. Information was received from areas within the Office of the Chief Nursing and Midwifery Officer.

#### Cross Directorate

10. Canberra Health Services was consulted on the CHWC Professional Advisor Visits for Continuity of Care.

#### External

11. Not applicable

### **Work Health and Safety**

12. Not applicable.

### **Benefits/Sensitivities**

13. The Nursing and Midwifery professions are facing unprecedented challenges across Australia and internationally around the recruitment and retention of suitably qualified staff.

14. The ACM is calling for midwifery leadership with the creation of a Chief Midwife role in the ACT in line with Queensland's decision to move forward with this.

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

15. Not applicable.

Signatory Name: Rebecca Cross, Director-General, ACT Health Directorate Phone:

Action Officer: Sarah Stewart, a/g Chief Nursing and Midwifery Officer Phone: [REDACTED]

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

Tracking No.: MIN2023/00671

**CC:** Rebecca Cross, Director-General  
Robyn Hudson, Deputy Director-General**From:** Jacinta George, Executive Group Manager, Health System Planning and Evaluation**Subject:** Update on Commissioning Health Services in the Community**Critical Date:** 06/10/2023**Critical Reason:** To allow business continuity**Recommendations**

That you:

1. Agree to the refreshed ACT Health Directorate commissioning approach at Attachment B; and

**Agreed / Not Agreed / Please Discuss**

2. Agree to the Non-Government Organisation (NGO) Commissioning Pathway Assessment at Attachment C;

**Agreed / Not Agreed / Please Discuss**

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

Minister's Office Feedback

## Background

1. Commissioning in the community across the ACT Health Directorate (ACTHD) is being undertaken within 12 defined subsectors of speciality, managed by associated policy areas (business units).
2. The twelve commissioning cycles span four separate timelines which are due for completion on 30 September 2023, 29 March 2024, 30 June 2024 and 31 December 2025.

### Commisisoning subsector progress updates

3. Health Commissioning subsectors are at varying stages of progress within the commissioning cycle. The ACTHD Commissioning Project Plan (Gantt chart) is at Attachment A. A narrative cycle update is provided below:

### *Community Support*

4. The Community Support (CS) Subsector is nearing the end of the Invest phase of commissioning and is the most progressed of all subsectors.
5. The Community Assistance and Temporary Supports (CATS) Program Procurement tender closed on 30 May 2023.
6. Assessment of tender responses has taken place with support by Procurement ACT (PACT). Notification to preferred respondents and other respondents has taken place as directed by the Director-General (DG) ACTHD.
7. Contract negotiations with preferred providers is underway. Unsuccessful providers will be offered a formal debrief once all agreements with new providers have been executed.
8. The DG agreed on 29 August 2023 to extend agreements with current CS sector providers by two months to enable smooth transitions of service between new and outgoing providers.

### *Alcohol, Tobacco and Other Drugs*

9. The Alcohol, Tobacco and Other Drugs (ATOD) subsector is in the early stages of the Invest phase. The business unit is finalising the Strategic Investment Plan which will be disseminated to the sector in the coming weeks for comment.
10. Following advice from Procurement ACT (PACT) and the Health System Planning and Evaluation division (HSPE), ATOD will progress with a mix of direct, select, and open/competitive grant arrangements for their commissioning investments.
11. Current ATOD sector agreements are due to expire on 31 December 2023. In July 2023, you provided verbal agreement to extend current agreements by six months (until 30 June 2024). The new agreements will be drafted in the coming weeks.

### *Primary Health Services for Young People*

12. The Primary Health Services for Young People (PHSYP) subsector is in the early stages of the Invest phase. The business unit disseminated the Strategic Investment Plan to sector partners in July 2023, with feedback due in mid-September 2023.
13. Following advice from PACT and HSPE, PHSYP will progress with grant arrangements for their commissioning investments.
14. Current PHSYP sector agreements are due to expire on 31 December 2023. You agreed to extend these agreements by six months. The new agreements will be drafted over the coming weeks.

### *Sexually Transmissible Infections and Blood Borne Viruses*

15. The Sexually transmissible Infections and Blood Borne Viruses (STIBBV) subsector is in the early stages of Invest. The business unit is finalising the Strategic Investment Plan with the plan to disseminate it to the sector for comment in September.
16. STIBBV have decided to select a mix of direct, select, and open/competitive grant arrangements for their commissioning investments.
17. Current STIBBV sector agreements are due to expire on 31 December 2023. In July 2023, you provided verbal agreement to extend current agreements by three months (until 29 March 2024). The new agreements will be drafted in the coming weeks.

### *Mental Health*

18. The Mental Health (MH) subsector is currently in the Design phase of commissioning and undertaking several engagement activities to inform subsequent service investments.
19. Current MH sector agreements are due to expire on 30 June 2024. The Minister for Mental Health agreed to extend current agreements by 18 months (until 31 December 2025). The new agreements will be drafted in the coming weeks.

### *Remaining subsectors*

20. The Chronic Conditions and Palliative Care subsectors are currently in the Strategise phase of commissioning and are at varying stages of identifying community need and sector partner engagement.
21. Aboriginal and Torres Strait Islander Health Partnerships, Primary Care Support and After-Hours General Practitioner services, Refugee and Asylum Seeker Support and Maternity Options subsectors are all in the Discover Phase of commissioning. These subsectors are at varying stages of developing their commissioning project plans and approaches to commissioning.
22. The Aged-Care Respite commissioning cycle is still under development and delays to commissioning project timelines are anticipated. Commissioning in this subsector is

dependent on the Minister for Health's decisions in relation to Burrangiri Aged Care Respite Service.

## Issues

### Commissioning project updates

#### *Refreshing the ACTHD commissioning approach*

23. Feedback from stakeholders indicates that commissioning across ACTHD has become more complex and burdensome than originally anticipated.
24. ACTHD is committed to continually reviewing and refining the approach to commissioning. As such, ACTHD recently engaged a facilitator to assist the Commissioning coordinating team to identify lessons learned and work with the team to develop a Health Commissioning Process Improvement Plan (which is still under development).
25. As part of this work, ACTHD is proposing to refresh the commissioning approach to reframe the expectations and subsequent timeframes for commissioning cycles at Attachment B.
26. Attachment C details the current Commissioning Pathway Assessment by current commissioning subsectors, service/program delivered and non-government provider.
27. Should you agree to the refreshed approach at Attachment B and Commissioning Pathway Assessment at Attachment C, it is intended to be flexible and conducive to supporting commissioning cycles through a streamlined grants (direct, select or open/competitive) process.

#### *Transitions*

28. Transitions require consideration and planning through commissioning cycles.
29. To inform and support a variety of transition types which may take place through commissioning, ACTHD and the Community Services Directorate (CSD) have developed the Draft ACT Human Service Transition Framework (at Attachment D) and the proposed Transitions Model (at Attachment E).
30. The proposed Transitions Model aims to support and fund transitions which arise through the first cycle of commissioning. It will include a three-month transition period that is triggered when unsuccessful providers are notified at the end of an investment process.
31. Future agreements will include transitions-specific clauses which will clarify transition expectations.
32. The Draft ACT Human Service Transition Framework is currently undergoing revision following feedback from sector stakeholders and the final version will be made available to you in due course.

33. On 19 September 2023, the DG ACTHD approved the proposed Transitions Model at Attachment E.

### **Financial Implications**

34. Extensions to Community Support sector providers (as a result of the CATS Program Procurement) will be funded within budget.
35. PHSYP, MH, ATOD, STIBBV cycle extensions are funded within the existing program envelopes.
36. Under the proposed Transitions Model, funding for transitions will be dependent on the ratio of incoming/continuing providers to outgoing providers, and when unsuccessful providers are notified (in relation to previous agreement expiry dates).
37. Transition funding will be provided from the first-year program budget which means that there may be less funding available for year one of service delivery.
38. It is envisaged that the reduced funding available for year one will not impact client care/outcomes. The model recognises that providers will be ramping up their service delivery over the first few months of a newly commissioned program so there is likely to be alignment between the reduced funding envelope in year one and anticipated service capacity/volumes.

### **Consultation**

#### Internal

39. Executive Branch Managers with responsibility for ACTHD commissioning cycles; and
40. ACTHD Commissioning Health Services in the Community Project Alignment Hub.

#### Cross Directorate

41. CSD has been involved in the development of the Draft Human Services Transitions Framework and proposed Transitions Model and has reviewed and endorsed Health Commissioning: A refreshed Approach.
42. HSPE consulted the ACT Government Solicitor in the development of the proposed Transitions Model.

#### External

43. HSPE discussed the Transitions Model at the April 2023 NGO Leadership Group meeting. NGO leaders were supportive of the approach.

### **Work Health and Safety**

44. Not applicable.

**Benefits/Sensitivities**

45. ACTHD anticipates that the refreshed approach, the transition to more grant arrangements and the Transitions Model will:
- a. Enable greater sector sustainability through commissioning; and
  - b. Reduce commissioning burden on sector partners and government.
46. The refreshed approach as mentioned will be a streamlined and flexible approach to ACTHD commissioning in the community.
47. ACTHD is also developing a whole-of-Directorate approach to grants so that future commissioning investments can be undertaken as grants where this is considered the best approach.

**Communications, media and engagement implications**

48. Not applicable.

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

Action Officer: Luke Worth, Executive Branch Manager, Health System Planning and Development      Phone: 5124 0430

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Health Commissioning Project Plan – Gantt Chart
Attachment B	Health Commissioning: A refreshed approach
Attachment C	Commissioning Pathway Assessment spreadsheet – September 2023
Attachment D	Draft ACT Human Service Transition Framework
Attachment E	Proposed Transitions Model

**ACT Health Directorate**

<b>To:</b>	Minister for Mental Health	Tracking No.: MIN2023/00672
<b>CC:</b>	Rebecca Cross, Director-General Dr Elizabeth Moore, Coordinator-General	
<b>From:</b>	Jacinta George, Executive Group Manager, Health System Planning and Evaluation	
<b>Subject:</b>	Update on Commissioning Health Services in the Community	
<b>Critical Date:</b>	Not applicable	
<b>Critical Reason:</b>	Not applicable	

**Recommendation**

That you:

1. Note that we are seeking agreement from the Minister for Health to a streamlined and flexible approach to the ACT Health Directorate commissioning as outlined at Attachment B and the Non-Government Organisation (NGO) Commissioning Pathway Assessment at Attachment C.

**Noted / Please Discuss**

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

Minister's Office Feedback



## Background

1. Commissioning in the community across the ACT Health Directorate (ACTHD) is being undertaken within 12 defined subsectors of speciality, managed by associated policy areas (business units).
2. The 12 commissioning cycles span four separate timelines which are due for completion on 30 September 2023, 29 March 2024, 30 June 2024 and 31 December 2025.

### Commissioning subsector progress updates

3. Health Commissioning subsectors are at varying stages of progress within the commissioning cycle. The ACTHD Commissioning Project Plan (Gantt chart) is at Attachment A. A narrative cycle update is provided below:

#### *Alcohol, Tobacco and Other Drugs*

4. The Alcohol, Tobacco and Other Drugs (ATOD) subsector is in the early stages of the Invest phase. The business unit is finalising the Strategic Investment Plan which will be disseminated to the sector in the coming weeks for comment.
5. Following advice from Procurement ACT (PACT) and the Health System Planning and Evaluation division (HSPE), ATOD will progress with a mix of direct, select, and open/competitive grant arrangements for their commissioning investments.
6. Current ATOD sector agreements are due to expire on 31 December 2023. In July 2023, the Minister for Health agreed to extend agreements by six months (until 30 June 2024). The new agreements will be drafted in the coming weeks.

#### *Primary Health Services for Young People*

7. The Primary Health Services for Young People (PHSYP) subsector is in the early stages of the Invest phase. The business unit disseminated the Strategic Investment Plan to sector partners in July 2023, with feedback due in mid-September 2023.
8. Following advice from PACT and HSPE, PHSYP will progress with grant arrangements for their commissioning investments.
9. PHSYP sector agreements are due to expire on 31 December 2023. The Minister for Health agreed to extend these agreements by six months. The new agreements will be drafted over the coming weeks.

#### *Sexually Transmissible Infections and Blood Borne Viruses*

10. The Sexually Transmissible Infections and Blood Borne Viruses (STIBBV) subsector is in the early stages of the Invest phase. The business unit is finalising the Strategic Investment Plan and is planning to disseminate it to the sector for comment in September 2023.

11. STIBBV has decided to select a mix of direct, select, and open/competitive grant arrangements for their commissioning investments.
12. STIBBV sector agreements are due to expire on 31 December 2023. In July 2023, the Minister for Health agreed to extend agreements by three months (until 29 March 2024). The new agreements will be drafted in the coming weeks.

#### *Mental Health*

13. The Mental Health (MH) subsector is in the Design phase of commissioning and undertaking several engagement activities to inform subsequent service investments.
14. Current MH sector agreements are due to expire on 30 June 2024. You agreed to extend agreements by 18 months (until 31 December 2025). The new agreements will be drafted in the coming weeks.

#### *Remaining subsectors*

15. The Chronic Conditions and Palliative Care subsectors are in the Strategise phase of commissioning and are at varying stages of identifying community need and sector partner engagement.
16. Aboriginal and Torres Strait Islander Health Partnerships, Primary Care Support and After-Hours General Practitioner services, Refugee and Asylum Seeker Support and Maternity Options subsectors are all in the Discover Phase of commissioning. These subsectors are at varying stages of developing their commissioning project plans and approaches to commissioning.
17. The Aged-Care Respite commissioning cycle is still under development and delays to commissioning project timelines are anticipated. Commissioning in this subsector depends on the Minister for Health's decisions in relation to Burrangiri Aged Care Respite Service.

### **Issues**

#### Commissioning project updates

##### *Refreshing the ACTHD commissioning approach*

18. Feedback from the Minister for Health and stakeholders indicates that commissioning across ACTHD has become more complex and burdensome than originally anticipated.
19. As such, ACTHD are seeking Minister for Health's approval to a refreshed commissioning approach to reframe expectations and subsequent timeframes for commissioning cycles at Attachment B.
20. ACTHD is also seeking Minister for Health's agreement to the Commissioning Pathway Assessment at Attachment C that details their pathway assessment by commissioning subsectors, service/program delivered and non-government provider.

### *Transitions*

21. Transitions require consideration and planning through commissioning cycles.
22. To inform and support the different transition types which may take place through commissioning, ACTHD and the Community Services Directorate (CSD) have developed the Draft ACT Human Service Transition Framework (at [Attachment D](#)) and the proposed Transitions Model (at [Attachment E](#)).
23. The Draft ACT Human Service Transition Framework is being revised following feedback from sector stakeholders and the final version will be made available to you in due course.
24. On 19 September 2023, the Director-General ACTHD approved the proposed Transitions Model at [Attachment E](#).

### **Financial Implications**

25. PHSYP, MH, ATOD, STIBBV cycle extensions are funded within the existing program envelopes.
26. Under the Proposed Transitions Model, funding for transitions will depend on the number of incoming/continuing providers to outgoing providers, and when unsuccessful providers are notified (in relation to previous agreement expiry dates).
27. Transition funding will be provided from the first-year program budget which means that there may be less funding available for year one of service delivery.
28. It is not envisaged that the reduced funding available for year one will impact client care/outcomes. The Model recognises that providers will be ramping up their service delivery over the first few months of a newly commissioned program so there is likely to be alignment between the reduced funding envelope in year one and anticipated service capacity/volumes.

### **Consultation**

#### Internal

29. Executive Branch Managers with responsibility for ACTHD commissioning cycles.
30. The ACTHD Commissioning Health Services in the Community Project Alignment Hub has discussed the content above.

#### Cross Directorate

31. CSD has been involved in the development of the Draft Human Services Transitions Framework and proposed Transitions Model, and has reviewed and endorsed Health Commissioning: A refreshed Approach.

32. HSPE consulted the ACT Government Solicitor in the development of the Transitions Model.

#### External

33. HSPE discussed the Transitions Model at the April 2023 NGO Leadership Group meeting. NGO leaders were supportive of the approach.

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

34. Not applicable.

#### **Benefits/Sensitivities**

35. ACTHD anticipates that the refreshed approach, the transition to more grant arrangements and the Transitions Model will:
- a. Enable greater sector sustainability through commissioning; and
  - b. Reduce commissioning burden on sector partners and government.
36. The refreshed approach as mentioned will be a streamlined and flexible approach to ACTHD commissioning in the community.
37. ACTHD is also developing a whole-of-Directorate approach to grants so that future commissioning investments can be undertaken as grants where this is considered the best approach.

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

38. Not applicable.

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

Action Officer: Luke Worth, Executive Branch Manager, Health System Planning and Development      Phone: 5124 0430

#### **Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Health Commissioning Project Plan – Gantt Chart
Attachment B	Health Commissioning: A refreshed approach
Attachment C	Commissioning Pathway Assessment spreadsheet – September 2023
Attachment D	Draft ACT Human Service Transition Framework
Attachment E	Proposed Transitions Model



## ACT Health Directorate

<b>To:</b>	Minister for Health	Tracking No.: MIN2023/00409
<b>From:</b>	Christine Murray, Executive Group Manager, Population Health	
<b>Subject:</b>	Amsterdam visit	
<b>Critical Date:</b>	10/10/2023	
<b>Critical Reason:</b>	For consideration ahead of your visit.	

### Recommendation

That you:

1. Note the information contained in this brief.

**Noted / Please Discuss**

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

Minister's Office Feedback

### Background

1. You have organised a visit to the Drug Consumption Room (DCR) at AMOC (Amsterdams Oecumenisch Centrum) facility following a recommendation from Ms Bronwyn Hendry, CEO of Directions Health Services. We understand you will meet with Mr Cedric Charvet, who manages the DCR and is an advocate for DCRs more broadly. Contact details are at [Attachment A](#).
2. De Regenboog Groep, which operates the AMOC facility, provides a variety of services, including drop-in centres, temporary housing projects, temporary shelter for pets, laundry facilities, and social work including partner and family support to homeless and marginalised people in Amsterdam.

3. The AMOC facility specifically provides services to Eastern European peoples in Amsterdam, who are unemployed and homeless. As the Dutch government does not provide any benefits to non-citizens, AMOC provides services including meals, access to showers and daytime and overnight shelter.
4. The ACT Government, under the ACT Drug Strategy Action Plan 2022-2026 has committed to work toward establishing a supervised injecting service tailored to the ACT. Work under this action would build on the 2021 ACT Medically Supervised Injecting Facility Feasibility Study.

## Issues

### *Drug consumption room*

5. The AMOC DCR was opened in 1998 as part of a package of care to long term drug users. We understand most Netherlands DCRs arose out of a concern to improve public amenity, with secondary public health aims. Today the AMOC's target client group mainly use heroin and cocaine. There is a small amount of amphetamine use, followed by benzodiazepines and cannabis. Alcohol is not permitted due to behavioural concerns.
6. The minimum age to access AMOC DCR is 18 years old. People who use drugs (PWUD) are registered in the system after having an interview with a social worker and signing a contract. They must provide personal identifying details which are provided to police, and the first month is a try-out period. Once registered, they can use drugs under staff supervision in the DCR.
7. The DCR is open from 10am to 5pm on weekdays and 12pm to 8pm on weekends. It is set up like a living room, with sofas, small tables, and space to charge phones. Staff provide clean injecting equipment and other drug use equipment and will often sit at the table with the PWUD, drink coffee and chat. There are separate tables designated for injecting only. The focus is on a relaxed atmosphere of social inclusion.
8. Publicly available information refers to 'trained staff' but does not specify qualifications. The ACT Health Directorate (ACTHD) understands the broader AMOC facility includes social workers, and we expect that the DCR is mostly staffed by Alcohol and Other Drug (AOD) workers and/or peer workers. There is no suggestion of medical or nursing supervision.
9. The DCR has limited numbers, up to 18 people at a time, to allow overdoses to be addressed quickly. Overdoses are managed by the staff initially, but ambulances are always called. No deaths have occurred in the DCR.

10. In her email to your office of 12 July 2023, Ms Hendry highlighted that the AMOC DCR only sees around three overdoses per year. This is significantly less than the Sydney and Melbourne DCRs (roughly 1,500 overdoses per year for Melbourne on average over the last five years).
11. ACTHD considers this likely reflects a range of differences between the AMOC DCR and Australian models, as well as the Netherlands context compared with the Australian context. This includes that:
  - a. The AMOC DCR permits smoking, and smoking heroin carries a lower risk of overdose than injecting heroin. The 2021 feasibility study indicated that in the Netherlands, injecting is now rare.
  - b. Definitions of overdose may differ. The Sydney and Melbourne facilities include in their overdose figures incidents where oxygen is required, as well as where naloxone is required, whereas it appears the AMOC DCR only provides naloxone.
  - c. The AMOC DCR is one of three DCRs in Amsterdam and 24 across the Netherlands. It has a lower number of visits per day (12) than in Sydney (currently around 100, but 200 at its peak) and Melbourne (between 150-200 visits per day in 2021).
    - i. Note we understand some clients may stay all day at AMOC, so there could be multiple use episodes in one visit.
  - d. Heroin assisted treatment (HAT) is available in clinics in Amsterdam but is not available in Australia. HAT could reduce demand for a DCR as it targets those who have not responded to standard opioid substitution treatment and might otherwise be expected to use a DCR. Models for treatment with heroin or hydromorphone are part of the Family and Friends for Drug Law Reform advocacy in the ACT
  - e. Mr Charvet has noted in publicly available materials that AMOC DCR clients are conservative, sticking with drugs they know. The drug supply may also be more stable in the Netherlands than in Australia. This could in part reflect the long history of drug checking (see further information below), as well as differences in the sources of drugs, and more pressed party drugs which are harder to 'cut' with other substances.
12. It appears that Netherlands DCRs is not legislated but rather permitted by policy decisions in each local area by the mayor, police and public prosecutor. In contrast, the Melbourne and Sydney DCRs are subject to specific and detailed legislative frameworks and licensing arrangements.
13. The DCR received a positive evaluation in 2020. It was found that an investment of 1 euro in the DCR delivers 1.92 euros in social value.

14. To inform further consideration of a potential appropriate DCR model for the ACT and other overdose prevention measures, the ATOD policy team would be interested in more information about: the effects on public amenity; the relationship with police and local businesses; whether a more medicalised model was considered; the availability of Take Home Naloxone in the Netherlands; the proportion of smoking episodes compared to injecting; and detailed set-up and ongoing costing information.
15. Additionally, we note that AMOC DCR is deliberately alcohol free due to potential behavioural issues. Given one of the main injectable substances used in the ACT is methamphetamine, it would be useful to understand if the DCR manages methamphetamine use, and what issues (if any) have been identified.

#### *Drug checking*

16. Visiting one of the drug checking facilities in Amsterdam could provide some insight into alternative models that could be utilised in Canberra to decrease the cost of drug checking and increase testing volume.
17. There are two drug checking facilities in Amsterdam run by GGD Amsterdam and Jellinek (see locations and opening hours at [Attachment A](#)).
18. GGD Amsterdam is the Public Health Service of Amsterdam run by the municipal government of the City of Amsterdam. Jellinek is an alcohol and other drug treatment and support service that has been running for over 100 years.
19. Each site is open for three sessions per week of 3-3.5 hours and charges a €2.50 cash fee per drug sample.
20. There is a third harm reduction service (Mainline) with longer opening hours where people can drop off samples to be sent to the Drugs Information and Monitoring System (DIMS) laboratory in Utrecht for testing. No on-site testing or harm reduction advice is available at this site.
21. Further information on these services and drug checking in general in the Netherlands is at [Attachments B and C](#).

#### **Financial Implications**

22. This brief has no direct financial implications.
23. It appears that the entire AMOC facility, including the DCR and drop-in centre, operates on between [REDACTED] annually, though it is unclear whether this includes rent and/or building maintenance. The Sydney and Melbourne DCR operating costs are approximately [REDACTED] annually, respectively.



24. The 2021 feasibility study emphasised that filtration systems that allow for smoking in DCRs would be a significant expense. There may be more widespread use of these systems in the Netherlands that has reduced the cost compared to what it would be in Australia.

### Consultation

#### Internal

25. Not applicable.

#### Cross Directorate

26. Not applicable.

#### External

27. Not applicable.

### Work Health and Safety

28. This brief has no direct WHS implications. However, a DCR that allows smoking would have significant WHS implications if desired for the ACT.

### Benefits/Sensitivities

29. While there are key differences between the drug use context in the Netherlands and Australia, the visit will help to inform future work in relation to a potential DCR for the ACT.

### Communications, media and engagement implications

30. Not applicable.

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 Policy

### Attachments

Attachment	Title
Attachment A	Services contact details
Attachment B	Further information on drug checking
Attachment C	Factsheet on drug checking in the Netherlands