

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 ACT Health Directorate (ACTHD) on Tuesday 13 February 2024, which was rescoped on **Friday 16 February 2024**.

This application requested access to documents relating to:

*'The most recent briefing process provided to the Minister for Mental Health which discuss projections and modelling for future mental health bed requirements in the ACT.'*

I am an Information Officer appointed by the Director-General of ACT Health Directorate (ACTHD) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. ACTHD was required to provide a decision on your access application by **Wednesday 3 April 2024**.

I have identified 2 documents holding the information within scope of your access application.

#### **Decisions**

I have decided to grant full access to 2 documents.

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*.

#### **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 Your personal contact details will not be published.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,



Jacinta George  
**Executive Group Manager**  
Health System Innovation and Performance

26 March 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
[REDACTED]	<i>'Under the FOI Act I would to be supplied with the most recent briefing process provided to the Minister for Mental Health which discuss projections and modelling for future mental health bed requirements in the ACT.'</i>	<b>ACTHDFOI23-24.36</b>

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 - 81	MIN2023/00440 - Ministerial Brief - Mental Health Future Service Development planning	30 November 2023	Full Release		YES
2.	82 - 91	MIN2024/00106 - Ministerial Brief - Mental Health Service Development Planning Update [Attachment D at reference 1]	18 March 2024	Full Release		YES
<b>Total Number of Documents</b>						
<b>2</b>						

OFFICIAL

MINISTERIAL BRIEF



## ACT Health Directorate

<b>To:</b>	Minister for Mental Health	Tracking No.: MIN2023/00440
<b>CC:</b>	Dave Pepper, Chief Executive Officer, Canberra Health Services	
<b>From:</b>	Rebecca Cross, Director-General, ACT Health Directorate	
<b>Subject:</b>	Mental Health Future Service Development planning	
<b>Critical Date:</b>	Not applicable	
<b>Critical Reason:</b>	Not applicable	

## Recommendation

That you note the information contained in this brief.

**Noted / Please Discuss**

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

Minister's Office Feedback

## Background

1. Mental Health services planning will inform the priorities for service development and future design of ACT Government provided and funded mental health services into the future.
2. Development of the Mental Health Services Plan (MHSP) was paused in 2022 to complete the Northside Clinical Services Plan (NCSP) and to undertake a comprehensive service mapping of existing mental health services across the Territory. A mapping exercise to capture mental health services in the ACT has since been completed at Attachment A.

3. The draft NCSP at Attachment B includes activity forecasting to inform planning for health services on the northside of Canberra. The northside scenario assumes that, in the future, more northside residents will choose to access health services on the northside of Canberra. Limited targeted consultation has been occurring on the draft NCSP.

### Issues

4. The work to develop the ACT Health Services Plan and NCSP, and early work to develop a MHSP have included needs assessments and hospital inpatient activity forecasting.
5. Needs analysis for community sector services has been undertaken to inform the commissioning of community services. This will be further bolstered by outcomes of the Mental Health NGO commissioning process.
6. Recorded activity data is more robust in the hospital setting than for community-based services. ACT Health Directorate (ACTHD) has utilised the Directorate's hospital services forecasting tool to forecast future requirements for hospital-based beds and services.
7. In addition, the health planning team has been working with Canberra Health Services (CHS), the Office for Mental Health and Wellbeing and Mental Health and Suicide Prevention Division to agree on a framework of services for the future mental health services system for the ACT that can be developed further with stakeholders. The framework will inform the MHSP actions, providing direction for design and investment for the development of the future mental health system.

### ACT Hospital Bed projections

8. Over the last six years, multi-day psychiatry Service-Related Group separations at Canberra Hospital and Calvary Public Hospital Bruce increased by 60 per cent – from 1,637 separations in 2014-15 to 2,613 separations in 2020-21. At the same time, mental health related emergency department presentations have increased by 47 per cent – from 4,653 presentations in 2014-15 to 6,846 presentations in 2020-21.
9. ACTHD engaged a company called Health Policy Analysis (HPA) in 2022 to provide long term activity forecasting based on ten years of historical health service user data, applied to the forecast population demographics for the ACT and region. The forecasting methodology is at Attachment C.
10. HPA mental health forecasting is limited to 2015-16 to 2020-21 (five years) of historical data. This five-year period was a high growth time for mental health admissions and does not factor in any other interventions in the community that could decrease mental health admissions into the future, for example intensive case management or more non acute residential beds in the community.
11. HPA has provided 'base case' forecasting for admitted mental health activity from 2020-21 to 2040-41.

**Total ACT CH and CPHB psychiatry multiday separations, 2014-15 to 2040-41**

	Actual			Forecast	
	2014-15	2017-18	2020-21	2030-31	2040-41
Separations	1,637	2,556	2,613	4,231	4,912

Note: includes 'Specialist mental health' and 'Acute mental health'.

Source: Health Policy Analysis 2016-2021

12. Based on the HPA base case forecasting, demand for mental health inpatient services in the ACT (CHS) is expected to roughly double over the next 20 years if the current service delivery options and presentation trends continue.
13. ACTHD planning team has benchmarked HPA's mental health activity forecasting against other planning tools including the National Mental Health Services Planning Framework (NMHSPF) ([Attachment D](#)) and the Tolkein II model. The resultant projections for beds by 2030-31 are consistent with ACTHD forecasts.

**Mental Health Multiday Bed Forecasting**

	Actual	Forecast	
	beds	Bed requirement	
	2020-21	2030-31	2040-41
<b>Health Policy Analysis</b> base case (acute and subacute)*	148	252	294
<b>National Mental Health Service Planning Framework</b> - Total Public Acute (139 beds), Sub Acute and Non Acute beds (138 beds) – ACT output		277	

\*Source: Health Policy Analysis 2016 - 2021

National Mental Health Services Planning Framework (2022)

14. Based on the mental health forecasting tools, benchmarking and discussions with the Office for Mental Health and Wellbeing and CHS, a draft 2030 ACT mental health hospital and community bed forecast is available at [Attachment E](#).
15. It is assumed that community-based initiatives and community bed growth will continue beyond 2030 and will reduce projected demand on the acute hospital system, however the evidence about impact of community based services is not yet available to enable a forecast and the National Mental Health Services Planning Framework (2022) does not currently provide forecasts beyond 2030-31. Hospital and community bed forecasts will be updated when NMHSPF V5.0 is available (timeframe unknown) and local evidence about the capacity for and impact of additional community based services in the ACT is available.

**National Mental Health Service Planning Framework modelling tool**

16. The NMHSPF provides a comprehensive model of the mental health care requirements to meet Australia's population needs. It is an evidence-based framework designed to support coordinated planning across Australia's mental health system for the services, providers and facilities that would be available in a comprehensive and evidence-based system across the spectrum from primary to tertiary care.

17. The NMHSPF Planning Support Tool (NMHSPF-PST) complements the framework by allowing users to estimate need and expected demand for mental health services for a specific population, subgroup or service system. The tool's outputs can be customised, for example, for ACT specific situations (like significant inflow from NSW for services). The outputs are targets rather than "hard deliverables".
18. There is an introductory short video at this link [Introduction - National Mental Health Service Planning Framework - AIHW](#).
19. The work noted above (at paragraph 7) outlines a framework for current and future services for the ACT, taking into account inputs for customisation or scenario modelling to establish a revised framework for the ACT that builds capacity and capability in the community.
20. There is limited evidence available of the impact of some services on others in the ACT system (for example, how many beds can we remove from the acute hospital system bed forecasts if we invest in Police Ambulance Clinician Early Response and Safe Haven services). The application of the NMHSPF assists to assess these scenarios, however evaluation of new initiatives will be needed to ensure we plan a comprehensive and sustainable system. The Health Services Planning and Mental Health Services Policy Division teams are liaising with other jurisdictions about the impacts of initiatives in the community (for example NSW Pathways to Community Living) on projected hospital activity.
21. The NMHSPF will continue to be updated to reflect contemporary best-practice care and changes in epidemiology.
22. The NMHSPF was first developed between 2011 and 2013 under the Fourth National Mental Health Plan. Between 2014 and 2016, the NMHSPF was provided to all states and territories to test in real-world service planning environments. The University of Queensland was commissioned to incorporate feedback from this testing phase into the NMHSPF and the NMHSPF V2.0 was later endorsed as part of the Fifth National Mental Health and Suicide Prevention Plan before a large-scale training roll-out.
23. In 2018, the Department of Health commissioned the Australian Institute of Health and Welfare (AIHW) to transition the NMHSPF Planning Support Tool (NMHSPF-PST) to an online interactive Tableau environment first released in 2019, which has undergone several revisions to incorporate enhancements to the modelling and updates to population estimates, with the most recent revision (V4.3) released in June 2023<sup>1</sup>.
24. The tool outputs by population (for the ACT for example) and includes a breakdown of acute, sub-acute and non-acute mental health bed-based services by developmental age and subspecialty within a framework/system of community based and private services. The NMHSPF taxonomy at [Attachment F](#) shows the assumptions about other service availability, or the assumed framework of community based and acute services, within which the future hospital bed requirements have been projected.

#### Infrastructure for the future ACT mental health system

<sup>1</sup> AIHW [National Mental Health Service Planning Framework – AIHW](#) accessed 26 July 2023

25. The NMHSPF outputs for the ACT indicate more places are needed for people requiring mental health care in community residential settings to complement hospital and other community services. For example, providing more high support community residential beds (including 24 hours mental health clinician support) for people requiring care for 12 months or more would enable different levels of care across the whole mental health care continuum.
26. The new hospital infrastructure projects in the ACT provide a unique opportunity to provide an integrated and coordinated approach to planning mental health infrastructure. The scoping and planning work for the new Northside hospital, and for the Canberra Hospital Master Plan Stage 2 and northside mental health precinct and additional community health centres/hubs is currently underway.
27. As a result, ACTHD can approach mental health infrastructure planning by mapping what services should be provided where, and what infrastructure is needed to support that. This includes moving some services off the Canberra Hospital campus to northside, and moving some inpatient services off campus to a new community health facility, for example University of Canberra Hospital mental health rehabilitation could be provided in the community.
28. Next Steps include:
  - a. scenario modelling of future mental health hospital bed demand in the context of planned community services;
  - b. socialise and test future mental health services framework/model with stakeholders;
  - c. test future services framework and forecast bed scenarios with stakeholders;
  - d. finalise draft Mental Health Model of Service Delivery and seek expert review;
  - e. economic analysis of impact of the increased mental health community-based services on hospital services;
  - f. finalise the MHSP; and
  - g. develop high-level scope for infrastructure requirements on the northside and Canberra Hospital campuses, and for infrastructure in the community.

### **Financial Implications**

29. Budget impacts will be considered through the annual budget cycle.

### **Consultation**

#### Internal

30. Catherine Loft, Infrastructure, Communication and Engagement Division.
31. Dr Elizabeth Moore, Office of Mental Health and Wellbeing.



Cross Directorate

32. Katie McKenzie, CHS.

External

33. Nil.

**Work Health and Safety**

34. Not applicable.

**Benefits/Sensitivities**

35. HPA base case forecasting indicates demand for mental health hospital beds is the highest growing specialty in the ACT hospital system based on 2016-2021 historical data.

36. The scenario modelling will, where possible, use evidence to inform decisions to reduce planned hospital beds in the ACT.

**Communications, media and engagement implications**

37. Not applicable.

Signatory Name:	Rebecca Cross Director-General	Phone:	x9400
Action Officer:	Jacinta George Executive Group Manager, Health System Planning and Evaluation	Phone:	x9699

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	ACT Mental health mapping of services
Attachment B	Draft Northside Clinical Services Plan
Attachment C	Health Policy Analysis Forecasting Methodology
Attachment D	ACT Mental Health Forecasting as at February 2023
Attachment E	Draft 2030 ACT Mental Health Hospital and Community Bed Forecast
Attachment F	National Mental Health Services Planning Framework Taxonomy

MENTAL HEALTH SERVICES IN THE ACT as at 16 December 2022

Acute Mental Health Capacity in the ACT 2022

Name	Age Range	Location	Description	Beds	Approved, not approved for	Service Provider	Scope Creep
Adult Mental Health Unit (AMHU)	18-64	Garran	A purpose built facility with high dependency and low dependency care for people with acute mental health issues. The average length of stay is generally 12-14 days.	40 (10 HDU)	Approved	CHS	Youth admissions and 65+ admissions (since changes to OPMHU in 2020). 83% occupancy
Mental Health Short Stay Unit (MHSSU)	18-64	Garran	Located within the Emergency Department footprint at Canberra Hospital, this service provides short-term care for people who need extended assessment or crisis intervention. The length of stay is less than 72 hours.	6	Approved	CHS	LOS 2.9 (med), ALOS 4.6 days. 6 people stayed longer than 3 weeks (up to 2-3 months) Youth admissions (15-17 years)
12B Low Dependency Unit (LDU)	18-64	Garran	Low dependency inpatient ward at Canberra Hospital is for people with acute mental health issues designed to support recovery. Opened 10 September 2021.	10	Approved	CSH	ALOS 11 days, med 7 days (50% of people staying less than a week). Youth admissions (2 people) and 65+ admission (20 people)
<b>Total Southside Acute Beds</b>				<b>56</b>			
Acacia – Calvary CHPB (prev 2N)	18-64	Bruce (Calvary)	Adult mental health unit providing acute care for people experiencing mental illness.	21	Facility not approved for: <ul style="list-style-type: none"> <li>Section 80 – Apprehension</li> <li>Chapter 8 – Correctional patients</li> </ul>	CPHB	ALOS 20 days, med 11.8 days. Youth 16-17 years admission (2 people). 65+ admissions (40 people)
Older Persons Mental Health	65+	Bruce (Calvary)	A territory wide purpose-built unit at CPHB for people over the age of 65 with acute	15	Facility not approved for:	CPHB	Admissions Under 64 (20 people).

inpatient Unit (OPMHU)			mental health disorders and co-existing age-related disorders. The average length of stay is 30-40 days.		<ul style="list-style-type: none"> <li>Section 80 – Apprehension</li> <li>Chapter 8 – Correctional patients</li> </ul>		ALOS 32.6 days, med 19 days.
Total Northside Acute Beds				36			
Total Acute Beds				92			

**Sub-Acute (approved community care facilities) - includes Step Up, Step Down (SUSD) Facilities**

Name	Age Range	Location	Description	Beds	But, not approved for	Provider	Scope Creep
Adult Mental Health Rehabilitation Unit (AMHRU)	18+	Bruce (UCH)	Specialist mental health rehabilitation unit. Support people with a primary diagnosis of mental illness, who would benefit from an intensive rehabilitation program. Aim 30-45 day stay.  Territory wide service	20	Facility not approved for the following: <ul style="list-style-type: none"> <li>Section 80 – Apprehension</li> <li>Chapter 8 – Correctional patients</li> <li>Section 309 Crimes Act 1900 – Assessment whether emergency detention required</li> </ul>	CHS	ALOS 73 days, med 55 days. 65+ admissions (3 people) Biggest group 40-50 years 10 beds allocated for rehabilitation and 10 beds for sub-acute care 93% occupancy.
STEPS SUSD -	13-18	Watson	Provides five residential beds for youth (for up to 3 months)	5		Catholic Care	Business case in to expand to 10 beds.

Adult SUSD	25-65	Lyneham	Provides residential beds is located for adults aged 25 to 65 years (for up to 3 months) – includes 6 weeks outreach	5		Wellways	
Gawanggal Mental Health Unit (GMHU) – (sub acute intensive care service)	18+	Calvary Hospital Bruce site	Community rehabilitation and reintegration. Supports transition back into the community from inpatient mental health care. Provides ongoing medium-term treatment to develop skills of daily living. Longer term rehab for people discharged from Dhulwa	10	Facility not approved for the following: <ul style="list-style-type: none"> <li>• Section 80 – Apprehension</li> <li>• Chapter 8 – Correctional patients</li> </ul> Section 309 Crimes Act 1900 - Assessment whether emergency detention required	CHS	Mean 119 days, ALOS 92 days. MHJADS are looking at MoC – small role as Forensic step down.
<b>Total North Side Sub Acute beds</b>				<b>40</b>			
Youth SUSD	18-24	Kambah	Provides residential beds for 18- to 24-year-olds experiencing mental illness (for up to 3 months)	6		Wellways	
Southside community SUSD	18-65	Garran	Provides a six week program in partnership with Stride, providing 2 week residential support and four weeks outreach (non-residential) support for 18 to 65 years olds.	6			
<b>Total Southside sub acute beds</b>				<b>12</b>			
<b>TOTAL ACT SUB ACUTE BEDS</b>				<b>52</b>			

### Non-Acute Mental Health Accommodation

Non Acute Mental Health Accommodation provides long term residential accommodation with 24 hour mental health support to enable people experiencing complex, severe and persistent mental illness with significant functional impairment and/or risks associated with complex needs to live successfully in our community. Non acute MH accommodation enables people to live independently with conditions such as residual symptoms of treatment resistant schizophrenia or psychotic disorders. People living in non acute MH accommodation require up to 24 hours support or supervision for their activities of daily living including taking medication, attending to personal hygiene, shopping, preparing meals, eating and cleaning up after meals.

### Non Acute Mental Health Accommodation

Name	Age	Location	Description	Beds	Provider	Scope Creep
Uniting Eabrai	65+	Weston	<ul style="list-style-type: none"> <li>• Staff are BPSD and dementia trained</li> <li>• Can cater for up to 10 residents with BPSD</li> <li>• Behaviour can be managed on site (acute BPSD presentations can be managed by Eabrai, residents will only be sent to hospital if medically unwell).</li> <li>• Clinical review team with Pharmacist, GP and Nurses review the residents each week.</li> <li>• Eabrai has 20 dementia beds total. If residents improve they are transferred across the road (Richard's Cottage) to the less acute dementia facility</li> <li>• Most of the BPSD clients are long term (12 months +).</li> </ul>	10	Uniting Church	Receives funding from the Commonwealth Government to deliver its Specialist Dementia Care Program (SDCP) <a href="http://uniting.org">Specialist Dementia Care Program (uniting.org)</a>
<b>Total non-acute beds</b>				<b>10</b>		

FORENSIC BEDS

Name	Age	Location	Description	Beds	Approved, not approved for	Provider	Scope Creep
Dhulwa	18-64		Dhulwa provides 24-hour treatment and care for adults with complex mental health needs that are not met by existing mental health facilities in the Canberra region.	10 (Acute) 15 (rehab)		CHS	Mean LOS 173 days, ALOS 57 days. Occupancy 12 beds. 17 beds being used.
<b>Total non-acute beds</b>				<b>25</b>			

Alcohol and Other Drugs Beds in the ACT as at 16 December 2022

**Hospital Based Drug and Alcohol Services**

Name	Age	Location	Description	Beds	Provider	Scope Creep
Withdrawal Unit	18-64	Garran	Withdrawal Unit is a dedicated team of nurses and medical specialists who provide supervised withdrawal management from alcohol and other drugs in an inpatient unit at Canberra Hospital	10	CHS	LOS 5-7 days, occupancy around 50% (this data hasn't been checked)
<b>Total non-acute beds</b>				<b>10</b>		

**Community Based AOD Beds**

Name	Age	Location	Description	Beds	Provider	Scope Creep
Karralika Therapeutic Community Adult Program	18+	Isabella Plains	Provides 8 weeks of residential rehab for single adults and couples with ATOD problems	27	Karralika Programs Inc	Some funding from National Ice Action Strategy (NIAS)
Karralika Family Program	18+	Fadden	Provides up to 12 months of residential rehab for adults with accompanying children up to the age of 12	17	Karralika Programs Inc	
Karralika Houses x4	18+	South side	Provides up to 12 months of residential rehab for adults with accompanying children up to the age of 12	17	Karralika Programs Inc	Housing ACT own the 4 properties, Karralika funded for the beds and to deliver D&A services

Drug and Alcohol Sentencing List (DASL)	18+	Fadden or Isabella PI	One funded adult bed for the DASL Program	1	Karralika Programs Inc	Eg. Single adult will go to Isabella Plains; pregnant woman or parent would be housed at Fadden
Canberra Recovery Services - Bridge Program	18+	Fyshwick SA Op shop	Provides residential rehab program for people with AOD and/or gambling dependencies	39	Salvation Army	Salvation Army fund ¾ of the beds
Arcadia House 2019-2021 (former NGOTGP)	18+	Calvary Bruce campus	Both residential rehabilitation and Day Programs, and one withdrawal bed (non-medicated)	12	Directions Health Services	Co-morbid AOD/MH if MH stable following risk assessment
PALM and other programs	13-17	Watson	PALM – Program for Adolescent Life Management ADWU - Adolescent Drug Withdrawal unit – unmedicated CALM – Continuing Adolescent Life Management COOP - Community Outreach Outclient Program– drop in youth centre – low key counselling and engagement music/art	10	Ted Noffs Foundation	Rebuilding this facility (knock down and rebuild – potential for increased capacity in the future)
ACT sobering up shelter	18+	Ainslie Village	11pm-11am <b>Thurs/Fri/Sat night only</b> Provides overnight support, care and monitoring for people intoxicated from alcohol and other drugs. Outreach counselling program.	6*	CatholicCare	Sobering up shelter – alternative to being locked up – (also an ATSI element to prevent deaths in custody)
Bush Healing Farm	18-50	Ngunnawal	Day Program Mon-Thurs lasting 10 weeks. Covers all aspects of life incl training for employment	0	ACT Health Directorate	Residential AOD will be 8 beds (2 modules with 4 beds in each) Opening date TBA



Not operational	18+	Watson	Development for Aboriginal and Torres Strait Islander people.	0		Estimate 12-20 beds - still in design stage. This will reduce ATSI numbers in mainstream services
<b>Total non-acute beds</b>				<b>123</b>	<b>129 3xnights/wk</b>	

*Numbers represent currently funded beds*

*\*only 3 nights per week (Thurs/Fri/Sat)*

'104 beds' from commissioning is based on mid 2021 data – did not include the 17 beds across the 4 Karralika houses and 1x DASL bed (Arcadia revised from 11 up to 12)

Demand and Service Modelling report (UNSW) is that we will need 126 beds in the future

Beds for people aged 18-25 is an identified gap



**ACT**  
Government

**ACT Health**



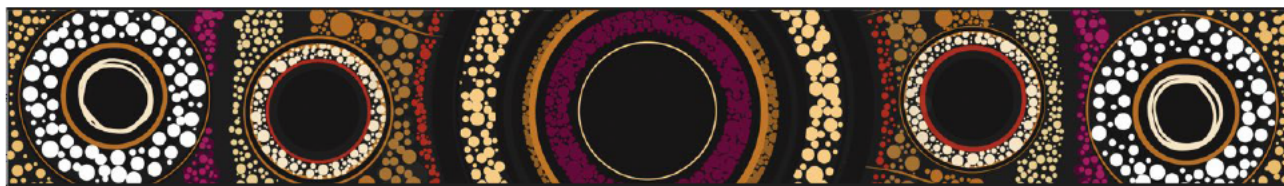
DRAFT

Northside

# Clinical Services Plan

2022–2030

## Acknowledgements



### **Acknowledgment of Country**

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

DRAFT

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### Version Control

Version	Author	Cleared	Date
0.1 – Draft for circulation to the Steering Committee	Alex Konovalov, Senior Director, Health Services Planning	Jacinta George, Executive Group Manager, Health System Planning and Evaluation	12/09/22
0.2 – Updated draft responding to Steering Committee feedback	Alex Konovalov, Senior Director, Health Services Planning	Jacinta George, Executive Group Manager, Health System Planning and Evaluation	18/10/22
0.3 – Updated to include the forecasting	Alex Konovalov, Senior Director, Health Services Planning	TBD	TBD

# Foreword

ACT Health to insert prior to the Plan going to the Minister.

DRAFT

## Executive Summary

The northside of Canberra is growing. By 2030 we expect there will be an additional 51,000 people in the districts of Belconnen, Gungahlin, North Canberra and Molonglo than in 2021. Each of these districts have their own local communities with their own health needs and different levels of access to health services.

To meet their health needs northside residents access a wide range of publicly funded health services including hospital services, home based services such as Hospital in the Home and community-based services provided by Canberra Health Services, Non Government Organisations (NGOs) and other care providers including general practitioners.

Demand for health services has been growing and is forecast to continue to increase over the coming decade. This will be due to a growing and ageing population and the increasing prevalence of chronic health conditions.

In recognition of the growing population on the northside of Canberra, and to support care closer to home, the Government has committed to start construction on a new northside hospital by mid-decade.

Canberra Hospital will remain the tertiary hospital for Canberra and the surrounding region, however it is time to plan for expanded hospital services on the north of Canberra as the northern suburbs grow and more people live further to the north. Service expansion will include general medical and surgical hospital based services; mental health, maternity and cancer care; and access to older people's health services.

There will be greater focus on prevention and early intervention, assisting people to access the services they need and care delivered close to home. New and expanded services will be integrated with existing services, including those delivered by our partners in Non Government Organisations.

Expanded hospital services will be networked with Canberra Hospital to ensure that patients in the future northside hospital can access specialised support at Canberra Hospital and that both hospitals can work together to meet demand across the ACT. In some cases, such as for cancer care, there will be a hub and spoke model, where Canberra Health Services will run satellite services at the northside hospital.

The northside hospital will also have an emphasis on delivering high volume, low acuity elective surgery for the Territory as a whole. There will be a Centre of Excellence for caring for older persons and this will support care for older people across the Territory to keep them healthy and out of hospital.

To achieve the service development and expansion, the Government will continue to invest in different settings for health care. This will include more use of virtual care, so that patients can access specialists more easily and for areas such as renal services and care for other chronic conditions. Virtual care will also help Hospital in the Home to continue to expand to include more patients and more type of services.

Community health facilities will also be a major part of the health facilities network in the ACT. An expanded range of services will be delivered in community health centres and health hubs.

The Government will increase specialist public outpatient clinics on the northside of Canberra, in community facilities, and on the hospital campus where appropriate, to provide services closer to home and improve access and health outcomes. There is also an opportunity to provide 'prehabilitation' services in the community setting to improve patient outcomes after elective surgery and reduce travel to the south of Canberra.

Some population groups are at an increased risk of poor health due to a range of socio-demographic factors. This Northside Clinical Services Plan (CSP) has an emphasis on promoting access to services for these population groups who need greater support to access health services, including Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, older people, people with disability, LGBTBIQ+ people, families with complex needs, children and young people and carers who support a family member or friend.

This emphasis is consistent with the ACT Health Services Plan 2022-30, which provides strategic direction for the Northside CSP. The Northside CSP will be taking forward many of the Territory-wide actions from a northside planning perspective.

The Northside CSP has also been developed to support the achievement of the priority service directions identified in the ACT Health Services Plan and to deliver care closer to home and improve health outcomes and access to care. The priority service directions are:

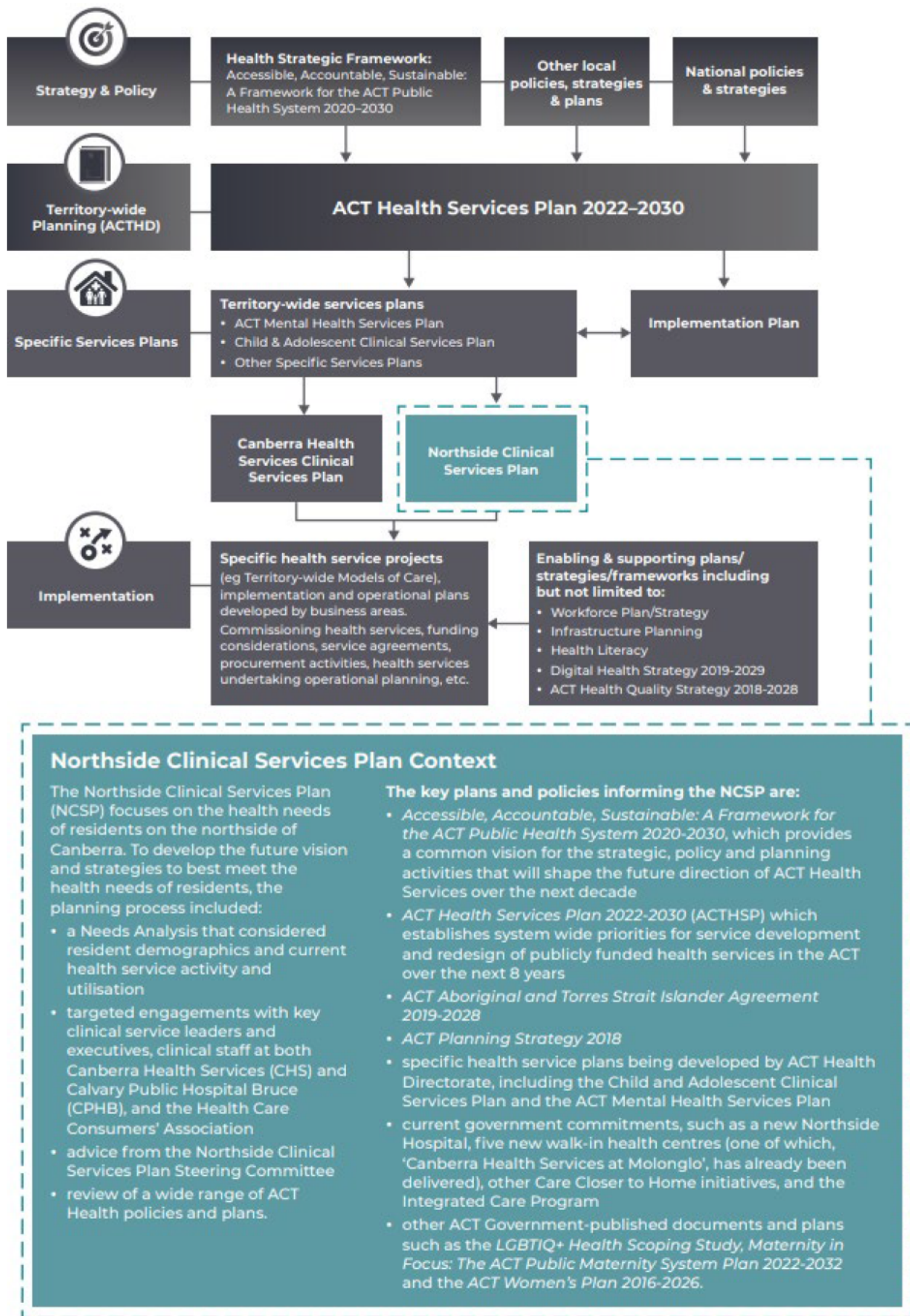
- Addressing key areas of service demand and reform
- Transitions of care
- The ACT's role as a local, Territory and regional service provider
- Strengthening core ACT Government funded clinical support services

While the Northside CSP has identified the health needs of the community across the overall health system, and provides a plan to address those needs, it has a special purpose in providing direction to facility planning for the northside hospital. The Northside CSP will guide how large the future hospital will be and the services it provided on the broader hospital campus. The Northside CSP will be implemented over time to ensure the facility planning remains valid.

However, the health system will change over time and planning for the northside will need to remain flexible. The Northside CSP will be implemented as part of the overall framework for the ACT Health Services Plan 2022-2030 and this framework will ensure planning is regularly reviewed and adjusted, as necessary.

The Northside CSP includes a Northside Clinical Services Model. This is a supporting document that provides a high level outline of services across the health continuum. The high level service models will guide the development of evidence based models of care for the northside hospital.

# 1. Strategic Planning Context





## 2. Principles

These principles underpin strategies in the Northside Clinical Services Plan and align with the ACT Health Services Plan (ACT HSP) 2022-2030.

### Value Driven healthcare

ACT Health strives to deliver care that values:

- health outcomes that matter to patients
- positive experiences of receiving care
- positive experiences of providing care
- effectiveness and efficiency of care

### Equitable access to services

Planning is guided by evidence-informed policy directions, with specific focus on at-risk and priority population groups; planning the right service, at the right time, in the right place, by the right team—every time.

Residents of the ACT with equal need should have equal opportunity to access health care. People with greater need should have additional assistance to access health care.

### Inclusive and culturally appropriate services

The ACT Government consults with groups underrepresented in the health care system so services are planned to be inclusive, culturally appropriate and targeted to specific health needs.

### Care Close to Home

Well functioning out of hospital, community and home based services keep people well and help them to live independently. Providing care close to home will be a central feature of services planning.

### Integrated Care

Service Models and Models of Care will emphasise integration of care between patient's health service providers

### Sustainable services

Service development maximises the use and efficient allocation of limited resources by taking a Territory-wide approach to planning services across the ACT public health system. This approach also utilises population and service use data to ensure services are available when and where needed.

### Safe and quality services

Planning is guided by evidence. This means, for some specialised services, a safe service can only be provided when there are sufficient numbers of procedures performed on an annual basis to enable a small specialised workforce and volume of practice required to maintain skills.

The Canberra Hospital will remain the tertiary hospital for the Territory and region.

## Environmental Sustainability

All initiatives should be assessed through an environmentally sustainable lens and include relevant actions from the ACT Climate Change Strategy 2019-2025.

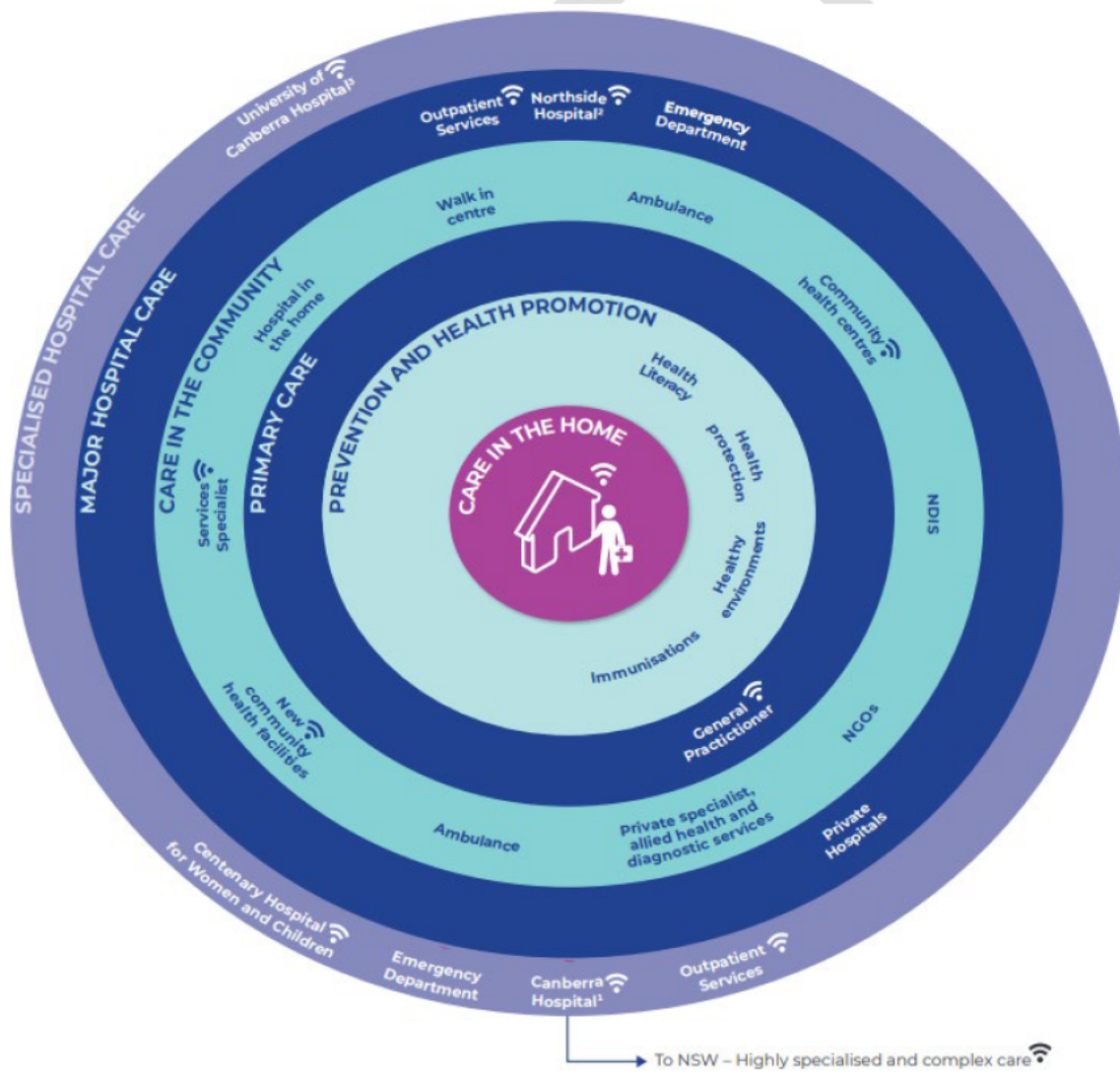
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### 3. The Northside Community and Services

Health services will be integrated across a range of health service providers and settings, delivering care:

- in the home through programs such as Hospital in the Home (HITH)
- via virtual care (delivered in a range of settings)
- in the community, via primary care, Community Health Centres (CHC), Walk-in Centres (WiC) and other health service providers including Non Government Organisations (NGOs)
- ‘on campus’ (day-only and outpatient clinics on hospital campuses)
- ‘in hospital’ care (in local, tertiary and interstate hospitals for highly specialised care)

This vision acknowledges that Canberra Hospital will continue to deliver many specialised services for Canberrans, either in person or virtually, if appropriate and safe to do so. It also acknowledges that highly specialised services will continue to be accessed outside of the ACT through virtual care where appropriate and safe.



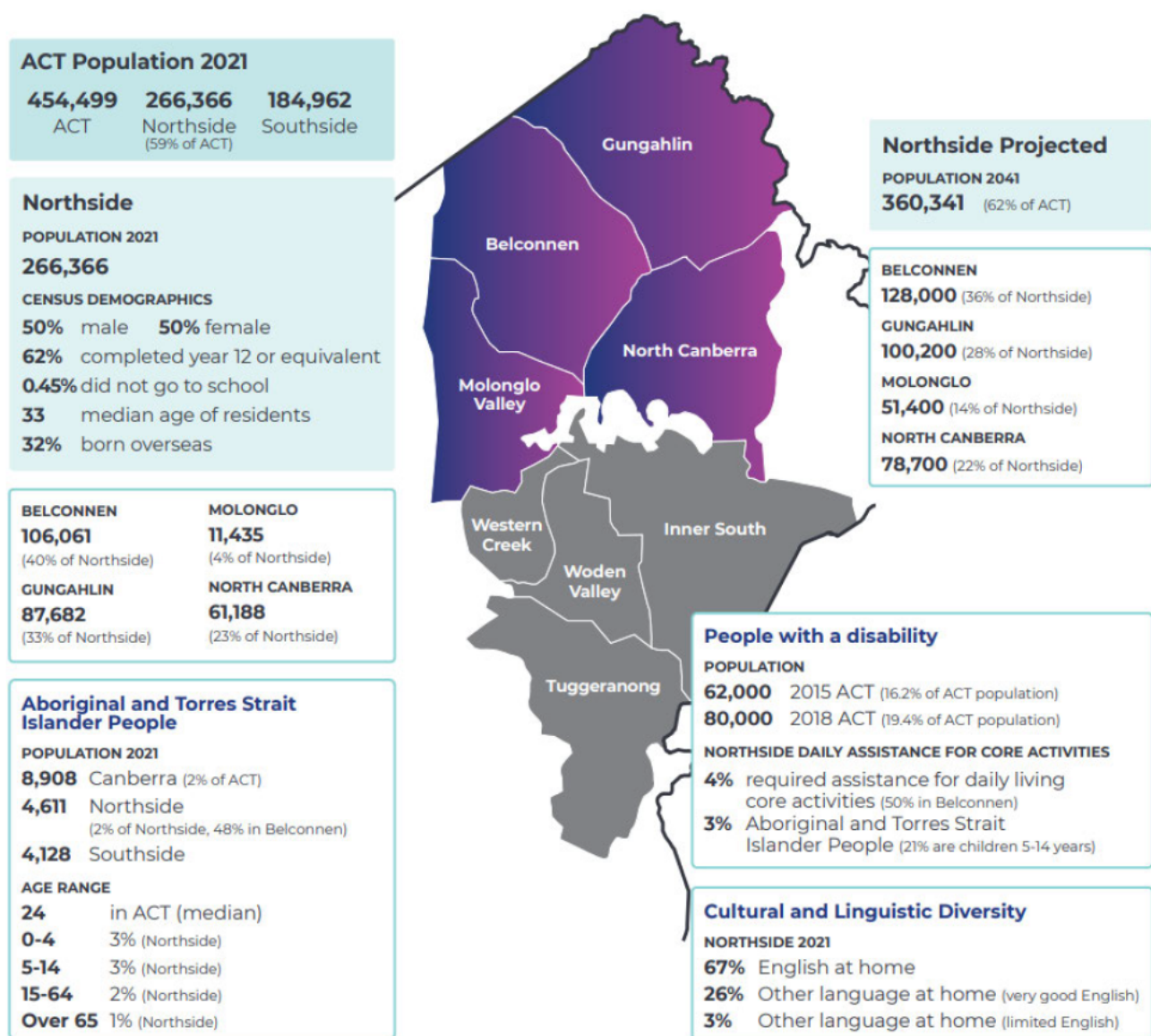
<b>Key</b>	
 Virtual services available	1 Tertiary referral centre for ACT and capital region
	2 General hospital
	3 Sub-acute rehabilitation hospital for ACT and capital region

### 3.1 About the Northside of Canberra

For the purpose of the Northside CSP, the northside will be defined as Belconnen, Gungahlin and Inner North Canberra. It acknowledges that these health services are also accessed by residents from Southern NSW Local Health District (SNSW LHD), particularly the Yass Valley.

Currently residents of Molonglo and Canberra East tend to have travel patterns that link to both northside and southside health services. However, the majority of future development in Molonglo will take place north of the river in suburbs such as Whitlam. It is assumed many of these future residents will access health services on the northside.

The northside of Canberra will feature development in West Belconnen, the potential future urban area of CSIRO Ginninderra, as well as population growth in Gungahlin, particularly around the town centre.



\*Canberra East population to be included in final plan.

## Priority Populations for service planning

### Older People

Between the 2016 and 2021 census, the number of ACT residents aged 70 or older grew from 32,685 to 43,690 persons which was a 34 per cent increase. This was more than twice the rate of growth for the population as a whole (14 per cent).<sup>1</sup>

The number of Canberrans who are older than 70 is forecast to grow by 11,500 persons to 2030.<sup>2</sup> Growth in the northside of Canberra accounts for 7,400 persons out of the total growth with the main population of older people on the northside residing in Belconnen, Gungahlin and North Canberra. This is an important consideration because older people are generally higher users of healthcare services with multiple and/or more complex health conditions and associated disability that becomes more common with age.

### Children and Adolescents

The number of ACT residents aged 0–14 is projected to increase by 2,679 persons, from 83,014 to 85,693, between 2021 to 2030. However, over the same time period the number of northside residents aged 0–14 is expected increase by 5,600 persons, meaning the number of children and adolescents will decrease in the south of Canberra while increasing in the north. The increase in the north of Canberra will take place across North Canberra, Belconnen and Molonglo.<sup>3</sup>

### Aboriginal and Torres Strait Islander Peoples

In the 2021 Australian National Census<sup>4</sup> 8,949 residents of the ACT population identified as Aboriginal and Torres Strait Islander people, an increase from 6,508 in 2016. Aboriginal and Torres Strait Islander people comprise 2 per cent of the northside population, with 48 per cent of those people residing in the Belconnen area. The median age of Aboriginal and Torres Strait Islander people in the ACT is 24 years, with the 25–64 age group comprising 46 per cent of the northside population of Aboriginal and Torres Strait Islander people.

### People with Disability

Between 2015 and 2018 the number of people living with disability in the ACT increased from 62,000 people (16.2 per cent) to 80,000 people (19.4 per cent)<sup>5</sup>. In 2021<sup>6</sup>, 4 per cent of northside residents required assistance for core activities of daily living, such as self-care, mobility and communication. The Belconnen region accounted for 50 per cent of the northside population requiring assistance for core activities. 3 per cent of the northside Aboriginal and Torres Strait Islander people reported requiring

1 Australian Bureau of Statistics. Australian Capital Territory 2021 Census All persons Quick Stats. 2021 [cited 2022]. Available from: <https://www.abs.gov.au/census/find-census-data/quickstats/2021/8>.

2 Chief Minister Treasury and Economic Development Directorate, CMTEDD population forecast 2021 to 2060, as of March 2022.

3 *ibid*

4 <https://ABS Census 2021.abs.gov.au/statistics/people/population/population-census/latest-release>

5 Australian Bureau of Statistics. Australian Capital Territory Data Cube – Disability, Ageing and Carers. Canberra (ACT); 2018. [cited 2020 April 7]. ABS cat. no. 4430.0.

6 <https://ABS Census 2021.abs.gov.au/statistics/people/population/population-census/latest-release>

assistance for core activities, with over 21 per cent of these people being children between 5-14 years of age.

While the National Disability Insurance Scheme (NDIS) service providers have primary responsibility for providing disability care and support, people with disabilities receive their healthcare through the health system.

## Culturally and Linguistically Diverse Populations

In the 2021 census of northside residents 67 per cent speak English at home, 26 per cent speak other languages at home but speak English well or very well, and 3 per cent of residents speak other languages at home with limited English language skills.

In Gungahlin, of the residents with limited English, the highest number speak Mandarin (1110 residents), Indo-Aryan languages (573), Korean (392) and Vietnamese (307). In Belconnen, 607 speak Mandarin, 277 speak Indo-Aryan languages and 326 speak Vietnamese. In North Canberra, 313 speak Mandarin and 119 speak Vietnamese.

The northside of Canberra is increasingly a multicultural community. For example, in 2016, 62.2 per cent of Gungahlin residents were born in Australia. In 2021, 41.1 per cent were born in Australia, compared to 51.6 per cent for the ACT as a whole. Residents who were born outside of Australia may require additional assistance to navigate the ACT's health system.

## LGTBIQ+

The ACT Government's Strategy, Capital of Equality, highlights that LGBTIQ+ people are more likely than the wider population in the ACT to experience mental and physical health challenges, unemployment, poverty, homelessness, social exclusion, and are more likely to use alcohol and other drugs.

## NSW residents using northside health services

Northside health services are also accessed by residents from Southern NSW Local Health District (SNSW LHD), particularly the Yass Valley. The Yass Valley LGA recorded 17,281 residents in the 2021 Census (up from 16,142 in 2016) and is projected to grow by 4,640 residents to 2036. The population is aging, with the median age of 43 for residents of the Yass Valley. SNSW LHD residents used 5.3 per cent of overnight bed capacity in Calvary Public Hospital Bruce (CPHB) in 2020.

## Carers

There are more than 50,000 carers in the ACT<sup>7</sup>. Carers ACT defines carers as an unpaid family member, friend or neighbour who provides assistance with tasks of daily living to someone due to a disability, medical condition (terminal or chronic illness), mental illness or frailty (due to age). Carers play a crucial role supporting people accessing the health system however their role is not always recognised and therefore they do not always receive the support they require. Carers come from all backgrounds and age

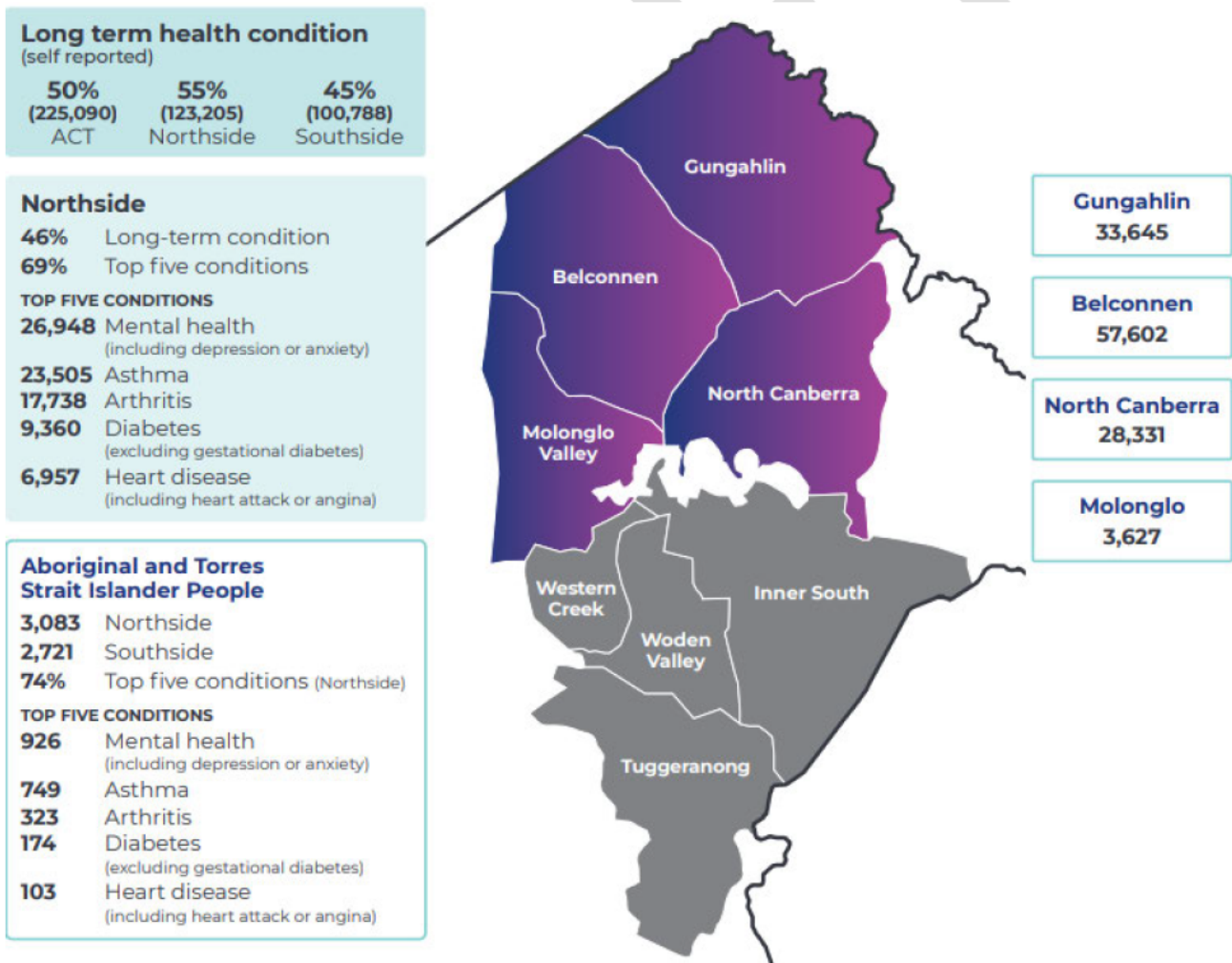
<sup>7</sup> Australian Bureau of Statistics. *Disability, Ageing and Carers, Australia: Summary of Findings* [Internet]. Canberra: ABS; 2018 [cited 2022 December 14]. Available from: <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release>.

groups, and experience high rates of mental ill health. Caring responsibilities can impact education, employment and finances, social opportunities and cause high levels of stress.

## 3.2 The health of northside residents

### Chronic conditions

Chronic conditions are the leading cause of illness, disability and death in Australia. In the 2021 Australian Census, 50 per cent of ACT residents self-reported having a long-term health condition, with northside residents accounting for 55 per cent of those with long-term health conditions<sup>8</sup>. Overall residents of Canberra report mental health as the most common long-term condition across the Territory, followed by asthma and arthritis. Northside residents report having higher rates of mental health conditions, asthma and arthritis than southside residents.



<sup>8</sup> ABS Census 2021

**Table 1: Number of People with Long Term Health Conditions, Northside Districts\*, 2021<sup>9</sup>**

Long Term Condition	Belconnen	North Canberra	Gungahlin
Mental health (including depression or anxiety)	11,599	7,226	7,190
Asthma	10,386	5,379	6,934
Arthritis	9,122	3,760	4,475
Diabetes (excluding gestational diabetes)	4,537	1,487	3,037
Heart disease (including heart attack or angina)	3,679	1,459	1,693
Cancer (including remission)	3,144	1,380	1,415
Lung condition (including COPD or emphysema)	1,628	681	682
Kidney disease	1,107	419	563
Stroke	859	396	393
Dementia (including Alzheimer's)	600	423	166
Any other long-term health condition(s)	10,941	5,721	7,097
<b>Sub Total</b>	<b>57,602</b>	<b>28,331</b>	<b>33,645</b>

\* Molonglo and Canberra East not included in table due to small numbers.

Through the census, Aboriginal and Torres Strait Islander residents on the northside reported having mental health conditions (926), asthma (749), arthritis (323), diabetes (174) and heart disease (103).

On the northside there were 67,980 females who reported having a long-term health condition, as compared to 51,568 males. The most significant gender-based differences were for mental health, arthritis and heart disease:

- Mental health – 16,065 females reported having poor long term mental health as compared to 9,922 males. This difference extended across the age categories, for example in the 15-24 age category there were 3,727 females with a long-term condition compared to 1,740 males.
- Arthritis – 11,316 females reported that they have this condition compared to 6,029 males, with the absolute numbers being more significant for the older age categories.
- Heart disease – 4,132 males reported having heart disease, compared to 2,710 females.

<sup>9</sup> Source: ABS Census 2021. Census of Population and Housing. General Community Profiles: Belconnen, North Canberra, Gungahlin, Molonglo (data cubes). Available from: <https://www.abs.gov.au/census/find-census-data/community-profiles/2021/80101>



## Current Services

Northside residents access a wide range of public funded and planned health services including:



### Hospital Services

#### Tertiary (Level 6 Role Delineation) Services

- Canberra Health Services (Canberra Hospital) Garran – specialised inpatient, outpatient and emergency services for ACT and the region
- Clare Holland House – Palliative Care Services (CPHB)
- University of Canberra Hospital (UCH) Bruce – specialised rehabilitation

#### Major Hospital (Level 4 Role Delineation) Services

- Calvary Public Hospital Bruce – inpatient, outpatient and emergency services
- Elective Surgery Services purchased from private hospitals



### Home Based Services

#### Community Teams

#### Virtual Care provided by GPs and COVID@Home

#### Hospital In The Home (HITH) GP home visits



### Community Based Services on the Northside provided by CHS

#### Walk-in Centres (WiCs)

- Belconnen
- Dickson
- Gungahlin – nurse-led free treatment for minor injury and illnesses, health advice and information

#### Community Health Centres (CHCs)

- Belconnen
- Canberra City
- Dickson
- Gungahlin – general and specialist health services
- Molonglo

#### Maternal and Child Health (MACH)

- Belconnen
- Florey
- West Belconnen
- City
- Dickson
- Gungahlin
- Ngunnawal – services for children up to 5 years
- Coombs

### NGO

### Health services and support services provided by NGOs across the ACT

- Aboriginal Community Controlled Health Services in the community <https://winnunga.org.au> and <https://gugan-gulwan.com.au>
- Primary health care services – after-hours GP services, in-reach services, services for diverse and vulnerable groups and youth health
- Sexual health and blood borne viruses services
- Cancer support services.
- Alcohol and other drugs – community and residential support <https://directory.atoda.org.au>
- Mental health services – supported accommodation, counselling and support, psychosocial support, recovery services, suicide prevention and postvention
- Women's and children's services including breastfeeding and supports for new parents
- Community assistance and support programs
- Consumer and carer advocacy and support services
- Peak body services to support the provision of best practice services



### Other care providers

#### Primary Care

- The Capital Health Network (CHN) funds a wide range of primary care services across the Territory

#### Private Providers

- Private allied health providers
- Private hospitals

#### Fee for service

- University of Canberra
- Health Hub – Allied health services are provided for a small fee
- General Practice

#### Other sector services

- Australian Government funds the Aged Care Sector to provide services for older people
- Australian Government funds disability services through the NDIS for people with a disability

## Current Service Utilisation

In 2019-20 northside residents accessed public health services:

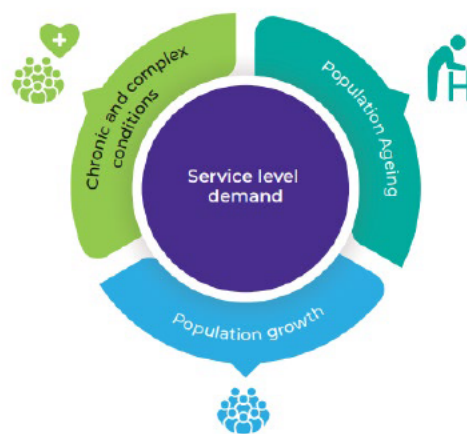


## Future Hospital Demand

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

The future northside hospital will need to cater for the growing population and demand in the northside of Canberra as described by the services arrangements in the Clinical Services Plan. This section will describe the trends across the ACT and the expected activity levels for admitted patient services across the northside suburbs of Canberra and demand at the northside hospital.

It is important to note that admitted patient services are only part of the spectrum of health care. More people access non-admitted outpatient services than admitted patient care and outpatient services are experiencing their own growth in demand.



### How do we talk about public hospital demand?

When a decision is made that a patient needs to stay in hospital this is called an 'admission'. A patient's journey is complete when they leave the hospital – this is called a 'separation.' Some patients can have multiple episodes as they move from acute to sub-acute care – such as from having an operation to rehabilitation. The full patient journey from admission to leaving the hospital is called an 'episode.'

Patient's episodes of care are also divided into two main categories: 'same day' patients who present and leave the hospital on the same day; and 'multi-day' or 'overnight' patients who are admitted to the hospital on a given date and leave the hospital at a later date.

Multiday patients can sometimes stay for extended periods of time within the hospital. Longer hospital stays can be due to clinical factors outside a hospital's control, and sometimes there are opportunities to reduce longer hospital stays. For example, by providing care closer to where people live, provided patients are not put at risk by being sent home too soon.

The length of stay can be looked at as total bed days which is an important measure for a hospital as it describes how many beds are required and the sort of hospital facilities that should be provided. Hospitals need to plan for enough capacity to meet future patient bed days.

While hospitals see more same day patients, overnight patients stay for longer and so they are responsible for more bed days and a larger proportion of demand.

### Activity Based Funding

The ACT Government current funds hospitals through block funding. However, in the future will be introducing activity based funding, this will tie health funding more closely to activity that is delivered. Many other jurisdictions already operate under activity based funding. The Directorates activity reporting and forecasting will be an important guide, informing what will be required in the future for health services.

### ACT Level Demand

In 2020-21, there were 198,060 episodes at public and private hospitals in the ACT and 574,329 bed days. This includes interstate patients who travelled to the ACT for health care, mainly from NSW.

By 2030-31, the number of episodes is forecast to increase to 244,326, which is a per annum growth rate of 2.1 per cent. By 2040-41, the number of episodes will increase to 284,896.

Over the same time period, the number of bed days will increase to 697,499 in 2030-31, for a per annum growth of 2.4 per cent, and to 865,437 bed days in 2040-41. The table below describes the expected growth in demand.

**Table 2 – ACT level demand, 2020-21 to 2040-41**

	2021	2026	2031	2036	2041
Episodes	198,060	219,211	244,326	265,743	284,386
• Same day	• 117,300	• 132,668	• 148,887	• 161,793	• 172,986
• Overnight	• 81,606	• 86,543	• 95,439	• 103,950	• 111,400
Episodes – p.a. growth		2.0%	2.2%	1.7%	1.4%
Bed days	574,329	652,613	728,991	801,046	860,265
• Same day	• 117,300	• 132,668	• 148,887	• 161,793	• 172,986
• Overnight	• 457,029	• 519,945	• 580,104	• 639,253	• 687,279
Bed days – p.a. growth		2.6%	2.2%	1.9%	1.4%

In 2020-21, northside residents (Belconnen, Gungahlin, North Canberra and Molonglo) were responsible for 82,608 episodes, for 42% of total demand across the ACT. By 2040-41, demand from northside residents is forecast to grow to 145,480 episodes, for 51% of total demand.

#### *Trends in ACT level demand*

- **There are more patients making same day trips to public hospitals**

It is also worth noting that same day episodes are growing more strongly than overnight episodes. Between 2020-21 and 2040-41, same day episodes are forecast to increase by 47 per cent (117,300 to 172,986) while overnight episodes will increase by 37 per cent (81,606 to 111,400). This is due to factors such as changing health conditions and improvements in technology that allow for more rapid treatment.

- **Improvements in technology are leading to reduced length of patient stay for many treatments**

In 2020-21, across all the different treatment types, the average length of stay for an overnight episode was 5.2 days. By 2040-41, the average length of stay is forecast to decrease to 5.0 days.

There is a high level of variability across the different treatments. For example, in 2020-21, the average length of stay for cardiology and interventional cardiology was 3.5 days, which is forecast to decrease to 2.7 days in 2040-41.

However, the average length of stay for the treatment of infectious diseases is forecast to increase from 12.9 days to 14.5 days. This is consistent with recent trends and would also be consistent with climate change and a global environment of emerging infectious diseases.

- **Growth in demand is forecast to slow over time**

Due to the increase in same day services, improvements in technology and slowing population growth, the growth in hospital demand is forecast to slow over time. The table provided below compares forecast population and hospital growth.

**Table 3 – population growth and hospital demand**

	2021	2026	2031	2036	2041
Population growth rate	1.4%	1.0%	1.2%	1.2%	1.1%
Hospital demand growth rate (episodes)	-	2.0%	2.2%	1.7%	1.4%

- **The private sector’s market share is remaining stable**

There are 17 private hospitals in the ACT. These include hospitals such as Calvary John James Hospital, which provides services for a range of patients, as well as more specialised facilities such as Canberra Microsurgery which focuses on microsurgical treatments.

In 2020-21, the private hospitals accounted for 66,923 episodes which was 34 per cent of total demand. 47,197 of the episodes were for same day patients.

By 2040-41, the private hospitals are forecast to increase to 91,529 episodes for a growth of 41 per cent over the 20 year period. The majority of the growth will take place in same day episodes, which is forecast to increase to 66,602 patients.

The forecasting for private hospitals represents an extension of the experience over the last ten years. It is however important to note that this reflects an assumption that the private sector will invest in new capacity over time and that consumer and policy settings will not change significantly.

#### Northside hospital demand

A ‘base case’ forecast of demand for Calvary Public Hospital Bruce is the starting point for forecasting demand for the northside hospital. The northside scenario then assumes that, in the future, there will be more northside residents who will choose to go to the northside hospital for treatment instead of travelling to Canberra Hospital. There will also be a slight increase in the number of interstate residents for mainly lower acuity treatments. The scenario parameters have been set to reflect the actions set out in this Clinical Services Plan.

#### How are treatments categorised, and what does this mean for facility planning?

When the Directorate projects activity for planning, inpatient episodes are sorted in different ways. One is to represent hospital activity by clinical specialty of the admitting doctor. The other way of presenting this data is by ‘Service Related Groups’ (SRGs), which are groupings of a much larger number of ‘Diagnosis Related Groups’ (DRGs) and reflect the main reason for a patient’s stay in hospital.

The Diagnosis Related Groups classification provides a clinically meaningful way to relate or group the number and type of patients treated in admitted acute episodes of care to the resources required in treatment. There are around 45 SRGs that cover the range of hospital care. Examples are Cardiology and Chemotherapy.

- There are also ‘Enhanced Service Related Groups’, or ESRGs, that are a more detailed level of classification within SRGs.

SRGs are generally an effective tool for planning for services as they capture the main condition that a patient is treated for.

For the purposes of facility planning, SRGs are first combined into higher level clinical groups. These groups represent how a hospital will organise services to treat patients. For example, it is expected that patients admitted for endocrinology or dermatology principal diagnoses will be admitted to a medical ward. More detailed analysis is undertaken as the facility planning progresses.

This section will describe the northside hospital demand in terms of the groups of service areas that will make up the future hospital. Demand will also be described in bed days. This will be used to help guide the future infrastructure requirements for the hospital – demand in 2030-31 will indicate what the requirements will be when the hospital opens, and demand in 2040-41 will guide what the hospital building should be able to cater for in the future.

Infrastructure planning, which will take place separately to this Clinical Services Plan, will consider the potential for future growth beyond 2040-41 by making sure that the future hospital can be expanded over time.

The northside forecasting scenario has been based on three main steps:

1. Mapping the services that are expected to change over time due to the service directions set by this clinical services plan. For example, the introduction of the establishment of the hub and spoke model for chemotherapy in the northside hospital will result in more future chemotherapy patients attending the future hospital. Conversely higher acuity patients for treatments such as cardiology will not change as significantly. This step also includes consideration of existing plans and investments such as the residential eating disorder clinic.
2. Identifying the cohort of northside residents who travel to hospitals in the south of Canberra for treatment (mainly Canberra Hospital) and assuming that, in the future, some of these patients may be expected to instead go to the northside hospital.
3. Augmenting the base case forecast for Calvary with the additional demand from future northside residents.

**Table 4 – Northside hospital demand by service area, 2020-21 to 2040-41**

Bed days	2020-21	2030-31	2040-41	20yr growth
Mental Health	15,808	23,554	30,095	90%
Cancer services	1,083	2,162	2,543	135%
Cardiology	6,082	7,378	9,105	50%
Medical	35,718	56,243	70,912	99%
Rehabilitation and care for older persons	7,094	10,435	12,706	79%
Surgery	21,631	35,691	45,444	110%
Maternity services	6,576	8,033	8,579	30%
Total	93,992	154,427	197,068	110%

After modelling the northside scenario, demand at the future northside hospital is forecast to more than double over the next 20 years. Growth in demand will be strong across all clinical service areas. The factors driving the growth are highlighted below, in order of highest to lowest growth.

- **Cancer services** – the establishment of a hub and spoke model in the future northside hospital will support future demand.

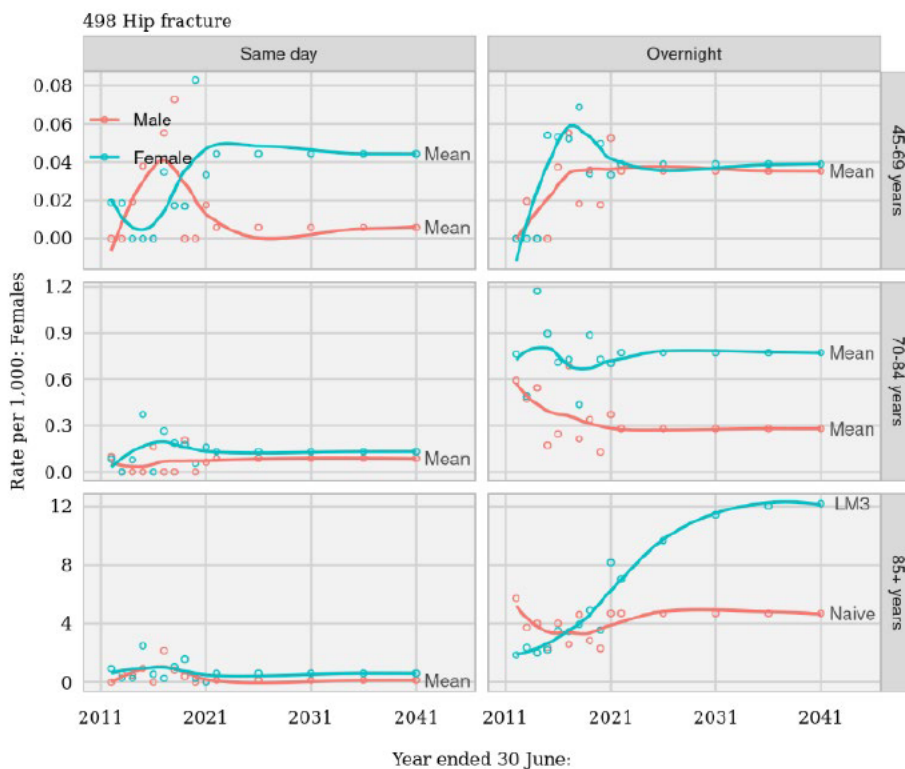
- **Surgery** – the northside scenario reflects both strong northside growth as well as the future emphasis on day surgery at the future hospital.
- **Mental health** – overall acute mental health demand is growing strongly and the future northside hospital will be Approved (able to care for all mental health patients) which will reduce the need to transfer patients to Canberra Hospital.
- **Medical** – the scenario reflects an assumption that lower acuity northside resident patients will increasingly go to the future northside hospital, which drives strong growth in this department.
- **Rehabilitation and care of older persons** – the growth in this area will be mainly due to general population growth. Calvary currently provides specialised aged and therefore growth largely reflects population growth and ageing rather than a shift of services currently provided elsewhere to the northside hospital. Rehabilitation is largely carried out at UCPH.
- **Cardiology** – growth in demand is less strong because many higher acuity patients are expected to continue to go to Canberra Hospital for treatment.
- **Maternity services** – are expected to grow less strongly due to the trend of decreasing fertility.

### Forecasting Methodology

Forecasting health services activity underpins effective health services planning. The Directorate uses a forecasting model built by Health Policy Analysis and customised for the ACT to model admitted hospital services. The forecasting model starts by taking patient data and establishing how different demographic groups utilise services. The model then determines how utilisation trends may be expected to change over time.

- The model draws upon ten years of historical patient data, from 2010-11 to 2020-21.

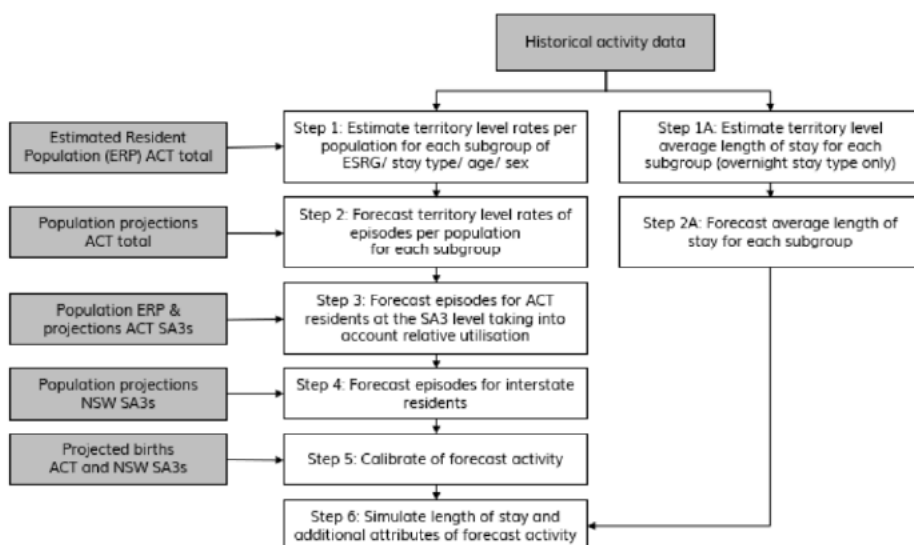
The figure below demonstrates how the modelling determines relative utilisation. In this example, hip fractures are modelled for the age groups of 45-69 year old persons, 70-84 year old persons and 85+ year old persons for males and females. While there is a high level of variability from year to year, the modelling draws upon historical data to establish a long term expectation. For hip fractures, there is a distinct difference between male and female hip fracture rates, particularly for females older than 70 where osteoporosis becomes a concern.



The age groups are set at a relatively small number: 0-4; 5-16; 17-44; 45-69; 70-84; and 85+. These age groups capture the main transition points for a person’s health journey through life. Smaller age groups can be simulated however the forecasting methodology of utilisation is more effective where it can draw upon reasonable population sizes.

In parallel the model sets assumptions for average length of stay. The utilisation rates and average length of stay are then applied to demographic forecasts at the district level to establish district level forecasts of demand. As a final step, the demand is distributed to public and private hospitals based on existing trends. The overall methodology is provided in the figure below.

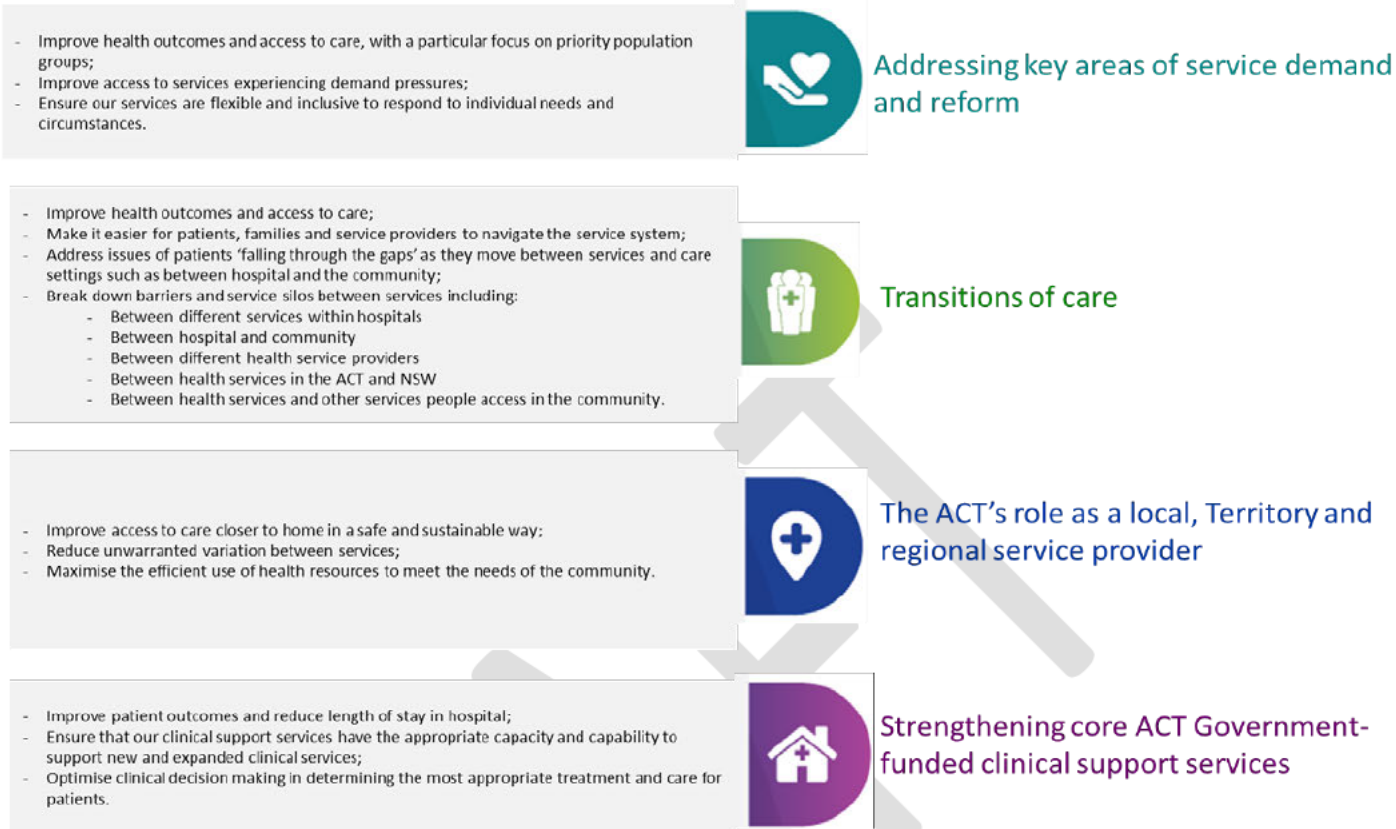
- The NSW demographic forecast is sourced from the NSW Department of Planning and Environment.





## 4. Future health service directions

The ACT Health Services Plan 2022-2030 identifies four directions for service development:



The Northside CSP will be taking many of the Territory-wide actions forward in a northside planning context and will align with and focus on achieving the outcomes identified in the ACT HSP.

## 4.1 Addressing key areas of service demand and reform

Demand is increasing across the public health system due to population growth, ageing and the increasing prevalence of chronic health conditions. To meet demand for health services there is a need to focus on key areas of service demand and reform in order to support the needs of priority population groups, ensure equitable access to care and respond to the emerging and growing needs of the community.

This Northside CSP has an emphasis on carrying this service direction forward through:

- Responding to northside growth by increasing the range of services provided on the northside of Canberra
- Managing demand by addressing the causes and impacts of chronic diseases
- Embracing different settings and ways of providing health care such as virtual care, extending Hospital in the Home services and the provision of more community based health services
- Designing health services to meet the needs of people who need additional support to access health services
- Increasing the capacity to deliver elective surgery in the future northside hospital and campus

During the development of the Northside CSP, a number of areas of focus were identified as needing development or improved integration to improve health outcomes. These are health services for mental health, women and children, older people, cancer care, palliative care, children and younger persons, alcohol and other drugs and heart disease. The approach will consider evidence based programs such as *The First 1000 Days* providing a focus on a child's life, from conception to two years of age, which is an important foundational period which shapes their development and wellbeing. The actions for the areas of focus are included in each service direction.

The actions are aimed at delivering the same outcomes identified in the ACTHSP:

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

Actions in this section that are drawn from the ACTHSP are clearly identified.

## Service Areas and Actions

1. Addressing key areas of service demand and reform	
1.1. Increase the range of services provided on the northside of Canberra	Enhance hospital services aligned with the role delineation identified in the ACT Health Services Plan 2022-2030.
	Increase specialist public outpatient clinics on the northside of Canberra, in community facilities, and on the hospital campus where appropriate, to provide services closer to home and improve access and health outcomes.
	Investigate the potential to provide ongoing treatments in community facilities such as macular degeneration injections and other services where possible.
	Provide a 'prehabilitation' service in a community facility to improve patient outcomes after elective surgery and reduce travel to the south of Canberra for these services.
	Increase post Tertiary surgical and interventional recuperative care on the northside of Canberra
	[ACTHSP] Work with the pain management service to identify opportunities to support self-management of pain and increased use of virtual care
	[ACTHSP] Establish an early intervention service for eating disorders (EISED) to improve access to early intervention services.
1.2. Increase services on the northside of Canberra to reduce the impact of chronic disease	Work with primary care, non-government organisations and other health providers on primary and secondary prevention strategies for chronic diseases and promoting self management.
	Develop service models to manage people with multiple co-morbidities, for example patients requiring regular renal dialysis while requiring monitoring for heart disease.
	Enable general practice to care for more complex patients by providing better and more timely access to specialised services, advice and clinics through initiatives such as rapid access clinics.

1. Addressing key areas of service demand and reform	
	Extend community-based specialist multidisciplinary services to meet demand for chronic disease management services particularly in Belconnen and Gungahlin.
	Explore opportunities to provide physical and psychological support at home or in the community for people with chronic conditions such as back pain and diabetes, who have presented to the emergency department or have been discharged from hospital.
	[ACTHSP] Explore opportunities to enhance the capability of endocrinology services on the northside.
	<p>[ACTHSP] Review and redesign the models of care for rehabilitation services in the ACT with a focus on:</p> <ul style="list-style-type: none"> <li>○ Access to rehabilitation services in different settings</li> <li>○ Criteria for admission</li> <li>○ Patient pathways</li> <li>○ Improve access to early rehabilitation in the acute inpatient environment</li> </ul>
1.3. Embrace different settings for healthcare delivery	<p>[ACTHSP] Expand virtual care as a service delivery option with a focus on:</p> <ul style="list-style-type: none"> <li>○ renal services</li> <li>○ chronic care</li> <li>○ general medicine</li> <li>○ endocrinology</li> <li>○ hospital in the home</li> </ul>
	Investigate the potential for virtual care and digital technology to deliver 'on campus' medical consultations closer to home for northside residents. Consider alternative settings such as community premises or home, except where 'on campus' medical consultations require support from, for example, pathology, medical imaging or nursing and allied health staff.
	[ACTHSP] Expand virtual care to deliver more services in residents' homes and community settings. This includes exploring early implementation of virtual technology to support agile ways of working, support clinical networking and whole of

1. Addressing key areas of service demand and reform	
	health system collaboration to ensure models of care are embedded in clinical models and practice prior to facility planning.
	Identify the most appropriate services for the two new community health centres at West Belconnen and North Gungahlin to provide integrated care in the region and provide alternatives to 'on campus' and 'in hospital' services that can be safely delivered in the community.
	Extend the capacity and capability of existing community health facilities in northside community health centres through virtual care and extended hours services.
	Expand the range of conditions and services provided by hospital in the home (HITH) and other services that support people's care needs at home.
1.4. <i>Design health services to meet the needs of people who need additional support to access health services</i>	Identify issues and solutions to address under-representation of Aboriginal and Torres Strait Islander people at northside health services. Invest in building capacity and capability of services in areas including cultural safety and trauma informed care.
	Address support needs for Aboriginal and Torres Strait Islander children with chronic or long-term conditions and for children with core service needs.
	<p>[ACTHSP] Address underrepresentation of Culturally and Linguistically Diverse peoples in the public health system in collaboration with key stakeholders including:</p> <ul style="list-style-type: none"> <li>○ develop an ACT Health Directorate Languages Services Plan to ensure the Directorate meets the requirements of whole-of-government policy and tailors information provision to meet community needs and requirements</li> <li>○ report on work undertaken by the ACT Health Directorate with recommendations to Government for future consideration</li> </ul>
1.5. <i>Surgical and procedural services</i>	<p>[ACTHSP] Increase the capacity for elective surgery and procedural services across the ACT, including:</p> <ul style="list-style-type: none"> <li>○ redistribution of elective surgery to maximise Territory capacity</li> <li>○ establish a territory wide public endoscopy waiting list and review opportunities to establish Territory wide public waiting lists for procedures</li> </ul>

1. Addressing key areas of service demand and reform	
1.6. Address key areas of focus: children and young people	<p>[ACTHSP] Expand paediatric Hospital in the Home services for selected conditions where a paediatric patient would otherwise be admitted to a hospital inpatient bed.</p> <p>Identify service options to deliver more paediatric care at home for:</p> <ul style="list-style-type: none"> <li>○ chronic conditions</li> <li>○ rehabilitation</li> <li>○ palliative care</li> <li>○ post surgical care</li> <li>○ following acute care episodes interstate</li> </ul>
	Expand primary and community-based specialist child and youth services with a particular focus in Belconnen and Gungahlin.
	<p>Increase coordination and access to ACT Government funded interdisciplinary services in the community for children and adolescents by:</p> <ul style="list-style-type: none"> <li>○ developing models of care for services in the community to facilitate collaborative care.</li> <li>○ explore opportunities for innovation or redesign of paediatric services in the community to maximise access to early intervention, for example obesity and asthma services.</li> </ul>
	<p>Maximise infrastructure, ensuring facilities- new and existing - are child safe, friendly and aware according to the National Safety and Quality Health Service Standards and uphold the National Principles for Child Safe Organisations:</p> <ul style="list-style-type: none"> <li>○ identify availability of public community-based infrastructure to support co-location of child and adolescent health services, including at existing Child and Family Centres, Walk-in Centres, Community Health Centres, or at other appropriate sites including schools.</li> <li>○ provide paediatric appropriate Emergency Department areas in the Northside Hospital to manage low acuity presentations and immediate management and transfer services.</li> <li>○ increase the number of Special Care Nursery (SCN) cots to accommodate northside babies and improve support services for babies with complex needs.</li> </ul>
1.7. Address key areas of focus: women and children	[ACTHSP] Implement 'Maternity in Focus: The ACT Public Maternity System Plan 2022-2032'.

1. Addressing key areas of service demand and reform	
	Enhance the capability and capacity of maternity services in the northside hospital by establishing a new gestational diabetes service and increasing capacity to provide additional births in the northside hospital.
	[ACTHSP] Develop and implement the Best Start of Canberra's Children: The First 1,000 Days Strategy (the Best Start Strategy).
	Increase access to continuity of care models on the northside, where care follows the women across the community, home and 'in hospital' through all phases of pregnancy, birth and the postnatal period.
	Explore options to expand the range of maternity services provided on the northside with consideration being given to Early Pregnancy Loss service, Early Pregnancy Assessment Unit, lactation clinics and water immersion during birthing.
	Enhance maternity care closer to home across the Territory.
	Ensure maternity spaces are culturally sensitive and enable privacy and confidence of mothers from diverse cultural backgrounds to care for their baby, with supportive models of care.
	Work with consumers and community-controlled organisations to co-design a Birthing on Country model of care to provide the best start in life to Aboriginal and/or Torres Strait Islander babies and their families.
	Consider strategies to ensure that women accessing care in the Northside Hospital have access to contemporary family planning advice, care and/or interventions.
1.8. Address key areas of focus: <i>older persons</i>	[ACTHSP] Identify and implement strategies and supports that reduce length of hospital stay and assist older people to stay at home.
	[ACTHSP] Support residential aged care providers to keep older people out of hospital, including: <ul style="list-style-type: none"> <li>○ continued development of the Geriatric Rapid Acute Care Evaluation (GRACE) service</li> <li>○ continued development of the Rapid Assessment of the Deteriorating Aged at Risk (RADAR) service</li> <li>○ Explore Geriatric Evaluation and Management (GEM) models to support older people in the home.</li> </ul>

1. Addressing key areas of service demand and reform	
	[ACTHSP] Establish a Centre of Excellence for Care of Older Canberrans on the northside
	[ACTHSP] Develop and implement workforce education and training to improve the care of patients with dementia.
	[ACTHSP] Develop an ACT stepped care model for people with Behavioural and Psychological Symptoms of Dementia (BPSD) and establish a dedicated inpatient environment for patients with BPSD who are at high risk of harm to themselves or others.
1.9. Address key areas of focus: cancer care	<p>Develop a Territory-wide model of care for chemotherapy management under CRCC governance that includes the following northside services:</p> <ul style="list-style-type: none"> <li>○ expansion of non-cytotoxic infusions</li> <li>○ reinstates same day cytotoxic treatment when deemed safe to do so</li> <li>○ use HITH and community models for non-cytotoxic infusions to ensure the patient journey is considered, if safe and clinically appropriate to do so.</li> </ul> <p>Explore models of care that provide rapid assessment and management of deteriorating cancer patients who would otherwise present to the emergency department.</p>
1.10. Address key areas of focus: palliative care	<p>[ACTHSP] Develop an ACT Model of Care for Palliative Care Services.</p> <p>[ACTHSP] Expand home based palliative care services across the ACT.</p> <p>[ACTHSP] Increase access to palliative care respite services.</p>
1.11. Address key areas of focus: mental health	<p>Plan and implement comprehensive and integrated community and inpatient mental health services for northside residents particularly residents between 16 years and 65 years to meet demand, including:</p> <ul style="list-style-type: none"> <li>○ services in the home and closer to home in community facilities including low acuity supported accommodation and step-down beds.</li> <li>○ non acute residential beds for people with chronic mental health conditions requiring recovery orientated treatment and rehabilitation over an extended period of time, that is around 12 months or more.</li> </ul>



1. Addressing key areas of service demand and reform	
	<ul style="list-style-type: none"> <li>○ integrating Northside Hospital services with community based mental health teams and services at CHS to enable access to specialised services.</li> <li>○ Expand approved mental health facilities for acute adult mental health services under the Mental Health Act in Calvary Public Hospital Bruce including the Emergency Department to provide services closer to home for northside residents.</li> </ul>
	Develop a Territory wide model of care for older persons mental health that defines linkages, roles and clarity for all levels of care from primary care, prevention and early intervention to acute services.
	Review and implement agreed mental health recommendations from the Royal Commission into aged care quality and safety.
	Aftercare services to be expanded to support individuals following a suicide attempt or suicidal crisis, including additional referral pathways beyond inpatient settings.
1.12. Address key areas of focus: alcohol and other drug Services	<p>[ACTHSP] Improve access to integrated care for people with co-morbid alcohol and drug conditions through:</p> <ul style="list-style-type: none"> <li>○ review of existing care pathways for people accessing both mental health and alcohol and other drug services</li> <li>○ identify opportunities to address barriers for people accessing both mental health and alcohol and other drugs services</li> <li>○ develop and implement a person-centred collaborative care model for alcohol and other drugs and mental health across all services</li> </ul>
	<p>Review the need to provide and/or expand alcohol and other drug services on the northside of Canberra, including:</p> <ul style="list-style-type: none"> <li>○ provide intensive community-based care as alternative to hospital admission for people with complex needs</li> <li>○ increase community-based withdrawal options and public ‘on campus’ clinics</li> <li>○ increase capacity to provide ongoing crisis supports/accommodation for clients who are intoxicated or in crisis</li> <li>○ provide access to Initiation, Tier 1, 2 and 3 Opiate Treatment Service care</li> </ul>
	Implement the Alcohol and Drug Services Plan when developed, ensuring equity of access for northside residents.

**1. Addressing key areas of service demand and reform**

1.13. *Address key areas of focus:  
heart disease*

[ACTHSP] Improve access to cardiology services on the northside, with a focus on:

- cardiology diagnostic services with a view to prevention and long-term health
- ambulatory and community-based heart failure services to reduce demand on the hospital system and provide care closer to home
- specialist cardiology public outpatient clinics and cardiology diagnostic services
- Medical Imaging services such as cardiac CT

## Addressing key areas of service demand and reform – the Case for Change

### Assumptions

1. The population is expected to grow by 2041, with the median age increasing, which is predicted to increase the burden of chronic disease related to ageing.
2. The implementation of Actions in the ACT HSP for Aboriginal and Torres Strait Islander people will reflect a consideration of the needs of northside residents.
3. A range of complex tertiary services are centred at the Canberra Hospital. This is not expected to change into the future because many of these services have small, specialised workforce that requires a sufficient volume of practice to maintain their skills. This includes services such as radiation oncology, trauma, paediatric medicine and surgery, neonatal intensive care, complex maternity and cardiac catheterisation and angiography.
4. Facility planning and service arrangements for the new Northside Hospital and the new Community Health Centres<sup>10</sup> will be enabled by both the ACT HSP and the Northside CSP.

### A growing northside population

Population growth in the northside of Canberra is projected to grow by 2.2 per cent per annum between 2017 and 2041. Assuming there is no change to current service models, inpatient demand and demand for emergency care is projected to grow above this rate due to the higher percentage of ageing population and their higher use of hospital services. Non-admitted activity such as outpatient clinics and services required by northside residents will grow as public services are newly developed or relocated from the Canberra Hospital.

### Priority populations need targeted services

The ACT Health Services Plan identified there is under-representation of Aboriginal and Torres Strait Islander people in public health and hospital services, with barriers to access and culturally safe services. Aboriginal and Torres Strait Islander people told us during consultation that services are not responsive to individual needs and circumstances and that patients, families and service providers need support to navigate the health system. There is a service gap for residential alcohol and other drug rehabilitation services that specifically serve Aboriginal and Torres Strait Islander people, and that people with alcohol and other drug issues are often isolated in their community. Feedback also highlighted the need for cultural differences in approaching significant life events such as birth and death that need to be addressed in a culturally sensitive way.

Approximately 50,000 children and young people aged between 0 – 14yrs reside on the Northside of Canberra<sup>11</sup>. This is 60 per cent of the total population in this age group. The Centenary Hospital for Women and Children is the tertiary provider of Paediatric services in the ACT, taking care of unwell children needing

<sup>10</sup> The new centres are part of the ACT Government's 'care closer to home' network, which includes the existing five nurse-led Walk in Centres, six Community Health Centres and child and family health clinics across the Territory [New health centre to provide care closer to home for Molonglo community – Chief Minister, Treasury and Economic Development Directorate \(act.gov.au\)](#)

<sup>11</sup> Source: ABS Census 2021. General Community Profiles: Belconnen, North Canberra, Gungahlin, Molonglo, Est Canberra (Statistical Areas Level 3). Available from: <https://www.abs.gov.au/census/find-census-data/community-profiles/2021/80101>

hospital care. A Child and Adolescent Clinical Services Expert Panel is overseeing the finalisation of the Child and Adolescent Clinical Services Plan. The Expert Panel will consider planning of health services to improve paediatric care on the northside of Canberra. Actions relating to children and adolescents in the Northside CSP may be refined in the final document according to their findings.

People who speak another language at home and report speaking limited English may also need help to navigate the system and the design of health services will take this into account.

For priority populations emergency presentations can also be attributed to underlying chronic diseases. In these types of cases, effective emergency department screening can help to improve outcomes for conditions such as diabetes.

### **Better ways to integrate care**

A key finding from the ACT Health Services Plan is that Canberrans have access to an extensive range of acute, subacute, and community-based health services, but there are opportunities to improve how services work together through roll-out of the Integrated care program targeting northside services.

### **Limited capacity in Primary Care, community care and home-based care services**

Limited capacity for care in the community for low-acuity or long-term chronic conditions can result in residents deteriorating and needing to attend an emergency department. Earlier access to primary care and community-based care will improve patient outcomes by delivering appropriate treatment in the right place at the right time.

### **Chronic disease and lifestyle factors impact on health**

Northside residents are impacted by chronic disease, particularly mental health, asthma, arthritis, heart disease. Hospital data shows there is significant demand for treatment of mental illness, heart disease, stroke, cancer and surgery for musculo-skeletal conditions and endoscopic diagnosis of gastro-intestinal conditions.

Almost half of all Australian adults face mental ill-health at some point in their lives with half of all adult mental health challenges emerging before the age of 14. Many Canberrans experience a mental illness at some stage of their lives with anxiety disorders being the most common mental disorder. Anxiety disorders accounted for 5.1 per cent of the burden of disease in the ACT in 2015, which was higher than the national figure of 3.2 per cent. The ACT Government has committed to more mental health and suicide prevention supports in the ACT, for example the Eating Disorders Clinical Hub launched in January 2022. Eating disorders cause high levels of psychological distress, carry risk of long term mental and physical illness, an increased risk of premature death due to medical complications and an increased risk of suicide. Eating disorders can occur at any stage in life, although the incidence peaks nationally between the ages of 12-25.

Analysis of the National Hospitals Morbidity Database<sup>12</sup> shows the ten (10) selected chronic conditions that were involved in 5.8 million hospitalisations (52 per cent of all hospitalisations) in 2019–20. In 2019–20, the number of hospitalisations in Australia decreased by 2.8 per cent compared with 2018–19, whereas previous year-to-year changes indicated a consistent upward trend (AIHW 2022). This decrease was driven by hospitalisations that did not involve these 10 selected chronic conditions, which were 4.6 per cent lower in 2019–20 (5.3 million in 2019–20 compared with 5.5 million in 2018–19). In contrast, hospitalisations that involved the selected conditions were relatively stable in the same period, with 1.1 per cent fewer hospitalisations in 2019–20, possibly due to the effects of COVID-19.

<sup>12</sup> <https://www.aihw.gov.au/reports/australias-health/chronic-conditions-and-multimorbidity>

### Increase services to reduce the impact of chronic disease

With over 46 per cent of the northside population living with a long-term illness, strategies to reduce the impact of chronic disease will have significant positive impacts for individual northside residents and their families and for the health care system more broadly. The personal and health system costs of chronic disease are well documented<sup>13</sup>Potentially preventable admissions and reducing length of stay<sup>14</sup>

Chronic disease is best treated by primary care and in the community and with preventative health programs to avoid hospital admission. By increasing access to community-based services and community facilities, presentations to hospital or the time spent in hospital could be reduced. Many chronic diseases share common lifestyle risk factors, such as tobacco use, high body mass, dietary risks, alcohol intake, high blood pressure and physical inactivity. This provides an opportunity to improve health outcomes through prevention.

### Hospital Services

Canberra Hospital is the ACT's tertiary hospital. This has naturally shaped service design and workforce models over time with a range of services being centred on the south side of Canberra. Service development on the northside will focus on improving access to services for the growing population on the north side of Canberra

A range of services are delivered 'on campus' at the Canberra Hospital in order to link to medical specialists. However, many of the services don't always require a close, daily relationship with the specialists and some services may be able to be delivered on the northside in hospital or community settings and be locationally integrated with community based clinical and support services.

While some services may be increasingly offered on the northside, complex tertiary services will continue to be offered at Canberra Hospital. Services such as radiation therapy, subspecialty paediatric medicine and paediatric surgery, trauma, neonatal intensive care and complex maternity services will remain, due to the small, specialised workforce and volume of practice required to maintain safe services. However, there is an opportunity to strengthen post-surgical and interventional recuperative care on the northside of Canberra.

### *Long waits for clinics and surgical and procedural services*

The number of patients on the waiting list for ambulatory/outpatient services at CHS is around 42,000<sup>15</sup> with 80 per cent overdue due to limited capacity to meet overall demand of residents. Approximately 40-45 patients a day turn to the Emergency Departments for care while on the waiting list and a number of patients cancel their appointments because they opt to see a private specialist due to waiting times. There are opportunities to deliver additional public outpatient services closer to home for northside residents and reduce demand at the Canberra Hospital or deliver services differently in community facilities or through virtual care.

13 <https://www.aihw.gov.au/reports-data/health-conditions-disability-deaths/chronic-disease/overview>

14 As defined by the AIHW. The term PPH does not mean that a patient admitted for that condition did not need to be hospitalised at the time of admission. Rather the hospitalisation could have potentially been prevented through the provision of appropriate preventative health interventions and early disease management in primary care and community-based care settings (including by general practitioners, medical specialists, dentists, nurses and allied health professionals).

15 Waitlist as at 19/05/2022

The waiting lists for high volume short stay elective surgery have been growing. Current infrastructure capacity at CPHB is not fully utilised for endoscopy, procedures and surgery.

#### *Growing demands and case complexity*

Demand for hospital medical services is growing on the northside of Canberra and patient complexity is increasing with the ageing population and increased prevalence of chronic conditions.

Activity in the CPHB ICU/CCU is growing. Planning for future capacity will need to address the projected growth in activity as a result of the growing population and increasing complexity of admitted patients as well as the increased in range of services delivered at the northside hospital.

Emergency Department presentations and an increased proportion of patients from the Emergency Department requiring admission has grown in the last 12 months. The number of people who were referred to another hospital following completion of care in the Emergency Department grew from 2 per cent to 3 per cent, indicating increasing need for specialised care and increasing complexity.

#### Infrastructure limits

Alternative service models such as outpatient clinics and virtual technology to improve access to specialised services and deliver services closer to home needs to be a core part of the future service offering on the northside. Northside infrastructure needs to be well designed to enable these models of care, including sufficient outpatient spaces to manage projected 'in person' visits and digital infrastructure to enable virtual care, such as call centre areas. Currently clinical spaces and digital technology are limited.

As highlighted throughout this CSP, Canberra Hospital will remain Canberra's tertiary hospital. However, there are opportunities for the future northside hospital to better cater for northside residents in the areas of general medicine, general surgery and maternity.

#### *Effectiveness of HITH*

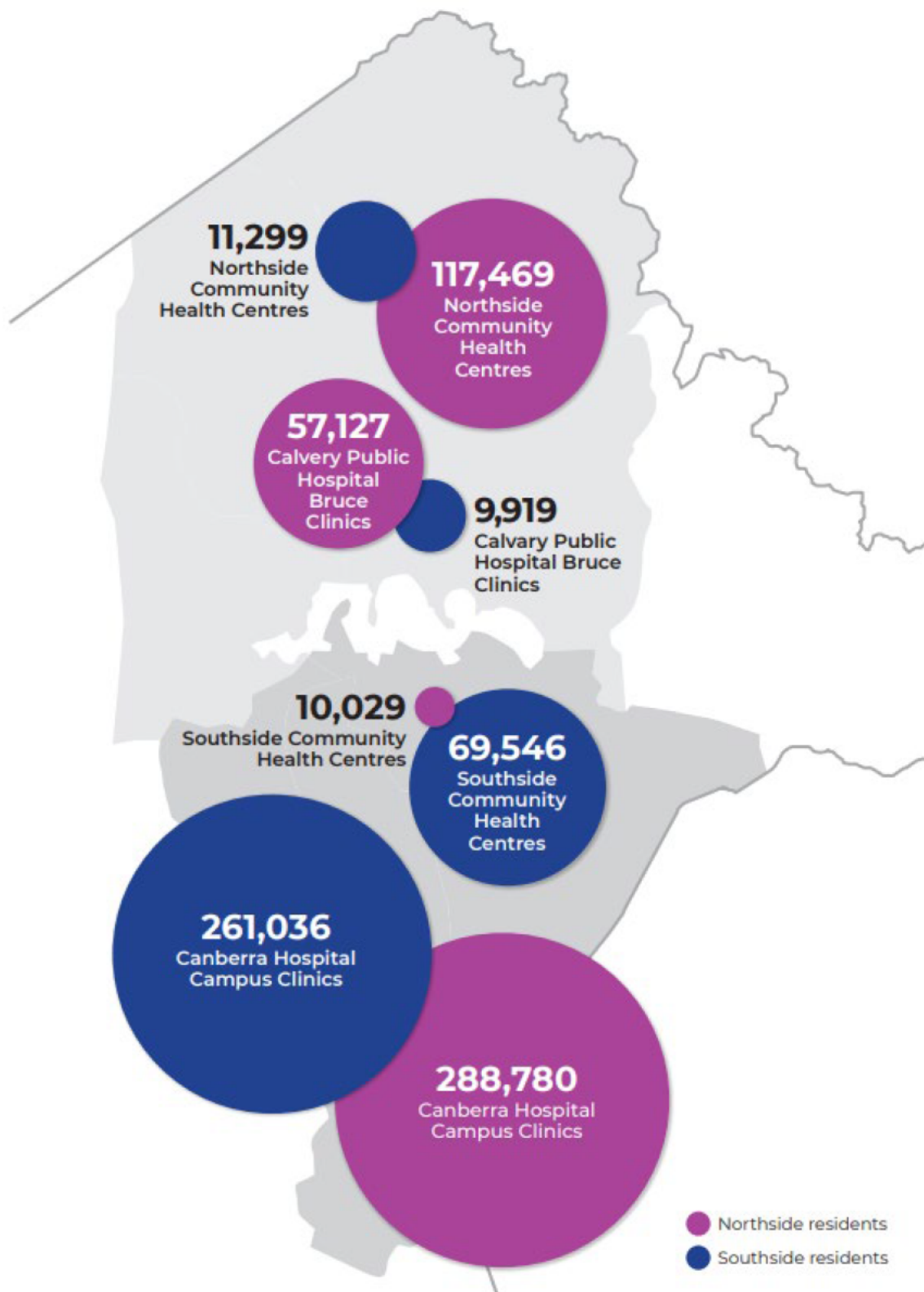
HITH is, on average, cost effective when compared to equivalent care delivered in the hospital setting. The ACT Health Directorate has found that, in 2020-21, when compared to in-hospital treatment, care for HITH patients cost less.<sup>16</sup> HITH can also lead to improved patient satisfaction, and the HITH teams anecdotally report that many families and carers provide positive feedback.

There is the potential to strengthen the provision of Hospital in the Home services over time. Clinicians and managers also recommended a renewal of work on a networked HITH service across the ACT, assisted by the roll-out of the digital health record.

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<sup>16</sup> Deloitte, ACT HITH Costing Study, March 2022

Number of Visits by Residents by Location



Source: ACT Health Activity Data

## 4.2 Transitions of Care

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

A transition of care is the process of one healthcare provider handing over care to another healthcare provider. An example would be a patient in a mental health inpatient unit being transferred to the appropriate community recovery service located at their local community health centre once they were discharged from the hospital.

To deliver effective transitions of care, northside planning will need to outline effective networking arrangements between Canberra Hospital and the northside hospital and between the northside hospital and the community sector and other services people need to access in the community.

In particular, acute mental health services will need to expand on the northside of Canberra to respond to strong growth in demand on the northside as well as strong overall growth across the Territory. This will need to be done with effective networking arrangements between Canberra Hospital and the northside hospital and between the northside hospital and the community sector.

There is also important transition of care actions across cancer care and care for children and young people. Virtual care will enable transitions of care through embedding virtual technology in models of care and clinical networking.

The expected outcomes of delivering these actions are:

- improved health outcomes and access to care for Northside residents
- easier navigation through the service system for patients, families, and service providers
- addressing the issue of patients 'falling through the gaps' as they move between services and care settings
- care provided closer to home



## Service Areas and Actions

2. Transitions of Care	
2.1. <i>Mental Health</i>	[ACTHSP] Identify opportunities to improve integration between inpatient and specialist community mental health services.
	[ACTHSP] Identify opportunities to engage mental health intensive case management in the community and subacute services to ensure the right care is being provided at the right time.
	[ACTHSP] Improve support of patients frequently presenting to Canberra Hospital and Calvary Public Hospital Bruce through intensive case management.
	[ACTHSP] Improve health outcome and strengthen access to mental health services in the Territory through: <ul style="list-style-type: none"> <li>○ review of the Territory-wide governance of mental health services review of existing subacute mental health service arrangements in ACT Government provided and funded services</li> <li>○ expanded access to mental health services with a focus on:               <ul style="list-style-type: none"> <li>● ensuring appropriate clinical capacity and capability</li> <li>● appropriate geographical distribution of services across the ACT</li> </ul> </li> </ul>
	[ACTHSP] Development of a care coordination model of care to support expanded service capacity and scope
2.2. <i>Mental health and older persons services</i>	[ACTHSP] Undertake analysis of service gaps between geriatric and psychogeriatric services.
	[ACTHSP] Develop and implement an integrated model of care for people requiring mental health and geriatric services.
	[ACTHSP] Invest in improved capacity for allied health and other appropriate workforce for people requiring mental health and geriatric services.

2. Transitions of Care	
2.3. <i>Cancer Care</i>	[ACTHSP] Improve access to the right cancer care, in the right place at the right time across the cancer care continuum
2.4. <i>Virtual Care</i>	Support transitions of care by embedding virtual technology in models of care and clinical networking.
2.5. <i>Children and young people</i>	[ACTHSP] Invest in supported transition of care between paediatric and adult services for young people with long term conditions.
	<p>[ACTHSP] Investigate opportunities to integrate services for children and young people that:</p> <ul style="list-style-type: none"> <li>○ develop new models of care coordination and services</li> <li>○ support co-location of services at community-based settings</li> <li>○ partner with other ACT Government Directorates and NGO services</li> <li>○ improve access to services in the community</li> </ul>

## Transitions of Care – the Case for Change

### Assumptions

1. Calvary Public Hospital Bruce (CPHB) will continue providing appropriate multi-disciplinary treatment for patients during their acute episode of care, and transfer patients requiring specialised rehabilitation to University of Canberra Hospital.
2. The development of a virtual care strategy or policy/planning work to enable the effective development of virtual care over time.

### Transition of Care between hospitals

While some services may be increasingly offered on the northside, complex tertiary services will continue to be offered at Canberra Hospital due to the small, specialised workforce and volume of practice required to maintain safe services. However, transfers to the tertiary hospital are often delayed due to bed availability.

For example, when the University of Canberra Hospital (UCH) opened in 2018, the intention was that all specialised sub-acute rehabilitation would be provided there. However, transfer of stroke rehabilitation patients to UCH is often delayed due a lack of available beds.

Consultation with clinicians found that patients attending CPHB Emergency Department often required further follow-up care from doctors located at the Canberra Hospital which can result in patients waiting in the Emergency Department for transfer. For example, patient on an emergency order under the mental health ACT.

Clinicians report the oncology rapid assessment model at the Canberra Hospital is an excellent model supporting both Emergency Department diversion and timely access to specialised care.

### *Duplication of diagnosis and treatment planning*

Consultation with clinicians found that patients can be transferred to the Canberra Hospital because of limitations in some of the Level 4 hospital services being available at CPHB. Sometimes diagnostic tests, assessments and care planning that were performed are duplicated on admission following the transfer from one hospital to another. The implementation of the DHR is expected to address these issues.

### Using Virtual Care to improve access to health services closer to home

Consultation with clinicians found that COVID care@home worked well and there are more opportunities to expand on virtual care models. Clinicians discussed virtual triage and telehealth particularly with Southern New South Wales Lower Health District (SNSWLHD) patients where they could be assessed and continue to receive treatment closer to home. This would reduce the need to travel.

### 4.3 The ACT's role as a local, Territory and regional service provider

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

With regard to this service direction this plan focuses on:

- Responding to Territory wide demand by expanding elective short-day surgery and procedural services in the northside hospital to establish the service as the elective surgery and procedural facility
- Planning for the expansion of maternity services, mental health services and cancer services
- Providing an expanded emergency department on the northside of Canberra

The ACT Health Services Plan also includes a commitment to establish a Centre of Excellence for the care of older Canberrans. The Northside CSP will carry this action forward and planning will reflect an intent for the Centre to support better care for older persons across the Territory, not just the northside.

Through the identified actions the system will be better prepared to deliver care close to home in a safe and sustainable way, as well as improve consistency between services. The actions outlined below will also maximise the efficient use of health resources to meet the needs of the community.

## Service Areas and Actions

3. The ACT's roles as a local, Territory and regional service provider	
<i>3.1. Surgical</i>	<p>Expand elective short-day surgery and procedural services in the northside hospital to establish the service as the elective surgery and procedural facility, with a focus on efficient, high volume, low acuity, short stay procedures such as:</p> <ul style="list-style-type: none"> <li>○ endoscopy</li> <li>○ plastics</li> <li>○ ophthalmology (lens procedures)</li> <li>○ pain management</li> <li>○ gynaecology</li> <li>○ urology</li> <li>○ general surgery and medicine</li> </ul>
<i>3.2. Northside Hospital</i>	[ACTHSP] Develop and progress planning for the new northside hospital.
	○ Implement the northside hospital clinical services plan in line with infrastructure planning.
	[ACTHSP] Plan for future development of services in the northern regions of the ACT including:
	<ul style="list-style-type: none"> <li>○ maternity services</li> <li>○ mental health services</li> <li>○ cancer services</li> <li>○ surgical and procedural services</li> </ul>
	Expand the medical infusion service to provide a broader range of same day infusions.
	[ACTHSP] Plan for an expanded emergency department on the northside of the ACT as part of the northside hospital project.
<i>3.3. Older people</i>	Expand the Older persons mental health unit on the northside to meet demand and continue to provide Territory wide service.

**3. The ACT's roles as a local, Territory and regional service provider**

[ACTHSP] Establish a Centre of Excellence for Care of Older Canberrans on the northside including exploring opportunities for conjoint appointments to progress research.

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## The ACT's role as a local, Territory and regional service provider – the Case for Change

### Assumptions

1. Health services on the northside will continue to consider the needs and demand from Southern New South Wales Local Health District (SNSWLHD) residents into the future.
2. There are a range of complex tertiary services that are centred at the Canberra Hospital that are not expected to be duplicated into the future. This includes services such as radiation oncology, maternal fetal medicine, paediatric medicine and surgery, neonatal intensive care, complex maternity and transplants.
3. Further work into specialised workforce availability and capacity to provide services to both hospitals will be undertaken when considering any changes to service models.
4. The current ACT and NSW ambulance matrix will continue. This diverts cases to the right Emergency Department. For example: trauma, fractured neck or femur, acute neurosurgery, sexual and domestic assault and vascular injuries to the neck are transported to the Canberra Hospital.
5. Data trends from 2018-19 have been used in some analysis to reduce the effects of COVID-19 on the Needs Analysis.

### Access to medical consultation clinics

The Needs Analysis found that northside residents are travelling to the Canberra Hospital for a wide range of medical consultations but had equitable access to allied health and nursing led clinics on the northside. The highest need for medical consultations is presented in Table 5.

Table 5: Medical Consultation – Non-Admitted Patient Occasion of Service, Northside Residents, 2018-19

Tier 2 Clinic	CHS	CPHB
Orthopaedics	9,098	61
Ophthalmology	4,536	
Medical Oncology (Consultation)	4,523	2,202*
Endocrinology	3,190	959
Plastic and Reconstructive Surgery	3,142	249
Haematology	2,858	511
Cardiology	1,722	658
Immunology	1,690	
Hepatobiliary	1,680	
Nephrology	1,581	
Respiratory	1,443	105
Gastroenterology	1,317	

Tier 2 Clinic	CHS	CPHB
Gynaecology	1,264	682
Urology	1,248	110
Ear, Nose and Throat (ENT)	1,058	112

Source: ACT Health Activity Data

N.B. \* shifted to CHS

Excludes: Tier 2 clinics that will remain on CHS, Tier 2 Clinic Groups of Allied Health and Nursing

### Services to SNSWLHD Residents

The Northside CSP takes into account demand from Southern NSW Local Health District (SNSWLHD) residents accessing hospital services in the ACT and assumes they will continue to access services on the northside. There is the potential for SNSWLHD to provide additional capacity in their region in the future.

SNSWLHD are planning additional same day services targeting services such as endoscopy, gynaecology, ENT, urology, general surgery and orthopaedics which will move some of this activity back to SNSWLHD. Demand would be reduced by two same day beds if SNSWLHD patients receive these services in SNSWLHD. However overnight bed capacity will essentially remain the same until the capability of SNSWLHD facilities is increased, which is planned in the longer term.



## 4.4 Strengthening core ACT Government-funded clinical support services

The ACT Government has made significant investments in new and expanded services in the ACT continuing to deliver a world-class public health system. To ensure the health system continues to meet the growing and increasingly complex healthcare needs of Canberrans, the system will require continued investment in a multi-disciplinary workforce that supports the best outcomes and reduces inpatient admissions and lengths of stay is crucial for the health outcomes and the sustainability of the ACT public health system.

The Northside CSP focuses on:

- establishing medical imaging services at UCH and identifying opportunities to improve access to community based medical imaging services
- planning for the future workforce requirements on the northside through training as well as investigating the potential for allied health and nursing staff to extend their scope of practice

Planning for new and expanded services on the northside will reflect an emphasis on the required support services such as pathology and pharmacy.

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

## Service Areas and Actions

4. Strengthening core ACT Government-funded clinical support services	
4.1. <i>University of Canberra Hospital</i>	[ACTHSP] Review current and proposed future service arrangements at UCH to determine the required capacity and capability of pharmacy, pathology and imaging services.
4.2. <i>Medical Imaging Services</i>	[ACTHSP] Establish medical imaging services at the University of Canberra Hospital.
	[ACTHSP] Identify opportunities to improve access to community-based medical imaging services.
4.3. <i>Workforce</i>	[ACTHSP] Develop service level agreements to facilitate access to training to improve links between CPHB, NGO providers and CHS training and education packages.
	[ACTHSP] Review existing training packages provided by non-government organisation providers for CPHB and CHS workers.
	Explore all potential workforce models to support sustainability, capacity and capability of services with a focus on integrated care. This includes workforce substitution models; improve access to allied health on a 24/7 basis for selected services. Support nursing staff and allied health to expand their scope of practice.
4.4. <i>Pathology</i>	[ACTHSP] Ensure planning and implementation of new and expanded services includes consideration of pathology service impacts.
4.5. <i>Pharmacy</i>	[ACTHSP] Ensure planning and implementation of new and expanded services includes consideration of pharmacy service impacts

## Strengthening core ACT Government-funded clinical support services – the Case for Change

### Assumptions

1. The ACT Workforce Strategy will guide how to develop and support a growing healthcare workforce required for the Northside of Canberra.

### Workforce issues

While the workforce strategy will guide the overall strategy for the Territory, consultation with clinicians and senior workforce leaders in ACT Health for medicine, allied health and nursing have raised specific workforce issues and opportunities that are relevant to northside planning.

#### Issues

- Splitting the workforce to provide services has risks and there are risks with on-call in two places.
- There are inefficiencies with clinicians working north and southside:
  - CPHB don't run public outpatient clinics resulting in Canberra Hospital picking up demand.
  - booking for outpatient care is triaged based on clinical need, rather than postcode.
  - for general surgery, patients get admitted at CPHB, but management is delayed because they might need to be transferred to Canberra Hospital. This needs to be supported by a Territory-wide sub-speciality to transfer patients and manage the other things needed to wrap around the patient.

The ACT overall is low on GPs and has one of the lowest per capita rates of GPs in Australia, which puts pressure on primary care services, as well as services in community facilities and 'in hospital.' To deal with this challenge the ACT needs alternative thinking on workforce models as well as embedded liaison models. Workforce leaders valued Primary Health Care Liaison models to improve liaison with GPs, define clear referral pathways and increase two-way communication regarding referral issues and summaries. To further improve services on the northside, further consultation with GPs is recommended, to identify GP priorities such as step up/step down models of care and improving existing models and services rather than new models.

### Opportunities

Extension of scope of practice in the ACT as a potential solution, with nurses and allied health supporting primary care services and GPs during shortages. In other states there are extended practice roles for:

- Podiatrists – potential for ordering microbiology within the public system for example wound swabs, fungal spores.
- Speech pathologists – potential to undertake Video-Fluoroscopy and interpret results, and Fiberoptic Endoscopic Evaluation for Swallowing<sup>17</sup> (FEES) model used at the University of Canberra Hospital (UCH) into northside if appropriate.
- Radiographers - potential to interpret less-complex X-Rays with escalation processes to radiologists.
- Dietitians – potential for advising on Blood Glucose Levels (BGLs), adjusting insulin, prescribing supplements and pre-operative work-ups, ordering microbiology within the public health system; and working as diabetes educators on completion of post graduate study.

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<sup>17</sup> [Information Sheet - Fiberoptic Endoscopic Evaluation of Swallowing \(FEES\) \(health.qld.gov.au\)](http://health.qld.gov.au)

- Occupational therapy – potential for administering Botox to reduce muscle spasticity, and further specialisation in mental health.
- Physiotherapy – potential expansion of continence models into community facilities, appropriate prescribing of medication and requesting medical imaging within the public health system, and intra-articular injections (align the Canberra Hospital extended scope role in the Northside Hospital).
- Pharmacy technicians – potential for checking scripts to release pharmacist for client interaction.
- Pharmacists – potential for an increased role in patient care and medication planning on ward.
- Registered nurses – potential to provide primary care and nurse-led and nurse-initiated models of care.
- Nurse practitioners – potential for roles in paediatrics, aged care, chronic care management and hospital in the home services.
- Exercise physiologists – potential for delivering chronic disease programs and involvement in pre-surgical intervention to improve recovery.
- Allied health assistants – potential for assistants generally in occupational therapy, physiotherapy, social work and nutrition.
- There is a workforce shortage of anaesthetists and many are involved in sedation. Sedationists might be a future opportunity

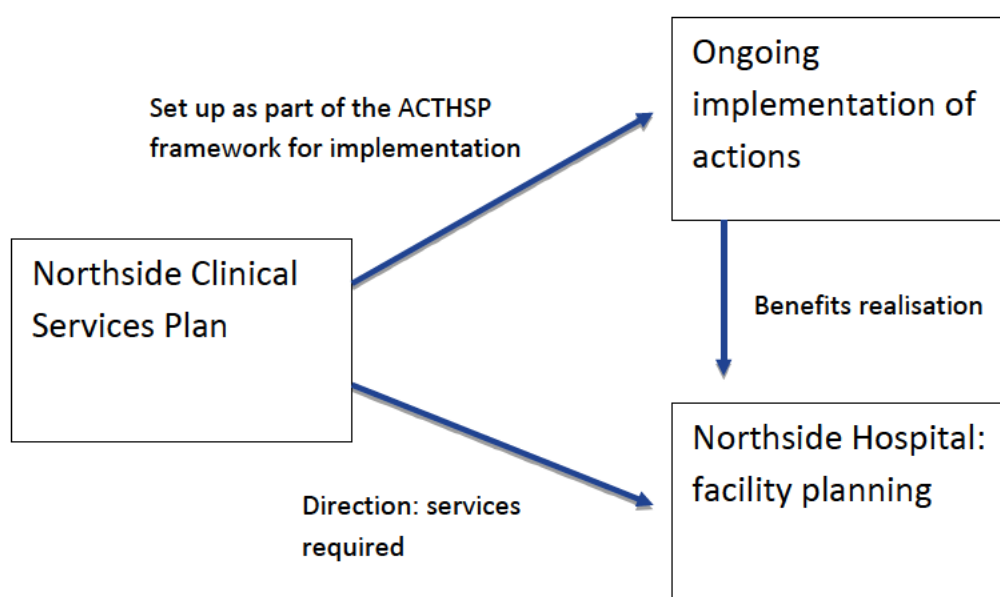
#### Medical Imaging Services

The Northside CSP aims to meet the demand for more services on the northside of Canberra and provide care closer to home. The increase in specialist services on the northside will require more medical imaging services.

## 5. Making it Happen – Implementation

The Northside CSP sits below and has a strong alignment with the ACT HSP, both in taking the Territory-wide actions forward in a northside planning context and seeking to achieve the same priority service directions and outcomes. The actions in the Northside CSP will be implemented as part of the broader framework for implementing the ACT HSP.

The Northside CSP also has a key relationship with facility planning for the northside hospital. In particular, the Northside CSP outlines the expected future activity for the northside hospital which will inform how large the future hospital will be and the services it will provide in the future.



### *Monitoring and Review*

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

The ACT HSP includes a commitment to publicly report on progress every two years – in 2024, 2026, 2028 and 2030. Implementation of the Northside CSP will form part of this overall framework with progress on the Northside CSP being reported as an element of the ACT HSP.

### *Evaluation*

The Northside CSP is seeking to achieve the same outcomes described in the ACT Health Services Plan. Accordingly, evaluation of the Northside CSP will be undertaken as part of the overall framework and will form part of the public reporting.

This Northside CSP is intended to complement the priorities for preventive and population health identified in 'Healthy Canberra: The ACT Preventive Health Plan 2020–2025', which focuses on programs and

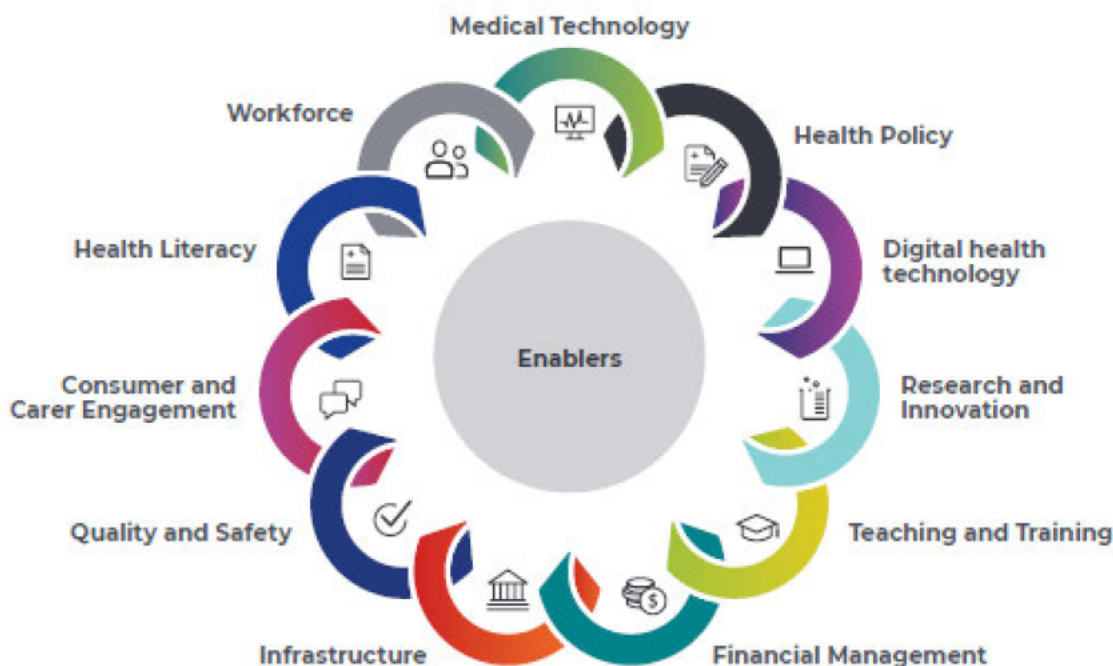
strategies to prevent chronic conditions by addressing risky behaviours, increasing healthy eating and active living and recognises the impact of social determinants on health outcomes.

The Northside CSP aims to support the ACT Wellbeing Framework. Of the twelve domains identified in the Wellbeing Framework, the Plan supports the domains of access and connectivity, health and social connection. These domains are vitally important as they reinforce the community's need to have good physical and mental health and to be able to connect and access services when people need them. Data from the ACT wellbeing indicators will be utilised to inform implementation and monitor progress, ensuring health service delivery continues to achieve optimal results across the continuum of care.

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## 5.1 Enablers

The key enablers for service development in the ACT HSP (2022-2030) are equally relevant for the NCSP.



During development and consultation of the NCSP, the below enablers were highlighted:

### *Workforce*

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

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

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

- Support the development of further data analytics within the ACT to understand the dynamics of the territory-wide health workforce and allow robust analysis and planning of future workforce and service needs.

#### *Digital Health Technology – Virtual Care*

The ACT will develop a virtual care strategy to support the expansion of virtual care services, ensuring they safely connect patients with health professionals to deliver care when and where it is needed. It complements the face-to-face care.

Virtual care, as a way of delivering care, is growing nationally and internationally. In NSW, virtual care can be delivered in different ways, including:

- **telephone** – an audio connection between two or more people
- **video conference** – video connection of two or more people allowing all participants to speak to each other, see each other and in some cases exchange data simultaneously
- **remote monitoring** – using technology to collect and send medical data to an app, device or service
- **store and forward** – where a patient allows clinical information to be collected and sent electronically to another person or site for evaluation or management.

There are examples of where this occurs in the ACT however there is opportunity to expand further and consider targets for virtual care services, for example 30 per cent of outpatient services could be provided through virtual care models.

There are multiple benefits for patients using virtual care. Patients can receive more appropriate care in a timely fashion closer to home. It supports patients and families (NSW Health) to:

- receive care closer to home
- have increased convenience and choice
- have reduced travel time and cost
- have more equitable and timely access to services to improve continuity of care
- have access to specialist services otherwise not available in their area.
- have ability to connect with their loved ones through technology.

Healthcare professionals have been using technology to deliver care to patients for decades. Now, with advances in technology, the support for health professionals and benefits for patients and the health system are even greater.

Virtual care supports healthcare professionals (NSW's Health) by:

- improving access to specialist services and support
- improving clinical networks and professional collaboration
- facilitating flexible service delivery models and multidisciplinary care.



## Attachment A

## Draft Northside General Hospital Role Delineation

Service Area	Northside 2021	Northside 2031	Canberra Hospital 2031	University Canberra Hospital 2031
<b>Core Services</b>				
Anaesthetics and Recovery	4	4	6	NPS
Operating Suite	4	4	6	NPS
Intensive Care Unit	4	4	6	NPS
Nuclear Medicine	4	4	6	NPS
Radiology and Interventional Radiology	5	5	6	3
Pathology	5	5	6	3
Pharmacy	5	5	6	4
<b>Emergency Medicine</b>				
Emergency Department	4	4	6	NPS
<b>Medicine</b>				
Acute Stroke Services	4	4	6	NPS
Cardiology	4	4	6	NPS
Dermatology	3	3	5	NPS
Drug and Alcohol Services	1	1	5	NPS
Endocrinology	3	4	6	NPS
Gastroenterology	4	4	6	NPS
General and Acute medical	4	4	6	NPS
Geriatric medicine	4	4	6	5
Haematology	3	4	6	NPS
Immunology	4	4	6	NPS

Infectious diseases	5	5	6	2
Neurology	4	4	6	NPS
Oncology – medical	NPS	3	6	NPS
Palliative care	2 (CHH 6)	2	5	NPS
Rehabilitation Medicine	2	2	2	6
Renal Medicine	2	3	6	NPS
Respiratory and Sleep Medicine	3	4	6	NPS
Rheumatology	2	2	5	NPS
Sexual Assault Services	1	1	4	NPS
<b>Surgery</b>				
Burns	NPS	2	4	NPS
ENT Surgery	4	4	6	NPS
General Surgery	4	4	6	NPS
Gynecology	4	4	6	NPS
Ophthalmology	3	3	5	NPS
Orthopaedic Surgery	4	4	6	NPS
Plastic Surgery	4	4	5	NPS
Urology	4	4	6	NPS
Vascular Surgery	4	4	6	NPS
<b>Child and Family Health Services</b>				
Maternity	5	5	6	NPS
Neonatal	3	3	5	NPS
Paediatric	2	2	5	NPS
Surgery for children	2	3	4	NPS

<b>Mental Health</b>				
Adult Mental Health	2	4	5	2
Older Persons Mental Health	4	4	4	NPS

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## Attachment C

### Health Policy Analysis Forecasting Methodology

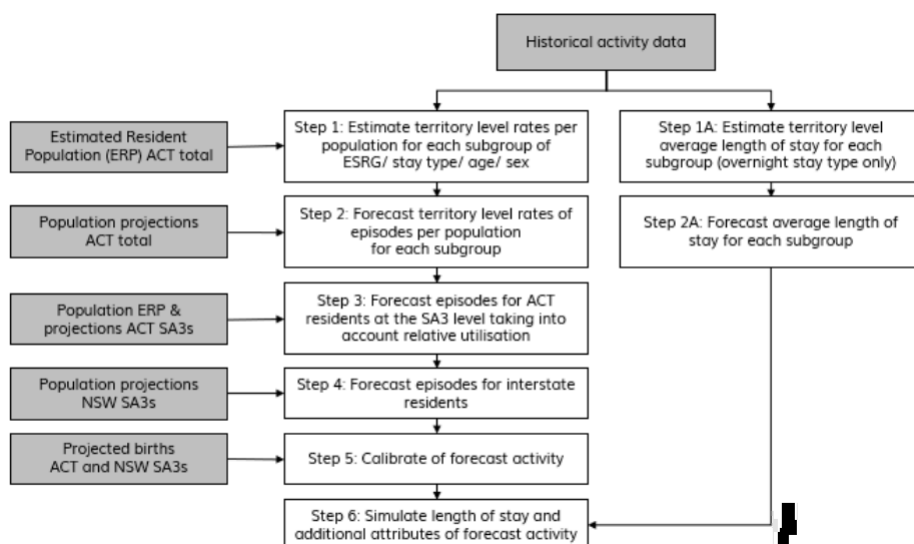
Forecasting health services activity underpins effective health services planning. The ACT Health Directorate uses a forecasting model built by Health Policy Analysis and customised for the ACT. The forecasting model starts by taking patient data and establishing how different demographic groups utilise services. The model then determines how utilisation trends may be expected to change over time.

While there can be a high level of variability from year to year, the modelling draws upon historical data to establish a long term expectation. To do this, the model draws upon ten years of historical patient data, from 2010-11 to 2020-21 however HPA mental health forecasting is limited to 2015-16 to 2020-21 (5 years) of historical data.

The age groups are set at a relatively small number: 0-4; 5-16; 17-44; 45-69; 70-84; and 85+. These age groups capture the main transition points for a persons health journey through life. Smaller age groups can be simulated however the forecasting methodology of utilisation is more effective where it can draw upon reasonable population sizes.

In parallel the model sets assumptions for average length of stay. The utilisation rates and average length of stay are then applied to demographic forecasts at the district level to establish district level forecasts of demand. As a final step, the demand is distributed to public and private hospitals based on existing trends. The overall methodology is provided in the figure below.

- The NSW demographic forecast is sourced from the NSW Department of Planning and Environment.



## Attachment D

### **ACT Mental Health Forecasting as at February 2023**

Residents of Canberra report mental health as the most common long-term condition across the Territory. Over the last six years, multi-day psychiatry separations at Canberra Hospital and Calvary Public Hospital Bruce have increased by 60 per cent – from 1,637 separations in 2014-15 to 2,613 separations in 2020-21. At the same time, mental health related emergency department presentations have increased by 47 per cent – from 4,653 presentations in 2014-15 to 6,846 presentations in 2020-21.

The Directorate has engaged a company called Health Policy Analysis for long term activity forecasting and has recently provided updated forecasts. This has included forecasting for admitted mental health patients and covers from 2020-21 to 2040-41.

#### **Total ACT psychiatry multiday separations, 2014-15 to 2040-41**

	Actual			Forecast	
	2014-15	2017-18	2020-21	2030-31	2040-41
Separations	1,637	2,556	2,613	4,231	4,912

Source: Health Policy Analysis 2015-2021

### Planning for acute mental health services

The planning team within the Directorate are working on a draft Northside Clinical Services Plan to provide direction for the northside hospital. The context for the Plan is the demographic growth on the northside of Canberra where we expect there will be an additional 51,000 people in the districts of Belconnen, Gungahlin, North Canberra and Molonglo by 2030.

The Northside Hospital is planned to have capacity for mental health beds with all mental health areas to be Approved under the Mental Health Act including the emergency department (ED). The planning team is working with the Office of Mental Health and Wellbeing, Chief Psychiatrist and MHJHADS to explore more community based options for mental health services and to test future bed demand projections against the more system focussed National Mental Health Service Planning Framework (NMHSPF), in the ACT context.

- The NMHSPF is an evidence based tool built by the Commonwealth to plan, coordinate and resource mental health services to meet population-based benchmarks.
- The NMHSPF forecasts 139 acute mental health beds in the ACT by 2030-31 with 138 sub-acute and non-acute hospital and community based mental health staffed beds.
- The ACT currently has 52 sub-acute/non-acute hospital and community based mental health staffed beds.

Benchmarking indicates the ACT requires more places for people requiring mental health care in community residential settings to complement hospital and other community services. Providing more high support community residential beds (including 24 hours mental health support) would enable provision of more care in the community and different levels of care across the whole mental health care continuum. It is estimated that there will be a requirement for at least 100 additional community residential places by the mid-2030s in a variety of residential configurations. Community

residential beds are likely to substitute acute mental health beds however the impact is difficult to quantify.

The North Canberra hospital will commence construction in the mid-2020s and will be built by around 2030. During the seven-year time frame of the Northside CSP, and prior to the opening of the northside hospital, the gaps identified for mental health beds include acute mental health youth beds and community-based rehabilitation residential beds for people with chronic mental health conditions requiring recovery orientated treatment and rehabilitation over 12 months or more however this does not yet consider the impact of recent budget announcements for mental health initiatives.

The HPA territory wide forecasting for the acute hospitals provides the following occupied bed days and bed forecasts by age and separations by place of residents. It is however important to note that the impact of the 52-bed private mental health facility in Deakin has not been modelled. Key variables that will need to be determined include:

- the extent to which demand will shift from the public sector, including on the northside, to the Deakin facility (and the impacts between Canberra Hospital and the northside hospital); and
- the extent to which increased investment in the community sector as well as improved case management of frequent presenters could reduce acute admissions.

#### Territory wide forecasting - CHS Total Length of Stay

Age / Year	Hospital total length of stay			Acute Beds		
	2022	2031	2041	2022	2031	2041
Under 17 years	1,280	1,938	2,013	5	7	8
18-64 years	37,791	52,370	70,421	116	161	215
65+ years	6,269	8,983	14,196	20	27	44
<b>Total</b>	<b>45,340</b>	<b>63,291</b>	<b>86,630</b>	<b>141</b>	<b>195</b>	<b>267</b>

Source: Health Policy Analysis 2015-2021

Mental health separations by place of residence 2014-15 to 2040-41									
	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2030-31	2040-41
ACT North	1,813	2,222	2,589	2,621	2,710	3,022	3,225	5,170	6,612
ACT South	1,477	1,725	1,847	1,884	1,925	1,992	2,131	2,647	2,747
SNSW	338	361	432	455	487	571	643	808	902
Other or Unknown	297	360	437	395	443	419	552	716	781
<b>Total</b>	<b>3,925</b>	<b>4,668</b>	<b>5,305</b>	<b>5,355</b>	<b>5,565</b>	<b>6,004</b>	<b>6,551</b>	<b>9,341</b>	<b>11,042</b>

Source: Health Policy Analysis (includes same day and multiday) 2015-2021

## National Mental Health Services Planning Framework

The National Mental Health Service Planning Framework provides Territory wide bed forecasts by care type, categorised by age, for the ACT Government Funded Services which are provided in the table below.

ACT Projected Demand for State Funded Bed Based Services						
		Year	2021-22	2021-22	2026-27	2030-31
Bed Type	Service Element		2021-22 Current	Forecast (ACT Govt funded)	Forecast (ACT Govt funded)	Forecast (ACT Govt funded)
<b>Acute</b>	Acute - Child (0-11 years) (Hospital)		Nil	0	0	0
	Acute Youth (12-17 years)		Nil	8	9	9
	Acute - Youth (12-24 years) (Hospital)		Nil	23	25	27
	Acute - Adult (25-64 years) (Hospital)		59	60	64	68
	Acute - Older Adult (65+ years) (Hospital)		15	9	10	11
	Acute - Older Adult (65+ years BPSD) (Hospital)		Nil	3	3	3
	Acute - Perinatal and Infant Mental Health (Hospital)		Nil	4	5	5
	Acute - Intensive Care Service (Hospital)		18	17	19	20
	<b>Total</b>		<b>92</b>	<b>120</b>	<b>131</b>	<b>139</b>
<b>Sub-Acute</b>	Step Up/Step Down - Youth (12-17 years) (Residential)		5	0	0	1
	Step Up/Step Down - Adult and Older Adult (18+ years) (Residential)		17	7	8	8
	Sub-Acute Rehabilitation - Adult and Older Adult (18 years) (Residential)		30	14	15	16
	Sub-Acute - Intensive Care Service (Hospital)		nil	2	2	3
	Sub-Acute - Older Adult (65+ years) (Hospital)		nil	8	10	10
	<b>Total</b>		<b>52</b>	<b>32</b>	<b>36</b>	<b>38</b>
<b>Non-Acute</b>	Non-Acute - Adult and Older Adult (18+ years) (Residential)		16	52	56	60
	Non-Acute - Older Adult (65+ years) (Hospital/Nursing Home Based)		Nil	19	23	25
	Non-Acute - Intensive Care Service (Hospital)		Nil	11	12	13
	Non-Acute - Intensive Care - Older Adult (65+ years) (Hospital)		Nil	2	2	2
	<b>Total</b>		<b>16</b>	<b>85</b>	<b>93</b>	<b>100</b>
<b>Total</b>		<b>160</b>	<b>237</b>	<b>260</b>	<b>277</b>	

\* Note: Eating disorder beds have been removed from the above numbers

Source: National Mental Health Service Planning Framework (2022)

## AIHW Territory wide Bed Benchmarking

The AIHW reporting provides a State-by-State comparison and national average of mental health beds.

### Public sector specialised mental health hospital beds per 100,000 population, by program type, and 24-hour-staffed residential mental health service beds per 100,000 population, states and territories, 2020–21

- There were 23.0 beds per 100,000 population in acute hospital services in the Australian Capital Territory (national average was 20.8 beds)
- There were 5.3 beds per 100,000 population in non-acute hospital services in the Australian Capital Territory (national average 6.9 beds)
- There were 4.9 beds per 100,000 population in 24-hour staffed residential services in the Australian Capital Territory (national average 7.8 beds)<sup>i</sup>

## Public sector specialised mental health hospital beds, by target population, states and territories, 2020–21

In 2020-21, the number of mental health beds available in the ACT were:

- There were 29.6 Specialised mental health beds per 100,000 population in the ACT (national average 32.5 beds)
- There were nil Youth beds per 100,000 population in the ACT (national average 2.8 beds)
- There were nil Child and adolescent beds per 100,000 population in the ACT (national average 5.7 beds)
- There were 33.6 Older persons mental health beds per 100,000 population in the ACT (national average 20.9 beds). *Due to the classification of inpatient beds as either co-located or stand alone, psychogeriatric beds co-located with nursing homes are reported as stand alone. As a result, these beds are reported as psychiatric hospital beds in this report.*

## Mental health presentations to the Emergency Departments

The HPA territory wide forecasting for the emergency department provides the following presentations.

ED mental health related presentations by hospital 2014-15 to 2040-41									
	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2030-31	2040-41
Alcohol and drug related mental and behavioural disorders	475	544	552	506	486	528	532	827	1,069
Mental, behavioural and neurodevelopment disorders, other	994	1,124	1,149	1,058	1,111	1,047	1,304	1,935	2,336
Psychoses	73	84	106	138	100	93	111	175	239
<i>Calvary Public</i>	<i>1,542</i>	<i>1,752</i>	<i>1,807</i>	<i>1,702</i>	<i>1,697</i>	<i>1,668</i>	<i>1,947</i>	<i>2,937</i>	<i>3,644</i>
Alcohol and drug related mental and behavioural disorders	449	475	455	396	486	686	716	960	1,149
Mental, behavioural and neurodevelopment disorders, other	1,977	2,067	2,406	2,407	3,240	3,275	3,398	5,070	6,075
Psychoses	685	711	756	798	821	895	785	1,260	1,673
<i>The Canberra Hospital</i>	<i>3,111</i>	<i>3,253</i>	<i>3,617</i>	<i>3,601</i>	<i>4,547</i>	<i>4,856</i>	<i>4,899</i>	<i>7,290</i>	<i>8,897</i>
<b>Total</b>	<b>4,653</b>	<b>5,005</b>	<b>5,424</b>	<b>5,303</b>	<b>6,244</b>	<b>6,524</b>	<b>6,846</b>	<b>10,227</b>	<b>12,541</b>

Source: Health Policy Analysis 2015-2021

In the ACT, there is concern about the time mental health patients currently spend in the Emergency Departments waiting for care as patients with acute mental and behavioural conditions experience disproportionately long waits for inpatient mental health care. Improving the flow of mental health patients through both EDs in the ACT is critical if the ACT Government is to meet the ACTs Emergency Access Target.



**Attachment E****Draft ACT Bed Configuration to inform the northside hospital project**

ACTHD planning team has benchmarked HPA's mental health forecasting data against other planning tools including the National Mental Health Services Planning Framework (NMHSPF) and the Tolkein II model. The resultant projections for beds by 2030-31 are consistent with the ACTHD forecast.

<b>Territory-wide Mental Health Hospital and Community Based Beds Forecast</b>			
	<b>Actual</b>	<b>Forecast</b>	<b>Forecast</b>
<b>Service Area</b>	<b>2021-22</b>	<b>2030-31</b>	<b>2040-41</b>
<b>Canberra Hospital Acute Care</b>			
Low Dependency Unit (LDU)	30 (AMHU) 10 (Ward 12B) 6 (MHSSU)	30 (AMHU) 10 (Ward 12B) <b>12 (MHSSU)</b>	30 (AMHU) 10 (Ward 12B) <b>12 (MHSSU)</b>
High Dependency Unit (HDU)	10	10	10
Adolescent Mental Health Inpatient Unit	0	<b>9</b>	<b>9</b>
Hospital in the Home (HITH)	TBC	TBC	TBC
<b>Total Canberra Hospital Acute Mental Health</b>	<b>56</b>	<b>71</b>	<b>71</b>
<b>North Canberra Hospital Acute Care</b>			
Low Dependency Unit (LDU)	21	<b>38</b>	<b>38</b>
High Dependency Unit (HDU)	0	6	6
Older Persons Mental Health Unit	15	24	24
HITH	TBC	TBC	TBC
<b>Total North Canberra Hospital Acute Mental Health</b>	<b>21</b>	<b>68</b>	<b>68</b>
<b>Grand Total Territory-wide Acute Beds</b>			
	<b>77</b>	<b>139</b>	<b>139</b>
<b>Canberra Hospital sum of same-day</b>			
Neurostimulation – ECT, ITMS	1	1	1
<b>North Canberra Hospital sum of same-day</b>			
Neurostimulation – ECT, ITMS	1	1	1
<b>Grand Total Territory-wide sum of same-day</b>	<b>2</b>	<b>2</b>	<b>2</b>
<b>Community Based Mental Health</b>			

## OFFICIAL

Non acute older adult 65+ Hospital/Nursing Home	15*	20*	25*
Behavioural and Psychological Symptoms of Dementia Residential	0	3	5
Adult Mental Health Rehabilitation Unit (moving from UCH to Community)	20 (UCH)	30	36
Adult Community Mental Health Residential beds with 24-hour staffing	0	42**	48**
Step-Up, Step-Down Residential beds	6 (YSUSD)	6 (YSUSD)	6 (YSUSD)
	5 (ASUSD)	5 (ASUSD)	5 (ASUSD)
	6 (CSUSD)	6 (CSUSD)	6 (CSUSD)
	5 (STEPS)	5 (STEPS)	5 (STEPS)
Dedicated eating disorders residential	0	12	12
<b>Total Community Beds</b>	<b>57</b>	<b>129</b>	<b>148</b>

Source: Health Policy Planning, northside Hospital 2011-2021

Grand Total Territory wide acute and community beds (139 Acute) and (129 Community) were calculated from the National Mental Health Service Planning Framework 2022

\* Calculated using the National Mental Health Service Planning framework and AIHW benchmarking 2020-21. These are Territory wide bed numbers

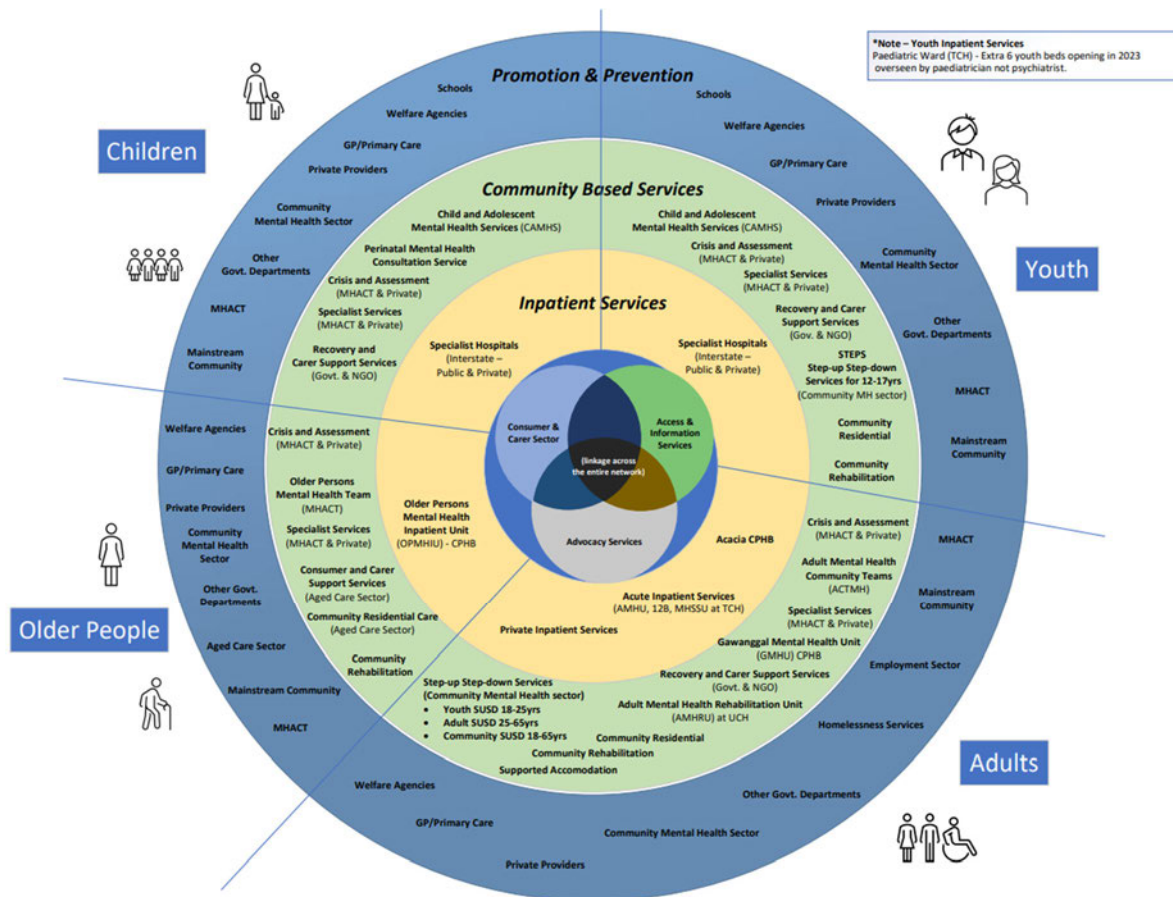
\*\*Mental Health Services in Australia, Australian Institute of Health and Welfare, benchmarked data 2020-21<sup>ii</sup> (nat av 7.8 per 100,000). Calculated on Territory wide population forecast (2021 CMTEDD).

Attachment F

Figure drawn from NMHSPF Taxonomy



Figure drawn from NMHSPF age categories with ACT mapped mental health services



<sup>i</sup> Australian Institute of Health and Welfare. Mental Health. Specialised mental health facilities. Last updated March 2023. Accessed at: [Facilities - Mental health - AIHW](#)

<sup>ii</sup> Australian Institute of Health and Welfare (2022). Mental Health Services in Australia 2019-2020. Accessed at: [Mental health Overview - Australian Institute of Health and Welfare \(aihw.gov.au\)](#)  
Updated AIHW data 20-21 came from here: [Facilities - Mental health - AIHW](#)



ACT Health Directorate

**To:** Minister for Mental Health Tracking No.: MIN2024/00106

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**CC:** Dave Peffer, Chief Executive Officer, Canberra Health Services

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**Through:** Robyn Hudson, Deputy Director-General, Policy and Transformation

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**From:** Rebecca Cross, Director-General, ACT Health Directorate

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**Subject:** Mental Health Service Development Planning Update

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**Critical Date:** 21/03/2024

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**Critical Reason:** To allow business continuity in a timely manner

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Recommendations

That you:

1. Agree to an additional 32 acute mental health beds being incorporated in the northside hospital planning to 2040-41; and

**Agreed / Not Agreed / Please Discuss**

2. Note the scenario modelling assumptions for the northside hospital includes assumptions about significant enhancements to mental health community services.

**Noted / Please Discuss**

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

Minister's Office Feedback

## Background

1. On 4 January 2024, you were briefed about mental health service planning (Attachment D). It included advice on the need to agree on the scope of acute mental health services at the northside hospital to inform infrastructure planning by April 2024. During this meeting you also outlined your priority for a stronger focus on community mental health service planning into the future.
2. You are being asked to agree to an increase of 32 acute mental health beds being factored into planning for the northside hospital to meet demand to 2040-41. Following your agreement, this will be included in a Business Case and subsequent Cabinet Submission being taken forward by Minister Stephen Smith.
3. On 4 May 2023, the northside hospital project was agreed by Cabinet, including funding of more than \$1 billion.

## Issues

4. The National Mental Health Services Planning Framework (NMHSPF) at <https://www.aihw.gov.au/nmhspf> provides a comprehensive evidence-based model of the mental health care requirements to meet population needs. The modelling captures beds needed across the entire service system, from community through to hospital: acute beds as well as beds for sub-acute and non-acute care.
5. To assist discussions, the NMHSPF definitions of acute, sub-acute and non-acute beds are provided at Attachment A.
6. The NMHSPF and definitions have been used as a guide when developing the ACT mental health hospital and community bed forecasts to 2040-41 diagram at Attachment B.
7. Planning forecasts for the northside hospital include an additional 32 acute beds at the hospital to meet demand to 2040-41. This will bring the total acute mental health beds planned at the northside hospital to 68 beds, made up of:
  - a. 38 low dependency acute adult;
  - b. 6 high dependency adult; and
  - c. 24 older persons mental health beds.
8. According to the Australian Institute of Health and Welfare, the ACT had around 23 acute beds per 100,000 population in 2020-21. The additional acute beds in the northside hospital maintains this population acute bed basis to 2040-41.
9. The models of care for mental health services at the northside hospital and further planning of community mental health beds along with mental health workforce planning will be ongoing.
10. It is acknowledged that the northside hospital planning process will not resolve the need for mental health beds across the service system and focuses only on hospital beds.

11. The increase in acute mental health beds across the service system is based on assumptions about availability of community beds/services that will provide options for care in the most appropriate setting and prevent hospital care where that is not the most appropriate treatment approach. For example, the scenario modelling for the northside hospital assumes an increase of mental health beds in the community that are not acute. Under the assumptions of the NMHSPF, this would be 52 beds made up of:
  - a. 10 non-acute bed-based services for people over the age of 65 years; and
  - b. 42 adult community mental health residential places.
12. The scenario modelling assumptions will be outlined in the business case for the northside hospital and subsequent Cabinet Submission.
13. Projecting future mental health service bed requirements is being developed concurrently with broader scoping across the hospital system. The outcome of this work will be considered by Cabinet in April 2024.
14. A whole of service system approach that considers the demand for mental health services into the future will be developed for the Mental Health Service Plan during 2024 and 2025. Research that identifies any areas where needs in the ACT differ from the assumptions underpinning the NMHSPF will be applied where available during the planning process.
15. The ACT Health Directorate is actively engaging with Treasury on proposals for investment in mental health services to be presented for consideration in the 2024-25 Budget and future financial years. These detailed discussions include the evidence base underpinning the case for additional acute mental health beds as part of northside hospital planning, how this evidence base supports the need for additional community mental health beds, and that investment in both is required to address mental health needs across the service system.
16. An updated mapping exercise to capture existing mental health beds in the ACT has been provided at [Attachment C](#).

### **Financial Implications**

17. Budget impacts will be considered through the annual budget cycle.

### **Consultation**

#### Internal

18. Catherine Loft, Executive Group Manager, Infrastructure, Communication and Engagement Division.
19. Dr Elizabeth Moore, Coordinator-General, Office for Mental Health and Wellbeing.
20. Cheryl Garrett, Executive Branch Manager, Mental Health and Suicide Prevention Division.

**Cross Directorate**

21. Katie McKenzie, Executive Director, Mental Health, Justice Health, Alcohol and Drug Services, Canberra Health Services.

**External**

22. Not applicable.

**Work Health and Safety**

23. Not applicable.

**Benefits/Sensitivities**

24. The northside hospital planning process will not resolve the need for the remaining non-hospital beds in the ACT.
25. The scenario modelling will, where possible, use evidence to inform decisions to reduce planned hospital beds in the ACT.

**Communications, media and engagement implications**

26. Not applicable.

Signatory Name: Rebecca Cross Phone: 5124 9400  
Director-General

Action Officer: Jacinta George Phone: 5124 9699  
Executive Group Manager, Health  
System Planning and Evaluation

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	National Mental Health Services Planning Framework Community bed definitions
Attachment B	ACT Mental health forecasts to 2040-41 plan graphic
Attachment C	ACT Mental Health bed mapping as at January 2024
Attachment D	Brief – Mental Health Forecasting



**ATTACHMENT A**

**[NMHSPF] Service Stream – Specialised Bed-Based Mental Health Care Services**

[NMHSPF] Specialised bed-based services include all specialist mental health services that require overnight care in a hospital or community based residential setting with the exception of Residential Crisis and Respite Services. The services are divided into three categories of **Acute, Sub-Acute and Non-Acute services** and represent a mix of specialist clinical and non-clinical staff in both hospital and community environments. **These services are usually used by individuals with severe and persistent mental illness and various levels of associated functional disability.** The average length of stay is generally shortest for acute bed-based services.<sup>1 (Pg 61)</sup>

***Note:** The service categories have not been defined separately in the technical appendices. However, based on the general definitions of acute, sub-acute and non-acute combined with the service classification by NMHSPF, the following definitions may be used:*

	<b>ACUTE BED-BASED SERVICES</b>	<b>SUB-ACUTE BED-BASED SERVICES</b>	<b>NON-ACUTE BED-BASED SERVICES</b>
<b>Description</b>	<p>Acute bed-based services aim to provide specialist psychiatric care for people with acute episodes of mental illness. Short-to medium-term 24-hour inpatient assessment and treatment services for people experiencing severe episodes of mental illness who cannot be adequately treated in a less restrictive environment.<sup>1 (Pg 63)</sup></p> <p>This care type also includes Acute Intensive Care Unit (ICU) or High Dependency Unit (HDU).</p> <ul style="list-style-type: none"> <li>- Intensive Care Units (ICU) provide higher levels of supervision and support to people with severe mental illness or mental disorder who require containment, stabilisation and engagement in a therapeutic relationship.</li> <li>- In general terms people admitted to an ICU have/experience/present with a high level of behavioural disturbance and complex symptoms such that management in a less intensive setting is not suitable.</li> </ul>	<p>Sub-acute bed-based services are an important component of a comprehensive mental health service system and may be provided in hospital or residential settings. Individuals requiring sub-acute services have complex care needs that require high levels of support from clinical services that is beyond what could be appropriately provided in the community at the individual’s place of residence.<sup>1 (Pg 69)</sup></p>	<p>Non-acute bed-based services are residential in nature. They provide accommodation and recovery orientated treatment and rehabilitation for people whose needs are associated with severe mental illness, the associated clinical symptoms, and unresolved psychosocial or functional disability.<sup>1 (Pg 83)</sup></p>

<sup>1</sup> Australian Institute of Health and Welfare; National Mental Health Services Planning Framework. Accessed in January 2024 at [nmhspf-service-element-and-activity-descriptions-v4-1.pdf.aspx \(aihw.gov.au\)](https://www.aihw.gov.au/nmhspf-service-element-and-activity-descriptions-v4-1.pdf.aspx)

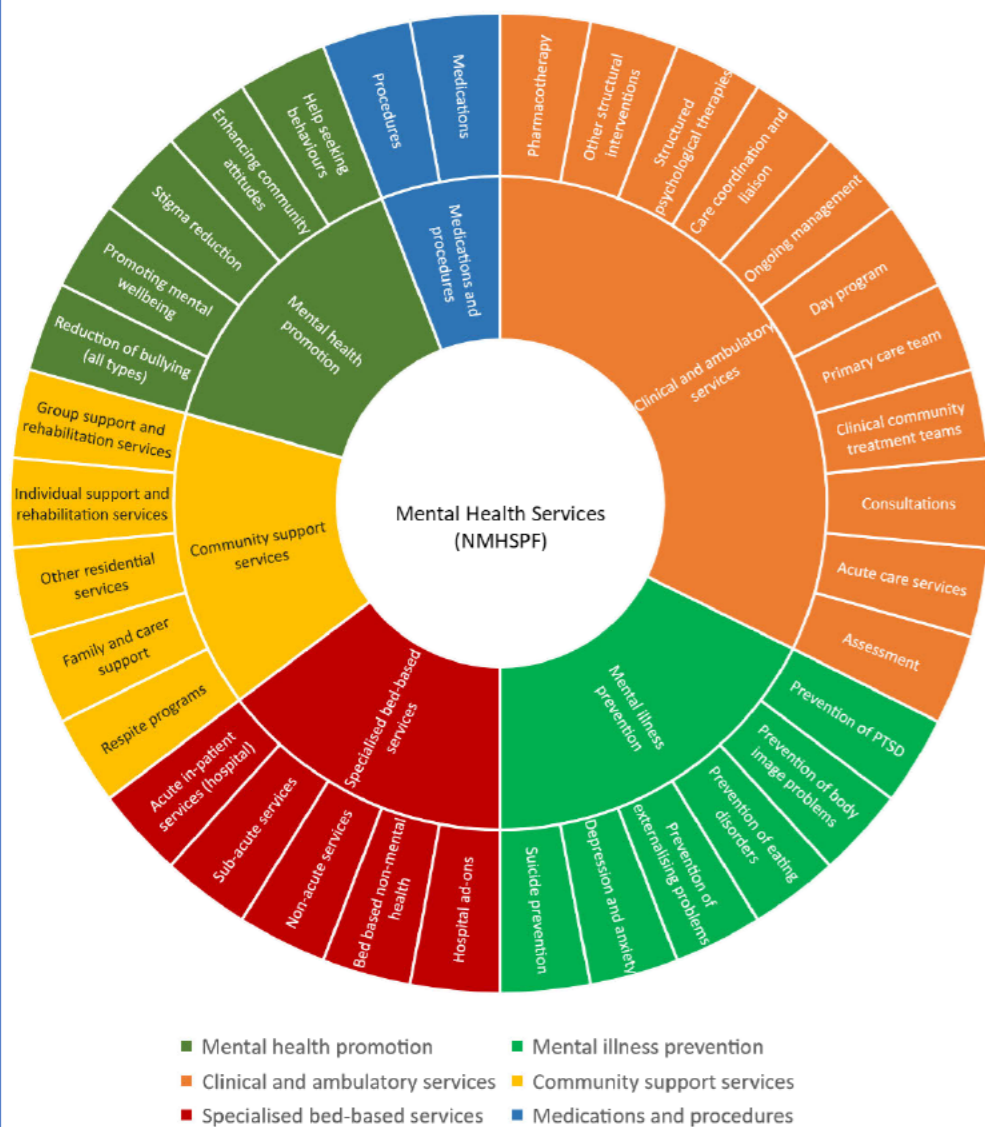
	<ul style="list-style-type: none"> <li>- An ICU is a lockable area usually within an acute mental health unit designed to provide short-term, safe, secure low stimulus care for involuntary people experiencing severe/complex behavioural disturbance.<sup>1 (Pg 65)</sup></li> </ul>		
<b>Length of stay</b>	<p>Acute Care/Low Dependency Unit (LDU)</p> <ul style="list-style-type: none"> <li>- The key characteristic of acute services is that the treatment effort is focused on decreasing acuity to a level that can be treated in less intensive environment.<sup>1 (Pg 63)</sup></li> </ul> <p>ICU/HDU</p> <ul style="list-style-type: none"> <li>- Is a time-limited form of high intensity care, offered at the height of behavioural disturbance.</li> <li>- The emphasis is on containment, management and stabilisation of the distress/disturbance with transfer to a less restrictive environment as soon as indicated and appropriate.<sup>1 (Pg 65)</sup></li> </ul>	Improvements are expected to occur in the short- to medium-term and stays are measured in weeks and months, not years. <sup>1 (Pg 69)</sup>	Differences between non-acute and sub-acute rehabilitation units are based primarily on length of stay; sub-acute unit stays are measured in weeks and months, whereas non-acute stays are typically measured in years. <sup>1 (Pg 81)</sup>
<b>Staffing</b>	<p>Acute Care/LDU</p> <ul style="list-style-type: none"> <li>- CHS provides the minimum nursing ratio of one nurse for every four patients for the morning or evening shift and one nurse for every six patients during a night shift.<sup>2</sup></li> </ul> <p>ICU/HDU</p> <p>The ICU is staffed specifically to meet the high level needs of those requiring this level of care, supervision and support. CHS provides the minimum ratio of one nurse for every two patients in a high-dependency unit/area.<sup>2</sup> Treatment in an ICU should not be confused with seclusion.<sup>1 (Pg 65)</sup></p>	<ul style="list-style-type: none"> <li>- These services are staffed 24 hours per day by multidisciplinary teams.</li> <li>- The workforce mix is dependent upon the acuity of the target population, for example medical and nursing staff make up a greater proportion of the teams in hospital based sub-acute services compared to residential sub-acute services.<sup>1 (Pg 69)</sup></li> </ul>	<ul style="list-style-type: none"> <li>- Clinical support is provided on site generally by a local mental health service.</li> <li>- Staffing is on-site 24 hours a day to deliver psychosocial support to achieve agreed outcomes identified in an individualised person centred recovery plan</li> <li>- Services also include clinical support and treatment including specialist medical psychiatric review and support of people receiving involuntary community treatment under the provisions of the relevant legislation.<sup>1 (Pg 81)</sup></li> </ul>

<sup>1</sup> Australian Institute of Health and Welfare; National Mental Health Services Planning Framework. Accessed in January 2024 at [nmhspf-service-element-and-activity-descriptions-v4-1.pdf.aspx \(aihw.gov.au\)](https://www.aihw.gov.au/nmhspf-service-element-and-activity-descriptions-v4-1.pdf.aspx)

<sup>2</sup> ACT Government. Nurse/Midwife to Patient Ratios. Accessed in January 2024 at: [Nurse/Midwife-to-Patient Ratios | Health \(act.gov.au\)](https://www.health.act.gov.au/nurse-midwife-to-patient-ratios)

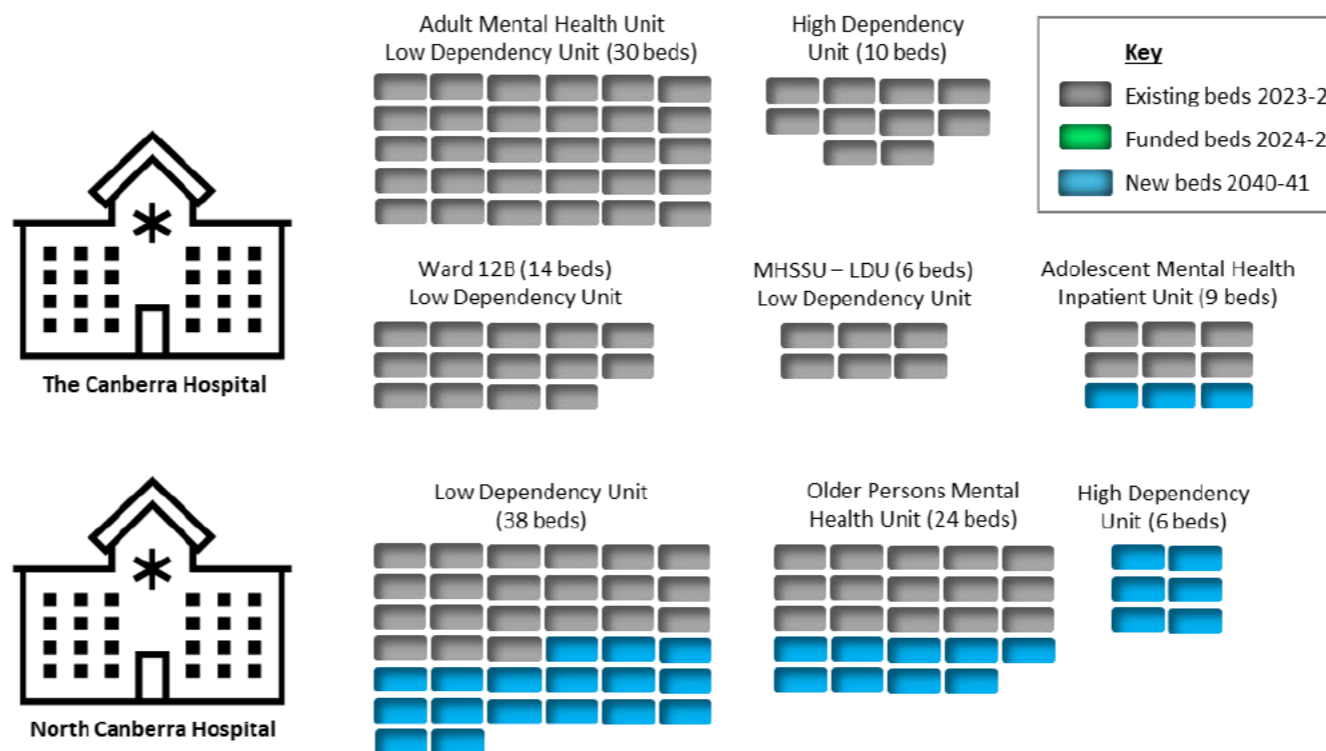
## Context

### National Mental Health Service Planning Framework



## Response

### Mental Health Acute Bed Planning



### Mental Health Not-Acute Bed Planning



## Future Actions

1. Agree scope of acute services to include in northside hospital.
2. Map current and future service system.
3. Prioritise gaps and needs.
4. Invest in and implement new and enhanced services.
5. Collect evidence of impact on projected bed growth.
6. Adjust projections of hospital and community services.

**MENTAL HEALTH SERVICES IN THE ACT as at 15 January 2024**

**Acute Mental Health capacity in the ACT**

Name	Age Range	Location	Description	Beds	Approved, not approved for	Service Provider
Adult Mental Health Unit (AMHU)	18-64	Garran	A purpose-built facility with high dependency and low dependency care for people with acute mental health issues. The average length of stay is generally 12-14 days.	30 (LDU) 10 (HDU)	Approved	CHS
Mental Health Short Stay Unit (MHSSU)	18-64	Garran	Located within the Emergency Department footprint at Canberra Hospital, this service provides short-term care for people who need extended assessment or crisis intervention. The length of stay is less than 72 hours.	6	Approved	CHS
12B Low Dependency Unit (LDU)	18-64	Garran	Low dependency inpatient ward at Canberra Hospital is for people with acute mental health issues designed to support recovery. Opened 10 September 2021.	10 (+ 4 flex beds)	Approved	CSH
Adolescent Mental Health Inpatient Unit	12-17	Garran	Dedicated Adolescent Unit with Mental Health beds as part of the Centenary Hospital for Women and Children's expansion. Opened in July 2023	6	Approved	CHS
<b>Total Southside Acute Beds</b>				<b>66</b>		
Acacia – LDU (prev 2N)	18-64	Bruce	Adult mental health unit providing acute care for people experiencing mental illness.	21	Facility not approved for: <ul style="list-style-type: none"> <li>• Section 80 – Apprehension</li> <li>• Chapter 8 – Correctional patients</li> </ul>	NCH
Older Persons Mental Health inpatient Unit (OPMHIU)	65+	Bruce	A territory wide purpose-built unit at CPHB for people over the age of 65 with acute mental health disorders and co-existing age-related disorders. The average length of stay is 30-40 days.	15	Facility not approved for: <ul style="list-style-type: none"> <li>• Section 80 – Apprehension</li> <li>• Chapter 8 – Correctional patients</li> </ul>	NCH
<b>Total Northside Acute Beds</b>				<b>36</b>		
<b>Total Acute Beds</b>				<b>102</b>		

### Mental Health bed capacity that is not acute

Name	Age Range	Location	Description	Beds	But, not approved for	Provider
Adult Mental Health Rehabilitation Unit (AMHRU)	18+	Bruce (UCH)	Specialist mental health rehabilitation unit. Support people with a primary diagnosis of mental illness, who would benefit from an intensive rehabilitation program. Aim 30-45 day stay. <i>Territory wide service</i>	20	Facility not approved for the following: <ul style="list-style-type: none"> <li>• Section 80 – Apprehension</li> <li>• Chapter 8 – Correctional patients</li> <li>• Section 309 Crimes Act 1900 – Assessment whether emergency detention required</li> </ul>	CHS
STEPS SUSD -	13-18	Watson	Provides five residential beds for youth <b>(for up to 3 months)</b>	5		Catholic Care
Adult SUSD	25-65	Lyneham	Provides residential beds is located for adults <b>aged 25 to 65 years</b> (for up to 3 months) – includes 6 weeks outreach	5		Wellways
<b>Total Northside Not Acute Beds</b>				<b>30</b>		
Youth SUSD	18-24	Kambah	Provides residential beds for <b>18- to 24-year-olds</b> experiencing mental illness (for up to 3 months)	6		Wellways
Southside community SUSD	18-65	Garran	Provides a six week program in partnership with Stride, providing 2 week residential support and four weeks outreach (non-residential) support for 18 to 65 years olds.	6		Stride/CHS
<b>Total Southside Not Acute Beds</b>				<b>12</b>		
<b>TOTAL ACT NOT ACUTE BEDS</b>				<b>42</b>		

**FORENSIC BEDS**

Name	Age	Location	Description	Beds	Approved, not approved for	Provider
Dhulwa	18-64	Symonston	Dhulwa provides 24-hour treatment and care for adults with complex mental health needs that are not met by existing mental health facilities in the Canberra region.	10 (Acute) 15 (rehab)		CHS
Gawanggal Mental Health Unit (GMHU)	18+	Bruce	Community rehabilitation and reintegration. Supports transition back into the community from inpatient mental health care. Provides ongoing medium-term treatment to develop skills of daily living. Longer term rehab for people discharged from Dhulwa	10	Facility not approved for the following: <ul style="list-style-type: none"> <li>• Section 80 – Apprehension</li> <li>• Chapter 8 – Correctional patients</li> </ul> Section 309 Crimes Act 1900 - Assessment whether emergency detention required	CHS
<b>TOTAL ACT FORENSIC BEDS</b>				<b>35</b>		