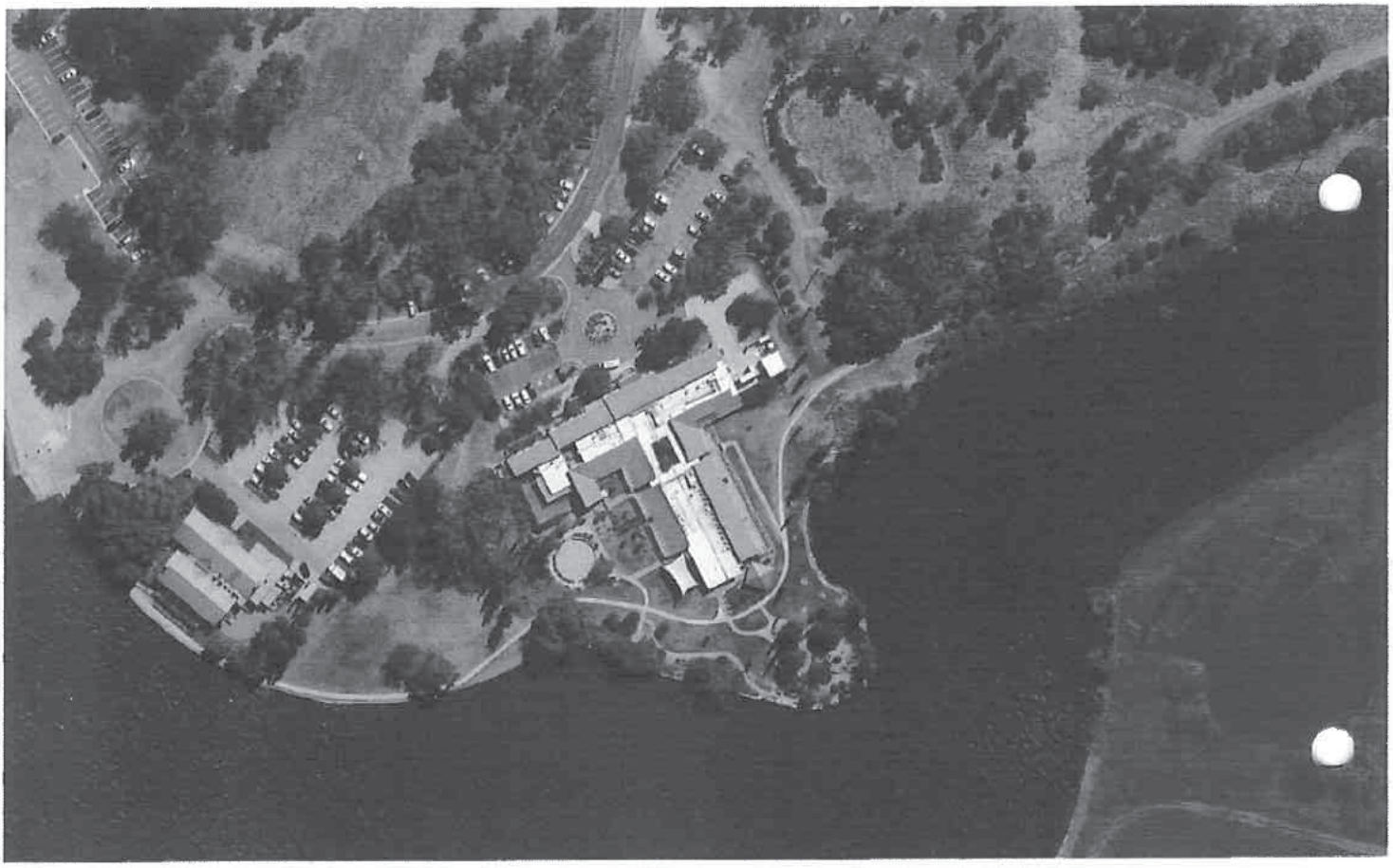
Attachment C - Site Analysis Images

- Bushfire Prone Area map
- AEP map

Bushfire Prone Area map



1% AEP map

ACT Government

QUESTION TIME BRIEF

GBC18/554

Portfolio/s: Health & Wellbeing

ISSUE: END OF LIFE

Talking points:

- The Commonwealth *Euthanasia Laws Act 1997* discriminates against ACT citizens by restricting the ability to introduce, through elected representatives, legislation to recognise the right to choose the manner and timing of one's death in certain circumstances.
- This is an issue not only for people who support euthanasia – it is a critical debate for all people who value the right of residents of the ACT to engage and participate in democratic processes to determine the laws that apply to them.
- The ACT Government Submission to the Select Committee Inquiry into End of Life Choices argues that the ACT Government should not be prevented from legislating for an assisted dying scheme, should it choose to do so, and that the states and territories should be treated equally in terms of their power to legislate.
- The ACT Government submission is not intending to hypothesise on possible end of life schemes that could be appropriate for the ACT at this point. This is a matter for extensive consultation with the ACT community, should the prohibitive Commonwealth laws be repealed.
- There is much sensitivity in the ACT community around voluntary assisted dying, with strong sentiments on both sides of the argument.
- The ACT Government believes all Canberrans are entitled to quality end of life care, which relieves pain and suffering, and provides empowering support to family, friends and carers.
- For most patients at the end of their life, pain and suffering can be alleviated through the provision of good quality end of life care, including palliative care that focuses on symptom relief, the prevention of suffering and improvement of quality of life.

Cleared as complete and accurate:	07/09/2018	
Cleared by:	Executive Director	Ext: 79143
Information Officer name:	Patrick Henry	
Contact Officer name:	Peter Matwijiw	Ext: 78445
Lead Directorate:	Health	

ACT Government

QUESTION TIME BRIEF

- However, there are some instances where palliative care is not enough to achieve satisfactory relief of suffering. Even with the best palliative care, patients sometimes ask for alternative approaches to relieve extreme suffering.
- The potential for difficult situations to arise towards the end of life was reinforced by evidence via submissions to the Select Committee.
- End of life choice is an issue that is close to the heart of many in our community. As our city continues to grow and our community continues to age, there is need for a robust discussion on approaches for dealing with situations where palliative care is not enough to relieve extreme suffering.
- The establishment of the Select Committee on End of Life Choices in the ACT provides the ACT community with a valuable opportunity to discuss the important social policy and legal considerations relating to end of life choices in the ACT.
- End of Life choices is an important issue to many in the community. This was made evident by the number of submissions received by the Inquiry, with nearly 500 received. The Select Committee held eight public hearing sessions involving evidence from 80 witnesses.
- A report from the Select Committee to the Legislative Assembly is due by the last sitting day in 2018 (29 November 2018).

Key Information

- On 30 November 2017, the ACT Legislative Assembly established a Select Committee to conduct an inquiry into End of Life Choices in the ACT (the Inquiry).
- The Inquiry was established following the Victorian Parliament passing the *Voluntary Assisted Dying Act 2017* (Victorian Act) on 29 November 2017, which introduced a voluntary assisted dying scheme for Victorian residents. Victoria is the first Australian state to legalise voluntary assisted dying.
- Currently, the ACT cannot legislate for voluntary assisted dying due to law making restrictions placed on the ACT Legislative Assembly by the Commonwealth Parliament.
- The Commonwealth laws discriminate against Territory citizens by restricting the ability to introduce, through elected representatives, legislation to recognise the right to choose the manner and timing of an individual's death in certain circumstances.

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ACT Government

QUESTION TIME BRIEF

- Section 122 of the Australian Constitution enables the Commonwealth Parliament to override any Territory law, which it did by enacting the *Commonwealth Euthanasia Laws Act 1997* (also known as the Andrews Bill). This legislation precludes the Legislative Assembly from passing a voluntary assisted dying scheme similar to the Victorian Act.
- For the ACT to be able to legislate in relation to an assisted dying scheme similar to Victoria's, the Commonwealth Parliament must first repeal s23(1A) of the *Australian Capital Territory (Self-Government) Act 1988* and Schedule 2 to the *Euthanasia Laws Act 1997.*
- On 9 February 2018, the ACT and the Northern Territory Chief Ministers signed a Strategic Cooperation Agreement. One area of collaborative interest involved the removal of the *Euthanasia Laws Act 1997.*
- On 27 June 2018 Liberal Democrats Senator David Leyonhjelm moved to force debate in the Australian Parliament on his private bill (Restoring Territory Rights (Assisted Suicide Legislation) Bill 2015) to restore the rights of the ACT and the NT parliaments to legislate on the issue of euthanasia; and repeal the *Euthanasia Laws Act 1997.* The motion was passed 36-27.
- In July 2018, the Chief Minister wrote to federal MPS and senators calling for their support to repeal the Euthanasis Laws Act 1997.
- On 15 August the Australian Senate voted on Senaor Leyonjhelm's Bill to restore Territory Rights. The Bill was defeated by two votes.
- On 23 August 2017, the Western Australian Parliament established a Joint Select Committee of the Legislative Assembly and Legislative Council to inquire and report on the need for laws in Western Australia to allow citizens to make informed decisions regarding their own end of life choices. The Joint Select Committee tabled its report, 'My Life, My Choices', in the Legislative Assembly and Legislative Council on 23 August 2018. The report included 53 Findings and 24 Recommendations, Recommendation 24 being:

  > *'The Western Australian Government develop and introduce legislation for voluntary assisted dying having regard to the recommended framework and following consultation with the Panel established under Recommendation 21.'*

  The Premier, Minister for Health and the Attorney General are required to report to the Assembly as to the action, if any, proposed to be taken by the Government with respect to the recommendations. Cabinet ministers are considering the report recommendations.

- On 2 September 2018, the Queensland Premier, Annastacia Pallaszczuk, announced Queensland will undertake an inquiry into end-of-life care, including the use of voluntary euthanasia.

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TRIM Ref: GBC18/554

ACT Government

QUESTION TIME BRIEF

GBC18/554

Portfolio/s: Health & Wellbeing

ISSUE: PALLIATIVE CARE AND CLARE HOLLAND HOUSE CAPACITY

Talking points:

- Treating people with respect and in a manner that protects their dignity is an important role for our health service at all stages of life.
- Palliative care is not just care provided in the final stages of life, but helps people to live well with a terminal illness. Sometimes palliative care can be of benefit for a person at their initial diagnosis of a life-limiting condition, or be useful on and off through various stages of an illness. Many people have long-term interactions with their palliative care team, seeing them during the course of their illness.
- There are many elements to palliative care, including pain and symptom management and advice and support to carers. Palliative care ensures people are kept comfortable and maintain a good quality of life.
- In the ACT, there are a number of palliative care services offered. These primary and specialist palliative care services are of high quality and deliver excellent care to the community. The services are embraced within the ACT Palliative Care Clinical Network.
- The Government spends over $10 million each year to provide palliative care services in the ACT.
- In recent years, the Government has provided additional investment in palliative care services, with increased support of home based palliative care packages, a new paediatric palliative care service to specifically address the palliative needs of children and adolescents, as well as investment in more staff and education.
- Calvary is funded to provide the majority of specialist palliative care services in the ACT, with Clare Holland House being the largest palliative care inpatient unit in the ACT.
- The Clare Holland House inpatient unit has a capacity of 19 beds.

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ACT Government

QUESTION TIME BRIEF

- Other palliative care service models provided from Clare Holland House include Home Based Palliative Care, specialist outpatient clinics, outreach programs to Residential Aged Care Facilities, and a specialist care and support clinic at Winnunga Nimmityjah Aboriginal and Community Health Service
- Demand for palliative care will continue to increase as our population ages, and people live longer lives. We need to respond to this so that people receive the care and dignity they deserve at the end of their life.
- As part of the Territory-wide Health Services Framework, ACT Health is developing a specialty services plan for palliative care.

Key Information

Clare Holland House

- Clare Holland House consists of a specialist inpatient unit, home based palliative care services and community specialist palliative care services.
- The average length of stay in 2017-18 was 11.7 days, but it can vary widely from hours to months.
- Clare Holland House staffing is 61.53 Full Time Equivalent positions or a headcount of 90 staff across all categories of employees. Staffing levels at Clare Holland House are adjusted to meet patient/staff ratios and to ensure consistently high quality, safe and compassionate care is provided to all admitted patients and their families.
- All staff at Clare Holland House receive education in all clinical aspects of palliative care, from primary care to specialist care, to enable support of other health practitioners, carers and patients.
- Clare Holland House staff also provide extensive palliative care education and training programs for primary care providers, other health facilities and Residential Aged Care Facilities staff. This extends to programs such as the Program of Experience in the Palliative Approach which provides education to enhance the capacity of health professionals to deliver a palliative care approach through their participation in either clinical placements in specialist palliative care services or interactive workshops.
- Medical specialists are on duty from Monday to Friday from 8:00am to 5:30pm, and on call after hours.

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TRIM Ref: GBC18/554

ACT Government

QUESTION TIME BRIEF

Referrals

- Palliative care services are available to patients with a life limiting illness whose complexity of symptoms (physical, psychosocial/emotional, and spiritual/existential symptoms) cannot be managed by their primary care provider. Care is provided to patients who need End of Life Care and who chose to die at the inpatient unit at Clare Holland House.
- Care to patients requiring palliative support is provided by their primary treating team such as a General Practitioner, community nurse or the team on an inpatient ward. These treating clinicians are able to access advice and support from the Specialist Palliative Care service without needing to refer their patient for direct services.
- Patients who have more complex needs and require specialist palliative care are referred to the service by their treating specialty team or General Practitioner. Patients can be referred for either inpatient or outpatient treatment at Canberra Hospital. The focus of care is on advanced symptom management and psychosocial support.

Calls for palliative care ward at Canberra Hospital

- Consideration will be given to a specialist palliative care ward at Canberra Hospital as part of future health services planning.

Palliative Care in Residential Aged Care Facilities

- The 2018-19 Federal Budget included a Measure on Comprehensive Palliative Care in Aged Care, which forms part of the Australian Government's *More Choices for a Longer Life – healthy ageing and high quality care* package.
- The Measure will provide $32.8 million over four years from 2018-19 to support state and territory governments to improve palliative and end-of-life care coordination for older Australians living in residential aged care homes. Funding for individual jurisdictions will be negotiated over coming months.
- The Measure is premised on a cost-shared model with states and territories matching Commonwealth funding. The Commonwealth recently sought the nomination of the appropriate ACT Health representative to receive a draft National Project Agreement and accompanying schedule.

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TRIM Ref: GBC18/554

ACT Government

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing

ISSUE: END OF LIFE

Talking points:

- The Commonwealth *Euthanasia Laws Act 1997* discriminates against ACT citizens by restricting the ability to introduce, through elected representatives, legislation to recognise the right to choose the manner and timing of one's death in certain circumstances.
- This is an issue not only for people who support euthanasia – it is a critical debate for all people who value the right of residents of the ACT to engage and participate in democratic processes to determine the laws that apply to them.
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- The ACT Government believes all Canberrans are entitled to quality end of life care, which relieves pain and suffering, and provides empowering support to family, friends and carers.
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ACT Government

QUESTION TIME BRIEF

- However, there are some instances where palliative care is not enough to achieve satisfactory relief of suffering. Even with the best palliative care, patients sometimes ask for alternative approaches to relieve extreme suffering.
- The potential for difficult situations to arise towards the end of life was reinforced by evidence via submissions to the Select Committee.
- End of Life choices is an issue that is close to the heart of many in our community. As our city continues to grow and our community continues to age, there is need for a robust discussion on approaches for dealing with situations where palliative care is not enough to relieve extreme suffering.
- The establishment of the Select Committee on End of Life Choices in the ACT provides the ACT community with a valuable opportunity to discuss the important social policy and legal considerations relating to end of life choices in the ACT.
- End of Life choices is an important issue to many in the community. This was made evident by the number of submissions received by the Inquiry, with nearly 500 received. The Select Committee held eight public hearing sessions involving evidence from 80 witnesses.
- A report from the Select Committee to the Legislative Assembly is due by the last sitting day in 2018 (29 November 2018).

Key Information

- On 30 November 2017, the ACT Legislative Assembly established a Select Committee to conduct an inquiry into End of Life Choices in the ACT (the Inquiry).
- The Inquiry was established following the Victorian Parliament passing the *Voluntary Assisted Dying Act 2017* (Victorian Act) on 29 November 2017, which introduced a voluntary assisted dying scheme for Victorian residents. Victoria is the first Australian state to legalise voluntary assisted dying.
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ACT Government

QUESTION TIME BRIEF

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ACT Government

QUESTION TIME BRIEF

GBC18/408

Portfolio/s: Health & Wellbeing

ISSUE: PALLIATIVE CARE AND CLARE HOLLAND HOUSE CAPACITY

Talking points:

- Treating people with respect and in a manner that protects their dignity is an important role for our health service at all stages of life.
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ACT Government

QUESTION TIME BRIEF

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- Demand for palliative care will continue to increase as our population ages, and people live longer lives. We need to respond to this so that people receive the care and dignity they deserve at the end of their life.
- As part of the Territory-wide Health Services Framework, ACT Health is developing a specialty services plan for palliative care.
- As the specialty services plan for palliative care is finalised, a new model of care for palliative patients will be implemented over the next 12 months. This will have a greater emphasis on a network of care rather than individual providers.

Key Information

Clare Holland House

- Clare Holland House consists of a specialist inpatient unit, home based palliative care services and community specialist palliative care services.
- The average length of stay in 2017-18 was 11.7 days, but it can vary widely from hours to months.
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ACT Government

QUESTION TIME BRIEF

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Referrals

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Calls for palliative care ward at Canberra Hospital

- Consideration will be given to a specialist palliative care ward at Canberra Hospital as part of future health services planning.

Background Information – may not be suitable for public disclosure

- The ACT Palliative Care Services Plan 2013-2017 (the Plan) examines a range of issues, such as increasing demand, current and future workforce needs, support for non-government organisations, successful models in other jurisdictions and possible new models of care.
- The Plan recognises that the incidence of palliative care in the ACT is growing, with an ever increasing cohort of patients wishing to die in their own homes, surrounded by their families.
- The Plan incorporates the development of strategies for new and emerging models of care in palliative service provision, reducing the fragmentation of service delivery via the development of more integrated services across acute, sub-acute and community health modalities, and addresses any service gaps.
- The ACT Palliative Care Clinical Network has been in operation since 2014 and has supported implementation of the Plan. Further work was undertaken and a new Implementation Plan developed, which will inform the Territory Wide Services Framework Palliative Care Specialty Services Plan to better integrate and coordinate service delivery in the Territory.

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ACT Government

QUESTION TIME BRIEF

- The ACT Palliative Care Clinical Network is also fostering a greater degree of a collaboration and coordination between all the providers involved in palliative care. This translates into smoother journeys for patients when their care is best provided by more than one provider.

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TRIM Ref: GBC18/408

SELECT COMMITTEE ON END OF LIFE CHOICES IN THE ACT

PUBLIC HEARING

1 JUNE 2018

MINISTER FOR HEALTH AND WELLBEING

Number	Title
1	Overview and background information
2	What is currently occurring in other jurisdictions
3	Implications for ACT Health
4	Issues the community will focus on
5	Services that will be involved
6	Sensitivities about Calvary's selection of people being provided palliative care services/options
7	Information about non-denominational people
8	Reasons behind there being only one palliative care provider
9	Positive statistics from AIHW report
10	Resources available to families from different care setting
11	Statistics on demand for palliative care services in the community and waiting lists
12	Criteria to enter Clare Holland House
13	ACT Health's progress in delivering the paediatric palliative care services funded in last year's Budget
14	Hot media issue – 'Elective Death Unit'

ACT Government

BRIEF - SELECT COMMITTEE HEARING INTO END OF LIFE CHOICES IN THE ACT

ISSUE: OVERVIEW AND BACKGROUND INFORMATION

Talking points:

- The establishment of the Select Committee on End of Life Choices in the ACT provides the ACT community with a valuable opportunity to discuss the important social policy and legal considerations relating to end of life choices in the ACT.
- The ACT Government submission to the Select Committee Inquiry into End of Life Choices argues that the ACT Government should not be prevented from legislating for an assisted dying scheme, should it choose to do so, and that the states and territories should be treated equally in terms of their power to legislate.
- The ACT Government believes all Canberrans are entitled to quality end of life care, which relieves pain and suffering, and provides empowering support to family, friends and carers that give them choices in care to meet their needs.
- The ACT Government is strongly of the view that regardless of one's views on voluntary assisted dying, Canberrans should be afforded equality under the law to legislate on this issue if the community desires.
- Given this, the Government argues that these restrictions should be removed as a priority to give people in the ACT the right to decide if voluntary assisted dying laws should be introduced in the ACT.
- End of Life choices is an important issue to many in the community. This was made evident by the number of submissions received by the Inquiry, with nearly 500 received.

Cleared as complete and accurate:	23/05/2018	
Cleared by:	Deputy Director-General	Ext: 51123
Contact Officer Name:	Gabrielle Sek	Ext: 78445
Lead Directorate:	Health	

TRIM Ref: GBC18/313

ACT Government

BRIEF - SELECT COMMITTEE HEARING INTO END OF LIFE CHOICES IN THE ACT

Background information

- In 1995, the Northern Territory Legislative Assembly passed the *Rights of the Terminally Ill Act (1995)* (the RTI Act) which commenced operation on 1 July 1996. On 9 September 1996, Kevin Andrews MP introduced a Private Member's Bill into the Commonwealth Parliament.
- After a conscience vote in both Houses of the Commonwealth Parliament, the Bill was passed and became the *Euthanasia Laws Act 1997 (*the Andrews Act*).* In the House of Representatives the votes to carry the Bill were 88 – 35 and in the Senate the Bill was passed with a vote of 38 – 33.
- The Andrews Act amended three Commonwealth laws—the self-government Acts of the Northern Territory, the ACT and Norfolk Island – by inserting identical provisions in each Act stating that the powers of the particular legislative assembly did not *'extend to the making of laws which permit or have the effect of permitting (whether subject to conditions or not) the form of intentional killing of another called euthanasia (which includes mercy killing) or the assisting of a person to terminate his or her life'*.
- The Andrews Act also amended the self-government Acts of the NT, the ACT, and Norfolk Island by inserting provisions which permitted each of these respective legislative assemblies to make laws with respect to:
    - the withdrawal or withholding of medical or surgical measures for prolonging the life of a patient but not so as to permit the intentional killing of the patient
    - medical treatment in the provision of palliative care to a dying patient, but not so as to permit the intentional killing of the patient
    - the appointment of an agent by a patient who is authorised to make decisions about the withdrawal or withholding of treatment, and
    - the repealing of legal sanctions against attempted suicide.

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ACT Government

BRIEF - SELECT COMMITTEE HEARING INTO END OF LIFE CHOICES IN THE ACT

ISSUE: WHAT IS CURRENTLY OCCURRING IN OTHER JURISDICTIONS

Talking points:

- On 30 November 2017, the ACT Legislative Assembly established a Select Committee to conduct an inquiry into End of Life Choices in the ACT (the Inquiry).
- The Inquiry was established following the Victorian Parliament passing the *Voluntary Assisted Dying Act 2017* (Victorian Act) on 29 November 2017, which introduced a voluntary assisted dying scheme for Victorian residents. Victoria is the first Australian state to legalise voluntary assisted dying.
- The development of the Victorian Act and the experience of the long-standing assisted dying laws in other countries could provide valuable learnings in considering the question of what any ACT scheme should look like, or not look like.
- The passage of the Victorian Act was preceded by much public consultation and debate, including consideration of this issue by the Victorian Parliament's Legislative Council Legal and Social Issues Committee, which produced a comprehensive Final Report. Subsequently, the Victorian Ministerial Advisory Panel on Voluntary Assisted Dying released an expert report. The extent of consultation, research and discussion on the issues provides a valuable source of information for the ACT to consider if the prohibition on making euthanasia laws is removed.
- The Western Australian Government has renewed debate on End of Life Choices, and is currently holding a parliamentary enquiry. The Committee is expected to hand down a Report to Parliament in August 2018.
- The NSW Parliament rejected a Bill on Voluntary Assisted Dying in November 2017. It failed to pass (by a single vote).
- Recent efforts to legalise assisted dying schemes in Tasmania and South Australia were defeated. In South Australia, the rejection of a voluntary euthanasia bill in November 2016 was the fifteenth time the Bill had failed to get through, though it too failed to pass by a single vote. In May 2017, Tasmania's third attempt to introduce laws was defeated.

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ACT Government

BRIEF - SELECT COMMITTEE HEARING INTO END OF LIFE CHOICES IN THE ACT

ISSUE: IMPLICATIONS FOR ACT HEALTH

Talking points:

- Currently, the ACT cannot legislate for voluntary assisted dying due to law making restrictions placed on the ACT Legislative Assembly by the Commonwealth Parliament.
- The Commonwealth laws discriminate against Territory citizens by restricting the ability to introduce, through elected representatives, legislation to recognise the right to choose the manner and timing of an individual's death in certain circumstances.
- Section 122 of the Australian Constitution enables the Commonwealth Parliament to override any Territory law, which it did by enacting the Commonwealth *Euthanasia Laws Act 1997* (also known as the Andrews Bill). This legislation precludes the Legislative Assembly from passing a voluntary assisted dying scheme similar to the Victorian Act.
- For the ACT to be able to legislate in relation to an assisted dying scheme similar to Victoria's, the Commonwealth Parliament must first repeal s23(1A) of the *Australian Capital Territory (Self-Government) Act 1988* and Schedule 2 to the *Euthanasia Laws Act 1997*.

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TRIM Ref: GBC18/313

ACT Government

BRIEF - SELECT COMMITTEE HEARING INTO END OF LIFE CHOICES IN THE ACT

ISSUE: THE ISSUES THE COMMUNITY WILL FOCUS ON

Talking points:

- National opinion polls over recent years indicate a high level of Australian community support for voluntary assisted dying.
- Most recently, a Roy Morgan Snap SMS Survey (November 2017) of a representative cross-section of 1,386 Australians aged 18+ nationally 85 per cent (up 11 per cent from May 1996) of Australians are in favour of allowing a doctor to 'give a lethal dose when a patient is hopelessly ill with no chance of recovery and asks for a lethal dose' compared to 15 per cent (down three per cent) who say a doctor should not be allowed to give a lethal dose'.[1]
- ReachTEL poll commissioned by Fairfax Media (October 2017): of 1,647 NSW voters found approximately 70 per cent support changing the law to allow voluntary euthanasia for terminally ill people.[2]
- Essential Research poll commissioned by Dying with Dignity NSW (August 2017): of 1032 Australians aged 18+ nationally 73 per cent of Australians indicated support for voluntary assisted dying, 15 per cent disagreed and 12 per cent were undecided.[3]
- The Inquiry accepted submissions from the ACT community in regards to views on end of life care. The lodgement of submissions closed on Friday 23 March 2018. The submissions and the subsequent Report will inform the future direction ACT laws should take, including appropriate safeguards and cultural considerations.

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[1] Roy Morgan, November 2017, "It's official: Australians Support assisted dying or euthanasia" http://www.roymorgan.com/findings/7373-large-majority-of-australians-in-favour-of-euthanasia-201711100349

[2] James Robertson, "Most voters in NSW support medical euthanasia: poll", Sydney Morning Herald, October 17 2017.

[3] The Essential Report, "Assisted dying – 15 August 2017", Essential Media, 15 August 2017.

Cleared as complete and accurate:	23/05/2018	
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Lead Directorate:	Health	

TRIM Ref: GBC18/313

ACT Government

BRIEF - SELECT COMMITTEE HEARING INTO END OF LIFE CHOICES IN THE ACT

ISSUE: WHAT SERVICES WILL BE INVOLVED

Talking points:

- The ACT Government Submission is not intending to hypothesise on possible end of life schemes that could be appropriate for the ACT at this point. This is a matter for extensive consultation with the ACT community, should the prohibitive Commonwealth laws be repealed.
- Repeal of these laws would give members of the Legislative Assembly an opportunity to examine all the available information and, as legislators, represent and reflect the ACT community's views.
- ACT Health is in the process of developing a Service Specialty Plan (SSP) for Palliative Care through Territory Wide Health Services Redesign work. Significant consultation has occurred during the development of the SSP, including internal and external stakeholders. In considering the SSP for Palliative Care, ACT Health will also consider broader management end of life care, including the management of chronic pain, as well as continuing to improve inpatient care.

Cleared as complete and accurate:	23/05/2018	
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ACT Government

BRIEF - SELECT COMMITTEE HEARING INTO END OF LIFE CHOICES IN THE ACT

ISSUE: SENSITIVES IN RELATION TO CALVARY IN THEIR SELECTION OF PEOPLE BEING PROVIDED PALLIATIVE CARE SERVICES/ OPTIONS

Talking points:

- Selection of referrals to the Clare Holland House (CHH) is based on a set of admission criteria developed in consultation with CHH specialists, the ACT Palliative Care Network and the Palliative Care Medical Specialist staff at The Canberra Hospital and Calvary Hospital.
- Patients may be admitted to CHH In-Patient Care Unit for symptom management, assessment and management, end of life care and respite care.
- Patient referrals for end of life care are assessed based on the following criteria:
  - The patient will require assessment by the specialist palliative care team.
  - The patient is in the terminal phase of their illness with complex symptom management issues or significant family distress.
  - The patient is unable to be cared for in their current care environment.
  - Death is anticipated within one – two weeks, with exceptions made for complex cases requiring specialist palliative care.
- There are no restriction on geographical residence of the patients, or any other demographic characteristics such as gender, ethnicity or religion considered when assessing admission to CHH In-Patient Care Unit.
- All patient admissions are approved by the Palliative Care Medical Director (access is via contacting the Calvary Liaison Palliative Care Team) or afterhours via the "On-Call" Senior Medical officer.
- Patient referrals are received from Staff Specialists, VMO Consultants, Consultants, General Practitioners, Acute Public and Private Hospitals, Residential Aged Care Facilities, Community Specialist Palliative Care Service, Home Based Palliative Care, and Community Health Services. Referrals may also be received from local and interstate health providers.

Additional information:

- Clare Holland House (CHH) consists of three integrated services with consequent clinics to assist in the managing the palliative care needs of patient referred. These are:
  - CHH Inpatient Unit
  - CHH Community Specialist Palliative Care Team (aka Home Based Palliative Care)
  - CHH Palliative Aged Care Services

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ACT Government

BRIEF - SELECT COMMITTEE HEARING INTO END OF LIFE CHOICES IN THE ACT

- The process for referral to the Community Specialist Palliative Care Team (aka Home Based Palliative Care) and Palliative Aged Care Services are similar to this process with internal nuances specific to those services.
- Referrals are triaged twice daily Monday to Friday by the Inpatient Unit team.
- Patients with a Palliative Prognostic Score of <= 11 and who are over the age of 65 will require proof of a completed Aged Care Assessment (ACAT). Patients under 65 will require proof of referral/care planning with the National Disability Insurance Scheme (NDIS).
- Discharge and milestone planning commences on admission in consultation with patient/family/significant others and the multidisciplinary team.
- From onset of admission, multidisciplinary team will liaise with referring team and/or primary care provider (e.g. Medical Practitioner) in development of a patient management/care plan including goals/milestones and discharge planning.

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ACT Government

BRIEF - SELECT COMMITTEE HEARING INTO END OF LIFE CHOICES IN THE ACT

ISSUE: INFORMATION IN RELATION TO NON-DENOMINATIONAL PEOPLE

Talking points:

- This is a critical debate for all people who value the right to engage and participate in processes to determine the laws that apply to them.
- A 2016 Australian Electoral Survey indicated that over 90 per cent of non-religious people surveyed were in favour of assisted dying. The survey also found that opposition is highest among Catholic, Anglican and Uniting Church denominations.[1]

[1] Dying for Choice, http://www.dyingforchoice.com/resources/fact-files/opposition-assisted-dying-largely-religious

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TRIM Ref: GBC18/313

ACT Government

BRIEF - SELECT COMMITTEE HEARING INTO END OF LIFE CHOICES IN THE ACT

ISSUE: REASONS BEHIND THERE BEING ONLY ONE PALLIATIVE CARE PROVIDER

Talking points:

- The Calvary Public Hospital Bruce Palliative Care Service operates from Clare Holland House, a hospice service for the ACT and the region.
- Clare Holland House is under the management of the Little Company of Mary Healthcare and is fully funded by the ACT Government under the Performance Plan at a cost of approximately $6 million per annum.
- Calvary Palliative Care Specialists provide medical consultations to Calvary Public and Private Hospitals, John James Private Hospital and National Capital Private Hospital.
- The Staff Specialists also provide specialist Palliative Care support to the Multidisciplinary Motor Neurone Disease Clinic and Renal Supportive Care Clinic at Canberra Hospital.
- Historically the Territory has been able to facilitate the demand for palliative care services through Clare Holland House, however with a growing/ aging population we are now looking at options to expand.
- The community sector is increasingly caring for people at home rather than in hospital. Palliative Care ACT receives approximately $650,000 per annum from ACT Health to ensure the delivery of palliative care volunteer support services both within Canberra Hospital and Health Services (CHHS) and in the community for people with life limiting illness, and provide a weekly professionally organised day of activities for palliative care homebound patients under professional supervision of a Registered Nurse and an Activity Officer supported by trained volunteers.
- Community Options is in receipt of grant funding ($100,00 per annum for 2017-2019) to coordinate in-home (non-clinical) support services for people with end-stage illnesses and their families, and continue to improve pathways between the home-based palliative care (clinical services), hospital system and community care system (non-clinical community based palliative care).
- As primary care providers, GPs often take on the responsibility to coordinate palliative care treatment having had a part of the patients care from diagnosis to end of life care. GPs often coordinate sometimes fragmented and competing community services and advocate on behalf of patients, their families and carers for community based palliative care.

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ACT Government

BRIEF - SELECT COMMITTEE HEARING INTO END OF LIFE CHOICES IN THE ACT

ISSUE: POSITIVE STATISTICS FROM AIHW REPORT

Talking points:

- The ACT is continuing to improve its service delivery model and is already seeing declines in the average length of stay in hospital for palliative care patients.
- The ACT has the equal highest rate of full-time equivalent (FTE) employed specialist palliative medicine physicians and the second highest rate of clinical FTE employed specialist palliative medicine physicians.
- Palliative care patients in the ACT have access to nurse practitioner prescribers who are able to provide improved access to palliative care prescribing services. This is reflected in the relatively high rates of prescriptions dispensed for analgesics in the ACT.
- The ACT is continuing to improve processes around the prescription of medications for palliative care.

Key positive elements contained in the report:

- In 2015–16, the ACT had a lower rate of permanent admissions to residential aged care for palliative care patients compared to nationally (11.5 per 100,000 population vs. 13.6 per 100,000 population).
- In 2016, the ACT had the equal highest rate of full-time equivalent (FTE) employed specialist palliative medicine physicians (1.9 per 100,000 population) and the second highest rate of clinical FTE employed specialist palliative medicine physicians (1.2 per 100,000 population).
- The ACT's rates were higher than the national rates for FTE (0.9) and clinical FTE (0.7).
- In 2016, the ACT had the second highest rate of FTE and clinical FTE employed palliative care nurses (14.9 and 13.2 per 100,000 population respectively).
- The ACT's rates were higher than national rates for FTE (12.2) and clinical FTE (11.2).

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Contact Officer Name:		Ext:
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ACT Government

BRIEF - SELECT COMMITTEE HEARING INTO END OF LIFE CHOICES IN THE ACT

ISSUE: RESOURCES AVAILABLE TO FAMILIES FROM DIFFERENT CARE SETTINGS

Talking points:

- The Home Based Palliative Care supports and maintains patients living with a life limiting illness in their own home. The main objective being to enable each patient to be cared for and to die at home, if this is their choice.
- Almost $2.5 million over four years was allocated in the 2015-16 ACT Budget to support the End of Life Care at Home Program to provide home-based palliative care, and education programs for health care professionals.
- The ACT is experiencing a 39 per cent increase in the number of Home Based Palliative Care patients dying in hospital (since 2004).

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ACT Government

BRIEF - SELECT COMMITTEE HEARING INTO END OF LIFE CHOICES IN THE ACT

ISSUE: STATISTICS ON DEMAND FOR PALLIATIVE CARE SERVICES IN THE COMMUNITY AND WAITING LISTS

Talking points:

- The demand for palliative care services in Australia, including the ACT, is increasing due to the ageing of the population and the increases in the prevalence of cancer and other life limiting illnesses.

- The ACT is experiencing the following increases in demand for palliative care services:
  - a 36 per cent increase in the number of new patients seen annually (since 2003);
  - an 85 per cent increase in the number of registered clients (74 in 2002; 200 in 2014 plus 115 registered outpatients);
  - a 42 per cent increase in the average number of monthly occasions of service (since 2004); and
  - a 39 per cent increase in the number of Home Based Palliative Care patients dying in hospital (since 2004).

- It is noted that these large increases may be due to improved focus and reporting with the introduction of additional services.

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ACT Government

BRIEF - SELECT COMMITTEE HEARING INTO END OF LIFE CHOICES IN THE ACT

ISSUE: CRITERIA TO ENTER CLARE HOLLAND HOUSE

Talking points:

- For patients to be accepted for palliative care services at Clare Holland House, they need to be referred to the inpatient service.

- This referral includes an assessment based on palliative care standards, which include national index and palliative care prognostic scores. As these are national standards, Clare Holland House applies these standards in the same way as similar services in other states and territories.

- It is important to note that palliative care is not restricted to people with terminal diagnosis. Contemporary palliative care is increasing its focus on supporting people with chronic and life limiting conditions, while still providing high quality and compassionate care for people approaching the end of life.

Cleared as complete and accurate:	30/05/2018	
Cleared by:	Deputy Director-General	Ext:
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Lead Directorate:	Health	

TRIM Ref: GBC18/313

ACT Government

BRIEF - SELECT COMMITTEE HEARING INTO END OF LIFE CHOICES IN THE ACT

ISSUE: ACT HEALTH'S PROGRESS IN DELIVERING THE PAEDIATRIC PALLIATIVE CARE SERVICES FUNDED IN LAST YEAR'S BUDGET

Talking points:

- The Paediatric Palliative Care Program aims to provide the best quality of life for children and adolescents with life-limiting conditions.

- ACT Health employed a Paediatric Palliative Care Registered Nurse to support children with life-limiting illnesses in February 2018.

- The Paediatric Palliative Care Nurse provides support and guidance to paediatric patients and their families in co-ordinating services to assist and improve quality of life.

- Four referrals for children with life-limiting illness have been received since February 2018. These numbers are representative of the paediatric palliative care population, and are similar to informal benchmarking with interstate services.

- Palliative care for children represents a special, albeit closely related field to adult palliative care. Expert paediatric input into existing palliative care services to children, young people and their families, in addition to a paediatric day stay unit at Canberra Hospital that manages maintenance chemotherapy for Paediatric Oncology patients with, at any one time, over thirty children requiring this service.

- In the 2016-17 ACT Budget, more than $2 million over four years was allocated for the expansion of the capacity of paediatric palliative care for both inpatients and outpatients.

Cleared as complete and accurate:	30/05/2018	
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ACT Government

BRIEF - SELECT COMMITTEE HEARING INTO END OF LIFE CHOICES IN THE ACT

ISSUE: HOT MEDIA ISSUE – 'ELECTIVE DEATH UNIT'

Talking points:

- The submission from Dying with Dignity ACT expands the concept of euthanasia and assisted dying beyond those with terminal illness or significant suffering to include any individual with a desire to end their life.
- Specifically, their submission calls for the establishment of a 24 hour a day service which would provide any adult ACT citizen with an elective death following provision of a reason for the wish for death and a cooling off period negotiated with the person wanting to die. The service would also provide help through counselling or other assistance as needed.
- Dying with Dignity ACT believes that an elective death is based on the following principles:
  - It is the responsibility of government to ensure that everyone dies with dignity;
  - A good health system should be able to guarantee a good death;
  - An elective death will be a peaceful, pain free and quick death;
  - A civilized society respects the rights of its citizens to die at the time of their choice;
  - To elect death is a legitimate goal that some people have for themselves. Like birth, death is a matter of individual choice and in the same way it should be supported by the state; and
  - Elective death is defined as a voluntary decision to shorten one's own life.
- The submission also postulates that such a service may be made available to people under the age of 18 under certain conditions.
- There are current legal impediments to implementing an ACT assisted dying scheme. However, the ACT Government believes it should not be prevented from legislating for an assisted dying scheme; and that the states and territories should be treated equally in terms of their power to legislate on this matter.

Cleared as complete and accurate:	31/05/2018	
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Lead Directorate:	Health	

TRIM Ref: GBC18/313

ACT Government

BRIEF - SELECT COMMITTEE HEARING INTO END OF LIFE CHOICES IN THE ACT

- As a government we are committed to laws and initiatives which support equality of opportunity and wellbeing for all members of our society.
- The ACT Government submission to the Inquiry into End of Life Choices in the ACT does not hypothesise on possible end of life schemes that could be appropriate for the ACT. A detailed examination of possible models and community views would only usefully occur if and when current legal impediments to the ACT making change in this area are considered.
- The ACT Government believes all Canberrans are entitled to quality end of life care, which relieves pain and suffering, and provides empowering support to family, friends and carers.

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ACT Government
Health

Australian Institute of Health and Welfare Reports

MEDIA IMPLICATIONS SUMMARY

For: Minister for Health and Wellbeing

Subject	**Palliative care services in Australia (web report)**
Date for Release:	**23/05/2018**
What is the Report about?	• The goal of palliative care is to improve the quality of life of patients with an active, progressive disease that has little or no prospect of a cure. With the growth and ageing of Australia's population, and an increase of chronic and generally incurable illnesses, the types of patient groups requiring palliative care has widened. • This report covers several major areas of palliative care services in Australia including: o Admitted patient palliative care and hospital-based facilities o Services provided by palliative medicine specialists o Palliative care workforce o Palliative care in residential aged care o Palliative care related prescriptions
Is there any ACT funding (or Programs) in this area/subject?	YES: ☒ NO ☐ ACT Health funds services provided in hospital and community settings for patients receiving palliative care.
Is there any ACT specific data in the Report?	YES: ☒ NO ☐
Is Media Interest likely?	YES ☒ NO ☐ The release of the web report will be accompanied by a media release from the Australian Institute of Health and Welfare.
What are the key positive elements contained in the Report?	• In 2015–16, the ACT had a lower rate of permanent admissions to residential aged care for palliative care patients compared to nationally (11.5 per 100,000 population vs. 13.6 per 100,000 population). • In 2016, the ACT had the equal highest rate of full-time equivalent (FTE) employed specialist palliative medicine physicians (1.9 per 100,000 population) and the second highest rate of clinical FTE employed specialist palliative medicine physicians (1.2 per 100,000 population). o The ACT's rates were higher than the national rates for FTE (0.9) and clinical FTE (0.7).

ACT Government
Health

Australian Institute of Health and Welfare Reports

	• In 2016, the ACT had the second highest rate of FTE and clinical FTE employed palliative care nurses (14.9 and 13.2 per 100,000 population respectively). o The ACT's rates were higher than national rates for FTE (12.2) and clinical FTE (11.2).
What are the negative elements contained in the Report?	• Compared to national figures, in 2015–16 the ACT had a high proportion of permanent residential aged care residents receiving palliative care who had hospital leave (42.5% compared to 27.2%). o The ACT had the highest proportion of palliative care residents with hospital leave among all jurisdictions. The next highest jurisdiction was Western Australia with 33.8%. • In 2015–16, the ACT had a slightly higher rate of palliative care-related hospitalisations in public hospitals compared to nationally, at 33.0 per 100,000 population compared to 26.1 per 100,000 population. • The number of palliative care-related hospitalisation in the ACT increased by an annual average of 15.7% between 2011–12 and 2015–16, compared to a national growth rate of 6.5%. o The ACT had the second highest average annual growth, and was substantially higher than the next highest jurisdiction (South Australia, 9.3%). • In 2015–16, the ACT had the second highest rate of palliative-care related prescriptions dispensed that were analgesics, placing it slightly above the national figure (66.4 per 100,000 population vs. 60.0 per 100,000 population). o In addition, the ACT was one of only two jurisdictions where the rate of prescriptions for opioids that were dispensed was higher than the rate of prescriptions for other analgesics dispensed. o The higher rate of prescriptions dispensed for pain relief could indicate greater access to prescriptions and better pain management for palliative care patients. • In 2016–17, the ACT had a lower average benefit per patient for MBS subsidised palliative medicine specialist services compared to nationally at $347 per patient compared to $410 per patient.

ACT Government
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Australian Institute of Health and Welfare Reports

MEDIA TALKING POINTS:

- The ACT is continuing to improve its service delivery model and is already seeing declines in the average length of stay in hospital for palliative care patients.

- The ACT has the equal highest rate of full-time equivalent (FTE) employed specialist palliative medicine physicians and the second highest rate of clinical FTE employed specialist palliative medicine physicians.

- Palliative care patients in the ACT have access to nurse practitioner prescribers who are able to provide improved access to palliative care prescribing services. This is reflected in the relatively high rates of prescriptions dispensed for analgesics in the ACT.
    - The ACT is continuing to improve processes around the prescription of medications for palliative care.

BACKGROUND (If required):

- Calvary is the main provider of inpatient, outpatient and home based palliative care services for the ACT. Unlike other jurisdictions, there is no private alternative to publicly funded hospitalisation in the ACT.

- A shortage of nursing home beds in the ACT is contributing to the higher average length of stay in hospital. Patients without an Aged Care Assessment in place and/or without a nursing home placement are often delayed in being discharged.

- The ACT has nurse practitioner prescribers (with Pharmaceutical Benefits Scheme provider numbers), which may represent improved access to palliative care prescribing services compared to other states and territories.

- Following identification of process issues with the prescription of medications for palliative care, improved process haven been put in place. This should see the data on prescribed medications for palliative care come more into line with other jurisdictions in the future.

Recommendation

That you note the information contained in this summary.

Noted / Please Discuss

Meegan Fitzharris MLA..... 20/6/18

Signatory Name:	Lynton Norris	Phone:	67651
Title:	Deputy Director-General, Performance Reporting and Data		
Action Officer:		Phone:	

ACT Government

QUESTION TIME BRIEF

GBC18/353

Portfolio/s: Health & Wellbeing

ISSUE: END OF LIFE

Talking points:

- The Commonwealth *Euthanasia Laws Act 1997* discriminates against ACT citizens by restricting the ability to introduce, through elected representatives, legislation to recognise the right to choose the manner and timing of one's death in certain circumstances.
- This is an issue not only for people who support euthanasia – it is a critical debate for all people who value the right of residents of the ACT to engage and participate in democratic processes to determine the laws that apply to them.
- The ACT Government Submission to the Select Committee Inquiry into End of Life Choices argues that the ACT Government should not be prevented from legislating for an assisted dying scheme, should it choose to do so, and that the states and territories should be treated equally in terms of their power to legislate.
- The ACT Government submission is not intending to hypothesise on possible end of life schemes that could be appropriate for the ACT at this point. This is a matter for extensive consultation with the ACT community, should the prohibitive Commonwealth laws be repealed.
- There is much sensitivity in the ACT community around voluntary assisted dying, with strong sentiments on both sides of the argument.
- The ACT Government believes all Canberrans are entitled to quality end of life care, which relieves pain and suffering, and provides empowering support to family, friends and carers.
- For most patients at the end of their life, pain and suffering can be alleviated through the provision of good quality end of life care, including palliative care that focuses on symptom relief, the prevention of suffering and improvement of quality of life.

Cleared as complete and accurate:	22/05/2018	
Cleared by:	Deputy Director-General	Ext: 51123
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Lead Directorate:	Health	

ACT Government

QUESTION TIME BRIEF

- However, there are some instances where palliative care is not enough to achieve satisfactory relief of suffering. Even with the best palliative care, patients sometimes ask for alternative approaches to relieve extreme suffering.
- The potential for difficult situations to arise towards the end of life was reinforced by evidence via submissions to the Select Committee.
- End of Life choices is an issue that is close to the heart of many in our community. As our city continues to grow and our community continues to age, there is need for a robust discussion on approaches for dealing with situations where palliative care is not enough to relieve extreme suffering.
- The establishment of the Select Committee on End of Life Choices in the ACT provides the ACT community with a valuable opportunity to discuss the important social policy and legal considerations relating to end of life choices in the ACT.
- End of Life choices is an important issue to many in the community. This was made evident by the number of submissions received by the Inquiry, with nearly 500 received.

Key Information

- On 30 November 2017, the ACT Legislative Assembly established a Select Committee to conduct an inquiry into End of Life Choices in the ACT (the Inquiry).
- The Inquiry was established following the Victorian Parliament passing the *Voluntary Assisted Dying Act 2017* (Victorian Act) on 29 November 2017, which introduced a voluntary assisted dying scheme for Victorian residents. Victoria is the first Australian state to legalise voluntary assisted dying.
- Currently, the ACT cannot legislate for voluntary assisted dying due to law making restrictions placed on the ACT Legislative Assembly by the Commonwealth Parliament.
- The Commonwealth laws discriminate against Territory citizens by restricting the ability to introduce, through elected representatives, legislation to recognise the right to choose the manner and timing of an individual's death in certain circumstances.
- Section 122 of the Australian Constitution enables the Commonwealth Parliament to override any Territory law, which it did by enacting the *Commonwealth Euthanasia Laws Act 1997* (also known as the Andrews Bill). This legislation precludes the Legislative Assembly from passing a voluntary assisted dying scheme similar to the Victorian Act.
- For the ACT to be able to legislate in relation to an assisted dying scheme similar to Victoria's, the Commonwealth Parliament must first repeal s23(1A) of the *Australian Capital Territory (Self-Government) Act 1988* and Schedule 2 to the *Euthanasia Laws Act 1997*.

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TRIM Ref: GBC18/353

ACT Government

QUESTION TIME BRIEF

Background Information – may not be suitable for public disclosure

- In 1995, the Northern Territory Legislative Assembly passed the *Rights of the Terminally Ill Act (1995)* (the RTI Act) which commenced operation on 1 July 1996. On 9 September 1996, Kevin Andrews MP introduced a Private Member's Bill into the Commonwealth Parliament.
- After a conscience vote in both Houses of the Commonwealth Parliament, the Bill was passed and became the *Euthanasia Laws Act 1997* (also known as the Andrews Bill). In the House of Representatives the votes to carry the Bill were 88 – 35 and in the Senate the Bill was passed with a vote of 38 – 33.
- The *Euthenasia Laws Act 1997* amended three Commonwealth laws—the self-government Acts of the Northern Territory, the ACT and Norfolk Island – by inserting identical provisions in each Act stating that the powers of the particular legislative assembly did not '*extend to the making of laws which permit or have the effect of permitting (whether subject to conditions or not) the form of intentional killing of another called euthanasia (which includes mercy killing) or the assisting of a person to terminate his or her life*'.
- The *Euthenasia Laws Act 1997* also amended the self-government Acts of the NT, the ACT, and Norfolk Island by inserting provisions which permitted each of these respective legislative assemblies to make laws with respect to:
    - the withdrawal or withholding of medical or surgical measures for prolonging the life of a patient <u>but not so as to permit the intentional killing of the patient</u>
    - medical treatment in the provision of palliative care to a dying patient, <u>but not so as to permit the intentional killing of the patient</u>
    - the appointment of an agent by a patient who is authorised to make decisions about the withdrawal or withholding of treatment, and
    - the repealing of legal sanctions against attempted suicide.

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TRIM Ref: GBC18/353

ACT Government

QUESTION TIME BRIEF

Portfolio Health & Wellbeing

ISSUE: END OF LIFE CHOICES

Talking points:

- The ACT Government submission argues that although there are current legal impediments to implementing an ACT assisted dying scheme, the ACT Government should not be prevented from legislating for an assisted dying scheme; and that the states and territories should be treated equally in terms of their power to legislate on this matter.
- The ACT Government submission does not hypothesise on possible end of life schemes that could be appropriate for the ACT. A detailed examination of possible models and community views would only usefully occur if and when current legal blocks to the ACT making change in this area are removed.
- The ACT Government believes all Canberrans are entitled to quality end of life care, which relieves pain and suffering, and provides empowering support to family, friends and carers.

Key Information

- On 30 November 2017, the ACT Legislative Assembly established a Select Committee to conduct an inquiry into end of life choices in the ACT (the Inquiry).
- The Inquiry was established following the Victorian Parliament passing the *Voluntary Assisted Dying Act 2017* (Vic) on 29 November 2017, which introduced a voluntary assisted dying scheme for Victorian residents.
- The Committee invited submissions to the Inquiry and the lodgement of submissions was requested by Friday, 23 February 2018.
- The Justice and Community Safety Directorate (JACSD) circulated an exposure draft of the Submission to all directorates on 18 January 2018. All directorates were supportive with nil comments except for the Community Services Directorate (CSD) which provided informal feedback from the Office of Aboriginal and Torres Strait Islander Affairs (OATSIA). The Government Submission was updated to reflect this feedback.
- It was subsequently decided on 23 January 2018 that ACT Health should take the lead on the Government Submission and Cabinet Submission and this went to Cabinet on 5 February 2018.

Cleared as complete and accurate:	11/05/2018	
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ACT Government

QUESTION TIME BRIEF

Background Information – may not be suitable for public disclosure

- In 1995, the Northern Territory Legislative Assembly passed the *Rights of the Terminally Ill Act (1995)* (the RTI Act) which commenced operation on 1 July 1996. On 9 September 1996, Kevin Andrews MP introduced a Private Member's Bill into the Commonwealth Parliament.
- After a conscience vote in both Houses of the Commonwealth Parliament, the Bill was passed and became the *Euthanasia Laws Act 1997 (*the Andrews Act*)*. In the House of Representatives the votes to carry the Bill were 88 – 35 and in the Senate the Bill was passed with a vote of 38 – 33.
- The Andrews Act amended three Commonwealth laws—the self-government Acts of the Northern Territory, the ACT and Norfolk Island – by inserting identical provisions in each Act stating that the powers of the particular legislative assembly did not *'extend to the making of laws which permit or have the effect of permitting (whether subject to conditions or not) the form of intentional killing of another called euthanasia (which includes mercy killing) or the assisting of a person to terminate his or her life'*.
- The Andrews Act also amended the self-government Acts of the NT, the ACT, and Norfolk Island by inserting provisions which permitted each of these respective legislative assemblies to make laws with respect to:
    - the withdrawal or withholding of medical or surgical measures for prolonging the life of a patient <u>but not so as to permit the intentional killing of the patient</u>
    - medical treatment in the provision of palliative care to a dying patient, <u>but not so as to permit the intentional killing of the patient</u>
    - the appointment of an agent by a patient who is authorised to make decisions about the withdrawal or withholding of treatment, and
    - the repealing of legal sanctions against attempted suicide.

Cleared as complete and accurate:	11/05/2018	
Cleared by:	Deputy Director-General	Ext: 51123
Contact Officer Name:	Peter Matwijiw	Ext: 78445
Lead Directorate:	Health	

TRIM Ref:

ACT Government
Health

UNCLASSIFIED - FOR OFFICIAL PURPOSES ONLY

ADVISORY NOTE

Minister for Health and Wellbeing

TRIM Ref: MIN18/55	Request for Advice - Email Minister for Health and Wellbeing (Adviser) Home Palliative Care Program (PEACH Guidelines)
Critical Date	Not applicable
Interim Director-General	Michael De'Ath 23/04/18

Minister's question/s:

You received a briefing from ACT Health regarding the Home Palliative Care Program (PEACH Guidelines) and in response to a reference to planned community engagement you asked:

"Can you clarify the community engagement process end April - mid May? for the PC SPP or the TWHSF overall?"

ACT Health's response:

At the time the briefing was prepared, ACT Health had planned to undertake a community engagement process on Specialty Service Plans from late April, throughout May 2018.

A number of factors have lead to ACT Health reconsidering the timeframe and scope for community engagement on the SSPs, namely, criticism from the community health service sector.

Following feedback received directly from our NGO partners in the community health service sector, it is likely that engagement on the SSPs will be limited to community health service providers that currently provide a service that can be directly linked to an SSP (for example, the Stroke Foundation will be engaged with regarding the Stroke/Neurology SSP).

A formal briefing is being prepared to seek your endorsement of the more targeted approach for engagement on the SSPs.

Other community health services providers may have an opportunity for engagement on the development of the Centre's and how they will work. The plan for this engagement is still under development, and timeframes are being reconsidered in line with the timeframe for the ACT Health Organisation Reform project.

Noted / Please Discuss

Meegan Fitzharris MLA
Minister for Health and Wellbeing

30/4/18

Signatory Name: Jodie Chamberlain Phone: 59010

ACT Government

MINISTERIAL BRIEF

Health Directorate

UNCLASSIFIED

To:	Minister for Health and Wellbeing	Tracking No.: MIN18/55 22 MAR 2018
From:	Karen Doran, Acting Director-General	
Subject:	NSW Health Palliative Care Home Support Packages (PEACH) Program Guidelines	
Critical Date:	Not applicable	
Critical Reason:	Not applicable	

- DG .../.../...
- DDG .../.../...

Purpose

To provide you with preliminary advice on the NSW Health Palliative Care Home Support Packages (PEACH) Program.

Recommendation

That you note the information contained in this brief and attachment.

Noted / Please Discuss

Meegan Fitzharris MLA 31/3/18

Minister's Office Feedback

Can you clarify the community engagement process end April - mid May? for the PC SSP or TWHSF overall?

Background

1. On 11 January 2018, you visited Clare Holland House (CHH) Hospice in Barton with [redacted] Calvary Public Hospital Bruce (CPHB), and Ms Karen Doran, Deputy Director-General Corporate, ACT Health.
2. The CHH Hospice is operated by Calvary Health Care ACT Ltd (Calvary), which is a subsidiary of the Little Company of Mary Health Care Ltd (LCM), also separately operating CPHB.

3. The CHH Hospice currently provides the following palliative care services:
   a. A 19 bed In-Patient Unit (IPU) providing respite, episodic and end-of-life inpatient care for patients;

   b. A Community Specialist Palliative Care Service (CSPCS) providing episodic treatment for a range of community settings, including:
      i. Specialist palliative care outpatient clinics;
      ii. Home-based palliative care services;
      iii. Specialist palliative aged care services; and
      iv. Telephone consultation and support services for patients and carers.
   c. The provision of palliative care education across Territory hospitals, residential aged care facilities and Territory education institutes (e.g. universities), and participation in national and international research (i.e. Calvary Centre for Palliative Care Research); and
   d. Integration of palliative care services with the Canberra Hospital, primary care providers, and community services through formal and informal networks (e.g. the ACT Palliative Care Network).

4. During your visit to the CHH Hospice, [redacted] raised providing additional nursing support to families of patients at the end of life and noted the NSW Health PEACH Program. You requested advice on the funding source of the Program, and whether there may be opportunity to access Commonwealth funding in order to support the potential implementation of the Program, or similar, in the ACT.

5. Following receipt of the PEACH Program Guidelines (Attachment A), your office also requested ACT Health review the Program and provide advice regarding:
   a. The possible benefits for patients/clients and how it could fit into current palliative care programs available in the Territory;
   b. How such a program could facilitate end of life care in the home. Noting that this type of care appears to be a preference for those nearing end of life, but unfortunately clients needing more care at this stage are ending up either back in hospital or at facilities such as the CHH Hospice; and
   c. If possible, an indication of possible cost impacts and how such a program for the Territory could be resourced and funded.

Issues

6. The PEACH Program is funded by the NSW Government.

7. The South Western Sydney Local Health District (SWSLHD), as the contract holder for the Program, is responsible for the financial management of the Program. The Program is delivered in Illawarra Shoalhaven, Nepean Blue Mountains, South Western Sydney, Sydney and Western Sydney LHDs.

8. SWSLHD is in contractual relationship with Silver Chain Group who has been subcontracted to provide the direct service to eligible clients and each LHD operates within the conditions of an agreed Memorandum of Understanding (MOU) with SWSLHD.

9. The Silver Chain Group is a not-for-profit organisation providing community, clinical and health care services in Australia.

10. The Program is supported by Primary Health Networks working with the five participating LHDs.

11. The PEACH Program provides care packages to patients in the last days of life to enable death at home, specifically rapid access to clinical and related support services to ensure safe and comfortable in-home end of life care.

12. As part of the Territory-wide Health Services Framework (TWHSF), new clinical Centres will be established within Canberra Hospital and Health Services (CHHS) to deliver better outcomes for patients and ensure the sustainability of ACT Health services. Centres will be Territory-wide and will strategically group specialty services together, ensuring that they are integrated across the continuum of care and delivered in a coordinated way, by facilitating collaboration between specialties and across public, private and community based sectors.

13. The Centres will be supported by a Centre Service Plan and individual specialty service plans (SSPs), which will detail the service to be provided within the ACT health system. The SSPs will be underpinned by Models of Care (MoC) that will broadly define the way each health service is delivered. MoC will set out an evidence based framework for care and will be continuously revised.

14. The SSP for Palliative Care is currently under development and is expected to be completed by mid-2018.

15. Development of the Palliative Care SSP, includes:

    - engagement from the whole of service perspective, gaps from all perspectives and how it equates to a plan that encompasses all service areas (ACT Health, Calvary Health Care and community organisations; and
    - identifying challenges and recommendations for across Territory service provision for palliative care.

16. The services as delivered by PEACH may be identified during the community engagement process which is scheduled to occur late April – mid May 2018.

17. The PEACH Program Guidelines have been provided to the TWHS Redesign team for consideration in the context of the SSP development. ✓

Financial Implications

18. Not applicable.

Consultation

Internal

19. Not applicable.

Cross Directorate

20. Not applicable.

External

21. Not applicable.

Benefits/Sensitivities

22. Not applicable.

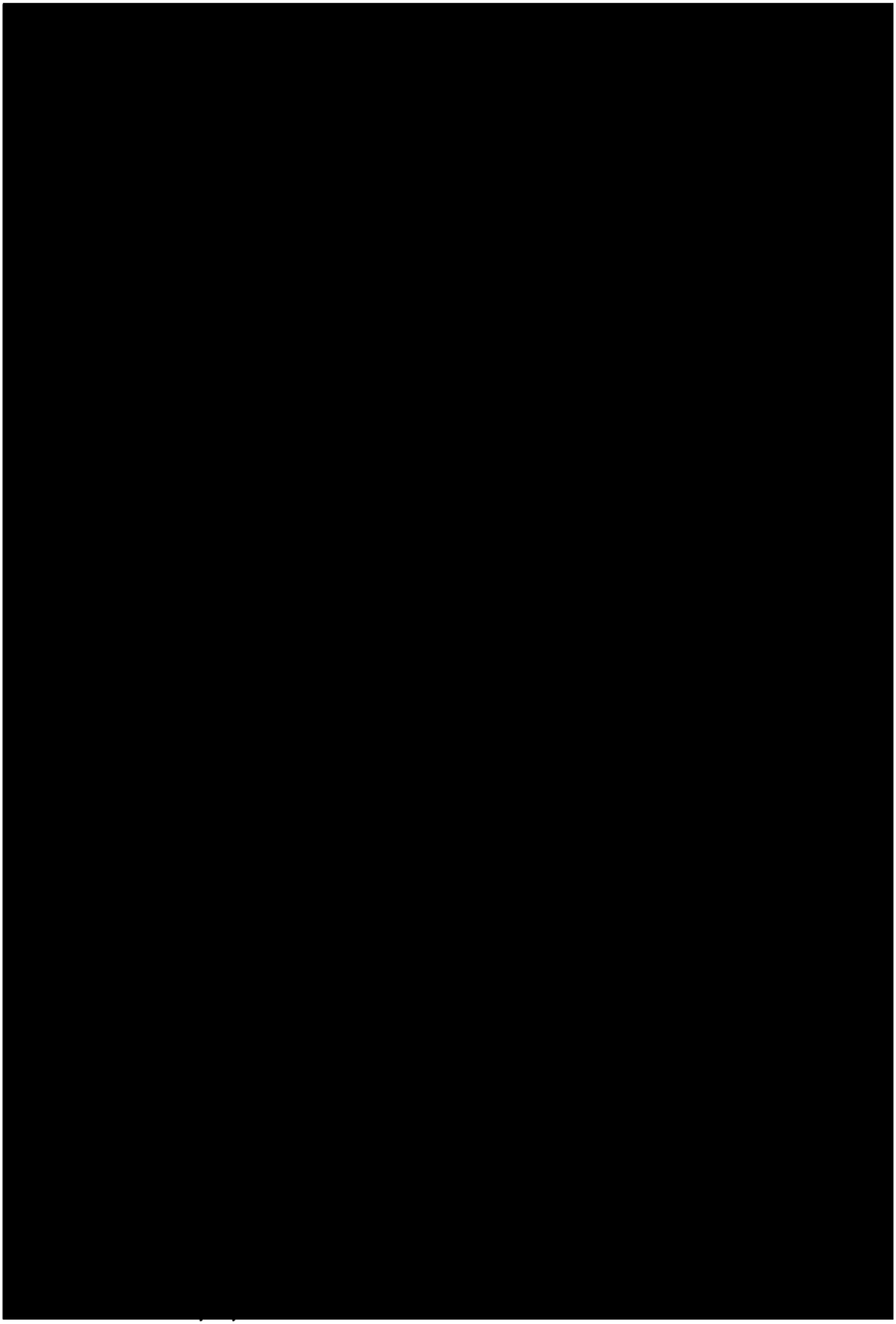
Media Implications

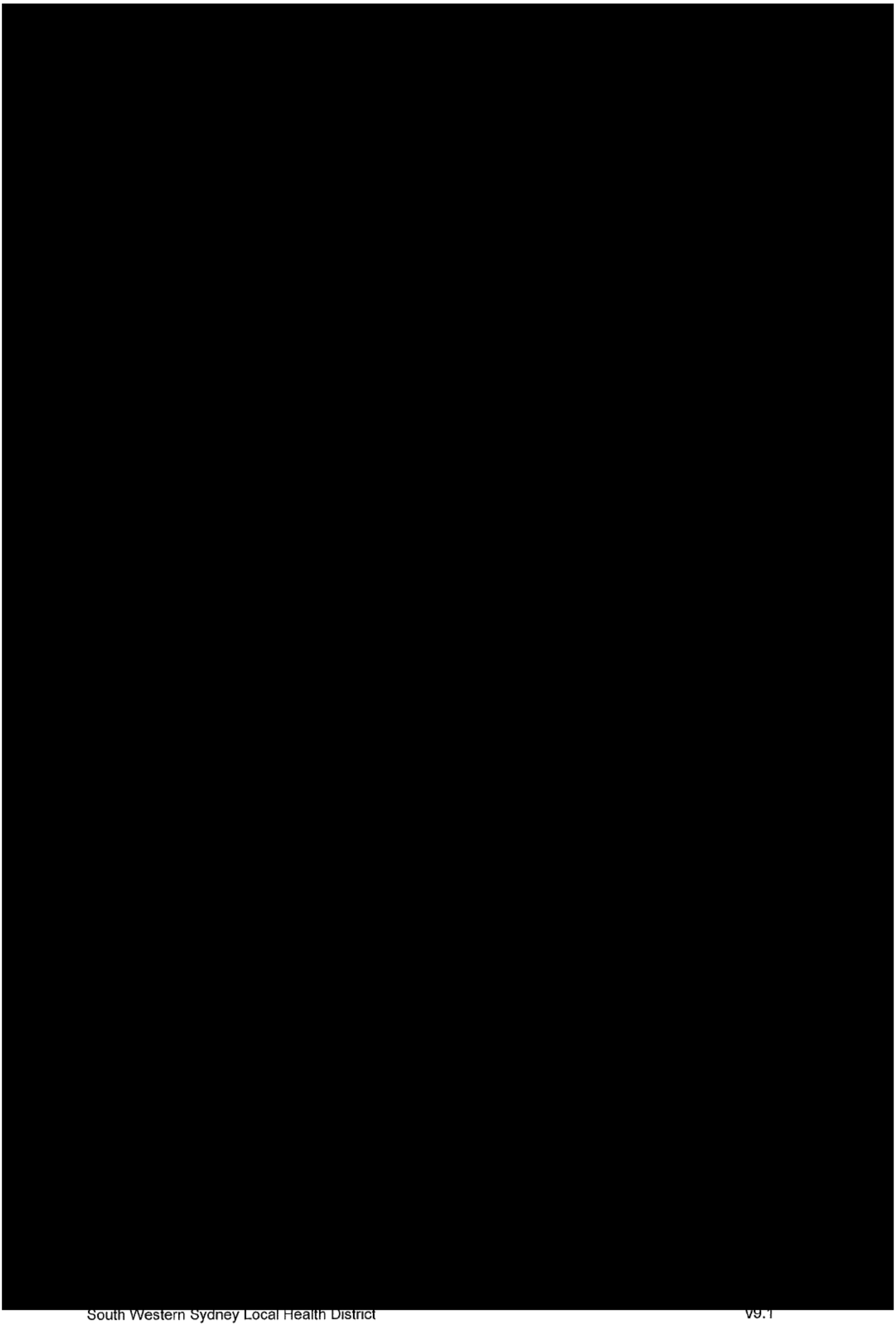
23. Not applicable.

Signatory Name:	Karen Doran	Phone:	52248
Action Officer:	Sallyanne Pini	Phone:	54689

Attachments

Attachment	Title
Attachment A	NSW Health PEACH Guidelines





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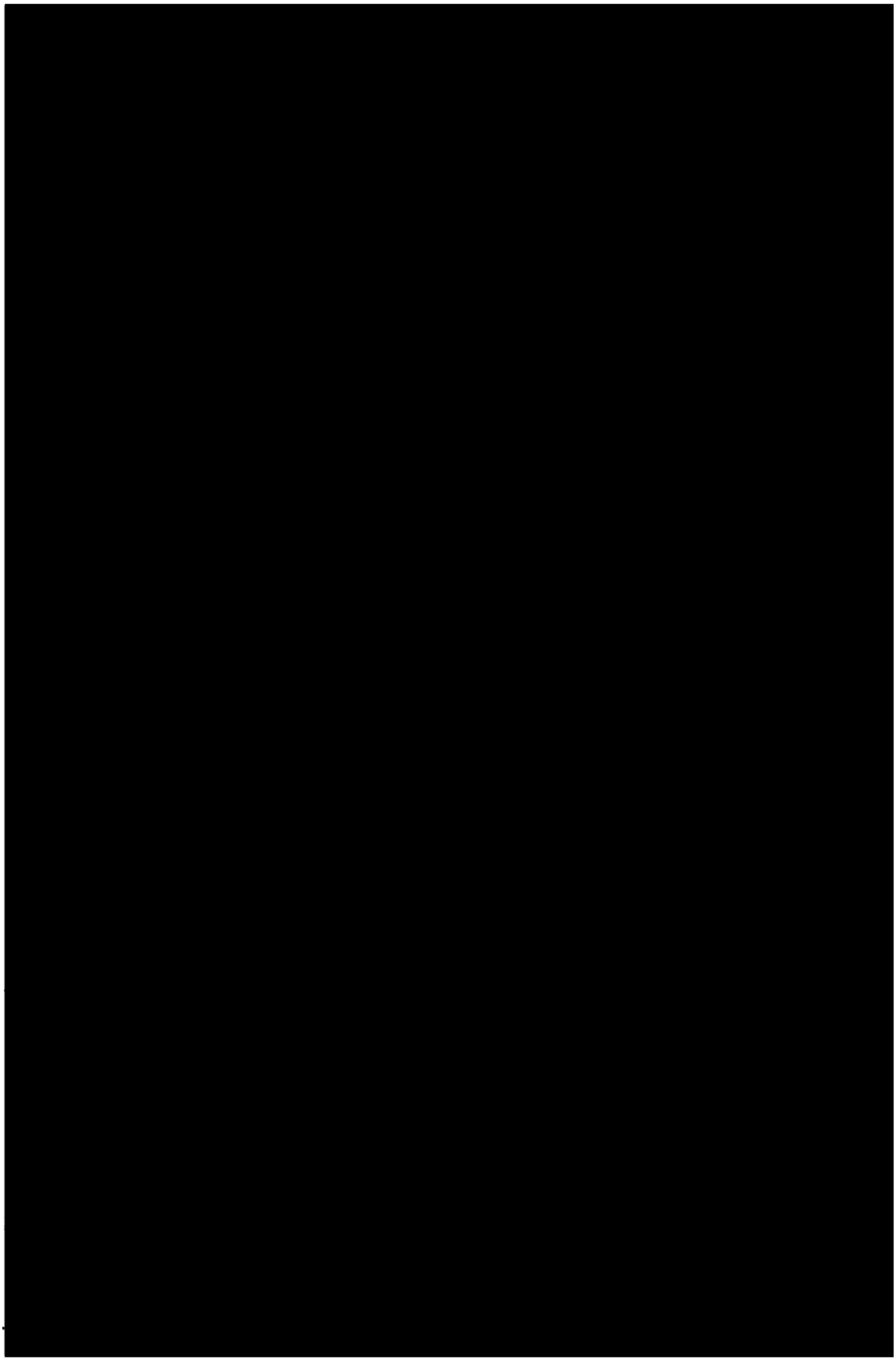

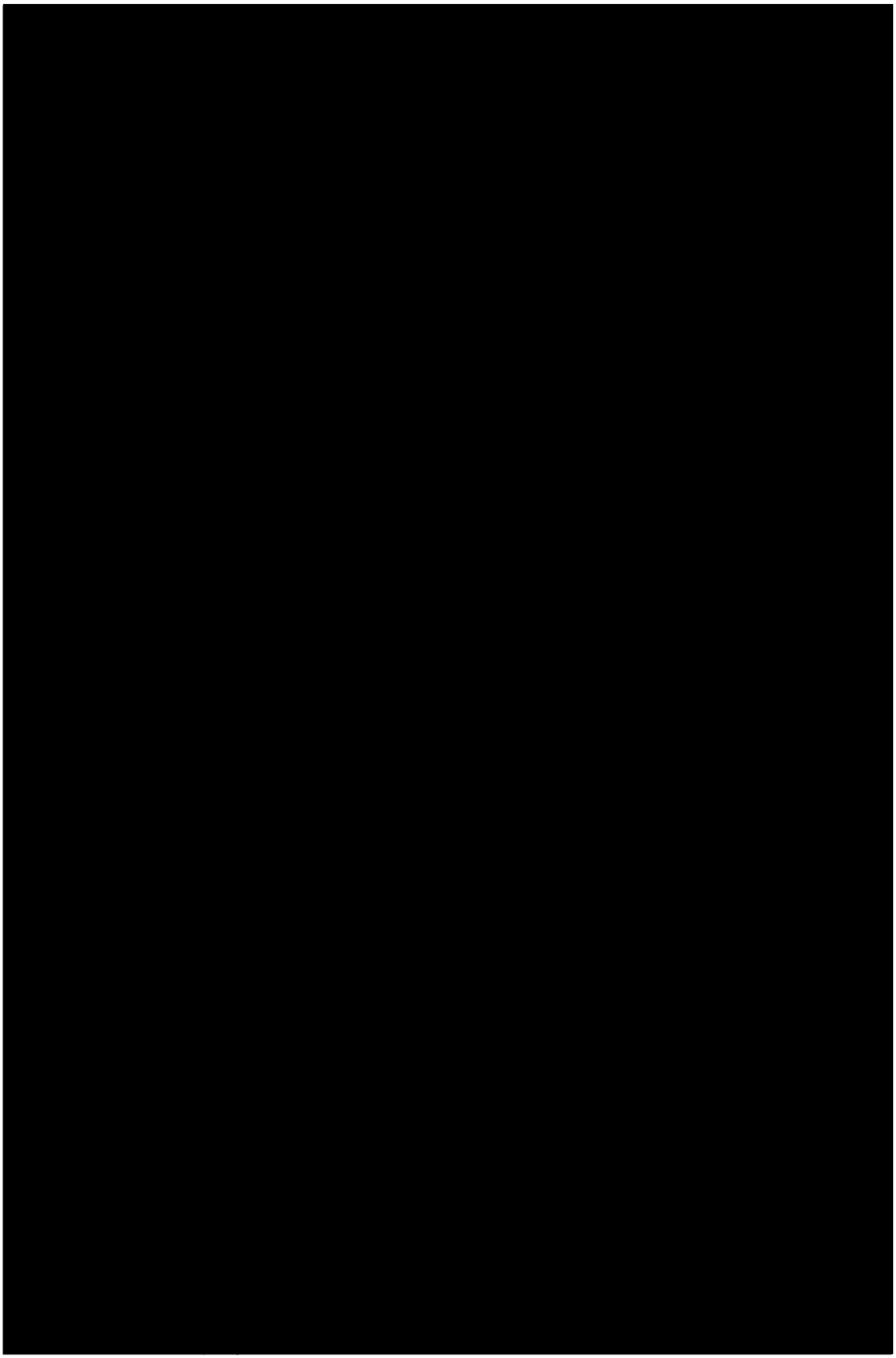

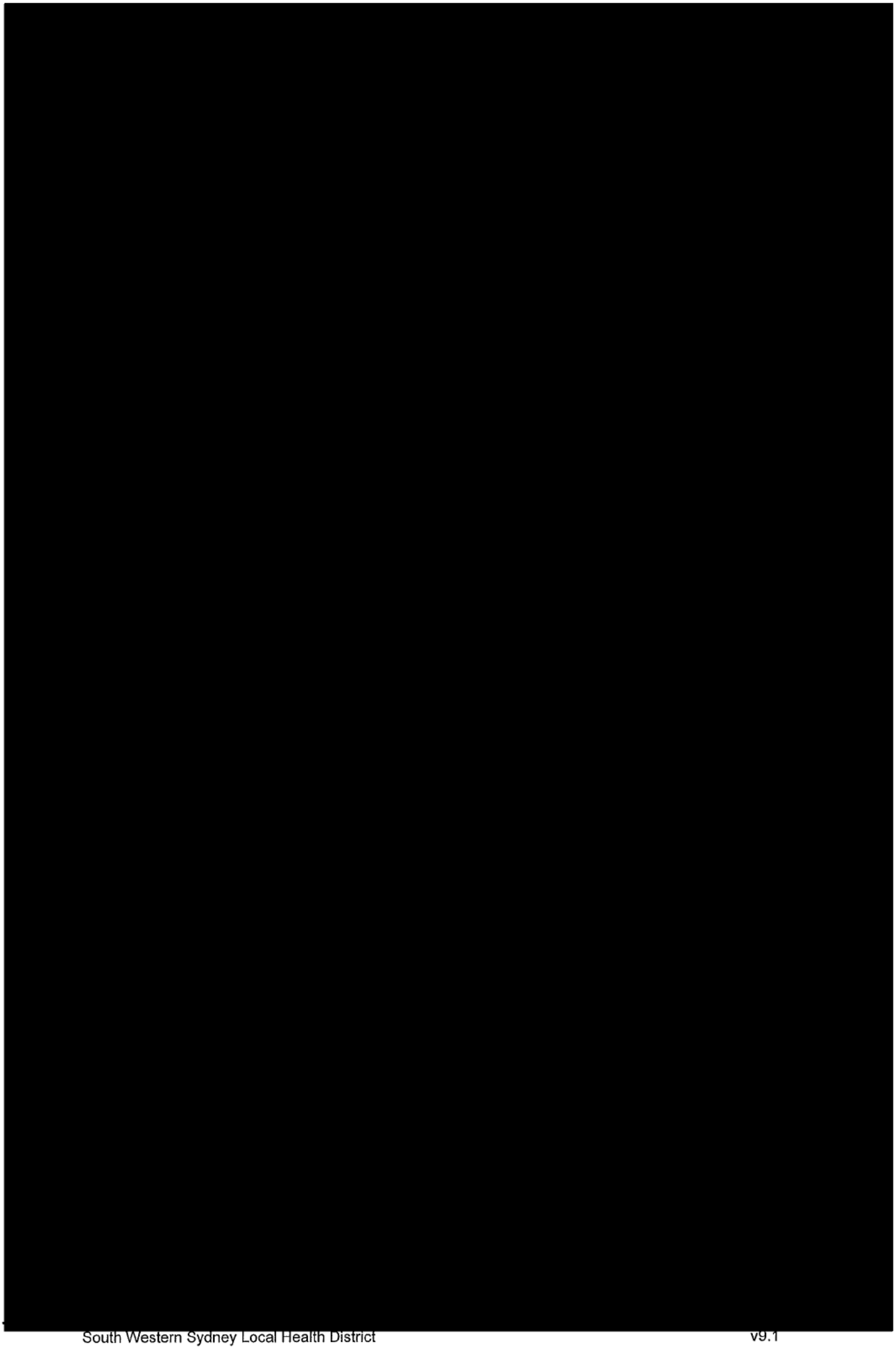

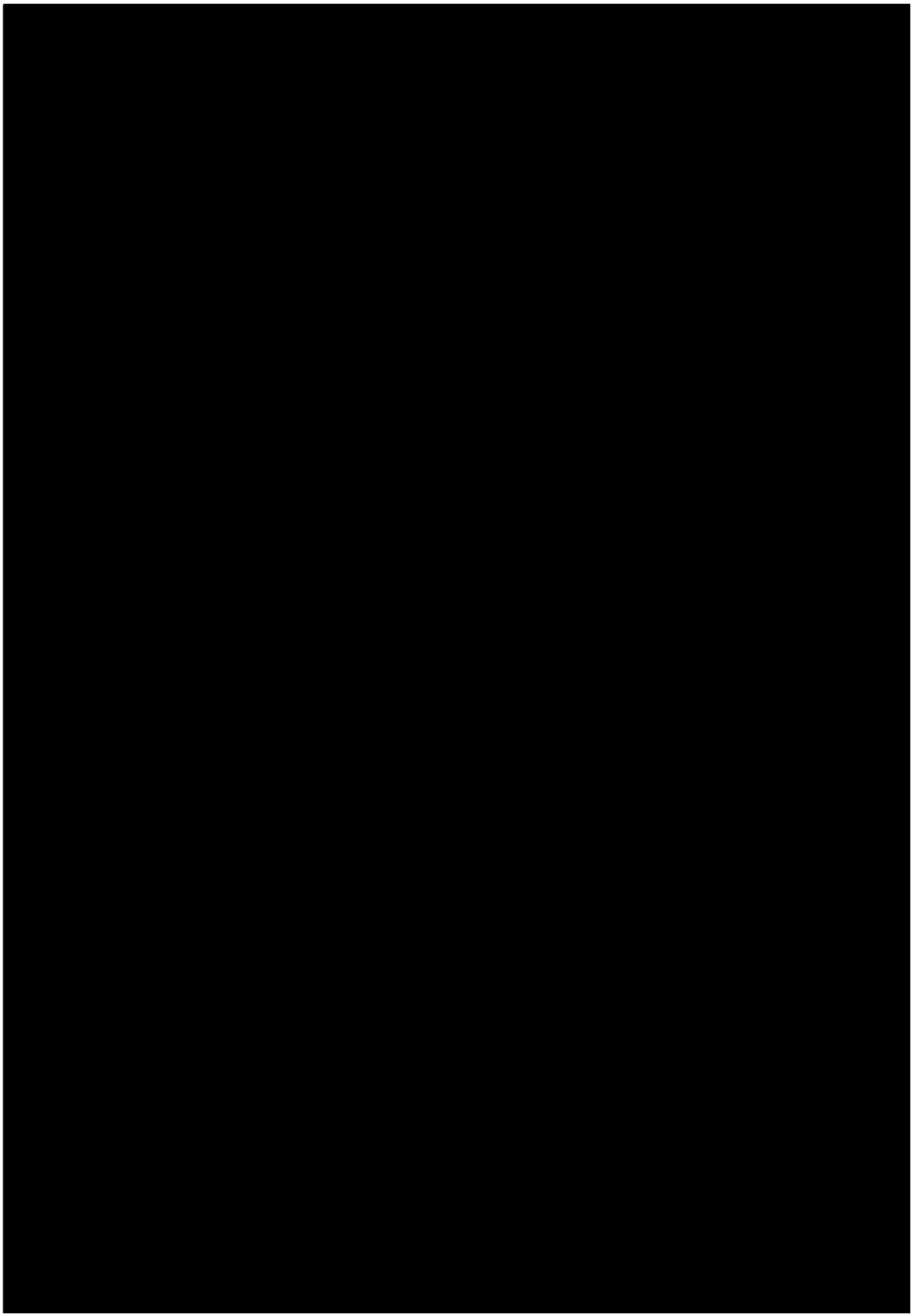

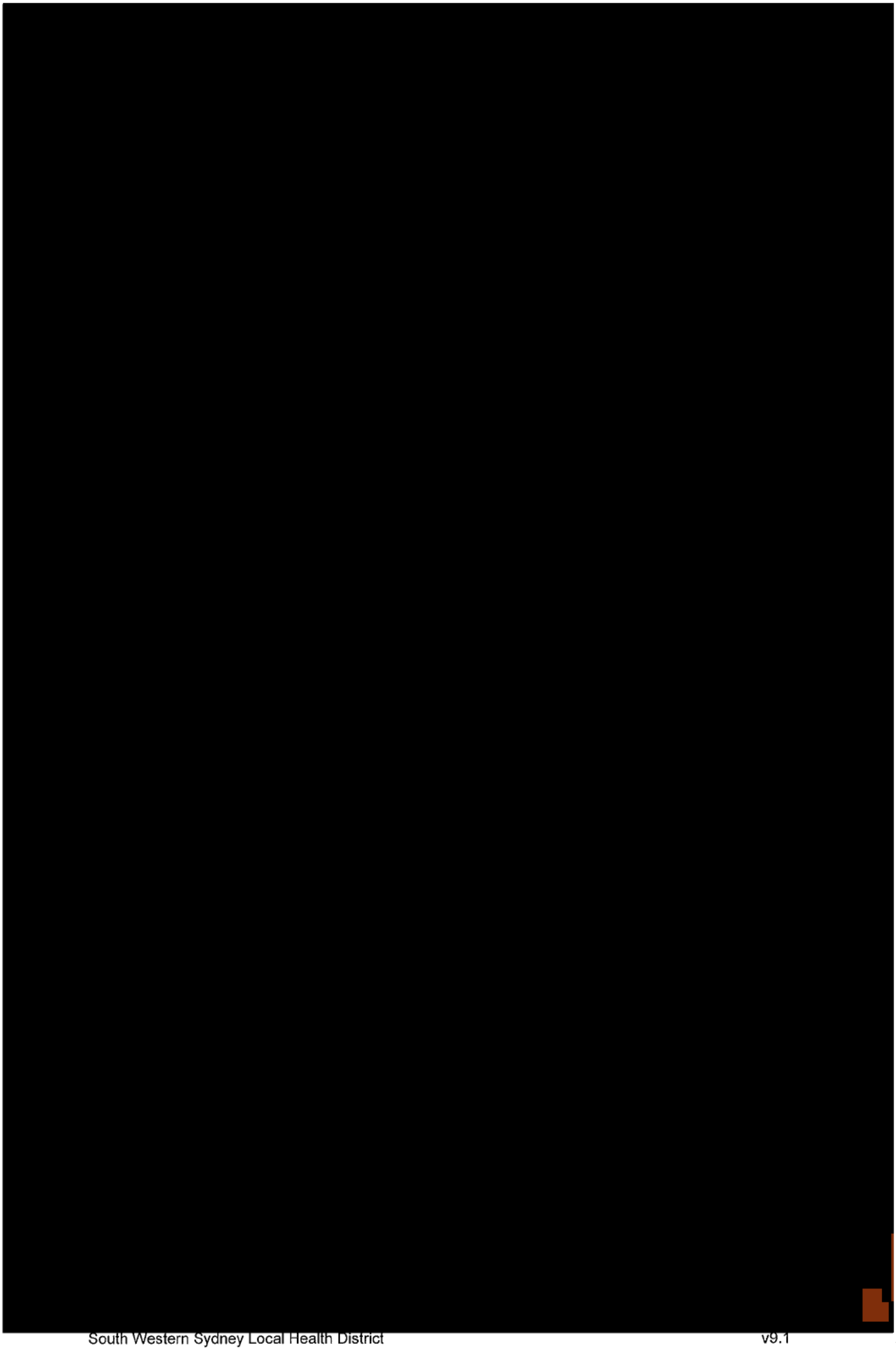

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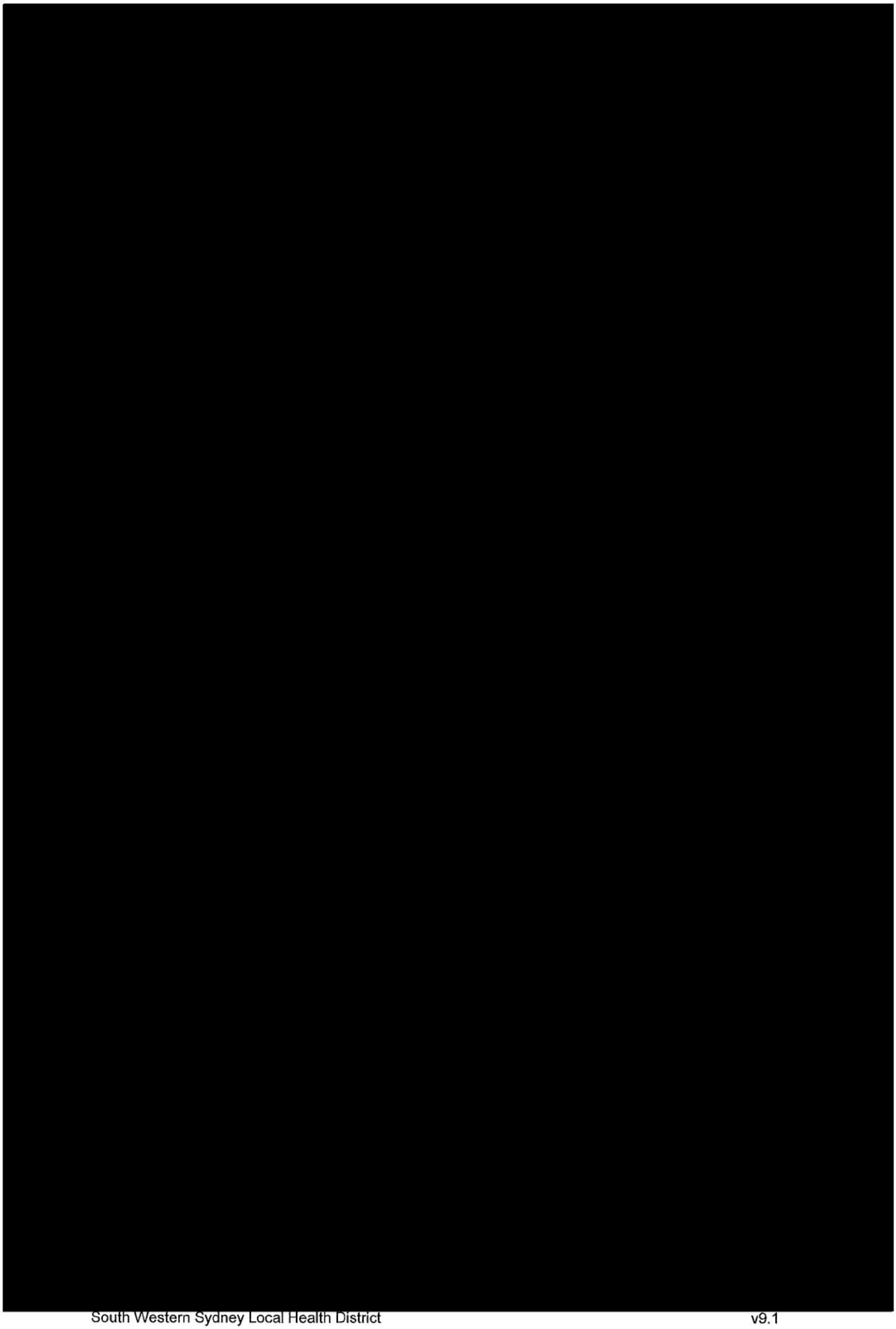

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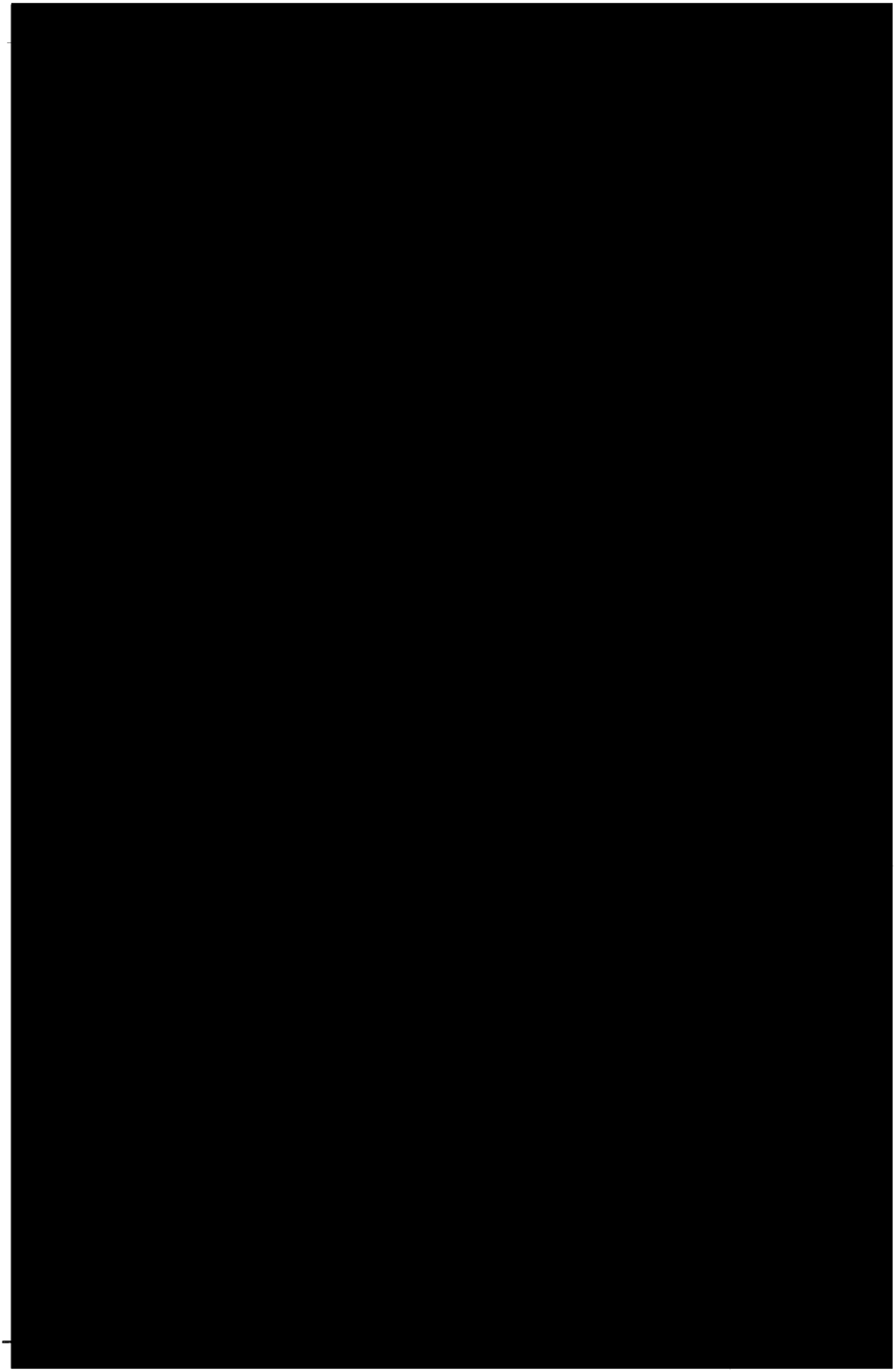

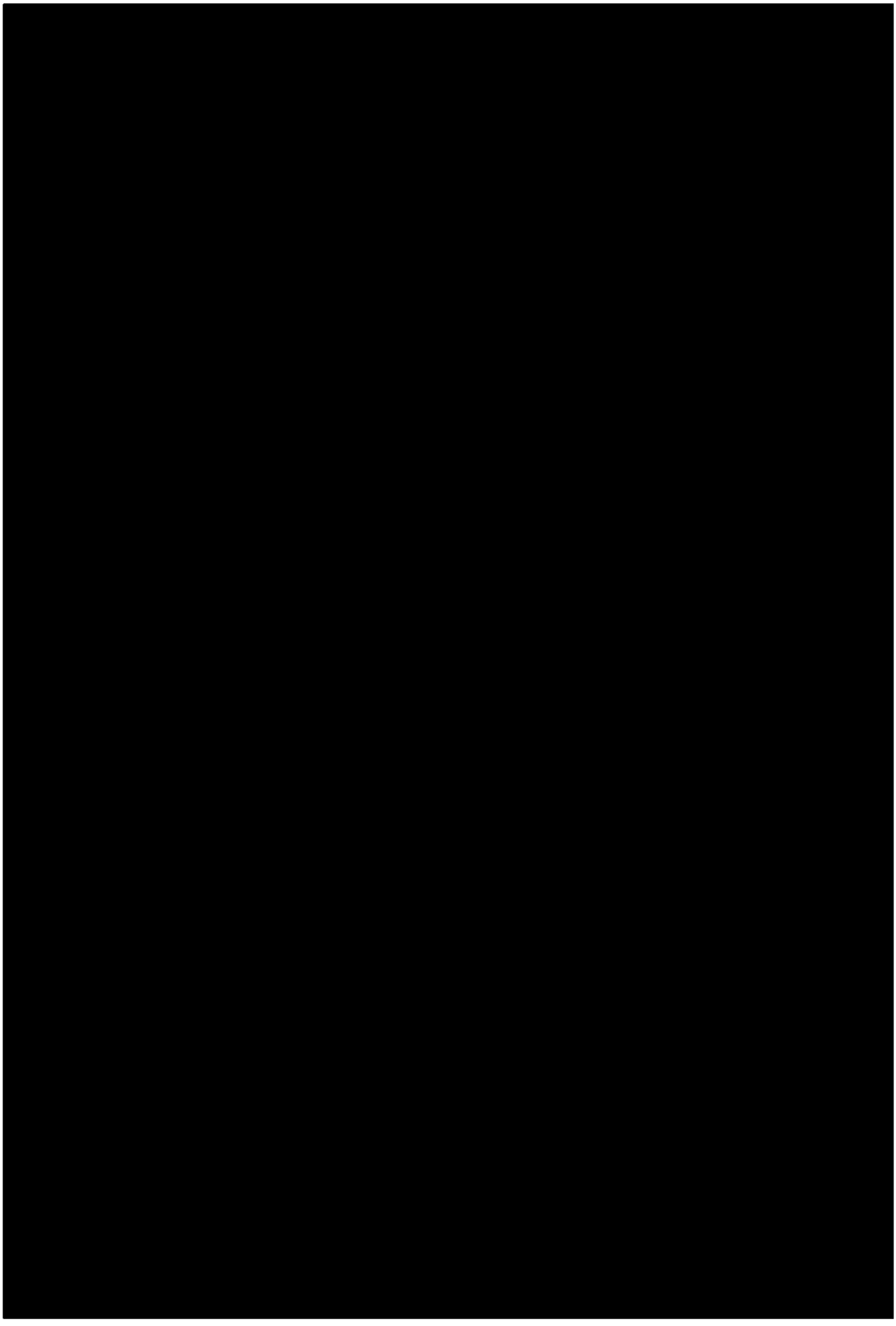

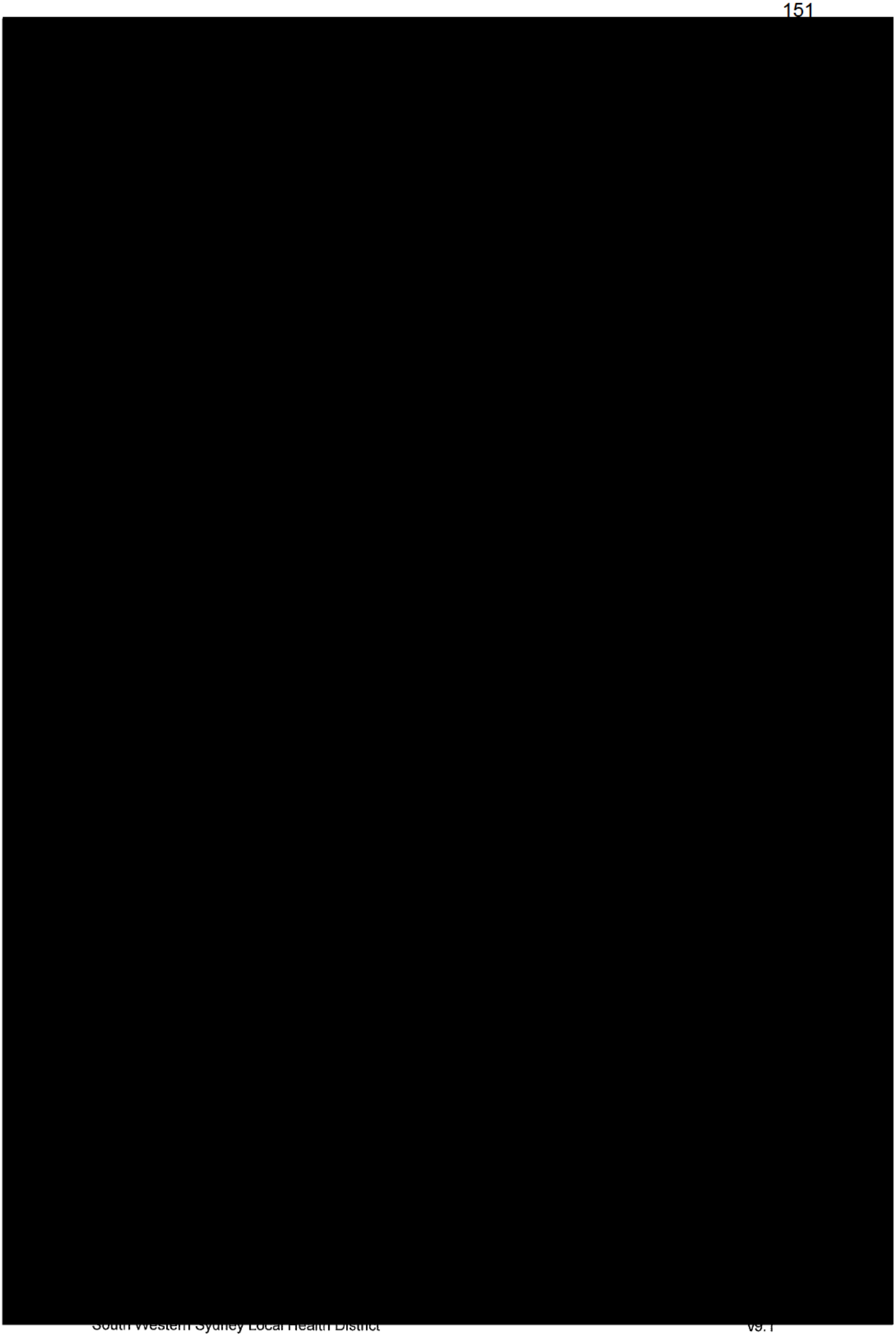

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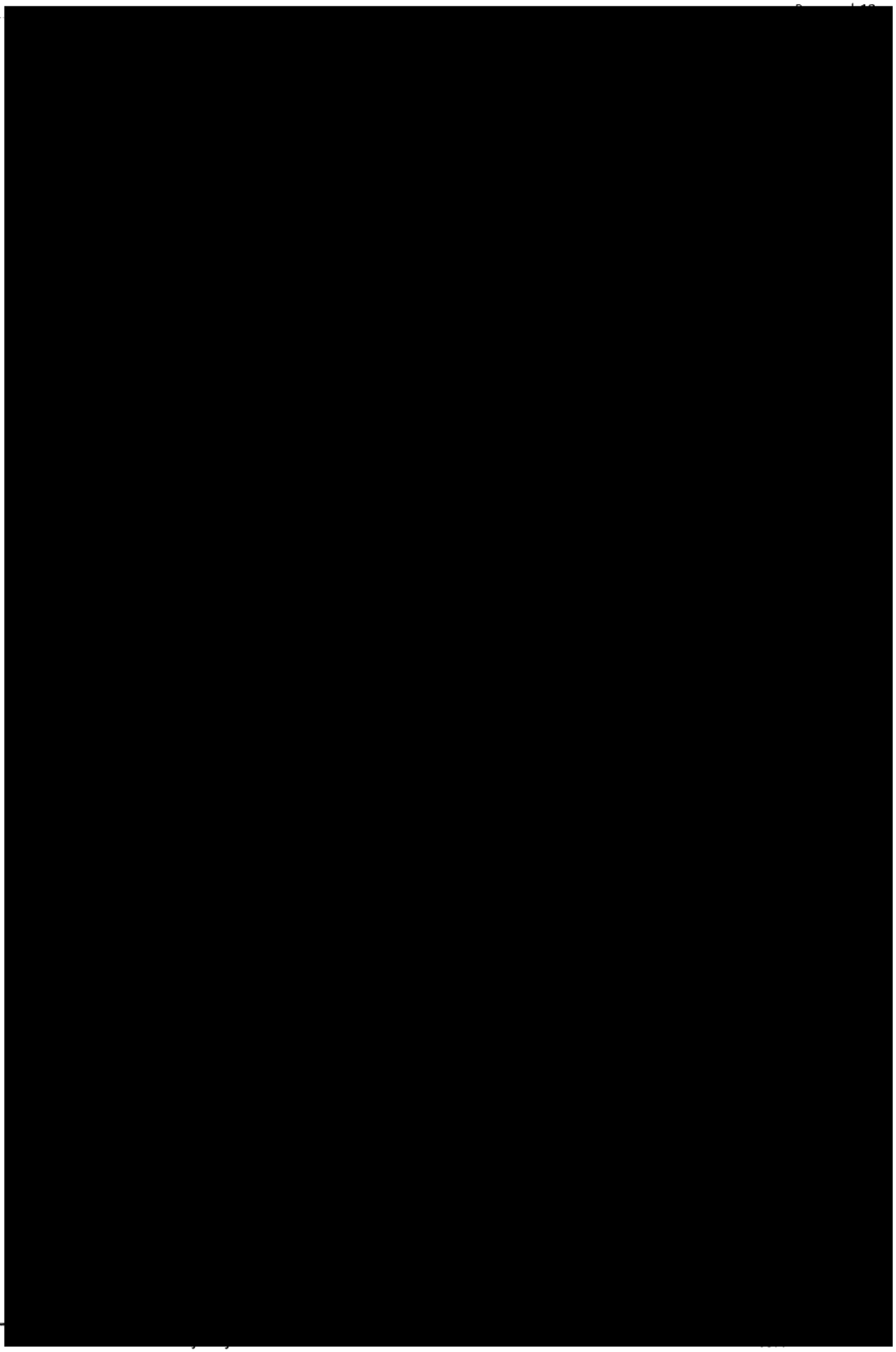

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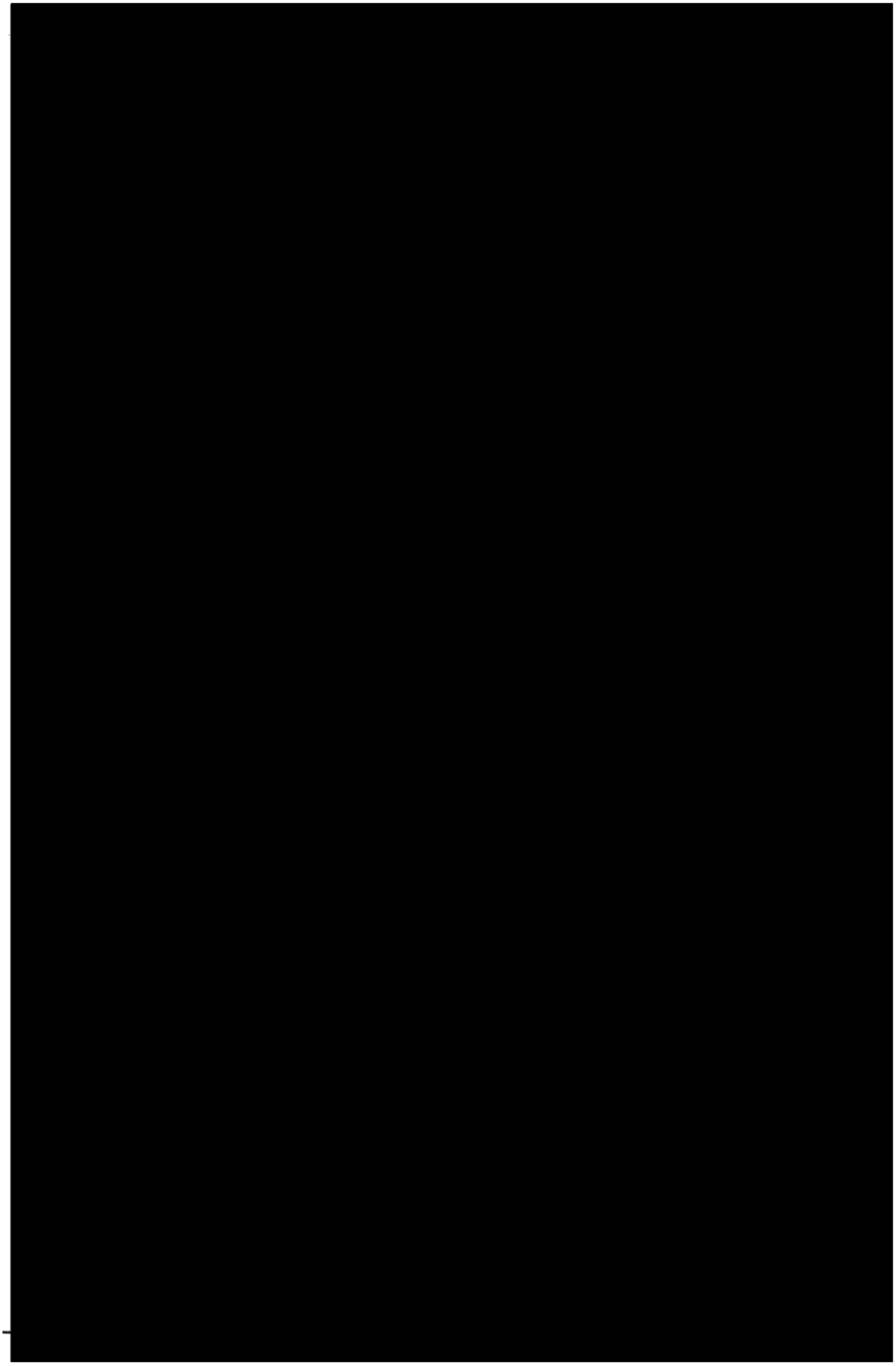

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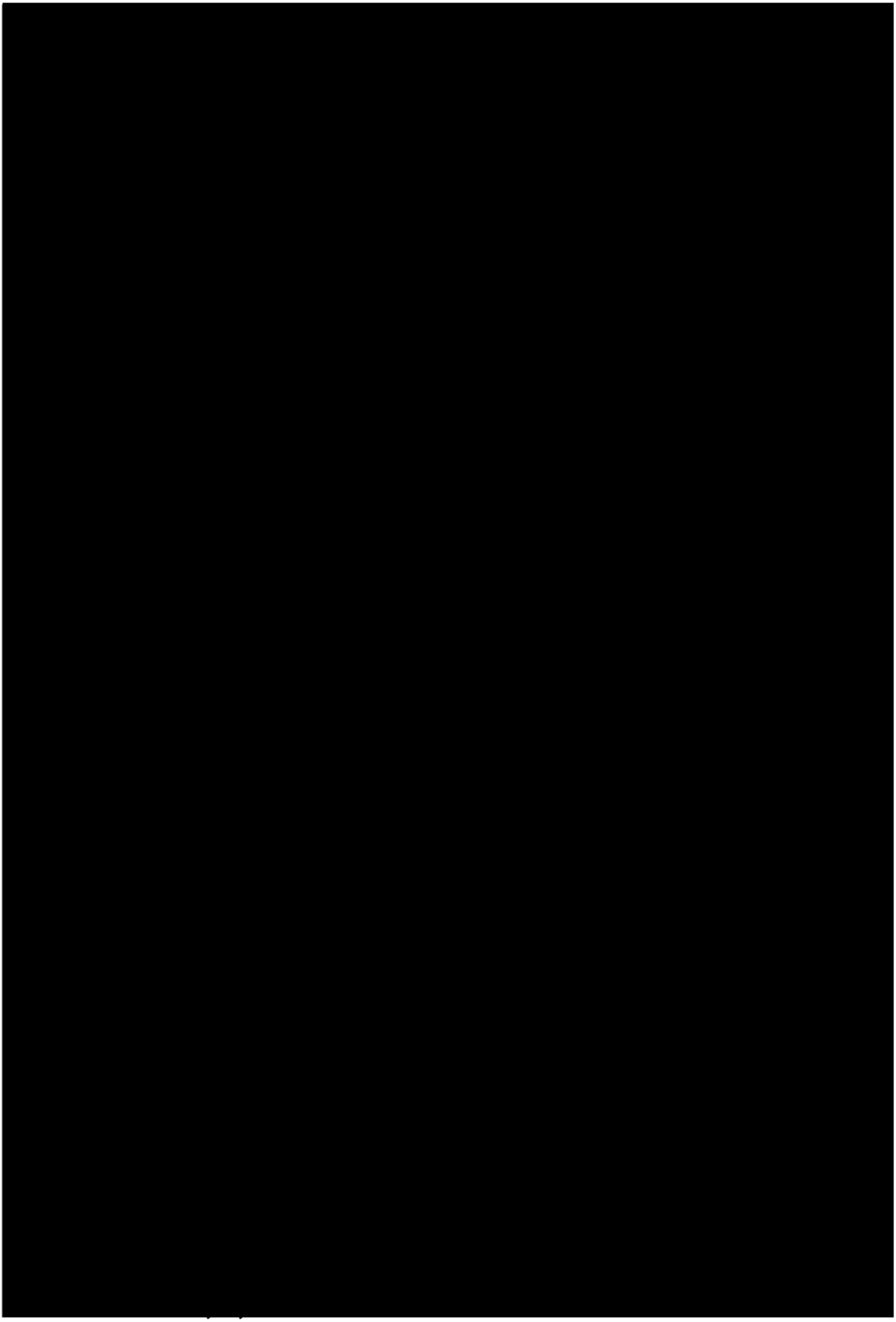

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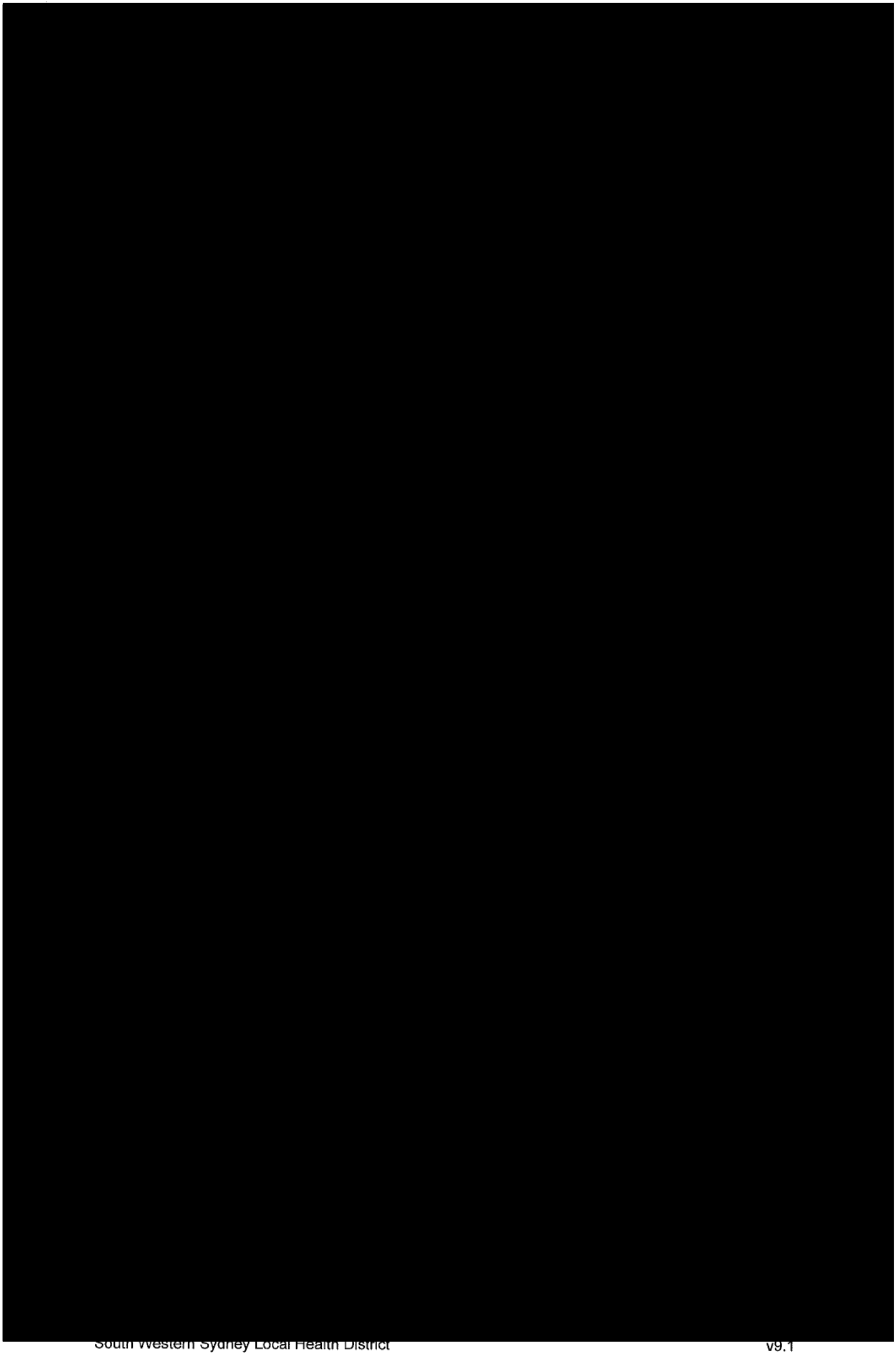

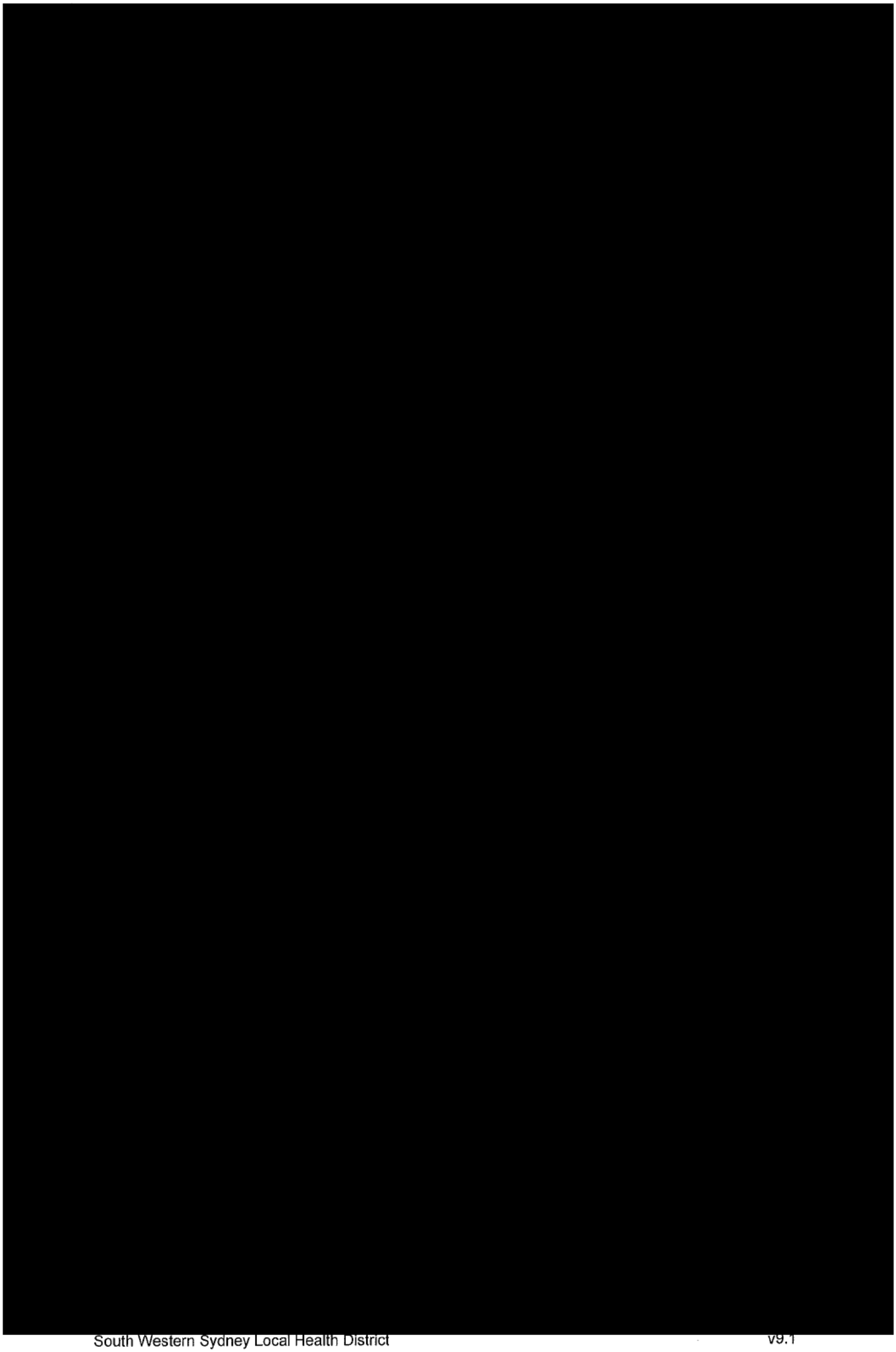

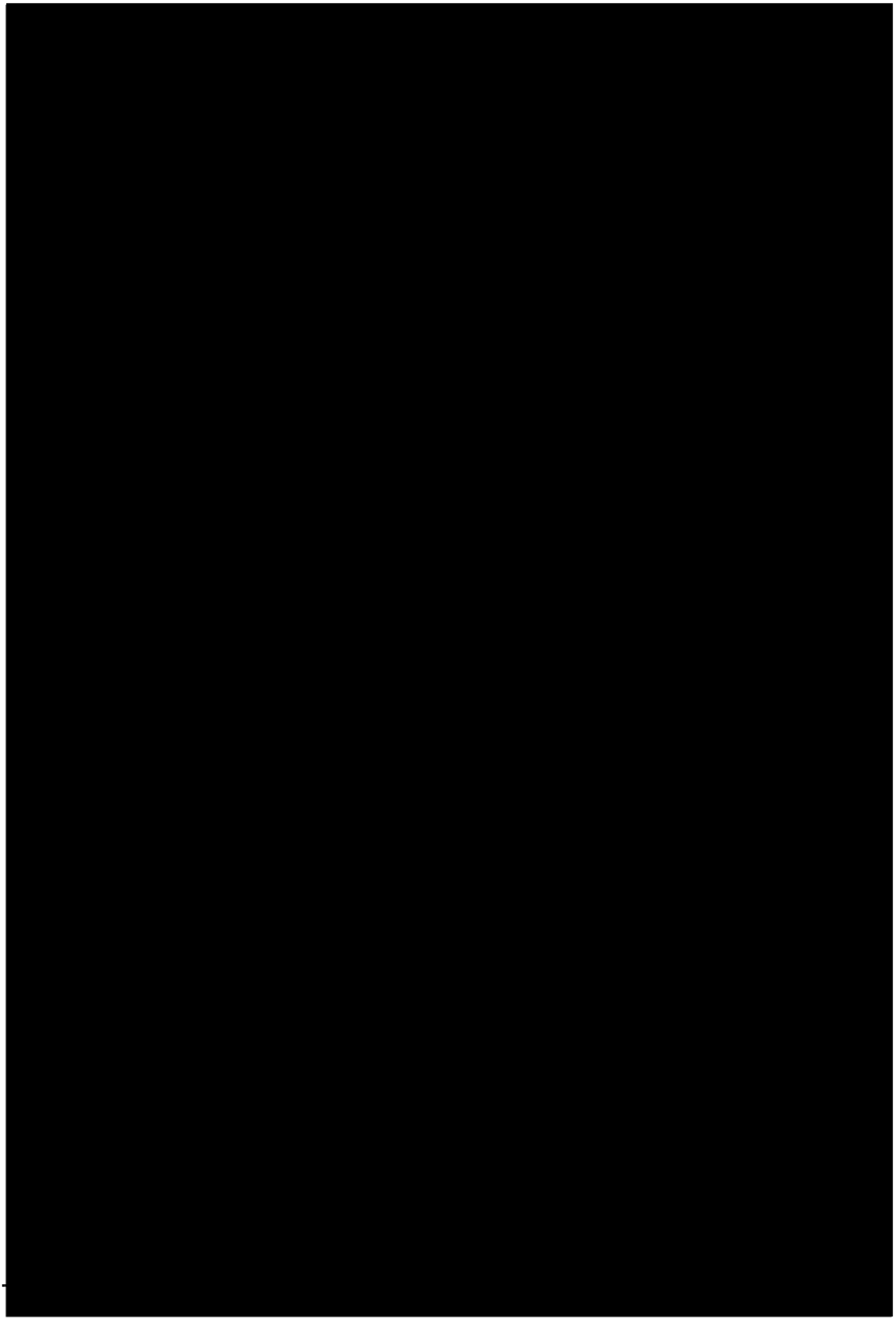

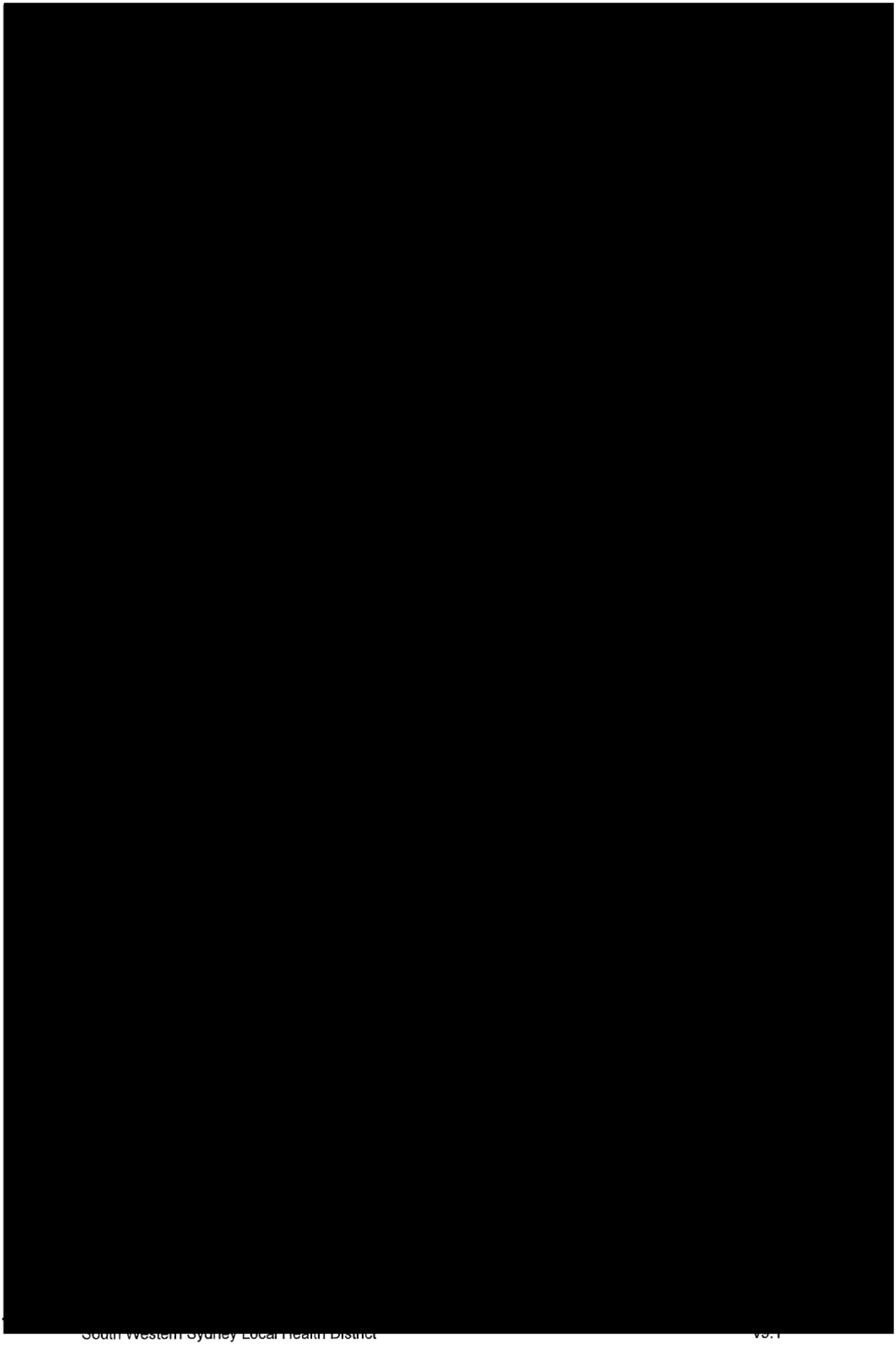

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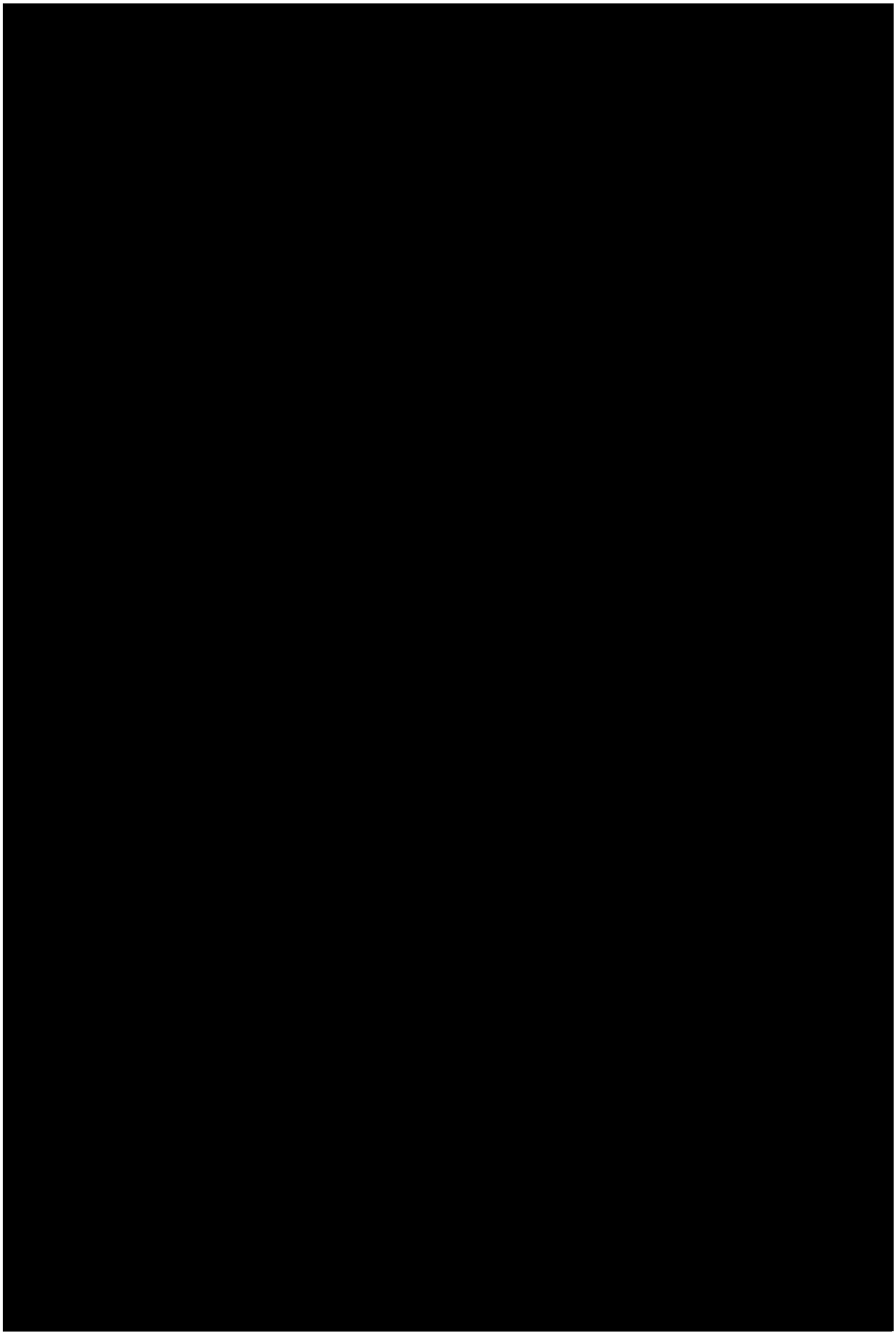

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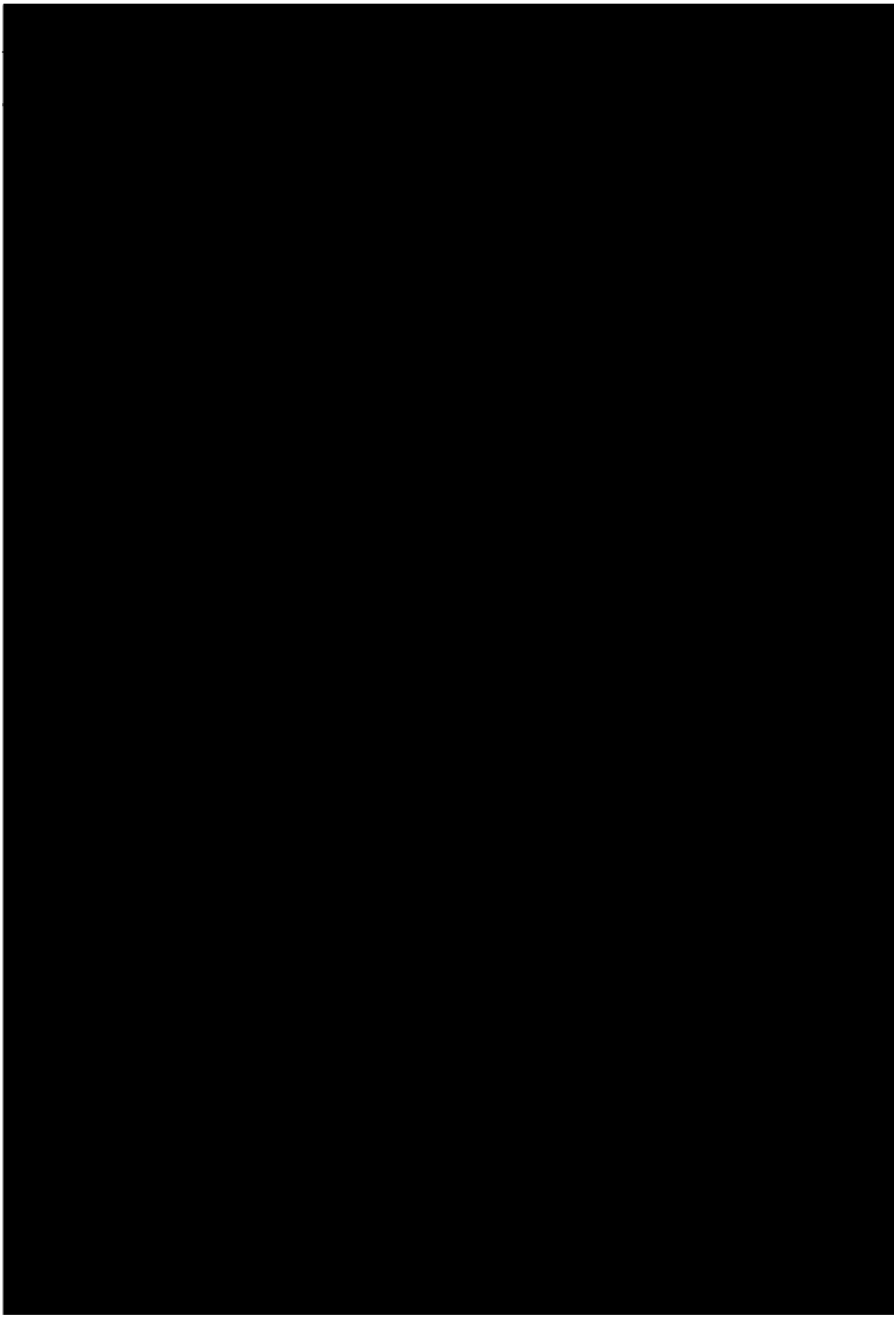

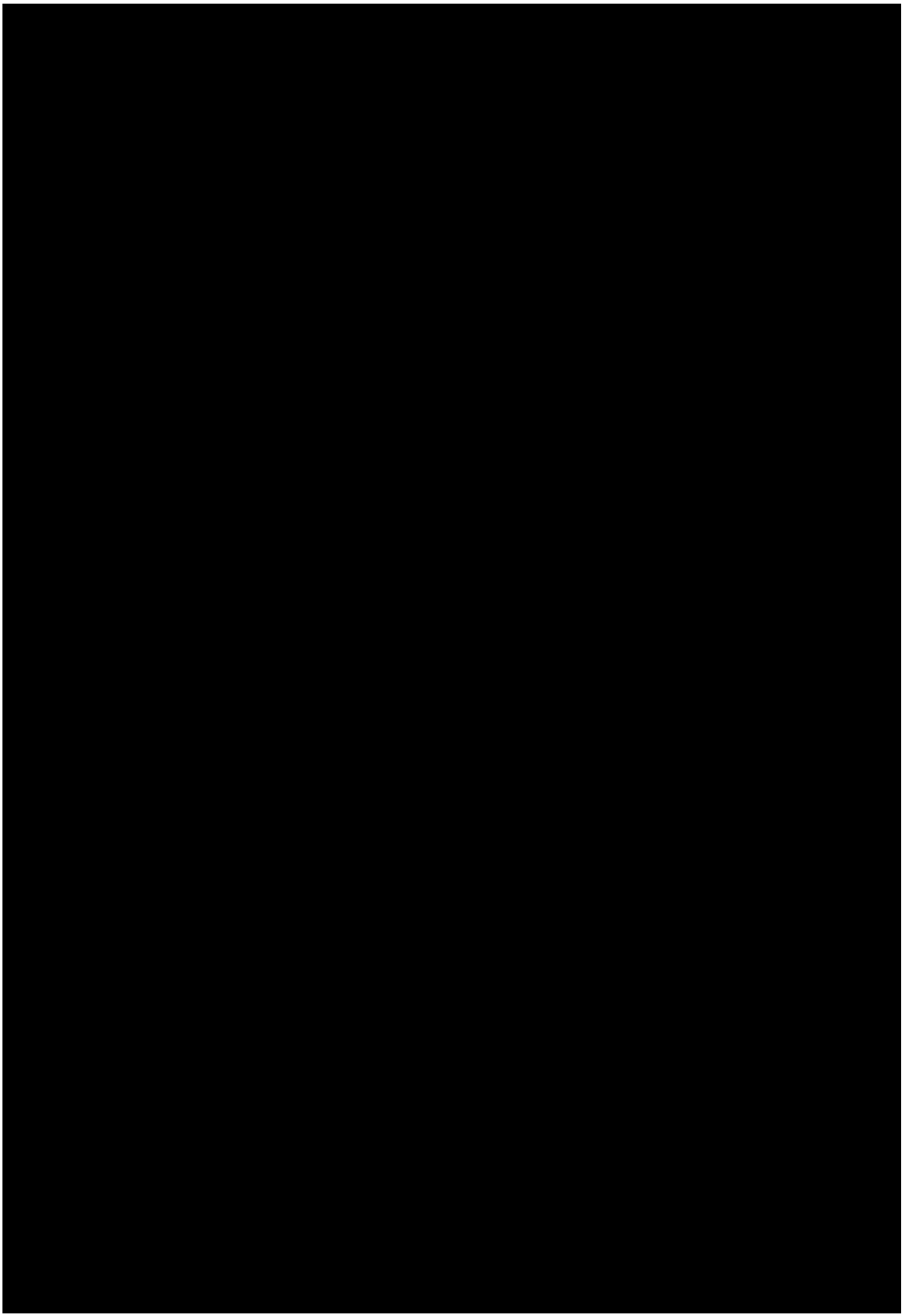

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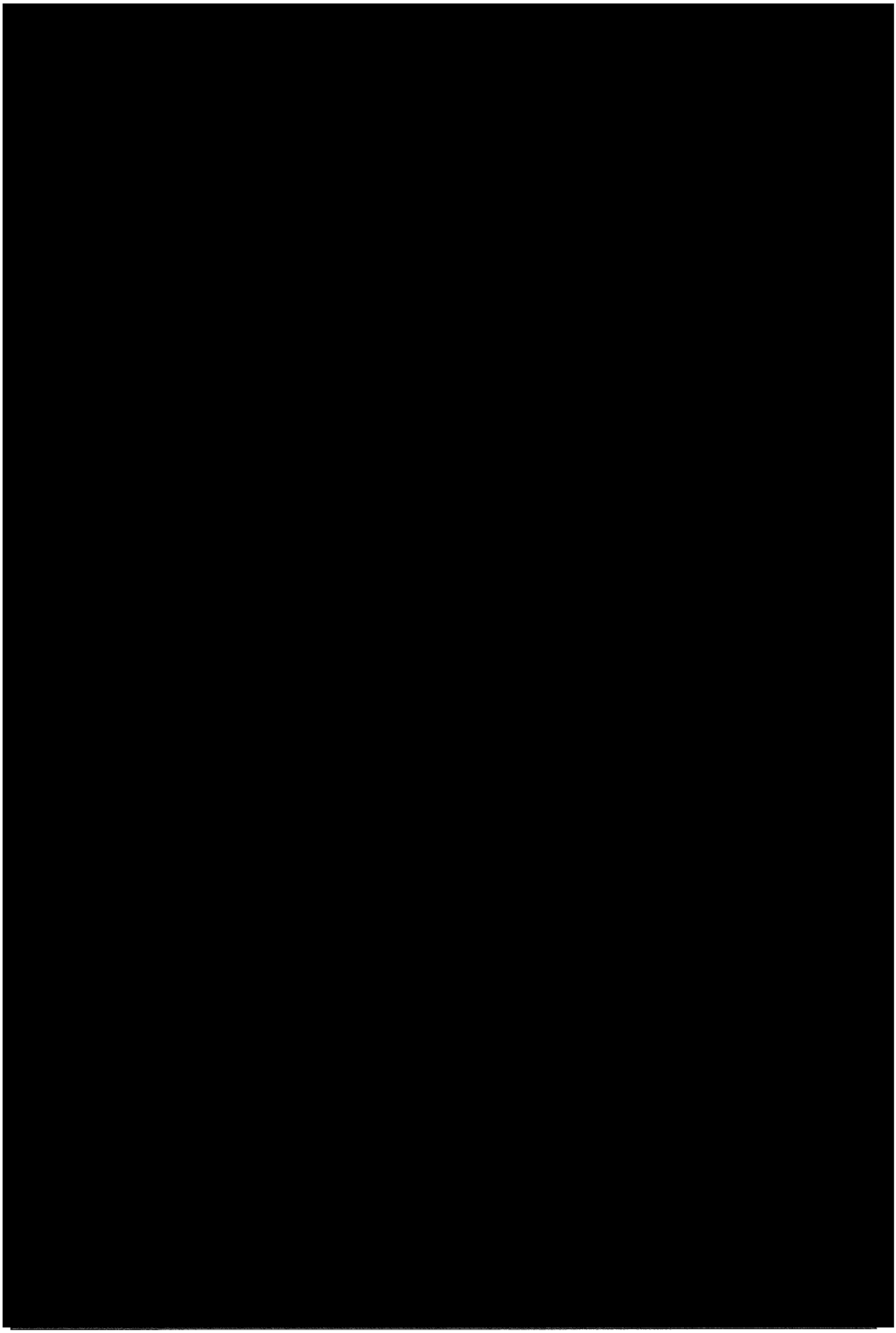

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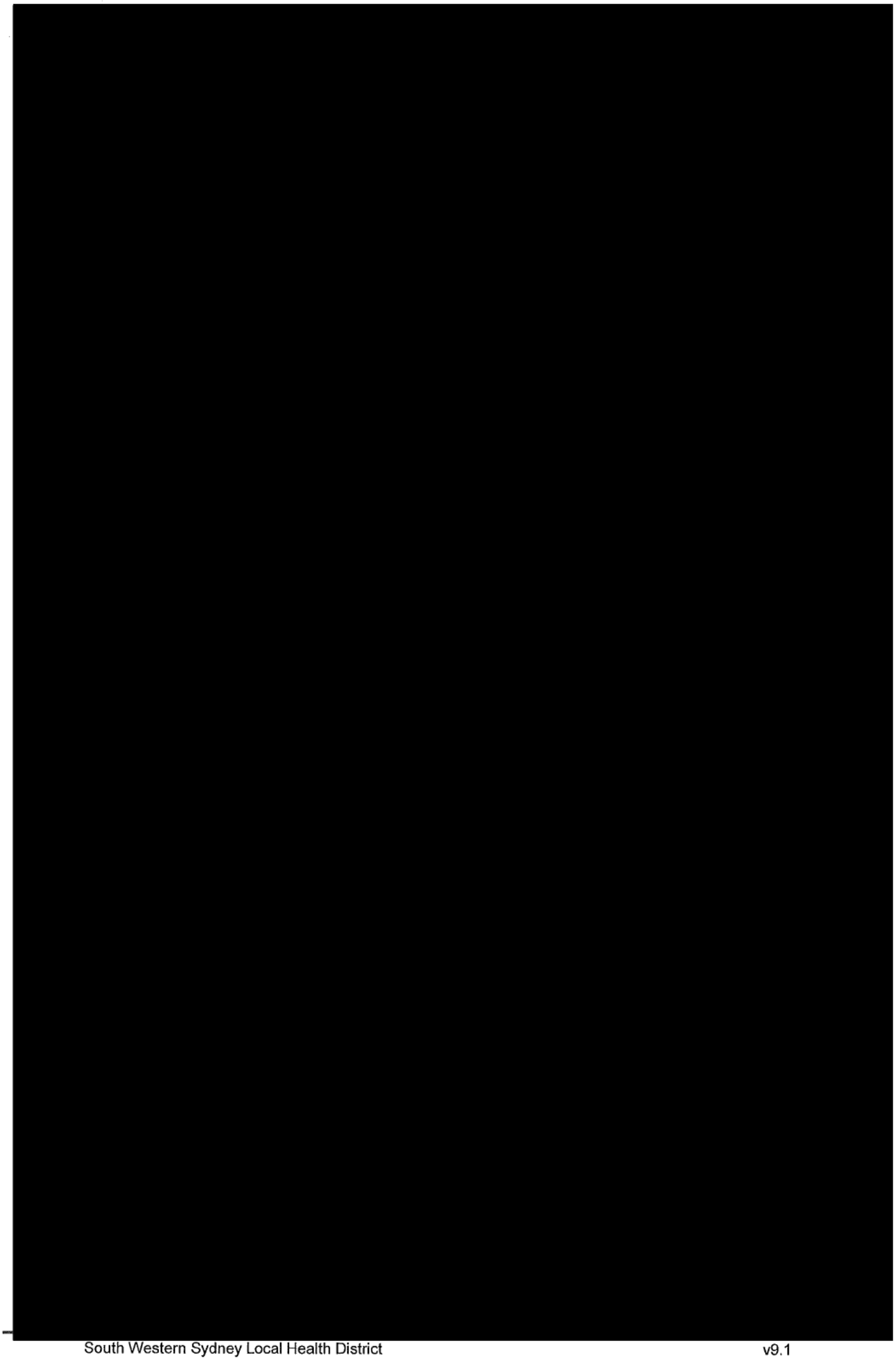

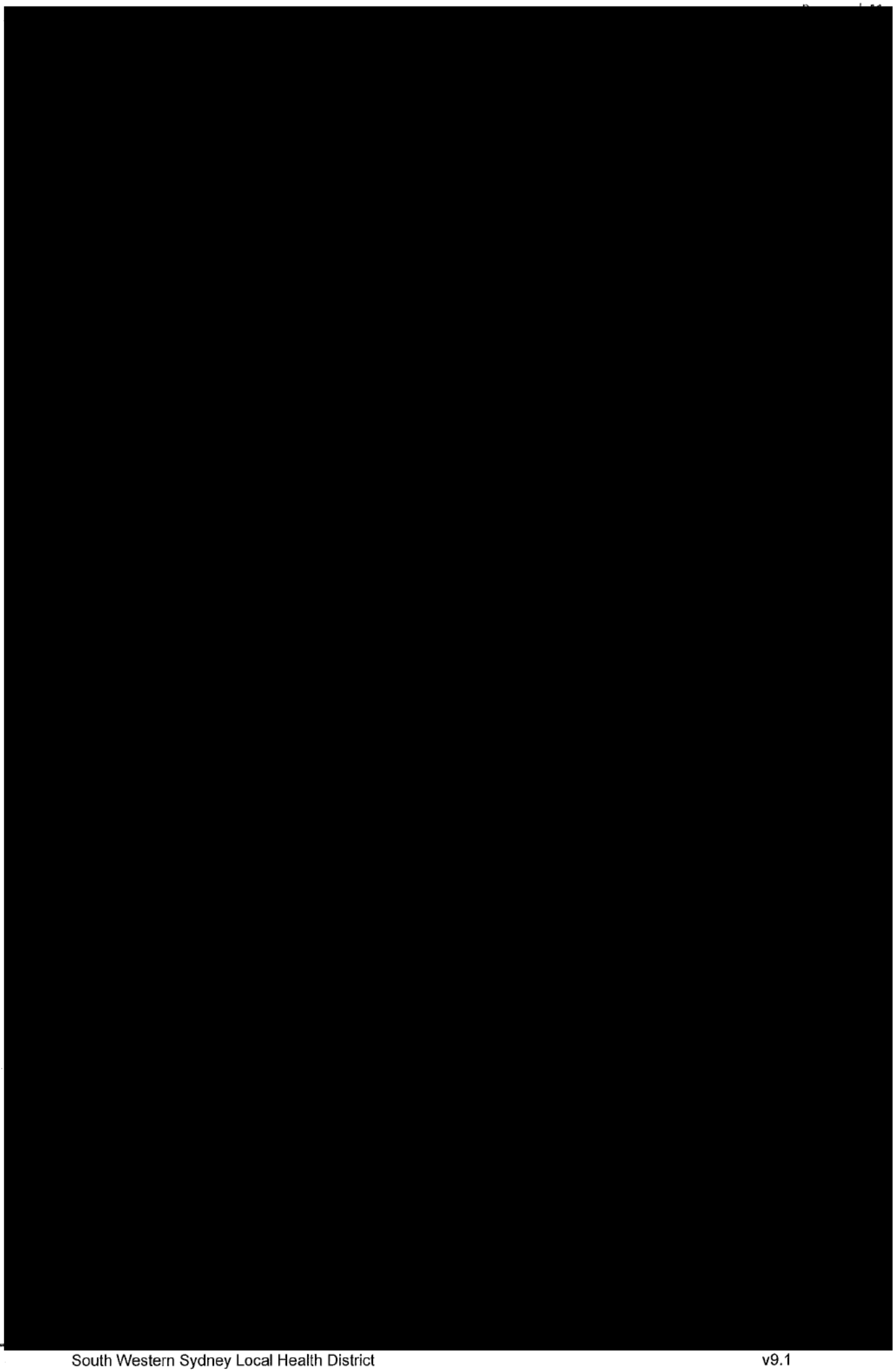

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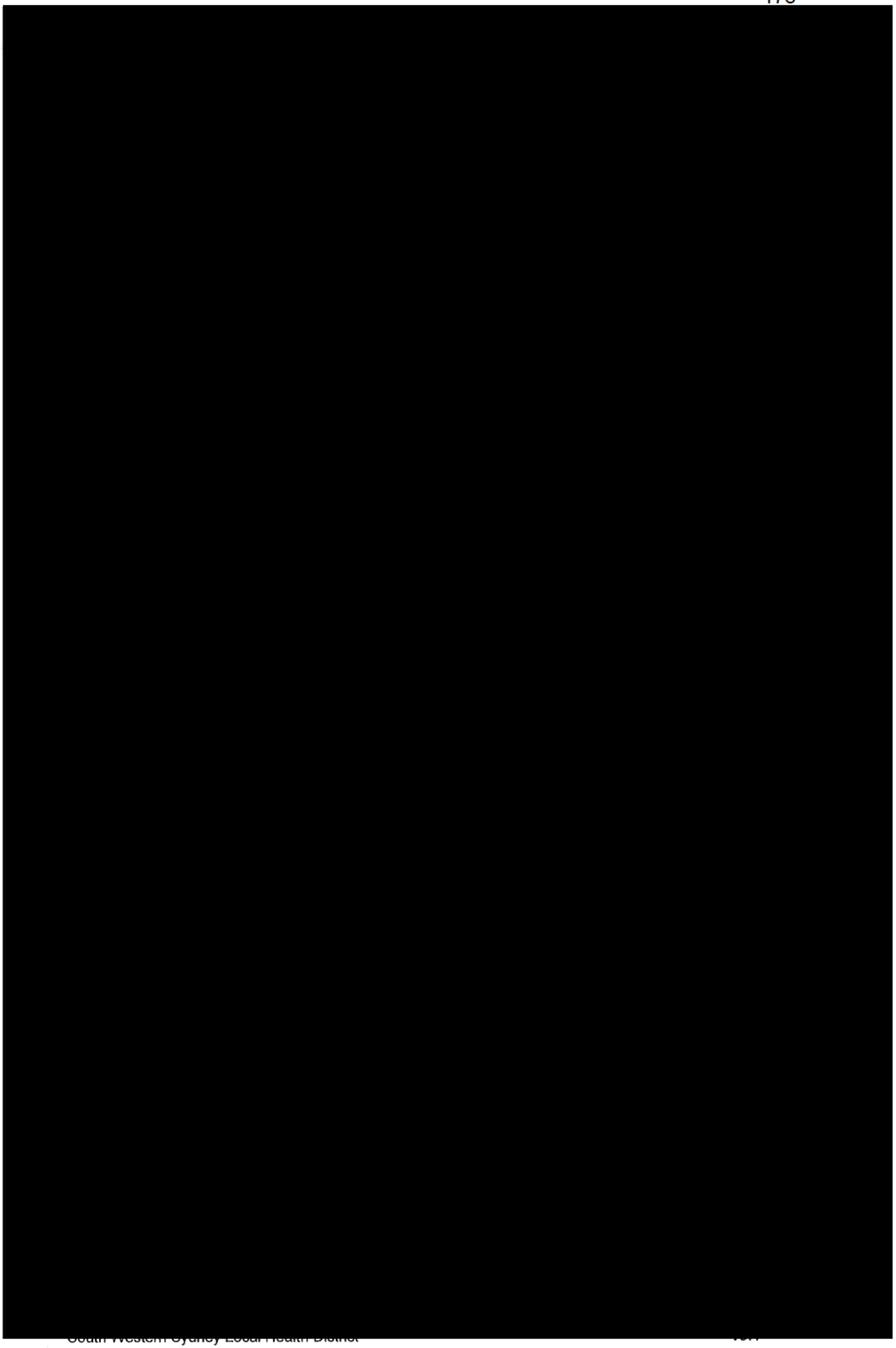

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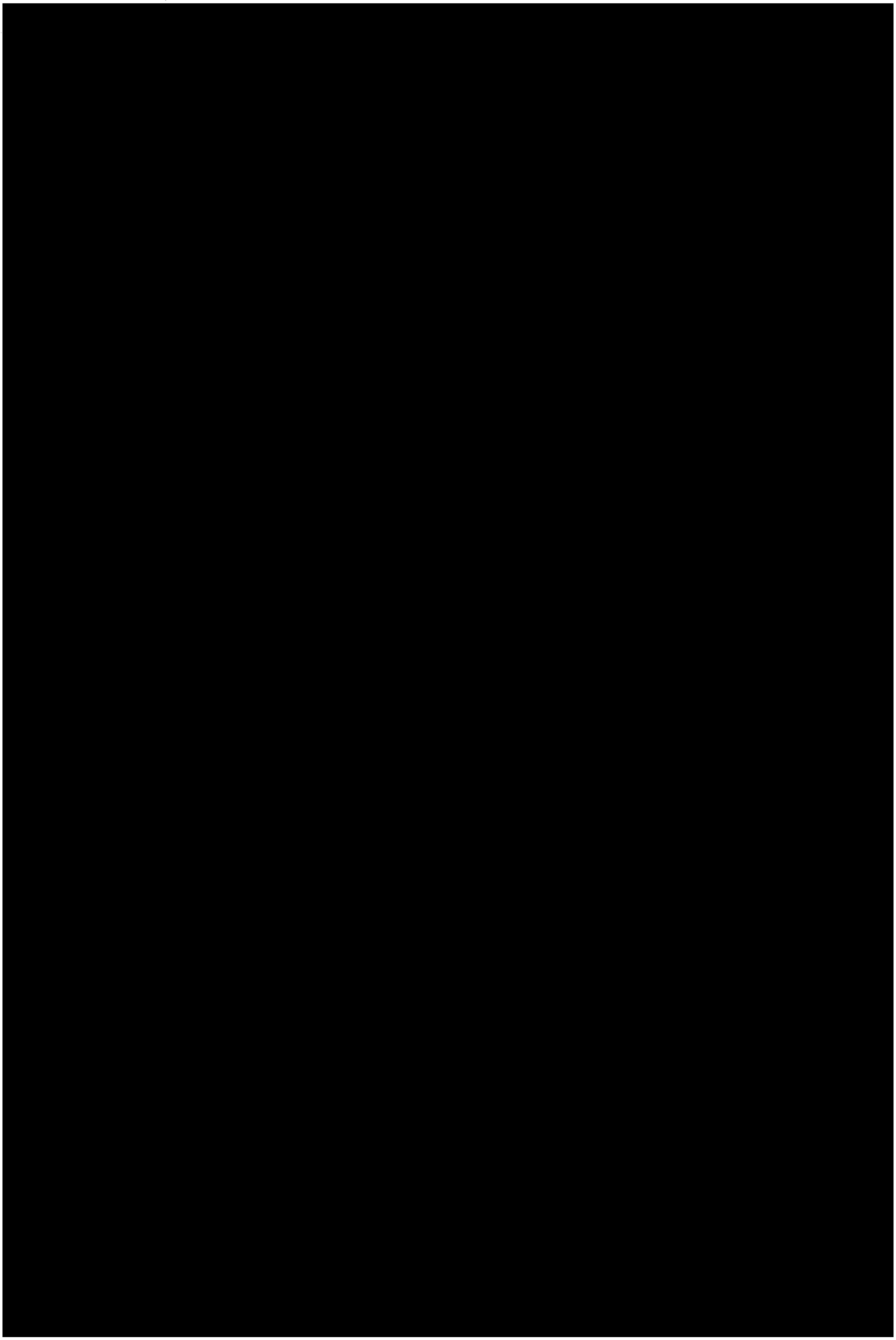

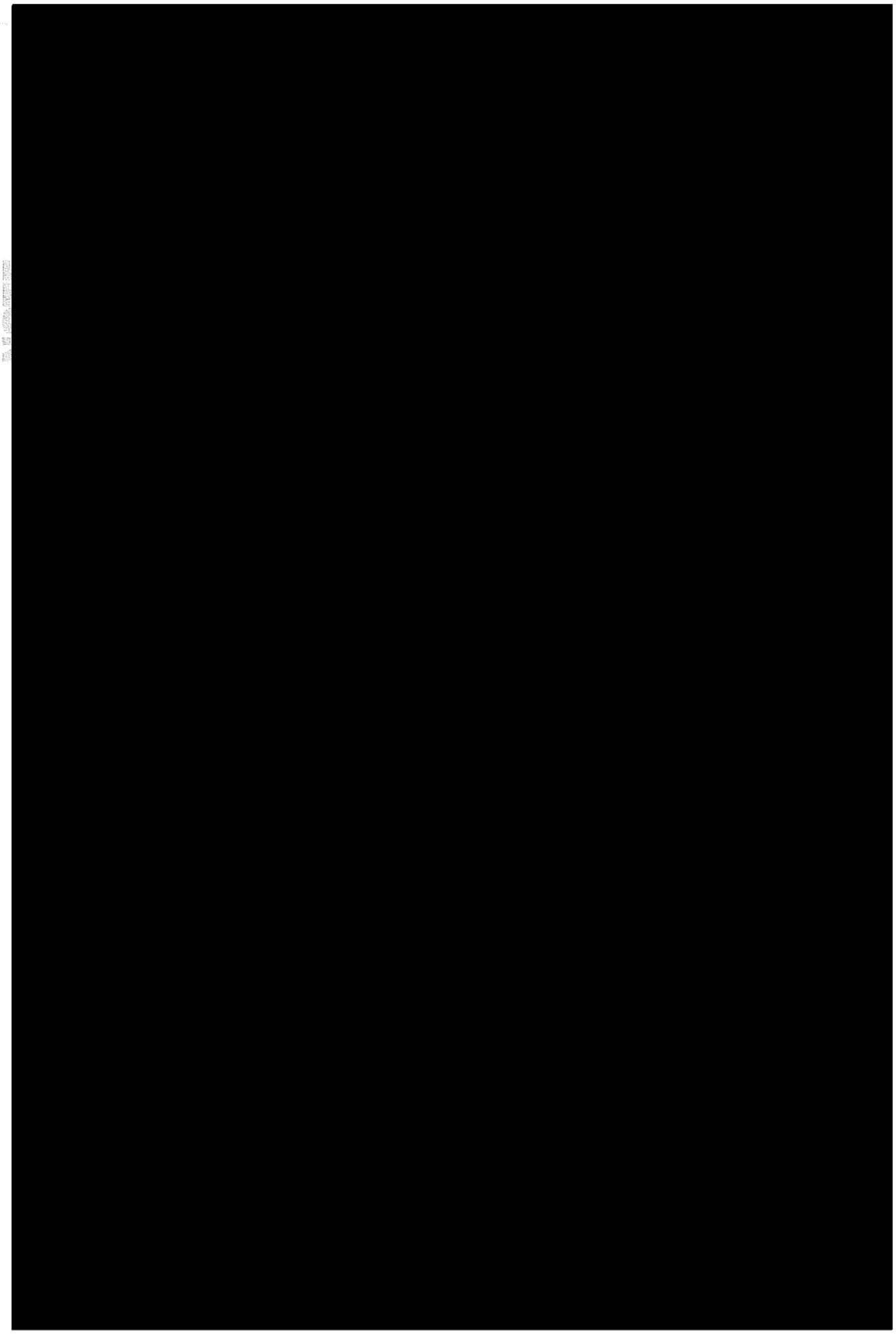

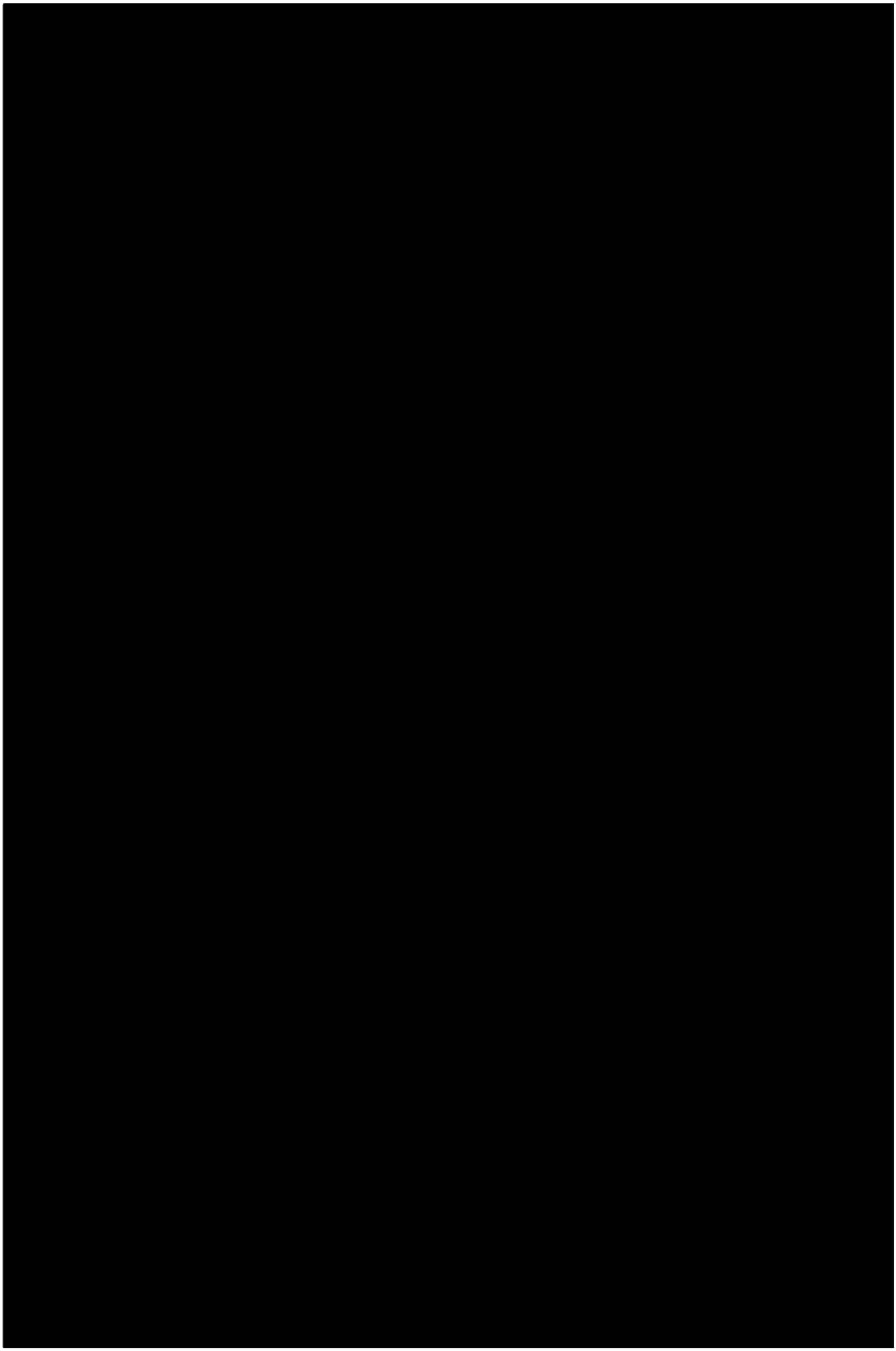

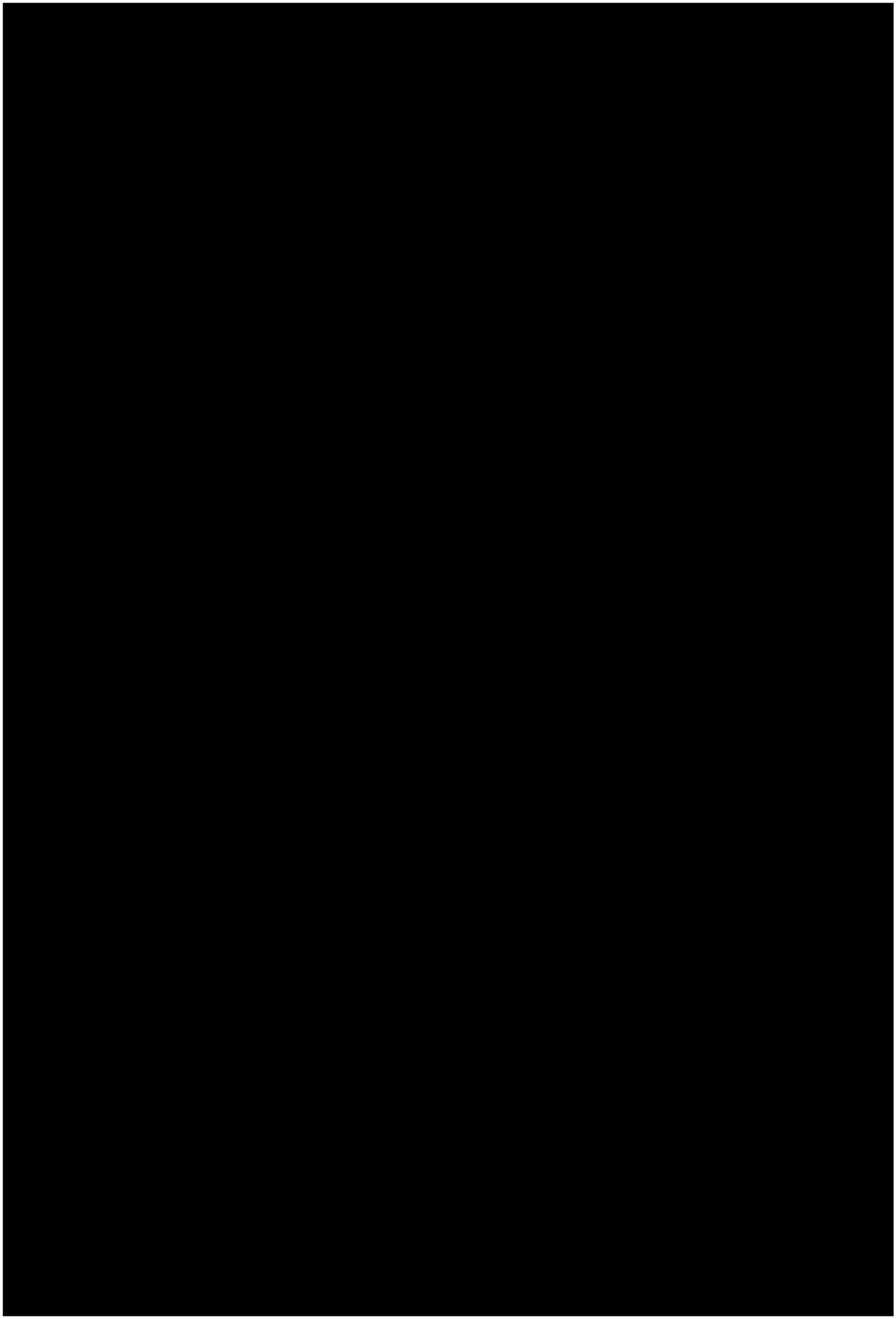

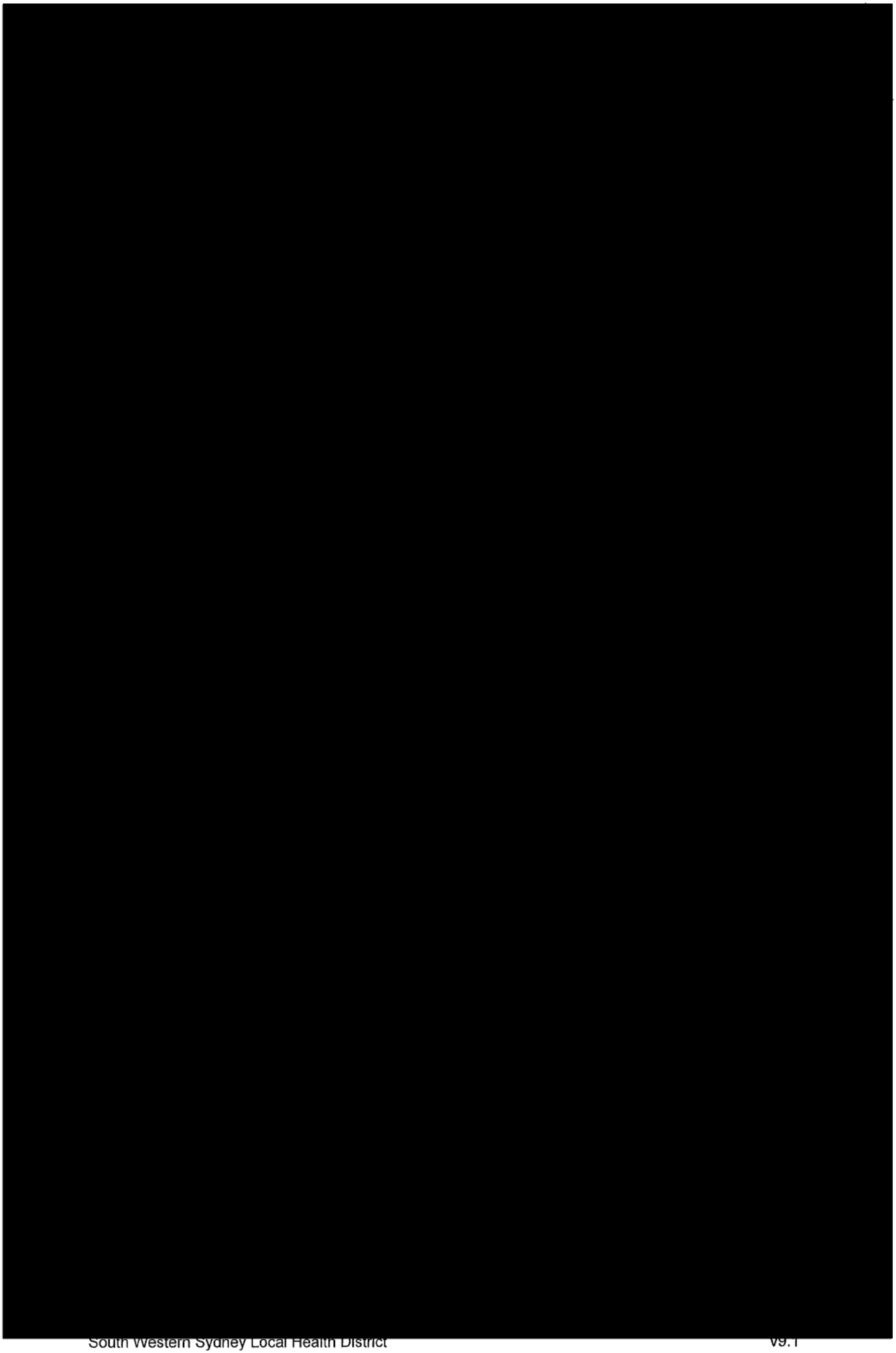

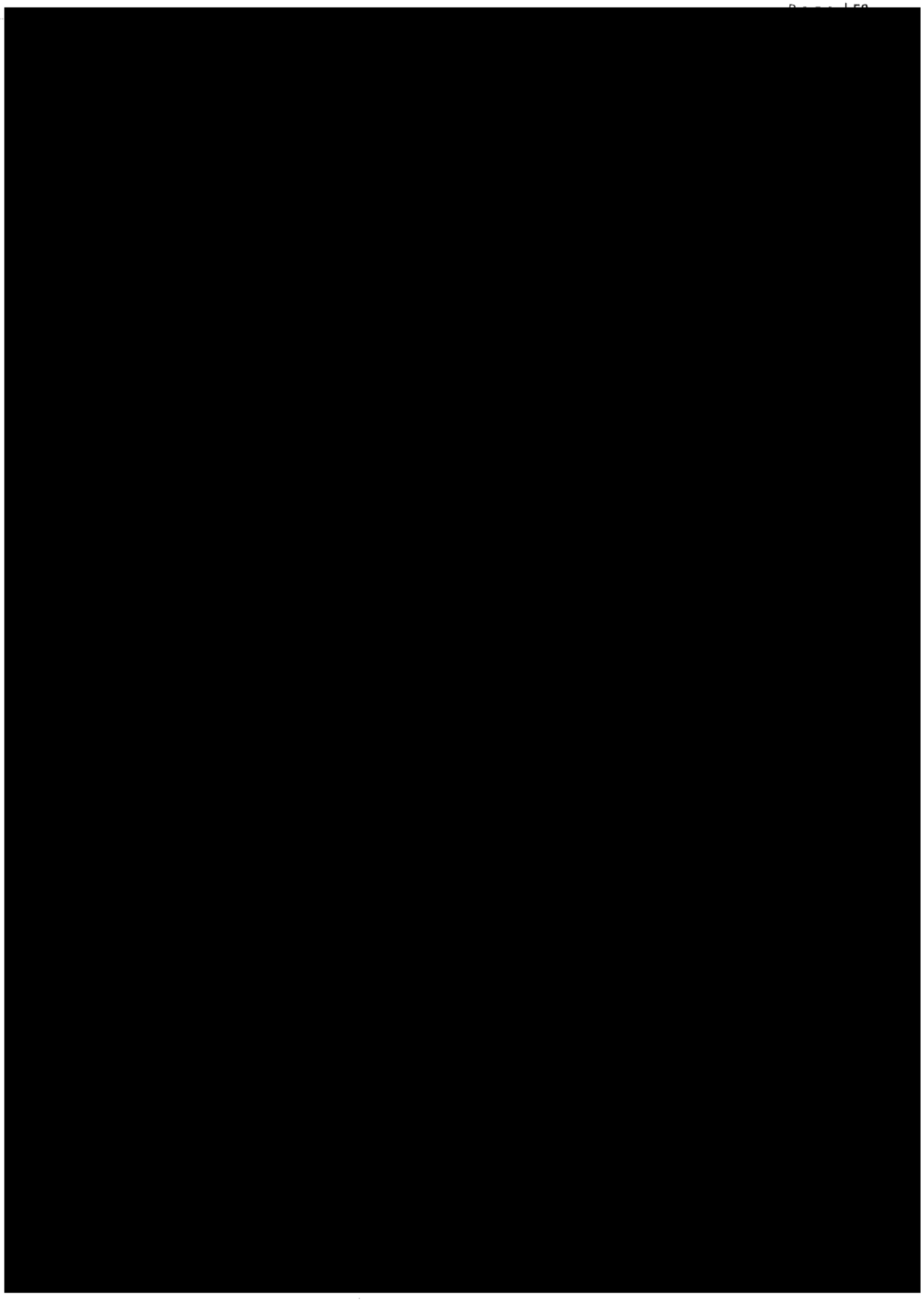

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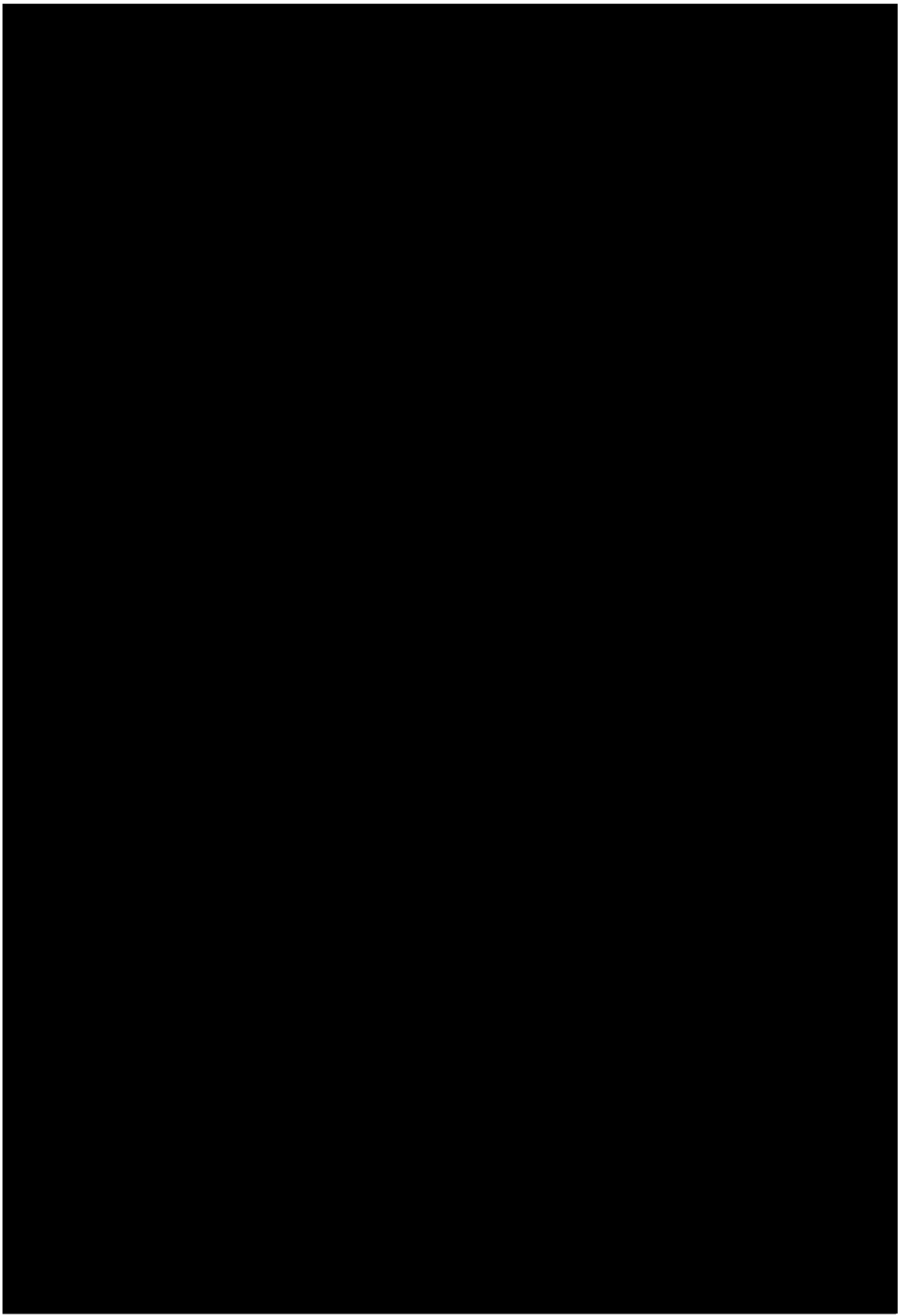

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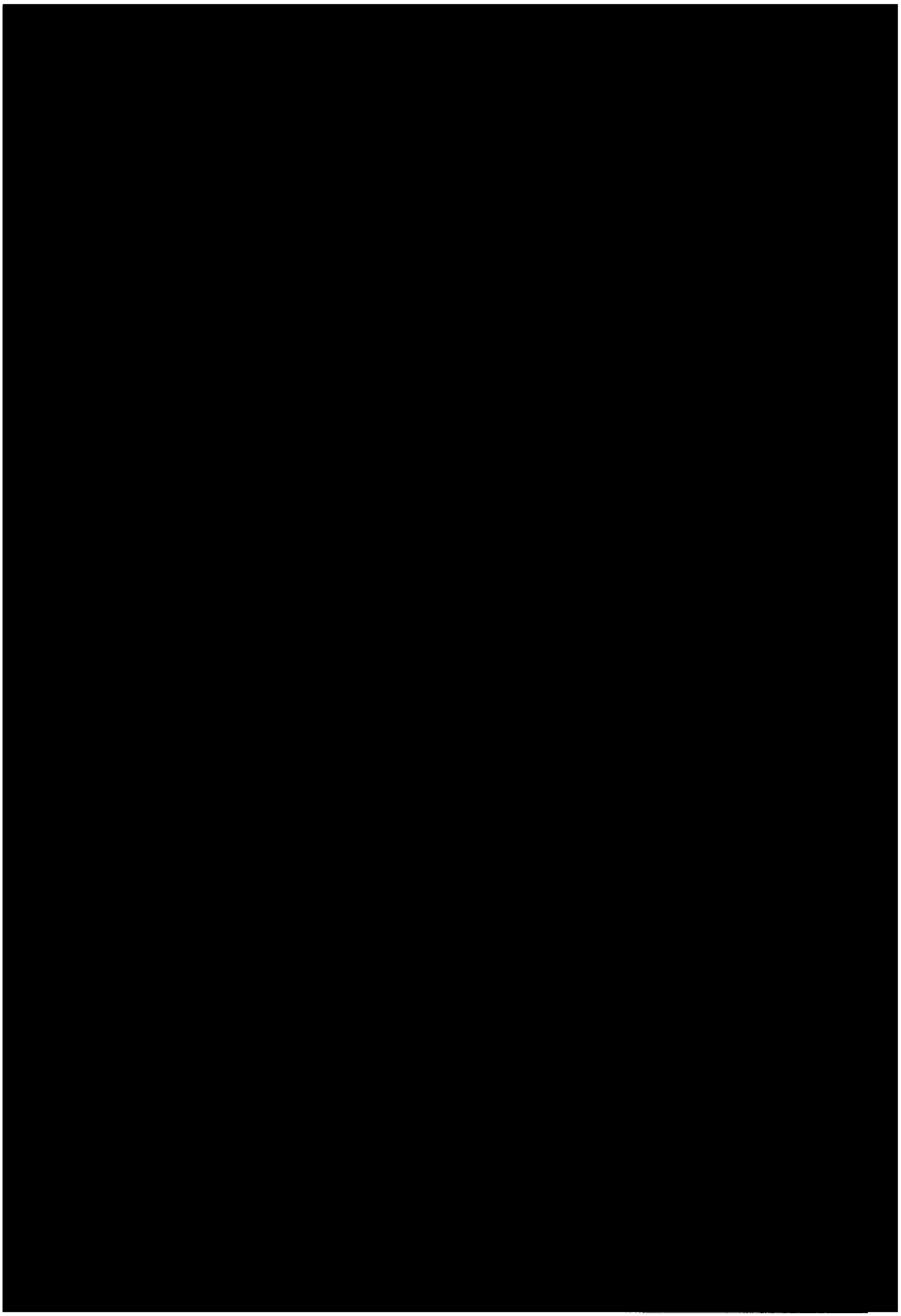

ACT Government

MINISTERIAL BRIEF

Health Directorate

UNCLASSIFIED

To:	Minister for Health and Wellbeing	Tracking No.: MIN18/19 27/2/18
From:	Nicole Feely, Director-General, ACT Health	
Subject:	Status update - Palliative Care Services in Canberra - The Snow Foundation	
Critical Date:	Not applicable	
Critical Reason:	Not applicable	

- DG .../.../...
- DDG .../.../...

Purpose

To provide you with a status update on Palliative Care Services in the ACT following your meeting with [redacted] of the Snow Foundation on 6 December 2017.

Recommendation

That you note the information contained and attached to this brief.

Noted / **Please Discuss**

Meegan Fitzharris MLA 2/3/2018

Minister's Office Feedback

Background

1. On 6 December 2017 you met with [redacted] of Canberra Airport and Director of The Snow Foundation, and [redacted] of the Public Health Association of Australia. The meeting was initiated by the Snow Foundation, who requested to discuss Clare Holland House and the growing need for palliative care services into the future.

2. You were provided with a briefing package on Palliative Care Services in the ACT ahead of the meeting (Attachment A).

3. Subsequent to the meeting, [redacted] wrote to you on 19 December 2017 to:
   - thank you for taking the time to meet;
   - provide brief details of health focus areas, including palliative care, where support is provided by The Snow Foundation in the ACT; and
   - seeking to continue discussions around the review of palliative care services in the ACT.

4. Your office asked ACT Health to provide you with a status update on palliative care in the ACT including the latest information about the Health Care Consumers' Association (HCCA) research project on *Consumer and Carer Experiences and Expectations of Home-Based Palliative Care in the ACT*, the implementation of this work and how ACT Health plans to share the HCCA research information publicly.

5. Following the submission of the HCCA research project report to ACT Health on 27 September 2017, the HCCA facilitated an online survey, open to representatives of the HCCA and the ACT Palliative Care Clinical Network (ACT PCCN), seeking comment on the findings and way forward.

6. The project survey closed in late November 2017 and HCCA researchers presented the outcome at the ACT PCCN meeting on 14 December 2017. Discussion from that meeting and the survey outcomes, was intended to inform a further iteration of the report findings and recommendations.

Issues

7. ACT Health received the final iteration of the HCCA project report, inclusive of the survey and ACT PCCN discussion, on 22 December 2017. The key findings and recommendations from the final report are at Attachment B.

8. The revised key findings and recommendations are being considered by ACT Health under Territory-Wide planning for Territory-Wide Palliative Care service delivery. This includes seeking input from Canberra Hospital and Health Services (CHHS) Cancer, Ambulatory and Community Health Support (CACHS) division and the ACT PCCN.

9. When discussing the report recommendations at the ACT PCCN meeting on 7 February 2018, members noted:
   - the recommendations reflect consumer and carer perceptions that are consistent with the findings of an exploratory project undertaken by Palliative Care ACT on *Supporting People for their End of Life Care*;
   - some of the recommendations have previously been identified and/or are already being implemented;
   - due to the limitations of the project and small number of contributors (15 consumer/carer representatives and 9 clinician representatives) it is preferable to consider the report as one of a suite of palliative care documents that contribute to evidence, rather than as a standalone report;

- there is a lack of palliative care data across the sector, including in the community and general practice, as well as clear consistent definitions; and

- acknowledgement that the project and its recommendations provide a starting point for further investigative work which will be considered in more detail during 2018.

10. A decision regarding making the final HCCA project report publicly available will follow the report review processes.

11. The HCCA project's key findings and recommendations from the earlier 27 September 2017 report, which were similarly articulated and addressed in the Model of Palliative Care – Implementation Roadmap, are being considered in the development of the Palliative Care Specialty Services Plan (SSP).

12. CHHS CACHS has advertised for a Project Manager to drive the implementation of a territory-wide palliative care service. Applications for the position closed on 15 February 2018. When appointed, the Project Manager will work with key stakeholders in regards to a collaborative approach to palliative care within the territory.

13. Given the above, ACT Health is not in a position at this stage to provide further information on palliative care in the ACT that would significantly advance past discussions with [redacted]

14. You will be provided with a briefing on the implementation of actions as the work advances.

Financial Implications

15. Not applicable.

Consultation

Internal

16. CACHS was consulted and provided input for this briefing.

17. A separate brief on the NSW Health Palliative Care Home Support Packages (PEACH) program, following you tour of Clare Holland House on 11 January 2018, is currently being prepared by ACT Health.

Cross Directorate

18. Not applicable.

External

19. Not applicable.

Benefits/Sensitivities

20. There is benefit in building relationships with stakeholders where there is alignment with ACT government priorities and policy direction.

Media Implications

21. There are no media implications.

Signatory Name:	Matthew Richter	Phone: 79143
Action Officer:	Geraldine Carling	Phone: 54395

[redacted]