

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 (AHD) on 8 October 2019 and rescoped on 21 October 2019.

This application requested access to:

'Briefings prepared for the former Minister for Health and Wellbeing, the Minister for Health and the Minister for Mental Health related to capacity issues related to mental health facilities including the Adult Mental Health Unit at the Canberra Hospital, Dhulwa, mental health facilities at the Calvary Public Hospital Bruce, mental health facilities at the University of Canberra Hospital, Brian Hennessy House and other mental health facilities operated by Canberra Health Services from 1 November 2018.'

I am an Information Officer appointed by the Director-General of ACT Health Directorate (AHD) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. AHD was required to provide a decision on your access application by **Monday 18 November 2019**.

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

Decisions

I have decided to grant full access to all documents that fall within the scope of your request. The documents released to you are provided as Attachment B to this letter.

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

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

Charges

Processing charges are not applicable to this request.

Disclosure Log

Under section 28 of the FOI Act, AHD 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 Your personal contact details will not be published.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>.



ACT Health

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.

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
Level 4, 1 Moore St
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.

Yours sincerely

A handwritten signature in blue ink, appearing to read "Jacinta George".

Jacinta George
Executive Group Manager
Health System Planning and Evaluation

15 November 2019

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>'Briefings prepared for the former Minister for Health and Wellbeing, the Minister for Health and the Minister for Mental Health related to capacity issues related to mental health facilities including the Adult Mental Health Unit at the Canberra Hospital, Dhulwa, mental health facilities at the Calvary Public Hospital Bruce, mental health facilities at the University of Canberra Hospital, Brian Hennessy House and other mental health facilities operated by Canberra Health Services from 1 November 2018.'</i>			FOI19/67	
Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 - 6	MIN19/756 – Acute Adult Mental Health Emergency Department Capacity	24 June 2019	Full Release		YES
2.	7	Advisory Note – MIN19/756	17 July 2019	Full Release		YES
3.	8 - 12	MIN19/895 – Costing of Gazettal of Calvary Hospital Emergency Department (attachment at ref. 1)	8 August 2019	Full Release		YES
Total Number of Documents						
3						



MINISTERIAL BRIEF

ACT Health Directorate

UNCLASSIFIED

To: Minister for Health and Wellbeing Tracking No.: Click here to enter text.
 Minister for Mental Health

Date: 24 June 2019

CC: Ms Bernadette McDonald, Chief Executive, Canberra Health Services
 Mr Mark Dykgraaf, General Manager, Calvary Public Hospital Bruce

From: Michael De'Ath, Director-General, ACT Health Directorate

Subject: Acute Adult Mental Health Emergency Department Capacity

Critical Date: Not Applicable

Critical Reason: Not Applicable

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

Recommendations

That you:

1. Note the information contained in this brief;

Noted / Please Discuss

2. Agree to the establishment of a working group to deliver, by the end of July 2019, costing of capital works and identification of investments needed in human resources to gazette the Emergency Department at Calvary Public Hospital Bruce.

Agreed / Not Agreed / Please Discuss

3. Note the ACT Health Directorate will provide project management resources to support development of strategies and actions to expand bed capacity within mental health services and emergency departments. This work will be overseen by the Territory-Wide Mental Health Management Committee.

Noted / Please Discuss

UNCLASSIFIED

Tracking No.: Click here to enter text.

UNCLASSIFIED

Meegan Fitzharris MLA...../...../.....
 Shane Rattenbury MLA24/6/19

Minister's Office Feedback

Thank you for the initial brief, I look forward to seeing the ideas more thoroughly developed. One key question will be the idea of a Territory wide Clinical Director - does this exist for any other specialty or area?

Background

Service consideration

1. Demand for acute mental health services, including acute hospital beds is increasing in the ACT.
2. Gazettal of the Emergency Department (ED) at Calvary Public Hospital Bruce (CPHB), together with other initiatives to increase the capacity of CPHB will provide options for increasing the acuity of mental health presentations at the facility.
3. An appropriation was made in the 2018-19 Budget to expand the ED at CPHB. The tender period for the works is currently open.

Governance consideration

4. The Territory-wide Mental Health Management Committee (TWMHMC) was established in May 2019. It is led by ACT Health Directorate and chaired by the Chief Psychiatrist. Priorities of the TWMHMC include:
 - a. obtaining better clarity of data and bed usage;
 - b. infrastructures to support patient flow across the whole of the Territory;
 - c. clarification of governance mechanisms; and
 - d. the establishment of shared training and education for staff to ensure consistency of care across the service.

Issues

5. Demand for acute mental health services comes from a range of sources including:
 - a. Self-referral to the Emergency Department (ED);
 - b. People brought to ED by the police and ambulances, including those detained under a Section 81 (Emergency Action) of the *Mental Health Act*

UNCLASSIFIED

Tracking No.: [Click here to enter text.](#)

UNCLASSIFIED

2015. This also includes people who may be drug affected and need a mental health assessment as part of their care;

- c. People referred by the courts under Section 309 of the *Crimes Act 1900*. Section 309 requires that where there are concerns regarding mental health, an accused person be conveyed to an approved mental health facility for a clinical examination, for the sole purpose of deciding whether they need immediate treatment or care because of mental impairment; and
 - d. People receiving care as clinically managed clients in the community who relapse and need more intensive treatment.
6. The Adult Mental Health Unit (AMHU) at the Canberra Hospital can facilitate planned admissions, but generally does not accept direct urgent presentations. CHS has a model of care that manages these presentations through the ED to support safe clinical stabilisation prior to admission to AMHU, or the Mental Health Short Stay Unit, if required.
 7. Calvary Public Hospital Bruce (CPHB) also delivers acute care through a low care non-secure unit. The ED at CPHB is not an approved (gazetted) facility for emergency detention or correctional patients.
 8. Given the pressures on the existing system, and the opportunity provided by the current ED capital works at CPHB, we recommend a working group be established to rapidly deliver, by the end of July 2019, costing of capital works and an assessment of investments needed in human resources to support gazetting the ED at CPHB.
 9. The working group would be facilitated by the ACT Health Directorate, with membership from CPHB and Canberra Health Services.
 10. If agreed by Ministers (including funding considerations), additional capital works required could be delivered through a variation to the contract (for the current procurement process).
 - a. If agreed, work undertaken over the next month will not delay the current tender process until such time a decision was made to vary the contract.
 11. The proposed investigation of requirements for gazettal of the ED would include identification of any additional investment required to enable any changes in the infrastructure in the adult acute unit to support a gazetted ED.

Potential impacts of the proposal – increasing patient acuity at CPHB

12. Increasing the acuity of the inpatient unit at CPHB will necessitate a number of changes.
13. Apart from gazetting the ED, the working group will look at other steps necessary to provide for clients to be transferred in and out, including those clients who

UNCLASSIFIED

UNCLASSIFIED

may be acutely unwell. This includes those experiencing a level of emotional distress that results in a range of challenging behaviours, including both verbal and physical aggression. For people admitted, there would need to be a mechanism to transfer them safely to a designated in-patient facility at CPHB.

14. Changes at the in-patient facility to support admitting acutely unwell people will also be worked through. This could include adding a designated high-dependency suite and de-escalation suite to the existing capital works program.
15. The working group will also explore the necessary training to support gazettal, to ensure staff have the skills to manage clients who would be far more acutely unwell than those they currently treat.
16. Staffing ratios will also be considered, with a particular focus on out of hours cover. People being brought to the ED especially if detained on an Emergency Action under the *Mental Health Act 2015* are required by the legislation to be seen within 4 hours. Currently these clients are seen at The Canberra Hospital, which has psychiatry staff on site 24 hours per day.

Territory-Wide Mental Health Management Committee (TWMHMC)

17. The TWMHMC includes representation from Canberra Health Services, Calvary Health Services and ACT Health Directorate, as well as the Office of the Chief Psychiatrist and the Office for Mental Health and Wellbeing.
18. To date an initial meeting has been held to clarify Terms of Reference. This was followed by a workshop to identify a work plan. Its workplan includes a number of short and medium term actions, which are summarised below.
19. The TWMHMC is undertaking a service mapping exercise to better understand demand drivers across the system. In particular, a clearer appreciation of the types of beds that are in demand; at present demand appears to be for high-acuity beds, but this has not been fully analysed.
20. Design and implementation of a robust governance framework to assess, review and manage capacity across the system are also being considered. Integral to such an approach would be the appointment of a Territory Wide Clinical Director for acute mental health services. The clinical director would work with operational directors and senior clinicians across both EDs and acute wards to ensure the people most in need of an inpatient facility are admitted and provided the appropriate level of care. The Director would also work with facilities to ensure active discharge planning is a priority across the service. Assisting in this role would be a patient flow manager supported by a clear set of policies and guidelines. There would be a centralised bed register, and clear transparency about bed utilisation. These developments would need to be underpinned by a clearly articulated and robust clinical governance structure.

UNCLASSIFIED

UNCLASSIFIED

21. Demand in the ED could be reduced by addressing the significant increase in patients brought in under an Emergency Action of the *Mental Health Act 2015*. Clients are brought in under the Act even if they are agreeable to coming to the ED. Being brought in under the Act has implications for patients, who may be distressed to discover they are subject to the Act even when they have indicated that they wish to seek help. It also results in an increased administrative burden on staff, and triaging that is led by legislative requirements rather than clinical need. An amendment to the Mental Health Act to clarify this may be required. This is being reviewed in the current review of the Mental Health Act.
22. Development of a more clinically responsive service for those people requiring assessment under s309 of the *Crimes Act 1900* by having an approved facility located other than at a public hospital, as occurs in other Australian jurisdictions. A designated area in the courts for example, could provide the appropriate facility and lead to a timelier assessment which would enhance patient care. This requires legislative changes – the *Crimes Act 1900* sits under the Attorney General /JACS portfolio.
23. A Specialty Services Plan for Mental Health services will be developed in addition to the current regional planning exercise, to identify current and future capacity needs and models of care and service delivery and, specifically the future role for a Northside hospital in the mental health service system.

Financial Implications

24. The recommendation is to undertake costing of additional infrastructure required to gazette the ED as well as to plan and cost staffing and training in order to safely deliver a service to people requiring a higher level of care.
25. At this stage no further resources are required.

Consultation

Internal

26. Dr Denise Riordan, Chief Psychiatrist, 6205 0687, 17-24 June 2019.
27. Amber Shuhyta, Executive Branch Manager, Mental Health Policy, 5124 9737, 17-24 June 2019.
28. Jon Ord, Senior Manager, Mental Health Policy, 5124 9733, 17-24 June 2019.
29. Sarah Galton, Senior Manager, Health System Strategies and Program Support, 5124 9877, 17-24 June 2019.

Cross Directorate

UNCLASSIFIED

Tracking No.: [Click here to enter text.](#)

UNCLASSIFIED

30. Karen Grace, Executive Director, Mental Health, Justice Health and Alcohol & Drug Division, Canberra Health Services, 5125 1577, 17-24 June 2019.

External

31. Discussions have been held with Calvary however formal sign off has not been able to be secured within the timeframe to submit this brief.
32. Mark Dykgraaf, General Manager, Calvary Public Hospital Bruce, 17-24 June 2019.
33. Carmel Ronning, Manager, Public Mental Health Services, Calvary Public Hospital Bruce, 17-24 June 2019.

Benefits/Sensitivities

34. The working group to oversee planning for and costing of capital works and human resources required to gazette the ED at Calvary Public Hospital Bruce will include representation from Canberra Health Services, Calvary Public Hospital Bruce and the ACT Health Directorate.
35. The TWMHMC will play an integral role in supporting the delivery of territory wide services. The first step would be to identify the drivers of demand as well as the barriers to flow. This would lead to the development of a Territory wide plan, described within a robust governance framework for all acute and community mental health services in ACT. Management of all acute beds should sit within a single framework, where utilisation is transparent and managed through a single point of entry.
36. The TWMHMC will work with Canberra Health Services and CPHB to prioritise actions for service development, and the implementation of strategies to improve models of care and capacity within Mental Health services.
37. ACTHD would provide project management resources to ensure that the proposals identified by TWMHMC are actioned, and that support is provided to develop business cases for additional resources and implement priority projects.

Signatory Name: Dave Peffer

Phone: 5124 9180

Action Officer: Jacinta George

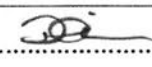
Phone: 5124 9699

UNCLASSIFIED

Tracking No.: [Click here to enter text.](#)

ADVISORY NOTE

Minister for Mental Health

TRIM Ref: MIN19/756	Acute Adult Mental Health Emergency Department Capacity
Critical Date	Not applicable
Director-General	Michael De'Ath  19/7/19

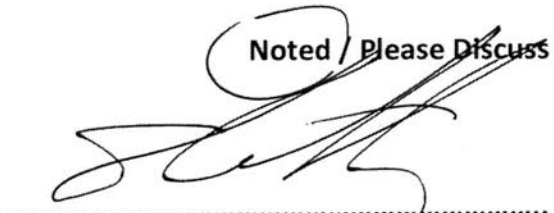
Minister's question/s:

- Provide advice if there are any Territory-wide Clinical Directors appointed for any specialties or areas other than acute mental health services.

ACT Health's response:

There are currently no Territory-wide Clinical Directors. The approach to the appointment of a Territory-wide Clinical Director for acute mental health services has not yet been determined. There are a number of possible options for such an arrangement which are yet to be fully explored in this context.

Noted / Please Discuss



Shane Rattenbury MLA
Minister for Mental Health

1/8/19

Signatory Name: Jacinta George

Phone: x49699



MINISTERIAL BRIEF

ACT Health Directorate

UNCLASSIFIED

To:	Minister for Mental Health	Tracking No.: MIN19/895
CC:	Minister for Health Ms Bernadette McDonald, Chief Executive Officer, Canberra Health Services Mr Mark Dykgraaf, Calvary Bruce Public Hospital	
From:	Michael De'Ath, Director-General, ACT Health Directorate	
Subject:	Costing of Gazettal of Calvary Hospital Emergency Department	
Critical Date:	Not applicable	
Critical Reason:	Not applicable	

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

Purpose

To provide preliminary costings for the gazettal of the Emergency Department at Calvary Hospital and advise on work being undertaken, pending consideration of funding during the 2020-21 Budget process, to increase the capacity of mental health services.

Recommendations

That you:

1. Note the update provided in this brief in relation to increasing the capacity of mental health services;

Noted / Please Discuss

2. Agree to pursue development of a low-cost option, including an associated model of care, with a budget bid for consideration in the 2020-21 Budget; or

Agreed/ Not Agreed/ Noted / Please Discuss

3. Agree to pursue development of a higher cost option, including associated model of care, with a budget bid for consideration in the 2020-21 Budget; or

Agreed/ Not Agreed/ Noted / Please Discuss

UNCLASSIFIED

UNCLASSIFIED

4. Agree to pursue development of a range of options (low to high cost), including associated models of care, with a budget bid for consideration in the 2020-21 Budget.

Agreed/ Not Agreed/ Noted / Please Discuss

Shane Rattenbury MLA

8/8/19

Minister's Office Feedback

Clearly a fully developed model of care is the best approach, but given the escalating numbers of people needing care, and in particular the pressure on the ED, we need to make a decision on which option to proceed with, ~~it~~ and cannot simply explore options.

Background

1. You agreed work be undertaken to cost capital works and workforce investments required to gazette the Emergency Department at Calvary Public Hospital Bruce (CPHB) under MIN19/756 (Attachment A). This brief provides an update and ACT Health Directorate's (ACTHD) initial advice.

Issues

2. In preparing this advice, ACTHD considered the requirements of establishing an operational gazetted Emergency Department, and the resulting infrastructure to support integration into the hospital.
 - a. The challenge in determining the best option, is the absence of an agreed Territory-wide model of care.
 - b. Without a model of care, there remains a number of options that could be explored, each with different costs, and patient and system outcomes.
 - c. Permitting infrastructure investments to lead policy and care considerations can provide downstream risks.
3. The lowest cost option of gazetting the Emergency Department, with an associated behavioural assessment suite, is estimated to cost \$2 million.
 - a. This option would satisfy the minimum requirements to offer some operational capability.
 - b. It would be limited in the types of patients that could be managed, and would require arrangements for safely transporting patients to Canberra Health Services if required (providing effectively two entrance points for CHS to manage for patients with higher acuity).

UNCLASSIFIED

UNCLASSIFIED

- c. Analysis is required to map likely patient flows and impacts on patient and system outcomes under this option. However, it provides a starting point and an investment that could be scaled, and expanded on, in the future.
4. Alternatively, a higher level option, based on the cost estimates provided by Calvary Public Hospital Bruce (CPHB), provides for gazettal of the Emergency Department and an additional 20 beds. This includes four beds in the Emergency Department, and refurbishment for a 16 bed mental health unit with high dependency capacity.

Cost Impact	Total <i>\$ million</i>	Year 1 <i>\$ million</i>	Year 2 <i>\$ million</i>	Year 3 <i>\$ million</i>	Year 4 <i>\$ million</i>
Expense		14.05	14.30	14.65	15.00
Capital	7.97				

5. The proposed infrastructure works under either option could be undertaken separately to the expansion of the Emergency Department due to be completed in Quarter 1 2020, as a variation to the construction contract or after completion.
- a. For both options, the absence of a documented Territory-wide model of care prevented ACTHD quantity surveyor from formally reviewing costings.
- b. However, our desktop review of the required spaces for a de-escalation suite benchmarked against the Australasian Health Facility Guidelines, and current market costs for design and construction in the ACT, indicate the costings to be reasonable.
- c. The costings provided by Calvary do not include costs to relocate existing beds in the Older Person's Mental Health Unit at CPHB, to allow for expansion of acute adult inpatient capacity. It has not been agreed that relocation of the service to another location is consistent with future service needs.
6. Developing a model of care for this service would benefit from being developed in the context of a wider review of system requirements for mental health services in the Territory.
- a. The Territory-Wide Mental Health Governance Committee (TWMHGC) is progressing this work, with a view to delivering a recommended model of care by early 2020.
- b. Consideration is being given to the most appropriate model of care to support an early gazettal of CPHB's Emergency Department during this process.
- c. This work will assist in refining the scope and associated costings in the proposed Business Case.

UNCLASSIFIED

UNCLASSIFIED

7. Depending on your decision, the TWMHGC will progress a business case seeking funding in the 2020-21 Budget, in parallel to developing the recommended model of care. The business case will include options of differing levels of service and integration into CPHB.
 - a. A more rigorous assessment of costs will be undertaken by a quantity surveyor as part of business case development, as the model of care becomes clearer.
8. A number of other options for managing growth in demand for Mental Health services and Emergency Departments in the Territory have been identified, and are being progressed by the TWMHGC. These include:
 - a. strategies that will improve service capacity, including access by CPHB to expanded mental health teams in the community;
 - b. development of a more clinically responsive service for people requiring assessment under s309 of the *Crimes Act 1900*, as occurs in other Australian jurisdictions; and
 - c. exploring working arrangements for a Territory-wide Clinical Director.
9. Data gathered during the costing review shows that in 2018-19, of 137 patients referred to CHS Emergency Department under a s309 order for removal to an approved facility, 83 were admitted. The Forensic Mental Health team at the court recommended 80 of the 137 patients required assessment at the hospital.
 - a. This indicates a substantial number of referrals to the Emergency Department could have been avoided if the decision was on the advice of the Forensic Mental Health Team through assessment facilities at the court.

Financial Implications

10. Calvary Health Care Bruce (CHCB) provided cost estimates to you on 24 June 2019.
11. Additional funding will be sought in the 2020-21 Budget for the estimated cost of infrastructure and additional staffing required to gazette the Emergency Department at Calvary Public Hospital Bruce.

ConsultationInternal

12. The Chief Psychiatrist, Mental Health Policy, Health System Strategies and Program Support, and the Strategic Infrastructure Division was consulted in the preparation of this advice.

Cross Directorate

13. The Chief Operating Officer of Canberra Health Services and the Mental Health, Justice Health and Alcohol & Drug Division was consulted in the preparation of this advice.

External

14. The General Manager and the Manager of Public Mental Health Services at Calvary Public Hospital Bruce was consulted in the preparation of this advice.

Work Health and Safety

15. Not applicable.

UNCLASSIFIED

UNCLASSIFIED

Benefits/Sensitivities

16. There would likely be some redistribution of allocated activity between CPHB and Canberra Hospital for any of the proposed changes.
17. CHCB has estimated the gazettal option for which they provided costings will increase the workforce at CPHB by an additional 91.45 FTE. Canberra Health Services (CHS) has expressed some concern about the impact of an increase in staffing at CPHB of this level on staffing retention and recruitment at CHS, should the model upon which CPHB has developed costings be implemented.

Communications, media and engagement implications

18. Not applicable.

Signatory Name:	Dave Peffer	Phone:	49656
Action Officer:	Jacinta George	Phone:	499808

UNCLASSIFIED