

2019

**THE LEGISLATIVE ASSEMBLY FOR THE
AUSTRALIAN CAPITAL TERRITORY**

**GOVERNMENT RESPONSE TO THE
STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY SERVICES
REPORT NO 6**

REPORT ON ANNUAL AND FINANCIAL REPORTS 2017-2018

**Presented by
Mr Andrew Barr MLA
Chief Minister**

Introduction

On Thursday, 25 October 2018, the 2017-18 Annual and Financial reports of all ACT Government agencies were referred to the relevant Standing Committees of the Assembly for inquiry and reporting.

The following annual reports, or sections of annual reports, were referred to the Standing Committee on Health, Ageing and Community Services (the Committee):

- Community Services Directorate; and
- Health Directorate, including the ACT Local Hospital Network Directorate.

Response to Committee Recommendations

Recommendation 1

2.17 The Committee recommends that the Community Services Directorate act on the information provided through the Safety Mapping Tool to improve safety in the ACT.

Government Response – Noted

While CSD has a role to promote awareness of the Safety Mapping Tool, Transport Canberra and City Services (TCCS) and Environment, Planning and Sustainable Development Directorate (EPSDD) are better placed to act on information provided by the Safety Mapping Tool as acting on the information involves addressing issues such as street lighting and urban planning.

Reporting received by CSD from Directorates against the First Action Plan of the ACT Women's Plan 2016-26 indicates ongoing work is being undertaken to support the use of data from the Safety Mapping Tool in ACT government planning by relevant areas of the ACT government (particularly EPSDD and TCCS). This is being done through engaging with the Women's Centre for Health Matters (WCHM) to get existing data when new planning projects arise and also relevant areas of the ACT government advising the WCHM when they need additional data on specific locations so that the WCHM can make a specific request to the public for additional data.

Recommendation 2

2.24 The Committee recommends that the Community Services Directorate provide an update on the Older Persons ACT Legal Services program in future annual and financial reports.

Government Response – Agreed in principle

The Government agrees that there would be benefit in the provision of regular public information about the services provided through the Older Persons ACT Legal Services Program (OPALS). However, the Community Services Directorate does not manage the OPALS program, with the responsibility for this belonging to Legal Aid ACT. Legal Aid ACT will provide activity updates in its future annual reports.

Recommendation 3

2.33 The Committee recommends that the Community Services Directorate increase the funding allocated to the multicultural community participation grants program to better meet demand.

Government Response – Noted

The Office for Multicultural Affairs notes the recommendation both in relation to the National Multicultural Festival (Participation) Grants and the Multicultural (Participation) Grants.

Recommendation 4

2.39 The Committee recommends that the Community Services Directorate provide further updates on the events and activities organised to celebrate Reconciliation Day, in future annual and financial reports.

Government Response – Agreed

Community Services Directorate commits to inclusion of commentary on Reconciliation Day and associated activity in future annual and financial reports.

Recommendation 5

2.46 The Committee recommends that the Community Services Directorate provide an update on the domestic violence pilot program in future annual and financial reports.

Government Response – Agreed

The Safer Families team will provide an update in future annual and financial reports regarding the Health Justice Partnership Pilot Program. This pilot program is supporting pregnant women who experience domestic and family violence in the ACT.

Recommendation 6

2.79 The Committee recommends that the Community Services Directorate provide a clear definition of a bed and a support place in terms of their reporting on supported accommodation.

Government Response – Agreed

Full definition of support places and accommodation places will be included as part of future annual reports.

Recommendation 7

2.80 The Committee recommends that the Community Services Directorate develop clear and concise data collection processes for homelessness services, which is to be adopted by all support services. The Committee further recommends that this data collection process facilitates the reporting on the beds and support places available so that the Community Services Directorate can provide an amalgamated number in future annual reports.

Government Response – Noted

ACT Government funded homelessness services use a national data base Specialist Homelessness Information Platform (SHIP), managed by the Australian Institute for Health and Welfare, for reporting. Consistent with other jurisdictions, data collection is based on accommodation places and support places. This terminology and methodology are understood and widely used by the homelessness sector and provides for comparability between jurisdictions.

Recommendation 8

2.81 The Committee recommends that the Community Services Directorate provide information regarding the number of support places and beds funded in the ACT from all support providers.

Government Response – Noted

The Community Service Directorate already reports on the number of funded support places and accommodation places. To ensure sector efficiency and data comparison, in 2016-17, outputs across the homelessness sector were standardised to the number of individuals / family units assisted 'at any one time'. It is not possible to reconcile this number to individual bed places as the approach counts both families and individuals as a single unit. For example, one support placement could be one person for a month or a family of six for three months; one accommodation placement could be one person in a one-bedroom unit or a family of six in a four-bedroom property.

Recommendation 9

2.82 The Committee recommends that the Community Services Directorate increase the number of beds available to reduce homelessness in the ACT.

Government Response – Agreed in principle

The ACT Government is currently implementing a \$6.5 million commitment to strengthen specialist homelessness services, funded in the 2018-19 budget. Further expansion of specialist homelessness services will be considered as part of future budget rounds.

Recommendation 10

3.11 The Committee recommends that the ACT Health Directorate implement Recommendation 5 of the Standing Committee on Health, Ageing and Community Services, Report on Annual and Financial Reports 2015-2016.

Government Response – Agreed

The Health Directorate is reviewing its current Strategic Objectives and Output classes post the separation into the Health Directorate and the Canberra Hospital service. This review has aligned the output classes to services and moved a number of Strategic Objectives to be aligned with business plans. The 2019-20 Budget papers will re-align and report on the movements.

Recommendation 11

3.34 The Committee recommends that the ACT Health Directorate finalise, as a matter of urgency, the implementation of work on the removal of ligature points across the Adult Mental Health Unit.

Government Response – Agreed

CHS has been progressively removing ligature risks within the Adult Mental Health Unit (AMHU), including:

- removal of 40 bedroom ensuite doors was completed in May 2018 (Phase 1);

- fabrication and testing of ligature minimisation products in a prototype bedroom and ensuite, and the subsequent rollout of ligature minimisation products within the AMHU and Mental Health Short Stay Unit (MHSSU) that was completed in August 2018 (Phase 2);
- Security cabling to each wing and the off-site construction of bedroom entrance doors have commenced for the AMHU and MHSSU (Phase 3); and
- Early construction for decanting mental health consumers and the installation of the bedroom entrance doors commenced in June 2019, subject to clinical operational requirements (Phase 3).

The challenging nature of Phase 3 works required an extensive consultation process with staff, patients and carer representatives to ensure adequate consideration of appropriate measures for the temporary relocation of mental health consumers from proposed construction areas into other non-ward areas.

Recommendation 12

3.42 The majority of the Committee recommends that the ACT Health Directorate continue to advocate pill testing at festivals held in the ACT.

Government Response – Agreed

The ACT Drug Strategy Action Plan 2018 – 2021 includes actions to explore further opportunities to expand on pill testing at events in the ACT. Evidence gathered from the independent evaluation of the second trial of a pill testing service at Groovin the Moo will inform future Government policy on pill testing.

Recommendation 13

3.43 The majority of the Committee recommends that the ACT Health Directorate consider expanding pill testing beyond the festival scene.

Government Response – Noted

The ACT Government is committed to evidence-based measures to reduce drug-related harm. Two trials of festival-based pill testing services have occurred in the ACT. Evidence gathered from the evaluation of the second trial will inform future Government policy on pill testing.

Recommendation 14

3.48 The Committee recommends that the ACT Health Directorate expedite the acquisition of cardiac ablation equipment.

Government Response – Agreed

The Minister for Health and Wellbeing publicly launched the Electrophysiology Service (EPS) on 10 April 2019. The installation of the EPS equipment (including cardiac ablation equipment) was completed at Canberra Hospital on 1 April 2019 and the service is now up and running.

Recommendation 15

3.58 The Committee recommends that the ACT Health Directorate work with ACT Safe Shelter and other ACT based homelessness services to identify the number of individuals that have been discharged into homelessness post hospitalisation.

Government Response – Noted

CHS are unable to retrospectively identify the number of individuals as this would require sharing a significant amount of confidential information from patients and would require their permission. It should also be noted that there are many reasons for people going into homelessness and these entities may not necessarily identify everyone.

No data is currently held by Calvary Public Hospital Bruce with regards to this so it would be similarly difficult to retrospectively identify any individuals in this situation.

However, ACT Health will look into whether arrangements can be established with homelessness services to identify future situations where an individual becomes homeless immediately post hospitalisation. ACT Health will work with CHS and Calvary to determine if an arrangement where homelessness services can advise of individual cases where this has occurred and this data be recorded. If this is possible an arrangement will be put in place to enable these cases to be reviewed to ensure the appropriate support was provided through the discharge process.

Recommendation 16

3.59 The Committee recommends that the ACT Health Directorate take all possible measures to ensure patients are not discharged into homelessness.

Government Response – Agreed

Canberra Health Services and Calvary staff such as discharge planners, social workers and psychology teams work closely with vulnerable patients to ensure safe discharges from Canberra Hospital and Calvary Public Hospital Bruce. This includes referral to appropriate community services, and discharges are planned to coincide with the operating hours of those services.

Canberra Health Services also continues to work with a range of Government and non-Government service providers to link people with the appropriate services, outside the hospital setting, that are tailored for each individual's case and circumstances.

Also see above response to recommendation 15.

Recommendation 17

3.69 The Committee recommends that in its response to this report the ACT Health Directorate report on progress on the roll out of the co-payment scheme and report on the number of patients who are (a) eligible and (b) ineligible for the scheme, as well as the cost of the scheme.

Government Response – Agreed

Data commencing early August 2018 and ending late March 2019 shows that the Territory has paid \$127,497.05 for chemotherapy co-payments for at least 1321 patients. *

This is made up of:

- \$14,185.19 paid on behalf of 139 patients at the Zita Mary Clinic at Calvary Health Care Bruce;
- \$90,377.76 paid to Slade on behalf of 1092 patients treated at Canberra Health Services (CHS) whose chemotherapy was manufactured by Slade;
- \$22,934.10 co-payment costs journalled to ACT Health for at least 170* patients whose chemotherapy was manufactured at CHS.

* Note all groups mentioned above are not entirely mutually exclusive. The same patients are receiving chemotherapy from Slade and from CHS and it is possible that patients have received treatment at both Calvary Public Hospital Bruce and CHS. Also please note specific details of patient numbers were not collected for February and March 2019. Further, it is not possible to determine the number of patients who were ineligible for the scheme. The definitions for inclusion are reasonably well defined, and it is not clear that any patient meeting these criteria have been deemed ineligible.

Recommendation 18

3.70 The Committee recommends that the ACT Health Directorate report on why the ACT does not have access to the PBS for chemotherapy drugs and what steps, if any, it is taking to address this issue.

Government Response – Noted

The Committee's statement in this recommendation that the ACT does not have access to the Pharmaceutical Benefits Scheme (PBS) for chemotherapy drugs is incorrect.

Patients in the ACT do have access to the PBS for chemotherapy drugs. To ensure that ACT public hospital patients have access to PBS medicines, the following arrangements are in place:

- Non-oncology and haematology patients are provided with a discharge prescription.
- PBS medicines are obtained on behalf of oncology patients in Canberra Hospital and Calvary Public Hospital through a signed agreement with Slade Pharmacy Services. Slade Pharmacy Services is an external organisation with a PBS license.
- Non-admitted patients, such as emergency department patients, take their discharge prescriptions to community pharmacies for filling. These are dispensed through the PBS, external to the hospital system. Community pharmacies require patients to pay the PBS co-payment.
- Public hospital outpatients, through ACT public hospital pharmacies, are already able to supply medicines on the S100 Highly Specialised Drugs Program, and do so for some chemotherapy.
- For hospital outpatients, prescriptions for non-S100 drugs are dispensed by community pharmacies.

Canberrans, and patients in other states, are prescribed and supplied a course of free medications at discharge. The length of time of the course of discharge medications is determined by clinical need. If required they would then access further PBS medication through community pharmacies, with a prescription from a General Practitioner.

Like NSW, the ACT, is not a signatory of the Public Hospital Pharmaceutical Reform Agreement (PHPRA), and have put alternative arrangements in place, separate to the PHPRA to ensure ACT public hospital patients have access to medicines listed on the PBS. The ACT's alternative arrangement ensures that patients' access to PBS medications is not limited.

The ACT Government took many factors into account and concluded that the ACT would not sign the PHPRA. There is no PHPRA currently being offered by the Commonwealth. However, the Commonwealth has raised the possibility of entering into a multilateral agreement with States and Territories to better achieve national consistency in access to PBS medicines. The ACT will be raising this matter with the returned Commonwealth Government.

Recommendation 19

3.78 The Committee recommends that the ACT Health Directorate take necessary steps to facilitate sexual health testing at festivals held in the ACT and that the process be evaluated.

Government Response – Agreed

ACT Health had previously run chlamydia outreach testing programs at Summernats and the Foreshore Music Festival, as part of the Stamp Out Chlamydia campaign which ran from 2010-13. ACT Health had proposed to conduct chlamydia testing at the Groovin' the Moo (GTM) music festival in Canberra in April 2019. Unfortunately the festival organisers were unable to accommodate chlamydia testing at that event.

ACT Health will investigate other possible festivals in Canberra to conduct chlamydia testing, including Spilt Milk in November 2019, and will revisit having a chlamydia testing program at GTM in 2020. Any programs that are conducted in the ACT will be evaluated.

NSW Health has conducted similar testing programs at music festivals in NSW. ACT Health is liaising with NSW Health to inform the development of any future ACT testing programs and will consider opportunities to provide for extra health testing at festivals and other appropriate venues in the future.

Recommendation 20

3.89 The Committee recommends that the ACT Health Directorate ensure that a winter bed strategy be rolled out in all Canberra hospitals.

Government Response – Agreed

Canberra Hospital enacts a Winter Bed strategy annually to address seasonal increases in service demand. The 2019 Winter Beds strategy for Canberra Hospital will commence in July 2019. Calvary Public Hospital Bruce has a well developed winter bed strategy.