Inquiry into Annual and Financial Reports 2023–2024

Answer to question taken on notice

Asked by: Miss Laura Nuttall MLA

Addressed to: Ms Rebecca Cross, Director-General, ACT Health Directorate

In relation to: National funding body referrals

Hearing: 11 February 2025
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Transcript provided: 14 February 2025
Answer Due: 21 February 2025 5.00 pm

Ms Cross took on notice the following question(s):

MISS NUTTALL: So to check. Are there any services right now that are not collecting the kind of data for digital health record that they need that would—like anecdotally or based on our own data would actually really benefit from commonwealth funding, are there sort of gaps there?

Ms Cross: So all of the public health services are collecting data that goes straight into the digital health record. That is part of the improved patient care that we use in the digital health record. There are—so there is a process where you can go to the national funding body and nominate a community service which is clinical in nature and say this actually should be eligible for commonwealth funding as well, and you go to the national funding body, you put in a submission, and they decide whether or not it meets the criteria.

There are some small services offered by NGOs, including in mental health, drug and alcohol, where potentially we could put in a submission. The national health reform agreement negotiations were very much about broadening the scope of what is covered under the agreement and so a lot of these services may well have been picked up, but if you have seen the news recently we have just signed a one year funding agreement, and so those negotiations for the longer term agreement are ongoing.

So the answer is there are some small services which, if we did want to—they would not necessarily go into the digital health record but they would be collected and could potentially attract commonwealth funding but it is not huge amounts of money, and there is a quite lengthy process that we would need to go through first.

Ms Stephen-Smith: I guess I would just add as a sort of reassurance that the implementation of the digital health record and the data we have been able to gather through that has resulted in more activity being recorded than was previously the case, so we know—so we have seen both a real growth in activity and in presentations to our hospital and health services, but we have also seen better data capture through the implementation of the digital health record.

So if there was not a cap on commonwealth funding growth year on year, we would be eligible for considerably more commonwealth funding than we are currently getting, and that is one of the conversations that we are having with the commonwealth alongside the small state national efficient price conversation.

MISS NUTTALL: Are you able to share which services or the function that the services provide that it would be beneficial to refer to the national funding body?

Ms Cross: Yes, we have—I can take it on notice and provide you with a list of the ones which we think might be eligible, and I think we actually have submitted one of them, and then there is—we will see how we go with that one and then we will continue, so I can provide that on notice.

MISS NUTTALL: Thank you very much. We appreciate that.

Minister Stephen-Smith: The answer to the Member's question is as follows:

Functions that are potentially in-scope for *National Health Reform Act 2011 (Cwlth*) funding is mandated through the *Independent Hospital and Aged Care Pricing Authority* (IHACPA), who examine criteria against the *General List* of in-scope services annually, to determine eligibility for Commonwealth funding.

To be eligible, services must meet the definition (in accordance with section 131(f) of the *National Health Reform Act 2011 (Cwlth)* and clauses A16–A32 of the Addendum) meeting Category A: Specialist Outpatient Clinic Services; or Category B: Other Non-Admitted Patient Services and Non-Medical Specialist Outpatient Clinics.

In line with the eligibility criteria, eligible health services and innovative models of care and services considered in-scope will be required to have all or most of the following attributes:

- Be closely linked to the clinical services and clinical governance structures of a public hospital (for example, integrated area mental health services, step-up/step-down mental health services and crisis assessment teams).
- Target patients with conditions where hospital treatment is generally required and a primary care setting is not suitable, including chronic conditions.
- Demonstrate regular and intensive contact with the target group (an average of eight or more service events per patient per annum).
- Demonstrate the operation of formal discharge protocols within the program.
- Demonstrate either regular enrolled patient admission to hospital or regular active interventions which have the primary purpose of preventing hospital admissions.

These eligible services may include:

- Rehabilitation services incorporating clinician outreach and non-clinical support.
- Hospital avoidance programs and services incorporating community health providers, such as chronic disease management programs, community mental health programs, patient medication programs and other non-admitted allied health programs.
- Those provided through contract arrangements.

A list of the functions that may be eligible are:

- Adolescent Step Up/Step Down Supported Accommodation and Transitional Outreach Program (STEPS)
- Adult Mental Health Step Up/Step Down Supported Accommodation & Outreach
- Youth Mental Health Step Up/Step Down Supported Accommodation
- Psychosocial support provider, Southside Community Step Up Step Down
- Provision of Adult Step Up/Step Down Intensive (Transitional) Outreach Support (SUSD)
- Step Up/Step Down in the Home
- Mental Health Nurse Services

Approved for circulation to the Standing Committee on Social Policy

Signature:  Date: 23/2/25

By the Minister for Mental Health, Rachel Stephen-Smith MLA