



**ACT**  
Government

Chief Minister, Treasury and  
Economic Development

## Freedom of Information Publication Coversheet

The following information is provided pursuant to section 28 of the *Freedom of Information Act 2016*.

FOI Reference: CMTEDDFOI 2018-0072

Information to be published	Status
1. Access application	Published
2. Decision notice	Published
3. Documents and schedule	Published
4. Additional information identified	No
5. Fees	Waived
6. Processing time (in working days)	35
7. Decision made by Ombudsman	N/A
8. Additional information identified by Ombudsman	N/A
9. Decision made by ACAT	N/A
10. Additional information identified by ACAT	N/A

**From:** [REDACTED]  
**To:** [CMTEDD.FOJ](#)  
**Subject:** FOI Request - ACT Health separation  
**Date:** Monday, 26 March 2018 4:48:08 PM

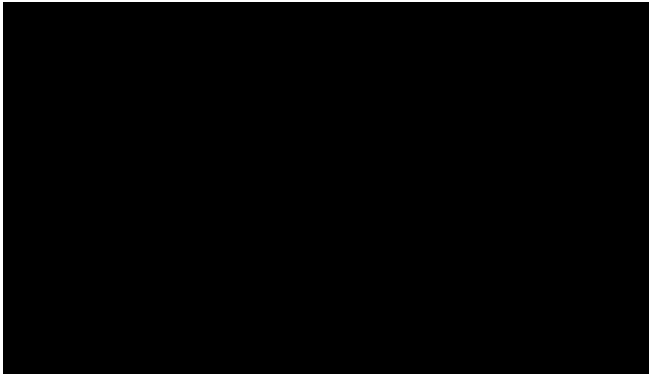
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Good Afternoon

I write to request under the *Freedom of Information Act 2016* documents regarding the separation of ACT Health since 1 January 2017.

Should you require any further information or clarification about my request, please contact [REDACTED]

Kind regards,

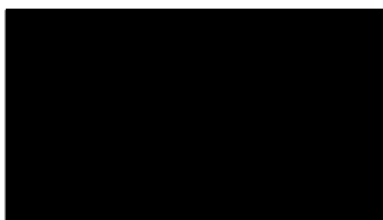




**ACT**  
Government

Chief Minister, Treasury and  
Economic Development

Our ref: CMTEDDFOI 2018-0072



via email: 

Dear 

### **FREEDOM OF INFORMATION REQUEST**

I refer to your application under section 30 of the *Freedom of Information Act 2016* (the Act), received by the Chief Minister, Treasury and Economic Development Directorate (CMTEDD) on 26 March 2018.

Specifically, you sought access to: "*documents regarding the separation of ACT Health since 1 January 2017.*"

### **Authority**

I am an authorised Information Officer appointed by the Director-General of CMTEDD under section 18 of the Act to deal with access applications made under Part 5 of the Act.

### **Timeframes**

In accordance with section 40 of the Act, CMTEDD is required to provide a decision on your access application by 17 May 2018.

### **Third Party Consultation**

In making this decision, I completed consultation with relevant third party in accordance with section 38 of the Act.

### **Decision on access**

A search of CMTEDD records was completed within business areas which may hold documents relevant to your request. The search resulted in a total of 34 documents being identified.

I have decided to release 29 documents to you in full and partially release the remaining 5 documents (two documents have been withheld pending the third party review period in accordance with section 38(6)(b) of the Act). The information redacted in the documents is contrary to the public interest to release under Schedule 1 of the Act or

would, on balance, be contrary to the public interest to release under the test set out in section 17 of the Act.

I have included as Attachment A to this letter the schedule of relevant documents. This provides a description of each document that falls within the scope of your request and the access decision for each of those documents. The documents to be released to you are provided as Attachment B to this letter.

In accordance with section 54(2) of the Act a statement of reasons outlining my decision is below.

### **Statement of Reasons**

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

- the Act;
- the content of the documents that fall within the scope of your request;
- the view of a relevant third party; and
- the *Human Rights Act 2004*.

### **Exemption claimed**

My reasons for deciding not to grant access to some identified documents are as follows:

#### Contrary to the public interest information under Schedule 1 of the Act

*1.2 Information that would be privileged from production or admission into evidence in a legal proceeding on the ground of legal professional privilege.*

Pages 107-108 (document Ref No.21) contain comments from the ACT Government Solicitor. I consider that these documents are subject to legal professional privilege. For this reason I have decided to exempt from release part of the document containing legal advice.

#### Contrary to the public interest information under the test set out in section 17 of the Act (Schedule 2)

The Act has a presumption in favour of disclosure. As a decision maker I am required to decide where, on balance, public interests lies. As part of this process I must consider factors favouring disclosure and non-disclosure.

In *Hogan v Hinch* (2011) 243 CLR 506, [31] French CJ stated that when 'used in a statute, the term [public interest] derives its content from "the subject matter and the scope and purpose" of the enactment in which it appears'. Section 17(1) of the Act sets out the test, to be applied to determine whether disclosure of information would be contrary to the public interest. These factors are found in subsection 17(2) and schedule 2 of the Act.



Factors favouring disclosure (Schedule 2 section 2.1)

Taking into consideration the information contained in the documents found to be within the scope of your request, I have identified that the following public interest factors in favour of disclosure are relevant to determine if release of the information contained within these documents is within the 'public interest':

- (a) *disclosure of the information could reasonably be expected to do any of the following:*
- (i) *promote open discussion of public affairs and enhance the government's accountability;*
  - (ii) *contribute to positive and informed debate on important issues or matters of public interest;*
  - (viii) *reveal the reason for a government decision and any background or contextual information that informed the decision;*

Having considered the factors identified as relevant in this matter, I consider that release of the information contained in the documents may promote open discussion of public affairs and enhance the government's accountability. The information contained in the documents is related to the changes to the Health Directorate which I consider is of public interest as these changes were made to keep with the growing Canberra health needs. The documents identified include a scan of the governance models across Australia undertaken by PwC and a brief to the Chief Minister regarding the proposed new governance structure for the ACT Health Directorate. These documents include background and contextual information which reveals what has been considered during the decision making process. As a result, the release of such information may contribute to positive and informed debate on this matter of public interest and enhance the government's accountability. I am satisfied that the public interest in increasing transparency and accountability of the Directorate carries significant weight.

Factors favouring non-disclosure (Schedule 2 section 2.2)

As required in the public interest test set out in section 17 of the Act, I have also identified the following public interest factors in favour of non-disclosure that I believe are relevant to determine if release of the information contained within these documents is within the 'public interest':

- (a) *disclosure of the information could reasonably be expected to do any of the following:*
- (ii) *prejudice the protection of an individual's right to privacy or any other right under the Human Rights Act 2004;*

When considering the documents and factors in favour of non-disclosure, I have considered the personal information contained in the documents, including names, signatures and contact information. I am satisfied that the names, signatures, and contact information of government employees in their signature blocks should be released as these staff members were acting in their official capacity and the personal information

being released is done so in relation to these individuals exercising their delegations in a work related capacity. I do not consider the release of this information is unreasonable or could prejudice their right to privacy.

However, I consider it is unreasonable to release individuals' names and contact information that is not publicly available. I am of the opinion that release of this information may prejudice the protection of these individuals' right to privacy or any other right under the *Human Rights Act 2004*. I am satisfied that this factor favouring non-disclosure should be afforded significant weight as it relates to individuals privacy. Accordingly, I have decided to withhold from disclosure the names and contact information of these individuals.

Noting the pro-disclosure intent of the Act, I am satisfied that redacting only the information that is not in the public interest to release, while releasing the rest of the documents will ensure the intent of the Act is met and will provide you with access to the majority of information held by CMTEDD within the scope of your request.

#### **Additional Information**

- Documents Ref No. 3 and 4 have been withheld pending the third party review period.
- Documents Ref No. 15, 18 and 26 were prepared in 2018, but are incorrectly dated March 2017.

#### **Charges**

Pursuant to *Freedom of Information (Fees) Determination 2017 (No 2)* processing charges are applicable for this request because the total number of pages to be released to you exceeds the charging threshold of 50 pages. However, the charges have been waived in accordance with section 107 (2)(e) of the Act.

#### **Online publishing – Disclosure Log**

In accordance with section 28 of the Act, CMTEDD maintains an online record of access applications in the form of a disclosure log. Your original access application, my decision and documents released to you in response to your access application will be published in the CMTEDD disclosure log after 22 May 2018. Your personal contact details will not be published.

The CMTEDD disclosure log is at <http://www.cmd.act.gov.au/functions/foi/disclosure-log>.

#### **Ombudsman Review**

My decision on your access request is a reviewable decision as identified in Schedule 3 of the 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 CMTEDD 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: [ombudsman@ombudsman.gov.au](mailto:ombudsman@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/>

Should you have any queries in relation to your request please contact me by telephone on 6207 7754 or email [CMTEDDFOI@act.gov.au](mailto:CMTEDDFOI@act.gov.au)

Yours sincerely,



Daniel Riley

Information Officer

Information Access Team

Chief Minister, Treasury and Economic Development Directorate

17 May 2018



**ACT**  
Government

Chief Minister, Treasury and  
Economic Development

Our ref: CMTEDDFOI 2018-0072



via email: 

Dear 

### **FREEDOM OF INFORMATION REQUEST**

I refer to your application under section 30 of the *Freedom of Information Act 2016* (the Act), received by the Chief Minister, Treasury and Economic Development Directorate (CMTEDD) on 26 March 2018, in which you sought access to documents regarding the separation of ACT Health since 1 January 2017.

#### **Authority**

I am an Information Officer appointed by the Director-General of CMTEDD under section 18 of the Act to deal with access applications made under Part 5 of the Act.

#### **Timeframes**

In accordance with section 38(6)(b) of the Act, access was deferred to allow the third party to exercise their right of review with the Ombudsman. The ACT Ombudsman's Office has now confirmed that we are able to release the documents to you as no appeal has been submitted in the time frame allowed.

#### **Online publishing – Disclosure Log**

Under section 28 of the Act, CMTEDD maintains an online record of access applications called a disclosure log. The documents released to you in response to your access application will be published in the CMTEDD disclosure log. Your personal contact details will not be published. You may view CMTEDD disclosure log at <https://www.cmtedd.act.gov.au/functions/foi/disclosure-log>

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If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman  
GPO Box 442  
CANBERRA ACT 2601  
Via email: [actfoi@ombudsman.gov.au](mailto:actfoi@ombudsman.gov.au)

**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/>

Should you have any queries in relation to your request please contact me by telephone on 6207 7754 or email [CMTEDDFOI@act.gov.au](mailto:CMTEDDFOI@act.gov.au)

Yours sincerely,



Daniel Riley  
Information Officer  
Information Access Team  
Chief Minister, Treasury and Economic Development Directorate

27 June 2018



**ACT**  
Government

Chief Minister, Treasury and  
Economic Development

## FREEDOM OF INFORMATION REQUEST SCHEDULE

NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	Reference NO.
[REDACTED]	Documents regarding the separation of ACT Health since 1 January 2017.	CMTEDDFOI 2018-0072

Ref No	Page number	Description	Date	Status	Reason for Exemption	Online Release Status
1	1	Email – Re: Review of structure	3/12/2017	Full	n/a	Yes
2	2	Email – PwC Report	18/12/2017	Full	n/a	Yes
3	3-45	Attachment 1 to previous email – Australian Health Departments and Directorates Governance Scan  <i>Please note that this document has been withheld pending third party review period</i>	12/2017	Full	n/a	Yes
4	46-55	Attachment 2 to previous email – Health Governance Structures – Scan  <i>Please note that this document has been withheld pending third party review period</i>	12/2017	Full	n/a	Yes
5	56-59	Brief to Chief Minister Attachment A – see Ref No. 3	15/3/2018	Full	n/a	Yes
6	60-63	Brief to Chief Minister Attachment A – see Ref No. 3	15/3/2018	Full	n/a	Yes
7	64-67	Brief to Chief Minister – signed Attachment A – see Ref No. 3	15/3/2018	Full	n/a	Yes
8	68	Email - Confidential - Health info	21/3/2018	Full	n/a	Yes
9	69-71	Attachment 1 to previous email – Health restructure media release draft March 2018 Attachment 2 to previous email – see Ref No. 7	undated	Full	n/a	Yes
10	72	Email - Communications support	21/3/2018	Full	n/a	Yes

11	73-75	Email - RE: Emailing: ACT Government Joint Media release	21/3/2018	Full	n/a	Yes
12	76	Email – RE: Confidential – Health info Attachments – see Ref No. 3 and 4	22/3/2018	Full	n/a	Yes
13	77-80	Email – Fwd: Health communications/change products	23/3/2018	Full	n/a	Yes
14	81-83	Attachment 1 to previous email – Fitzharris- Rattenbury_health changes_MR_March 2018	3/2018	Full	n/a	Yes
15	84-88	Attachment 2 to previous email – Health governance talking points_March 2018	3/2018	Full	n/a	Yes
16	89-91	Email - RE: Emailing: ACT Government Joint Media release	23/3/2018	Full	n/a	Yes
17	92-95	Email – FW: Health communications/change products	23/3/2018	Full	n/a	Yes
18	96-100	Attachment to previous email – Health governance talking points	3/2018	Full	n/a	Yes
19	101-105	Email - RE: Health communications/change products	23/3/2018	Full	n/a	Yes
20	106	Email - FW: Health communications/change products	23/3/2018	Full	n/a	Yes
21	107-108	Email - RE: Health communications/change products	23/3/2018	Partial	Sch 1 s1.2	Yes
22	109-111	Email - RE: Health communications/change products	23/3/2018	Full	n/a	Yes
23	112	Email - Stakeholder Listing	23/3/2018	Full	n/a	Yes
24	113-114	Attachment to previous email – Key contact list	undated	Partial	Sch 2 s2.2 (a)(ii)	Yes
25	115	Email - RE: Key messages and Q&As	23/3/2018	Full	n/a	Yes
26	116-119	Attachment to previous email – Health governance talking points March 2018	23/3/2018	Full	n/a	Yes
27	120-122	Email - FW: JOINT FITZHARRIS & RATTENBURY MEDIA RELEASE - Changes to ACT Health to keep up with growing CBR health needs	23/3/2018	Full	n/a	Yes
28	123	Email - FW: ACT Health split straight out of the LDA playbook	23/3/2018	Full	n/a	Yes

29	124	Email - Changes to the ACT Health Directorate	23/3/2018	Full	n/a	Yes
30	125	Email - Fwd: JOINT FITZHARRIS & RATTENBURY MEDIA RELEASE - Changes to ACT Health to keep up with growing CBR health needs	23/3/2018	Full	n/a	Yes
31	126	Email - FW: JOINT FITZHARRIS & RATTENBURY MEDIA RELEASE - Changes to ACT Health to keep up with growing CBR health needs	23/3/2018	Partial	Sch 2 s2.2 (a)(ii)	Yes
32	127	Email - FW: JOINT FITZHARRIS & RATTENBURY MEDIA RELEASE - Changes to ACT Health to keep up with growing CBR health needs	23/3/2018	Partial	Sch 2 s2.2 (a)(ii)	Yes
33	128	Email - FW: JOINT FITZHARRIS & RATTENBURY MEDIA RELEASE - Changes to ACT Health to keep up with growing CBR health needs	23/3/2018	Partial	Sch 2 s2.2 (a)(ii)	Yes
34	129-131	Email - Questions from this morning's Health directorate staff session	26/3/2018	Full	n/a	Yes
<b>Total No of Docs</b>						
34						



**Kalleske, Sarah**

---

**From:** Leigh, Kathy  
**Sent:** Sunday, 3 December 2017 10:45 AM  
**To:** Feely, Nicole (Health)  
**Cc:** - Power, Leanne  
**Subject:** Re: Review of structure

Thanks Nicole. Let's discuss once you have the scan.

Kathy

On 3 Dec 2017, at 10:21 am, Feely, Nicole (Health) <[Nicole.Feely@act.gov.au](mailto:Nicole.Feely@act.gov.au)> wrote:

I have asked PWC on a single select to undertake a scan of the governance models across Australia as a first step. That will be done by 5 December following which I was planning to discuss next steps with you. This scan step will be needed for any review regardless.

I need to get clarity from the Minister as to what precisely is concerning her about the current structure other than I have too many direct reports. My preference is we do not let history re Boards etc repeat itself without being clear as to the 'why' - Once this is clear, TOR for a review will then be able to be drafted. If you have any further insights, I would appreciate hearing them.

Happy to discuss of course.

Regards - Nicole

Nicole Feely  
Director General  
ACT Health  
02 6205 0823

On 3 Dec 2017, at 10:07 am, Leigh, Kathy <[Kathy.Leigh@act.gov.au](mailto:Kathy.Leigh@act.gov.au)> wrote:

Nicole

Just wondering if you have a view on how to proceed with the review.

Eg do you have a draft terms of reference?

Do you propose to go out to tender or is there a specialist in this area that would mean you would want to do a single select?

Thanks

Kathy

**Kathy Leigh | Head of Service and Director-General**

Phone: [02 6205 0246](tel:0262050246) | Email: [kathy.leigh@act.gov.au](mailto:kathy.leigh@act.gov.au)

**Chief Minister, Treasury and Economic Development Directorate | ACT Government**

Level 5 Canberra Nara Centre | GPO [Box 158 Canberra ACT 2601](mailto:Box158@act.gov.au) | [www.act.gov.au](http://www.act.gov.au)



**Power, Leanne**

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**From:** Sek, Gabrielle (Health)  
**Sent:** Monday, 18 December 2017 10:39 AM  
**To:** Power, Leanne  
**Cc:** Kalleske, Sarah; Stevenson, Nicole (Health)  
**Subject:** PwC Report [SEC=UNCLASSIFIED]  
**Attachments:** ACT Health - Governance Scan Report 121217 updated.docx; Infographic comparison and ACT overview (1).pptx

Dear Leanne

I'm forwarding the above review undertaken by PwC to you on Nicole's behalf. Could I ask that you please provide to HoS for review.

Best regards  
Gabrielle

**Gabrielle Sek**  
*Executive Assistant and Executive Officer  
to Ms Nicole Feely  
Director-General  
ACT Health*

Phone: 620 50823  
Level 5 2-6 Bowes Street  
Phillip WODEN  
Email: [gabrielle.sek@act.gov.au](mailto:gabrielle.sek@act.gov.au)

Care ▲ Excellence ▲ Collaboration ▲ Integrity



# *ACT Health*

## Australian Health Departments and Directorates

*ACT Health*

*Governance Scan*

*December 2017*

## Governance Scan

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# 1 *Executive Summary*

## 1.1 *Background*

The ACT Health Directorate (the Directorate) is tasked with delivering healthcare and health-related services in the ACT, through its public hospitals and health services. The Directorate is also responsible for stewardship of the ACT public health 'system' through policy, planning and oversight of health in the Territory – including inter and intra-governmental activities. The Directorate currently reports jointly to the ACT Minister for Health and the ACT Minister for Mental Health.

The Directorate wishes to understand the governance structures deployed across other health jurisdictions, which may in turn, drive the adoption of a new governance structure for the ACT.

## 1.2 *Objectives and Scope*

The Directorate required an environmental scan of the governance structures in place within health departments and directorates across Australia.

The scope of work included undertaking:

- A high-level scan (which included the capture of publically available information and PwC insights from previous engagements) of other governance structures employed by health departments and directorates in other states and territories; and
- Where possible, incorporating the governance and reporting structures of specific program functions delivered through non-health Departments, agencies or entities in other jurisdictions (for example, through Pillars in NSW or Department Justice and Regulation for justice health in Victoria).

These activities were undertaken against the following health departments and jurisdictions:

- Tasmanian Department of Health and Human Services;
- South Australia Department for Health and Ageing;
- Northern Territory Department of Health;
- Western Australia Department of Health;
- Queensland Department of Health;
- New South Wales Ministry for Health; and
- Victoria Department of Health and Human Services.

## 1.3 *Summary of Findings*

Detailed findings as a result of the scan of governance profiles are outlined in Section 2 of this report. From these individual scans we have distilled a set of findings in relation to structural commonalities, differences and challenges experienced among state and territory health services:

## **I. Structural reforms across Australia**

The 2011 National Health Reform Agreement initiated a process of structural reform in most jurisdictions, in particular through the separation of health service delivery from the functions of state and territory departments of health. Jurisdictions are at various stages of implementing these reforms: NSW, VIC and QLD have well-established structures, while WA began in 2016.

Most jurisdictions have enacted specific legislation to support structural separation. In these models, the department's role is primarily that of 'system manager': setting the direction, planning for future health needs, overseeing the operation of the health system as a whole and providing funds for current health service delivery. Health services are delivered by independent statutory authorities, governed by boards. These authorities are accountable to the department, and through them to government, through a service delivery agreement, backed by performance management arrangements.

A number of jurisdictions (but not all) have publicly disclosed the service and funding agreements between the departments and health services. Those that are publicly-available include provisions for the minister (or delegates) to intervene in a service if there are significant performance concerns.

## **II. The role of the Department**

All jurisdictions other than the ACT have structurally separated public hospital and health service delivery from the health system stewardship functions of their departments of health, as described above.

Some jurisdictions have retained their Ambulance services (e.g. or small components of direct health service delivery (e.g. oral health in NT) within their departments of health.

Some jurisdictions have also structurally separated a range of health system support functions from their departments, such as payroll and human resources, IT, pathology, consumable procurement etc. This has occurred to varying degrees in NSW, WA and QLD.

Some jurisdictions include other portfolio and program areas within their departmental structure. For example, Tasmania and Victoria include human services; NT also includes disability.

While most jurisdictions include justice health within their department of health responsibilities, two do not (in WA it is the remit of the Department of Corrections and in Victoria it is within the Department Justice and Regulation).

## **III. Health service delivery structures**

Health service delivery functions tend to be organised geographically (through local hospital networks or geographic clusters of hospitals and health services) in most jurisdictions.

A few jurisdictions also delegate functions to organisations that provide services to specific populations. For example, the Women and Children's Local Health Network in South Australia, Child and Adolescent Network in WA or the Justice Health Network in NSW.

Responsibility for new hospital and health service infrastructure tends to be retained within the health sector, and particularly within health departments, rather than transferred to cross-departmental infrastructure entities. For example, in Victoria new infrastructure is managed through the Infrastructure, Sport and Recreation division of the Department of Health and Human Services. In Queensland, infrastructure components are split – planning is within the Strategy Policy and Planning division of the Department of Health, and delivery and ongoing management is split between Department's Corporate Services Division and the Health and Hospital Services, based on project and asset lifecycle stage.

## **IV. Degree of structural separation**

The degree of structural separation of health service delivery from the department varies across the jurisdictions.

Most jurisdictions have legislated to create statutory authorities to deliver hospital and health services under funding and service agreements with the departments.

In some jurisdictions (e.g. Victoria), the department has established a service agreement and associated system of performance and contract management that provides health services with substantial operational autonomy and independence.

In other jurisdictions (e.g. NT), health service boards have limited public profile, and health service CEOs are more akin to departmental employees managing a 'branch' of the department.

There are a few examples where the jurisdiction has entered into a service agreement with a privately owned hospital or health service for the purposes of providing public health services. For example, in NSW a network of services owned by St Vincent's Health is 'treated' as a Local Health District (LHD). Similarly, in Victoria, the Ramsey Health managed Mildura Base hospital is contracted to provide public health services with contract management occurring through the Department's Service Policy and Commissioning branch of the Health and Wellbeing Division. Similarly in Queensland, the Departments' Health Purchasing, Funding and Performance Division manages a service contract with Mater Hospital Brisbane. It would appear that these forms of governance and contracting arrangements add an additional layer of structural separation from the Department.

## **V. Challenges identified**

Anecdotally, where health service delivery organisations have effective, skills-based boards, they tend to function well. Similarly, there are challenges in jurisdictions where health service boards have been appointed on the basis of their 'representation' of particular groups, rather than their skills.

Challenges are also experienced in appointing board members in small jurisdictions, where health sector capability and capacity is inevitably lower than in jurisdictions with larger populations. NT is an example of a confined 'market' for health care leaders appropriate for board appointments. Individuals may have multiple roles within the health system in these jurisdictions, which can lead to potential conflicts of interest.

Protocols regarding what type of operational issues at a health service level are to be escalated to the health board, or the department are applied in some jurisdictions, to provide some 'insulation' to governance leaders from operational decisions. Examples include incident reporting protocols.

A further issue identified is the potential for a disjoint between strategic health planning activities carried out by the department and operational service delivery planning and management by health service delivery organisations. In this situation, the degree of structural separation can impede the ability of the Department to fulfil its system 'stewardship' role. Advice is that this is an issue being experienced in QLD currently and consideration is being given to structural and systemic reforms that would enable closer collaboration between the Department and the health services in planning and policy development.

## 1.4 Snapshots of jurisdictions

The following provides snapshot profiles of the jurisdictions reviewed as part of this engagement:

### Australian Capital Territory Public Health

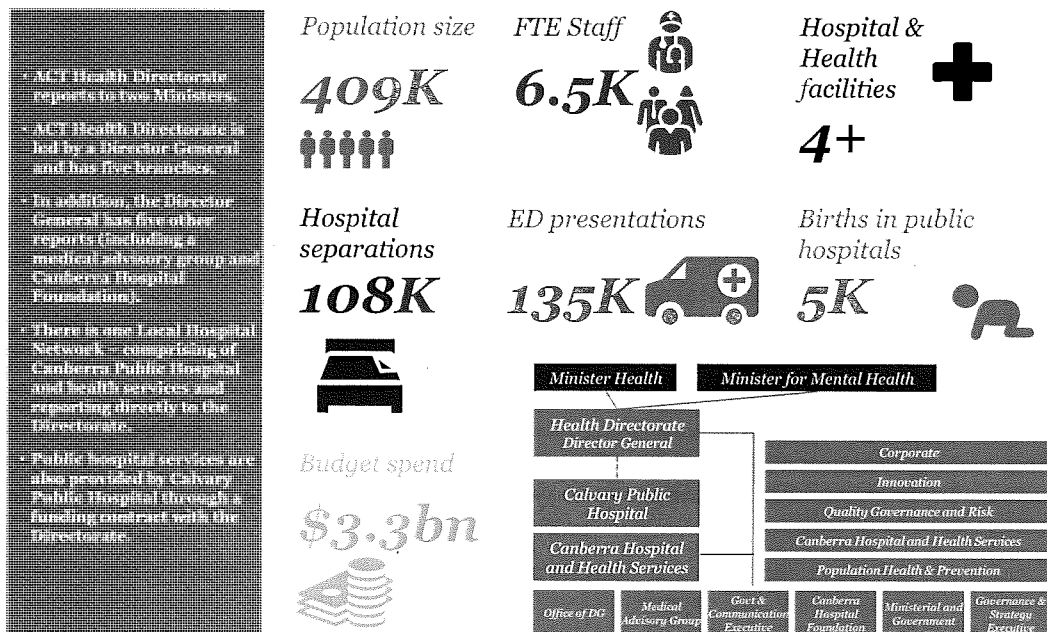


Figure 1 Australian Capital Territory Public Health System<sup>1</sup>

<sup>1</sup> Provided for comparison purposes only.



## Tasmanian Public Health

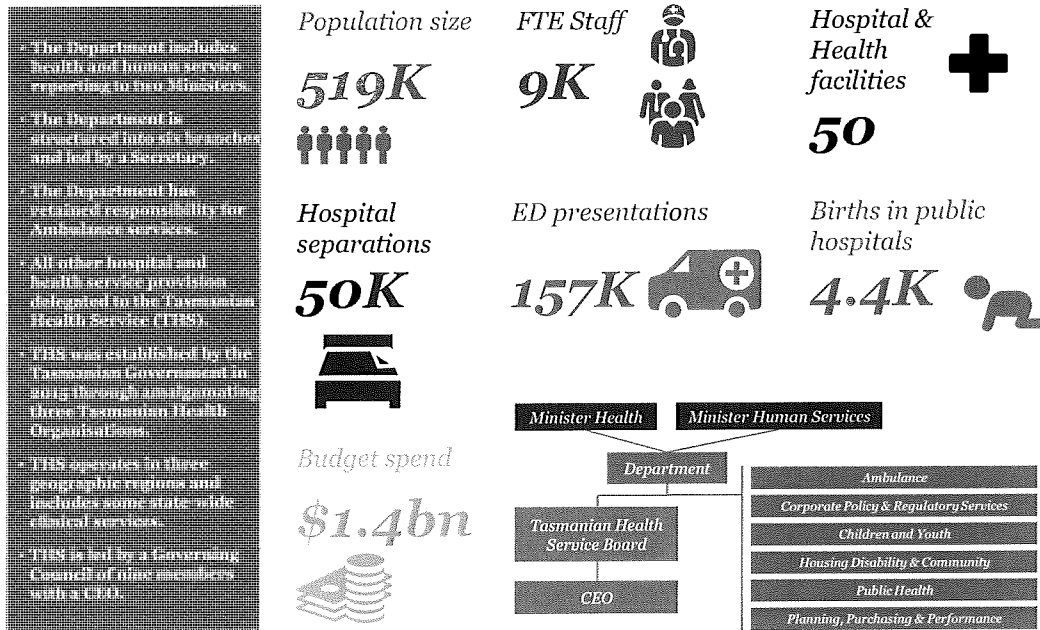


Figure 2 Tasmanian Public Health System

## South Australian Public Health

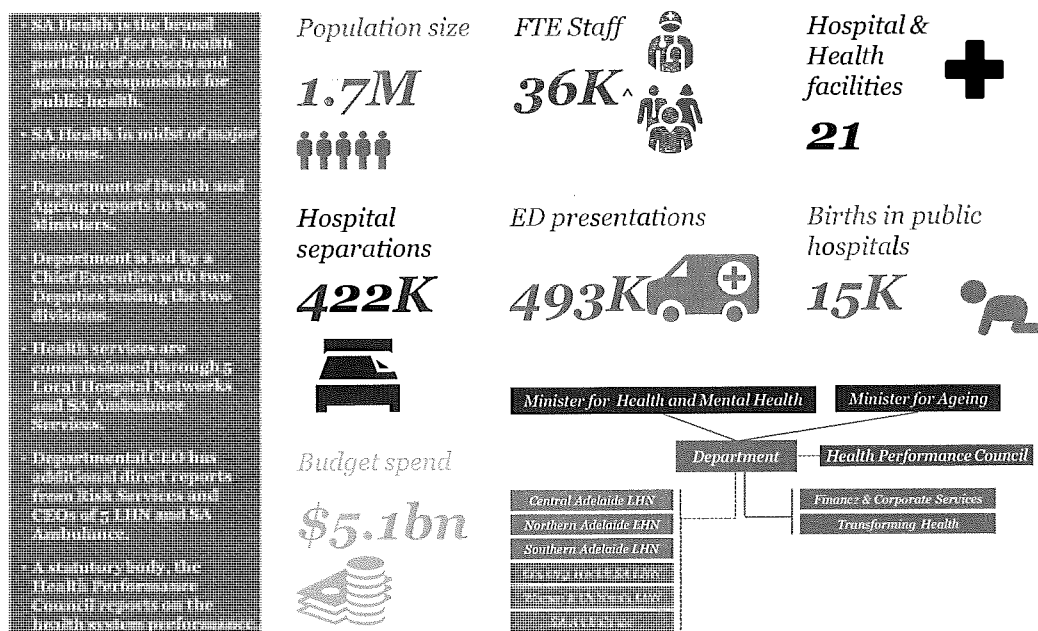


Figure 3 South Australian Public Health System

## Northern Territory Public Health

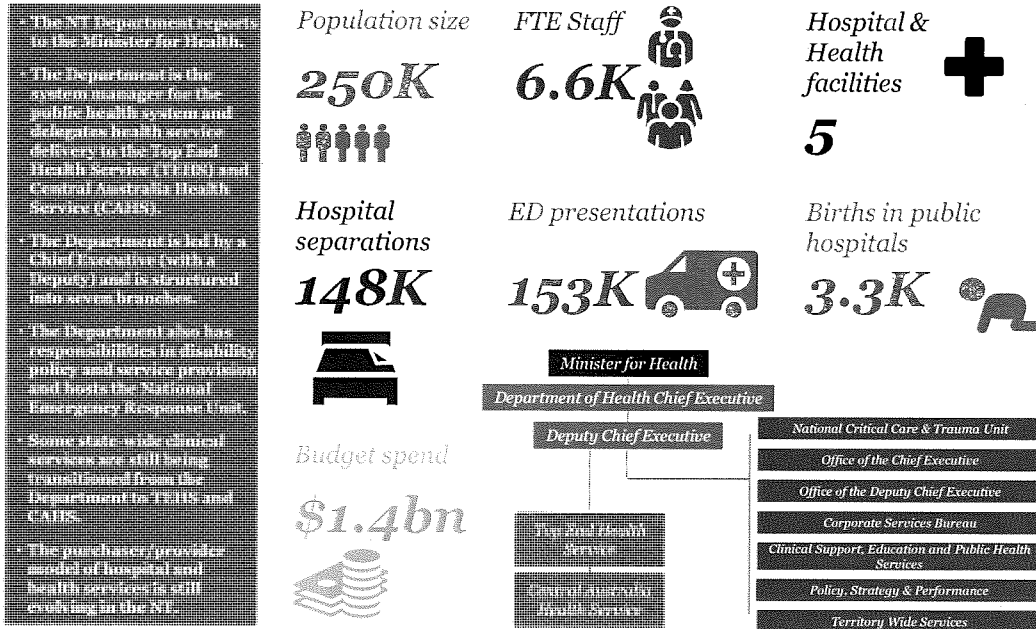


Figure 4 Northern Territory Public Health System

## Western Australia Public Health

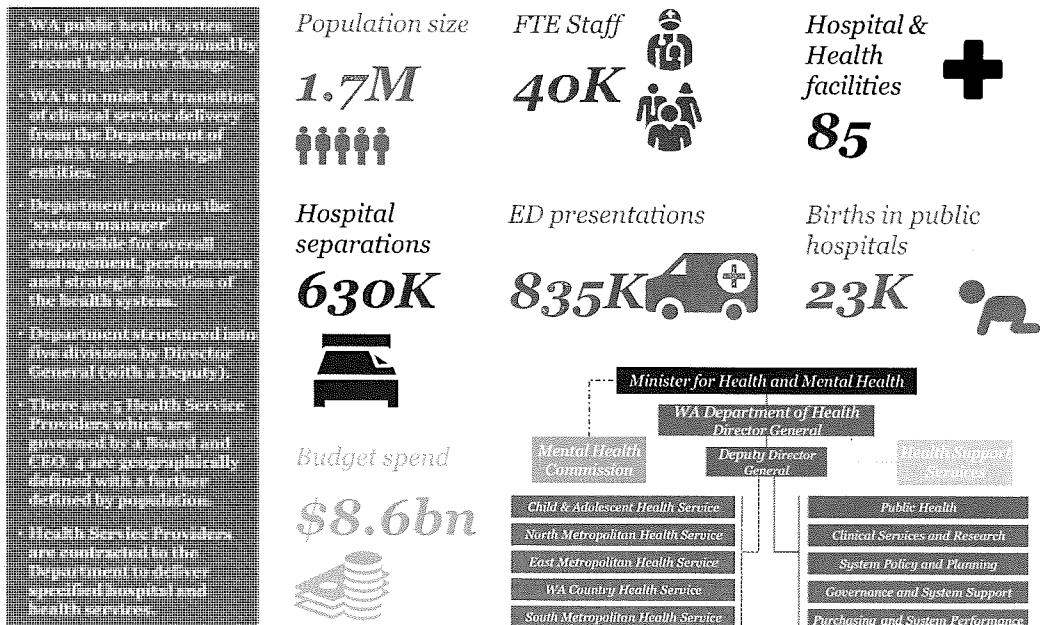


Figure 5 Western Australia Public Health System

## Queensland Public Health

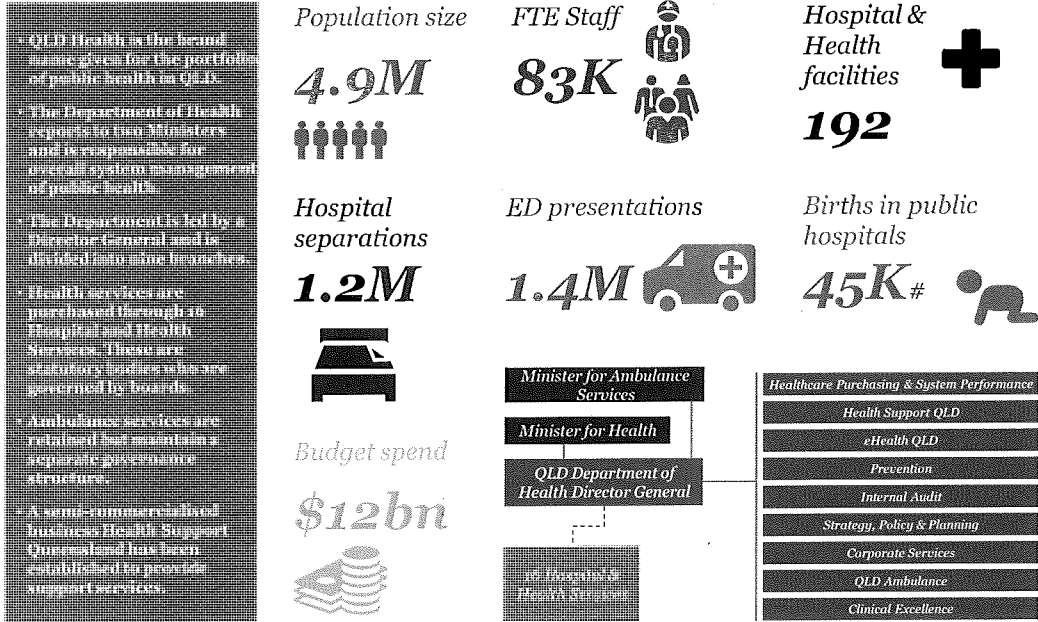


Figure 6 Queensland Public Health System

## New South Wales Public Health

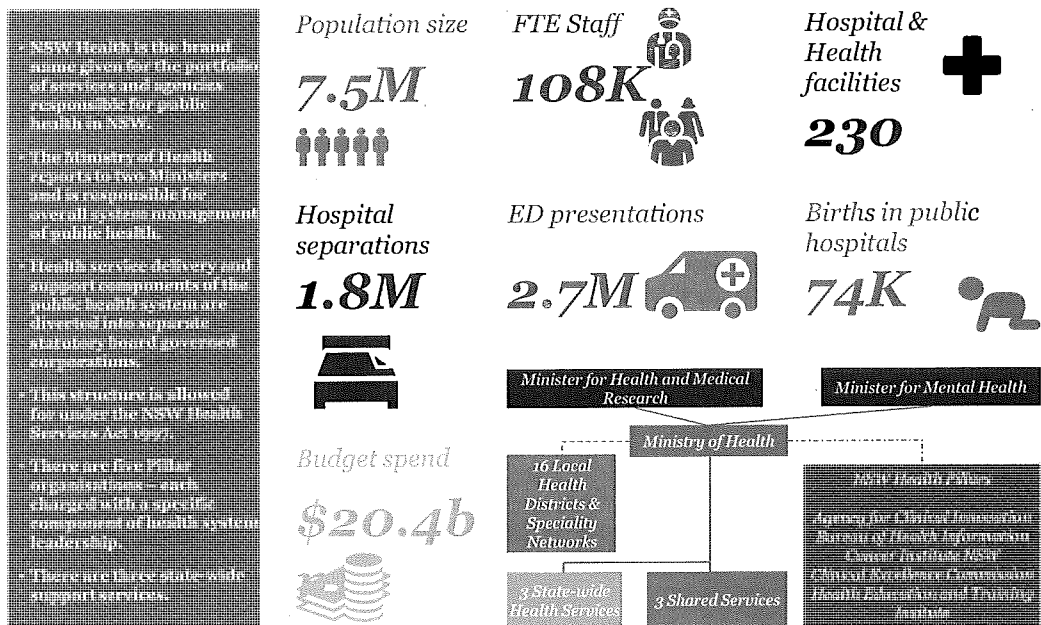


Figure 7 NSW Public Health System

## Victorian Public Health

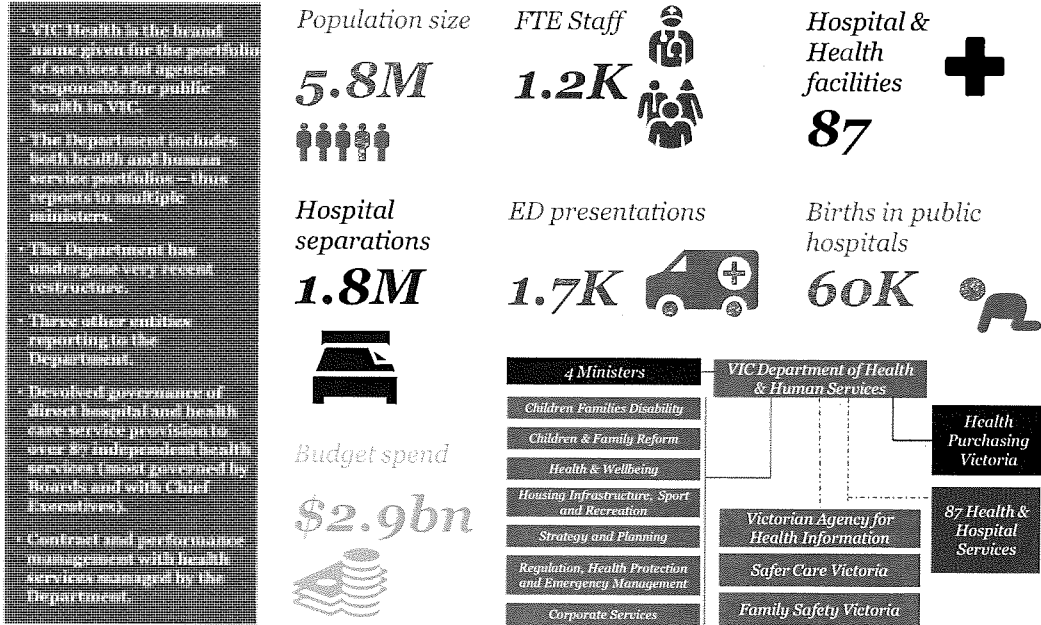


Figure 8 Victorian Public Health System

## 1.5 *Next Steps*

The information outlined in this report provides the Directorate visibility into alternate governance structures (or elements within) that may be applicable to any future direction or operating model to be considered.

While single measures (e.g. population size) within other jurisdictions may be comparable to the Directorate, it does not logically flow that the related governance structures are equally comparable or appropriate for the Directorate.

PwC is of the view that prior to any subsequent 'applicability analysis' of these structures, the Directorate should look to answer the following questions and then compare the structures presented to identify which may best enable desired outcomes:

- What are the primary objectives of a potential structural change? for example, these might include:
  - increasing and making more visible, accountability for health service delivery;
  - introducing greater independence in decision-making in relation to health service delivery;
  - enabling more rapid operational decision-making in relation to health service delivery;
  - enabling a clearer focus on operational efficiency or effectiveness; or
  - freeing-up capacity within the Directorate to undertake core 'system manager' functions.
- What are the functions of the Directorate as 'system manager' that are most crucial to its ability to fulfil that role effectively; are these functions effective currently; which might need to be enhanced?
- What degree of visibility and control does the Directorate seek to have over the public hospital and health services in the ACT?
- What is the capacity within the ACT (of the services and the sector) to move to a model of greater structural separation from the Directorate; what are potential barriers?

## 2 Detailed Governance Profiles

### 2.1 Approach

Against the identified health departments and jurisdictions, PwC leveraged its access to publicly available information and where possible, its' internal Health Practice knowledge and experience in working with the jurisdictions. In addition to the articulated scope in s1.2, PwC performed the following:

- Targeted investigation into the structures governing the lines of accountability for organisations responsible for the management and delivery of public hospital services and their jurisdictional health department; and
- Targeted investigation into the structures governing the lines of accountability where responsibility for health support services (pathology, pharmaceuticals, and consumables etc.) or key public health activities (ambulance services or health protection) when delegated to a separate entity by the Departments.

The tables below provide the findings of the profiles and governance structures for the respective health departments and jurisdictions.

## 2.2 *Tasmanian Department of Health and Human Service*

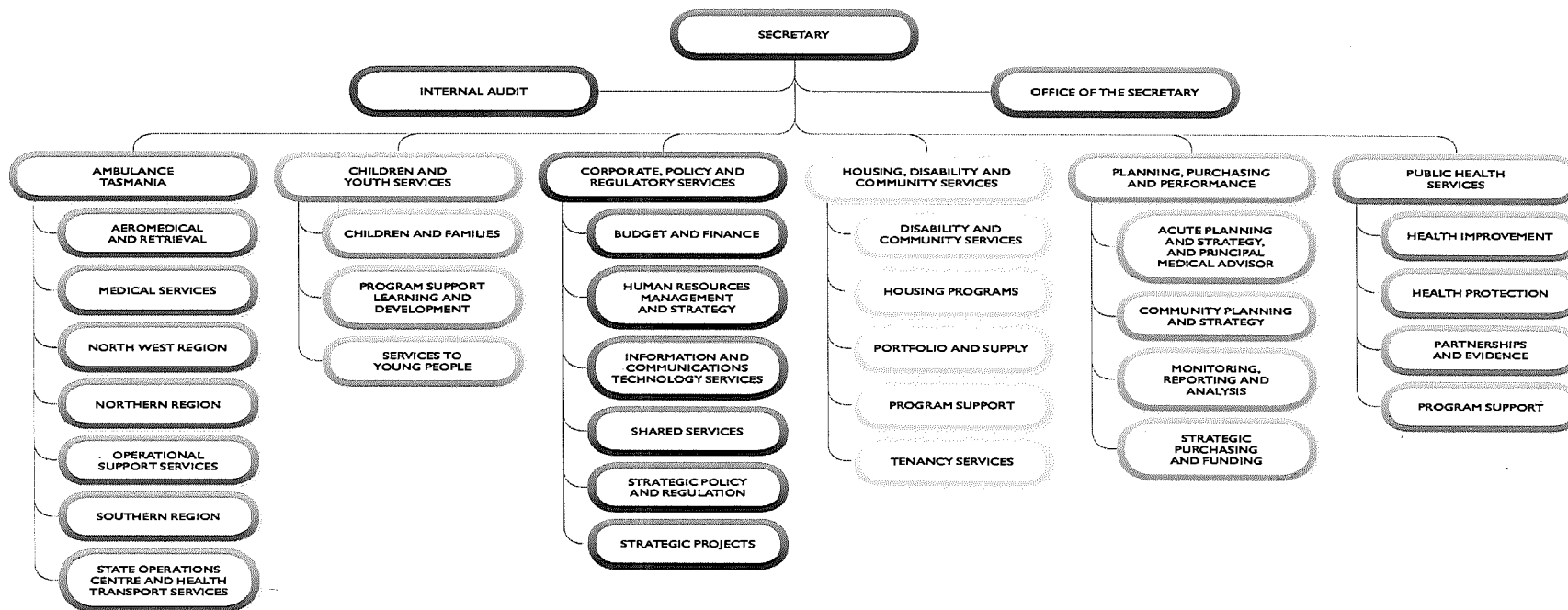
<b>Profile</b>	<b>Key Observations</b>
<p>Tasmania has a population of approximately 519,100 people.</p> <p>In 2016-2017, the public health system in Tasmania managed 157,066 Emergency Department attendances, 50,470 hospital separations and 4,460 births.</p> <p>In 2016-2017, the expenditure for DHHS was \$1.433 billion. Of this spend, health service delivery through the Tasmanian Health Services was 46.96 per cent, State-wide Services 7.01 per cent, Health Services System Management was 10.10 per cent with the remainder spent on human services including &lt;0.1 per cent on capital investment programs.</p> <p>In 2016-2017 DHHS employed 630.36 Full Time Equivalent (FTE) staff covering allied health, medical professionals, ambulance staff, health and human service staff, nursing and executive staff. In addition, THS employs another 8,347.00 FTE staff in public health service provision across the state.</p>	<p>The Department includes health and human service portfolios – reporting to two Ministers.</p> <p>The Department is structured into six branches and led by a Secretary.</p> <p>The Department has retained responsibility for Ambulance services.</p> <p>All other hospital and health service provision delegated to the Tasmanian Health Service (THS).</p> <p>THS is led by a Governing Council of nine members and is supported by a CEO.</p>
<p><b>Public Health System Structure</b></p> <p>State health responsibilities lie with the Tasmanian Minister for Health and are executed through the Tasmanian Department of Health and Human Services (DHHS). DHHS is responsible for monitoring the performance of the Tasmanian public health system through the hospital and health services delivered by the Tasmanian Health Service (THS) (the Local Hospital Networks in Tasmania).</p> <p>DHHS is also responsible for human service policy and delivery in Tasmania reporting separately to the Minister for Human Services.</p>	<p>THS was established in July 2015 through amalgamating three Tasmanian Health Organisations.</p> <p>THS operates in three geographic regions and includes some state-wide clinical services.</p>
<p><b>Tasmanian Department of Health and Human Services</b></p> <p>The Tasmanian Department of Health and Human Services combines policy and program delivery across both health and human services in Tasmania. It has six branches:</p> <ol style="list-style-type: none"> <li>1. Ambulance Tasmania - 55 locations pre-hospital emergency and medical care, health transport and retrieval services.</li> <li>2. Children and Youth Services - health and human services for children, youth and families.</li> <li>3. Corporate, Policy and Regulatory Services - strategic corporate, policy and regulatory services, management of intergovernmental relationships, shared corporate services (payroll, asset management, procurement, etc.), budget and finance, human resources, information technology and strategic policy and regulatory services. Offices of Chief Nursing and Midwifery, Allied Health and Mental Health and Drug Directorate are within this group.</li> <li>4. Housing, Disability and Community Services - human service policy and programs across housing disability and other community services.</li> <li>5. Planning, Purchasing and Performance - strategy and planning functions, purchasing, performance management, monitoring reporting and analysis across the</li> </ol>	

<p>health and human service system including direct service delivery organisations including the Tasmanian Health Service.</p> <p>6. Public Health Services - public health policy, plans and programs under the Public Health and Foods acts, tobacco control, immunisation programs, Public Health Hotline and management of population health threats from communicable disease outbreaks and public health emergencies).</p>
<p><b>Tasmanian Health Service</b></p> <p>Service delivery for public hospital and community health services in Tasmania are delegated to the LHNs. In 2015, three LHNs were amalgamated into one state-wide structure the Tasmanian Health Network (THN). The THN is responsible for public hospitals, primary and community health services (including mental health and oral health services) and is funded through a service agreement between the Minister for Health and the THS. The THS is led by a CEO and Governing Council.</p> <p>Hospital and health services are organised into three regions of the state (Northern, Southern and North West regions). In addition, there are state-wide clinical streams in nursing and midwifery, alcohol and drugs, sexual health, forensic (including justice health), oral health, screening and preventative health and mental health.</p> <p>Services delivered by the THS include acute, sub-acute, rehabilitation, primary health care, palliative care, cancer screening, oral health, mental health and alcohol and drug services. There are four major hospitals providing acute services (with Royal Hobart Hospital as the principal tertiary referral hospital). Sub-acute inpatient care is provided at the major hospitals and through a network of rural hospitals (including multi-purpose services and multipurpose centres). The rural hospitals provide a wide range of community health services. Some rural facilities include residential aged care. Rural hospitals do not have Emergency Departments.</p> <p>Allied health, community nursing (including specialised nursing), home care, palliative care, dementia services, specialised case management services, aids and appliances and health promotion programs are provided at the community level from community health centres and rural facilities.</p>
<p><b>Useful Resources<sup>2</sup></b></p> <ul style="list-style-type: none"> <li>• Tasmanian Department of Health and Human Services <a href="http://www.dhhs.tas.gov.au/">http://www.dhhs.tas.gov.au/</a></li> <li>• Tasmanian DHHS Annual Report 2016-2017 <a href="https://www.dhhs.tas.gov.au/about_the_department/publications/annual_reports">https://www.dhhs.tas.gov.au/about_the_department/publications/annual_reports</a></li> <li>• Tasmanian Health Service <a href="http://www.dhhs.tas.gov.au/tho/area_health_services">http://www.dhhs.tas.gov.au/tho/area_health_services</a></li> <li>• Tasmanian Health Service – Service Level Agreement <a href="http://ths.tas.gov.au/service_agreements">http://ths.tas.gov.au/service_agreements</a></li> </ul>

<sup>2</sup> Those resources publically available to support this review.



## DEPARTMENT OF HEALTH AND HUMAN SERVICES



11/12/2017

Department of Health and Human Services



Figure 9 Structure of the Tasmanian Department of Health and Human Services (as of 11 December 2017)

## 2.3 South Australia Department for Health and Ageing

Profile	Key Observations
<p>South Australia (SA) has a population of approximately 1.7 million people. In 2016-2017, the public health system in SA managed 493, 268 Emergency Department attendances, 422,000 hospital separations and in 2016, 15,000 births.</p> <p>State health responsibilities lie with the SA Minister for Health, Minister for Mental Health and Substance Abuse (currently the same MP) and the Minister for Ageing and are executed through SA Health, the brand name for the health portfolio of services and agencies responsible for public health in SA.</p> <p>These agencies and organisations include the Department for Health and Ageing which provides for financial and corporate services for the health system and for 'Transforming Health' policy and implementation programs. Clinical services are provided through public hospitals and other services are commissioned through SA Ambulance Services, four Local Hospital Networks and the Women's and Children's Health Network.</p> <p>In 2016-2017, the expenditure for SA Health was \$5.1 billion.</p> <p>In 2016 SA Health employed approximately 36,000 Full Time Equivalent staff.</p> <p>Health delivery in SA is challenged by vast geographic distances. Over the past two years, the SA Government has embarked on a significant reform strategy 'Transforming Health' for public health services, driven by the need to make improvements in service access and quality. In 2017, these reforms are nearing completion.</p>	<p>SA Health is the brand name used for the health portfolio of services and agencies responsible for public health.</p> <p>SA Health is in the midst of major transitions under the "Transforming Health" reforms.</p> <p>The Department of Health and Ageing reports to two Ministers.</p> <p>Hospital and health services are provided through contract arrangements with SA Ambulance Services and five Local Health Networks.</p> <p>Four of the Local Health Networks are defined by geographic regions. There is also a Network defined by population – the Women and Children's Health Network.</p> <p>The SA Department is divided into two divisions (Finance and Corporate Services and Transforming Health). There is a Chief Executive (CE) and a Deputy for each division.</p> <p>The Department's Chief Executive has additional reports from Risk and Assurance and theoretically from CEOs of the five Local Health Networks and SA Ambulance.</p> <p>Operational liaison between the Local Health Networks and SA Ambulance is to the Department's Deputy CEs.</p> <p>A statutory body, the Health Performance Council reports to the Minister for Health about the performance of the health system and health outcomes.</p>
<p><b>The Department for Health and Ageing</b></p> <p>The Department is structured into two divisions:</p> <ol style="list-style-type: none"> <li>1. Finance and Corporate Services</li> </ol> <p>This division has a range of responsibilities including infrastructure, finance, eHealth systems, procurement and supply chain management, policy and governance, media and communications, corporate services and mental health and substance use (recently split into a mental health strategy unit and the Office of the Chief Psychiatrist).</p> <ol style="list-style-type: none"> <li>2. Transforming Health</li> </ol> <p>This division has responsibilities for health system redesign and clinical engagement, quality information and performance, operational service improvement and</p>	

## Detailed Governance Profiles

demand management, Aboriginal health strategy, the Office for Professional Leadership and Public Health, and Clinical Systems.	
<p><b>SA Local Health Networks</b></p> <p>Service delivery for public hospital, ambulance and community health services in SA is commissioned by the Department from Local Health Networks.</p> <ul style="list-style-type: none"> <li>• Central Adelaide Local Health Network - Major tertiary hospital services (Royal Adelaide Hospital and Queen Elizabeth), a rehabilitation and mental health service and community health services. The LHN also operates a range of state-wide services including BreastScreen, prison health services, SA Dental, SA Pathology, SA Imaging, SA Pharmacy and SA Biomedical Engineering.</li> <li>• Northern Adelaide Local Health Network - Acute, sub-acute and mental health services provided through two hospitals and primary care through community health services.</li> <li>• Southern Adelaide Local Health Network - acute, sub-acute and mental health services provided through three hospitals (including one rehabilitation hospital) and primary care through community health services.</li> <li>• Country Health SA Local Health Network – oversees the rural public health system in SA and provides acute services to over 100,000 people and a further 175,000 annually at country Emergency Departments. It incorporates 64 hospitals and 220 health services.</li> <li>• Women’s and Children’s Health Network – operates the Women and Children’s Hospital, the Child and Adolescent Mental health Service, Youth Health Service (including youth justice health services at detention facilities), child protection and child and family health service, the women’s health service, children’s disability services and a sexual assault service.</li> <li>• SA Ambulance Service (SAAS) is the principal provider of emergency medical care and transport, non-emergency transport, rescue services and emergency medical retrieval across the state.</li> </ul> <p>Each LHN is governed by a Governing Council and a CEO. Whilst the LHNs and SA Ambulance are accountable to the Chief Executive of the Department, they liaise on a day to day basis with the A/Deputy Chief Executive Transforming Health on operational matters and the Deputy Chief Finance and Corporate Services on financial matters.</p>	

## Detailed Governance Profiles

**Health Performance Council**

An additional component of the public health system in SA is the Health Performance Council. This is a statutory body that provides advice to the Minister for Health on the performance of the health system, health outcomes for South Australians (including specific population groups) and on the effectiveness of community and individual engagement.

**Key Resources**

- SA Health <http://www.sahealth.sa.gov.au>
- SA Department of Health and Ageing Annual Report 2016-2017  
<http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/publications+and+resources/reports>
- SA Local Health Networks  
<http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/our+local+health+networks>
- Local Health Networks – Service Level Agreements  
<http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/our+local+health+networks/service+level+agreements>
- SA Health Performance Council <https://www.hpcsa.com.au/>

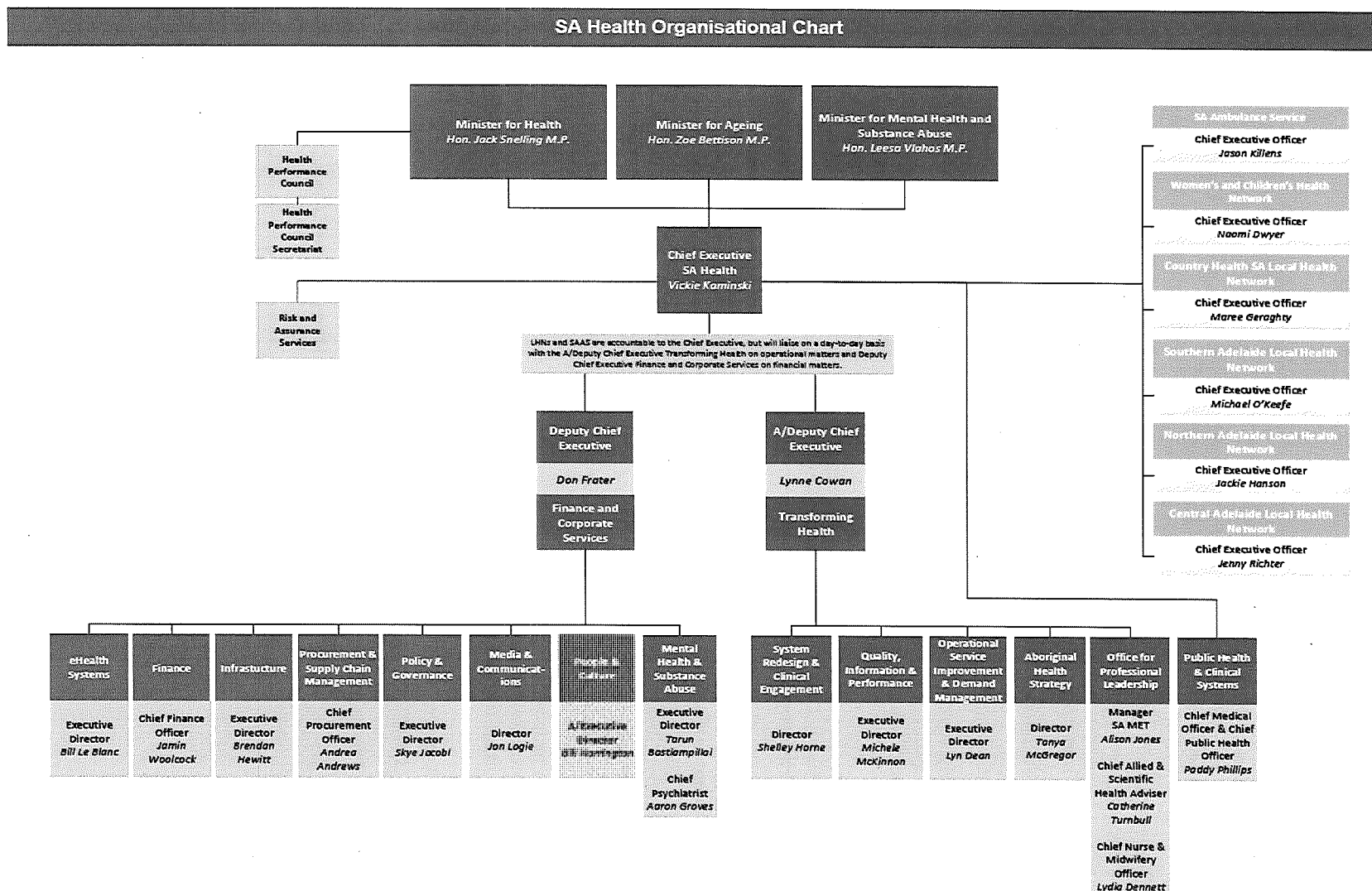


Figure 10 Structure of the SA Public Health system (as of 11 December 2017)

## 2.4 Northern Territory Department of Health

<b>Profile</b>	<b>Key Observations</b>
<p>Northern Territory (NT) has a population of approximately 250,000 people spread over 1.35 million square kilometres. In terms of health needs and health profile, it is important to acknowledge that significant challenges exist in providing public health services to the Indigenous and non-Indigenous population of the Territory. Over 43 per cent of the population live in remote or very remote areas of the Territory.</p> <p>In 2015-2016, the public health system in NT managed 144,517 Emergency Department attendances, 74,163 hospital separations and 3,331 births.</p> <p>In 2016-2017, the expenditure for the NT Department of Health was \$ 1.4 billion (including disability services and the National Critical Care and Trauma Response Unit).</p> <p>In 2016-2017 the Department employs approximate 6,648 FTE staff across the Territory to attend to the health needs of the population.</p> <p>State health responsibilities lie with the NT Minister for Health are executed through NT Department of Health. The Department is the system manager for the public health system and clinical and health services are provided through Top End Health Service (TEHS) and the Central Australia Health Service (CAHS).</p> <p>The purchaser/provider model of health service delivery is still evolving in the NT, as responsibilities for a range of public health programs and activities transition to the health services throughout 2017 and 2018 (namely oral health services, hearing health services and cancer screening services).</p> <p>There is limited information about the governance structure of the public health system in the NT publically available. What is available, we are aware does not reflect current arrangements. We have sourced additional information through PwC internal networks into current structures. We have been unable to verify much of this information through additional sources.</p>	<p>The NT Department reports to the Minister for Health.</p> <p>The Department is the system manager for the public health system and delegates health service delivery to the Top End Health Service (TEHS) and Central Australia Health Service (CAHS).</p> <p>The Department is led by a Chief Executive (with a Deputy) and is structured into seven branches.</p> <p>The Department also has responsibilities in disability policy and service provision and hosts the National Emergency Response Unit.</p> <p>Some state-wide clinical services are still being transitioned from the Department to TEHS and CAHS (e.g. cancer screening and oral health).</p> <p>The purchaser/provider model of hospital and health services is still evolving in the NT.</p> <p>The TEHS and CAHS report to the Chief Executive of the Department.</p> <p>It is unclear if TEHS and CAHS are currently governed by Boards but they have significant Executive Management Teams.</p>

## Detailed Governance Profiles

<p><b>The NT Department of Health</b></p> <p>The Department is responsible for Territory wide system planning, capital works and monitoring/managing the performance of the Health Services and the public health system as a whole. The Department is also responsible for policy advice and intergovernmental relations. As of the end of the 2015-2016 year, the Department was structured into the following branches:</p> <ul style="list-style-type: none"> <li>• The Office of the Chief Executive – high level executive support and coordination of information and activities across government and with the Minister’s Office. Executive services include legal, risk and audit, ministerial liaison, media and corporate communications, disaster coordination and information and privacy.</li> <li>• The Office of the Deputy Chief Executive – takes a leadership role in monitoring and enhancing performance including close working with the TEHS and CAHS. The portfolio includes clinical support, education and public health services division, Office of Aboriginal Health Policy and Engagement, Office of Disability, Strategy and Reform and Territory Wide Services.</li> <li>• Corporate Services Bureau – corporate functions including data management and system reporting, financial services, procurement and contracting, human resource management, information system and services, infrastructure services and grants management.</li> <li>• Clinical Support, Education and Public Health Services – functions covering clinical system-wide policies and strategies, health workforce reform, medical education and training, disease control, environmental health, mental health and alcohol and other drugs, clinical safety and quality. It includes the Chief Health/Medical Officer, Chief Nursing and Midwifery Officer and the Office of the Chief Psychiatrist.</li> <li>• Policy, Strategy and Performance – functions that support and align with health system reform and performance including Aboriginal Health Policy and Engagement, population health planning, system performance, commissioning of innovation and strategic policy and intergovernmental relations.</li> <li>• Territory Wide Services – a range of primary health care and specialist services across the territory including oral health, hearing health and cancer screening (to be transitioned to the Health Services). Policy and strategy addressing men’s health, child health, health promotion and chronic diseases. It also includes the Office of Disability.</li> <li>• National Critical Care and Trauma Response Centre – this is a key element of the Australian Government's disaster and emergency medical response to incidents of national and international significance.</li> </ul> <p>An organisational chart for the Department is not currently publicly available.</p>	<p>It appears that TEHS and CAHS are at best quasi-independent organisations from the Department.</p> <p><i>We are aware that publically available information about NT Health structures does not accurately reflect the current restructure of the Department.</i></p>
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## Detailed Governance Profiles

**Local Hospital Networks – Territory Health Services**

Clinical services are provided through funding and service agreements with:

- Top End Health Service (TEHS) – services delivered across the Top End in Royal Darwin Hospital, Katherine Hospital, Gove District Hospital and community and primary health care clinics.
- Central Australia Health Service (CAHS) – services provided to diverse population across the towns of Alice Springs and tenant Creek and in remote communities and outstations.

Publicly available information describes each Health Service as an autonomous entity responsible for the provision of health service and is governed by a Health Service Board of between five and nine members (and CEO) which are accountable to the CEO of the Department of Health. Reporting lines are to the Deputy Chief Executive of the Department.

Advice from within PwC is that the two services operate with limited independence from the Department and the Minister. There appears to be no publicly available information about Board members however, detailed information is available about the Executive Management Team in both organisations. At this point in time, with the available information, we surmise that the two organisations are quasi-independent service providers.

**Key Resources**

- NT Department of Health <https://health.nt.gov.au/>
- Top End Health Service <https://health.nt.gov.au/health-governance/top-end-health-service>
- Central Australia Health Service <https://health.nt.gov.au/health-governance/central-australia-health-service>



## 2.5 Western Australia Department of Health

<b>Profile</b>	<b>Key Observations</b>
<p>Western Australia (WA) has a population of approximately 1.7 million people spread over 2.5 million square kilometres. It is the largest area in the world covered by a single health authority. In 2015-2016, the public health system in WA managed one million Emergency Department attendances, 562,000 hospital separations and 23,600 births.</p> <p>In 2016-2017, the expenditure for WA Department was \$8.6 billion.</p> <p>In 2016-2017 the Department employs approximate 40,000 staff across the state to attend to the health needs of the population.</p> <p>State health responsibilities lie with the WA Minister for Health and Mental Health and are executed through WA Health - which is the brand name for the health portfolio of services and agencies responsible for public health in WA. These agencies and organisations include the Department for Health, five Health Service Providers and Health Support Services.</p> <p>Major reforms were made to the WA health system and legislation governing public health in 2016 with the centralised governance structure abolished and a new devolved structure consisting of Health Service Providers. A change of government in early 2017 initiated a further suite of reforms. Previously, all authority and accountability rested with the Director General of the Department of Health. The state is in current transition for responsibility for clinical services to be devolved to five Health Service Providers.</p>	<p>WA public health system structure is underpinned by recent legislative change (Health Services Act 2016).</p> <p>WA is in midst of transition of clinical service delivery from the Department of Health to separate legal entities – Health Service Providers. Transition expected to conclude by June 2018.</p> <p>Department remains the ‘system manager’ responsible for overall management, performance and strategic direction of the health system.</p> <p>Department structured into five divisions by Director General (with a Deputy).</p> <p>There are five Health Service Providers which are governed by a Board and CEO. Four are geographically defined with a further defined by population.</p> <p>Health Service Providers are contracted to the Department to deliver specified hospital and health services.</p>

## Detailed Governance Profiles

<p><b>Department of Health</b></p> <p>The Department of Health is led by the Director General (DG) and provides leadership and management of the public health system across WA.</p> <p>The Director General of the Department has a Deputy Director General and then five Assistant Director Generals reporting through the Deputy DG. The Department is structured into five branches:</p> <ul style="list-style-type: none"> <li>• Public Health – Population health, prevention and early detection in the remits of environmental health, infectious disease, epidemiology, population health genomics and chronic disease prevention.</li> <li>• Clinical Services and Research – clinical policy development, workforce and health research (not clinical service delivery).</li> <li>• System Policy and Planning – strategic health system policies, plans and strategies.</li> <li>• Governance and System Support.</li> <li>• Purchasing and System Performance.</li> </ul> <p>Information about the responsibility of the Governance and System Support and the Purchasing and System Performance branches was unable to be sourced.</p> <p>Justice Health policy and service delivery is not within the Department and is located in the Department of Corrections.</p>	<p>The Minister can perform a 'system intervention' with a Health Service Provider if there are performance concerns. This has occurred at least once.</p> <p>Anecdotally, some Health Service Providers are facing challenges with maturity of boards, operational issues and budgets.</p> <p>Significant finance and corporate services for the public health system now reside in a separate entity – Health Support Services.</p> <p>In time HSS is expected to operate independently from the Department.</p>
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## Detailed Governance Profiles

<p><b>Health Service Providers</b></p> <p>There are five Local Hospital Networks (entitled Health Service Providers) in WA which are governed by Boards and led by a CEO. The Health Service Providers in WA are Board governed statutory authorities who are legally responsible and accountable for the delivery of health services for their areas and communities.</p> <p>Each Board consists of up to 10 professionals with experience across the fields of medicine and health care, finance, law, and community and consumer engagement. Chairs and Boards are appointed by the Minister for Health following an open, skills-based recruitment process.</p> <p>Each Health Service Provider has a Chief Executive who manages the day to day operations of the services.</p> <p>The Health Service Providers in WA include:</p> <ul style="list-style-type: none"> <li>• Child and Adolescent Health Service</li> <li>• North Metropolitan Health Service</li> <li>• South Metropolitan Health Service</li> <li>• East Metropolitan Health Service</li> <li>• WA Country Health Service</li> </ul> <p>Each Health Service Provider has a Service Agreement with the Department of Health which prescribes performance management and review meetings on a monthly basis. The Minister is able to intervene directly with the Board of the Health Service Provider if there are significant concerns about performance or safety. This has occurred at least once in the past year.</p>
<p><b>Health Support Services</b></p> <p>In 2017, Health Support Services (HSS) was constituted as WA Health's Shared Service Centre. This CEO led statutory authority provides a range of technology, supply, payroll, accounts and financial services to WA's public Health Services. HSS partners with client agencies and other stakeholders to provide corporate service operations such as ICT and payroll. At present, HSS is not operating as a totally independent authority, rather functions still sit within the Department of Health.</p>
<p><b>The Mental Health Commission</b></p> <p>The Commission was established in 2010 to lead mental health reform throughout the State. The Commission does not provide direct mental health services, but purchases services for the State from a range of providers including public Health Service Providers. In 2015, the Commission and the Drug and Alcohol Office of the Department amalgamated, establishing an integrated approach to mental health and alcohol and other drugs service delivery for WA. It funds the provision of support services and programs and also directly provides some services (since the amalgamation they are also responsible for the network of drug and alcohol treatment services and programs formerly provided or purchased by the Drug and Alcohol Office).</p>
<p><b>Key Resources</b></p> <ul style="list-style-type: none"> <li>• WA Department of Health - <a href="http://ww2.health.wa.gov.au/About-us">http://ww2.health.wa.gov.au/About-us</a></li> <li>• WA Health Support Services - <a href="http://ww2.health.wa.gov.au/About-us/Health-Support-Services">http://ww2.health.wa.gov.au/About-us/Health-Support-Services</a></li> <li>• WA Mental Health Commission <a href="https://www.mhc.wa.gov.au">https://www.mhc.wa.gov.au</a></li> <li>• Examples of Service Agreements 2016-2017 between Health Service Providers and the WA Department of Health <a href="http://ww2.health.wa.gov.au/About-us/Service-agreements">http://ww2.health.wa.gov.au/About-us/Service-agreements</a></li> </ul>

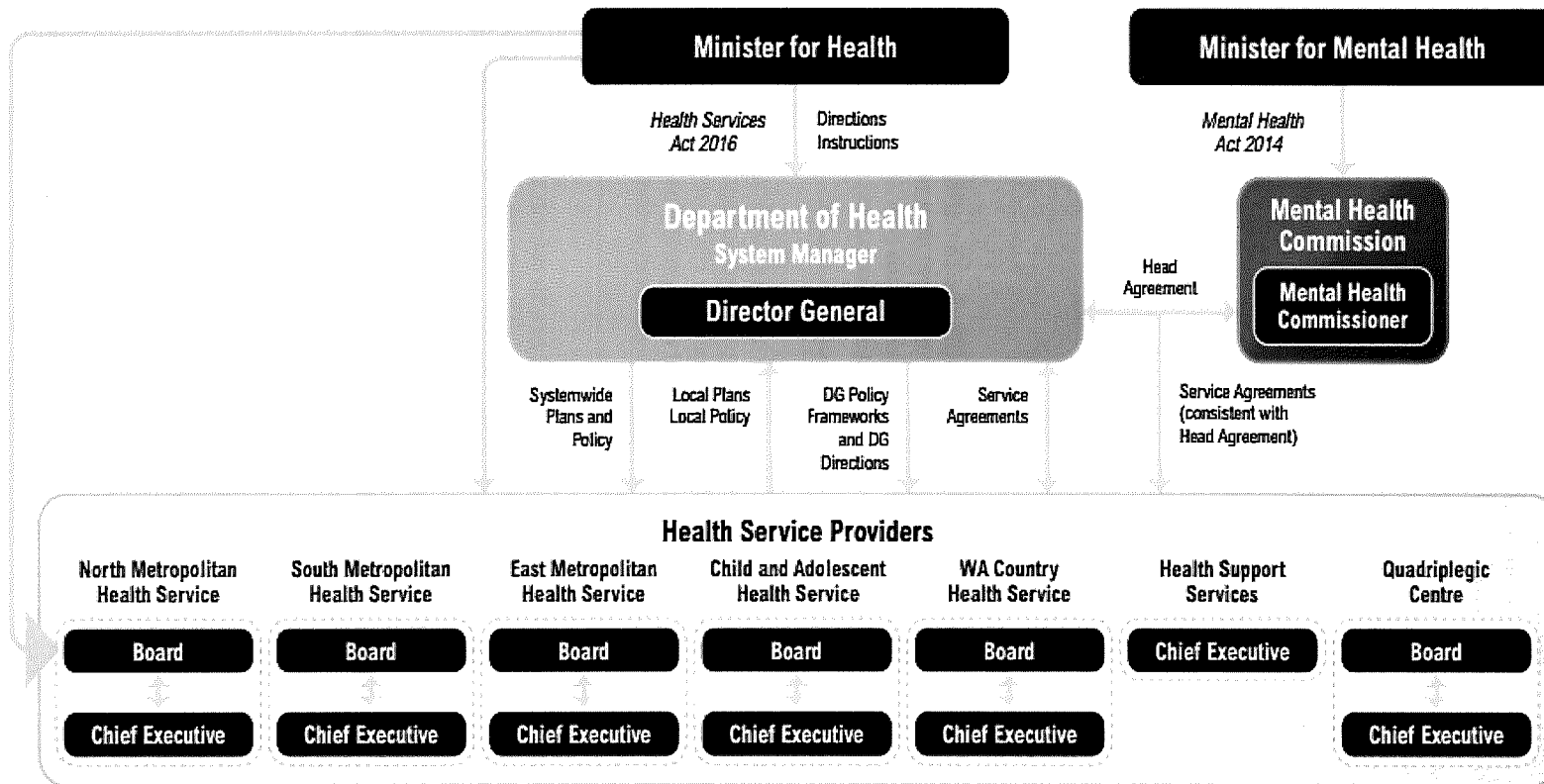


Figure 11 Structure of WA Public Health system (as of 11 December 2017)

## 2.6 Queensland Department of Health

Profile	Key Observations
<p>Queensland (QLD) has a population of approximately 4.9 million people spread over 1.73 million square kilometres. In 2015-2016, the public health system in QLD managed 1.2 million Emergency Department attendances, 1.2 million hospital separations and 45,000 births.</p> <p>In 2016-2017, the expenditure for QLD Department of Health was \$12.1 billion.</p> <p>In 2016-2017 Queensland Health employs approximate 83,700 staff across the state to attend to the health needs of the population.</p> <p>State health responsibilities lie with the QLD Minister for Health and Minister for Ambulance Services and are executed through Queensland Health - which is the brand name for the health portfolio of services and agencies responsible for public health in QLD. These agencies and organisations include the Department for Health, 16 Hospital and Health Boards and QLD Ambulance.</p>	<p>QLD Health is the brand name given for the portfolio of services and agencies responsible for public health in QLD.</p> <p>The Department of Health reports to two Ministers and is responsible for overall system management of public health.</p> <p>The Department is led by a Director General and is divided into nine branches.</p> <p>Health services are purchased through 16 Hospital and Health Services. These are statutory bodies who are governed by boards.</p> <p>Ambulance services are retained in the Department but maintains a separate governance structure.</p> <p>A semi-commercialised business Health Support Queensland has been established to provide support services to health services and the Department.</p>
<p><b>Department of Health</b></p> <p>The Department of Health is led by a Director-General and divided into the following branches:</p> <ul style="list-style-type: none"> <li>• Office of the Director-General - responsible for government relations and executive support, Office of Health Statutory Agencies, intergovernmental relations, the Ethical Standards unit and coordinated approach to health innovation, investment and research.</li> <li>• Corporate Services Division – Audit, risk and governance, capital and asset services, finance, human resources, communications and legal.</li> <li>• Clinical Excellence Division – partnership to drive clinical improvement – including the Allied Health Professions Office, Centre for Leadership Excellence, HealthCare Improvement Unit, Mental Health Alcohol and Other Drugs Branch, Office of the Chief Dental Health officer, Office of the Chief Nursing and Midwifery Officer and the Patient Safety and Quality Improvement Unit.</li> <li>• Healthcare Purchasing and System Performance Division – leads the purchasing of healthcare services and includes the community services funding branch, contract and performance management branch (service agreements with 16 Health and Hospital Services), healthcare purchasing and funding branch and system performance.</li> <li>• Prevention Division - including the Chief Health Office, healthcare regulation branch, communicable diseases, aeromedical retrieval and disaster management, preventative health and environmental health protection.</li> <li>• Strategy, Policy and Planning Division – strategic policy and planning leadership including Aboriginal and Torres Strait Islander Health, funding strategy and</li> </ul>	

## Detailed Governance Profiles

<p>intergovernmental policy, infrastructure strategy and policy, statistical services, policy and legislation, health system planning and workforce strategy.</p> <ul style="list-style-type: none"> <li>• Queensland Ambulance Service – led by a Commissioner and is responsible for delivery of pre-hospital ambulance responses, patient transport and planning/coordination of multi-causality incidents and disasters from 290 locations across QLD.</li> <li>• Health Support Queensland – a semi-commercialised business providing diagnostic, scientific, clinical support and payroll services to enable the delivery of frontline healthcare. Led by a CEO, it provides services to HHSs, other government agencies, commercial clients and the community.</li> <li>• eHealth Queensland – led by a Chief Executive Officer and provides leadership in digital health planning.</li> </ul>
<p><b>Health Support Queensland</b></p> <p>Health Support Queensland is a semi-commercialised business providing diagnostic, scientific, clinical support and payroll services to enable the delivery of frontline healthcare. Led by a CEO, it provides services to HHSs, other government agencies, commercial clients and the community. It includes:</p> <ul style="list-style-type: none"> <li>• Pathology Queensland - 35 laboratories across the state.</li> <li>• Forensic and Scientific Services - forensic analysis for cross government programs and services.</li> <li>• Strategic Procurement and Supply – procurement, warehousing, distribution and supply of medical and consumables across the health system.</li> <li>• Central Pharmacy – pharmaceutical purchasing, distribution and manufacturing for QLD Health facilities.</li> <li>• Biomedical Technology Services.</li> <li>• Health Contact Centre – confidential online and phone health services to the public.</li> <li>• Payroll portfolio – workforce management and payroll for QLD health.</li> <li>• Group Linen Services – health care linen services.</li> <li>• Radiology Support – radiology informatics expertise.</li> <li>• ICT Support Services – ICT support services for state-wide and local clinical applications.</li> </ul>
<p><b>Queensland Ambulance</b></p> <p>The Queensland Ambulance Service (QAS) sits within the Department governance structures and provides state-wide service. QAS maintains its own related governance arrangements through the responsible Commissioner and Queensland Ambulance Service structure. In addition, the QAS works in partnership with 149 volunteer Local Ambulance Committees (LACs) across the state.</p>

## Detailed Governance Profiles

**Hospital and Health Boards/Services (HHS)**

Public health services in QLD are provided through 16 Hospital and Health Services (HHS) which are statutory bodies established under the Hospital and Health Boards Act 2011.

There is a service agreement in place between the Department of Health and each HHS for the provision of public health services. The service agreement defines the health services, teaching, research and other services that are to be provided by the HHS and the funding to be provided to the HHS for the delivery of these services. It also defines the outcomes that are to be met by the HHS and how its performance will be measured.

The HHS in QLD are:

- Cairns and Hinterland
- Central QLD
- Central West
- Children's Health QLD
- Darling Downs
- Gold Coast
- Mackay
- Metro North
- Metro South
- North West
- South West
- Sunshine Coast
- Torres and Cape
- Townsville
- West Moreton
- Wide Bay

**Key Resources**

- Queensland Health <https://www.health.qld.gov.au>
- Queensland Hospital and Health Services <https://www.health.qld.gov.au/system-governance/health-system/hhs/about>
- Queensland Health Service Agreements <https://www.health.qld.gov.au/system-governance/health-system/managing/agreements-deeds>
- Queensland Ambulance Service <https://www.ambulance.qld.gov.au>

Detailed Governance Profiles

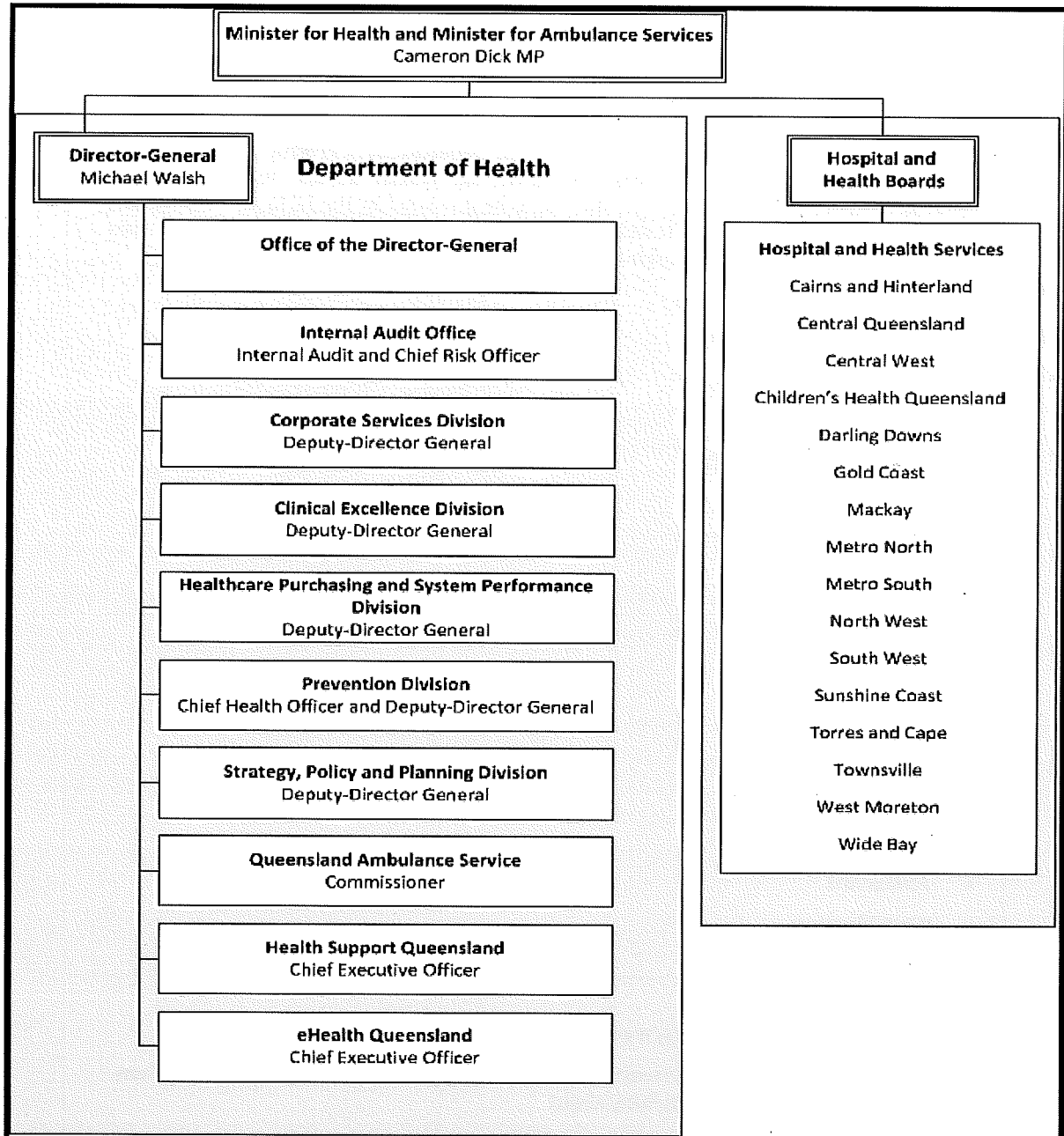


Figure 12 Structure of the QLD public health system (as of 11 December 2017)



## 2.7 NSW Ministry of Health

Profile	Key Observations
<p>New South Wales (NSW) has a population of approximately one million people. In 2016-2017, the public health system in NSW managed two million Emergency Department attendances, 1.8 million hospital separations and 74,000 births.</p> <p>State health responsibilities lie with the NSW Minister for Health and Minister for Medical Research (the same MP) and the Minister for Mental Health and are executed through NSW Health, which is the brand name for the health portfolio of services and agencies responsible for public health in NSW.</p> <p>The role and function of the organisations within NSW Health are principally set out in two Acts, the Health Administration Act 1982 and the Health Services Act 1997. There is also corporate governance framework which distributes authority and accountability through the public health system for the various organisations.</p> <p>NSW Health incorporates the NSW Ministry for Health, a range of board-governed statutory health corporations (Pillars), a network of Local Health Districts and Specialty Districts and a number of state-wide health and support services.</p> <p>In 2016-2017, the expenditure for NSW Health was \$20.4Billion.</p> <p>In 2016-2017 NSW Health employed 108,000 Full Time Equivalent staff.</p>	<p>NSW Health is the brand name given for the portfolio of services and agencies responsible for public health in NSW.</p> <p>The Ministry of Health reports to two Ministers and is responsible for overall system management of public health.</p> <p>Health service delivery and support components of the public health system are diverted into separate statutory board governed corporations.</p> <p>This structure is allowed for under the NSW Health Services Act 1997.</p> <p>There are five Pillar organisations – each charged with a specific component of health system leadership.</p> <p>Sixteen Local Health Districts and Specialty Networks are responsible for public hospital and health services.</p>
<p><b>NSW Ministry of Health</b></p> <p>The NSW Ministry of Health has the role of system manager for the NSW public health system.</p> <p>The Secretary of the Ministry has overall responsibility for the management and oversight of the NSW health system.</p> <p>The Secretary convenes key leadership and management forums, including the NSW Health Senior Executive Forum which brings together chief executives from across the health system for the purposes of strategy and performance management.</p> <p>The Ministry has five divisions, each led by a Deputy Secretary:</p> <ul style="list-style-type: none"> <li>Population and Public Health - co-ordinates the strategic direction, planning, monitoring and performance of population health services, responds to the public health aspects of major incidents or disaster, monitors health, identifies trends and evaluates the impact of health services. The division is responsible for improving health through measures that prevent disease and injury. Health Protection NSW relates to this division through the coordination of the prevention and control of</li> </ul>	<p>There are three state-wide Health Services (pathology, ambulance and health protection).</p> <p>There are three state-wide support services (eHealth, infrastructure and health support back office services).</p> <p>The Secretary convenes the Health Senior Executive Forum (of Chief Executives from across the health system) for strategy and performance management.</p>

## Detailed Governance Profiles

threats to health from communicable diseases and the environment. This division includes centres for Aboriginal health, population health, epidemiology and evidence, oral health, health and medical research and the Chief Health Officer.

- System Purchasing and Performance – provides the front end of ‘system management’ and acts as critical interface with local health districts, specialty health networks, the pillars and other agencies, such as HealthShare NSW and eHealth to support and monitor overall system performance. The division includes branches of health system information and performance reporting, system purchasing and system management.
- Financial Services and Asset Management – lead role in managing and monitoring the financial performance of the NSW public health system. The division has branches of finance, asset and property services and business services.
- Strategy and Resources – responsible for the strategic health policy development, health care improvements, inter-jurisdictional negotiations, funding strategies including Activity Based Management, system-wide planning of health services including mental health, capital planning and investment, systems integration, setting the strategic direction for maternal, child, youth and paediatric health policy. It has branches of government relations, health system planning and investment, health and social policy and mental health.
- People Culture and Governance - undertakes a range of functions for the effective administration of NSW Health covering comprehensive corporate governance frameworks, regulation of private health care facilities and the supply and administration of therapeutic goods, legal and legislative services, employment and industrial matters, workforce planning, recruitment and reform strategies and strategic development of professional nursing and midwifery services. The division also includes property services, asset procurement and business policy, services to support Ministerial, Parliamentary and Cabinet processes, and public affairs and communication services for the Ministry. The division includes branches of executive and ministerial services, legal and regulatory services, nursing and midwifery, strategic communications and engagement, workforce planning and development and workplace relations.

#### **Local Health Districts and Speciality Networks**

Local health districts are established as distinct corporate entities under the Health Services Act 1997. They provide health services across acute, subacute and primary care settings. Eight LHD districts cover the greater Sydney metropolitan region, and seven cover rural and regional NSW. In addition there are two speciality health networks which are statutory health corporations under the control of the Secretary and Minister.

- |                                                     |                                       |
|-----------------------------------------------------|---------------------------------------|
| • Far West                                          | • Nepean Blue Mountains               |
| • Hunter New England                                | • Northern Sydney                     |
| • Mid North Coast                                   | • South Eastern Sydney                |
| • Murrumbidgee                                      | • South Western Sydney                |
| • Northern NSW                                      | • Sydney                              |
| • Southern NSW                                      | • Western Sydney                      |
| • Western NSW                                       | • Sydney Children’s Hospitals Network |
| • Central Coast                                     | • Illawarra Shoalhaven                |
| • Justice Health and Forensic Mental Health Network |                                       |

## Detailed Governance Profiles

There is an additional NSW Health Network “St Vincent Health Network” including St Vincent’s Hospital, the Sacred Heart Health Service at Darlinghurst and St Joseph’s Hospital at Auburn (allowed for under the Health Services Act 1997).

Chief Executives of local health districts and specialty networks are employed in the Health Executive Service (part of the NSW Health Service) by the Secretary on behalf of the NSW Government. The Chief Executive manages and controls the affairs of the local health district and is the employer for all staff working in the organisation. Chief Executives are, in the exercise of their functions, accountable to their board.

Each Local Health District and Specialty Network has been established with a governing board. Each board has overall responsibility for the strategic direction and operational efficiency of the Network they oversee. Boards consist of between six and 13 members appointed by the Minister and include a mix of skills and expertise. Board members are appointed in an individual capacity.

There are also 15 affiliated health organisations in NSW which are managed by religious and/or charitable groups as part of the NSW public health system. These organisations are considered part of the public health system and providing a wide range of hospital and other health services.

There are questions as to how enforceable the service and funding agreements are between the Ministry and LHDs – with the approach taken to flag performance concerns early and then work with the Board and executive team to address these. Advice is that the Minister is involved only when there are significant budgetary or safety concerns arising with the LHD.

#### **St Vincent Local Health Network**

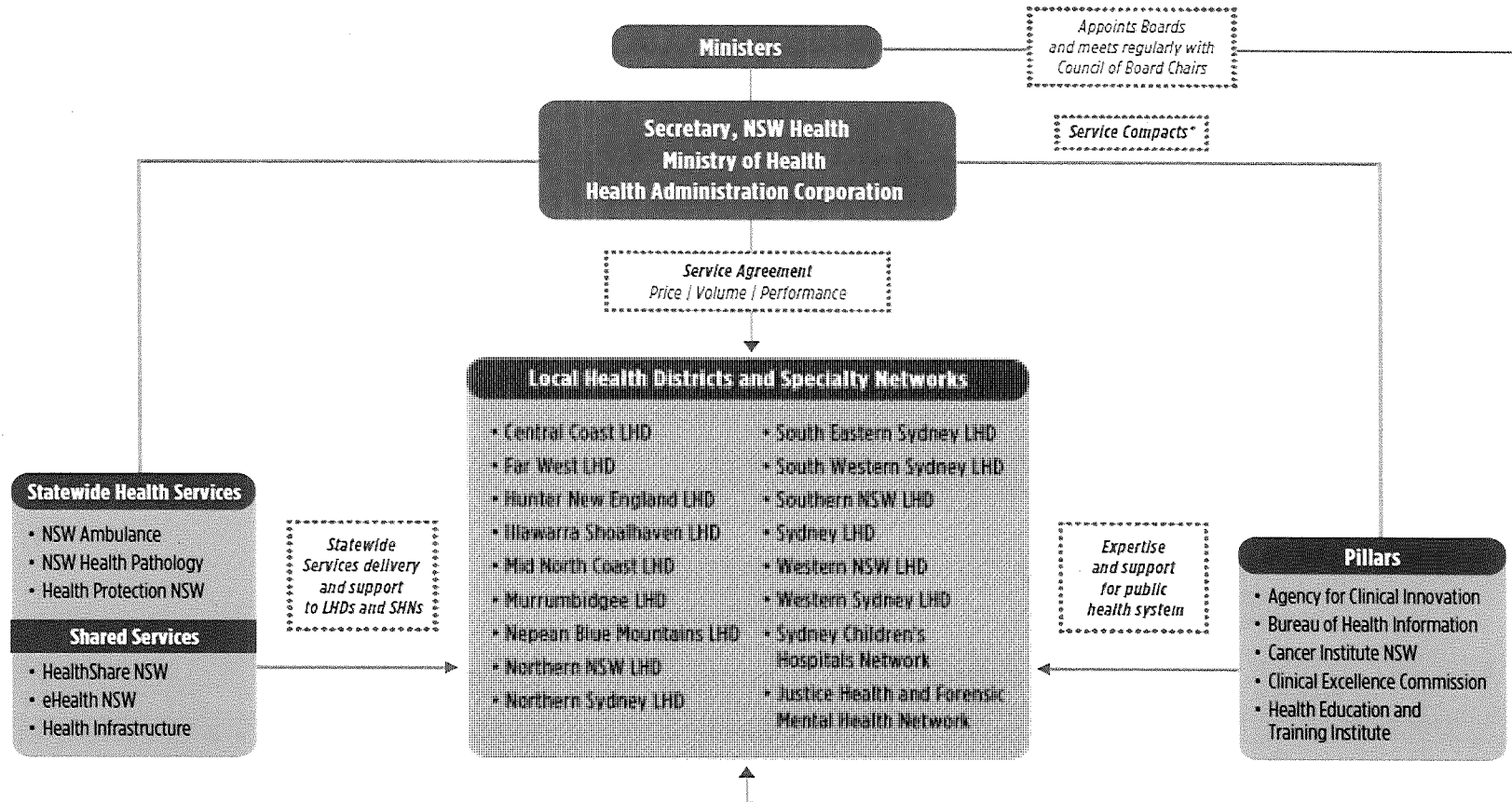
The NSW Health Services Act 1997 allows for the recognition of affiliated health organisations to be recognised as part of the public health system. St Vincent's Hospital Sydney Limited is an affiliated health organisation in respect to St Vincent's Hospital, Darlinghurst; Sacred Heart Health Service, Darlinghurst and; St Joseph's Hospital (Auburn). Through a funding agreement and a Memorandum of Understanding (in 2003) with the Ministry, St Vincent's Hospital Sydney Limited is recognised as a network for the purposes of the National Health Reform Agreement. Operational and reporting lines for St Vincent Health into the Ministry are the same as for other Local Health Districts and Speciality Networks in NSW.

#### **NSW Pillars**

- The Agency for Clinical Innovation is a board-governed statutory health corporation responsible for designing and implementing best practice models of care.
- The Bureau of Health Information is a board-governed statutory health corporation responsible for providing independent reports on the performance of the NSW public health system.
- The Cancer Institute NSW is a board-governed organisation and is deemed to be a statutory health corporation. The Institute is responsible for improving the prevention and management of cancer and improving the quality of life for people with cancer.
- The Clinical Excellence Commission is a board governed statutory health corporation and is responsible for building capacity and capability to improve health care quality and safety.
- The Health Education and Training Institute is a chief executive-governed statutory health corporation and is responsible for coordinating education and training for NSW Health.

## Detailed Governance Profiles

<p>The NSW Pillar corporations are led by a Chief Executive who manages the organisation subject to the direction and control of the organisation's board. The chief executive is also the employer delegate for staff working at the organisation.</p> <p>There are concerns about the capacity for the Pillar organisations to influence change across the public health system given their separation from the Ministry and the health and hospital service providers. For example, work by the Agency for Clinical Innovation is able to be 'piloted' in hospitals, however to scale the innovation to the wider system requires the Ministry to define and fund it through service agreements with the LHD.</p>
<p><b>State-wide Health Services</b></p> <ul style="list-style-type: none"> <li>• Health Protection NSW reports to the Chief Health Officer and is responsible for surveillance and public health responses, including notifiable infectious disease management and environmental health.</li> <li>• NSW Ambulance is responsible for providing clinical care in emergency situations, including pre-hospital care, rescue and retrieval.</li> <li>• NSW Health Pathology is responsible for providing pathology services to the NSW health system through five clinical and scientific networks.</li> </ul>
<p><b>State-wide Support Services</b></p> <ul style="list-style-type: none"> <li>• Health Infrastructure is responsible for the delivery of NSW Health's major works hospital building program, under the auspices of a board appointed by the Secretary of the Ministry.</li> <li>• Health Share NSW provides a range of shared services to public health organisations under the auspices of a board appointed by the Secretary of the Ministry. Services include financial, human resources, procurement, linen, food services, disability equipment services managed by EnableNSW, and non-emergency patient transport services.</li> <li>• eHealth NSW provides direction and leadership in technology led improvements in patient care in consultation with local health districts and specialty networks.</li> </ul>
<p><b>Key Resources</b></p> <ul style="list-style-type: none"> <li>• NSW Health <a href="http://www.health.nsw.gov.au/">http://www.health.nsw.gov.au/</a></li> <li>• NSW Ministry for Health</li> <li>• NSW Health Local Health Districts <a href="http://www.health.nsw.gov.au/lhd/boards/Pages/default.aspx">http://www.health.nsw.gov.au/lhd/boards/Pages/default.aspx</a></li> <li>• 2017-2018 Service Agreement template NSW LHD <a href="http://www.health.nsw.gov.au/Performance/Documents/service-agreement-generic.pdf">http://www.health.nsw.gov.au/Performance/Documents/service-agreement-generic.pdf</a></li> <li>• 2017-2018 St Vincent Health service agreement with Ministry Health – available from <a href="https://svhs.org.au/">https://svhs.org.au/</a></li> <li>• NSW Health Services Act 1997 (includes requirements for the constitution and reporting of Local Health Districts) <a href="https://www.legislation.nsw.gov.au/#/view/act/1997/154/chap3/part2/div2/sec29">https://www.legislation.nsw.gov.au/#/view/act/1997/154/chap3/part2/div2/sec29</a></li> </ul>



St Vincent's Health Network is an affiliated health organisation.  
 \*Service Compact — Instrument of engagement detailing service responsibilities and accountabilities.

Figure 13 Structure of the NSW Public Health System (as of 11 December 2017)

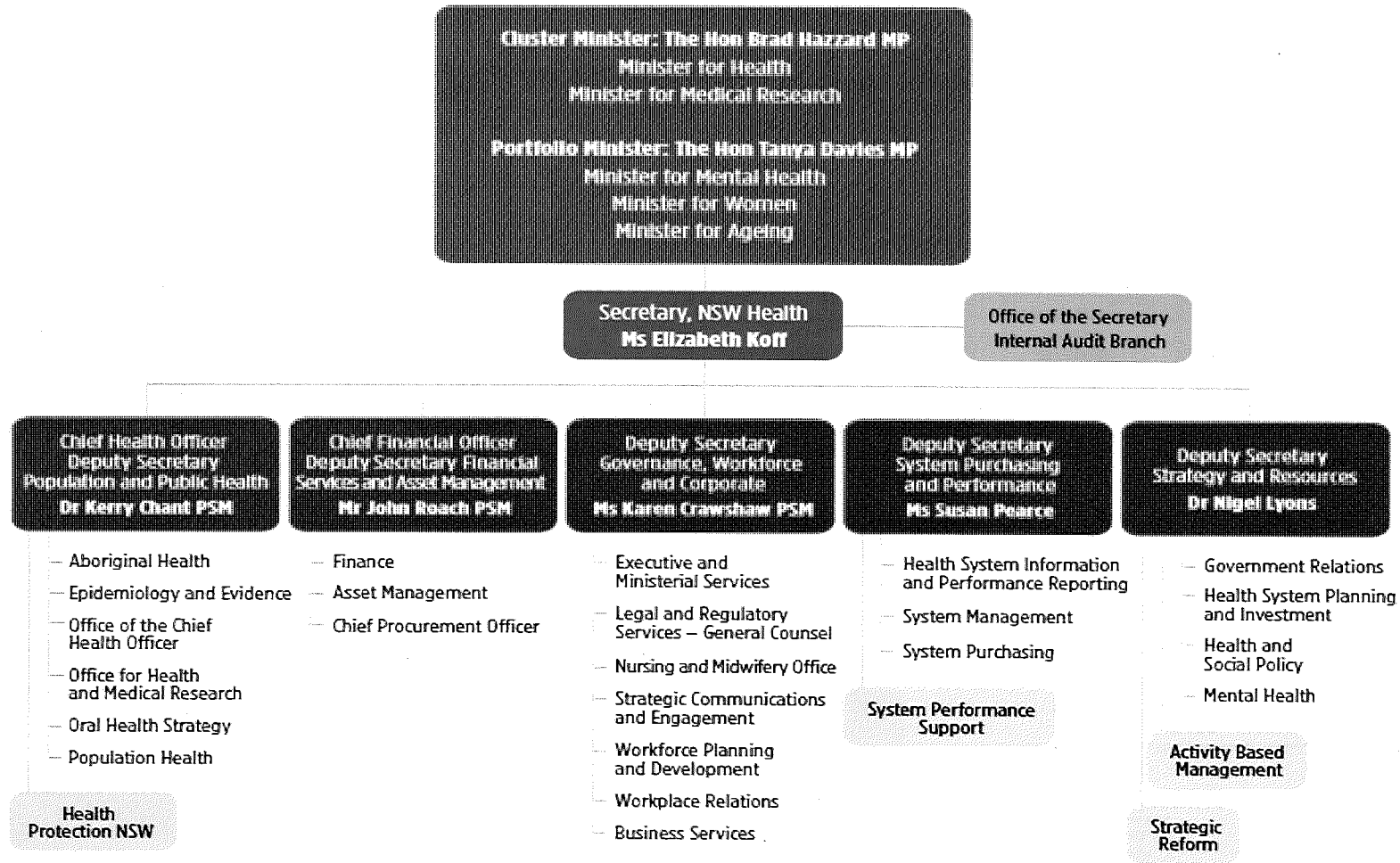


Figure 14 Structure of NSW Ministry of Health (as of 11 December 2017)

## 2.8 Victorian Department of Health and Human Services

<b>Profile</b>	<b>Key Observations</b>
<p>Victoria (VIC) has a population of approximately 5.8 million people. In 2016-2017, the public health system in Victoria managed 17000 Emergency Department attendances, 1.8 million hospital separations and 60,000 births.</p> <p>State health responsibilities lie with the Victorian Minister for Health and the state has a long history of devolution of health service delivery to independent health and hospital service providers.</p> <p>In 2016-2017, the expenditure for Victoria Department of Health and Human services (DHHS) was \$2.9billion.</p> <p>In 2016-2017 DHHS employed 12, 000 Full Time Equivalent staff.</p>	<p>VIC Health is the brand name given for the portfolio of services and agencies responsible for public health in VIC.</p> <p>The Department of Health and Human Services includes both health and human service portfolios and thus reports through to four Ministers.</p>
<p><b>The Department of Health and Human Services</b></p> <p>The DHHS underwent a significant restructure in July 2017. At present, the Secretary who heads the Department has close liaison with a time limited Organisational Redesign Unit that will work across the Department to embed the changed structure. The new structure involves a number of divisions reporting to the Secretary including:</p> <ul style="list-style-type: none"> <li>• Children, Families, Disability and Operations Division – dedicated portfolio for children, families and disability and provides human services directly through four operational divisions.</li> <li>• Children and Families Reform Unit- a time limited unit designed to accelerate family service reforms.</li> <li>• Health and Wellbeing Division – responsible for policy, strategy and commissioning of health services in Victoria. It include health prevention and promotion policy and services.</li> <li>• Housing, Infrastructure, Sport and Recreation – portfolio of housing, sport, recreation, infrastructure planning and project delivery.</li> <li>• Strategy and Planning – strategic policy advice, reform priorities and planning across health and human services. Leads corporate and budget strategy and has responsibilities for workforce planning and development, information development and reporting, analytics, research and evaluation.</li> <li>• Regulation, Health Protection and Emergency Management – includes a range of public protection responsibilities including infectious diseases, emergency incident management, drugs and poisons regulation and houses the epidemiological functions of the Department.</li> </ul>	<p>The Department has undergone a restructure mid-2017. It currently has seven divisions and two time limited units reporting to the Secretary.</p> <p>There are also three other entities reporting to the Department - focused on Family Violence, health care quality and safety and hospital and health information.</p> <p>Victoria has devolved governance of hospital and health services to independent health services (constituted under the Health Services legislation).</p> <p>The health services are (mostly) statutory entities governed by Boards.</p> <p>Health services need to meet statutory requirements but also requirements under a Statement of Priorities defined by the Minister which forms the basis of annual contracts.</p>

<ul style="list-style-type: none"> <li>• Corporate Services – integrated advisory and operational services to the Department and supports Ministers and cabinet. It includes centralised finance, human resources and industrial relations, IT, legal, and executive support functions.</li> </ul> <p>The Secretary also has reporting lines from a number of other entities:</p> <ul style="list-style-type: none"> <li>• The Victorian Agency for Health Information – responsible for providing data and information products to the Department and health services regarding health outcomes and health care performance.</li> <li>• Safer Care Victoria is the state authority for quality and safety improvement in health care.</li> <li>• Family Safety Victoria is a newly established agency focused on delivering family violence reform through operationalising 17 Support and Safety Hubs, a centralised information point and a Centre for Workforce Excellence.</li> </ul> <p>The Department also have four operational divisions across the state (each with a number of geographic area coverage) however they largely focus on human service delivery.</p> <p>Justice health policy and service delivery is not the remit of the Department of Health, it resides in the Department of Justice and regulation.</p>	<p>Performance and contract management for health services is performed by the Department. Advice is that contract management is contained to Departmental branches and rarely is attended to by the Secretary or Minister.</p>
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### **Health Services**

Victoria has a long established system of devolved governance for health care delivery to local network entities. Independent legal entities established under the *Health Services Act 1988* are classified as public health services, public hospitals or multipurpose services. The Act has different provisions regarding governance and operations for the different categories of services.

The entities are governed by boards of directors, the members of which are appointed by the Governor-in-Council on the recommendation of the Minister for Health. For the largest of these 19 boards, appointment of board members occurs through Cabinet. Most have Chief Executive and/or Operating Officers who manage the day to day operations of the organisation.

The Act both provides flexibility in the types of organisations that can be funded to deliver public health services – but it also allows for considerable complexity in the number and type of entities with which the DHHS commissions services from. There are currently 87 health services responsible for delivery of public health and hospital services in Victoria. For example:

- 13 metropolitan health services and six major regional health services are ‘public health services’ governed by Boards of Directors.
- Three denominational hospitals deliver public health services and the boards for these entities must comply with the Act in terms of delivery of public health service but have different governance arrangements.
- Nine of the sub-regional health services, 11 local health services and 47 smaller rural health services are defined under the Act as ‘public hospitals’ and are governed by Boards.
- One privately owned hospital (Mildura Base) delivers public health services under contract with the DHHS but is not established under the Act.
- Seven smaller rural health services are deemed ‘multipurpose’ services and integrate health and aged care and are subject to a set of governance provisions under the Act similar to ‘public hospitals’ and are governed by Boards.
- Ambulance Victoria is established under a separate Act than that which applies to public health services and has different governance arrangement.

Boards of these Health Services formally report to the Minister for Health, to whom they are responsible for the effective and efficient governance of their health service. However, the DHHS interacts with boards and health service management to give effect to governance frameworks required under the Act and in relation to a Statement of Priorities – an accountability instrument for these health services between the DHHS and the services (with the exception of Mildura Base and multipurpose services). The Statement of Priorities is renewed annually and forms the basis of annual contracts.

The Governor-in-Council appoints and can remove board members from public Health Services on the recommendation of the Minister for Health. Under the governance framework, the Minister may direct a health service, may initiate reviews or request information in the public interest. The DHHS’s role is to advise government on health strategy, policy, planning, funding allocation and the performance of the health services.

### **Health Purchasing Victoria**

Health Purchasing Victoria is a statutory public authority designed to manage the collective purchasing power of Victorian public hospitals and health services. It is responsible for the procurement and distribution of clinical and health-related goods and equipment (including pharmaceuticals and prosthetics) and services (such as nurse agency and pathology services). HPV is constituted under the Health Services Act (similar to the Health Services) and is governed by a board which is accountable to the Minister.

**Key Resources**

- Vic Health <https://www2.health.vic.gov.au/>
- Victorian Department of Health and Human Services <https://dhhs.vic.gov.au>
- Victorian Health Services Governance Handbook  
<https://www2.health.vic.gov.au/hospitals-and-health-services/boards-and-governance/about-health-boards>
- Mildura Base Hospital 2017-2018 Statement of Priorities (agreement with DHHS)  
<https://www2.health.vic.gov.au/about/statements-of-priorities/mildura-sop-2017-18>

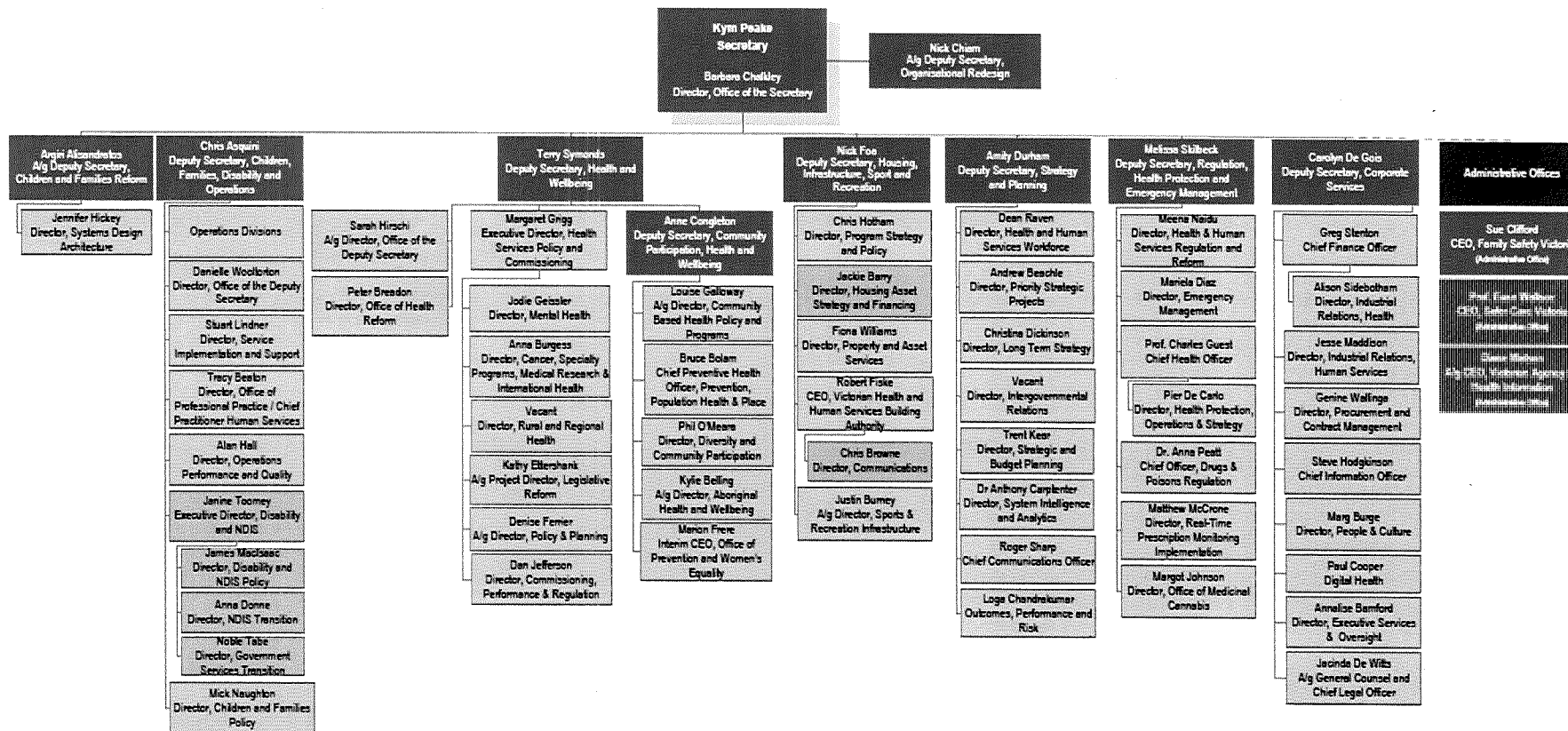


Figure 15 Structure of the Victorian Department of Health and Human Services (as of 11 December 2017)

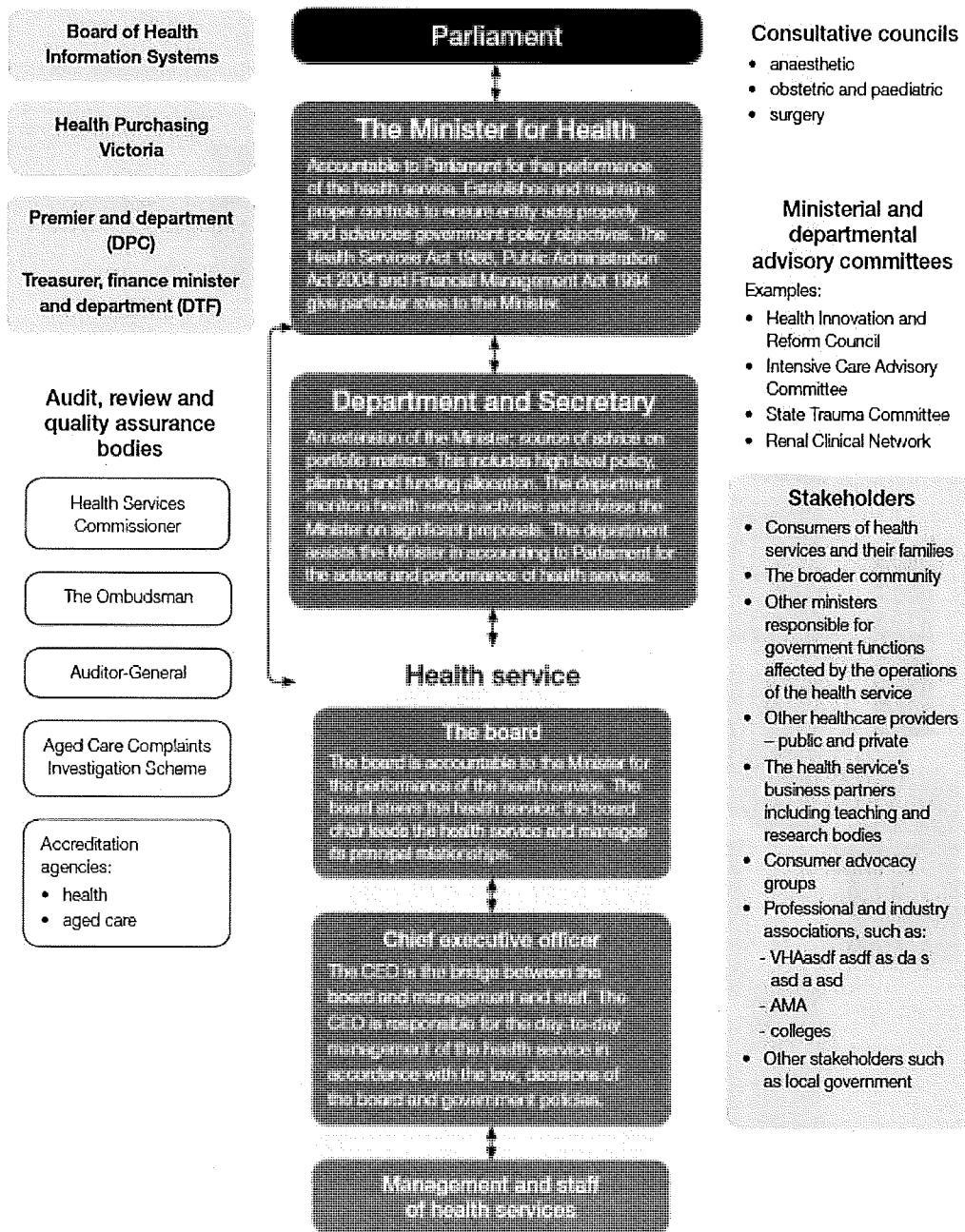


Figure 16 Structure of the Victorian Public Health System (as of 11 December 2017)

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




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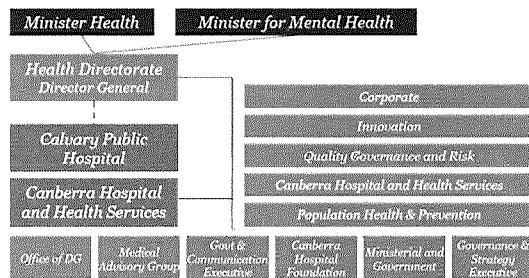
# *ACT Health*

Health Governance  
Structures – Scan  
December 2017

# Comparison

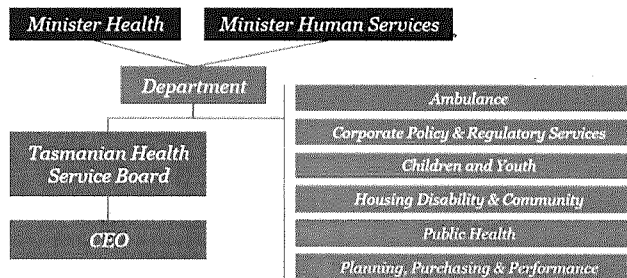
	Population 	FTE Staff 	Hospital & Health 	Hospital separations 	ED presentations 	Births in public hospitals 	Budget spend 
<b>ACT Public Health</b>	409K	6.5K	4 hospitals	108K	135K	5K	\$3.3bn
<b>TAS Public Health</b>	519K	9K	50	50K	157K	4.4K	\$1.4bn
<b>NT Public Health</b>	250K	6.6K	5 hospitals	148K	153K	3.3K	\$1.4bn

## ACT Public Health Governance

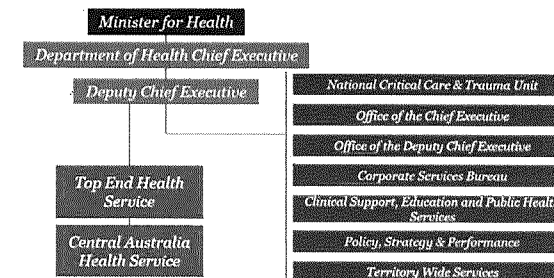


ACT Health  
PwC

## TAS Public Health Governance



## NT Public Health Governance



December 2017



# Australian Capital Territory Public Health

- ACT Health Directorate reports to two Ministers.
- ACT Health Directorate is led by a Director General and has five branches.
- In addition, the Director General has five other reports (including a medical advisory group and Canberra Hospital Foundation).
- There is one Local Hospital Network – comprising of Canberra Public Hospital and health services and reporting directly to the Directorate.
- Public hospital services are also provided by Calvary Public Hospital through a funding contract with the Directorate.

ACT Health  
PwC

Population size

409K



FTE Staff

6.5K



Hospital & Health facilities



4+

Hospital separations

108K



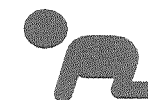
ED presentations

135K



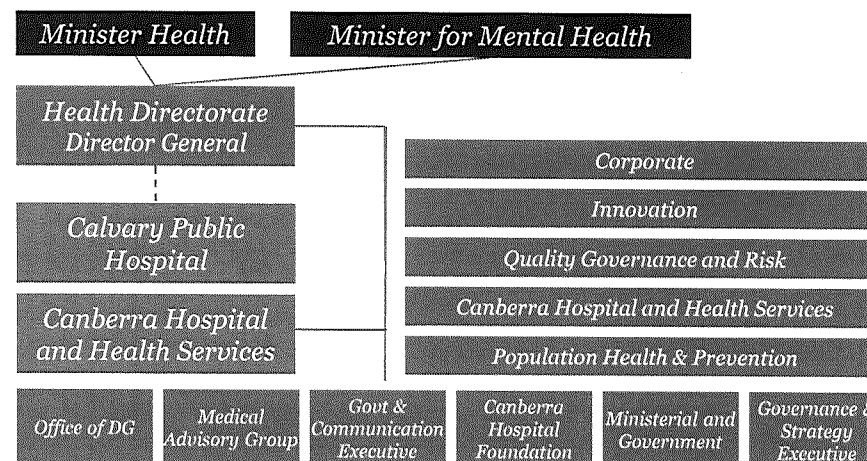
Births in public hospitals

5K



Budget spend

\$3.3bn



December 2017



# Tasmanian Public Health

- The Department includes health and human service reporting to two Ministers.
- The Department is structured into six branches and led by a Secretary.
- The Department has retained responsibility for Ambulance services.
- All other hospital and health service provision delegated to the Tasmanian Health Service (THS).
- THS was established by the Tasmanian Government in 2015 through amalgamating three Tasmanian Health Organisations.
- THS operates in three geographic regions and includes some state-wide clinical services.
- THS is led by a Governing Council of nine members with a CEO.

Population size

**519K**



FTE Staff

**9K**



Hospital & Health facilities

**50**



Hospital separations

**50K**



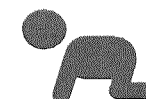
ED presentations

**157K**



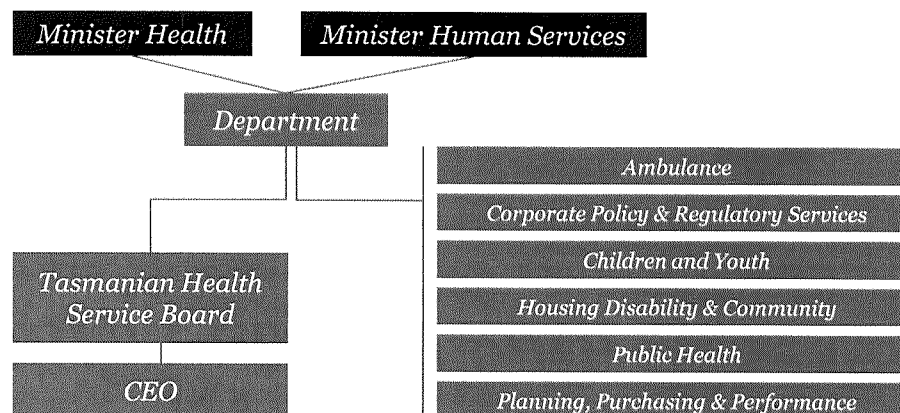
Births in public hospitals

**4.4K**



Budget spend

**\$1.4bn**



# South Australian Public Health

- SA Health is the brand name used for the health portfolio of services and agencies responsible for public health.
- SA Health in midst of major reforms.
- Department of Health and Ageing reports to two Ministers.
- Department is led by a Chief Executive with two Deputies leading the two divisions.
- Health services are commissioned through 5 Local Hospital Networks and SA Ambulance Services.
- Departmental CEO has additional direct reports from Risk Services and CEOs of 5 LHN and SA Ambulance.
- A statutory body, the Health Performance Council reports on the health system performance.

Population size

1.7M



FTE Staff

36K<sup>^</sup>



Hospital & Health facilities

21



Hospital separations

422K



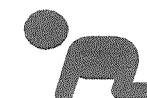
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493K



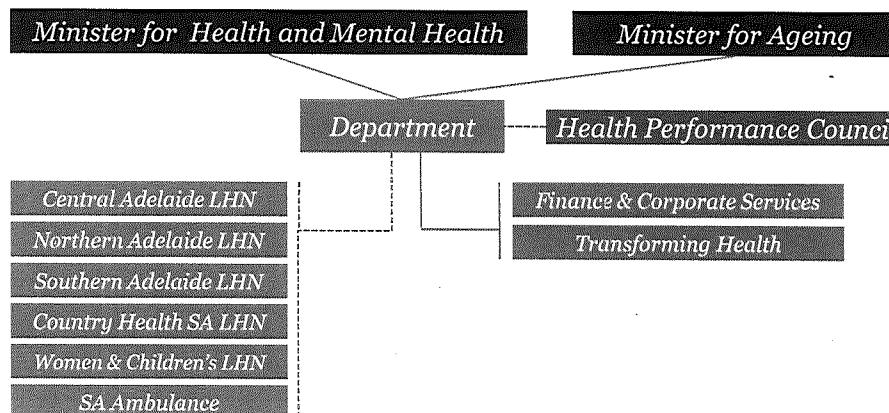
Births in public hospitals

15K



Budget spend

\$5.1bn



# Northern Territory Public Health

- The NT Department reports to the Minister for Health.
- The Department is the system manager for the public health system and delegates health service delivery to the Top End Health Service (TEHS) and Central Australia Health Service (CAHS).
- The Department is led by a Chief Executive (with a Deputy) and is structured into seven branches.
- The Department also has responsibilities in disability policy and service provision and hosts the National Emergency Response Unit.
- Some state-wide clinical services are still being transitioned from the Department to TEHS and CAHS.
- The purchaser/provider model of hospital and health services is still evolving in the NT.

Population size

250K



FTE Staff

6.6K



Hospital & Health facilities

5



Hospital separations

148K



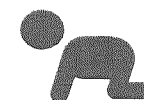
ED presentations

153K



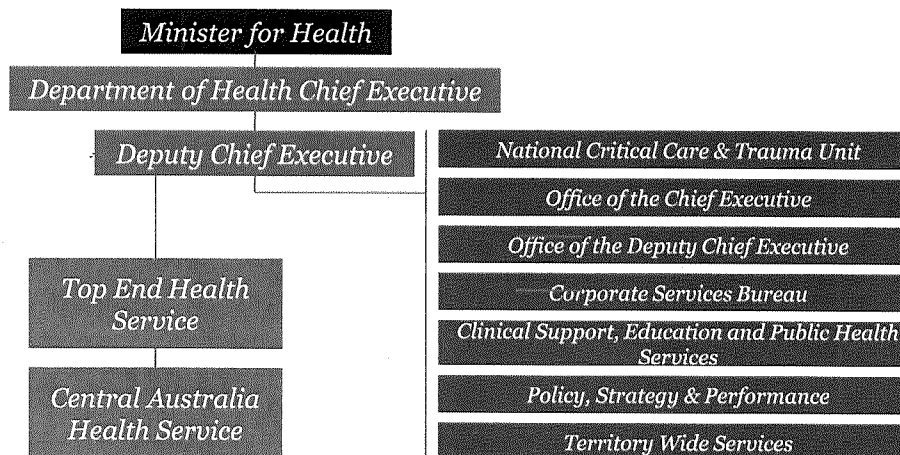
Births in public hospitals

3.3K



Budget spend

\$1.4bn



# Western Australia Public Health

- WA public health system structure is underpinned by recent legislative change.
- WA is in midst of transition of clinical service delivery from the Department of Health to separate legal entities.
- Department remains the 'system manager' responsible for overall management, performance and strategic direction of the health system.
- Department structured into five divisions by Director General (with a Deputy).
- There are 5 Health Service Providers which are governed by a Board and CEO. 4 are geographically defined with a further defined by population.
- Health Service Providers are contracted to the Department to deliver specified hospital and health services.

Population size

1.7M



FTE Staff

40K



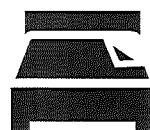
Hospital & Health facilities

85



Hospital separations

630K



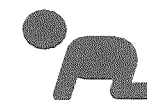
ED presentations

835K



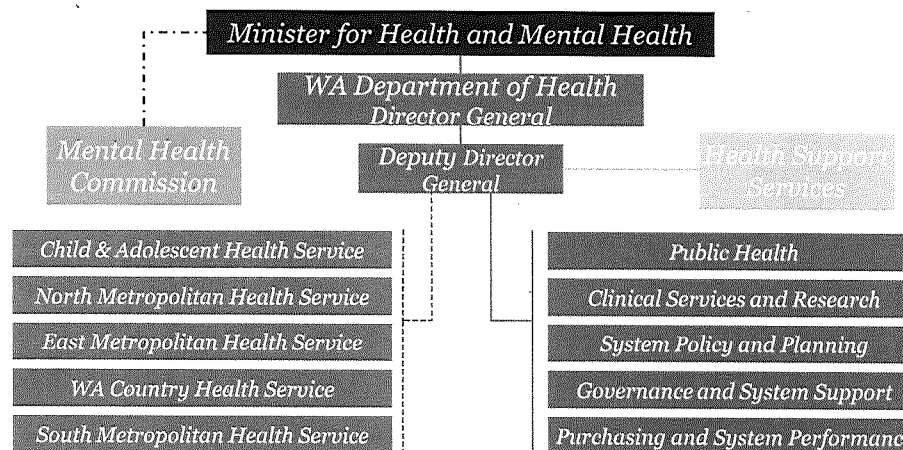
Births in public hospitals

23K



Budget spend

\$8.6bn



# Queensland Public Health

- QLD Health is the brand name given for the portfolio of public health in QLD.
- The Department of Health reports to two Ministers and is responsible for overall system management of public health.
- The Department is led by a Director General and is divided into nine branches.
- Health services are purchased through 16 Hospital and Health Services. These are statutory bodies who are governed by boards.
- Ambulance services are retained but maintains a separate governance structure.
- A semi-commercialised business Health Support Queensland has been established to provide support services.

Population size

4.9M



FTE Staff

83K



Hospital & Health facilities



192

Hospital separations

1.2M



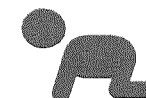
ED presentations

1.4M



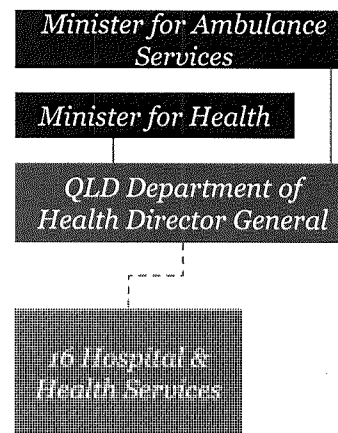
Births in public hospitals

45K#



Budget spend

\$12bn





# New South Wales Public Health

- NSW Health is the brand name given for the portfolio of services and agencies responsible for public health in NSW.
- The Ministry of Health reports to two Ministers and is responsible for overall system management of public health.
- Health service delivery and support components of the public health system are diverted into separate statutory board governed corporations.
- This structure is allowed for under the NSW Health Services Act 1997.
- There are five Pillar organisations – each charged with a specific component of health system leadership.
- There are three state-wide support services.

Population size

**7.5M**



FTE Staff

**108K**



Hospital & Health facilities

**230**



Hospital separations

**1.8M**



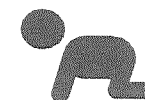
ED presentations

**2.7M**



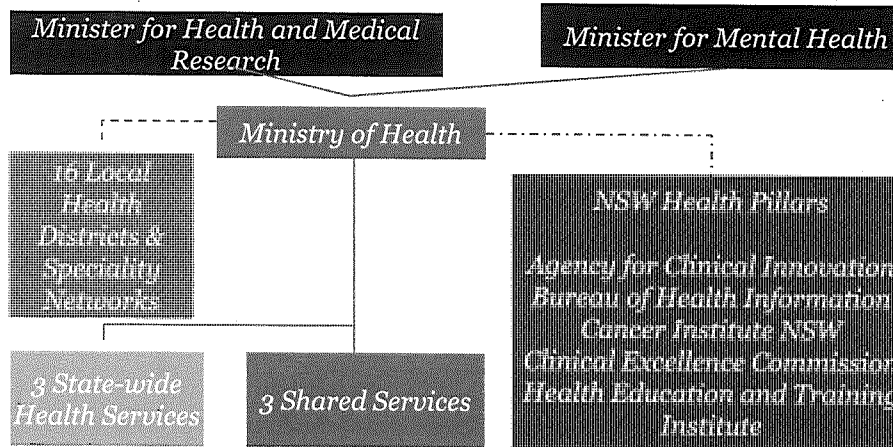
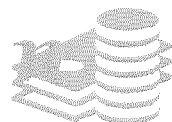
Births in public hospitals

**74K**



Budget spend

**\$20.4b**



# Victorian Public Health

- VIC Health is the brand name given for the portfolio of services and agencies responsible for public health in VIC.
- The Department includes both health and human service portfolios – thus reports to multiple ministers.
- The Department has undergone very recent restructure.
- Three other entities reporting to the Department.
- Devolved governance of direct hospital and health care service provision to over 87 independent health services (most governed by Boards and with Chief Executives).
- Contract and performance management with health services managed by the Department.

Population size

**5.8M**



FTE Staff

**1.2K**



Hospital & Health facilities

**87**



Hospital separations

**1.8M**



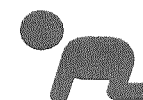
ED presentations

**1.7K**



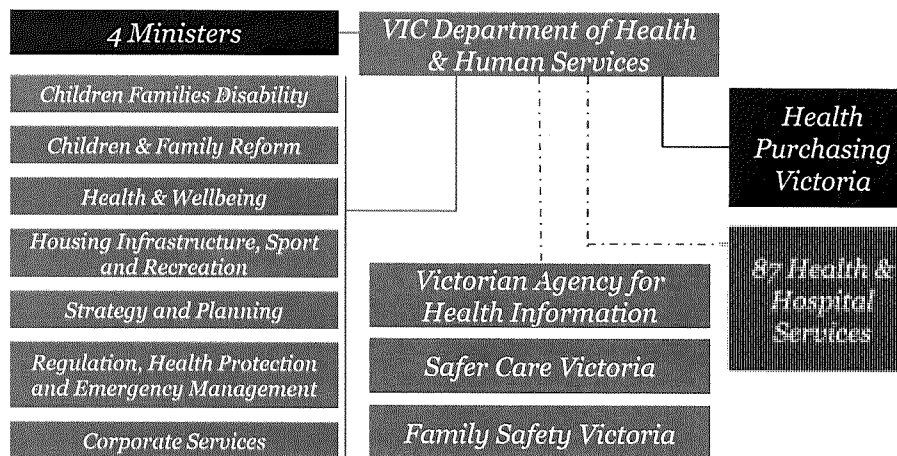
Births in public hospitals

**60K**



Budget spend

**\$2.9bn**



**Chief Minister, Treasury and Economic  
Development Directorate**

UNCLASSIFIED

**To:** Chief Minister

Tracking No.: CMTEDD2018/1347

**Date:** 15 March 2018

**CC:**

**From:** Head of Service

**Subject:** Proposed new governance structure for the ACT Health Directorate

**Critical Date:** As soon as possible

**Critical Reason:**

**Purpose**

To seek your agreement to a proposed new governance structure for the ACT Health Directorate.

**Recommendations**

That you:

1. Note the information contained in this brief;

**Noted / Please Discuss**

2. Agree to move forward with the proposed new governance structure for the ACT Health Directorate.

**Agreed / Not Agreed / Please Discuss**

Andrew Barr MLA ...../...../.....

Minister's Office Feedback

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## Background

1. The ACT Health Directorate is responsible for the delivery of all health care and health-related services in the ACT through public hospitals and health services. The Directorate is also responsible for stewardship of the ACT public health 'system' through policy, planning and the oversight of health in the Territory including inter and intra governmental activities.
2. The Directorate reports jointly to the Minister for Health and Wellbeing and the Minister for Mental Health.
3. In December 2017 the Directorate, at the request of Ministers, engaged PriceWaterhouseCoopers (PwC) to undertake an environmental scan of the governance structures in place within health departments and directorates across Australia. The objective of the scan was to inform considerations about the scope and shape of a new governance structure for health services in the ACT.
4. A copy of the PwC Report is at [Attachment A](#).
5. The scan has identified that all jurisdictions other than the ACT have structurally separated their public hospital and health service delivery from the health system stewardship functions of their respective departments of health. The degree of structural separation of health service delivery from the department varies across all jurisdictions in form and function.

## Issues

6. While the past smaller size of the ACT health system may not have required a structural separation between the health system service delivery and overarching health system stewardship, today this is no longer the case.
7. With the impending commencement of the University of Canberra Public Hospital and the complexity of the relationship with the Little Company of Mary in relation to the delivery of public hospital services as well as the need to provide a greater focus on mental health, it is timely to move to restructure the ACT Health Directorate.
8. Taking into account the key finding of the PwC report, I propose a new governance structure for the ACT Health Directorate that structurally separates its policy and operational functions.
9. This structural separation would:
  - a. enable a clearer focus on operational efficiency and effectiveness and
  - b. free up capacity within the ACT Health Directorate to undertake core strategic and 'system manager' functions.
10. The structural separation would entail the creation of:
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    - ii. manage the contract with The Little Company of Mary to provide

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- iii. provide the range of public and environmental health services, health protection services and health promotion services to deliver prevention, assessment, policy development and assurance and local and national policy, program delivery and protocols on population health issues currently provided by the Population Health Protection and Prevention Division and led by the ACT Chief Health Officer (who fulfils a range of statutory responsibilities and delegations required by public health legislation)
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### **Financial Implications**

15. The establishment of the new senior executive position will have a financial implication that would be met within the existing ACT Health Directorate budget.

### **Consultation**

#### Internal

16. Nil.

#### Cross Directorate

17. Nil.

#### External

18. CMTEDD Communications and Engagement will work with Ministers' offices and the ACT Health Directorate to develop a communication strategy to announce the new governance structure.

### **Media Implications**

19. It is likely that there will be media interest in the new governance structure for the ACT Health Directorate.

Signatory Name:  
Kathy Leigh

Phone: x50246

Phone: x75990

Action Officer:  
Leanne Power

### **Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	PwC report 'ACT Health - Australian Health Departments and Directorates Governance Scan'

UNCLASSIFIED



MINISTERIAL BRIEF

Chief Minister, Treasury and Economic Development Directorate

UNCLASSIFIED

To: Chief Minister

Tracking No.: CMTEDD2018/1347

Date: 15 March 2018

CC:

From: Head of Service

Subject: Proposed new governance structure for the ACT Health Directorate

Critical Date: As soon as possible

Critical Reason:

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Andrew Barr MLA .....

Minister's Office Feedback

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## UNCLASSIFIED

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Kathy Leigh

Phone: x50246

Action Officer:  
Leanne Power

Phone: x75990

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UNCLASSIFIED



MINISTERIAL BRIEF

Chief Minister, Treasury and Economic Development Directorate

UNCLASSIFIED

To: Chief Minister

Tracking No.: CMTEDD2018/1347

Date: 15 March 2018

CC:

From: Head of Service

Subject: Proposed new governance structure for the ACT Health Directorate

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*Agreed* / Not Agreed / Please Discuss

Andrew Barr MLA .....

15/3/18

Minister's Office Feedback

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## UNCLASSIFIED

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Signatory Name:  
Kathy Leigh



Phone: x50246

Phone: x75990

Action Officer:  
Leanne Power

**Attachments**

Attachment	Title
Attachment A	PwC report 'ACT Health - Australian Health Departments and Directorates Governance Scan'

UNCLASSIFIED

**From:** [Attridge, Vanessa](#)  
**To:** [O'Daly, Edward](#); [Perkins, Anita](#)  
**Subject:** Confidential - Health info [DLM=Sensitive: Cabinet]  
**Date:** Wednesday, 21 March 2018 4:23:08 PM  
**Attachments:** [Health restructure media release draft March 2018.docx](#)  
[20180316080951710.pdf](#)  
[image001.png](#)  
[image002.jpg](#)

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Hi,

Please see attached as discussed.

Thanks,

Nessa

**Vanessa Attridge** | Chief of Staff  
**Office of Meegan Fitzharris MLA**  
Member for Yerrabi  
Minister for Health and Wellbeing  
Minister for Transport and City Services  
Minister for Higher Education, Training and Research

**P. (02) 6205 3502 | E. [vanessas.attridge@act.gov.au](mailto:vanessas.attridge@act.gov.au)**



Minister for Health and Wellbeing  
Meegan Fitzharris MLA

Minister for Mental Health  
Shane Rattenbury MLA

### ***MEDIA RELEASE (to be adapted for internal use)***

## **Changes to ACT Health to keep up with growing CBR health needs**

With a new hospital to open in mid-2018, growing demand and a renewed focus on putting people at the centre of healthcare, the ACT Government has decided to separate the delivery of health services from the policy, planning and corporate functions within ACT Health.

From 1 October 2018, ACT Health will be separated into two organisations:

- One will focus on the delivery of quality health services to our growing community,
- and
- the other will focus on the strategic policy and planning elements of the health system.

This will bring the ACT into line with all other Australian jurisdictions.

“With our health system expanding and increasing demand on our health services, now is the perfect time to move towards a more contemporary health system. This separation will enable a clearer focus on operational effectiveness and efficiency, as well as improving accountability for health service delivery,” said Minister for Health and Wellbeing Meegan Fitzharris.

“The ACT Government will continue to invest in preventive, community and hospital-based services and improve the access, timeliness and quality of health services for Canberrans and those in the region.

~~“Common to both organisations”~~ Both organisations/ directorates will continue ACT Health’s will be a commitment to the health of our community, specifically an approach to health that is all about people, as well as a commitment to innovation, engagement and accountability.

“The clinical and service planning underway through the Territory-wide Health Services Framework will remain a key priority for government and we will continue to establish clinical Centres, which will group speciality services through Centre Service Plans and Specialty Service Plans,” said Minister Fitzharris.

The health service delivery organisation will focus on delivering person-centred care, while the health policy and planning organisation will oversee the operation of the health system and set its direction, as outlined by the ACT Government, specifically the Minister for Health and Wellbeing and the Minister for Mental Health.

“This separation will facilitate improved mental health services delivery, while also allowing mental health policy to improve its focus – within Health and across Government. The

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establishment of the Office for Mental Health in July will ensure that these efforts are well coordinated,” said Minister for Mental Health, Shane Rattenbury.

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**Media contact/s:**

**Claire Johnston (Fitzharris)**  
**Lisa Gardner (Rattenbury)**

**M** [REDACTED]  
**M** [REDACTED]

**E** [ClaireV.Johnston@act.gov.au](mailto:ClaireV.Johnston@act.gov.au)  
**E** [lisa.gardner@act.gov.au](mailto:lisa.gardner@act.gov.au)

**Q&A**

- ? What sorts of things will the policy and planning organisation do?
- ? Consultation plans
- ? What will change in meantime
- ? Costs
- ? Workforce continuity

The organisation will focus on:

- ? Prevention and population health
- ? Research, innovation and technology
- ? Data to measure and improve performance
- ? Whole of government and national health reform and funding arrangements
- ? Planning and delivery of health infrastructure
- ? Corporate support and organisation-wide services

**From:** [Perkins, Anita](#)  
**To:** [Doran, Karen \(Health\)](#)  
**Subject:** Communications support  
**Date:** Wednesday, 21 March 2018 6:48:05 PM

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Hi Karen

Kathy has asked me to assist with communications required over the coming days and possibly through the change process.

Ed O'Daly in the CMO has also discussed with me, and this afternoon Ed and I met with Nessa Attridge.

We are making some suggestions to the media release the offices have prepared. I can provide that you, Nessa and Kathy in the morning for comment.

I've also pulled out the last organisational change package govt undertook (LDA/CRA/SLA) for a guide on the broader external, internal and stakeholder communications considerations and products, proposed sequencing of briefings/announcements/stakeholder calls/media etc. I should be in a position to circulate a list of what's required in the morning for allocation and what help/guidance we'll need from Health to finalise all of the immediate materials.

While it may take some days to pull together the full package, we will aim to have the basics of the release and a statement for internal comms ready to go tomorrow, depending on the timing required. Then if we have more time we can work up a more comprehensive package, which will be required anyway through the ongoing change process ahead of 1 October.

I will need some assistance, but understand you and the other deputies have asked that CMTEDD assist on the comms elements. I'll seek your assistance to discuss my involvement with Elizabeth Tobler at the appropriate time once the announcement has been made.

Please feel free to call me on [REDACTED] to discuss. I will also call your office in the morning to see if we can find 5 minutes in your diary tomorrow for a chat.

Regards  
Anita

Ph [REDACTED]



**From:** [O'Daly Edward](#)  
**To:** [Perkins Anita](#)  
**Subject:** RE: Emailing: ACT Government Joint Media release [SEC=UNCLASSIFIED, DLM=Sensitive: Cabinet]  
**Date:** Wednesday, 21 March 2018 7:44:05 PM

Great. Small suggested changes to the first few lines in CAPS

**From:** Perkins, Anita  
**Sent:** Wednesday, 21 March 2018 5:48 PM  
**To:** O'Daly, Edward <Edward.O'Daly@act.gov.au>  
**Subject:** FW: Emailing: ACT Government Joint Media release [SEC=UNCLASSIFIED, DLM=Sensitive: Cabinet]

Hi Ed

Please see attached some suggested edits to get a bit more people-focus into it, and a bit of reordering about why the change is happening.

The original word file in tracked changes is in the attached so you can see the edits, and the final is below in the template.

Can you please review/edit before we send back to Nessa for comment?

I'll get going on Q&As for tomorrow.

Regards

Anita

#### Joint Media Release



#### **MEEGAN FITZHARRIS MLA**

Minister for Health  
 Minister for Transport and City Services  
 Minister for Higher Education, Training and Research  
 Member for Yerrabi

#### **SHANE RATTENBURY MLA**

Minister for Climate Change and Sustainability  
 Minister for Justice, Consumer Affairs and Road Safety  
 Minister for Corrections  
 Minister for Mental Health  
 Member for Kurrajong

xxxx 2018

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**With Canberra's third PUBLIC hospital set to open in mid-2018 and growing demand to meet population growth, the ACT Government will separate operational health services from policy and planning to improve access, timeliness and quality of health services for Canberrans and those in the region.**

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This will bring the ACT into line with EVERY other Australian jurisdiction.

"THIS IS ALL ABOUT MAKING SURE CANBERRANS GET THE BEST POSSIBLE CARE AND CONTINUE TO BE THE HEALTHIEST PEOPLE IN THE COUNTRY. With our health system expanding and increasing demand on our health services, now is the perfect time to move towards a more contemporary health system. This separation will enable a clearer focus on operational effectiveness and efficiency, and improve accountability for health service delivery," said Minister for Health and Wellbeing Meegan Fitzharris.

"The ACT Government will continue to invest in preventive, community and hospital-based services to build and improve health facilities in the ACT, for a Territory wide system that is adaptable to the community's changing needs.

"Both organisations will continue ACT Health's commitment to the health of our community, specifically an approach to health that is all about people, as well as a commitment to innovation, engagement and accountability.

"The clinical and service planning underway through the Territory-wide Health Services Framework will remain a key priority for government and we will continue to establish clinical Centres, which will group speciality services

through Centre Service Plans and Specialty Service Plans.

“Critical to getting the reform right is talking to the community, ACT Health’s workforce and the health and community sector. We look forward to having conversations over the coming months to guide these new organisations,” said Minister Fitzharris.

The health service delivery organisation will focus on delivering person-centred care, while the health policy and planning organisation will oversee the operation of the health system and set its direction, as outlined by the ACT Government, specifically the Minister for Health and Wellbeing and the Minister for Mental Health.

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**Media contact/s:**

**Lisa Gardner** T (02) 6205 3897 M [REDACTED] [lisa.gardner@act.gov.au](mailto:lisa.gardner@act.gov.au)

**Claire Johnston** T (02) 6205 0022 M [REDACTED] [clairev.johnston@act.gov.au](mailto:clairev.johnston@act.gov.au)

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Phone (02) 6205 0005 Email: [rattenbury@act.gov.au](mailto:rattenbury@act.gov.au)

---

@ShaneRattenbury  shanerattenburymla

## Power, Leanne

---

**From:** Power, Leanne  
**Sent:** Thursday, 22 March 2018 12:00 PM  
**To:** Perkins, Anita  
**Subject:** RE: Confidential - Health info [DLM=Sensitive: Cabinet]  
**Attachments:** Attachment A PwC Governance Scan Report.docx; Attachment A PwC Infographic comparison and ACT overview.pptx

**Leanne Power | Director, Office of the Head of Service**

Phone: 02 620 75990 | Mobile: [REDACTED] | Email: [leanne.power@act.gov.au](mailto:leanne.power@act.gov.au)

**Chief Minister, Treasury and Economic Development Directorate | ACT Government**

Level 5, Canberra Nara Centre, 1 Constitution Avenue Canberra ACT 2601 | GPO Box 158 Canberra ACT 2601 | [www.act.gov.au](http://www.act.gov.au)

**From:** Perkins, Anita  
**Sent:** Thursday, 22 March 2018 11:36 AM  
**To:** Power, Leanne <[Leanne.Power@act.gov.au](mailto:Leanne.Power@act.gov.au)>  
**Subject:** RE: Confidential - Health info [DLM=Sensitive: Cabinet]

Hi Leanne

I don't actually have the PWC report on other jurisdictions. Would you be able to send it to me? I'm keen to see how they refer to the 2 separate agencies.

Regards

Anita

**From:** Attridge, Vanessa  
**Sent:** Wednesday, 21 March 2018 4:23 PM  
**To:** O'Daly, Edward <[Edward.O'Daly@act.gov.au](mailto:Edward.O'Daly@act.gov.au)>; Perkins, Anita <[Anita.Perkins@act.gov.au](mailto:Anita.Perkins@act.gov.au)>  
**Subject:** Confidential - Health info. [DLM=Sensitive: Cabinet]

Hi,

Please see attached as discussed.

Thanks,

Nessa

**Vanessa Attridge | Chief of Staff**  
**Office of Meegan Fitzharris MLA**  
Member for Yerrabi  
Minister for Health and Wellbeing  
Minister for Transport and City Services  
Minister for Higher Education, Training and Research

P. (02) 6205 3502 | E. [vanessas.attridge@act.gov.au](mailto:vanessas.attridge@act.gov.au)



Begin forwarded message:

**From:** "Perkins, Anita" <[Anita.Perkins@act.gov.au](mailto:Anita.Perkins@act.gov.au)>  
**Date:** 23 March 2018 at 8:14:38 am AEDT  
**To:** "Leigh, Kathy" <[Kathy.Leigh@act.gov.au](mailto:Kathy.Leigh@act.gov.au)>, "Doran, Karen (Health)" <[Karen.Doran@act.gov.au](mailto:Karen.Doran@act.gov.au)>  
**Cc:** "Power, Leanne" <[Leanne.Power@act.gov.au](mailto:Leanne.Power@act.gov.au)>, "Pulli, Tracey (Health)" <[Tracey.Pulli@act.gov.au](mailto:Tracey.Pulli@act.gov.au)>  
**Subject:** Health communications/change products [SEC=UNCLASSIFIED]

Morning Kathy and Karen

**Media release**

Updated media release is below (in email format) and attached (in word – if you have changes please make in word in tracked changes). It is also with Vanessa Attridge for review in Minister Fitzharris and Minister Rattenbury's offices. The CMO has had input, and the minor changes from the earlier version were in consultation with Minister Fitzharris' office to include more around why and what it will mean for Canberrans.

**Draft key messages and Q&A**

Attached are very drafted key messages and Q&A document, which will need significant input from Karen and Tracey Pulli in relation to the existing reforms and restructure underway. I've used the HOS brief to CM as a guide for much of this content, and the change process from LDA/SLA/CRA as a guide for internal comms.

**Stakeholder briefing list**

As discussed with Karen yesterday, Karen is coordinating a stakeholder list for briefing. In consultation with Vanessa, we will identify who will make the calls (Ministers, COSs, HOS, Health Exec) with timing and sequencing dependant on when the announcement will occur.

Please feel free to ring me any time to discuss.

Regards  
Anita



# Media release

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Minister for Transport and City Services  
Minister for Higher Education, Training and Research  
Member for Yerrabi

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X March 2018

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Statement ends

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**ACT LEGISLATIVE ASSEMBLY**

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 @MeeganFitzMLA  MeeganFitzharrisMLA





# Media release

## MEEGAN FITZHARRIS MLA

Minister for Health  
Minister for Transport and City Services  
Minister for Higher Education, Training and Research  
Member for Yerrabi

## SHANE RATTENBURY MLA

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X March 2018

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@ShaneRattenbury

shanerattenburymla

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**ACT Health Background**

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## TALKING POINTS

Minister: Minister Fitzharris, Minister Rattenbury  
Date: XX March 2017

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**SUBJECT: NEW GOVERNANCE STRUCTURE FOR ACT HEALTH**


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**KEY MESSAGES:**

- The ACT Government will separate operational health services from policy and planning, to improve access, timeliness and quality of health services for Canberrans and those in the region.
- With Canberra's third public hospital set to open in mid-2018 and growing demand to meet population growth, now is the right time to move towards a more contemporary health system.
- From 1 October 2018, ACT Health will be separated into two organisations, focussed on:
  - the delivery of quality health services to our growing community, and
  - strategic policy and planning elements of the health system.
- This will bring the ACT into line with every other Australian jurisdiction.
- This is all about making sure Canberrans get the best possible care and continue to be the healthiest people in the country.
- The separation will enable a clearer focus on operational effectiveness and efficiency, and improve accountability for health service delivery.

**Commented [PA1]:** We could use a title for each agency that makes more sense and is less bureaucratic?  
Operational: ACT Health Services?  
Policy: ACT Health Directorate?

**What is happening?**

- The ACT Government will separate health operations from policy and planning, from 1 October 2018.
- The separation will enable a clearer focus on efficiency and effectiveness for operations, and free up capacity within the Health Directorate to undertake core strategy and systems manager functions.
- This will bring ACT health in line with every other Australian jurisdiction, which have structurally separated their public health system from their departments of health.
- The ACT health services operational organisation will:
  - Provide acute, subacute, primary hospital services to the ACT and surrounding region.
  - Provide all community-based health services, including Mental Health, Justice Health and Alcohol and Drug Services, Walk in Centres, Community Health Services, Dental Services, (FULL LIST?)
- The ACT health directorate, with policy and planning responsibility will:
  - Oversee the health system as a whole and set the direction for current health services.

**Commented [PA2]:** Do we have a comprehensive list or is too detailed to spell out?

- o Manage the contract with The Little Company of Mary to provide public hospital services.
- o Provide public and environmental health services, health protection services and health promotion.
- o Undertake strategic planning for future health service needs including infrastructure.
- o Take the lead on National Health Agreement reforms and National Partnership + on operational efficiency and effectiveness.
- o Lead strategic initiatives including critical research functions, strategies for attracting and retaining the health workforce, systems innovation and the strategic approach to safety, quality, risk and continuous quality improvement.
- o Provide corporate support and organisation-wide services including ministerial and government services, communications, data and reporting. This would include providing corporate and strategic support to the operational service areas including maintaining critical physical and technological infrastructure for public hospitals and health services, and providing financial and business support services.

Commented [PA3]: What about all other contracted services?

**What will the benefits be for the community?**

- With Canberra’s third public hospital set to open in mid 2018, and growing demand to meet population growth, now is the right time to move towards a more contemporary health system.
- It is vital our health system remains contemporary to meet the needs of our growing and ageing community.
- The changes are focussed on improving access, timeliness and quality of health services for all Canberrans and those in the region.
- This is all about making Canberrans get the best possible care and continue to be the healthiest people in the country.

**Will creating two entities cost the taxpayer more?**

- No. These entities will be funded from within the existing ACT Health Directorate budget.
- Two new executive positions will be created to lead these organisations. The positions will be sized by Mercer Australia, and will be funded from within the existing health budget.

Commented [PA4]: What advice has previously been issued about the ongoing reforms and financial implications?

**Internal communications:**

**Impact on staff**

- We understand this process can be unsettling for staff, and this is why we have moved quickly to speak directly with all staff following the decision taken by the Ministers/Cabinet?
- We have established a process for managing the transition to the new structures between now and 1 October 2018 in which you will all be involved.
- No positions will be lost as a result of the changes made today.
  - o The scope of the governments activities for health services and health policy and planning remain, they will just be delivered in a different way.
  - o Functions and their associated staff will be moved under machinery of government provisions to the new structures as occurs with any administrative changes.

Commented [PA5]: Need information on the existing restructure underway within health.

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  - In the event this occurs, any impact on overall employment and particular jobs will be dealt with through the established procedures set out in our industrial agreements, and in keeping with prevailing Government policy.

#### What consultation will take place with staff and the health and community sector?

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- Staff, employee representatives, health and community sector representatives, and the broader community will be consulted.

**Commented [PA8]:** Can the team have been established at the time of the announcement so a clear point of contact is in place?

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- We thank Ms Feely for her commitment and focus. She has been instrumental in beginning this reform process within ACT Health, transforming strategy and positioning ACT Health for a sustainable future. Her strategic insight and operational expertise has skilfully repositioned the Directorate for the transition to a truly person-centred, integrated health service.
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#### What will happen next?

- There is significant work to be undertaken to ensure arrangements are in place for the intended 1 October 2018 commencement.
- This work will be overseen by a Steering Committee comprising of:
  - Head of Service Kathy Leigh
  - Under Treasurer David Nicol
  - XXXX
  - XXXX
  - XXXX
- A transition team lead by XXXX and comprising staff from affected business units is being assembled to undertake necessary work, in consultation with affected staff, reporting to the Steering Committee.

**Commented [PA9]:** Please advise membership.

**Commented [PA10]:** Who currently leads the restructure underway and how does this work tie into that?

#### How will the transition process progress from here?

- I commend staff for their ongoing professionalism and dedication to ensuring that the work of ACT Health continues to provide high quality healthcare for all Canberrans.

- Thankyou for your commitment
- In the coming weeks the Steering Committee will:
  - Commence recruitment activities for the two new executive positions; and
  - Commence work on establish robust governance frameworks to guide the operations of the two new organisations. The two new executives will play a key role in establishing the new agencies.
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- Those principles should remain touchstones in the transition phase.
- Executives will need to provide clear leadership and guidance in relation to both continuing the focus on both continuing focus on current delivery, and, supported by the Transition Team, guiding the change process and supporting their staff as it unfolds, including by providing reassurance in relation to continuity of functions and employment.
  - The usual EAP support arrangements are in place for staff who require additional assistance and support.

#### **How will we keep you informed?**

- The Transition Team will convene regular forums and provide regular updates.
- Staff are encouraged to email (INSERT EMAIL ADDRESS HERE) with suggestions, questions or concerns.
- Discussions will be held with relevant unions, and we provide updates to those unions at the same time as staff.

#### **Things we don't know yet**

- At this stage no decisions have been made in relation to detailed allocation of functions and individual staff across the two organisation. This will be worked through with affected staff.

#### **Start getting ready now**

Things to think about include:

- How do we ensure continuity of service and program delivery?
- How can we use the opportunity to work across our teams differently, collaborate more/better?

---

**BACKGROUND/SENSITIVITIES (not for distribution)**

---

Action officer: Anita Perkins CMTEDD, Tracey Pulli Health  
Date: XXX March 2018  
TO BE Cleared by (DG or D/DG): Kathy Leigh CMTEDD, Karen Doran Health

---

DRAFT



**From:** [Perkins, Anita](#)  
**To:** [Attridge, Vanessa](#)  
**Subject:** RE: Emailing: ACT Government Joint Media release [SEC=UNCLASSIFIED, DLM=Sensitive: Cabinet]  
**Date:** Friday, 23 March 2018 9:34:00 AM

Got it, thanks.  
 Have also sent you an updated version with the update on the DG.

---

**From:** Attridge, Vanessa  
**Sent:** Friday, 23 March 2018 9:15 AM  
**To:** Perkins, Anita <Anita.Perkins@act.gov.au>  
**Subject:** RE: Emailing: ACT Government Joint Media release [SEC=UNCLASSIFIED, DLM=Sensitive: Cabinet]  
**Importance:** High

Hi Anita,

Can we pls change one sentence to include quality, so it reads 'a commitment to quality, innovation, engagement and accountability.

As below in red.

Thanks.

---

**From:** Perkins, Anita  
**Sent:** Wednesday, 21 March 2018 8:32 PM  
**To:** Attridge, Vanessa <[VanessaS.Attridge@act.gov.au](mailto:VanessaS.Attridge@act.gov.au)>  
**Cc:** O'Daly, Edward <[Edward.O'Daly@act.gov.au](mailto:Edward.O'Daly@act.gov.au)>  
**Subject:** Fwd: Emailing: ACT Government Joint Media release [SEC=UNCLASSIFIED, DLM=Sensitive: Cabinet]

Hi Nessa

Please see below some suggested edits in capitals (obviously we'll sentence-case this), some slight reordering and a bit more content on the people-focus/community benefits and broader engagement with the workforce and sector the changes will bring, for consideration.

Ed and I have both had input into these suggested edits.

I haven't edited the Health Background content - it might be timely for us to review this background on the release template. We could perhaps reframe the para around staff and budget instead focussed how many in and out/patients/presentations/impact on the community? Let's talk about that further.

I've emailed Karen Doran and will find time tomorrow for a quick chat with her. I will work through tomorrow a broader stakeholder/internal and external comms plan and products including advice on the sequencing of announcements and briefings.

Please feel free to ring me if you'd like to discuss further.

Regards  
 Anita  
 Ph [REDACTED]

Joint Media Release



**MEEGAN FITZHARRIS MLA**

Minister for Health  
 Minister for Transport and City Services  
 Minister for Higher Education, Training and Research

Member for Yerrabi

**SHANE RATTENBURY MLA**

Minister for Climate Change and Sustainability  
 Minister for Justice, Consumer Affairs and Road Safety  
 Minister for Corrections  
 Minister for Mental Health

Member for Kurrajong

xxxx 2018

Changes to ACT Health to keep up with growing CBR health needs

**With Canberra's third PUBLIC hospital set to open in mid-2018 and growing demand to meet population growth, the ACT Government will separate operational health services from policy and planning to improve access, timeliness and quality of health services for Canberrans and those in the region.**

From 1 October 2018, ACT Health will be separated into two organisations, focussed on:

- the delivery of quality health services to our growing community, and
- the strategic policy and planning elements of the health system.

This will bring the ACT into line with EVERY other Australian jurisdiction.

“THIS IS ALL ABOUT MAKING SURE CANBERRANS GET THE BEST POSSIBLE CARE AND CONTINUE TO BE THE HEALTHIEST PEOPLE IN THE COUNTRY. With our health system expanding and increasing demand on our health services, now is the perfect time to move towards a more contemporary health system. This separation will enable a clearer focus on operational effectiveness and efficiency, and improve accountability for health service delivery,” said Minister for Health and Wellbeing Meegan Fitzharris.

“The ACT Government will continue to invest in preventive, community and hospital-based services to build and improve health facilities in the ACT, for a Territory wide system that is adaptable to the community’s changing needs.

“Both organisations will continue ACT Health’s commitment to the health of our community, specifically an approach to health that is all about people, as well as a commitment to **quality**, innovation, engagement and accountability.

“The clinical and service planning underway through the Territory-wide Health Services Framework will remain a key priority for government and we will continue to establish clinical Centres, which will group speciality services through Centre Service Plans and Specialty Service Plans.

“Critical to getting the reform right is talking to the community, ACT Health’s workforce and the health and community sector. We look forward to having conversations over the coming months to guide these new organisations,” said Minister Fitzharris.

The health service delivery organisation will focus on delivering person-centred care, while the health policy and planning organisation will oversee the operation of the health system and set its direction, as outlined by the ACT Government, specifically the Minister for Health and Wellbeing and the Minister for Mental Health.

“This separation will facilitate improved mental health services delivery, while also allowing mental health policy to improve its focus – within Health and across Government. The establishment of the Office for Mental Health in July will ensure that these efforts are well coordinated,” said Minister for Mental Health, Shane Rattenbury.

The ACT Health Director-General has advised the government that she will pursue new opportunities, having successfully led ACT Health over the past three years and positioned the organisation to take this important next step in its transformation.

“We thank Ms Nicole Feely for her commitment and focus. She has been instrumental in beginning this reform process within ACT Health, transforming strategy and positioning ACT Health for a sustainable financial future.

“Her strategic insight and operational expertise has skilfully repositioned the Directorate for the transition to a truly person-centred, integrated health service.

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“This is an exciting new chapter in the progression of ACT Health’s quality service delivery,” said Minister Fitzharris.

“Thank you to the dedicated ACT Health staff who care for our community and make Canberra the healthiest city in Australia. Our ambition to be a leader in person-centred care can only be achieved with our staff, stakeholders and the community.

“We value your input and look forward to the conversations over the next six months and to receiving recommendations on the final detail of the new arrangements,” Minister Fitzharris said.

**STATEMENT ENDS**

**ACT Health Background**

The ACT Government is committed to keeping Canberrans healthy and well and providing the highest quality healthcare to our community. As our city grows, it is vital our health system remains contemporary to meet the needs of our growing and ageing community.

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There is also important work underway on preventive health and mental health.

Since the National Health Reform Agreement in 2011, state and territory-based health organisations around Australia have changed to keep pace with the community's healthcare needs, as well as policy and funding reform.

**Media contact/s:**

**Lisa Gardner** T (02) 6205 3897 M [REDACTED] [lisa.gardner@act.gov.au](mailto:lisa.gardner@act.gov.au)

**Claire Johnston** T (02) 6205 0022 M [REDACTED] [clairev.johnston@act.gov.au](mailto:clairev.johnston@act.gov.au)

**ACT LEGISLATIVE ASSEMBLY**

Phone (02) 6205 0005 Email: [rattenbury@act.gov.au](mailto:rattenbury@act.gov.au)

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@ShaneRattenbury  shanerattenburymla

**Power, Leanne**

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**From:** Perkins, Anita  
**Sent:** Friday, 23 March 2018 10:16 AM  
**To:** Dal Molin, Vanessa (Health); Jean, David (Health); Wood, Mary (Health)  
**Cc:** Doran, Karen (Health); Power, Leanne  
**Subject:** FW: Health communications/change products [SEC=UNCLASSIFIED]

**Importance:** High

Hi All

Please see below the draft release which is with GSO, HOS, Karen and Nessa for approval. You can use this to draft the internal comms message, but noting all materials must go back through Peter Garrison for approval before it is issued.

Attached are also key messages and q and as for internal purposes, that need significant input from Health, and again will need clearance from Peter.

Ed O'Daly is discussing with Minister Fitzharris's office the feasibility if the proposed schedule we discussed:

3.30-4.15pm	Accreditation communique – all staff including standup at end by HOS/Karen Doran to make announcement (Health comms to attend to provide advice ahead of Ministerial standup)
3.30-5pm	Phone calls to key stakeholders (Vanessa Dal Molin) coordinating list)
4.30pm	Ministers Fitzharris and Minister Rattenbury media standup (may require some earlier briefings under strict) embargo given the timing
4.30pm	All Health staff email issued by HOS



Health  
governance talki...

Regards  
Anita

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**From:** Perkins, Anita  
**Sent:** Friday, 23 March 2018 9:20 AM  
**To:** Leigh, Kathy <Kathy.Leigh@act.gov.au>; Doran, Karen (Health) <Karen.Doran@act.gov.au>; Attridge, Vanessa <VanessaS.Attridge@act.gov.au>; O'Daly, Edward <Edward.O'Daly@act.gov.au>; Garrison, Peter <Peter.Garrison@act.gov.au>  
**Cc:** Power, Leanne <Leanne.Power@act.gov.au>; Pulli, Tracey (Health) <Tracey.Pulli@act.gov.au>  
**Subject:** RE: Health communications/change products [SEC=UNCLASSIFIED]

Hi All

As discussed with Kathy and Nessa, the updated release is below for your review – see the updated highlighted section below.

I'll make contact with Karen on the internal statement and how best to issue this.

Regards  
Anita



# Media release

## **MEEGAN FITZHARRIS** MLA

Minister for Health  
Minister for Transport and City Services  
Minister for Higher Education, Training and Research  
Member for Yerrabi

## **SHANE RATTENBURY** MLA

Minister for Climate Change and Sustainability  
Minister for Justice, Consumer Affairs and Road Safety  
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Minister for Mental Health  
Member for Kurrajong

X March 2018

## **Changes to ACT Health to keep up with growing CBR health needs**

**With Canberra's third public hospital set to open in mid 2018 and growing demand to meet population growth, the ACT Government will separate operational health services from policy and planning to improve access, timeliness and quality of health services for Canberrans and those in the region.**

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"This is all about making sure Canberrans get the best possible care and continue to be the healthiest people in the country. With our health system expanding and increasing demand on our health services, now is the perfect time to move towards a more contemporary health system. This separation will enable a clearer focus on operational effectiveness and efficiency, and improve accountability for health service delivery," said Minister for Health and Wellbeing, Meegan Fitzharris.

"The ACT Government will continue to invest in preventive, community and hospital-based services to build and improve health facilities in the ACT, for a Territory wide system that is adaptable to the community's changing needs.

"Both organisations will continue ACT Health's commitment to the health of our community, specifically an approach to health that is all about people, as well as a commitment to quality, innovation, engagement and accountability.

"The clinical and service planning underway through the Territory-wide Health Services Framework will remain a key priority for government and we will continue to establish clinical Centres, which will group speciality services through Centre Service Plans and Specialty Service Plans.

"Critical to getting the reform right is talking to the community, ACT Health's workforce and the health and community sector. We look forward to having conversations over the coming months to guide these new organisations," said Minister Fitzharris.

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“This separation will facilitate improved mental health services delivery, while also allowing mental health policy to improve its focus – within Health and across Government. The establishment of the Office for Mental Health in July will ensure that these efforts are well coordinated,” said Minister for Mental Health, Shane Rattenbury.

Two new executive positions will be created to lead the new organisations and the current Director-General position will no longer exist from 1 October 2018.

“We thank ACT Health Director-General Ms Nicole Feely for her contribution over the past three years during which time she has positioned the organisation to take this important next step in its transformation,” said Minister Fitzharris.

~~The ACT Health Director-General has advised the government that she will pursue new opportunities, having successfully led ACT Health over the past three years and positioned the organisation to take this important next step in its transformation.~~

~~“We thank Ms Nicole Feely for her commitment and focus. She has been instrumental in beginning this reform process within ACT Health, transforming strategy and positioning ACT Health for a sustainable financial future.~~

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“Thank you to the dedicated ACT Health staff who care for our community and make Canberra the healthiest city in Australia. Our ambition to be a leader in person-centred care can only be achieved with our staff, stakeholders and the community.

“We value your input and look forward to the conversations over the next six months and to receiving recommendations on the final detail of the new arrangements,” Minister Fitzharris said.

**STATEMENT ENDS**

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Statement ends

**Media contact/s:**

Claire Johnston T (02) 6205 0022 M [REDACTED] [clairev.johnston@act.gov.au](mailto:clairev.johnston@act.gov.au)

Lisa Gardner T (02) 6205 3897 M [REDACTED] [lisa.gardner@act.gov.au](mailto:lisa.gardner@act.gov.au)

**ACT LEGISLATIVE ASSEMBLY**

Phone (02) 6205 0051 Email: [fitzharris@act.gov.au](mailto:fitzharris@act.gov.au)

 [@MeeganFitzMLA](https://twitter.com/MeeganFitzMLA)

 [MeeganFitzharrisMLA](https://www.facebook.com/MeeganFitzharrisMLA)



## TALKING POINTS

**Minister:** Minister Fitzharris, Minister Rattenbury  
**Date:** XX March 2017

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**SUBJECT: NEW GOVERNANCE STRUCTURE FOR ACT HEALTH**


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**KEY MESSAGES:**

- The ACT Government will separate operational health services from policy and planning, to improve access, timeliness and quality of health services for Canberrans and those in the region.
- With Canberra's third public hospital set to open in mid-2018 and growing demand to meet population growth, now is the right time to move towards a more contemporary health system.
- From 1 October 2018, ACT Health will be separated into two organisations, focussed on:
  - the delivery of quality health services to our growing community, and
  - strategic policy and planning elements of the health system.
- This will bring the ACT into line with every other Australian jurisdiction.
- This is all about making sure Canberrans get the best possible care and continue to be the healthiest people in the country.
- The separation will enable a clearer focus on operational effectiveness and efficiency, and improve accountability for health service delivery.

**Commented [PA1]:** We could use a title for each agency that makes more sense and is less bureaucratic?  
 Operational ACT Health Services?  
 Policy: ACT Health Directorate?

**What is happening?**

- The ACT Government will separate health operations from policy and planning, from 1 October 2018.
- The separation will enable a clearer focus on efficiency and effectiveness for operations, and free up capacity within the Health Directorate to undertake core strategy and systems manager functions.
- This will bring ACT health in line with every other Australian jurisdiction, which have structurally separated their public health system from their departments of health.
- The ACT health services operational organisation will:
  - Provide acute, subacute, primary hospital services to the ACT and surrounding region.
  - Provide all community-based health services, including Mental Health, Justice Health and Alcohol and Drug Services, Walk in Centres, Community Health Services, Dental Services, (FULL LIST?)
- The ACT health directorate, with policy and planning responsibility will:
  - Oversee the health system as a whole and set the direction for current health services.

**Commented [PA2]:** Do we have a comprehensive list or is too detailed to spell out?



- o Manage the contract with The Little Company of Mary to provide public hospital services.
- o Provide public and environmental health services, health protection services and health promotion.
- o Undertake strategic planning for future health service needs including infrastructure.
- o Take the lead on National Health Agreement reforms and National Partnership + on operational efficiency and effectiveness.
- o Lead strategic initiatives including critical research functions, strategies for attracting and retaining the health workforce, systems innovation and the strategic approach to safety, quality, risk and continuous quality improvement.
- o Provide corporate support and organisation-wide services including ministerial and government services, communications, data and reporting. This would include providing corporate and strategic support to the operational service areas including maintaining critical physical and technological infrastructure for public hospitals and health services, and providing financial and business support services.

Commented [PA3]: What about all other contracted services?

**What will the benefits be for the community?**

- With Canberra’s third public hospital set to open in mid 2018, and growing demand to meet population growth, now is the right time to move towards a more contemporary health system.
- It is vital our health system remains contemporary to meet the needs of our growing and ageing community.
- The changes are focussed on improving access, timeliness and quality of health services for all Canberrans and those in the region.
- This is all about making Canberrans get the best possible care and continue to be the healthiest people in the country.

**Will creating two entities cost the taxpayer more?**

- No. These entities will be funded from within the existing ACT Health Directorate budget.
- Two new executive positions will be created to lead these organisations. The positions will be sized by Mercer Australia, and will be funded from within the existing health budget.

Commented [PA4]: What advice has previously been issued about the ongoing reforms and financial implications?

**Internal communications:**

**Impact on staff**

- We understand this process can be unsettling for staff, and this is why we have moved quickly to speak directly with all staff following the decision taken by the Ministers/Cabinet?
- We have established a process for managing the transition to the new structures between now and 1 October 2018 in which you will all be involved.
- No positions will be lost as a result of the changes made today.
  - o The scope of the governments activities for health services and health policy and planning remain, they will just be delivered in a different way.
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Commented [PA6]: Who signs off on final decision?

Commented [PA7]: What has already been said about the restructure already underway? This section needs significant health input, IR advice etc

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- A dedicated team will be established to guide the planning and delivery of the new structure with leadership from ACT Health Deputy Directors-General as a reference group.
- Staff, employee representatives, health and community sector representatives, and the broader community will be consulted.

Commented [PA8]: Can the team have been established at the time of the announcement so a clear point of contact is in place?

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  - Head of Service Kathy Leigh
  - Under Treasurer David Nicol
  - XXXX
  - XXXX
  - XXXX
- A transition team lead by XXXXX and comprising staff from affected business units is being assembled to undertake necessary work, in consultation with affected staff, reporting to the Steering Committee

Commented [PA9]: Please advise membership

Commented [PA10]: Who currently leads the restructure underway and how does this work tie into that?

#### How will the transition process progress from here?

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- Thankyou for your commitment
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- Staff are encouraged to email (INSERT EMAIL ADDRESS HERE) with suggestions, questions or concerns.
- Discussions will be held with relevant unions, and we provide updates to those unions at the same time as staff.

#### **Things we don't know yet**

- At this stage no decisions have been made in relation to detailed allocation of functions and individual staff across the two organisation. This will be worked through with affected staff.

#### **Start getting ready now**

Things to think about include:

- How do we ensure continuity of service and program delivery?
- How can we use the opportunity to work across our teams differently, collaborate more/better?

---

**BACKGROUND/SENSITIVITIES (not for distribution)**

---

Action officer: Anita Perkins CMTEDD, Tracey Pulli Health

Date: XXX March 2018

TO BE Cleared by (DG or D/DG): Kathy Leigh CMTEDD, Karen Doran Health

---

DRAFT

**From:** [Perkins, Anita](#)  
**To:** [Johnston, ClaireV](#)  
**Subject:** RE: Health communications/change products [SEC=UNCLASSIFIED]  
**Date:** Friday, 23 March 2018 10:26:00 AM

---

Great, thanks.

---

**From:** Johnston, ClaireV  
**Sent:** Friday, 23 March 2018 10:20 AM  
**To:** Perkins, Anita <[Anita.Perkins@act.gov.au](mailto:Anita.Perkins@act.gov.au)>; O'Daly, Edward <[Edward.O'Daly@act.gov.au](mailto:Edward.O'Daly@act.gov.au)>  
**Subject:** RE: Health communications/change products [SEC=UNCLASSIFIED]

Thanks Anita. We will probably do a media stand up under embargo at 1pm.

---

**From:** Perkins, Anita  
**Sent:** Friday, 23 March 2018 10:18 AM  
**To:** O'Daly, Edward <[Edward.O'Daly@act.gov.au](mailto:Edward.O'Daly@act.gov.au)>; Johnston, ClaireV <[ClaireV.Johnston@act.gov.au](mailto:ClaireV.Johnston@act.gov.au)>  
**Subject:** FW: Health communications/change products [SEC=UNCLASSIFIED]  
**Importance:** High

FYI below latest update.

Regards

Anita

---

**From:** Perkins, Anita  
**Sent:** Friday, 23 March 2018 10:16 AM  
**To:** Dal Molin, Vanessa (Health) <[Vanessa.DalMolin@act.gov.au](mailto:Vanessa.DalMolin@act.gov.au)>; Jean, David (Health) <[David.Jean@act.gov.au](mailto:David.Jean@act.gov.au)>; Wood, Mary (Health) <[Mary.Wood@act.gov.au](mailto:Mary.Wood@act.gov.au)>  
**Cc:** Doran, Karen (Health) <[Karen.Doran@act.gov.au](mailto:Karen.Doran@act.gov.au)>; Power, Leanne <[Leanne.Power@act.gov.au](mailto:Leanne.Power@act.gov.au)>  
**Subject:** FW: Health communications/change products [SEC=UNCLASSIFIED]  
**Importance:** High

Hi All

Please see below the draft release which is with GSO, HOS, Karen and Nessa for approval. You can use this to draft the internal comms message, but noting all materials must go back through Peter Garrison for approval before it is issued.

Attached are also key messages and q and as for internal purposes, that need significant

input from Health, and again will need clearance from Peter.

Ed O'Daly is discussing with Minister Fitzharris's office the feasibility if the proposed schedule we discussed:

3.30-4.15pm Accreditation communique – all staff including standup at end by HOS/Karen Doran to make announcement (Health comms to attend to provide advice ahead of Ministerial standup)

3.30-5pm Phone calls to key stakeholders (Vanessa Dal Molin) coordinating list)

4.30pm Ministers Fitzharris and Minister Rattenbury media standup (may require some earlier briefings under strict) embargo given the timing)

4.30pm All Health staff email issued by HOS

<< File: Health governance talking points\_March 2018.docx >>

Regards

Anita

---

**From:** Perkins, Anita

**Sent:** Friday, 23 March 2018 9:20 AM

**To:** Leigh, Kathy <[Kathy.Leigh@act.gov.au](mailto:Kathy.Leigh@act.gov.au)>; Doran, Karen (Health) <[Karen.Doran@act.gov.au](mailto:Karen.Doran@act.gov.au)>; Attridge, Vanessa <[VanessaS.Attridge@act.gov.au](mailto:VanessaS.Attridge@act.gov.au)>; O'Daly, Edward <[Edward.O'Daly@act.gov.au](mailto:Edward.O'Daly@act.gov.au)>; Garrisson, Peter <[Peter.Garrisson@act.gov.au](mailto:Peter.Garrisson@act.gov.au)>

**Cc:** Power, Leanne <[Leanne.Power@act.gov.au](mailto:Leanne.Power@act.gov.au)>; Pulli, Tracey (Health) <[Tracey.Pulli@act.gov.au](mailto:Tracey.Pulli@act.gov.au)>

**Subject:** RE: Health communications/change products [SEC=UNCLASSIFIED]

Hi All

As discussed with Kathy and Nessa, the updated release is below for your review – see the updated highlighted section below.

I'll make contact with Karen on the internal statement and how best to issue this.

Regards

Anita

**MEEGAN FITZHARRIS** MLA

Minister for Health

Minister for Transport and City Services

Minister for Higher Education, Training and Research

Member for Yerrabi

## **SHANE RATTENBURY** MLA

Minister for Climate Change and Sustainability

Minister for Justice, Consumer Affairs and Road Safety

Minister for Corrections

Minister for Mental Health

Member for Kurrajong

X March 2018

### **Changes to ACT Health to keep up with growing CBR health needs**

**With Canberra's third public hospital set to open in mid 2018 and growing demand to meet population growth, the ACT Government will separate operational health services from policy and planning to improve access, timeliness and quality of health services for Canberrans and those in the region.**

From 1 October 2018, ACT Health will be separated into two organisations, focussed on:

- the delivery of quality health services to our growing community, and
- the strategic policy and planning elements of the health system.

This will bring the ACT into line with every other Australian jurisdiction.

“This is all about making sure Canberrans get the best possible care and continue to be the healthiest people in the country. With our health system expanding and increasing demand on our health services, now is the perfect time to move towards a more contemporary health system. This separation will enable a clearer focus on operational effectiveness and efficiency, and improve accountability for health service delivery,” said Minister for Health and Wellbeing, Meegan Fitzharris.

“The ACT Government will continue to invest in preventive, community and hospital-based services to build and improve health facilities in the ACT, for a Territory wide system that is adaptable to the community's changing needs.

“Both organisations will continue ACT Health's commitment to the health of our community, specifically an approach to health that is all about people, as well as a commitment to quality, innovation, engagement and accountability.

“The clinical and service planning underway through the Territory-wide Health Services Framework will remain a key priority for government and we will continue to establish clinical Centres, which will group speciality services through Centre Service Plans and

Specialty Service Plans.

“Critical to getting the reform right is talking to the community, ACT Health’s workforce and the health and community sector. We look forward to having conversations over the coming months to guide these new organisations,” said Minister Fitzharris.

The health service delivery organisation will focus on delivering person-centred care, while the health policy and planning organisation will oversee the operation of the health system and set its direction, as outlined by the ACT Government, specifically the Minister for Health and Wellbeing and the Minister for Mental Health.

“This separation will facilitate improved mental health services delivery, while also allowing mental health policy to improve its focus – within Health and across Government. The establishment of the Office for Mental Health in July will ensure that these efforts are well coordinated,” said Minister for Mental Health, Shane Rattenbury.

Two new executive positions will be created to lead the new organisations and the current Director-General position will no longer exist from 1 October 2018.

“We thank ACT Health Director-General Ms Nicole Feely for her contribution over the past three years during which time she has positioned the organisation to take this important next step in its transformation,” said Minister Fitzharris.

For the immediate period, Ms Karen Doran will act as the Director-General of ACT Health. A small dedicated team will be established to guide the planning and delivery of the new structure with leadership from ACT Health Deputy Directors-General as a reference group. Staff, employee representatives and health stakeholders and the broader community will be consulted.

“This is an exciting new chapter in the progression of ACT Health’s quality service delivery,” said Minister Fitzharris.

“Thank you to the dedicated ACT Health staff who care for our community and make Canberra the healthiest city in Australia. Our ambition to be a leader in person-centred care can only be achieved with our staff, stakeholders and the community.

“We value your input and look forward to the conversations over the next six months and to receiving recommendations on the final detail of the new arrangements,” Minister Fitzharris said.

## **STATEMENT ENDS**

### **ACT Health Background**

The ACT Government is committed to keeping Canberrans healthy and well and providing the highest quality healthcare to our community. As our city grows, it is vital our health system remains contemporary to meet the needs of our growing and ageing community.



ACT Health delivers patient-centred care in acute, sub-acute and community settings, as well as health-related policy and planning in the ACT.

Services are provided to the ACT community, as well as the growing south eastern NSW region.

ACT Health employs around 7,000 people and operates a budget of over \$1.6 billion in 2017-18.

This year ACT Health will further expand with the opening of the University of Canberra Hospital and a new Walk-in Centre in Gungahlin, in addition to significant health infrastructure planning and the rollout of the Territory-wide Health Services Framework, the Quality Strategy and Digital Strategy.

There is also important work underway on preventive health and mental health.

Since the National Health Reform Agreement in 2011, state and territory-based health organisations around Australia have changed to keep pace with the community's healthcare needs, as well as policy and funding reform.

Statement ends

**Media contact/s:**

**Claire Johnston** T (02) 6205 0022 M [REDACTED] [clairev.johnston@act.gov.au](mailto:clairev.johnston@act.gov.au)

**Lisa Gardner** T (02) 6205 3897 M [REDACTED] [lisa.gardner@act.gov.au](mailto:lisa.gardner@act.gov.au)

**ACT LEGISLATIVE ASSEMBLY**

Phone (02) 6205 0051 Email: [fitzharris@act.gov.au](mailto:fitzharris@act.gov.au)

@MeeganFitzMLA MeeganFitzharrisrMLA

**Kalleske, Sarah**

---

**From:** Perkins, Anita  
**Sent:** Friday, 23 March 2018 10:30 AM  
**To:** Leigh, Kathy; Power, Leanne; Dal Molin, Vanessa (Health); Wood, Mary (Health); Jean, David (Health); Garrisson, Peter; Doran, Karen (Health)  
**Subject:** FW: Health communications/change products [SEC=UNCLASSIFIED]

Hi All

Ministers are likely to do a media standup under strict embargo at 1pm.

Otherwise the draft schedule for today stands as follows, subject to HOS availability:

1pm	Ministerial standup under strict embargo
3.30-4.15pm	Accreditation communique – all staff including standup at end by HOS/Karen Doran to make announcement (Health comms to attend to provide advice ahead of Ministerial standup)
3.30-5pm	Phone calls to key stakeholders (Vanessa Dal Molin) coordinating list)
4.30pm	Ministers Fitzharris and Minister Rattenbury announcement
4.30pm	All Health staff email issued by HOS

Regards  
 Anita

---

**From:** Johnston, ClaireV  
**Sent:** Friday, 23 March 2018 10:20 AM  
**To:** Perkins, Anita <Anita.Perkins@act.gov.au>; O'Daly, Edward <Edward.O'Daly@act.gov.au>  
**Subject:** RE: Health communications/change products [SEC=UNCLASSIFIED]

Thanks Anita. We will probably do a media stand up under embargo at 1pm.

---

**From:** Perkins, Anita  
**Sent:** Friday, 23 March 2018 10:18 AM  
**To:** O'Daly, Edward <Edward.O'Daly@act.gov.au>; Johnston, ClaireV <ClaireV.Johnston@act.gov.au>  
**Subject:** FW: Health communications/change products [SEC=UNCLASSIFIED]  
**Importance:** High

FYI below latest update.

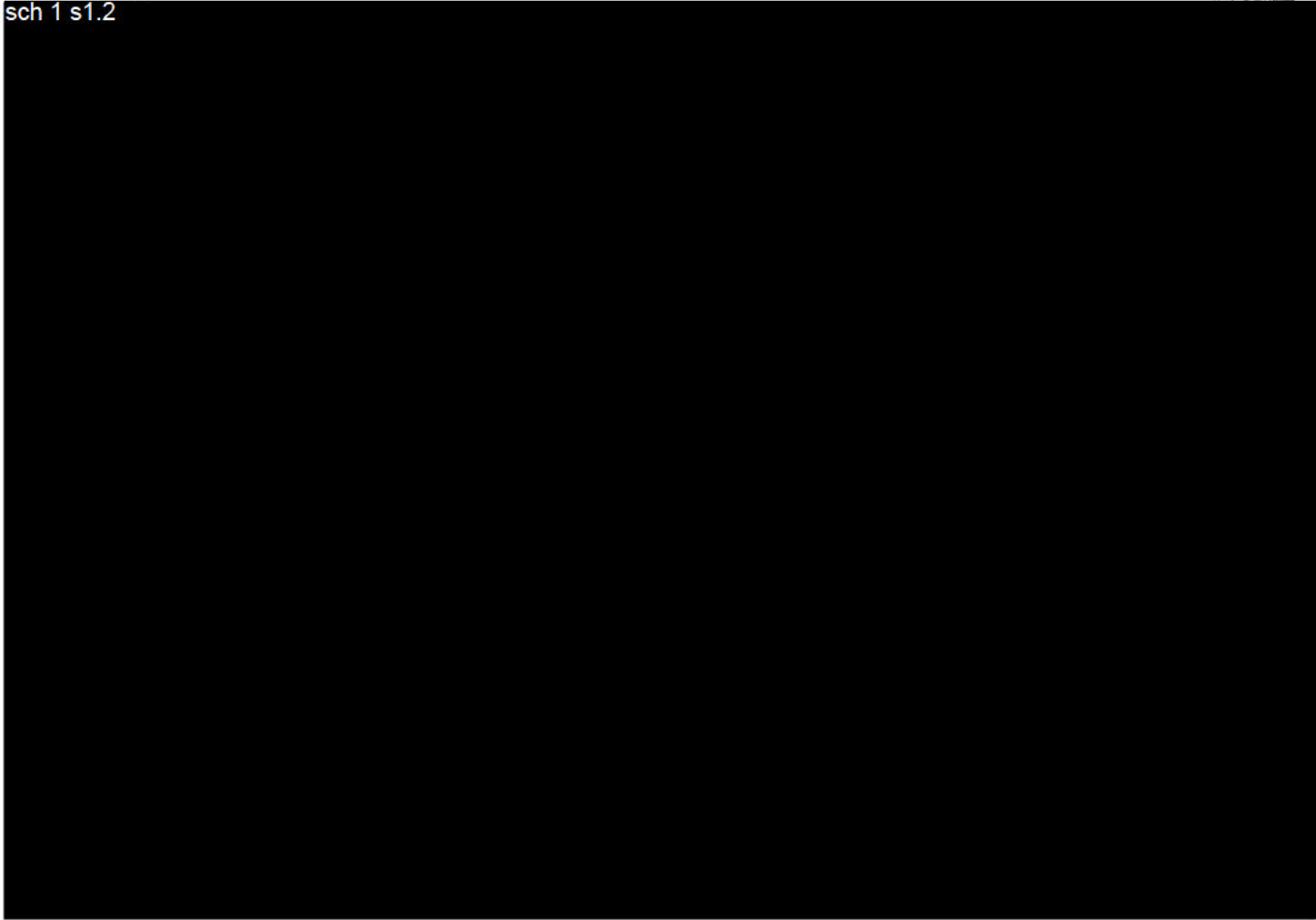
Regards  
 Anita

---

**From:** Perkins, Anita  
**Sent:** Friday, 23 March 2018 10:16 AM  
**To:** Dal Molin, Vanessa (Health) <Vanessa.DalMolin@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; Wood, Mary (Health) <Mary.Wood@act.gov.au>  
**Cc:** Doran, Karen (Health) <Karen.Doran@act.gov.au>; Power, Leanne <Leanne.Power@act.gov.au>  
**Subject:** FW: Health communications/change products [SEC=UNCLASSIFIED]  
**Importance:** High

**Kalleske, Sarah**

sch 1 s1.2



---

**From:** Perkins, Anita

**Sent:** Friday, 23 March 2018 11:12 AM

**To:** Garrisson, Peter <Peter.Garrisson@act.gov.au>; Leigh, Kathy <Kathy.Leigh@act.gov.au>

**Cc:** Power, Leanne <Leanne.Power@act.gov.au>

**Subject:** RE: Health communications/change products [SEC=UNCLASSIFIED]

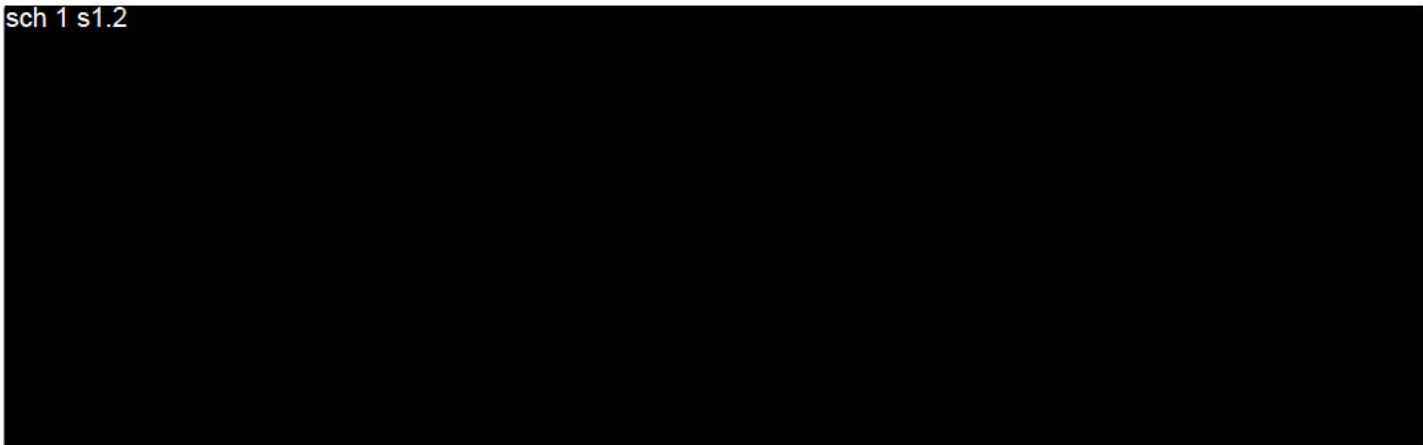
Thanks Peter,

Subject to Kathy's approval, I will provide to the Minister's offices.

Regards

Anita

sch 1 s1.2



sch 1 s1.2

---

**From:** Perkins, Anita  
**Sent:** Friday, 23 March 2018 9:20 AM  
**To:** Leigh, Kathy <Kathy.Leigh@act.gov.au>; Doran, Karen (Health) <Karen.Doran@act.gov.au>; Attridge, Vanessa <VanessaS.Attridge@act.gov.au>; O'Daly, Edward <Edward.O'Daly@act.gov.au>; Garrisson, Peter <Peter.Garrisson@act.gov.au>  
**Cc:** Power, Leanne <Leanne.Power@act.gov.au>; Pulli, Tracey (Health) <Tracey.Pulli@act.gov.au>  
**Subject:** RE: Health communications/change products [SEC=UNCLASSIFIED]

Hi All  
As discussed with Kathy and Nessa, the updated release is below for your review – see the updated highlighted section below.  
I'll make contact with Karen on the internal statement and how best to issue this.  
Regards  
Anita



# Media release

## **MEEGAN FITZHARRIS** MLA

Minister for Health  
Minister for Transport and City Services  
Minister for Higher Education, Training and Research  
Member for Yerrabi

## **SHANE RATTENBURY** MLA

Minister for Climate Change and Sustainability  
Minister for Justice, Consumer Affairs and Road Safety  
Minister for Corrections  
Minister for Mental Health  
Member for Kurrajong

X March 2018

## **Changes to ACT Health to keep up with growing CBR health needs**

**With Canberra's third public hospital set to open in mid 2018 and growing demand to meet population growth, the ACT Government will separate operational health services from policy and planning to improve access, timeliness and quality of health services for Canberrans and those in the region.**

From 1 October 2018, ACT Health will be separated into two organisations, focussed on:

---

**From:** Perkins, Anita  
**Sent:** Friday, 23 March 2018 11:48 AM  
**To:** Kalleske, Sarah  
**Subject:** RE: Health communications/change products [SEC=UNCLASSIFIED]



## Media release

### **MEEGAN FITZHARRIS** MLA

Minister for Health  
Minister for Transport and City Services  
Minister for Higher Education, Training and Research  
Member for Yerrabi

### **SHANE RATTENBURY** MLA

Minister for Climate Change and Sustainability  
Minister for Justice, Consumer Affairs and Road Safety  
Minister for Corrections  
Minister for Mental Health  
Member for Kurrajong

X March 2018

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This will bring the ACT into line with every other Australian jurisdiction.

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“The ACT Government will continue to invest in preventive, community and hospital-based services to build and improve health facilities in the ACT, for a Territory wide system that is adaptable to the community's changing needs.

“Both organisations will continue ACT Health's commitment to the health of our community, specifically an approach to health that is all about people, as well as a commitment to quality, innovation, engagement and accountability.

“The clinical and service planning underway through the Territory-wide Health Services Framework will remain a key priority for government and we will continue to establish clinical Centres, which will group speciality services through Centre Service Plans and Specialty Service Plans.

“Critical to getting the reform right is talking to the community, ACT Health’s workforce and the health and community sector. We look forward to having conversations over the coming months to guide these new organisations,” said Minister Fitzharris.

The health service delivery organisation will focus on delivering person-centred care, while the health policy and planning organisation will oversee the operation of the health system and set its direction, as outlined by the ACT Government, specifically the Minister for Health and Wellbeing and the Minister for Mental Health.

“This separation will facilitate improved mental health services delivery, while also allowing mental health policy to improve its focus – within Health and across Government. The establishment of the Office for Mental Health in July will ensure that these efforts are well coordinated,” said Minister for Mental Health, Shane Rattenbury.

Two new executive positions will be created to lead the new organisations and the current Director-General position will no longer exist from 1 October 2018.

The ACT Health Director-General has advised the government that she will pursue new opportunities, having successfully led ACT Health over the past three years and positioned the organisation to take this important next step in its transformation.

“We thank Ms Nicole Feely for her commitment and focus. She has been instrumental in beginning this reform process within ACT Health, transforming strategy and positioning ACT Health for a sustainable financial future.

“Her strategic insight and operational expertise has skilfully repositioned the Directorate for the transition to a truly person-centred, integrated health service.

“On a personal level, Ms Feely has been a considered and astute support to us both in our roles, and to the Government more broadly. We thank Nicole and wish her every success,” said Minister Fitzharris.

For the immediate period, Ms Karen Doran will act as the Director-General of ACT Health. A small dedicated team will be established to guide the planning and delivery of the new structure with leadership from ACT Health Deputy Directors-General as a reference group. Staff, employee representatives and health stakeholders and the broader community will be consulted.

“This is an exciting new chapter in the progression of ACT Health’s quality service delivery,” said Minister Fitzharris.

“Thank you to the dedicated ACT Health staff who care for our community and make Canberra the healthiest city in Australia. Our ambition to be a leader in person-centred care can only be achieved with our staff, stakeholders and the community.

“We value your input and look forward to the conversations over the next six months and to receiving recommendations on the final detail of the new arrangements,” Minister Fitzharris said.

**STATEMENT ENDS**

**ACT Health Background**

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There is also important work underway on preventive health and mental health.

Since the National Health Reform Agreement in 2011, state and territory-based health organisations around Australia have changed to keep pace with the community's healthcare needs, as well as policy and funding reform.

Statement ends

**Media contact/s:**

**Claire Johnston** T (02) 6205 0022 M [REDACTED] [clairev.johnston@act.gov.au](mailto:clairev.johnston@act.gov.au)  
**Lisa Gardner** T (02) 6205 3897 M [REDACTED] [lisa.gardner@act.gov.au](mailto:lisa.gardner@act.gov.au)

**ACT LEGISLATIVE ASSEMBLY**

Phone (02) 6205 0051 Email: [fitzharris@act.gov.au](mailto:fitzharris@act.gov.au)



@MeeganFitzMLA



MeeganFitzharrisMLA

**From:** [Dal Molin, Vanessa \(Health\)](#)  
**To:** [Power, Leanne](#); [Perkins, Anita](#); [Doran, Karen \(Health\)](#)  
**Cc:** [Wood, Mary \(Health\)](#); [Bone, Chris \(Health\)](#); [Jean, David \(Health\)](#)  
**Subject:** Stakeholder Listing [DLM=For-Official-Use-Only]  
**Date:** Friday, 23 March 2018 12:41:35 PM  
**Attachments:** [Key contact list - DG \(002\).xlsx](#)

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Hi Leanne,

As promised, here is the stakeholder listing with our suggestions around who should contact the orgs.

Please let me know if you have a different view on these.

Many thanks

Vanessa

**Vanessa Dal Molin** | Business Manager

Office of the Director General, ACT Health

**Ph: (02) 6207 9532** | M [REDACTED] | **Email:** [vanessa.dalmolin@act.gov.au](mailto:vanessa.dalmolin@act.gov.au)  
[health.act.gov.au](http://health.act.gov.au)

**Care ▲ Excellence ▲ Collaboration ▲ Integrity**



Title	Firstname	Surname	Role	Organisation	email	contact number	Who to contact
Ms	Susan	Helyar	Director	ACT Council of Social Service Inc	Sch 2 s2.2(a)		HoS
Ms	Carrie	Fowle	Chief Executive Officer	ATODA ACT Inc	carrie@atoda.org.au		DDG Health
Ms	Gaylene	Coulton	Chief Executive Officer	Capital Health Network	Sch 2 s2.2(a)(ii)		Acting DG Health
Ms	Lisa	Kelly	Chief Executive Officer	Carers ACT Ltd			DDG Health
Ms	Jenny	Mobbs	Executive Director	Council on the Ageing			DDG Health
Ms	Kim	Davidson	Executive Director	Gugan Gulwan Youth Aboriginal Corporation			DDG Health
Ms	Darlene	Cox	Executive Director	Health Care Consumers Association ACT Inc 2A	DarleneCox@hcca.org.au		HoS
Mr	Sch 2 s2.2(a)(ii)		Executive Officer	Mental Health Community Coalition of the ACT	Sch 2 s2.2(a)(ii)		Minister Rattenbury
Mr	Tim	Bavinton	Executive Director	Sexual Health and Family Planning ACT Inc			DDG Health
Ms	Julie	Tongs	Chief Executive Officer	Winnunga Nimmityjah Aboriginal Health Service			HoS
Ms	Marcia	Williams	Executive Director	Women's Centre for Health Matters			DDG Health
Prof	Stephen	Robson	President	Australian Medical Association			HoS
Mr	Matthew	Daniel	State Secretary	Australian Nursing and Midwifery Federation ACT	anmfact@anmfact.org.au		HoS
Mr	Stephen	Crook	Executive and Industrial Officer	Australian Salaried Medical Officers Federation	stephenc@asmof.org.au		HoS
Ms	Sch 2 s2.2(a)(ii)		Organiser	Community and Public Sector Union	Sch 2 s2.2(a)(ii)		HoS
Mr	Gerard	Hayes	Secretary	Health Services Union			HoS
Ms	Lyndal	Ryan	ACT Branch Secretary	United Voice Union			HoS
Mr	Alex	White	Secretary	UnionsACT			HoS
Mr	Sch 2 s2.2(a)(ii)		Industrial Officer	Australian Education Union			HoS
Mr			Industrial Officer	Australian Manufacturing Workers Union			HoS
Mr	Daniel	Walton		Australian Workers Union	members@nat.awu.net.au		HoS
Mr	Cameron	Hardy	Organiser	CFMEU	Sch 2 s2.2(a)(ii)		HoS
Mr	Sch 2 s2.2(a)(ii)		Branch Secretary	National Union of Workers			HoS
Mr			Director, ACT	Professionals Australia			HoS
Mr	Klaus	Pinkas	Secretary	Transport Workers Union			HoS
Mr	Graeme	Kelly	General Secretary	United Services Union	united@usu.org.au		HoS
Prof	Brian	Schmidt	Vice-Chancellor	Australian National University	vc@anu.edu.au		Minister
Prof	Deep	Saini	Vice-Chancellor	University of Canberra	ovc@canberra.edu.au		Minister
Dr	Peter	Hughes	President	ACT Visiting Medical Officers Association			HoS
A/Prof	Katrina	Anderson	Chair	Canberra Region Medical Education Council	k.anderson@anu.edu.au		Acting DG Health
Mr	Martin	Bowles	Chief Executive Officer	Little Company of Mary	Sch 2 s2.2(a)(ii)		Acting DG Health
Mr	Andrew	Newton	Chief Executive	Southern NSW Local Health District			Acting DG Health
Ms	Debora	Picone AM	Chief Executive Officer	Australian Commission on Safety and Quality in Health Care			Minister
Ms	Barbara	Reid	Chief Executive Officer	Calvary Health Care Bruce			Acting DG Health
Prof	Brendan	Murphy	Commonwealth Chief Medical Officer	Dept of Health			Acting DG Health
Mr	Sch 2 s2.2(a)(ii)		Chief Executive Officer	Heart Foundation			DDG Health
Mr	Michael	Thorn		FARE			DDG Health
Ms	Margaret	Beerworth	Chief Executive Officer	Pharmacy Guild ACT			DDG Health
Ms	Caroline	Khalil	Director	Pharmaceutical Society Australia			DDG Health
Mr	James	Downie	Acting Chief Executive Officer	Independent Hospital Pricing Authority			Minister
Mr	Barry	Sandison	Chief Executive Officer	Australian Institute of Health and Welfare			Minister
Ms	Katrina	Fanning	Chair	ATSIEB	atsieb@act.gov.au		H

Title	Firstname	Surname	Role	Organisation	email	contact number	Who to contact
Ms	Barbara	Levings	Secretary	COAG Health Council Secretariat	Sch 2 s2.2(a)(ii)	Sch 2	Acting DG Health
			<b>NOTE</b> Barbara Levings to contact AHMAC Members				

**From:** [Perkins, Anita](#)  
**To:** [Leigh, Kathy](#); [Doran, Karen \(Health\)](#); [Garrison, Peter](#); [Wood, Mary \(Health\)](#); [Power, Leanne](#); [Dal Molin, Vanessa \(Health\)](#); [Jean, David \(Health\)](#)  
**Cc:** [O'Daly, Edward](#); [Johnston, ClaireV](#); [Attridge, Vanessa](#)  
**Subject:** RE: Key messages and Q&As [SEC=UNCLASSIFIED]  
**Date:** Friday, 23 March 2018 1:16:00 PM  
**Attachments:** [Health governance talking points March 2018 23.03.18.docx](#)

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Hi All

Updated Key Messages and Q&As for internal purposes, with an email to reference for staff feedback – [healthreferencegroup@act.gov.au](mailto:healthreferencegroup@act.gov.au)

Regards

Anita

---

**From:** Perkins, Anita

**Sent:** Friday, 23 March 2018 12:57 PM

**To:** Johnston, ClaireV <ClaireV.Johnston@act.gov.au>; O'Daly, Edward <Edward.O'Daly@act.gov.au>; Attridge, Vanessa <VanessaS.Attridge@act.gov.au>

**Cc:** Leigh, Kathy <Kathy.Leigh@act.gov.au>; Doran, Karen (Health) <Karen.Doran@act.gov.au>; Garrison, Peter <Peter.Garrison@act.gov.au>; Wood, Mary (Health) <Mary.Wood@act.gov.au>; Power, Leanne <Leanne.Power@act.gov.au>; Dal Molin, Vanessa (Health) <Vanessa.DalMolin@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>

**Subject:** Key messages and Q&As [SEC=UNCLASSIFIED]

Hi All

Please find attached the key messages and Q&As cleared by HOS, Karen Doran and Peter Garrison.

There is still a bit of work to go with internal messaging for staff, but these are now good to go.

Regards

Anita

Anita Perkins | Executive Director

**Phone:** 02 6205 0035 | **Mobile:** [REDACTED]

**Communications & Engagement** | Chief Minister, Treasury and Economic Development Directorate | **ACT Government**

Level 4, Canberra Nara Centre, 1 Constitution Avenue, Canberra City | GPO Box 158 Canberra City ACT 2601 |

[www.act.gov.au](http://www.act.gov.au)



## TALKING POINTS

**Minister:** Minister Fitzharris, Minister Rattenbury

**Date:** 23 March 2017

## SUBJECT: NEW GOVERNANCE STRUCTURE FOR ACT HEALTH

### KEY MESSAGES:

- The ACT Government will separate operational health services from policy and planning, to improve access, timeliness and quality of health services for Canberrans and those in the region.
- With Canberra's third public hospital set to open in mid-2018 and growing demand to meet population growth, now is the right time to move towards a more contemporary health system.
- From 1 October 2018, ACT Health will be separated into two organisations, focussed on:
  - the delivery of quality health services to our growing community, and
  - strategic policy and planning elements of the health system.
- This will bring the ACT into line with every other Australian jurisdiction.
- This is all about making sure Canberrans get the best possible care and continue to be the healthiest people in the country.
- The separation will enable a clearer focus on operational effectiveness and efficiency, and improve accountability for health service delivery.

### What is happening?

- The ACT Government will separate health operations from policy and planning, from 1 October 2018.
- The separation will enable a clearer focus on efficiency and effectiveness for operations, and free up capacity within the Health Directorate to undertake core strategy and systems manager functions.
- This will bring ACT health in line with every other Australian jurisdiction, which have structurally separated their public health system from their departments of health.
- The ACT health services operational organisation will:
  - Provide acute, subacute, primary hospital services to the ACT and surrounding region.
  - Provide all community-based health services, such as the Mental Health, Justice Health and Alcohol and Drug Services, Walk in Centres, Community Health Services and Dental Services.
- The ACT health directorate, with policy and planning responsibility will:
  - Oversee the health system as a whole and set the direction for current health services.

- Manage the contract with The Little Company of Mary to provide public hospital services.
- Provide health protection services and health promotion.
- Undertake strategic planning for future health service needs including infrastructure.
- Take the lead on National Health Agreement reforms and National Partnership agreements.
- Lead strategic initiatives including critical research functions, strategies for attracting and retaining the health workforce, systems innovation and the strategic approach to safety, quality, risk and continuous quality improvement.
- Provide corporate support and organisation-wide services including ministerial and government services, communications, data and reporting. This would include providing corporate and strategic support to the operational service areas including maintaining critical physical and technological infrastructure for public hospitals and health services, and providing financial and business support services.

#### **What will the benefits be for the community?**

- With Canberra's third public hospital set to open in mid 2018, and growing demand to meet population growth, now is the right time to move towards a more contemporary health system.
- It is vital our health system remains contemporary to meet the needs of our growing and ageing community.
- The changes are focussed on improving access, timeliness and quality of health services for all Canberrans and those in the region.
- This is all about making Canberrans get the best possible care and continue to be the healthiest people in the country.

#### **Will creating two entities cost the taxpayer more?**

- No. These entities will be funded from within the existing ACT Health Directorate budget.
- Two new executive positions will be created to lead these organisations. The positions will be sized by Mercer Australia, and will be funded from within the existing health budget.

#### **Internal communications:**

##### **Impact on staff**

- We understand this process can be unsettling for staff, and this is why we have moved quickly to speak directly with all staff following the announcement.
- It will be business as usual from tomorrow.
- Please be assured that the extensive work already undertaken to improve governance and implement reforms will not be lost with the announced changes. This announcement further builds on the work that you are already doing.
- We have established a process for managing the transition to the new structures between now and 1 October 2018, to complement the existing reform work underway.
- No staff will be lost as a result of the changes made today.
  - The scope of the government's activities for health services and health policy and planning remain, they will just be delivered in a different way.

- Functions and their associated staff will be moved under machinery of government provisions to the new structures as occurs with any administrative changes.
- All staff positions in the health directorate and the new operational agency be ACT Public Servants will be employed under the *Public Sector Management Act 1994* and the existing ACT Public Service Industrial Agreements.
- Subsequently, over time and as the new structures mature, and is the case with all new agencies, organisational arrangements and requirements may change.
  - In the event this occurs, any impact on overall employment and particular jobs will be dealt with through the established procedures set out in our industrial agreements, and in keeping with prevailing Government policy.

#### **What consultation will take place with staff and the health and community sector?**

- A dedicated team will be established to guide the planning and delivery of the new structure with leadership from ACT Health Deputy Directors-General as a reference group.
- DDGs will be the key contact and the project will be driven from the DG Office.
- Staff, employee representatives, health and community sector representatives, and the broader community will be consulted.

#### **Who will lead the organisations?**

- Ms Nicole Feely, the ACT Health Director General, has advised the government she will pursue new opportunities, having successfully lead ACT Health over the past three years and positioned the organisation to take this important next step in its transformation.
- We thank Ms Feely for her commitment and focus. She has been instrumental in beginning this reform process within ACT Health, transforming strategy and positioning ACT Health for a sustainable future. Her strategic insight and operational expertise has skilfully repositioned the Directorate for the transition to a truly person-centred, integrated health service.
- On a more personal level, Ms Feely has been a considered and astute support to Government. We thank Nicole and wish her every success.
- For the immediate period, Ms Karen Doran will act as the Director-General of ACT Health.
- A small dedicated team will be established to guide the planning and delivery of the new structure with leadership from ACT Health Deputy Directors-General as a reference group.
- Staff, employee representatives and health stakeholders and the broader community will be consulted.

#### **What will happen next?**

- There is significant work to be undertaken to ensure arrangements are in place for the intended 1 October 2018 commencement.
- A transition team lead by the Acting Director-General is being assembled to undertake necessary work, in consultation with affected staff, reporting to the Reference Group

#### **How will the transition process progress from here?**

- I commend staff for their ongoing professionalism and dedication to ensuring that the work of ACT Health continues to provide high quality healthcare for all Canberrans.
  - Thankyou for your commitment
- In the coming weeks the Head of Service will:
  - Commence recruitment activities for the two new executive positions; and

- Commence work on establishing robust governance frameworks to guide the operations of the two new organisations. The two new executives will play a key role in establishing the new agencies.
- Staff are encouraged to email suggestions, questions or concerns through to [healthreferenegrp@act.gov.au](mailto:healthreferenegrp@act.gov.au).

#### **How can I assist staff in the process?**

- A key goal of the transition process is not disrupting the important work ACT Health delivers 365-days a year for our community.
- The guiding principles underpinning these changes to ACT Health are to have a clear focus on operational effectiveness and efficiency, and to improve accountability for health service delivery.
- Those principles should remain touchstones in the transition phase.
- Executives will need to provide clear leadership and guidance in relation to both continuing the focus on both continuing focus on current delivery, and, supported by the Transition Team, guiding the change process and supporting their staff as it unfolds, including by providing reassurance in relation to continuity of functions and employment.
  - The usual EAP support arrangements are in place for staff who require additional assistance and support.

#### **How will we keep you informed?**

- The Reference Group will convene regular forms and provide regular updates.
- Staff are encouraged to email [healthreferenegrp@act.gov.au](mailto:healthreferenegrp@act.gov.au) with suggestions, questions or concerns.
- Discussions will be held with relevant unions, and we provide updates to those unions at the same time as staff.

#### **Things we don't know yet**

- At this stage no decisions have been made in relation to detailed allocation of functions and individual staff across the two organisation. This will be worked through with affected staff.

#### **Start getting ready now**

Things to think about include:

- How do we ensure continuity of service and program delivery?
- How can we use the opportunity to work across our teams differently, collaborate more/better?

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#### **BACKGROUND/SENSITIVITIES (not for distribution)**

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Action officer: Anita Perkins CMTEDD, Vanessa Dal Molin Health

Date: 23 March 2018

Cleared by Kathy Leigh CMTEDD, Karen Doran Health, Peter Garrisson GSO

---

**From:** [LA Library](#)  
**Subject:** FW: JOINT FITZHARRIS & RATTENBURY MEDIA RELEASE - Changes to ACT Health to keep up with growing CBR health needs [SEC=UNCLASSIFIED]  
**Date:** Friday, 23 March 2018 4:32:13 PM  
**Attachments:** [image001.png](#)

**From:** ACT Government Executive Media  
**Sent:** Friday, 23 March 2018 4:31 PM  
**Subject:** JOINT FITZHARRIS & RATTENBURY MEDIA RELEASE - Changes to ACT Health to keep up with growing CBR health needs



## Media release

### **MEEGAN FITZHARRIS MLA**

Minister for Health and Wellbeing  
 Minister for Transport and City Services  
 Minister for Higher Education, Training and Research  
 Member for Yerrabi

### **SHANE RATTENBURY MLA**

Minister for Climate Change and Sustainability  
 Minister for Justice, Consumer Affairs and Road Safety  
 Minister for Corrections  
 Minister for Mental Health  
 Member for Kurrajong

23 March 2018

## **Changes to ACT Health to keep up with growing CBR health needs**

**With Canberra's third public hospital set to open in mid-2018 and growing demand to meet population growth, the ACT Government will separate operational health services from policy and planning function to improve access, timeliness and quality of health services for Canberrans and those in the region.**

From 1 October 2018, ACT Health will be separated into two organisations, focussed on:

- the delivery of quality health services to our growing community, and
- the strategic policy and planning stewardship of the health system.

This will bring the ACT into line with every other Australian jurisdiction.

“This is all about making sure Canberrans get the best possible care and continue to be the healthiest people in the country. With our health system expanding and increasing demand on our health services, now is the perfect time to move towards a more contemporary health system. This separation will enable a clearer focus on operational effectiveness and efficiency, and improve accountability for health service delivery,” said Minister for Health and Wellbeing Meegan Fitzharris.

“The ACT Government will continue to invest in preventive, community and hospital-based services to build and improve health facilities in the ACT, for a Territory wide system that is adaptable to the community's changing needs.

“Both organisations will continue ACT Health's commitment to the health of our community, specifically an approach to health that is all about people, as well as a commitment to quality, innovation, engagement and accountability.

“The clinical and service planning underway through the Territory-wide Health Services Framework will remain a key priority for government and we will continue to establish clinical Centres, which will group clinical services through Centre Service Plans and Specialty Service Plans.

“Critical to getting the reform right is continuing to talk to the community, ACT Health's workforce and non-government partners. We look forward to having conversations over the coming months to guide these new organisations,” said Minister Fitzharris.

The health service delivery organisation will focus on delivering person-centred care, while the health policy and planning organisation will oversee the operation of the health system and set its direction, as outlined by the ACT Government, specifically the Minister for Health and Wellbeing and the Minister for Mental Health.



“This separation will facilitate improved mental health services delivery, while also allowing mental health policy to improve its focus – within Health and across Government. The establishment of the Office for Mental Health will ensure that these efforts are well coordinated,” said Minister for Mental Health, Shane Rattenbury.

Two new executive positions will be created to lead the new organisations and the current Director-General position will no longer exist from 1 October 2018.

The ACT Health Director-General has advised the government that she will pursue new opportunities, having successfully led ACT Health over the past three years and positioned the organisation to take this important next step in its transformation.

“We thank Ms Nicole Feely for her commitment and focus. She has been instrumental in beginning this reform process within ACT Health, transforming strategy and positioning ACT Health for a sustainable financial future.

“Her strategic insight and operational expertise has skilfully repositioned the Directorate for the transition to a truly person-centred, integrated health service.

“On a personal level, Ms Feely has been a considered and astute support to us both in our roles, and to the Government more broadly. We thank Nicole and wish her every success,” said Minister Fitzharris.

For the immediate period, Ms Karen Doran will act as the Director-General of ACT Health. A small dedicated team will be established to guide the planning and delivery of the new structure with leadership from ACT Health Deputy Directors-General as a reference group. Staff, employee representatives and health stakeholders and the broader community will be consulted.

“This is an exciting new chapter in the progression of ACT Health’s quality service delivery,” said Minister Fitzharris.

“Thank you to the dedicated ACT Health staff who care for our community and make Canberra the healthiest city in Australia. Our ambition to be a leader in person-centred care can only be achieved with our staff, stakeholders and the community working together.

“We value your input and look forward to the conversations over the next six months and to receiving recommendations on the final detail of the new arrangements,” Minister Fitzharris said.

## **STATEMENT ENDS**

### **ACT Health Background**

The ACT Government is committed to keeping Canberrans healthy and well and providing the highest quality healthcare to our community. As our city grows, it is vital our health system remains contemporary to meet the needs of our growing and ageing community.

ACT Health delivers patient-centred care in acute, sub-acute and community settings, as well as health-related policy and planning in the ACT.

Services are provided to the ACT community, as well as the growing south eastern NSW region.

ACT Health employs around 7,000 people and operates a budget of over \$1.6 billion in 2017-18.

This year ACT Health will further expand with the opening of the University of Canberra Hospital and a new Walk-in Centre in Gungahlin, in addition to significant health infrastructure planning and the rollout of the Territory-wide Health Services Framework, the Quality Strategy and Digital Strategy.

There is also important work underway on preventive health and mental health. Since the National Health Reform Agreement in 2011, state and territory-based health organisations around Australia have changed to keep pace with the community’s healthcare needs, as well as policy and funding reform.

### **Media contacts:**

<b>Claire Johnston (Fitzharris)</b>	<b>T</b> (02) 6205 0022	<b>M</b> [REDACTED]	<b>E</b> <a href="mailto:ClaireV.Johnston@act.gov.au">ClaireV.Johnston@act.gov.au</a>
<b>Lisa Gardner (Rattenbury)</b>	<b>T</b> (02) 6205 3897	<b>M</b> [REDACTED]	<b>E</b> <a href="mailto:lisa.gardner@act.gov.au">lisa.gardner@act.gov.au</a>

**ACT LEGISLATIVE ASSEMBLY**

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**From:** [LA Library](#)  
**Subject:** FW: ACT Health split straight out of the LDA playbook [SEC=UNCLASSIFIED]  
**Date:** Friday, 23 March 2018 4:38:40 PM

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**From:** [REDACTED]  
**Sent:** Friday, 23 March 2018 4:36 PM  
**Subject:** ACT Health split straight out of the LDA playbook

**Alistair Coe MLA**  
**ACT Leader of the Opposition**  
**Member for Yerrabi**

---

Statement  
Friday March 23, 2018

## **ACT Health split straight out of the LDA playbook**

It's pretty shoddy that on the same day the Auditor-General announced she is investigating very serious allegations into ACT Health, Minister Fitzharris comes out and makes what seems to be an ad hoc decision to split the directorate in two.

This decision is straight out of the LDA playbook: after a scathing Auditor-General's report, split the organisation in two, double the costs and claim the problem has been solved.

I fail to see how creating two departments of health in a small jurisdiction will fix Canberra's health woes.

Unfortunately, the Government's integrity problems are not just limited to property deals, but also the management of ACT Health and other agencies.

There are many questions to be asked.

---

Media contact [REDACTED]

P (02) [REDACTED]

M [REDACTED]

E [REDACTED]

**From:** [Head Of Service](#)  
**To:** [###All Staff ACT Public Service](#)  
**Subject:** Changes to the ACT Health Directorate [SEC=UNCLASSIFIED]  
**Date:** Friday, 23 March 2018 5:11:39 PM



23 March 2018

A message from the Head of Service



### Changes to the ACT Health Directorate

Colleagues

With Canberra's third public hospital set to open in mid-2018 and growing demand to meet population growth, the ACT Government has decided to make a change to the ACT Health Directorate.

From 1 October 2018, the Health Directorate will be split into two organisations. One organisation will be responsible for clinical operations. It will focus on the operational delivery of quality health services to our growing community.

The second organisation will be responsible for strategic policy and planning stewardship of the ACT's health system. It will oversee the health system as a whole and set the strategic direction for health services, as well as provide health protection services and health promotion.

These changes will bring the ACT into line with other Australian jurisdictions.

Two new executive positions will be created to lead these organisations.

Both organisations will continue ACT Health's commitment to the health of our community, as well as a commitment to quality, innovation, engagement and accountability.

The ACT Health Director-General Nicole Feely has advised the government she will pursue new opportunities, having successfully led ACT Health over the past three years. Ms Feely has positioned the organisation to take this important next step in its transformation.

I join Ministers in thanking Ms Feely for her commitment and focus. She has been instrumental in beginning this reform process within ACT Health. Her strategic insight and operational expertise has skilfully repositioned the Directorate for the transition to a truly person-centred, integrated health service.

Karen Doran will act as Director-General of ACT Health for the immediate period.

**Kathy Leigh**  
**Head of Service**

Follow us on



**From:** [Perkins, Anita](#)  
**To:** [Whitten, Meredith](#)  
**Subject:** Fwd: JOINT FITZHARRIS & RATTENBURY MEDIA RELEASE - Changes to ACT Health to keep up with growing CBR health needs  
**Date:** Friday, 23 March 2018 5:47:01 PM  
**Attachments:** [image001.png](#)

Begin forwarded message:

**From:** ACT Government Executive Media <[ACTGovernmentExecutiveMedia@act.gov.au](mailto:ACTGovernmentExecutiveMedia@act.gov.au)>  
**Date:** 23 March 2018 at 4:30:36 pm AEDT  
**Subject:** JOINT FITZHARRIS & RATTENBURY MEDIA RELEASE - Changes to ACT Health to keep up with growing CBR health needs

Media Release: Andrew Barr, MLA



### MEEGAN FITZHARRIS MLA

Minister for Health and Wellbeing  
 Minister for Transport and City Services  
 Minister for Higher Education, Training and Research  
 Member for Yerrabi

### SHANE RATTENBURY MLA

Minister for Climate Change and Sustainability  
 Minister for Justice, Consumer Affairs and Road Safety  
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23 March 2018

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From 1 October 2018, ACT Health will be separated into two organisations, focussed on:

- the delivery of quality health services to our growing community, and
- the strategic policy and planning stewardship of the health system.

This will bring the ACT into line with every other Australian jurisdiction.

“This is all about making sure Canberrans get the best possible care and continue to be the healthiest people in the country. With our health system expanding and increasing demand on our health services, now is the perfect time to move towards a more contemporary health system. This separation will enable a clearer focus on operational effectiveness and efficiency, and improve accountability for health service delivery,” said Minister for Health and Wellbeing Meegan Fitzharris.

“The ACT Government will continue to invest in preventive, community and hospital-based services to build and improve health facilities in the ACT, for a Territory wide system that is adaptable to the community's changing needs.

“Both organisations will continue ACT Health's commitment to the health of our community, specifically an approach to health that is all about people, as well as a commitment to quality, innovation, engagement and accountability.

“The clinical and service planning underway through the Territory-wide Health Services Framework will remain a key priority for government and we will continue to establish clinical Centres, which will group clinical services through Centre Service Plans and Specialty Service Plans.

“Critical to getting the reform right is continuing to talk to the community, ACT Health's workforce and non-government partners. We look forward to having conversations over the coming months to guide these new organisations,” said Minister Fitzharris.

The health service delivery organisation will focus on delivering person-centred care, while the health policy and planning organisation will oversee the operation of the health system and set its direction, as outlined by the

**From:** Whitten, Meredith  
**To:** Sch 2.62.2(a)(ii)  
**Subject:** FW: JOINT FITZHARRIS & RATTENBURY MEDIA RELEASE - Changes to ACT Health to keep up with growing CBR health needs [SEC=UNCLASSIFIED]  
**Date:** Friday, 23 March 2018 5:53:00 PM  
**Attachments:** image001.png

Hi Sc

Please find the media release from the ACT Government.

Meredith Whitten | Deputy Director-General |

Phone 620 55147 | Mobile [REDACTED]

Workforce Capability and Governance | Chief Minister, Treasury and Economic and Development Directorate | ACT Government

Level 5 Canberra Nara Centre 1 Constitution Avenue Canberra ACT 2601 | GPO Box 158 Canberra ACT 2601

<http://www.cmd.act.gov.au/>

**From:** ACT Government Executive Media <[ACTGovernmentExecutiveMedia@act.gov.au](mailto:ACTGovernmentExecutiveMedia@act.gov.au)>

**Date:** 23 March 2018 at 4:30:36 pm AEDT

**Subject:** JOINT FITZHARRIS & RATTENBURY MEDIA RELEASE - Changes to ACT Health to keep up with growing CBR health needs

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From: [Whitten, Meredith](#)  
 To: **Sch 2.62.2(a)(ii)**  
 Subject: FW: JOINT FITZHARRIS & RATTENBURY MEDIA RELEASE - Changes to ACT Health to keep up with growing CBR health needs [SEC=UNCLASSIFIED]  
 Date: Friday, 23 March 2018 5:57:00 PM  
 Attachments: [image001.png](#)

Dear **Sch**

Thank you for taking my call this afternoon.

Please find a copy of the media release from Minister Fitzharris and Minister Rattenbury.

Meredith Whitten | Deputy Director-General |

Phone 620 55147 | Mobile **Sch 2.62.2(a)(ii)**

**Workforce Capability and Governance** | Chief Minister, Treasury and Economic and Development Directorate | **ACT Government**

Level 5 Canberra Nara Centre 1 Constitution Avenue Canberra ACT 2601 | GPO Box 158 Canberra ACT 2601

<http://www.cmd.act.gov.au/>

**From:** ACT Government Executive Media <[ACTGovernmentExecutiveMedia@act.gov.au](mailto:ACTGovernmentExecutiveMedia@act.gov.au)>

**Date:** 23 March 2018 at 4:30:36 pm AEDT

**Subject:** JOINT FITZHARRIS & RATTENBURY MEDIA RELEASE - Changes to ACT Health to keep up with growing CBR health needs

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**From:** Whitten, Meredith  
**To:** Sch 2.62.2(a)(ii)  
**Subject:** FW: JOINT FITZHARRIS & RATTENBURY MEDIA RELEASE - Changes to ACT Health to keep up with growing CBR health needs [SEC=UNCLASSIFIED]  
**Date:** Friday, 23 March 2018 6:00:00 PM  
**Attachments:** image001.png

Hi Sch

Thank you for returning my call this afternoon.

Please find a copy of the media release from Minister Fitzharris and Minister Rattenbury.

Meredith Whitten | Deputy Director-General |

Phone 620 55147 | Mobile

**Workforce Capability and Governance** | Chief Minister, Treasury and Economic and Development Directorate | **ACT Government**

Level 5 Canberra Nara Centre 1 Constitution Avenue Canberra ACT 2601 | GPO Box 158 Canberra ACT 2601

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**From:** ACT Government Executive Media <[ACTGovernmentExecutiveMedia@act.gov.au](mailto:ACTGovernmentExecutiveMedia@act.gov.au)>

**Date:** 23 March 2018 at 4:30:36 pm AEDT

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**From:** [Perkins, Anita](#)  
**To:** [Pini, Sallyanne \(Health\)](#); [Doran, Karen \(Health\)](#)  
**Cc:** [Dal Molin, Vanessa \(Health\)](#); [Douglas, Nerida \(Health\)](#); [Wood, Mary \(Health\)](#); [Power, Leanne](#)  
**Subject:** Questions from this morning's Health directorate staff session. [SEC=UNCLASSIFIED]  
**Date:** Monday, 26 March 2018 3:29:00 PM

---

Hi Sallyanne and Karen

I took very rough notes this morning of the questions asked in the info session with Health staff – see below. It may be useful to tidy these and up and seek approval from Karen/Transition Team to add these to the Q&As for ongoing discussions with staff.

Regards  
Anita

**The information at the Hospital on Friday was at short notice. Will a further session be held?**

If a second session required, it can certainly be arranged, and staff will be kept up to date regularly between now and 1 October 2018.

**Is there a plan for the structure yet?**

Overarching yes to split operations from policy and planning. The detail underneath has not been worked through. It is important we consult with staff and the health sector to inform the detail.

There has been significant dysfunction and poor culture lead by the executive. Will this restructure address that?

The expectations for all public servants is to embody the values and behaviours of the ACTPS, and be ethical and professional. It would be inappropriate to comment on the specifics of that question.

**Will the existing TCH restructure go ahead?**

Yes?

**Will budget papers reflect the new organisations?**

No. The Budget papers will reflect the current health Directorate, as the new agencies will not come into effect until 1 October 2018.

**Will there be job losses?**

Related to this administrative split, no. In the longer term there may be changes, as is the case for any organisation.

**Where does Population Health sit in the new structure given it has both policy responsibilities and operational responsibilities?**

That is still to be determined, and it will be important to consult with staff in Population Health to provide advice on the most appropriate arrangements.

**What does it mean for accommodation? Some of us recently moved to Bowes Street from the Hospital. Will we move back to the Hospital?**

Not in the immediate term given the changes won't take effect until 1 October 2018. The detail will be worked through in consultation with staff over the coming months.

**How will you measure the effectiveness of splitting the organisation? What will success look like?**

There are a number of measures by which government is measured, including Productivity Commission Reports on Government Services (ROGS), consumer satisfaction and the overall views and perceptions of the Canberra community.

**What will it mean for those employees who currently receive health /tax arrangements?**

It is too early to say, and that will be worked through over the coming months in consultation with staff and the relevant unions.

**What is the evidence to inform this split? Would a broader Human Services directorate have been more appropriate?**

The decision was informed by review every other jurisdiction by PWC, which all have separation between operations and policy/planning. The challenges posed by each of these arrangements has been considered.

A broader Human Service portfolio or directorate wasn't considered, given the importance of one service and working together across the public service as 'one service'. We can always make better use of clusters, existing connections at DG and DDG level, which can be replicated across all levels for greater connectivity across directorates.

**Will the PWC report be made public?**

HOS took on notice if the report will be made public.

**The ACT is different than other states and is a smaller jurisdiction, so why would we be compared to other jurisdictions?**

The ACT Health system is larger than the Northern Territory and Tasmania. The ACT Health system has grown and with the 3<sup>rd</sup> public hospital coming on line in late 2018 the time was right to move to this new arrangement. Service delivery in the ACT has changed significantly over the past decade, in the past people would regularly go to Sydney for specialist treatment, which doesn't occur anymore. Canberrans and those in the region want to be treated locally. The catchment is also much larger now, servicing the broader ACT region, into NSW.

**The timing seems bizarre, noting it was accreditation week. Feedback at hospital is that morale is poor given the Director-General was absent for accreditation.**

There's never a great time, sometimes decisions just need to be made so we can get on with it. The Director-General was unwell last week. Life's not perfect.

**Is there a chance 2 agencies will report to 1 Minister?**

It would be too soon to say, and that decision would be a matter for Government to consider. There is currently no discussion about changing the current reporting arrangements to Ministers, but that may be revisited down the track.

**What consultation will take place moving forward?**

Unions will be involved. The Transition team is committed to reporting back to staff regularly. The Transition Team of Act Health DDGs has been established and staff will be consulted and

informed.

**Comment only: The ACT is ready for change, and I see this as a really exciting opportunity.**