

RESPONSE TO THE SENIORS HEALTH ROUNDTABLE REPORT



ACT
Government

COMMUNITY SERVICES DIRECTORATE

2017

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Minister's message

I am pleased to present this ACT Government response to the Seniors Health Roundtable of 2016. I want to thank the participants of the Roundtable for their work and their innovative and robust discussions and suggestions.

I am also pleased that the recommendations presented by the Roundtable to the ACT Government align with the key areas and actions in the *ACT Active Ageing Framework 2015-2018* and its associated *Action Plan* (the Framework). To me, this alignment speaks to the coordinated way that the ACT Government works with the community and the community sector, respects and values their expertise and translates this partnership into outcomes for the community.

Seniors are a significant asset to our community, but are often talked or written about in negative terms, about the increasing costs of care or the burdens of old age, or a lack of capacity. However, research proves that far from being a drain on our community older people are net contributors to the economy through their engagement with their communities and families. We need to ensure that we are harnessing the rich diversity and often unacknowledged wealth of experience that seniors bring and contribute to our communities.

Communities must respond or miss the opportunity of fully engaging the largest, most educated generation of social innovators in the nation's history.

Dick Goldberg, Coming of Age Director

Many of the actions recommended by the Roundtable seek to create these opportunities, to empower seniors to make choices and to facilitate their active participation in the community. As one innovative program for seniors in the United States notes, if we can overcome our outdated, ageist views, we can "learn to leverage the intellectual capacity, talent, skills, and commitment of older residents to help solve issues for all ages in our community".

It is my hope that implementation of recommendations in the Roundtable report will contribute to our capacity to truly acknowledge and utilise the asset that is our senior population.

Gordon Ramsay MLA

Minister for Veterans and Seniors

Introduction

The ACT Government thanks the participants (the Delegates) for their participation in the *Seniors Health Round Table* (the Roundtable), on 11 May 2016. The ACT Government has a proud history of working collaboratively with community organisations and across government to achieve quality outcomes for our seniors. The ACT Government acknowledges the enormous contribution community organisations and the broader community make in achieving quality health services for seniors within the ACT community.

The ACT Government notes that age is not, in itself, a challenge. As with any other stage of life, seniors may have some specific needs and considerations that impact on their health and wellbeing and their participation in the community. However, as with people at any other stage of life, seniors play a significant part in creating the rich diversity that is the ACT community.

The Seniors Health Roundtable was organised in response to feedback received from the Health Care Consumers' Association (HCCA) of the ACT – that senior's health should have been included as one of the key topics of the 2014 Older Person's Assembly (OPA).

Subsequently, the Roundtable was identified as a key action under the *ACT Active Ageing Framework 2015-2018* and its associated *Action Plan* (the Framework), which was tabled in the Legislative Assembly in November 2015. The ACT Government has committed to monitoring the implementation of activities and efforts to progress the practical outcomes of the Framework by reporting to the ACT Legislative Assembly through an annual Ministerial Statement.

A planning working group was formed to organise the Roundtable, comprising representatives from ACT Health, Community Services Directorate, the Ministerial Advisory Council on Ageing (MACA), Health Care Consumers Association of the ACT, the ACT Lesbian, Gay, Bisexual, Transgender, Intersex and Queer Ministerial Advisory Council and the 2016 ACT Senior of the Year, Professor Greg Tegart.

The Roundtable was attended by over 70 delegates and 36 organisations, representing a range of people from the health sector and various community groups from across the ACT. The event provided the opportunity for delegates to explore key topics that are specific to seniors in the ACT.

The six key topics identified and discussed in detail were:

1. Advocacy (health decision-making);
2. Access to Health;
3. Transitions in Care (continuity of care across services);
4. End of Life Care Issues;
5. Health Technologies (eHealth); and

6. Health Promotion, Wellbeing and Healthy Living.

A report of the Roundtable was prepared that includes the delegates discussions on the six key topics and contains 42 recommendations for the Government's consideration.

The recommendations in the report of the Seniors Health Roundtable are largely consistent with the *Active Ageing Framework 2015-2018* and that many of the practical suggestion are consistent with actions in the action plan of the ACT Active Ageing Framework 2015-2018.

Structure of the government response to the report

As there are a significant number of quite diverse recommendations in the report from the Roundtable, the ACT Government response has been organised around three particular broad themes that were common across a number of discussion areas and recommendations in the report. These three themes are: health literacy and empowerment; advocacy and navigation of 'the system'; and practice/policy changes.

A table is included at [Attachment A](#) which provides the ACT government response to each individual recommendation.

It is important to note that a number of the recommendations in the Roundtable report are not within the ACT Governments remit (4,5,8,10,11,12,13,14,15,21,23,32,34,38 and 42), being either the responsibility of the Commonwealth government or the private sector. However, the ACT Government notes the worthwhile nature of many of these recommendations and, where possible and appropriate, the ACT Government will work with the Commonwealth Government and/or the private sector to encourage consideration or implementation of these recommendations.

Emergent themes

Theme 1: Health, Literacy and Empowerment

Decision-making is at the heart of being human.
(Health Roundtable report, 2016: 10)

The strongest theme to emerge across the 6 key areas of discussion at the Roundtable, related to the provision of and access to information. It was consistently noted that good and easy to access information is the key to people being empowered to make their own choices about their health needs.

The need for information identified by delegates ranged from understanding power of attorney, care planning, decision making and transition care options to information about the full range of social and physical activities available for seniors across the ACT (recommendations 2,3,14,30,34,37 and 41).

The Delegates identified the need for organisations to make it easier for clients to access information about the services and/or programs that they provide (recommendations 13, 18, 38 and 42). As the report noted:

Older Canberrans must be aware of the availability of advocacy services and what they offer well before they need [them]. Unfortunately, many individuals do not encounter advocacy services until they are in crisis.
(Health Roundtable report, 2016:11)

Closely related and again mentioned frequently across the 6 key areas of discussion was the need for more education to care providers, government and the community on the needs of the ageing (recommendations 8,12, 27 and 39). This has the potential to increase their capacity to provide appropriate information on services and the choices available to seniors and the way in which they do so.

The fifteen recommendations relevant to this theme were focussed on increasing what was termed by delegates as 'health literacy'. Health literacy can be defined as: 'the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions'.

The ACT Government is strongly committed to providing accessible health services that are respectful and affordable and to ensuring that seniors are supported to access the services they need at the time that they need them. This commitment is evident in the range of resources provided and programs already funded and/or in operation in the ACT designed to improve the health literacy and decision making capacity of the senior population.

The ACT Government accepts in principle all the recommendations in relation to health literacy while acknowledging the significant work already being done in this area.

What we are already doing

- Under the **Respecting Patient Choice Program (RPC)**, the ACT Government provides RPC facilitators and other staff in hospital to assist people with their healthcare treatment and to provide information on their options through a range of mechanisms including Advanced care planning and Enduring Power of Attorney.
- The ACT Government supports the national **eHealth record system**, and in March 2013 the Canberra Hospital and Health Services began submitting standard discharge summaries to the national eHealth record system. Inpatients at the Canberra Hospital that are registered for a national eHealth record, can now access their discharge summary electronically.
- To complement the national eHealth system, ACT Health has developed a local eHealth system, known as **'My e Health'** which provides ACT Health-specific information, such as appointment times and details of hospital stays.
- The **ACT Health Consumer Portal** has initially been implemented for a select group of healthcare consumers who have agreed to participate in a pilot and provide feedback to assist ACT Health to provide a better, more simple and user-friendly service for people who access ACT Health services. Over time the intention is to expand access to anyone receiving healthcare in the ACT.
- The ACT Government is committed to people being provided with an accredited interpreter. **ACT Health Policy: Language Services -Interpreters, Multilingual Staff and Translated Materials** articulates that all health services must use accredited interpreters for people with limited English proficiency
- Additionally, ACT Health has in place, *Towards Culturally Appropriate and Inclusive Services: A Coordinating framework for ACT Health 2014-2018*, which outlines the need and responsibility for health care providers to provide services and information in a culturally appropriate and sensitive manner
- **Council of the Ageing (COTA)** coordinates Seniors Week Expo – which provides information on the range of services and activities available for older people in the ACT. Most government and government funded services working with older people provide information for the expo.
- The ACT Government recognises that digital platforms are essential to service and information delivery and is committed to providing timely and accurate online information that is accessible. All ACT Government websites conform to the **Web Content Accessibility Guidelines**, version 2.0 to ensure information is provided in varying formats that meet the needs of our diverse community.
- **The Public Trustee** promotes patient choice through the annual End-of-Life week.
- The ACT Government is also committed to working with key stakeholders to address social isolation for ACT seniors. This includes working with key stakeholders to build social and community participation for seniors via the provision of grants and the development of partnerships with community centres, men's sheds, seniors clubs and support for volunteering and community events and festivals.

What we will do

- Task the Ministerial Advisory Council on Ageing to explore in more detail how information about community services and programs could be more widely distributed and known to older people and consider these in development of the next action plan under the Ageing Framework.
- Ensure that distribution of information on the services provided by community based organisations is included as a requirement in the organisations service funding agreements.
- Explore whether the ACT Health Consumer Portal does and/or could include information on the broad range of community based services and programs available for senior Canberrans.
- CSD will work in partnership with ACT Health, the Justice and Community Safety Directorate (JACSD) and other key stakeholders to promote awareness and education of the options within the Respecting Patient Choice (RPC) program.
- The ACT Government will work with the Public Trustee to investigate options to raise awareness about end of life issues and further promote the 'End-of-Life' week.
- The ACT Government will work with organisations such as the Australian Association of Gerontology to identify and address the gaps in knowledge of gerontology in the ACT. However, improving gerontology training in Australian medical schools is outside the responsibility of the ACT Government.

Theme 2: System Navigation and Advocacy

Older people often feel isolated when involved in the health care system. They feel that they are not fully informed about their condition of their treatment options...and not consulted in a meaningful way.

(Health Roundtable report, 2016: 13).

The next most mentioned theme across the roundtable discussions and reflected in the recommendations was the need for enhanced advocacy to assist clients to both understand the complexity that is the aged care system and to navigate the often 'fragmented and siloed' service system (recommendations 1,5,6,11,19,25 and 28).

Related to this were some practice suggestions aimed at reducing 'red tape', inconsistency and confusion across and within the health system, (recommendations 15, 16, 17,20, 21, 24, 29 and 31).

The ACT Government is committed to the provision of appropriate advocacy for seniors in the ACT and this commitment is reflected in the current range of resources provided for this purpose. The ACT Government also continues to work with the Commonwealth government to advocate for improvements to the broader aged care and health system and is committed to exploring all options to better streamline systems and services.

What we are already doing

- The ACT Government is an active member of the national Aged Care Officials (ACO) Forum. This group is comprised of representatives from all state, territory and Commonwealth governments to work together to consider and address issues related to the provision of services for older people and the aged care system.
- The ACT Government funds a significant number of advocacy services that work with and for older people in the ACT. Some services such as the Health Care Consumers Network, Carers ACT and Women with Disability provide advocacy that can include older people. For others such as ADACAS and COTA, ageing is a main or only target group.
 - **The ACT Disability, Aged and Carer Advocacy Service (ADACAS)** is funded by ACT Health through the Community Assistance and Support Program (CASP) to provide free and confidential individual and systemic advocacy in the ACT to people under 65 years and has committed to providing advocacy services in relation to the National Disability Insurance Scheme. Advocacy services for older Canberrans is funded and managed by the Commonwealth Government.
 - **Council of the Ageing (COTA)**, provide systemic advocacy for better outcomes for people aged 50 and over. ACT provides funding to COTA to run Seniors Week and the rollout of the Seniors Card.
 - **The Community Services Directorate (CSD)** provides advocacy through a range of mechanisms including the Women's Information Service, Abuse Prevention Referral Information Line (APRIL) and e newsletters (Seniors and Multicultural).
- ACT Health runs the **Transitional Therapy and Care Program (TTCP)**: a community based program for older adults, providing up to 12 weeks support and therapy at the end of a hospital stay. The aim of this service is to improve the older person's functional capacity and independence so that they can return home after hospital. This goal oriented program can be delivered at home.
- The **Rehabilitation, Aged and Community Care (RACC)**: provides integrated and effective services in the areas of rehabilitation, aged care and community care in a broad range of sites throughout the ACT, including hospitals, community health centres and the homes of clients. It aims to improve the quality and accessibility of services to clients, and works closely with other healthcare providers to improve the communication between primary, acute, subacute and community healthcare.
- Under the **Respecting Patient Choice (RPC) Program**, the ACT Government provides RPC facilitators and other staff in hospitals to assist people with their healthcare treatment and transitions of care.

What we will do

- The ACT Government will continue to work with key stakeholders and the Ministerial Advisory Council on Ageing (ACO) to identify ways to simplify and make services more accessible. For example, ACT Health currently provides multidisciplinary

services in the community setting for people requiring community care support, to provide a more holistic service response.

- The ACT Government will continue to advocate in the national ACO forum on improvements to the 'my aged care' and other systems.

Theme 3: Practice Changes

Some recommendations in the Roundtable report involve significant and/or specific changes to practice such as: changes to legislation regarding elder abuse (recommendation 4) and euthanasia (recommendation 32); changes to policies related to dying at home (recommendation 33); changes to safety responses within aged care facilities and the use of hospital emergency departments (recommendation 10); and location of aged care nurses in emergency departments (recommendation 22).

As noted earlier in this response, responsibility for most of these recommendations is not within the scope of the ACT Government. However, responses/comments to these recommendations are included in the table at [Attachment A](#) and recommendations will be forwarded to the Commonwealth, JACS and/or Health for consideration where appropriate.

Conclusion

The ACT Government acknowledges that further work may be needed to respond to some of the recommendations. However, it is also important to note the significant work that is already underway in relation to many of the recommendations.

It is also heartening to note that the majority of the recommendations are consistent with, and/or already actioned through the ACT Active Ageing Framework and the action plan accompanying the framework. This consistency speaks to the consultation and work done with the community and the community sector in development of the Framework and the action plan.

Moving forward, the ACT Government will continue to work with all stakeholders to ensure that services and programs are inclusive, empowering and responsive and recognise the diversity of seniors in our community and their right to safety, security and informed decision making.

The ACT Office for Veterans and Seniors will continue to work with the Ministerial Advisory Council on Ageing and the ACT Health Directorate to consider how these recommendations can inform improvements in health outcomes for seniors in the ACT community. The ACT Government will report back on outcomes achieved through the annual Ministerial Statement on the Active Ageing Framework.

Again the ACT Government thanks all the delegates for the energy, knowledge and passion they shared to ensure our health services understand and meet the needs of our ageing citizens.

Attachment A:

ACT Government Response to the Seniors Health Roundtable Report 2016

Note: shaded rows indicate recommendations not in the remit of the ACT Government.

	RECOMMENDATION	RESPONSE and existing actions	FUTURE ACTIONS
1.	Services work more closely together and jointly evaluate the outcomes of their activities in order to improve services for the aged.	<p>Agreed and agreed in principle.</p> <p>The ACT Government encourages all services to work closely together. Creation and strengthening of innovative partnerships are actively supported under a range of grants programs. Grants programs also often fund innovative evaluations.</p> <p>All services funded by ACT government have reporting requirements that include some level of outcome evaluation. However, as funding and reporting requirements across the aged sector are diverse, it would be difficult to require joint evaluations.</p>	Continue to positively consider innovative partnerships and/or evaluation proposals under all ACT Government grants programs.
2.	Advocacy Services be advertised more widely, to the whole community	<p>Agreed.</p> <p>Advocacy services are currently promoted through a range of mechanism including the Abuse Prevention and Referral Line (APRIL), electronic newsletters, the Respecting Patient Choice Program within Health and the Seniors week expo.</p>	<p>Continue to encourage promotion of advocacy services to the community via existing mechanisms.</p> <p>Consider how the funding contracts for advocacy services do and/or could include actions on how to better promote their services.</p>
3.	Free Advanced Care Plans (ACP) be made available and that an accompanying education program be conducted about the use of ACP and Enduring Powers of Attorney (EPA).	<p>Agreed.</p> <p>Under the Respecting Patient Choice Program (RPC) facilitators and other staff assist people with their healthcare treatment including Advanced Care Planning, Enduring Power of Attorney, Statement of Choices and Health Directions.</p> <p>The Public Trustee also promotes patient choice through the annual End-of-life week.</p>	<p>Continue to support clients under the RPC program.</p> <p>Continue to work with the public trustee regarding end-of-life week.</p> <p>ACT Health to ensure information on these issues is widely available across the health system.</p>
4.	Elder abuse should be a reportable offence.	<p>The ACT government is committed to the personal safety and freedom of abuse of all Canberrans' and recognises that for some older people, reporting their experience of abuse can be difficult due to cognitive or physical decline or other vulnerabilities. Through the <i>ACT Elder Abuse Strategy</i> the government is working with key stakeholders to ensure that duty of care and issues of abuse are understood and responded to appropriately across the community.</p> <p>The ACT Government also continues to provide the Abuse Prevention</p>	<p>Continue to implement strategies under the ACT Elder Abuse strategy.</p> <p>Continue the provision of information and referral through the APRIL.</p>

		and Referral Line (APRIL) specifically for referral and advice regarding elder abuse.	
5.	Funding for independent advocates.	Agreed in principle. The ACT Government through funding of services such as ADACAS and via programs like RPC is providing independent advocates for older people in the ACT.	Continue to fund services to provide advocacy for older people in the ACT.
6.	People with dementia to be provided with advocates at the Territory's expense.	Agreed in principle. The ACT government funds a range of advocacy services through both the Community Services Directorate and ACT Health. In addition, the Public Advocates office and the Public Trustee can advocate for clients where dementia has diminished capacity to make decisions.	Continue to fund and support advocacy services for people with dementia in the ACT.
7.	Advocacy services be made available when requested.	Agreed in principle. As per recommendations 5 and 6 above.	As per recommendations 5 and 6 above.
8.	Improved gerontology training be provided in Australian medical schools.	Training of medical practitioners is the remit of the Commonwealth government.	The ACT Government will advocate for improved gerontology training in forums such as ACO and with organisations such as the Australian Association of Gerontology.
9.	People with dementia to be treated outside the hospital system.	The Commonwealth government has full responsibility for policy, funding and regulation of all aged care facilities.	ACT Government will continue to advocate for the increased capacity of residential care facilities to support people with dementia outside the hospital system.
10.	Residential care facilities cease sending residents to Emergency Departments for minor matters.	As per recommendation 9 above.	As per recommendation 9 above.
11.	Provision of home care be provided to assist with the transition from hospital, provide advocacy and help the patient to establish social networks.	As per recommendation 18 below.	As per recommendation 18 below.
12.	General Practitioners to receive training on how to make best use of interpreters.	As per recommendation 8 above.	As per recommendation 8 above.

13.	My Aged Care to be re-crafted or abolished.	While noting that the eHealth system is the jurisdiction of the Commonwealth, this recommendation will be considered by ACT Health in regard to the complementary ACT 'my eHealth system.	Consider the issue of incorporating end-of – life plans in the ACT 'My eHealth" system and advocate for its inclusion in the national system.
14.	Care and residence application processes be simplified and made more accessible.	As per response to recommendation 13 above.	As per recommendation 13 above.
15.	The Safety Net for all individuals should be at the single rate.	As per response to recommendation 9 and 13 The ACT Government notes that the Commonwealth Government recently reviewed the thresholds for the Medicare Safety Net and will continue to monitor the impact of these changes.	As per recommendation 9 and 13 above.
16.	As a general rule, new ideas should be piloted, noting that this could involve community organisations, territory, State and Federal governments.	Agreed. The ACT government supports the piloting of innovative ideas through a range of grants programs such as the ACT Participation Grants and Health promotion grants.	Continue to ensure grants programs allow and support piloting of innovative ideas.
17.	Aged Care Centres to be multi-disciplinary one-stop-shops, employing healthcare and exercise specialists, focused on preventative activities and the provision of timely care.	Agreed in principle. The ACT doesn't currently run 'aged care centres'. The discussion in the report notes the value of health and community centre staff, in particular community development workers, who are particularly skilled in issues relating to ageing. The ACT Government is committed to ensuring staff at health and community centres are trained and knowledgeable about issues and services for older people.	Continue to ensure appropriate training for community development and community centre staff in relation to issues for older people.
18.	Having a health navigator or concierge to support aged people to manage the transition between levels of medical care.	Agreed in principle. ACT Health and the Commonwealth government provide a range of services that assist people to manage the transition between levels of medical care, including: <i>Respecting Patient Choice program</i> - provides support and information for patients to navigate their path through the health system. The <i>Transitional Therapy and Care Program</i> through ACT Health - provides support and therapy at the end of hospital stays to build capacity and independence so patients can return home. <i>Rehabilitation, Aged and Community Care</i> – provides integrated	Continue to provide programs that support people to manage transitions between levels of medical care. Continue to liaise with the Commonwealth government around programs and strategies to support aged people to manage transitions of care.

		<p>services that include health care and support for people with acute and long term illness. The program improves the accessibility of services to clients and promotes a continuum of care.</p> <p>The Commonwealth Government <i>Home Support Program</i> -provides support for older people who need assistance to keep living independently in their own homes.</p> <p>The <i>Rapid Assessment of the Deteriorating Aged at Risk program</i>-provides a rapid response to support older people living in the community who are becoming unwell and their own GP requires assistance with their medical and other needs.</p>	
19.	Hospital volunteers to be recruited to assist people to navigate the system.	<p>Agreed in principle.</p> <p>As noted above, there are already a range of existing programs that support patients to navigate the hospital and health system.</p>	As per recommendation 18 above.
20.	Hospitals build a geriatrician-centred ED team, using the paediatric model.	<p>Not agreed.</p> <p>This recommendation is a significant shift in service delivery. Current practice is to make improvements across the broader health system in responding to aged/geriatric issues. However ACT Health will consider this recommendation in future policy development.</p>	Consider this recommendation in the development of future health policy.
21.	Each individual to have a single health record.	As per recommendation 8 above.	As per recommendation 8 above.
22.	Aged Care, Registered Nurses to be in ED who would also be involved in patient discharge.	<p>Not Agreed</p> <p>As per recommendation 20 ED staff are trained specifically to understand and respond to the need of older people in our community, including in relation to discharge planning.</p>	As per recommendation 20 above.
23.	Provision of home services to be provided, including hairdressers and podiatrists, as well as pharmaceutical deliveries, for the housebound elderly.	This recommendation is the responsibility of private business and/or the Commonwealth government. However, it is supported in principle and will be forwarded to the Ministerial Advisory Council on Ageing to consider how private business could be more involved.	This recommendation will be forwarded to Ministerial Advisory Council on Ageing to consider how private business could be more involved.
24.	Social isolation be addressed as an issue in discharge planning.	<p>Agreed.</p> <p>BCP and other programs already include social support systems in discharge planning with elderly patients.</p>	Continue to ensure social support systems and social isolation are discussed in discharge planning across ACT Health.

25.	Appointment of an advocate to be provided for over 85 year olds when leaving hospital.	<p>Agreed in principle. See response to recommendations, 2, 3, 5 and 6 above.</p>	See response to recommendations, 2, 3, 5 and 6 above.
26.	Provision of transport services to be provided to pathology collection points.	<p>Agreed. The ACT Government supports a number of programs to assist older people with transport to medical services:</p> <ul style="list-style-type: none"> • The Commonwealth government funds the Home Support program which provides transport for people to attend medical, social or shopping appointments. • The ACT Government Taxi Subsidy Scheme for seniors subsidises the cost of taxis for seniors with severe mobility problems or other health conditions to attend appointments. This scheme is not means tested and is not limited to particular types of trips (such as medical). • ACT Pathology provides a home collection services for those patients who are unable to attend a collection centre. • The Flexible Bus Service is provided by ACT Government for ACT seniors aged 70 and above, senior card holders with mobility issues, those impacted by a temporary or permanent disability and residents who hold a vision impaired and permanent incapacitated travel pass. The Service picks up residents from their home and takes them to services and service providers, such as shopping centres and hospitals or other medical services. • The ACT Government provides and funds the Regional Community Services to operate their own mini bus services that include transport to medical appointments. 	Continue to fund and support the range of existing programs to assist seniors attend medical appointments.
27.	Implement a program to educate the public about EPA and ACP and what is required of them.	<p>Agreed . As noted in recommendation 3, the Respecting Patient Choice Program (RPC) facilitators and other staff assist people with their healthcare treatment including Advanced Care Planning, Enduring Power of Attorney, Statement of Choices and Health Directions.</p>	RPC facilitators and other health staff to continue to ensure clients understand their health choices including Advanced Care Planning and EPA. ACT Government to continue to work with

		The Public Trustee also promotes EPA and ACP through the annual End-of-life week campaign.	the Public Trustee to promote and run End-of –Life week campaign.
28.	The eHealth system to automatically promote hospital electronic systems about patients’ end of life plans.	While noting that the eHealth system is the jurisdiction of the Commonwealth, this recommendation will be considered by ACT Health in regard to the complementary ACT ‘my eHealth system.	Consider the issue of incorporating end-of – life plans in the ACT ‘My eHealth” system and advocate for its inclusion in the national system.
29.	Incorporate a simple one page end of life form into patients eHealth record.	Agreed in principle. As per recommendation 28 above. Patients registered for a national eHealth record can access their discharge summary electronically.	Consider the issue of incorporating end-of – life plans in the ACT ‘My eHealth” system and advocate for its inclusion in the national system.
30.	Develop a month-long concentrated advertising campaign to promote the Public Trustees end of life week and raise public awareness of end of life issues.	Agreed in principle. The ACT Government will work with the Public Trustee to investigate options to raise awareness of end of life issues and to further promote the Public Trustees End of life week.	Continue to support and work with the Public Trustee to advertise and promote the Public Trustees End-of-Life week campaign.
31.	Patients’ preferences around pain relief should be respected.	Agreed. There are a number of advocacy and other programs like RPC that are available to support and advocate for a range of patient preferences.	Continue to ensure that patients preferences are both sought and implemented (such as via the RPC program) and that advocacy services are available to assist patients who need advocacy.
32.	The ACT enact legislation to support euthanasia.	The ACT Government cannot legislate in support of euthanasia. In 1997 the so-called “Andrews Bill’ was supported through Commonwealth Parliament to stop the ACT and other territories from making their own laws on euthanasia.	The ACT Government will continue to support the ACT’s and other territories right to make their own laws and legislations consistent with the Australian States.
33.	Support the development of policies and practices that will help people to die at home.	Agreed. The ACT Government willingly complies with the national palliative care standards developed by Palliative Care Australia. The RPC supports clients to be able to make informed choices about health treatment including palliative options.	Continue to comply with the national Palliative Care Standards and to support people to die at home via programs such as the RPC.
34.	eHealth to be simplified and made user friendly.	The ACT is an active member of the national Aged Care Officials (ACO) forum where all state and territory governments and the Commonwealth government consider and address issues related to the	Continue to actively raise issues at the ACO in relation to the ease and accessibility of the eHealth system.

		provision of services for older people and the aged care system.	
35.	Privacy and security issues to be addressed so that people will be confident in having their data on the system.	<p>Agreed. ACT Health takes robust precautions to protect personal information. There are a range of practices and policies in place to provide a secure electronic health record.</p> <p>Privacy and treatment of records and data is covered by <i>Health Records (Privacy and Access) Act 1997</i>, <i>My Health Records Rule 2016</i> and <i>My Health Records Regulation 2012</i> provide the legislative framework for the Australian Governments My Health Record system.</p> <p>The ACT Government also notes that a framework is being developed by the Commonwealth government regarding the secondary use of My Health records information which will inform how the system operator (currently the Commonwealth Department of Health) prepares and discloses de-identified information. The ACT Government will monitor the implementation of the framework to align ACT Health practices and policies.</p>	<p>Continue to act in accordance with the policies and procedures protecting privacy in data.</p> <p>Continue to monitor implementation of the Commonwealth Government My Health Records framework.</p>
36.	De-identified eHealth data to be used for health planning.	<p>Agreed. The Commonwealth Governments My Health Record legislation and the Health Records (Privacy and Access) Act 1997 provides the authority to prepare and issue de-identified reports for public health and research purposes.</p>	Continue to prepare and issue de-identified reports for public health and research purposes in accordance with the various appropriate legislation and policy.
37.	Information to be imparted in as many community languages as possible, in plain jargon free language.	<p>Agreed. The ACT Government is committed to providing clear and accessible information including in a diverse range of languages. In ACT Health two key policies also support the delivery of information in many languages and provide a framework to support inclusive practice:</p> <ul style="list-style-type: none"> • The ACT Health Policy: Language Services- Interpreters, Multilingual Staff and Translated Materials; and • Towards Culturally Appropriate and Inclusive Services: A Coordinating Framework for ACT Health 2014-2018. <p>The CT Government more broadly also recognises that digital platforms are essential to services and information delivery and has issued Web</p>	Continue to commit to the provision of clear and accessible information in multiple community languages.

		Content Accessibility Guidelines, version 2.0 to ensure information is provided in varying formats that meets the needs of our diverse community.	
38.	Ensure aged people have better access to public facilities such as swimming pools and that programs targeting chronic illnesses be delivered there.	While noting that these facilities are privately operated, the ACT Government has previously partnered with businesses under the Healthy Weight Initiative to provide a range of programs in privately operated facilities, such as swimming programs for multicultural women's swimming program and/or fitness program. A program for older people could be considered.	Consider older people in future programs such as the Healthy Weight Initiative.
39.	Promote the development of attractive and accessible infrastructure that supports and invites activity.	Agreed. The ACT Government under the ACT Active Ageing Framework has committed to design features and recreational facilities that encourage seniors to remain physically and socially active. A key deliverable in the action plan is that ACT Government public facilities include strategies with age-friendly considerations. The ACT Government has also committed to investigating a feasibility study into the vertical age-friendly communities which is being delivered as a key outcome under the framework. Currently there are 20 Canberra suburbs that have fitness equipment at a local part with new outdoor fitness station in Tuggeranong and Belconnen.	Continue to work at implementation of the strategies underway via the ACT Active Ageing Framework.
40.	Develop 'playgrounds' that encourage exercise and cater for all age groups.	Agreed in principle. As per recommendation 39 above.	As per recommendation 39 above.
41.	Health information and advice that meets the need of our diverse population be provided and accessible over a range of media.	Agreed. As per recommendation 37 above.	As per recommendation 37 above.
42.	Organisations and clubs be encouraged to invite people to participate in community activities before having to commit to join.	As per recommendation 38 above.	As per recommendation 38 above.

