

# Health Peak and Advisory Bodies grant

## Briefing at 21 April 2022

The Australasian Sleep Association has been awarded a 3-year Commonwealth grant under the Health Peak and Advisory Bodies program. This program will run from 1 July 2022 – 30 June 2025.

The funding contract has been executed, with the first payment due around 1 July 2022. This is how the grant program is described in the contract:

The Grantee will use the funding to undertake peak and advisory body activities as described in its application (which will be reflected in the Activity Work Plan) which includes, but not limited to:

- effectively consult and share information with its members, the wider health sector, the community and the Australian Government
- function as a repository and source of sector knowledge and expertise
- provide well-informed and impartial advice to the Commonwealth within its area of expertise
- provide education and training to health practitioners working in the relevant part of the health sector (including general practitioners, nurses and allied health professionals) to improve the quality of health services.

These activities will be aligned with the National Preventive Health Strategy, as well as other relevant Health strategies, frameworks, and policies.

The Activity Work Plan (Item E.2) will set out the key work activities and deliverables of the Grant, and demonstrate how the Grantee will achieve these objectives.

The first Activity Work Plan is due to be submitted to the Department by 22 September.

### **The application**

#### *Title*

Australasian Sleep Association expert advice to key stakeholders including government and primary care sleep health education program

#### *Brief description*

The program will provide a single source of advice on sleep health and sleep medicine to the Australian Government, communicate and provide feedback on health priorities to Association members, and boost the expertise of primary care health practitioners in sleep health provision.

The three activities are:

1. Greater member consultation and preparation of advice in response to government requests and open public consultations
2. Enhanced communication with members on Government health priorities and provision of feedback on those priorities through an annual symposium at the annual scientific meeting and existing communication channels
3. Boosting utilisation of primary care practitioner resources on sleep health for GPs, nurses and psychologists through a strategic program of raising awareness on: the importance of

sleep health, how sleep can be enhanced in regular primary care practice, and how to access the latest evidence-based resources for use during clinical consultations.

*Alignment with grant guidelines, stakeholder engagement and priorities of the [National Preventive Health Strategy](#)*

The mission of the Australasian Sleep Association (ASA) is to lead and promote sleep health and sleep science, provide professional development for members, foster research and establish clinical standards. This proposed program will give the Australian Government access to the leading researchers and clinicians in the field of sleep medicine and sleep science, and a communication channel to this growing, vibrant community of 870 health experts. The ASA is the only organisation representing these multidisciplinary experts, and has a strong ongoing partnership with the Sleep Health Foundation which promotes sleep health across the Australian community.

The ASA participates in the development of health policy and provides expertise to the Australian Government wherever possible. However, due to funding constraints not every opportunity can be accepted. This program significantly expands our capacity to provide expertise to government and key stakeholders to support improvements to Australia's health systems.

The proposed program has three components.

1. Provision of unbiased, evidence-based advice to the Australian Government on sleep health and sleep medicine. There will be extended health policy consultation with members through existing opportunities such as state meetings, consultation surveys, online meetings, and an online discussion forum, as well as via an additional health policy roundtable to be held each year.
2. Member communication about Government health priorities through the activities listed above, existing member communication channels and a new annual health policy symposium at the annual conference.
3. Upskilling three key primary healthcare practitioner groups in sleep health to improve the quality of their practice - GPs, nurses and psychologists. Partnerships with key practitioner bodies will be expanded to plan and implement a communication strategy about the need for sleep health support for patients and how to access evidence-based resources to support clinical practice.

The ASA has a current partnership with the Australian College of Midwives to create educational resources on sleep topics relevant to midwives' clinical practice. The ASA is affiliated with the Royal Australasian College of Physicians (RACP) and the Australian Dental Association (ADA), and has developed sleep health educational resources in collaboration with the Royal Australian College of General Practitioners (RACGP), the Australian Psychological Society, and the RACP.

ASA activities are strongly aligned with national health priorities, including Recommendation 9 from the Inquiry into Sleep Health in Australia: "Develop effective training mechanisms to improve the knowledge of primary healthcare practitioners in diagnosing and managing sleep health problems".

The National Preventive Health Strategy emphasises the importance of getting enough sleep and having energy in maintaining good health. Improving clinical management of common sleep problems will also support the following key focus areas of the Strategy:

- Sleep problems have a clear bi-directional relationship with mental health problems (focus area 7)

- Sleep problems compound the effects of alcohol consumption (focus area 6)
- Addressing sleep problems can help manage overweight and obesity (focus areas 2 and 3)
- Addressing sleep problems can reduce the risk of some cancers (focus area 4) and chronic health conditions such as cardiovascular disease and diabetes.

### *Capacity to deliver*

The ASA has 870 members spread across Australia and New Zealand, with a distribution roughly reflecting the population (25% in NSW, 24% in Victoria, 14% in Queensland, 11% in SA, 8% in WA, 7% in Tasmania, 2% in ACT, 0.2% in NT, 10% in NZ, 4% not disclosed).

We are the only organisation representing health care practitioners, scientists and researchers in sleep health and sleep medicine in Australia. Member groups include: specialist sleep physicians, academics, researchers and research students, psychologists, sleep scientists (formerly sleep technologists), dentists, ENT surgeons, pharmacists, GPs and nurses.

Our areas of expertise include:

- Role of sleep health and sleep disorders in preventive and public health, in adults and children
- Prevention, diagnosis and treatment of sleep disorders such as sleep apnoea, narcolepsy, insomnia, obesity hypoventilation syndrome, idiopathic hypersomnolence, shift worker disorder and delayed sleep phase syndrome
- Individual and economic impact of poor sleep and sleep disorders
- Role of sleep disorders in chronic conditions such as cardiovascular disease, mental illness, obesity, and diabetes
- Role of sleep disorders in serious illnesses such as cancer
- Health and economic impact of shift work
- Sleep in special populations such as Aboriginal and Torres Strait Islanders, pregnant women and older Australians.

The ASA has a strong track record over the last five years of providing high-quality advice and to the Australian Government, either alone or in partnership with the Sleep Health Foundation and patient or consumer groups:

- Submissions and evidence to the Inquiry into Sleep Health Awareness (2018-19)
- Pre-Budget submissions proposing programs to implement recommendations of the Inquiry into Sleep Health Awareness (2019 and 2020)
- Submissions and evidence to the Productivity Commission inquiry on Mental Health (2019-20)
- Advice to the Minister on COVID-19 impacts on sleep services (2020)
- Representation on the National COVID-19 Living Guidelines Steering Committee and Guidelines Leadership Group (Co-Chair) (since 2020)
- Submissions on the consultation paper and Draft National Preventive Health Strategy (2021)
- Expert Working Paper for the Australian Bureau of Statistics on measuring sleep in the next National Nutrition and Physical Activity Survey (2021)
- An application to the Medical Services Advisory Committee is in preparation to resolve an accessibility crisis in sleep studies for paediatric patients (2021).

Dual structures within the association are used to gather and refine advice on health policy topics. Standing committees and their specialist sub-committees run ongoing programs in their areas of responsibility:

- Clinical Committee + Medicines Sub-Committee

- Education Committee + 6 sub-committees: GP, Pharmacy, Nursing, Behavioural, Advanced Trainees
- Research Committee

In addition, members are able to join special interest groups that cover key areas of professional interest. Special interest groups are consulted when the Association is preparing advice on health policy issues.

Working groups undertake specific time-limited tasks.

Mechanisms routinely used to seek input from members on health policy matters, and to communicate information relevant to members' practice include:

- Monthly electronic newsletter
- Online discussion forum
- Social media
- State member meetings in capital cities
- Monthly webinars
- Annual conference.

### *Effective, efficient, economic and ethical use of money and risk management*

This program builds on existing activities, capabilities and resources to meet grant objectives. It represents high value for a small outlay.

The ASA's activities are driven by a large number of passionate and engaged expert volunteers, working parties, committee and special interest groups. The in-kind expertise these volunteers bring to the proposed program is invaluable, and cannot be accessed in any other way than through their professional peak body. The collective work, expertise and good will of our hundreds of volunteer experts in sleep health and sleep medicine can be accessed at a significantly lower cost through the ASA than by engaging experts for a professional fee.

The member consultation and communication activities of this program are an extension of existing ASA activities. They will leverage and expand existing consultation processes and communication channels to meet grant objectives. These aspects of the program will be managed by the CEO (a seasoned public affairs and government relations practitioner) and the Membership Manager (who coordinates member communication and consultation activities).

A range of up-to-date clinical resources have been developed (or are currently in development) to help primary care clinicians provide high quality sleep health services. Most of the people developing these resources are ASA members and are active participants in our professional community. This proposed program focuses on building demand for and awareness of these resources in large, influential primary care groups – GPs, psychologists and nurses – boosting value for Government investments in developing these resources.

For example, the ASA has been an active partner of the NHMRC National Centre for Sleep Health Services Research (Centre of Research Excellence; CRE) in its work to investigate community care for people with sleep disorders and to develop new practice-based clinical resources. We are a key partner in the recently-awarded NHMRC Partnership Project Grant "Improving the management of Obstructive Sleep Apnea and Insomnia in General Practice", and will be working closely with the project team to ensure activities are aligned and complementary.

The most significant risk is uncertainty around establishing partnerships with other organisations to deliver the primary care practitioner education component. This risk is mitigated by having engaged association members who are also members of the external partner organisations who can champion this project from within. In addition, the Association has a strong track record of open and mutual partnership arrangements with organisations such as the Sleep Health Foundation, the Royal Australasian College of Physicians, the Australian Psychological Society, the Australian Dental Association, the Thoracic Society of Australia and New Zealand, the Australian College of Midwives and the National Centre for Sleep Health Services. Our previous experiences working alongside these partner organisations will ensure successful strategic partnership negotiations and ultimately successful program outcomes.

The ASA is a signatory to the Australian Ethical Health Alliance, promoting ethical healthcare practice. Management responsibility for this program will lie with the CEO, and governance oversight will be undertaken by the Board. This will enable new risks to be identified as they emerge, and to be managed in a timely way to ensure program outcomes are achieved.

### *Budgeted activities*

#### **1) Expert consultation and advice to government**

- Policy consultation and submissions to government managed by the CEO
- 3 interstate visits for member consultations p.a.
- 1 health policy roundtable meeting with member p.a.

#### **2) Member communication on health policy issues**

- Member communication managed by the Membership Manager
- Annual health policy symposium at annual conference

#### **3) Boosting utilisation of primary care practitioner resources on sleep health**

- Full-time Program Manager role
- Administrative support
- Online information hub
- Travel and accommodation for conferences and meetings
- Expenses for partner meetings
- Speaker fees
- Advertising and promotion
- Computer costs
- Program evaluation expenses

*Risk management plan*

<b>Risk Reference</b>	<b><u>Risk Identification</u></b> <i>What event(s) can happen and how it can happen</i>	<b><u>Risk Impact</u></b> <i>What are the effects if it does happen</i>	<b><u>Risk Controls</u></b> <i>What controls are currently in place</i>	<b>Likelihood</b>	<b>Consequence</b>	<b>Current risk rating</b>	<b>Acceptable/unacceptable?</b>	<b><u>Proposed Treatments</u></b>
1	DELAY IN RECEIVING FUNDING FROM DEPARTMENT	A SHORT DELAY WILL HAVE LOW IMPACT, A LONG DELAY MAY HAVE A HIGH IMPACT	LONG LEAD TIME TO PROJECT COMMENCEMENT	UNLIKELY	MINOR	LOW	ACCEPTABLE	DELAY RECRUITMENT UNTIL FUNDING IS SECURED  RENEGOTIATE PROJECT TIMELINES IF REQUIRED
2	DELAY IN STAFF RECRUITMENT	A SHORT DELAY WILL HAVE LOW IMPACT, A LONG DELAY MAY HAVE A HIGH IMPACT	LONG LEAD TIME TO PROJECT COMMENCEMENT  ATTRACTIVE ROLE AND EMPLOYMENT CONDITIONS	UNLIKELY	MODERATE	MEDIUM	ACCEPTABLE	ADVERTISE PROMPTLY VIA ASSOCIATION CHANNELS  ACTIVATE ASSOCIATION NETWORKS TO IDENTIFY POTENTIAL CANDIDATES PRIOR TO OPENING APPLICATIONS
3	BUDGET SHORTFALLS	SMALL SHORTFALL COULD BE COVERED BY THE ASSOCIATION AND HAVE LOW IMPACT	PROJECT HAS BEEN APPROPRIATELY SCOPED AND CONTINGENCIES INCLUDED	POSSIBLE	MODERATE	MEDIUM	ACCEPTABLE	COMPLETE MORE DETAILED SCOPING AND COSTINGS PRIOR TO COMMENCEMENT OF PROJECT
4	BUDGET UNDERSPENDS	LOW IMPACT FOR A SMALL UNDERSPEND, MEDIUM IMPACT FOR A LARGER UNDERSPEND	PROJECT HAS BEEN APPROPRIATELY SCOPED	POSSIBLE	MINOR	MEDIUM	ACCEPTABLE	COMPLETE MORE DETAILED SCOPING AND COSTINGS PRIOR TO COMMENCEMENT OF PROJECT

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5	OPERATIONAL DEMANDS DELAY TIMELY DELIVERY OF PROJECT	MODERATE CONSEQUENCES FOR A SIGNIFICANT DELAY	DEDICATED PROGRAM MANAGER SOLELY RESPONSIBLE FOR KEY COMPONENT OF PROJECT	UNLIKELY	MODERATE	MEDIUM	ACCEPTABLE	DETAILED SCOPING TO UNDERSTAND ANY STAFF BACKFILL REQUIREMENTS FOR OPERATIONAL STAFF COMPONENT OF PROJECT
6	PARTNER ORGANISATIONS UNWILLING TO PARTICIPATE	COULD HAVE MAJOR CONSEQUENCES ON OUTCOMES OF THE PROJECT	EXISTING RELATIONSHIPS AND PAST COLLABORATIVE PARTNERSHIPS WITH KEY PARTNER ORGANISATIONS  CO-DESIGN NEEDS ASSESSMENT AND COMMUNICATION ACTIVITIES WITH PARTNERS  BUDGET COMPONENTS TO SUPPORT PARTNERSHIP ACTIVITIES	POSSIBLE	MAJOR	HIGH	ACCEPTABLE	EARLY COMMUNICATION TO ESTABLISH PARTNERSHIPS  WORKING COLLABORATIVELY WITH PARTNERS  FLEXIBILITY ON HOW TO EFFECTIVELY COMMUNICATE WITH EACH PARTNER AUDIENCE  KEEP OPTIONS OPEN FOR PAID COMMUNICATION ACTIVITIES FOR KEY AUDIENCES
7	TARGET AUDIENCES DON'T RESPOND TO COMMUNICATION ACTIVITIES	COULD HAVE MODERATE CONSEQUENCES ON THE PROGRAM	COMMUNICATING THROUGH TRUSTED PARTNERS AFTER NEEDS ANALYSIS FOR EACH TARGET AUDIENCE	POSSIBLE	MODERATE	MEDIUM	ACCEPTABLE	HIGH QUALITY PARTNER AGREEMENTS SETTING OUT A COLLABORATIVE PROCESS  USE OF SPEAKERS AND OTHER EXPERTS WITH CREDENTIALS RESPECTED BY TARGET AUDIENCES

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8	LOSS OF KEY ORGANISATIONAL STAFF	DEPENDING ON WHO AND WHEN, THIS MAY HAVE MODERATE IMPACT ON THE PROJECT	COMMITTEE AND GOVERNANCE STRUCTURES RESPONSIBLE FOR PROJECT OVERSIGHT AND DELIVERY	UNLIKELY	MODERATE	MEDIUM	ACCEPTABLE	CONTINGENCY PLANNING FOR LOSS OF KEY STAFF TO BE INCLUDED IN PROJECT PLAN