STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

Report on Annual and Financial Reports 2008–2009

MARCH 2010

Report 3

Committee membership

Mr Steve Doszpot MLA (Chair)

Ms Amanda Bresnan MLA (Deputy Chair, elected 25 November 2009)

Ms Mary Porter AM MLA (member from 19 November 2009)

Ms Joy Burch MLA (Deputy Chair and member until 19 November 2009)

Secretariat

Grace Concannon Secretary

Lydia Chung Administrative Assistant

Contact information

Telephone	02 6205 0129
Facsimile	02 6205 0432
Post	GPO Box 1020, CANBERRA ACT 2601
Email	committees@parliament.act.gov.au
Website	www.parliament.act.gov.au

Resolution of appointment

On 9 December 2008, the Legislative Assembly for the ACT resolved to establish the **Standing Committee on Health, Community and Social Services to:**

> Examine matters related to hospitals, community, public and mental health, health promotion and disease prevention, disability matters, drug and substance misuse, targeted health programs and community services, including services for older persons and women, families, housing, poverty, and multicultural and indigenous affairs.[1]

Terms of reference

On 13 October 2009 the Legislative Assembly referred annual and financial reports for the calendar year 2009 and the financial year 2008–09, presented to the Assembly pursuant to the *Annual Reports (Government Agencies) Act 2004*, to the Assembly's Standing Committees, as set out in a schedule. The annual reports referred to the Standing Committee on Health, Community and Social Services were:

- ACT Health
- Department of Disability, Housing and Community Services.[2]

[1] Legislative Assembly for the ACT, *Minutes of Proceedings No 2*, 9 December 2008, pp 12–13

[2] Legislative Assembly for the ACT, *Minutes of Proceedings No 36*, 13 October 2009, pp 396–399. Minor amendments to the schedule did not affect the references to this Committee: *Minutes of Proceeding No 39*, 10 November 2009, pp 436–438

TABLE OF CONTENTS

ABBREVIATIONS

ADACAS	ACT Disability Aged and Carer Advocacy Service
ATSI	Aboriginal and Torres Strait Islander
BLITS	Business Leaders Innovative Thoughts and Solutions Champions Program
CIF	Community Inclusion Fund
DS NMDS	Disability Services National Minimum Data Set
DHCS	Department of Disability, Housing and Community Services
ED	emergency department
GP	general practitioner
ISP	Individual Support Package
MAPU	Medical Assessment Planning Unit
NEHTA	National E-health Transition Authority
NMDS	National Minimum Data Set
OMA	Office for Multicultural Affairs
RADAR	Rapid Assessment of the Deteriorating and At-Risk
SAPU	Surgical Assessment Planning Unit
SDAC	Survey of Disability, Ageing and Carers
UNEC	United Ngunnawal Elders Council

RECOMMENDATIONS

RECOMMENDATION 1

2.11 The Committee recommends that future Department of Disability, Housing and Community Services (DHCS) annual reports include additional information about respite care services, with particular attention to ACT Government centre-based respite services, and the type and amount of flexible respite that is provided.

RECOMMENDATION 2

2.20 The Committee recommends that data collected under the Disability Services National Minimum Data Set relating to unmet need, be included in future DHCS annual reports.

RECOMMENDATION 3

2.23 The Committee recommends that DHCS promotes the benefits of using the registration of interest form to families with children with a disability, and to proactively seek registrations of interest from all high school children with a disability, to assist the department in the planning and provision of post-school and accommodation support options, to meet the future needs of these students.

RECOMMENDATION 4

2.41 The Committee recommends that future DHCS annual reports include more information about the grant program under which funding is provided, in the summary of grants section of the report.

RECOMMENDATION 5

2.50 The Committee recommends that DHCS review the need for specific funding for the Elder Abuse Program at the end of the 2009–2010 financial year, based on the level of service demand experienced by ACT Disability Aged and Carer Advocacy Service.

RECOMMENDATION 6

2.77 The Committee recommends that Housing ACT provide more information, in future annual reports, about the success or otherwise of evictions and conditional orders, and more information about the strategies used to assist tenants who are experiencing problems.

RECOMMENDATION 7

3.10 The Committee recommends that ACT Health enhance the RADAR program for the elderly to reduce the number of presentations to the emergency departments and to ease the stress on elderly patients by avoiding an unnecessary emergency department presentation.

RECOMMENDATION 8

3.31 The Committee recommends that ACT Health, in the 'external scrutiny' section of its annual report, provide more accurate reporting on relevant inquiries by Legislative Assembly Committees concerning the operation of the agency, and information on the implementation of Assembly committee recommendations that have been accepted by the Government of the day.

1 INTRODUCTION

1.1 On 13 October 2009 annual and financial reports for all ACT Government agencies for 2008–09 were presented to the Legislative Assembly and referred to the relevant Standing Committees.

1.2 Annual reports referred to the Standing Committee on Health, Community and Social Services were:

- ACT Health; and
- Department of Disability, Housing and Community Services (DHCS).

Conduct of Inquiry

1.3 The Committee held two public hearings on 2 December 2009 and 16 December 2009. At the hearings, the Committee met with the Minister for Health, the Minister for Disability, Housing and Community Services, the Minister for Aboriginal and Torres Strait Islander Affairs, the Minister for Ageing, the Minister for Multicultural Affairs and the Minister for Women.

1.4 The Committee also heard from 19 departmental officials from ACT Health and the DHCS. A full list of witnesses is at Appendix A.

1.5 Following the public hearings the Committee asked an additional 40 supplementary questions to assist in their inquiry. The responses to these questions are available on the Assembly website.

1.6 A further 16 responses were received to questions taken on notice by Ministers during public hearings. These are available on the Committee website.

Purpose and intent of annual reporting

1.7 The primary function of annual reports by government agencies is to report to the Legislative Assembly and the public on the work of the agency. They provide information about the achievements, issues, performance, outlook and financial position of the agency at the end of each reporting year. Annual

reports are also means through which the Legislative Assembly can review the actions of the Executive.

1.8 Agencies' annual reporting requirements are set out in the *Annual Report (Government Agencies) Notice 2009*.[3] This Notice includes the Chief Minister's *Annual Reports Directions* (the *Directions*) which are issued under the *Annual Reports (Government Agencies) Act 2004* (ACT). That Act requires that agencies comply with the *Directions*, rending them mandatory.[4]

1.9 As key accountability documents concerning management performance, annual reports reflect on the agency's performance, achievements and outcomes during the reporting year. They are also a concise way of accounting for the expenditure of public monies.

1.10 Agencies account for management performance through Ministers to the Legislative Assembly and the wider community. Since annual reports are tabled in the Assembly, they are historical documents on the public record, and are available for use by stakeholders, including educational and research institutions, the media and the public. Annual reports are also key reference documents, and documents for internal management.

1.11 As specified in the *Directions*, annual reports 'should not be designed for promotional, marketing, commercial or morale-building purposes' but should be 'an objective account, primarily to the Legislative Assembly, of how the entity has performed during the reporting year'.[5]

1.12 The *Directions* also specify that an effective annual report will:

- provide a clear picture of the agency's purpose, priorities, outputs and achievements;
- focus on results and outcomes – communicate the success or otherwise, including shortfalls, of the agency's activities in achieving ACT Government policy outcomes in the reporting year, while accounting for the resources used in the process;

---

[3] Annual Reports (Government Agencies) Notice 2009 (No 1) NI2009-283 , accessible at <http://www.legislation.act.gov.au/ni/2009-283/default.asp>

[4] ss5(2)(b) and 6(2) the *Annual Reports (Government Agencies) Act 2004* <http://www.legislation.act.gov.au/a/2004-8/default.asp>

[5] *Chief Minister's 2007–2010 Annual Report Directions,* p 7

- discuss results against expectations – provide sufficient information and analysis for the Assembly and community to make a fully informed judgement on agency performance;
- clearly identify any changes to structures or functions of the agency in the reporting period and explain changes in performance over time;
- report on agency financial and operational performance and clearly link with budgeted priorities and financial projections as set out in annual Budget Estimate Papers and the agency Statement of Intent and Corporate Plan;
- provide performance information that is complete and informative, linking costs and results to provide evidence of value for money;
- discuss risks and environmental factors affecting the agency's ability to achieve objectives including any strategies employed to manage these factors, and forecast future needs and expectations;
- recognise the diverse needs and backgrounds of stakeholder groups and present information in a manner that is responsive to the maximum number of users while maintaining a suitable level of detail;
- comply with any specific legislative reporting requirement; and
- comply with the *Annual Reports (Government Agencies) Act 2004* and the Chief Minister's *Annual Report Directions*.[6]

1.13 Annual reports, which have been nominated by agencies, may also be assessed for an award by the Institute of Public Administration (ACT Division).[7]

1.14 The inquiry process also provides an opportunity for non-executive Members of the Legislative Assembly to pursue issues of concern raised by constituents, or through other avenues. The transcript of the proceedings can be accessed on the Legislative Assembly website at <www.parliament.act.gov.au>.

---

[6] *Chief Minister's 2007–2010 Annual Report Directions,* pp 5–6

[7] Institute of Public Administration Australia [ACT Division], 'Annual report awards', accessed 7 December 2009, <http://www.act.ipaa.org.au/annual_report_awards>

2 DEPARTMENT OF DISABILITY HOUSING AND COMMUNITY SERVICES

2.1 The Department of Disability Housing and Community Services (DHCS) covers a broad range of human service delivery programs.

2.2 The programs and operation of DHCS are spread across six ministerial portfolios. This has often resulted in confusion about the responsible Minister for specific programs and, in particular, where to direct questions in annual reports and estimates hearings. The Committee welcomes the addition of the Portfolio Output Responsibilities (Chart 2), detailing Ministerial responsibility for the various programs, to the DHCS 2008–09 Annual Report.

2.3 The Committee is also pleased to note the changes to Output Class 3 Community Development and Policy, Output 3.1, whereby the Social Housing and Homelessness function has been transferred to Housing ACT, to take effect from 2009–2010.[8]

2.4 The Standing Committee on Health, Community and Social Services shares the referral of the DHCS Annual Report with the Standing Committee on Education, Training and Youth Affairs. The referral from the Assembly to this Committee included:

- Output Class 1, Disability and Therapy Services;
- Output Class 3, Community Development and Policy; and
- Housing ACT, Output Class 1, Social Housing Services.[9]

[8] ACT Government, 2009–2010 Budget Paper No. 4, p 235

[9] Output Class 2 and Output Class 4 were referred to the Standing Committee on Education, Training and Youth Affairs

Disability Services and Policy

2.5 The Committee met with the Minister for Disability, Housing and Community Affairs, and officials from DHCS, to discuss issues related to Output Class 1, Disability and Therapy Services and sections of Output Class 3, Community Development and Policy.

2.6 Output 1.1, Disability Services and Policy includes the delivery of disability services through government and non-government service providers to people with moderate to severe disabilities. Services include supported accommodation, community access and support and respite care.[10]

Respite care services

2.7 The Committee noted the Auditor General's Report no 3 of 2009, *Management of Respite Care Services in the ACT* and sought an update on the implementation of the recommendations. Ms Leanne Power, Director, Policy Planning and Business Support advised the Committee that of the 14 recommendations made by the Auditor General, a number of them were already being progressed. Ms Power further advised that the recommendations regarding the client feedback system have been completed, and the remaining recommendations are on track to be completed by the end of 2009.[11]

2.8 The DHCS Annual Report reports that flexible respite hours have risen by 96 per cent.[12] Despite this significant increase the Committee could find no other reference to flexible respite in the report. Ms Lois Ford, Executive Director, Disability ACT, told the Committee that DHCS changed the structure of services in 2006 to allow for a broader range of options to better meet the needs of care recipients and their carers. Some of the flexible

---

[10] *Annual Report 2008–09, DHCS*, vol 1, p 26

[11] Ms Power, *Transcript of evidence*, 16 December 2009, p 59

[12] *Annual Report 2008–09, DHCS*, vol 1, p 34

options include centre-based respite from one to five days, after-school support, weekend support or providing support within a person's home.[13]

2.9 Ms Ford further advised that a range of funding models have been created to support this flexibility, such as block funding paid within a contract to an agency on behalf of an individual, individual support packages auspiced through an agency, and the move to direct grants for individuals to determine their own needs.[14] The Committee considers that further information about the type of flexible respite, and the number of hours provided, should be included in future annual reports.

2.10 The Committee notes that centre-based respite nights have risen by 11 per cent but could find no further information in the annual report about the four centre-based respite care services, provided by the ACT Government. The Committee considers this to be an important component of the work of Disability ACT and considers this information should be included in future annual reports.

RECOMMENDATION 1

2.11 **The Committee recommends that future Department of Disability, Housing and Community Services (DHCS) annual reports include additional information about respite care services, with particular attention to ACT Government centre-based respite services, and the type and amount of flexible respite that is provided.**

2.12 Concerned about service delivery standards, the Committee enquired about the accreditation of non-government providers of respite care. Ms Power told the Committee that one of the reforms of the National Disability Agreement was to establish a national quality framework over the next 12 to 18 months.[15]

---

[13] Ms Ford, *Transcript of evidence*, 16 December 2009, p 62

[14] Ms Ford, *Transcript of evidence*, 16 December 2009, pp 62–63

[15] Ms Power, *Transcript of evidence*, 16 December 2009, pp 62–63

Registration of interest / unmet need

2.13 The Committee was interested in the level of unmet need, particularly for supported accommodation. Ms Ford advised of the registration of interest, a service provide by DHCS to assess future needs of people with a disability. The Committee was advised that there are currently 89 people who have registered interest for some form of service, and that DHCS is actively working with 36 people. Ms Ford further advised that people tend to express an interest in future accommodation needs.[16]

2.14 The Committee notes the comments of the Minister for Disability, Housing and Community Services regarding future accommodation needs, stating that DHCS is conducting a 'feasibility study to map the current and projected 10 year demand for adapted or special designed properties outside of general public housing'.[17]

2.15 The Committee also notes that the National Disability Agreement (NDA) prioritises *Better Measurement of Need*. Under this priority:

> a national model to estimate demand will be developed by mid 2010; there will be improvements in the data collected through the Survey of Disability, Ageing and Carers (SDAC), which will provide a stronger basis for demand estimates; and improvements in the quality of data reported under the National Minimum Data Set, and jurisdiction-level unmet demand data.[18]

2.16 Under the NDA, the ACT has a responsibility to report to the Australian Government on disability service provision through the Disability Services National Minimum Data Set (DS NMDS), an annual collection of information from services that receive funding from, or are operated by Disability ACT.

---

[16] Ms Ford, *Transcript of evidence*, 16 December 2009, p 79

[17] Ms Burch, Legislative Assembly Debates, 23 February 2010

[18] National Disability Agreement, p 8

2.17 Disability ACT has also identified a further four key areas 'where additional data are required in order to accurately project Disability ACT's expected service demand and expenditure in the coming decade'. These are:

- extent of cross-border service usage of ACT disability services;
- the effect on ACT disability services due to natural support failure;
- number of service users requiring ACT disability services due to an acquired injury; and
- the extent of unmet need in the community.[19]

2.18 To obtain this information DHCS has included six questions in the NMDS, including four questions that relate specifically to unmet need.[20]

2.19 The Committee notes that data from the DS NMDS are used by the Australian Institute of Health and Welfare and the Productivity Commission for their annual reporting of Disability Support Services and Report on Government Services.[21] However, the Committee considers that it would be useful to record the information relating to unmet need, as identified by Disability ACT, in the DHCS annual report. The Committee further considers that having this information in one place makes it more accessible to the general reader.

RECOMMENDATION 2

2.20 **The Committee recommends that data collected under the Disability Services National Minimum Data Set relating to unmet need, be included in future DHCS annual reports.**

2.21 The Committee notes the process of assessing unmet need and planning for the future, and the national model being developed. However, the Committee considers that the four key areas identified by DHCS only take into consideration the needs of people who access services with a specific request, such as future accommodation needs. The Committee considers that

---

[19] DHCS, Additional ACT Questions for NMDS, viewed 22 February 2010, <http://www.dhcs.act.gov.au/__data/assets/pdf_file/0018/57132/Additional_ACT_Questions_Data_Guide_2009-10.pdf>

[20] DHCS, Additional ACT Questions for NMDS, viewed 22 February 2010, pp 6–9

[21] DHCS, National Disability Agreement, viewed 22 February 2010, <http://www.dhcs.act.gov.au/disability_act/cstda>

more could be done to assist young people with a disability and their families to plan for their future needs.

2.22 The Committee is of the view that the expression of interest form could be a useful resource to assist Disability ACT to plan for future needs not only for accommodation, but for post-school options, particularly for high school aged children accessing special education programs and services in the ACT.

RECOMMENDATION 3

2.23 **The Committee recommends that DHCS promotes the benefits of using the registration of interest form to families with children with a disability, and to proactively seek registrations of interest from all high school children with a disability, to assist the department in the planning and provision of post-school and accommodation support options, to meet the future needs of these students.**

Taxi Subsidy Scheme

2.24 The Taxi Subsidy Scheme assists people who have a disability that prevents them using public transport for a minimum period of 6 months. The scheme provides a subsidy towards the cost of taxi transport for travel by regular taxi or a wheelchair accessible taxi, where required.[22] Depending on eligibility, the subsidy is either 50 per cent, capped at $17 per trip, or 75 per cent, capped at $26 per trip.

2.25 The Committee was interested in the cost and availability of the ACT Taxi Subsidy Scheme and was advised that there are over 3 500 users, of which 85 per cent are over the age of 60.[23]

2.26 Recent changes to the funding of the scheme means 'that funding under the scheme is not capped, and all ACT residents who are eligible can access benefits under the scheme'.[24]

---

[22] Application for the ACT Taxi Subsidy Scheme, viewed 28 January 2010, <http://www.dhcs.act.gov.au/__data/assets/pdf_file/0019/5248/Application_for_the_ACT_Taxi_Subsidy_Scheme.pdf>

[23] Minister for Disability, Housing and Community Services, *Transcript of evidence*, 16 December 2009, p 67

[24] Question Taken on Notice, No HCSS QTON 09/10, received 27 January 2010

2.27 The Committee was advised that the overall expenditure for the scheme amounted to:

- $868 819 in 2006–2007
- $1 061 897 in 2007–2008
- $848 206 in 2008–2009
- $472 239 for July 2009–December 2009.[25]

2.28 The Committee was concerned about people with enduring conditions required to reapply for the scheme, and was pleased when advised that from August 2009, permanent eligibility was introduced for people with enduring conditions.[26]

Other issues

2.29 The Committee sought further information about:

- the Business Leaders Innovative Thoughts and Solutions (BLITS) Champions Program;[27]
- long-term patients in hospital, with Individual Support Packages (ISPs), waiting for suitable accommodation and was advised that the length of time would vary depending on the specific circumstances of the individual and property availability.[28]
- the progress and up-take of the ACT Companion Card;[29]
- the caring for carers policy and the development of a charter of rights for carers;[30]
- DHCS involvement in the taxi review, given that wheelchair accessible taxis are a significant part of the review;[31] and
- carer support grants and volunteer grants.[32]

---

[25] Question Taken on Notice, No HCSS QTON 09/10, received 27 January 2010

[26] Minister for Disability, Housing and Community Services, *Transcript of evidence*, 16 December 2009, p 69

[27] *Transcript of evidence*, 16 December 2009, p 63

[28] *Transcript of evidence*, 16 December 2009, pp 81–84

[29] *Transcript of evidence*, 16 December 2009, p 66

[30] *Transcript of evidence*, 16 December 2009, pp 72–73

[31] *Transcript of evidence*, 16 December 2009, p 68

[32] *Transcript of evidence*, 16 December 2009, pp 86–87

Therapy Services

2.30 Therapy ACT is the Government provider of therapy and support services in the ACT to children, young people and adults with a disability, and children from birth to eight with developmental delays.[33]

2.31 Responsibility for therapy services rests with the Minister for Disability, Housing and Community Services. The Committee met with the Minister and departmental officials on 16 December 2009.

2.32 The Committee was interested in the current waiting list for speech therapy and was advised that, as at December 2009, it was 299. The Committee was further advised that the waiting list had been reduced from 650 in July 2009, due to additional staffing. The extra staff had enabled Therapy ACT to set up an assessment team to assess 300 people on the list, over a ten-week period. However, Ms Hayes, Senior Manager, Therapy ACT advised that people are removed from the waiting list once they have been assessed, not when they start the program.[34] Ms Hayes explained 'once people have had an assessment, they understand what is going on and they understand what kind of treatment will be offered to them, they are a lot more relieved about the situation'.[35]

2.33 The Committee was advised that from mid January 2010 there would be 27 speech pathologists employed with Therapy ACT with a further position to be filled in July 2010. This is a result of a $3.6 million investment in pathology services, and Ms Hayes was confidant that this would help to reduce the

---

[33] *Annual Report 2008–09, DHCS*, vol 1 p 37

[34] Ms Hayes, *Transcript of evidence*, 16 December 2009, pp 75–76

[35] Ms Hayes, *Transcript of evidence*, 16 December 2009, p 76

waiting lists further, but explained, 'the demand for our therapy services is almost infinite, so in some ways you can never have enough staff'.[36]

2.34 The Committee was also interested in the early intervention program, *Is Your Toddler Talking?* and was advised that the program had been successful with 110 families attending the 12 programs, run across the reporting year.[37]

2.35 Asked about the interaction between Therapy ACT and schools, the Committee was advised that Therapy ACT was not a school-based service and worked with individual children and their families. However, Therapy ACT does provide teachers with strategies to use in classrooms and runs professional development programs for teachers at the Centre for Teaching and Learning. Ms Hayes advised that as a result of the special education review, protocols between Therapy ACT and Education would be developed around better support for schools.[38]

Community Development and Policy

2.36 Output Class 3, Community Development and Policy is responsible for the administration of concessions and benefits to low income earners, community engagement activities, the Community Inclusion Fund, and management of community facilities.[39]

Community grants

2.37 The Committee sought clarification on the Community Inclusion Fund (CIF) and was advised that while the fund ceased in 2008, the Community, Support and Infrastructure Grants were available to support innovative community projects. The Committee was further advised that this program was a combination of various grants programs that began in 2007–2008. [40]

---

[36] Ms Hayes, *Transcript of evidence*, 16 December 2009, p 76

[37] Ms Hayes, *Transcript of evidence*, 16 December 2009, p 77

[38] Ms Hayes, *Transcript of evidence*, 16 December 2009, p 78

[39] *Annual Report 2008–09, DHCS*, vol 1, p 49

[40] Minister for Disability, Housing and Community Services, *Transcript of evidence*, 16 December 2009, p 70

2.38 The Committee was particularly concerned about the future of the organisations that had received funding through the CIF. The Minister advised that at the conclusion of the CIF there were 20 remaining projects, of which 13 had 'sourced additional ongoing funds from elsewhere and seven have been wound down'.[41]

2.39 Enquiring further about the seven projects that had wound down, the Committee was advised, by a question taken on notice, that three projects did not seek additional funding, and that the remaining four had not secured additional funding from the ACT Government.[42]

2.40 The Committee notes that DHCS reporting on funding agreements, grants and sponsorships contained in Table 4: Service Funding Agreement/Grant/Sponsorships [43] complies with the Chief Minister's Direction's by providing details of 'community and business grants/assistance/sponsorship provided by the agency, including recipient and amount, and an outline of the purpose of the grants, assistance or sponsorship'.[44] However, with the wide range of grant programs and funding sources administered by DHCS, the Committee considers that it would be useful to include more information in the table about the grant program under which funding is provided, such as ACT Women's Grants, Multicultural Grants Program, Community Support and Infrastructure grants, Volunteer Grants, or Carer Support Grants.

2.41 The Committee further notes that Table 3 provides a summary of service funding agreements, grants and sponsorships and provides the total amount expended in each of the three categories. The Committee would like to see the breakdown of the range of grant programs included in this section. While these figures are provided throughout the report under the relevant sections, having the full information readily available in one spot would improve the readability of the annual report, particularly for those interested in the various grant programs and other funding sources.

---

[41] Minister for Disability, Housing and Community Services, *Transcript of evidence*, 16 December 2009, p 71

[42] Question Taken on Notice, No HCSS QTON 09/ 11, received 29 January 2010

[43] *Annual Report 2008–09, DHCS*, vol 2, p 255

[44] Chief Minister's *Annual Report Directions*, p 35

RECOMMENDATION 4

2.42 **The Committee recommends that future DHCS annual reports include more information about the grant program under which funding is provided, in the summary of grants section of the report.**

2.43 The Committee also sought further information on the following issues in relation to community development services:

- the development of a policy and service framework for financial and material aid;[45]
- transport concessions, particularly in relation to the national partnership on reciprocal transport concessions;[46]
- an update on the caring for carers in the ACT Action Plan 2004–2007 and the development of a charter of rights for carers.[47]

Office of Multicultural Affairs

2.44 The Office of Multicultural Affairs (OMA) supports ACT multicultural community groups, promotes multiculturalism in the ACT and provides strategic advice to the Minister for Multicultural Affairs on issues affecting people from culturally and linguistically diverse backgrounds.[48]

2.45 The Committee was interested in the cost of the 2009 multicultural festival, in particular the $500 000 overspend. Mr Ian Hubbard, Director, Finance and Budget, told the Committee that participation in the festival had increased by 50 per cent, and the move to Glebe Park had increased the 'footprint'. Mr Hubbard expressed the view that servicing the increased 'footprint' for things such as infrastructure, utilities and rubbish collection accounted for a significant proportion of the overspend.[49]

2.46 Following the 2009 festival, the Committee was advised that the OMA developed a policy to maximise community participation. The policy also

---

[45] Minister for Disability, Housing and Community Services, *Transcript of evidence*, 16 December 2009, p 86

[46] *Transcript of evidence,* 16 December 2009, pp 114–115

[47] *Transcript of evidence,* 16 December 2009, pp 72–73

[48] *Annual Report 2008–09, DHCS*, vol 1, p 56

[49] Mr Hubbard, *Transcript of evidence,* 16 December 2009, p 107

includes a provision to enable OMA to receive financial contribution towards the cost of infrastructure from stall holders. Commercial operators are required to pay a larger fee. The policy also restricts the 'footprint' of the festival to the Civic area, defines the number of stalls, and restricts the event to three days.[50]

2.47 The Committee was also interested in what knowledge the Minister had about the overspend and the approval process for the additional spending. In response to a question taken on notice, the Committee was advised that the Minister was not required to approve the additional expenditure as the Director of OMA has authorisation to approve expenditure at that level. The Committee was further advised:

> The Minister was progressively briefed on the financial outcome of the 2008–09 Multicultural Festival during March and April 2009 as invoices were received and payments finalised.[51]

Office for Ageing

2.48 The Office for Ageing promotes positive ageing for older Canberrans through the development of policies and the provision of strategic advice on ageing issues to Government. The Office also works in partnership with key agencies in the ACT and provides secretariat support to the Ministerial Advisory Council on Ageing.[52]

2.49 The Committee enquired about any work done by the Office for Ageing on analysing and understanding population changes in the ACT. The Minister advised that demographic analysis is conducted in partnership with the Chief Minister's Department. The Minister further advised that these statistics have informed the development of the positive ageing strategic plan.[53]

---

[50] Mr Manikis, *Transcript of evidence,* 16 December 2009, p 108+

[51] Question taken on notice, No HCSS QTON 09/13, received 3 February 2010

[52] *Annual Report 2008–09, DHCS*, vol 1, p 56

[53] Minister for Ageing, *Transcript of evidence*, 16 December 2009, pp 117–118

2.50 The Committee was concerned about the future of the *Elder Abuse Program* run by ACT Disability Aged and Carer Advocacy Service (ADACAS). The Committee was advised that the program was reviewed and a policy officer was engaged to implement the recommendations that included the development of a coordinated government response. The Committee wanted to ensure that the service was still available through ADACAS and was advised that while the program was a one-off funding for that 12-month period, ADACAS still has a responsibility through the HCCA program to support elderly clients experiencing abuse.[54]

RECOMMENDATION 5

2.51 **The Committee recommends that DHCS review the need for specific funding for the Elder Abuse Program at the end of the 2009–2010 financial year, based on the level of service demand experienced by ACT Disability Aged and Carer Advocacy Service.**

Office for Women

2.52 The role of the Office for Women is to raise the status of women in the ACT through the oversight of the ACT Women's Plan, and the provision of strategic direction in the development of appropriate policies and programs. The Office for Women also provides secretariat support to the Ministerial Advisory Council on Women, and administers a number of grants and scholarships programs.[55]

2.53 The Committee met with the Minister for Women and departmental officials on 16 December 2010.

2.54 The Committee was interested in the development of the 2010–2015 Women's Plan. The Minister advised that the Plan was being developed in consultation with the Ministerial Council on Women. The Minister further advised that there was broad community consultation, including an online survey that

[54] Mrs Whitten, *Transcript of evidence*, 16 December 2009, p 114

[55] *Annual Report 2008–09, DHCS*, vol 1, p 56

generated 360 submissions. The Women's Plan is expected to be launched on International Women's Day 2010.[56]

2.55 Time constraints on the public hearing limited Members from asking further questions. Following the hearing the Committee asked the Minister for Women 11 supplementary questions relating to: the ACT Aboriginal and Torres Strait Islander Women's Gathering, Audrey Fagan Scholarships, International Women's Day, Youth InterACT Scholarships, Women's Information and Referral Service, the 2009 Women's Summit, ACT Micro-credit Program, gender analysis and pre-allocation case conferencing mechanisms.

2.56 The responses to these questions are available on the Committee website.

Office of Aboriginal and Torres Strait Islander Affairs

2.57 The Office of Aboriginal and Torres Strait Islander Affairs provides strategic advice to the Minister for Aboriginal and Torres Strait Islander Affairs on issues affecting Aboriginal and Torres Strait Islander (ATSI) people living in the ACT. The Office also coordinates a whole-of-government approach and provides secretariat and administrative support to the Aboriginal and Torres Strait Islander Elected Body, the Taskforce on Aboriginal and Torres Strait Islander Affairs, the United Ngunnawal Elders Council and the Indigenous ACT Public Service Network.[57]

2.58 The Committee met with the Minister for Aboriginal and Torres Strait Islander Affairs and departmental officials on 16 December 2009.

2.59 The Committee was advised that the Office for Aboriginal and Torres Strait Islander Affairs employs four staff and has a budget of around $850 000.[58]

United Ngunnawal Elders Council

---

[56] Minister for Women, *Transcript of evidence*, 16 December 2009, p 116

[57] *Annual Report 2008–09, DHCS*, vol 1, p 56

[58] Mr Manikis, *Transcript of evidence*, 16 December 2009, pp 88–89

2.60 The Committee was interested in the level of consultation with the United Ngunnawal Elders Council (UNEC) on water security and the Cotter Dam. Mr Stanhope advised that ACTEW consulted with UNEC as part of the planning approval process, but 'the issues around heritage and Indigenous assessment on the impact of the dam would be a different process'.[59] Mr Stanhope further advised that there was cross agency consultation.

2.61 The Committee was interested in the relationship between UNEC and the Aboriginal and Torres Strait Islander Elected Body. While there are frictions between the families, Mr Nic Manikis, Director, Multicultural, Aboriginal and Torres Strait Islander Affairs reported good interaction between the groups. Mr Hehir advised that the Elected Body is very clear about their responsibility being about 'services to the broader Aboriginal and Torres Strait Islander community' and not providing advice on traditional matters.[60]

Aboriginal and Torres Strait Islander Elected Body

2.62 The Committee was interested in the work of the Aboriginal and Torres Strait Islander Elected Body. Mr Stanhope advised of an 'estimates type hearing process' conducted by the Elected Body in August 2009. Departmental officials from ACT Government departments and agencies with responsibility for Indigenous issues were required to appear before the Elected Body in a formal hearing, recorded by Hansard.

2.63 Mr Stanhope told the Committee that he understood that this capacity to formally question departmental officials of government agencies was a first for Australia.[61] The final report of the Elected Body was tabled in the Assembly on 25 February 2010. The Committee is pleased to note that the Government has undertaken to respond to the report within three months, as it does with Assembly committee reports. The Committee looks forward to the Government response.

---

[59] Mr Stanhope, *Transcript of evidence,* 16 December 2009, p 89

[60] Mr Hehir, *Transcript of evidence,* 16 December 2009, p 93

[61] Mr Stanhope, *Transcript of evidence,* 16 December 2009, pp 90–91

2.64 The Committee noted there was only 240 votes recorded at the election of the Elected Body and questioned how the Office might increase the voter turnout. Mr Manikis, acknowledging the low number of votes, told the Committee that the Office had 'learnt some lessons from the previous experience and we will be looking to increase access to voting points around the ACT'.[62]

2.65 Mr Stanhope was also concerned about the voter turnout but pointed out that while there are things that government can do better, 'the future of the elected body is very much in the hands of the current members and of the Indigenous community'.[63] Mr Manikis told the Committee the members have been successful in raising the profile and importance of the body to the community, and expects that this will continue.[64]

2.66 The Committee was advised that the elected body receives $300 000 per annum and the Office provides secretariat services.

Genealogy study

2.67 The Committee was interested in the genealogy study announced in the Assembly on 10 December 2009. Mr Stanhope told the Committee that the complexity of the competing claims of traditional custodianship is dividing the community, and that the Government is looking for a resolution. While the Government has agreed to fund the study, Mr Stanhope expressed concern about the 'usefulness of the utility and the capacity for the genealogy to resolve problems'. [65]

2.68 Mr Stanhope was hopeful that the study would be funded out of the 2010–11 Budget.

Other issues

2.69 The Committee also discussed the following issues:

---

[62] Mr Manikis, *Transcript of evidence,* 16 December 2009, p 91

[63] Mr Stanhope, *Transcript of evidence,* 16 December 2009, p 92

[64] Mr Manikis, *Transcript of evidence,* 16 December 2009, pp 91–92

[65] Mr Stanhope, *Transcript of evidence*, 16 December 2009, p 100

- the COAG national agreements framework, including the COAG economic participation agreement;[66]
- the interrelationship between government departments and the role of the ACT Taskforce on Indigenous Affairs;[67]
- departmental reconciliation plans and the potential for the development of a whole-of-government plan;[68]
- the need to improve data collection to better measure progress in the ACT;[69]
- increased level of use of the cultural centre now that it is fully operation;[70] and
- case management for Indigenous students, including the Chief Minister's challenge of every principal of every ACT Government school to know each Indigenous student and their educational performance standard on a daily basis.[71]

Housing ACT

2.70 As noted earlier, the responsibility of part of Output Class 3, Social Housing and Homelessness Services has been transferred to Housing ACT from the 2009–2010 financial year. The Committee met with the Minister for Disability, Housing and Community Services and departmental officials on 2 December 2009. The public hearing for Housing ACT held on 2 December 2009 considered issues to do with homelessness services.

2.71 Social Housing and Homelessness Services has responsibility for policy development and program management in relation to responding to homelessness.[72]

---

[66] *Transcript of evidence*, 16 December 2009, p 94

[67] *Transcript of evidence*, 16 December 2009, pp 94–95

[68] *Transcript of evidence*, 16 December 2009, p 95

[69] *Transcript of evidence*, 16 December 2009, p 96

[70] *Transcript of evidence*, 16 December 2009, p 98

[71] *Transcript of evidence*, 16 December 2009, pp 96–97

[72] *Annual Report 2008–09, DHCS*, vol 1, p 49

2.72 Housing ACT is responsible for the provision and management of public housing tenancies and properties, and the provision of support and resources to community housing providers. Housing ACT aims to provide 'safe, affordable and appropriate housing that supports the needs of tenants and applicants in a sustained environment'.[73]

Evictions

2.73 The Committee notes the reduction in the number of evictions for breach of tenancy[74], but was concerned that the number of complaints for disruptive behaviour was increasing. Mr Marin Hehir, Chief Executive, DHCS, advised the Committee that 'the breach of tenancy that is normally utilised for an application for an eviction is non-payment of rent' as the Residential Tenancies Act (until recently) only allowed Housing ACT to seek conditional orders in relation to non-payment of rent.[75]

2.74 Changes made to the Residential Tenancies Act 1997, by the Legislative Assembly in 2008–09, have made it possible for Housing ACT to seek conditional orders relating to other matters.[76] While this option is now available, Housing ACT will work closely with the tenant to maintain the tenancy, where possible. As Mr Hehir explained, 'there are some people who need support and skill, and we certainly work to do that'.[77]

2.75 In further evidence to the Committee, Mr Hehir advised that in terms of managing disruptive behaviours under the amended legislation 'the practice has now been put into place of seeking conditional orders and, where appropriate, we will go back to the tribunal to do that and, in fact, we have done so'.[78]

2.76 The Committee notes that the reasons cited for the 18 evictions recorded in the 2008–09 annual report were for, 'breach of tenancy, including arrears of

---

[73] *Annual Report 2008–09, DHCS*, vol 1, p 77

[74] *Annual Report 2008–09, DHCS*, vol 1, p 78

[75] Mr Hehir, *Transcript of evidence*, 2 December 2009, p 37

[76] *Annual Report 2008–09, DHCS*, Vol 1, p 85

[77] Mr Hehir, *Transcript of evidence*, 2 December 2009, p 38

[78] Mr Hehir, *Transcript of evidence*, 2 December 2009, p 38

rent'.[79] The Committee is interested in the reason for evictions and considers more information about the grounds for evictions should be included in the annual report, particularly with the extended provision enabling Housing ACT to seek conditional orders for a range of matters.

2.77 Mr Hehir told the Committee that the tribunal had granted Housing ACT about 40 conditional orders out of 50 currently being sought. Acknowledging that this provision is relatively new, the Committee was unable to find any information in the annual report about the number of conditional orders that are in place and the reasons for those orders. The Committee considers that this information should be in the annual report.

RECOMMENDATION 6

2.78 **The Committee recommends that Housing ACT provide more information, in future annual reports, about the success or otherwise of evictions and conditional orders, and more information about the strategies used to assist tenants who are experiencing problems.**

Waiting list

2.79 The Committee was concerned with the substantial increase in the number of applications for housing.[80] Mr Hehir advised that the increase was due, in part, to people's financial concerns, difficulty accessing the private rental market, and unemployment as a result of the global financial crisis.[81]

2.80 The Committee was also interested in the number of people on the waiting list and was advised that as of 24 November 2009, it was 1 460. The Committee questioned the difference between the current figure and the 2 500 recorded in the annual report.[82] Mr Hehir advised that the waiting list overstates the number of people seeking public housing as the list is made up

---

[79] *Annual Report 2008–09, DHCS*, vol 1 p 78

[80] *Annual Report 2008–09, DHCS*, vol 1, p 79

[81] Mr Hehir, *Transcript of evidence*, 2 December 2009, p 43

[82] *Annual Report 2008–09, DHCS*, vol 1, p 79

of 'a combination of a transfer list and our applicants list'.[83] Mr Hehir further advised that the waiting list is reviewed annually to assess the current eligibility of those on the list.[84]

2.81 The Committee was also interested in the number of people on the waiting list with a disability. Ms Maureen Sheehan, Executive Director, Housing and Community Services ACT told the Committee that while Housing ACT does not have a separate list for people with a disability, there is a 'special classification in the priority group for people with a disability whose natural supports are breaking down'.[85]

2.82 Enquiring about public housing for elderly people, the Committee was told eligibility was still based on income. However, Mr Hehir told the Committee that housing older people was a faster process as they had the option of applying for an aged-persons flat for the 55-plus or an aged-persons unit for the 65-plus.[86]

2.83 The Committee was also interested in the average waiting period across the three categories of the ACT Housing waiting lists for pubic housing. Through a question taken on notice, the Committee was advised that as of 14 December 2009, the average waiting period for ACT public housing was 96 days for priority housing, 507 days for high needs housing and 816 days for standard housing.[87] While 80 per cent of housing applicants with the highest needs were housed within 90 days, the Committee was advised that the longest waiting time currently for standard housing was just over 13 years, 'where the prospective tenant had not disclosed any special needs or hardship'.[88]

2.84 While the overall response rate for questions taken on notice and questions on notice was good, the Committee considers it unacceptable that the response to a question taken on notice at the public hearing of 16 December 2009, about the housing waiting lists, took 12 weeks to be

---

[83] Mr Hehir, *Transcript of evidence*, 2 December 2009, p 43

[84] Mr Hehir, *Transcript of evidence*, 2 December 2009, p 44

[85] Ms Sheehan, *Transcript of evidence*, 2 December 2009, p 52

[86] Mr Hehir, *Transcript of evidence*, 2 December 2009, p 43

[87] Question Taken on Notice, No HCSS QTON 09/16, received 10 March 2010

[88] Question Taken on Notice, No HCSS QTON 09/16, received 10 March 2010

provided, taking into account the end-of-year shutdown. Timely responses to requested information are integral to an Assembly committee's ability to perform its role.

Homelessness

2.85 The Committee sought further information about a pilot project for youth housing. Ms Sheehan told the Committee that Housing ACT, as an adjunct to the homelessness strategy, conceived the project aimed at addressing youth homelessness. Ms Sheehan further advised that the pilot project was a success and that Housing ACT is currently considering ways to expand it.[89]

2.86 The Committee was also concerned about the funding for the day refuge run by Toora Women, and was advised that Toora Women had approached Housing and Community Services with the proposal to make use of the communal area as a drop-in centre for homeless women. As Ms Sheehan stated, this is 'the sort of innovation that we had been looking for in the homelessness services sector'.[90]

Right sizing program

2.87 Changes made to the provision of public housing assistance in 2007, included 'specific consideration of appropriate responses to tenants and their current housing needs'.[91] In 2008–09, Housing ACT transferred 11 people to smaller housing stock.[92]

2.88 The Committee was interested in any support provided to elderly people who chose to downsize to a smaller property, and was advised that Housing ACT will pay the relocation costs of utilities and up to $2 500 for relocation costs. Housing ACT will also call in additional supports, when required.[93] The Committee was advised that there is little demand for upsizing as the

---

[89] Ms Sheehan, *Transcript of evidence*, 2 December 2009, p 42

[90] Ms Sheehan, *Transcript of evidence*, 16 December 2009, p 118

[91] *Annual Report 2008–09, DHCS*, vol 1, p 83

[92] *Annual Report 2008–09, DHCS*, vol 1, p 83

[93] Ms Sheehan, *Transcript of evidence*, 2 December 2009, p 53

ACT has 'one of the lowest levels of overcrowding in public housing stock in Australia'.[94]

Other issues

2.89 At the hearing the Committee also sought further information about:

- level of funding under the National Affordable Housing Agreement;[95]
- membership of the joint champions group;[96]
- Housing ACT policy in relation to tenants paying market rent;[97]
- the Shared Equity Scheme;[98]
- progress of the development of the Lyons site;[99] and
- needs analysis of children in public housing.[100]

[94] Mr Hehir, *Transcript of evidence*, 2 December 2009, p 53

[95] *Transcript of evidence,* 2 December 2009, p 39

[96] *Transcript of evidence,* 2 December 2009, pp 41–42

[97] *Transcript of evidence,* 2 December 2009, pp 44–45

[98] *Transcript of evidence,* 2 December 2009, p 46

[99] *Transcript of evidence,* 2 December 2009, p 48

[100] *Transcript of evidence,* 2 December 2009, pp 54–55

3 ACT HEALTH

3.1 ACT Health aims to achieve good health for all ACT residents by planning, providing and purchasing quality community based health services, hospital and extended care services, managing public health risks, and promoting health and early care interventions.[101] ACT Health employs approximately 5 368 staff and operates six key health service delivery divisions. They are:

- The Canberra Hospital (TCH);
- Calvary Public Hospital (via a contractual agreement with the Little Company of Mary Health Care ACT);
- Community Health;
- Mental Health ACT;
- the Capital Region Cancer Service; and
- the Aged Care and Rehabilitation Service.[102]

3.2 The Committee met with the Minister for Health and departmental officials on 2 December 2009 and canvassed a broad range of issues. The key issues raised at the hearing are discussed in the following section.

Access block

3.3 Access block is the proportion of patients who wait more than eight hours in an emergency department before being transferred to a hospital bed.[103]

3.4 The 2008–09 ACT Health annual report notes that the 'main driver for access block is the availability of beds'.[104] The additional beds help to reduce access block by enabling patients to be transferred to a ward in an appropriate timeframe.

---

[101] 2009–10 Budget Paper No. 4, p 189

[102] *ACT Health, Annual Report 2008–2009*, p 3

[103] *ACT Health, Annual Report 2008–2009*, p 108

[104] *ACT Health, Annual Report 2008–2009*, p 90

3.5 While there has been a slight improvement in access block in the ACT, down from 29.4 per cent in 2007–2008 to 26.9 per cent in 2008–09, the Committee noted that it was still above the ACT target of 25 per cent.[105]

3.6 The Committee was interested in how ACT Health intended to meet its target. The Minister advised the Committee of a range of strategies designed to move people through the emergency department as quickly as possible stating, 'that it is not just about additional beds … but the type of beds introduced'.[106]

3.7 The Minister went on to describe the medical assessment and planning unit (MAPU), a short stay ward for people with complex needs that accepts transfers from the emergency department (ED). This frees up the space in the ED and enables those patients, to have their needs assessed in a more appropriate setting. The Minister advised that due to the success of the MAPU a surgical assessment and planning unit (SAPU) is currently being constructed, and is expected to begin operating in 2010.[107]

3.8 Enquiring about preventing admissions in the first instance the Minister advised of the success of the Rapid Assessment of the Deteriorating and At-Risk (RADAR) program, that she estimates has avoided an ED presentation for 'seventy-odd percent of people that they have seen'.[108]

3.9 The Committee notes the recent enhancement of the RADAR program, 'to provide social work services in addition to the already established consultative and short-term clinical management service'.[109] However, based on the success of the program, the Committee considers that the program should be further enhanced. Not only will this reduce the number of presentations to EDs, but will avoid unnecessary presentations for elderly people whose needs could be addressed in a less stressful way, in the relative comfort of their private residence.

---

[105] *ACT Health*, *Annual Report 2008–2009*, pp 108–109

[106] Minister for Health, *Transcript of evidence*, 2 December 2009, p 2

[107] Minister for Health, *Transcript of evidence*, 2 December 2009, p 2

[108] Minister for Health, *Transcript of evidence*, 2 December 2009, p 3

[109] *ACT Health*, *Annual Report 2008–2009*, p 125

RECOMMENDATION 7

3.10 **The Committee recommends that ACT Health enhance the RADAR program for the elderly to reduce the number of presentations to the emergency departments and to ease the stress on elderly patients by avoiding an unnecessary emergency department presentation.**

3.11 The Committee notes the additional funding for hospital beds and was concerned that there would not be adequate staff to service the beds, given that bed occupancy is still 6 per cent higher (91 per cent) than the recommended bed occupancy rate of 85 per cent.[110] The Minister told the Committee that while there has been a 30 per cent increase in the number of beds, there were no staffing issues and that ACT Health 'are not anywhere near a position where we cannot staff wards'.[111]

3.12 The Committee notes that the 2008–09 target for ACT Health is 90 per cent[112] but is concerned that the Australian Medical Association considers bed occupancy 'rates in excess of 85 per cent are risky, leaving little room for systemic failures in equipment or systems and/or for periods of staff shortages'.[113]

3.13 In its inquiry into the 2007–2008 ACT Health annual report the Committee recommended that further information be provided about strategies to meet ACT Health's long term target of 85 per cent. In its response, the Government noted the recommendation, explaining that the 85 per cent target has not been met due to higher than estimated growth in patient demand. While the bed occupancy rate has decreased from 97 per cent in 2005–06 the Government stated that it has 'committed additional funds in 2009–10 and

---

[110] *ACT Health Annual Report 2008–2009*, p 106

[111] Minister for Health, *Transcript of evidence*, 2 December 2009, p 7

[112] *ACT Health Annual Report 2008–2009*, p 92

[113] Australian Medical Association, *Public Hospital Report Care 2009,* p 3, viewed 15 February 2010, <http://www.ama.com.au/node/5030>

across the forward estimates to further increase bed capacity as a means of reducing bed occupancy rates closer to the target of 85 per cent'.[114]

Bed closures

3.14 The Committee queried what the impact of bed closures has been on the target of occupied bed days. Mr Mark Cormack advised that any period of closure would reduce the number of occupied bed days, but that 'clinical units across ACT Health, including Calvary, have scheduled wind-down periods throughout the year'.[115]

3.15 The Committee further queried whether the bed closures impacted on the target for occupancy rates. Mr Cormack advised:

> The formula that is used to calculate occupancy rates is the available bed days—that is, is a bed open?—and the numerator is the number of days that bed is occupied. So when the bed is not available then it does not actually have an impact on the occupancy rate of that particular bed. You stop counting that bed because it ceases to be open.[116]

Workforce issues

3.16 With workforce shortages identified in a range of health professional streams, the Committee was interested in the staffing levels across a number of areas of ACT Health.

3.17 While the Minister advised the Committee that the ACT health work force is growing every year, she said that the shortage of health professionals is 'nationally something all governments have recognised as one of the biggest risks in terms of the future of our health system; hence the establishment of an agency'.[117]

---

[114] Legislative Assembly for the Australian Capital Territory, *Government Response to the Standing Committee on Health, Community and Social Services, report no 1, Report on Annual and Financial Reports 2007–2008*, 15 October 2009, p 3

[115] Mr Cormack, *Transcript of evidence*, 2 December 2009, p 5

[116] Mr Cormack, *Transcript of evidence*, 2 December 2009, p 6

[117] Minister for Health, *Transcript of evidence*, 2 December 2009, p 8

3.18 The Minister advised that the development of the nurse practitioner role is an important one to help manage workforce requirements in future years.[118] The Chief Nurse, Ms Veronica Croome, advised that ACT Health currently has 17 nurse practitioners employed 'either in transition or in position'.[119] Ms Croome was confident that the potential was there to double the number of nurse practitioners, in Canberra, in the coming year.[120]

3.19 The Minister also advised that ACT Health is trialling assistants in nursing to help enrolled and registered nurses in their day-to-day work.[121]

3.20 Ms Croome advised the Committee that the vacancy rates for nursing across ACT Health were 'at an all time low'.[122]

3.21 The Committee was concerned about the extended waiting time for breast screening. The 2008–09 target for the waiting time between making an appointment and the breast screen was 90 per cent, while the actual result was 28 per cent.[123] The Executive Director of Capital Region Cancer Service, Ms Lisa McGlynn explained that the factors contributing to this poor result included, increased demand from NSW residents and more women reaching the age eligibility, and the 'world wide shortage of radiographers'. Ms McGlynn told the Committee that there had been some recent success in recruiting radiographers trained in mammography, and that this should ease the current situation.[124]

E-health

3.22 With $90 million invested in e-health the Committee was interested in what this money would deliver and how it would link in with the national system being developed. The Minister advised that 'a complicated series of projects' have been funded. These include the development of:

---

[118] Minister for Health, *Transcript of evidence*, 2 December 2009, p 9

[119] Ms Croome, *Transcript of evidence*, 2 December 2009, p 11

[120] Ms Croome, *Transcript of evidence*, 2 December 2009, p 10

[121] Minister for Health, *Transcript of evidence*, 2 December 2009, p 9

[122] Ms Croome, *Transcript of evidence*, 2 December 2009, p 10

[123] *ACT Health Annual Report 2008–2009*, p 87

[124] Ms McGlynn, *Transcript of evidence*, 2 December 2009, p 20

- patient health records;
- personal electronic health records;
- e-referrals;
- electronic discharge reports;
- electronic medication management; and
- electronic transfer of prescriptions.[125]

3.23 The Committee was interested in any potential savings ACT Health expected would be made once the e-health projects are implemented. Mr Cormack advised that the 'savings would accrue to the system, not just one-off but on an ongoing basis'. He outlined potential savings in the areas of improved access to patient information, electronic medication management to reduce preventable admissions or complications, and transmission of prescription information from doctors, direct to the hospital pharmacy.[126]

3.24 The Committee was also interested in the progress of ACT Health receiving e-referrals from general practitioners. The Minister told the Committee that phase one of the project, involving seven practices with 41 general practitioners (GPs), had been completed. The Minister further advised that the second phase of the project was to extend the facility to more general practices.[127] Mr Owen Smalley, the Chief Information Officer told the Committee that the main limiting factor in this was compatibility with GP practice software. Mr Smalley further advised that ACT Health was using the National E-Health Transition Authority (NEHTA) standards and are 'setting the standards nationally'.[128]

3.25 The Committee asked a further 22 supplementary questions related to ACT Health's e-health strategy. The responses to these questions are available on the Legislative Assembly website.

ACT Legislative Assembly Committees

[125] *Transcript of evidence*, 2 December 2009, pp 21–27

[126] Mr Cormack, *Transcript of evidence*, 2 December 2009, p 22

[127] Minister for Health, *Transcript of evidence*, 2 December 2009, p 27

[128] Mr Smalley, *Transcript of evidence*, 2 December 2009, pp 27–28

3.26 Section B.3 of the Chief Minister's guidelines requires agencies to include a list of inquiries completed by ACT Legislative Assembly committees that relate to the operations of the agency. Agencies are also required to provide details on the implementation of recommendations of Assembly Committees that have been accepted by the Government of the day.[129] As noted earlier, the *Annual Reports (Government Agencies) Act 2004* requires that ACT Government annual reports comply with the Chief Minister's annual report direction.[130]

3.27 The Committee is concerned that there is a lack of reference to a number of committee reports of relevance to ACT Health.

3.28 The Committee notes that the 2008–09 annual report lists three committee inquiries conducted by the Sixth Assembly Standing Committee on Health and Disability, but offers no further information on the implementation of recommendations. These are:

- Report No 9, *The Closure of the Wanniassa Medical Centre*, tabled on 26 August 2008, with the government response tabled on 31 March 2009. The ACT Government agreed to six recommendations but no further details are provided.
- Report No 8, *The Early Intervention and Care of Vulnerable Infants*, tabled on 28 August 2008, with the government response tabled on 26 February 2009. While the annual report states that six recommendations pertain to ACT Health, no further details are provided.
- Report No 7, *Health Science in the ACT*, tabled on 19 August 2008, with the government response tabled on 15 October 2009. (Details of implementation to be reported in 2009–2010 Annual Report)

3.29 Other Standing Committee inquires completed in the reporting period pertaining to ACT Health not listed in the Annual Report are:

- Report No 6, *The Use of Crystal Methamphetamine in the ACT*, tabled on 8 May 2008, with the government response tabled on 28 August 2008. The

---

[129] *Chief Minister's 2007–2010 Annual Report Directions,* p 19

[130] s 5(2)(b), 6(2) <http://www.legislation.act.gov.au/a/2004-8/default.asp>

2007–2008 ACT Health annual report states that 21 of the Committee's recommendations relate to services provided by ACT Health.[131]

- Report No 5, *Report on Annual and Financial 2006–2007*, tabled on 4 March 2008, with the Government response tabled on 31 March 2009. The Government agreed to three recommendations pertaining to ACT Health.
- No information is provided regarding recommendations from Estimates Committee inquiries.

3.30 The Committee requests that in future, the annual report of ACT Health include reference to relevant Assembly Committee report recommendations concerning the operation of the agency, and information on the implementation of the recommendations that have been accepted by the Government of the day.

RECOMMENDATION 8

3.31 **The Committee recommends that ACT Health, in the 'external scrutiny' section of its annual report, provide more accurate reporting on relevant inquiries by Legislative Assembly Committees concerning the operation of the agency, and information on the implementation of Assembly committee recommendations that have been accepted by the Government of the day.**

Other issues

3.32 Other issues discussed with the Minister and departmental officials, in less detail, at the public hearing included:

- the reduction in the waiting time for placement in a residential aged care facility, from 24 weeks in 2007–08 to four weeks in 2008–09;[132]
- comparative data between the Canberra Hospital and Calvary Hospital;[133]
- the rollout of the HIN1 (Swine Flu) vaccine;[134]

---

[131] ACT Health, *Annual Report 2007–08*, p 155

[132] *Transcript of evidence*, 2 December 2009, pp 3–4

[133] *Transcript of evidence*, 2 December 2009, pp 11–13

- ACT representation on the boards of the National Health Registration and Accreditation Scheme;[135]
- an update on the integrated cancer centre;[136]
- the primary health care strategy;[137]
- progress of major infrastructure projects;[138] and
- workplace conditions for junior doctors.[139]

---

[134] *Transcript of evidence*, 2 December 2009, pp 15–16

[135] *Transcript of evidence*, 2 December 2009, pp 17–18

[136] *Transcript of evidence*, 2 December 2009, pp 19–20

[137] *Transcript of evidence*, 2 December 2009, pp 28–29

[138] *Transcript of evidence*, 2 December 2009, pp 29–31

[139] *Transcript of evidence*, 2 December 2009, p 32

4 CONCLUSION

4.1 This report represents a summary of the Committee's inquiry into the work of ACT Health and sections of the Department of Disability, Housing and Community Services for the 2008–09 financial year.

4.2 Through public hearings with Ministers and departmental officials the Committee was able to gain a greater understanding of the operations of the agency during the reporting period.

4.3 The Committee made eight recommendations in response to its scrutiny of the annual reports, and associated evidence.

4.4 The Committee is pleased to note that DHCS has acted on the recommendations made by this Committee in its 2007–08 annual report inquiry; that updated information about the National Disability Agreement is now available on the DHCS website, and that information regarding women's grants is included in the current annual report.

4.5 The Committee is also pleased to note that ACT Health has included a summary of GP focused initiatives being undertaken to address workforce shortages in the ACT; information regarding ACT Health's strategy to reduce the elective surgery waiting list; and information regarding initiatives to reduce ED waiting times, as recommended by this Committee in its inquiry into the 2007–2008 ACT Health annual report.

4.6 The Committee notes the Government did not agree with its 2007–2008 recommendation to provide further information about patients who do not wait for treatment at an emergency department, stating it was not possible to collect accurate information on this.

4.7 The Committee extends thanks to the Ministers, departmental officials and agency representatives for their time and cooperation during the course of the inquiry.

Steve Doszpot MLA
Chair
10 March 2010

APPENDIX A: Witnesses who appeared before the Committee

Wednesday 2 December 2009

Minister for Health, Ms Katy Gallagher, MLA

ACT Health

- Mr Mark Cormack, Chief Executive
- Mr Ian Thompson, Deputy Chief Executive, Clinical Operations
- Dr Peggy Brown, Director and Chief Psychiatrist, Mental Health ACT
- Ms Megan Cahill, Executive Director, Government Relations, Planning and Development
- Dr Eddie O'Brien, Senior Specialist, Public Health, Population Health Division
- Mr John Woollard, Director, Health Protection Service, Population Health Division
- Mr Grant Carey-Ide, Executive Director, Aged Care and Rehabilitation Services
- Mr Richard Bromhead, Manager, Mental Health Policy and Planning

Minister for Disability Housing and Community Services, Ms Joy Burch MLA

Department of Disability, Housing and Community Services

- Mr Martin Hehir, Chief Executive, Executives
- Ms Maureen Sheehan, Executive Director, Housing and Community Services
- Ms Meredith Whitten, Executive Director, Policy and Organisational Services
- Ms Lois Ford, Executive Director, Disability ACT
- Mr Ian Hubbard, Director, Finance and Budget
- Mr David Collett, Director, Asset Management
- Mr Andrew Whale, Director, Disability ACT

Wednesday 16 December 2009

Minister for Disability Housing and Community Services, Ms Joy Burch MLA

Minister for Aboriginal and Torres Strait Islander Affairs, Mr Jon Stanhope MLA

Minister for Ageing; Minister for Multicultural Affairs and Minister for Women, Ms Joy Burch MLA

Department of Disability, Housing and Community Services

- Mr Martin Hehir, Chief Executive
- Ms Lois Ford, Executive Director, Disability ACT
- Mr Leanne Power, Director, Policy Planning and Business Support
- Mr Andrew Whale, Director, Disability ACT
- Ms Meredith Whitten, Senior Director, Governance, Advocacy and Community Policy
- Mr David Collett, Asset Management Unit
- Mr Nic Manikis, Director, Multicultural, Aboriginal and Torres Strait Islander Affairs
- Mr Neil Harwood, Director, Aboriginal and Torres Strait Islander Services
- Mr Ian Hubbard, Director, Finance and Budget
- Ms Maureen Sheehan, Executive Director, Housing and Community Services