STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

Report on Annual and Financial Reports 2007-2008

APRIL 2009

Report 1

Committee Membership

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Resolution of Appointment

On 9 December 2009, 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 11 December 2008 the following motion was moved and passed by the Legislative Assembly of the ACT:

> (1) the annual and financial reports for the calendar year 2008 and the financial year 2007-2008 presented to the Assembly pursuant to the Annual Reports(Government Agencies) Act 2004 stand referred to the standing committees, on presentation, in accordance with the schedule below;
>
> (2) the annual reports of ACT Policing and the ACT Legislative Assembly Secretariat stand referred to the Standing Committee on Justice and Community Safety and Standing Committee on Public Accounts respectively;
>
> (3) notwithstanding standing order 229, only one standing committee may meet for the consideration of the inquiry into the calendar year 2008 and financial year 2007-2008 annual and financial reports at any given time; and
>
> (4) the foregoing provisions of this resolution have effect notwithstanding anything contained in the standing orders.[2]

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[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. 4, 11 December 2008, p 47

TABLE OF CONTENTS

Committee Membership i
Secretariat i
Contact Information i
Resolution of Appointment ii
Terms of Reference ii

RECOMMENDATIONS IV

1 INTRODUCTION 1
Purpose and intent of annual reporting 1

2 DEPARTMENT OF DISABILITY HOUSING AND COMMUNITY SERVICES 3
Disability Services and Policy 3
Therapy Services 7
Community Development Services 8
Office of Multicultural Affairs 10
Office for Ageing 12
Office for Women 13
Office of Aboriginal and Torres Strait Islander Affairs 15
Housing ACT 19

3 ACT HEALTH 23
General practitioners 23
Elective surgery 26
Bed occupancy 27
Emergency department targets 29
Other issues 31

4 CONCLUSION 35

APPENDIX A: WITNESSES WHO APPEARED BEFORE THE COMMITTEE 37

RECOMMENDATIONS

RECOMMENDATION 1

2.10 The Committee recommends that the Department of Disability, Housing and Community Services updates the information regarding the Commonwealth-State/Territory Disability Agreement (CSTDA) on its website, as a priority, and provide direct links to current and past agreements.

RECOMMENDATION 2

2.51 The Committee recommends that details about the number of women supported through the various grants be provided in future annual reports.

RECOMMENDATION 3

3.8 The Committee recommends that ACT Health provide more information, in future reports, about initiatives in relation to addressing the shortage of general practitioners in the ACT.

RECOMMENDATION 4

3.13 The Committee recommends that ACT Health provide more information, in future reports, on action being taken to address category 2 elective surgery patient waiting lists.

RECOMMENDATION 5

3.19 The Committee recommends that ACT Health provide further information, in future reports, relating to the strategies that will be adopted to meet the long term target of an 85 per cent bed occupancy rate.

RECOMMENDATION 6

3.25 The Committee recommends that ACT Health provide further information, in future reports, on strategies that will be adopted to meet targets set for triage category 3 and 4 in 2009–2010.

RECOMMENDATION 7

3.26 The committee recommends that ACT Health provide further information, in future reports, on category 5, non urgent patients, that leave the emergency department before treatment is received, in particular any information that relates to emerging trends.

1 INTRODUCTION

1.1 On 11 December 2008 annual and financial reports for all ACT Government agencies for 2007–2008 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.

1.3 The Committee held three public hearings as follows:

- Wednesday 18 February - Minister for Disability and Housing, Minister for Multicultural Affairs and Minister for Ageing;
- Friday 20 February - Minister for Health, Minister for Community Services, Minister for Women; and
- Wednesday 4 March - Minister for Indigenous Affairs.

1.4 A full list of witnesses is at Appendix A.

Purpose and intent of annual reporting

1.5 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 a means through which the Legislative Assembly can review the actions of the Executive.

1.6 Agency reporting requirements are set out in the Chief Minister's Annual Reports Directions which are issued under the *Annual Reports (Government Agencies) Act 2004*. As key accountability documents, the Directions state that annual reports are:

- the principal way in which agencies account for their performance through Ministers to the Legislative Assembly and the wider community;

- tabled in the Assembly and form a key part of the historical record of government and public administration decisions, actions and outcomes;
- a source of information and reference about the performance of agencies and service providers for stakeholders, educational and research institutions, the media and the public; and
- key reference documents and documents for internal management.[3]

1.7 The inquiry process also provides an opportunity for non-executive Members of the Legislative Assembly to follow up on issues of concern which may have been 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.

[3] Chief Minister's 2007–2010 Annual Report Directions, p 3

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. The referral from the Assembly included the following output classes:

- Disability and Therapy Services (Output Class 1);
- Community Development and Policy (Output Class 3); and
- Housing ACT (Social Housing Services Output Class 1).

These output classes are discussed in detail in the following section.[4]

Disability Services and Policy

2.2 Output 1.1, Disability Services and Policy, includes the delivery of disability services through government and non-government service providers 'to meet the accommodation support, community access, community support, respite care and wellbeing needs of people with moderate to severe disabilities'.[5]

2.3 The Committee met with the Minister for Disability and Housing on 18 February 2009 and examined a range of issues. These are discussed in the following section.

2.4 Disability Services in the ACT are delivered under the Commonwealth State Territory Disability Agreement (CSTDA). The Committee noted the increased funding of $15.3 million (over four years) for disability services being provided by the Commonwealth Government under the agreement. The Committee questioned when the funding would commence as the

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

[5] 2007–08 Annual Report, Department of Disability, Housing and Community Services, vol 1, p 22

Annual Report stated 'The Commonwealth Government's annual contribution will increase to $6.25m commencing 2011–12'.[6]

2.5 The Committee was advised that the funding had commenced on 1 January 2009 and that the $6.25 million reported was the instalment figure for the fourth and final year. The Committee was further advised that this figure was particularly important as it would be the base figure for future indexing.[7]

2.6 According to the Chief Minister's Annual Report Directions, an effective annual report will, among other things:

> …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.[8]

The Committee considers that more information provided in the annual report about the CSTDA would have been useful.

2.7 The Committee understands the third CSTDA agreement, which expired on 31 December 2008, was replaced by the new National Disability Agreement that commenced on 1 January 2009.[9] The National Disability Agreement was tabled in the Legislative Assembly for the ACT on 10 February 2009.[10]

2.8 The Committee notes that while comprehensive information regarding CSTDA is available on the DHCS website[11] there is no direct link to current or past agreements. These agreements are easily accessible on the Australian Government's Department of Families, Housing, Community Services and

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[6] 2007–08 Annual Report, Department of Disability, Housing and Community Services, p 5

[7] Mr Hehir, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, pp 8–9

[8] Chief Minister's 2007–2010 Annual Report Directions, p 6

[9] Council of Australian Governments, Fact Sheet 1, *National Disability Agreement*, viewed 24 March 2009, <http://www.coag.gov.au/coag_meeting_outcomes/2008-11-29/docs/20081129_national_disability_agreement_factsheet.pdf>

[10] Legislative Assembly for the ACT, Minutes of Proceedings No. 5, 10 February 2009, p 68

[11] ACT Government, Department of Disability, Housing and Community Services, *Commonwealth-State/Territory Disability Agreement (CASTDA)*, viewed 23 March 2009, <http://www.dhcs.act.gov.au/disability_act/cstda>

Indigenous Affairs website.[12] The Committee further notes that the information on the DHCS website is out-of-date and does not include current information about the National Disability Agreement.

2.9 Government Department websites are used as a primary source of information for many stakeholder groups, from public servants to community members. As such, the Committee considers that it is of vital importance that Department's maintain their websites with accurate, up-to-date information.

RECOMMENDATION 1

2.10 **The Committee recommends that the Department of Disability, Housing and Community Services updates the information regarding the Commonwealth-State/Territory Disability Agreement (CSTDA) on its website, as a priority, and provide direct links to current and past agreements.**

2.11 The Committee was interested in post school options and transition from work to school for young people with disabilities. The Minister advised that non-recurrent funding up to $20,000 for three years was available to assist young people with a disability to transition into supported employment and vocational arrangements. The Minister noted, however, that for some young people with high and complex issues the need was far greater than transitional. The Minister explained:

> Disability ACT has changed the approach to ensure that young people who require a sustained response to their day-to-day needs can be accommodated within the resources available. Disability ACT provides and has funded a range of community–based programs to support families on their future planning and to help them put their plans in place.[13]

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[12] Australian Government, Department of Families, Housing, Community Services and Indigenous Affairs, *Commonwealth, State and Territory Disability Agreements*, viewed 24 March 2009, <http://www.facs.gov.au/internet/facsinternet.nsf/disabilities/policy-cstda.htm#6>

[13] Mr Hargreaves, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, p 10

2.12 The Committee inquired about the young people in residential aged care program. Ms Ford advised the Committee that the program catered for people under the age of 65 and that the current priority was on people under 50. Ms Ford further advised that purpose built accommodation was being built and that it was expected that those people wishing to be relocated would be by the end of 2009. The overall number of people in this situation was under 10 and not all of them wanted to change their accommodation.[14]

2.13 The Committee questioned the Minister about the role of DHCS in assisting families being charged commercial vehicle registration for domestic vehicles that are used to transport family members with a disability.

2.14 The Minister advised that while this does not affect a large number of people, he agreed that for those individuals affected it was a significant issue.[15]

2.15 Vehicle registration comes under the purview of TAMS Road User Services. The Chief Executive of DHCS advised the Committee that he had undertaken to write to the Chief Executive of TAMS and the Minister further assured the Committee that DHCS would take the lead and approach TAMS to begin discussions.[16]

2.16 The Committee noted the intensive treatment and support program (ITAS) that had provided advice to the Alexander Maconochie Centre (AMC) and the ACT Ombudsman's review of the Federal Police watch-house and was interested in the nature of this advice and whether it had been implemented.[17]

2.17 The Committee was advised that the focus of comment provided was on raising awareness of the particular needs of people with an intellectual disability or learning difficulties (that are not always as obvious as a physical or intellectual disability) in a custodial setting. The Committee was further advised that ITAS has trained approximately 120 custodial officers, and once

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[14] Ms Ford, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, p 12

[15] Mr Hargreaves, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, p 15

[16] Mr Hargreaves and Mr Hehir, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, pp 13–14

[17] 2007–08 Annual Report, Department of Disability, Housing and Community Services, vol 1, p 25

AMC is fully operational ITAS workers will have access to prisoners at the centre and continue to provide support programs.[18]

2.18 The Committee was concerned that the number of people with a disability employed in government positions, both in the ACT and Commonwealth, was dropping. Overall staff with a disability employed by DHCS was down on the previous year from 2.35 per cent to 2.2 per cent.[19]

2.19 The Committee was advised that while the figure appeared low it was likely that the figure did not reflect the full number of people with a disability employed by the Department. As Mr Hehir stated:

> One of the things that we find is that people typically do not identify that they have got a disability. So, while the 2.2 per cent figure is there, the actual number of people with a disability is likely to be substantially higher. The majority of people do not identify that they have a disability when you ask those questions.[20]

2.20 The Minister further advised that the Department takes a leadership role in encouraging the employment of people with a disability.[21]

Therapy Services

2.21 Therapy ACT is the Government provider of therapy and support services in the ACT to:

- children, young people and adults with disabilities; and
- children from birth to eight with delays in development.

2.22 Responsibility for therapy services rests with the Minister for Community Services. The Committee met with the Minister on 20 February 2009.

2.23 The Committee was interested in the progress of the Koori Preschool Program that commenced in 2008. The Committee was advised that the focus

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[18] Mr Andrew Whale, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, p 16

[19] 2007–08 Annual Report, Department of Disability, Housing and Community Services, vol 1, p 90

[20] Mr Hehir, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, p 17

[21] Mr Hargreaves, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, p 18

was on speech therapy and while it has taken time to gain the trust of the families it has been a good initiative that is working well.[22]

2.24 The Committee enquired about developments in speech therapy specifically for people with autism. The Minister advised that the demand for speech therapy 'is massive, and not just for children with autism but across the board for children with some developmental delay'. The Minster further advised that Therapy ACT is operating to full capacity and that the focus has been on improving access to services.[23]

2.25 In relation to autism Ms Whitten advised that there is a well developed assessment program that also includes a family support program. The assessment team is a discrete unit in Therapy ACT and the therapists work with the schools, the families and the children.[24]

2.26 The Committee enquired about the per capita cost of speech therapy for children in autism units or children who are diagnosed with autism. The Minister advised that Therapy ACT provided 2,547 hours of speech therapy for 292 children with a diagnosis of autism, in the reporting year, at a cost of $1,596 per child. The Committee was further advised that Therapy ACT provided 17,200 hours of speech therapy for an additional 2,826 children, in the reporting year, at a cost of $1,114.[25]

Community Development Services

2.27 Part of Output Class 3, Community Development Services administer a range of funding programs including the ACT Concession Program, the Community Services Program, and a range of grants programs including the Community Support and Infrastructure Grants.[26]

2.28 The Committee enquired about the proposed introduction of the portable long service leave scheme for the community sector and what the

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[22] Ms Whitten, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, p 86

[23] Ms Gallagher, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, p 87

[24] Ms Whitten, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, p 88

[25] Ms Gallagher, Response to Question Taken on Notice, 16 March 2009

[26] 2007–08 Annual Report, Department of Disability, Housing and Community Services, vol 1, p 42

government was doing to ensure it did not adversely impact financially on community organisations. The Minister advised that this is an ongoing piece of work that currently has more support from employees than employers.[27] The Committee was further advised that consultations are continuing with community sector employees and employers as 'there have been some significant shifts in views on this, once it appeared in the budget papers, from what had led to the decision to put it in the budget papers'.[28]

2.29 The Committee enquired about the review of the concessions program and was advised that recommendations included changes to eligibility criteria for water concessions and the introduction of public transport concessions for residents of Oaks Estate.[29] Another element was the development of a portal to let people know what concessions are available and how to access them.[30]

2.30 The Committee noted recent media comment regarding a significant increase in domestic violence over the holiday period[31] and was interested in how the Domestic Violence Christmas program was coping with the increase. While *The Canberra Times* did report an increase during January 2009, the Minister advised that school holiday periods, Christmas and Easter typically, see an increase in the demand on social services.[32]

2.31 The Committee heard that the Domestic Violence Christmas program was established to utilise unused Housing ACT properties during this period because of the increase in demand on crisis accommodation. The Committee was advised that while the program caters to a specific need, Housing ACT has been able to accommodate it within the existing service system.[33]

2.32 The Committee noted references to various satisfaction surveys and considered that it would be more user friendly to have the surveys provided in a tabulated form. The three surveys reported in the DHCS Annual Report

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[27] Ms Gallagher, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, p 89
[28] Ms Gallagher, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, p 90
[29] Ms Whitten, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, p 91
[30] Mr Hehir, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, p 92
[31] The Canberra Times, *Violence hits homes in an edgy city*, 27 January 2009, p 1
[32] Ms Gallagher, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, p 92
[33] Ms Sheehan, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, p 93

were the Therapy ACT Client Satisfaction Survey[34], the Community Facility Manager's Satisfaction Survey[35] and the Community Services Satisfaction Survey.[36]

2.33 The Community Services Satisfaction Survey is undertaken annually as part of the Department's performance review. The Committee noted a 21 per cent decrease in the overall satisfaction level to the previous year. The Committee was interested in the cause of this decrease and what measures were being taken to address the low satisfaction rate in services and management. In response to a question on notice the Committee was advised that the priority areas addressed by the respondents were the timeliness of Department staff in responding to concerns and queries and how the Department takes service provider views into consideration in policy and planning.

2.34 Measures taken by the Department to address these issues included:

> …increasing efforts to build better relationships and improved communication with services. This has included undertaking more regular and timely service visits. The Department has also made it a priority to respond to all correspondence in a timely manner.[37]

Office of Multicultural Affairs

2.35 The Office of Multicultural Affairs 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.[38]

2.36 The Committee was interested in the ACT Muslim Advisory Council and the reason there was no broader multicultural council. The Minister explained that when he became Minster for Multicultural Affairs he made the decision

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[34] 2007–08 Annual Report, Department of Disability, Housing and Community Services, vol 1, p 31
[35] 2007–08 Annual Report, Department of Disability, Housing and Community Services, vol 1, p 48
[36] 2007–08 Annual Report, Department of Disability, Housing and Community Services, vol 1, p 49
[37] Minister for Disability and Housing, Question on Notice, No. 13, received 8 April 2009
[38] 2007–08 Annual Report, Department of Disability, Housing and Community Services, vol 1, p 51

not to reappoint the existing Ministerial Advisory Council on Multicultural Affairs as he:

> …felt they were not representing to government anything at all from the multicultural community…[and]…there was a need for some action in the multicultural community whereby the government needed to be closer to it and go down and talk to it more. That is when I did the forums, and it resulted in the multicultural summit of 2005.[39]

The Minister further advised that the ACT Muslim Advisory Council was created in December 2005 to address the discrimination being experienced by the Islamic community at that time.[40]

2.37 The Committee enquired about increases in funding and new sponsorship for the multicultural festival. The Minister advised that the government has indicated a 30 per cent increase to ensure viability of the festival. The Minister further advised that the effects of the economic downturn had affected sponsorship for the festival. The Minister agreed that the ACT Government was the major backer of the festival but would like to, over time 'get away from it being a government-delivered event to a government partnership event with the community at large'.[41]

2.38 The Committee was interested in the distribution of funding to the multicultural community and questioned whether funding would continue to be delivered through government rather than through the community. The Minister explained that the model of core funding was changed to more project funding after the failure of the Multicultural Council to deliver value for money. The Minister further explained that there is currently a combination of core funding and project funding and that more core funding would be available once organisations demonstrate viability in both the management and administrative sense.[42]

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[39] Mr Hargreaves, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, p 41

[40] Mr Hargreaves, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, p 41

[41] Mr Hargreaves, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, pp 42–43

[42] Mr Hargreaves, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, pp 43–44

Office for Ageing

2.39 The Office for Ageing promotes positive ageing for older Canberrans through 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.[43]

2.40 With the existing strategic plan for positive ageing finishing in 2009 the Committee enquired about the community consultation for the new plan. The Minister advised that the action plan will be developed in partnership between the Office for Ageing and the Ministerial Advisory Council on Ageing. The consultation is beginning with three positive ageing forums being held in March 2009.[44] The Committee looks forward to hearing about the outcomes of the consultation in next year's annual report.

2.41 In June 2008 the Office for Ageing engaged Cultural Perspectives Pty Ltd to undertake a project on social isolation amongst older people in the ACT. The Committee was interested in the key findings of the social isolation research project. The Minister advised that these are the same issues that are being incorporated into the action plan and include:

- health and well-being of older Canberrans, including the impacts of disability; housing and accommodation;
- support services for older people;
- transport; work and retirement, including ongoing employment opportunities; and
- planning to retire.[45]

2.42 The Committee enquired about the role of the Ministerial Advisory Council on Ageing, particularly in relation to contributing to changes in government policy. The Minister advised that he would be working closely with the

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[43] 2007–08 Annual Report, Department of Disability, Housing and Community Services, vol 1, p 51

[44] Mr Hargreaves, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, p 45

[45] Mr Hargreaves, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, pp 45–46

Council on the delivery of the positive ageing strategy that is being developed.[46]

2.43 In relation to reciprocal transport concessions, the Minister advised that it was now established in all jurisdictions except for Queensland and Western Australia. The Minister further advised that reciprocation with NSW is most important for ACT residents but work is continuing to have all jurisdictions on board.[47]

Office for Women

2.44 The Office for Women provides advice to the Minister for Women, provides across Government strategic direction of policy and program development relating to women in the ACT and develops and promotes links between key stakeholders and the Government in working to advance the status of women.[48]

2.45 The Committee noted the expert community sector member groups that were convened by DHCS to progress the domestic violence pathways project and inquired as to the findings. The Committee was advised that the groups established the transitional housing program inside Housing ACT and mapped:

> …the standard pathway for people experiencing domestic violence through the system and...[identified] the blockages to moving on to the next part of the system and returning to life as normal.[49]

2.46 The Committee sought more information about the director scholarships and the ACT Women's Register. The Minister advised that there are four scholarships per year at a cost of $10,000 that enable women to attend the Australian Company Directors course.[50]

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[46] Mr Hargreaves, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, p 48
[47] Mr Hargreaves, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, p 49
[48] 2007–08 Annual Report, Department of Disability, Housing and Community Services, vol 1, p 51
[49] Ms Sheehan, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February, pp 94–95
[50] Ms Gallagher, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February, p 95

2.47 The target for women on boards and committees is set at 50 per cent of all appointments, but slipped to 48 per cent in March 2008. The Women's Register is open to the community and business sector and the Minister advised of renewed efforts to encourage the use of the register:

> …particularly in the cabinet process, on appointments to require agencies to go to the Office for Women to seek information from the register and to really consider women when they are making their appointments. [51]

2.48 The Committee was interested in the number of Audrey Fagan scholarships that had been awarded since its introduction. A total of $250,000 has been allocated over four years to provide approximately $60,000 per annum for the ACT Government Audrey Fagan Churchill Fellowship; Audrey Fagan Post Graduate Scholarship; and Audrey Fagan Enrichment Grants.[52]

2.49 The Committee was advised that two graduate scholarships have been awarded and that the Government is consulting with Ms Fagan's family about the enrichment grants, to finalise the details of the program.[53]

2.50 The Committee was interested in the take up of the $1000 return to work grants. The Committee was advised that the take up had been rather slow with only 34 grants awarded in this financial year. The Minister further advised that the eligibility criteria is being reassessed to ensure that it is not too hard for women to access.[54]

RECOMMENDATION 2

2.51 **The Committee recommends that details about the number of women supported through the various grants be provided in future annual reports.**

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[51] Ms Gallagher, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February, p 95

[52] 2007–08 Annual Report, Department of Disability, Housing and Community Services, vol 1, p 55

[53] Ms Gallagher, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February, p 96

[54] Ms Gallagher, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February, p 95

Office of Aboriginal and Torres Strait Islander Affairs

2.52 The Office of Aboriginal and Torres Strait Islander Affairs provides strategic advice to the Minister for Indigenous Affairs on issues affecting Aboriginal and Torres Strait Islander people living in the ACT.[55] As the Minister explained:

> …the office provides an all-of-government focus for the delivery of programs that deal with issues that could be identified as being of specific import to our Indigenous community. In that context the department [office] is not responsible for the major areas of interest in relation to Indigenous programs such as education, health or justice. Those issues are pursued on the ground by the respective departments.[56]

2.53 The Committee noted that there was 14 full-time equivalent staff, including casual staff employed by Multicultural, Aboriginal and Torres Strait Islander Affairs.[57] The Committee was interested in the number of Indigenous Australians employed in the Office for Aboriginal and Torres Strait Islander Affairs and how many of them were in management positions. The Committee was advised that four Indigenous staff are employed by the Office, and a recruitment process was underway to employ a manager for the Office at the SOGC level.[58]

2.54 The Committee notes the Indigenous employment strategy but would like to see increased numbers of Indigenous people employed in senior management positions in ACT Government Departments.

2.55 The Committee further enquired about the overall number of Indigenous Australians in management positions in the ACT public service. The Minister advised that there are about 100 people who identify as Indigenous employed in the ACT public service employed and that there are programs

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[55] 2007-08 Annual Report, Department of Disability, Housing and Community Services, vol 1, p 51

[56] Mr Stanhope, Legislative Assembly for the ACT, *Transcript of Evidence*, 4 March 2009, p 99

[57] 2007-08 Annual Report, Department of Disability, Housing and Community Services, vol 1, p 51

[58] Mr Manikis, Legislative Assembly for the ACT, *Transcript of Evidence*, 4 March 2009, p 100

in relation to the employment of people of Aboriginal and Torres Strait Islander background, such as the Indigenous Trainee program. The Minister further advised that employment statistics are not always accurate as 'significant numbers of people who have Indigenous heritage choose not to identify their Aboriginality'.[59]

2.56 The Committee sought an explanation as to why data was not collected on all the strategic indicators for overcoming indigenous disadvantage.[60] The Committee was advised that Overcoming Indigenous Advantage (OID) is a national framework reported on by the Productivity Commission, for the first time in 2005. As a relatively new area of reporting more work is required on the data collection needs for particular indicators. As Mr Hehir noted:

> You will see that there are some which are quite good and quite applicable very broadly in terms of the education ones. They are there, they are measured, they are comparable. But others in areas where we think we need to do more work, there is a national group that looks at those issues.[61]

2.57 The Committee enquired about the outcome of the consultation process involving the Institute of Child Protection Studies and the local Indigenous community 'to capture the lived experience of Indigenous young people's contact with the care and protection and out of home care systems'.[62] Two Indigenous youth forums, a one-day out of home care conference and a cultural gathering were held as part of the consultation process and Mr Harwood advised that the research project was one of a range of reforms across the Office for Children, Youth and Family Support. The four key messages that came out of the consultations were: the importance of culture; the importance of siblings and extended family members; wanting to be part of the decision-making process; and collaboration between the service system.[63] Mr Harwood noted:

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[59] Mr Stanhope, Legislative Assembly for the ACT, *Transcript of Evidence*, 4 March 2009, pp 100–101

[60] Annual Report, 2007–08, Department of Disability, Housing and Community Services, vol 1, p 174

[61] Mr Hehir, Legislative Assembly for the ACT, *Transcript of Evidence*, 4 March 2009, pp 101–102

[62] 2007–08, Annual Report, Department of Disability, Housing and Community Services, vol 1, p 173

[63] Mr Harwood, Legislative Assembly for the ACT, *Transcript of Evidence*, 4 March 2009, pp 102–103

> …so it is really informing our practice and reinforcing the direction that we are heading in in our practice in the Office of Children, Youth and Family Support.[64]

2.58 With the announcement of the chosen site for the Indigenous healing farm the Committee inquired about the consultation process that had led to the site selection. The Minister advised that the Office of Indigenous Affairs facilitated a consultation between ACT government agencies, particularly ACT Health, and the Indigenous community.[65]

2.59 The Committee enquired about the progress on the Indigenous Reform Agenda, established under COAG in 2007 and the working group on Indigenous reform. Mr Hehir advised that COAG had not formally signed off on the Reform Agenda and was expected to do so at a specific COAG meeting dealing with Indigenous issues. As Mr Hehir stated:

> …there is still a significant amount of work to be done. It is a community that still has a significant amount of disadvantage and we need to continue to work on improving those outcomes.[66]

2.60 The Committee enquired about key achievements not reported in the annual report. Mr Manikis advised that the Indigenous trainees program and the Indigenous cultural centre were achievements that were not recorded.[67] Mr Hehir further advised that other specific initiatives are listed throughout the different program areas such as the child and family centres and Housing ACT.[68]

2.61 Enquiring on the work of the Indigenous elected body the Committee was advised that members, elected in June 2008, have been taking time to understand their role under the legislation.[69] The elected body has also set down governance protocols and has been networking with community and government organisations. The elected body will be holding its first (of two)

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[64] Mr Harwood, Legislative Assembly for the ACT, *Transcript of Evidence*, 4 March 2009, p 103
[65] Mr Stanhope, Legislative Assembly for the ACT, *Transcript of Evidence*, 4 March 2009, p 105
[66] Mr Hehir, Legislative Assembly for the ACT, *Transcript of Evidence*, 4 March 2009, p 107
[67] Mr Manikis, Legislative Assembly for the ACT, *Transcript of Evidence*, 4 March 2009, p 107
[68] Mr Hehir, Legislative Assembly for the ACT, *Transcript of Evidence*, 4 March 2009, p 107
[69] Aboriginal and Torres Strait Islander Elected Body Act 2008

annual community forums on 29 March 2009, as required under the legislation.[70]

2.62 The Committee noted the success of women's groups to better support families and was pleased to hear that the child and family centre program was looking at ways of engaging Indigenous men, particularly fathers.[71]

Social Housing and Homelessness Services

2.63 Part of Output Class 3, Social Housing and Homelessness Services has responsibility for policy development and program management in relation to responding to homelessness, including the Supported Accommodation Assistance Program, implementing the ACT Homelessness Strategy, the Community Linkages Program and social housing and policy and implementation.[72]

2.64 The Committee noted that social housing and homelessness services are working with mainstream services outside of the homelessness system 'to provide a better more integrated service to people at risk of homelessness and experiencing homelessness'.[73] The Committee was advised that this was a theme of the Commonwealth Government's green paper on homelessness, *Finding their way home,* that reducing homelessness is not simply providing a home but addressing the underlying causes of homelessness.[74]

2.65 Ms Sheehan further advised that homeless people are equally entitled to access mainstream services and that the ACT Government was also working with mainstream education and training providers to ensure people who are homeless or at risk of being homeless have access to education and training opportunities.[75]

2.66 The ACT homelessness strategy *Breaking the Cycle* was established in 2003. An evaluation in 2007–08 recommended that all states and territories have

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[70] Mr Manikis, Legislative Assembly for the ACT, *Transcript of Evidence*, 4 March 2009, p 108

[71] Mr Hehir, Legislative Assembly for the ACT, *Transcript of Evidence*, 4 March 2009, p 110

[72] 2007–08, Annual Report, Department of Disability, Housing and Community Services, vol 1, p 43

[73] 2007–08, Annual Report, Department of Disability, Housing and Community Services, vol 1, p 51

[74] Ms Sheehan, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, p 20

[75] Ms Sheehan, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, p 21

annual action plans for homelessness. The Committee inquired as to the way forward for the strategy and was advised, that in line with the Commonwealth Government's white paper on homelessness, it is the ACT's intention to develop a local action plan.[76]

Housing ACT

2.67 Housing ACT is responsible for the provision and management of public housing tenancies and properties and the provision and 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'.[77]

2.68 The Committee enquired about the allocation of public housing and in particular the waiting time for those with high needs. The Minister advised that the target for housing people most in need is under three months, however, the time currently fluctuates between 52 and 69 days. Waiting times for priority housing is around 18 months and for standard housing it is a little over two years.[78]

2.69 The Committee enquired about the allowance for impairment losses, specifically in relation to rent receivables[79] and queried whether this debt was attributed to past tenancies or existing tenants. The Committee heard that Housing ACT collected 99.9 per cent of owed rent in 2007-08 year, leaving a debt rate of 0.1 percent for current tenants.[80]

2.70 The Minister advised of individual case management plans to assist people to pay their outstanding arrears and that eviction is the last resort. Working with tenants has a higher success rate of debt recovery than recovery from past tenants. As the Minister noted 'for those tenants who are no longer in

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[76] Ms Sheehan, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, p 30
[77] 2007–08, Annual Report, Department of Disability, Housing and Community Services, vol 1, p 71
[78] Mr Hargreaves, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, p 19
[79] 2007–08, Annual Report, Department of Disability, Housing and Community Services, vol 2, p 173
[80] Mr Hargreaves, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, p 26

the system and who still owe us money our recovery rate is down on what it was last year'.[81]

2.71 The Committee noted the 27 evictions for breach of tenancy, including rental arrears and inquired as to evictees future involvement with the department. The Minister advised that eviction from a housing ACT property often renders a person homeless, and unless they leave the ACT they are likely to end up back in the system.[82] The Committee was further advised that being evicted does not exclude a person from reapplying to Housing ACT if they meet the eligibility criteria. However, these individuals are assessed on a case-by-case basis dependent on their efforts to rectify their debts and/or behaviours that lead to the eviction.[83]

2.72 Given the complexity of the client base and the number of Housing ACT properties the Committee queried the measures taken by the Department to ensure transparency and accountability in the community housing sector. Ms Sheehan advised of a robust system for the community housing sector that included: agreements on the provision of houses; funding agreements for the support of tenancies; standards for administration of the tenancies and the properties; and the recently passed legislation introducing a regulatory framework for not for profit housing providers.[84]

2.73 The Committee enquired about the sale to tenants scheme and noted that 22 public housing properties had been sold at auction and 47 properties had been sold to tenants.[85] The Committee further queried whether Housing ACT could expect an increase in the number of properties sold to tenants since ACT Housing had embarked on new 'encouragement models' that included having a 'conversation with our tenants who earn over $80,000 a year and suggest to them that they might like to consider their social responsibility

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[81] Mr Hargreaves, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, p 26

[82] Mr Hargreaves, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, p 26

[83] Mr Hehir, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, pp 26–27

[84] Ms Sheehan, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, pp 27–28

[85] 2007–08, Annual Report, Department of Disability, Housing and Community Services, vol 1, p 78

with respect to government housing and either rent privately or buy the house from us'.[86] The Minister hoped it would.

2.74 The Committee queried how Housing ACT identified areas for increasing housing stock and was advised that it is strategically based on the needs of people on the waiting list.[87]

2.75 The Committee queried whether the Department's complaints management Unit was feasible to provide impartial complaints. The Committee was advised that there are external opportunities for formal complaints where people are not satisfied with the response they receive but as explained by the Mr Hehir the department considers it:

> …very important in terms of complaints management that the organisation itself hears those complaints and attempts to address them.[88]

2.76 The Committee was interested in how the $600,000 allocated for the upgrade of the Narrabundah caravan park was used. The Committee was advised that the money was identified to upgrade the road and water supply, including for fire services and to carry out urgent maintenance work. The Committee was further advised that the work had commenced and should be completed by mid 2009.[89]

2.77 The Committee noted the extension to the total facilities management contract. Querying whether the extension went to tender the Committee was advised that 'the provision to extend the contract was part of the original tender documents and the contract itself with Spotless'.[90]

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[86] Mr Hargreaves, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, p 31
[87] Mr Hargreaves, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, p 34
[88] Mr Hehir, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, p 36
[89] Mr Collett, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, p 37
[90] Mr Collett, Legislative Assembly for the ACT, *Transcript of Evidence*, 18 February 2009, p 37

3 ACT HEALTH

3.1 ACT Health is one of the most important areas of government taking in almost one third of the ACT budget.[91]

3.2 ACT Health aims to increase the community's capacity for healthy living by planning, providing and purchasing community based health services, major trauma and tertiary health care, managing public health risks, and promoting health and early care interventions.[92] ACT Health employs approximately 5015 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.[93]

3.3 The Committee met with the Minister for Health and departmental officials on 20 March 2009 and discussed a broad range of issues. These are described in the following section.

General practitioners

3.4 The Committee notes the regulation of general practitioners is governed by the Commonwealth Government. According to the Primary Health Care and Information Service the number of general practitioners (GPs) in private practice in the ACT has declined by 15 per cent since 2002–03. This is in

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[91] Ms Gallagher, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, p 51

[92] 2007–08 Budget Paper No. 4, p 151

[93] ACT Health, Annual Report 2007-08, p 3

contrast to the increasing national trend.[94] The ACT Division of General Practice (ACTDGP) noted that, for 2006–07, the ACT had 66.8 GPs per 100,000 people compared with the national average of 86.1, equating to a shortfall of about 60 GPs.[95] The Report on Government Services 2009 reports a similar figure for 2008 showing around 68 FEW (full time workload equivalent) GPs per100,000 people.[96] In contrast to this, the Australian Institute of Health and Welfare reports that the ACT has the highest number of medical practitioners per 100,000.[97] However, *The Canberra Times* reported the Minister for Health as saying that this figure was distorted because the report took into account doctors who were not practicing or who were working in other areas such as the Commonwealth or the Department of Defence.[98]

3.5 With the number of practicing GPs in decline in the ACT, the Committee queried why more information was not provided in the annual report. While the Minister advised the Committee of a range of programs and strategies in place aimed at increasing the number of GPs in the ACT she said:

> …the annual report is a report about the work that ACT Health have done around the responsibilities they have…ACT Health does not have responsibility for general practice. They are private businesses. They are also regulated and controlled very much by the commonwealth, be it through provider numbers, training places, or certainly, in a private business capacity, the desire of general practice to commence or start up a business.[99]

3.6 Some of the strategies the Minister discussed included:

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[94] Primary Health Care and Information Service, Fast Facts, *GP numbers in the Australian Capital Territory, 1999 to 2007*, viewed 13 March 2009, <http://www.phcris.org.au/fastfacts/fact.php?id=6780>

[95] Sixth Assembly Health and Disability Committee, Submission no. 8, ACT Division of General Practice, p 3

[96] Productivity Commission, *Report on Government Services 2009,* January 2009, Chapter 11, Primary and Community Care, p 11.9

[97] Australian Institute of Health and Welfare, *Health and Community Services Labour Force 2006*, March 2009, p 40

[98] Natasha Rudra, The Canberra Times, *ACT has 'distorted GP ratio*, 6 March 2009

[99] Ms Gallagher, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, p 54

- partnerships with the Australian Medical Association (AMA) and the ACT Division of General Practice;
- ACT government funded recruitment program;
- the post graduate placement program (PGPP) for first-year-out medical graduates in general practice; and
- improving the interface between the ACT public healthcare system and general practice.[100]

The Committee notes the efforts of the Government in addressing the shortage of GPs in the ACT but considers that this information should be provided in the annual report, particularly while it is of such significant concern to the ACT community.

3.7 Pressed on the timeline as to when the ACT could see an increase in the number of GPs the Minister was not able to confirm a date stating:

> I would love to give you a date but I do not think you could ask that question of anyone. I do not think, if you asked the AMA, the division, the commonwealth minister or the GPs themselves that anyone would be able to sit here and give you an honest answer to that. We could have 60 area-of-need applications go in and get 60 GPs from other countries. It depends very much on the applications to come here and the capacity of existing general practice to take on approved area-of-need places. It could happen in a year; it could take longer. It depends on the ability of the system to take in new doctors and on our young doctors getting trained. That takes some time.[101]

RECOMMENDATION 3

3.8 **The Committee recommends that ACT Health provide more information, in future reports, about initiatives in relation to addressing the shortage of general practitioners in the ACT.**

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[100] Ms Gallagher, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, pp 52–54

[101] Ms Gallagher, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, pp 57–58

Elective surgery

3.9 Elective surgery is considered to be any surgery that can be delayed for at least 24 hours. Patients in need of elective surgery are placed on a waiting list determined by the clinical urgency of their condition in one of the following three categories:

- Category 1–Admission within 30 days desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency.
- Category 2–Admission within 90 days desirable for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency.
- Category 3–Admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency.[102]

3.10 While the ACT Health Annual Report shows a record level of elective surgery procedures[103] the Committee was particularly interested in the elective surgery waiting list for category 2 patients, as this was not separately reported.

3.11 The AMA Public Hospital Report Card shows that the ACT has the lowest percentage of elective surgery (category 2) patients seen within the recommended time.[104] The Minister advised that the ACT Health elective surgery strategy is 'on categories 2 and 3 and improving access, particularly for those who have been waiting too long'. The Committee heard that because the focus is on the people waiting over the recommended period the reported median waiting time increases, even though the numbers of people on the list are reducing. Mr Cormack explained:

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[102] Australian Government Department of Health and Ageing, *The State of our Public Hospitals, June 2008 Report*, p 36, viewed 13 March 2009, < http://www.health.gov.au/internet/main/publishing.nsf/Content/health-ahca-sooph-index08.htm>

[103] ACT Health, Annual Report 2007–08, p 102

[104] AMA *Public Hospital Report Card*, p 12, viewed 13 March 2009, <http://www.ama.com.au/node/4232>

> The calculation of median waiting terms—and that is the national measure—is taken on admission. It is not taken while people are waiting; it is taken when people are actually admitted off the list. Over the years we had built up a significant backlog of people who had been waiting too long.[105]

3.12 Mr Cormack went on to say:

> …category 2 is our largest group and I think it will still be more than 12 months before we start to see the reported median waiting time come down, even though we will be taking larger and larger groups of very long waits off the list. So it is a curious metric but, in a sense, it does show that the effort of the system is going into targeting those who have been waiting the most.[106]

RECOMMENDATION 4

3.13 **The Committee recommends that ACT Health provide more information, in future reports, on action being taken to address category 2 elective surgery patient waiting lists.**

Bed occupancy

3.14 According to the AMA the Australian public hospital system needs more hospital beds that are underpinned by investment in workforce and infrastructure.[107] The shortage of beds can result in dangerously high levels of bed occupancy as shown by the Australasian College for Emergency Medicine that states:

> …an occupancy rate of more than 85% (on average over the year) risks systematic breakdowns, extended periods of 'code red', and puts patient safety at risk of higher mortality and disability rates. In fact, hospital

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[105] Mr Cormack, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, p 60

[106] Mr Cormack, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, p 60

[107] AMA *Public Hospital Report Card*, p 7, viewed 13 March 2009, <http://www.ama.com.au/node/4232>

> overcrowding has been described as the most serious reversible cause of reduced patient safety in our hospitals.[108]

3.15 The Committee noted that the mean bed occupancy rate for 2007–08 was 89 per cent, one per cent below the target set for that year.[109] The Committee was interested to know when the occupancy rates would fall below the recommended rate of 85 per cent.

3.16 The AMA notes that teaching hospitals across the country often operate on a bed occupancy rate of above 90 per cent. While some jurisdictions set their target at 90 per cent or above the AMA is of the view that the 85 per cent rule should apply in every hospital.[110]

3.17 The Committee is pleased to note that the ACT has set its long term target at 85 per cent. As the Minister explained:

> That is where we would like it to be. It is declining every year. It goes up and down throughout the year...We set ourselves a year target and we are doing our best to reach it as soon as we can, because that is what we would like capacity in the hospital to be. If we need to admit people, we would like the capacity to be there. Most of the time it is, but at times we are under pressure for bed occupancy and we would like to have it at 85 per cent throughout the year.[111]

3.18 Given the capacity restraints on beds occupancy in the hospital the Committee questioned the capability of the ACT to handle a major catastrophe or disaster. The Minister advised that the ACT had a robust disaster plan that had been tested.[112]

RECOMMENDATION 5

3.19 **The Committee recommends that ACT Health provide further information, in future reports, relating to the strategies that will be**

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[108] The Australasian College for Emergency Medicine, cites in, AMA *Public Hospital Report Card*, p 6, viewed 13 March 2009, <http://www.ama.com.au/node/4232>

[109] ACT Health, Annual Report 2007–08, p 90

[110] AMA *Public Hospital Report Card*, p 6, viewed 13 March 2009, <http://www.ama.com.au/node/4232>

[111] Ms Gallagher, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, p 68

[112] Ms Gallagher, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, p 69

adopted to meet the long term target of an 85 per cent bed occupancy rate.

Emergency department targets

3.20 There are five triage categories defined by the Australasian College of Emergency Medicine. Each category has a recommended waiting time as described below:

- Triage category 1–resuscitation–patients to be seen immediately
- Triage category 2–emergency–patients to be seen within 10 minutes
- Triage category 3–urgent–patients to be seen within 30 minutes
- Triage category 4–semi-urgent–patients to be seen within 60 minutes
- Triage category 5–non-urgent–patients to be seen within 120 minutes.[113]

3.21 The Committee noted that the target for category 3 and 4 did not meet the annual ACT Health target, set at 60 per cent for 2007–08. The Committee inquired about the long term targets for the ACT and was advised that the long term targets are set against the national triage benchmarks which are:

- 100 per cent for category 1
- 80 per cent for category 2
- 75 per cent for category 3
- 70 per cent for category 4
- 70 per cent for category 5.[114]

3.22 The Committee noted that targets were being met for category 1, 2 and 5 and questioned when targets for categories 3 and 4 might be reached. Mr Cormack advised that the last reporting period had seen improvements in categories 3 and 4. Mr Cormack further advised that while the long-term targets are the national targets, ACT Health would be setting the targets for

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[113] Australian Government Department of Health and Ageing, *The State of our Public Hospitals, June 2008 Report*, p 45, viewed 13 March 2009, <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-ahca-sooph-index08.htm>

[114] ACT Health, Annual Report 2007–08, p 103

2009-10 in the context of the budget. Mr Cormack also drew the Committee's attention to the new healthcare agreement:

> …which clearly specifies the national targets as what we are going to be required to deliver upon over the course of the agreement. At this stage they are not saying that that must be met in year one but they are saying that we must be able to meet those targets.[115]

3.23 The Committee was also interested in the number of category 5 patients who present for treatment at emergency departments but leave before treatment is received. The Committee was advised that while the information is collected it does not form part of the national data set. However, Mr Cormack advised that the data:

> …does form a very important piece of information for the Calvary and TCH emergency departments to have a look at the trends there—what time of day and what types of patients they were.[116]

3.24 The Committee was advised that of the 58,508 people who attended emergency departments in the first seven months of 2008–09 just over 10 per cent (6,070) did not wait for treatment. The Committee was further advised no person is refused treatment at an emergency department but waiting times can be extended during busy periods or when there are large numbers of seriously ill presentations. While waiting, people are also able to access information about other care options such as the *Canberra After Hours Locum Service* (CALMS), that they may choose to utilise.[117]

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[115] Mr Cormack, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, p 73

[116] Mr Cormack, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, p 73

[117] Ms Gallagher, Response to Question Taken on Notice, 16 March 2009

RECOMMENDATION 6

3.25 **The Committee recommends that ACT Health provide further information, in future reports, on strategies that will be adopted to meet targets set for triage category 3 and 4 in 2009–2010.**

RECOMMENDATION 7

3.26 **The committee recommends that ACT Health provide further information, in future reports, on category 5, non urgent patients, that leave the emergency department before treatment is received, in particular any information that relates to emerging trends.**

3.27 The Committee was also interested in the impact of the allocation for a paediatric registrar and waiting room in the emergency department. The Committee was advised that while the ACT does not have the numbers to sustain a specific paediatric emergency department, ACT Health has been able to establish a child friendly waiting room and a small paediatric unit consisting of about six beds.[118]

Other issues

3.28 The Committee enquired about the success of recruiting medical specialists to the Canberra Hospital and was advised that, in the reporting period, 84 consultant specialists had been appointed with almost 50 per cent of them newly created positions.[119]

3.29 The Committee noted that non contract services had increased by $5 million and that this was partly due to the increase in agency nursing.[120] The Minister advised that while the focus was to reduce the use of agency nurses, it was not unusual to see an increase particularly given that hospital activity has recorded a 9 per cent increase on the previous year. The Minister further

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[118] Ms Gallagher, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, pp 77–78

[119] Ms Gallagher, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, p 55

[120] ACT Health, Annual Report 2007–08, p 44

advised that 'patient safety always comes first, and if patient safety dictates that you need to staff that bed…then you go and pay for it'.[121]

3.30 The Committee enquired about a single act-of-grace payment of approximately $500,000 for an unfair dismissal claim.[122] The Committee was advised that this was an unusual occurrence and that the payment related to legal costs incurred by the employee, who was reinstated.[123]

3.31 The Committee sought an update on the capital asset development program and was advised that out of this year's allocation of the $30 million four-year program, a project director had been engaged. The Committee was further advised that project definition plans are underway including increasing the operating theatre capacity at TCH and Calvary Hospital.[124]

3.32 Inquiring about community consultation on the model of the birthing centre planned for the Women's and Children's Hospital, the Committee was advised that all planning in relation to the women's and children's hospital had been through the formation of user groups including staff, consumers and other community members. In relation to the birthing centre Ms Cahill stated:

> …we have certainly had the involvement of Friends of the Birth Centre in terms of how the birth centre in the new hospital will function and where it will be located.[125]

3.33 The Committee noted the increase of $6.9 million in costs in cross–border health receipts. Enquiring about ongoing negotiations with the NSW government concerning these payments the Committee was advised that while there is always ongoing dialogue the method and mode of payment was settled after arbitration over 12 months ago.[126]

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[121] Ms Gallagher, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, p 55

[122] ACT Health, Annual Report 2007–08, p 47

[123] Mr Cormack, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, p 66

[124] Ms Cahill, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, p 70

[125] Ms Cahill, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, p 70

[126] Mr Cormack, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, p 80

3.34 Noting that ACT Health funds Calvary Hospital through an annual performance agreement, the Committee inquired about the performance indicators of this agreement. Mr Cormack advised the Committee that as Calvary Hospital is fully funded by the ACT Government it must comply with government policy directions and this is managed through:

> …the specific and explicit setting of targets around emergency department timeliness, access block, elective surgery throughput, availability of beds for specific services such as the older persons mental health unit and the aged care unit, and submission of data.[127]

3.35 The Committee sought an update on the educational programs designed to assist people to better manage their chronic conditions. Apart from funding allocations over the last three budgets the Committee was advised of the ACT Chronic Disease Strategy 2008–201, that aligns with the national chronic disease strategy. Other specific examples provided included the development of a healthy lifestyle website, and the promotion of the life long health benefits of breastfeeding for babies up to six month of age.[128]

3.36 The Committee discussed the national prevention strategy that came out of the Australian Better Health Initiative aimed at early identification of risk factors for people over 45 years of age. The Committee questioned the coordination in disseminating information to the medical sector prior to the national advertising campaign. The Committee was advised that while ACT Health had consulted with the ACT Division of General Practice and the Chief Health Officer to alert GPs and other health professionals of the potential increase in this client group, Mr Cormack conceded that it was possible that not all GPs had been reached.[129]

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

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[127] Mr Cormack, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, p 83
[128] Mr Cormack, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, p 84
[129] Mr Cormack, Legislative Assembly for the ACT, *Transcript of Evidence*, 20 February 2009, p 85

- training around workplace culture and communications;
- the improvement in dental waiting times;
- the impact of climate change on health and the ACT response;
- the preparedness of the ACT for an influenza outbreak;
- amendments to the Tobacco Act;
- improving maternity continuity of care models;
- the new department of ophthalmology that began operating in January 2008;
- the view of the ACT Ministerial Advisory Council on Sexual Health, HIV/AIDS, Hepatitis C and Related Diseases in relation to a needle and syringe exchange program in the prison;
- incidences of suspected illicit drug-related deaths;
- the Better General Health Program that aims to link mental health clients with general practitioners; and
- ACT government funding for the Transcultural Mental Health Network.

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. Through public hearings with Ministers and departmental officials the Committee was able to gain a greater understanding of the programs reported on in the annual reports.

4.2 The Committee appreciates the vast number of programs that are reported on annually but considers that more detailed information about some programs would have been beneficial.

4.3 The Committee made a total of seven recommendations pertaining to the provision of further information to be included in future annual reports. The Committee considers that this additional information would be of interest to the Legislative Assembly and the ACT community.

4.4 Throughout the inquiry process the Committee noted a gap in the communication and interaction between departments, particularly ACT Health and Disability ACT, when there is a cross over of responsibilities. The Committee considers effective communication between departments has the potential to improve service delivery outcomes and will be monitoring the relationship between ACT Health and Disability ACT over the coming year.

4.5 The Committee would like to thank the Ministers, departmental officials and agency representatives for their time and cooperation during the course of the inquiry.

Steve Doszpot MLA

Chair

29 April 2009

APPENDIX A: Witnesses who appeared before the Committee

Wednesday 18 February 2009

Mr John Hargreaves, Minister for Disability and Housing, Minister for Multicultural Affairs, Minister for Ageing

Department of Disability, Housing and Community Services

Mr Martin Hehir, Chief Executive

Ms Maureen Sheehan, Executive Director, Housing and Community Services

Ms Lois Ford, Executive Director, Disability ACT

Ms Meredith Whitten, Executive Director, Policy and Organisational Services

Mr Ian Hubbard, Director, Finance and Budget

Mr David Collett, Director, Asset Management

Mr Andrew Whale, Director, Disability ACT

Friday 20 February 2009

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

Department of Disability, Housing and Community Services
(Therapy Services, Community Development Services, Office for Women)

Mr Martin Hehir, Chief Executive

Ms Maureen Sheehan, Executive Director, Housing and Community Services

Ms Meredith Whitten, Executive Director, Policy and Organisational Services

Wednesday 4 March 2009

Mr Jon Stanhope, Minister for Indigenous Affairs

Mr Martin Hehir, Chief Executive

Mr Nic Manikis, Director, Multicultural Aboriginal and Torres Strait Islander Affairs

Mr Neil Harwood, Director, Aboriginal and Torres Strait Islander Services