STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

Report on Annual and Financial Reports 2009-2010

APRIL 2011

Report 6

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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 23 September 2010, the Assembly passed the following resolution, that:

(1) the annual and financial reports for the calendar year 2010 and the financial year 2009-2010 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 2010 and financial year 2009-2010 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 77, 23* September 2010, pp 906–909

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RECOMMENDATION 3

2.36 The Committee recommends that the Minister for Health tables in the Assembly the results of the evaluation of the nurse-led walk-in clinic when completed.

RECOMMENDATION 4

3.9 The Committee recommends that the Minister for Disability, Housing and Community Services update the Assembly in the August 2011 sitting period on the work being conducted to address unmet need for people with disability.

RECOMMENDATION 5

3.10 The Committee recommends that in future annual reports the Department of Disability, Housing and Community Services include information on studies being conducted in the reporting period. The information should include the title, terms of reference and expected completion date.

RECOMMENDATION 6

3.50 The Committee recommends that the Chief Minister's Annual Report Directions be amended to require agencies to report on their progress against the relevant strategic directions set out in the ACT Strategic Plan for Positive Ageing 2010–2014.

RECOMMENDATION 7

3.57 The Committee recommends that direct actions and outcomes of the refugee, asylum seeker and humanitarian committee be reported in future Department of Disability, Housing and Community Services annual reports.

RECOMMENDATION 8

3.62 The Committee recommends that the Office for Multicultural Affairs take a coordinating role in the provision of cross-cultural training and the use of interpreters for all employees and contractors of ACT Government departments and agencies.

RECOMMENDATION 9

3.85 The Committee recommends that diversion strategies to reduce custodial sentences for Aboriginal and Torres Strait Islander young people be reported in future Department of Disability, Housing and Community Services annual reports.

1 INTRODUCTION

1.1 On 23 September 2010, the 2009–10 ACT Government annual and financial reports for all departments and agencies were tabled in 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 Two public hearings were held on 3 November 2010 and 24 November 2010. 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 departmental officials from ACT Health and DHCS. A full list of witnesses is at Appendix A.

1.5 Following the public hearings, the Committee asked an additional 59 supplementary questions to assist in their inquiry. A full list of these is at Appendix B and the responses to these questions are available on the Assembly website.[3]

1.6 A further 15 responses were received to questions taken on notice by Ministers during the public hearings. A full list of these is available at Appendix C and responses to these questions are also available on the Committee website.

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[3] http://www.parliament.act.gov.au/committees/index1.asp?committee=115&inquiry=986

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 general 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 The inquiry process also provides an opportunity for non-executive Members of the Legislative Assembly to pursue issues of public concern raised by constituents, or through other avenues. The transcript of the proceedings can be accessed on the Legislative Assembly website.[4]

1.9 Agencies' annual reporting requirements are set out in the *Annual Report (Government Agencies) Notice 2009*.[5] 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*.[6]

1.10 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.

1.11 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.

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[4] www.parliament.act.gov.au

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

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

1.12 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'.[7]

1.13 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;
- 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

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

- comply with the *Annual Reports (Government Agencies) Act 2004* and the *Chief Minister's Annual Report Directions*.[8]

1.14 Annual reports nominated by agencies, may also be assessed for an award by the Institute of Public Administration (ACT Division).[9]

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

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

2 ACT HEALTH

2.1 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.[10] 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.[11]

2.2 The Committee met with the Minister for Health and departmental officials on 3 November 2010. A broad range of issues were examined throughout the hearing and the key issues raised are discussed in the following section.

Elective surgery

2.3 The Committee notes the three per cent reduction in the rate of elective surgery procedures for the 2009–10 year compared to the previous year. The annual report states this is a result of the increased demand on the hospital system by the human swine flu influenza (H1N1) outbreak, but that it was '162 [procedures] above the target set by the Commonwealth under stage 3 of the elective surgery waiting list reduction plan.[12]

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

[11] ACT Health, *Annual Report 2009–2010*, p 3

[12] ACT Health, *Annual Report* 2009–10, p 119

2.4 While ACT Health reports on access to elective surgery in its annual report,[13] the Committee notes that information regarding the waiting list/s is not included. The Committee was interested in access to elective surgery and in particular the number of people on the waiting list for the different categories; the median waiting times; and the number of people waiting longer than the national standard. The Minister advised that more detailed information including median waiting times, elective surgery activity breakdown and waiting list statistics are reported in the ACT Health Quarterly Performance Reports.[14]

2.5 The Committee also enquired about the number of patients who have waited longer than one year for surgery and was advised that as of 30 September 2010, there were 798 people on the ACT public hospital elective surgery waiting list who had waited longer that one year.[15]

2.6 The Committee appreciates the reporting of elective surgery waiting lists in the *Quarterly Performance Report* but considers that the information regarding access to elective surgery should be included in the ACT Health annual report, or a reference to where the information is available.

RECOMMENDATION 1

2.7 **The Committee recommends that ACT Health include information regarding elective surgery waiting lists in its annual report or include a reference to where the information can be found.**

2.8 Other issues discussed about elective surgery waiting times included:

- the impact on people's waiting times when lists are managed by specialists;[16]
- transferring people on the waiting list to the private sector for certain procedures made possible through the increased money allocated for elective surgery from the Australian and ACT Governments.[17]

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[13] ACT Health, *Annual Report 2009–10*, p 119

[14] ACT Health, Quarterly performance report, December 2010, pp 6–7 and p 19

[15] Response to supplementary question HCSS/2

[16] *Transcript of Evidence*, 3 November 2011, p 4

Efficiency savings

2.9 The Committee noted that ACT Health has been working on reducing the cost per admitted patient to bring it in line with the national average. The Minister advised that the cost has come down from 30 per cent above the national average in 2002 to just 3 per cent above the national average in 2009, exceeding the 10 per cent target set as part of the functional review in 2006.[18] The Committee was advised that savings have been made through economies of scale and direct nurse recruitment. Mr Ian Thompson, Deputy Chief Executive, ACT Health, told the Committee:

> …we have had a strong focus on nursing recruitment with the objective of employing nurses directly ourselves rather than relying on more expensive agency or overtime arrangements. We have seen a substantial decline in our costs for agency nursing in particular.[19]

2.10 Mr Thompson added:

> ...one of the features that we have seen in the trends nationally on health and hospital expenditure is that other jurisdictions are catching up to what the ACT was spending. While we have definitely achieved efficiencies, it is not necessarily the case that the ACT has been overspending. Other jurisdictions are reflecting the fact that maybe they need to invest more.[20]

Staffing issues

2.11 The Committee questioned the Minister about the number of plastic surgeons available in the ACT and was advised that as a highly specialised practice it is hard to attract them. The ACT is operating with two plastic surgeons and a recruitment process is underway to attract a third. [21]

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[17] *Transcript of Evidence*, 3 November 2011, pp 5–6

[18] Minister for Health, *Transcript of Evidence*, 3 November 2010, p 10

[19] Mr Thompson, *Transcript of Evidence*, 3 November 2010, p 10

[20] Mr Thompson, *Transcript of Evidence*, 3 November 2010, p 11

[21] *Transcript of Evidence*, 3 November 2010, p 7

2.12 As nurses make up the largest group of hospital staff,[22] the Minister told the Committee about the assistant-in-nursing project trialling the use of a lower level of trained staff to assist enrolled nurses. The Committee was told that the Australian Nurses Federation have questioned the benefits of using nursing assistants due to increased supervision by senior nursing staff and the limited roles assigned to assistant nurses. While the trial has been evaluated, revealing positives and negatives the Minister said 'it is not necessarily a clear way forward'.[23]

2.13 The Committee noted the improvement in radiotherapy services and was advised there is currently no waiting list.[24] Mr Grant Carey-Ide, Acting Executive Director, Capital Region Cancer Services, advised that one of the significant factors in achieving the targets has been the provision of funding for the recruitment of an additional five radiation therapists. Mr Carey-Ide advised that two positions are yet to be filled.[25] The Radiation Oncology Department currently has 42 radiation therapists.[26]

2.14 The Committee also asked a number of supplementary questions in relation to staffing matters including: number of neurologists and plastic surgeons on active rotation; staffing for rehabilitation services; employee separation rates; and impact of staffing constraints on women's health services.[27]

Mental health

2.15 The Committee questioned the reason for the reduction in the supported accommodation bed occupancy rate from 95 per cent in 2008–09 to 89 per cent in 2009–10. The reason cited was the preference for mental health consumers towards single supported accommodation rather than being

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[22] ACT Health, *Annual Report 2009–10*, p 238, Also see response to question taken on notice HCSS QTON 10/1

[23] Minister for Health, *Transcript of Evidence*, 3 November 2010, pp 11–12

[24] ACT Health, *Annual Report 2009–10*, Strategic Indicator 13, p 109

[25] Mr Carey-Ide, *Transcript of Evidence*, 3 November 2010, pp 47–48

[26] Response to question taken on notice HCSS QTON 10/4

[27] See supplementary questions HCSS 10/3, HCSS 10/4, HCSS 10/5, HCSS 10/6, HCSS 10/7, HCSS 10/8, HCSS 10/15

accommodated in 'group housing'.[28] The Committee was advised that the department was not aware of any other contributing factors.[29]

2.16 The Committee was also interested in the supported hospital exit program and was advised that the program, run by the Mental Health Foundation, had provided support to 22 people in the first six months of 2010. The Program provides outreach step-down support after people have had an in-patient stay and Dr Peggy Brown, Chief Executive, ACT Health told the Committee that:

> The intention is to review that program in light of the outreach support tender that has been let.[30]

2.17 The Committee sought an update on the step-up step-down facilities and was advised that a third step-up, step-down facility for young people between the ages of 18 and 25 is being considered.[31] Asking about the success of the facilities the Committee was advised that anecdotal evidence suggests that the facilities have been successful in keeping people out of the acute admission. Dr Brown further advised that a formal evaluation of the adult facility was being planned.[32]

2.18 The Committee was concerned that homeless people leaving the psychiatric secure unit (PSU) were unable to access the step-up step-down facility. Dr Brown told the Committee that while there is no formal exclusion criteria for homeless people to access the facility they need to meet the eligibility criteria to access the service. The length of stay at the facility can be up to three months and Dr Brown advised that the department would work with a client to ensure they had suitable accommodation to move into.[33]

2.19 The Committee sought an update on inpatient support for adolescents with mental health issues. The Minister advised that currently support is provided through the adolescent ward at the Canberra Hospital (TCH) and the

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[28] ACT Health, *Annual Report 2009–10*, p 95

[29] Dr Brown, *Transcript of Evidence*, 3 November 2010, p 24

[30] Dr Brown, *Transcript of Evidence*, 3 November 2010, pp 24–25

[31] Minister for Health, *Transcript of Evidence*, 3 November 2010, p 20

[32] Dr Brown, *Transcript of Evidence*, 3 November 2010, p 20

[33] Dr Brown, *Transcript of Evidence*, 3 November 2010, p 22

psychiatric secure unit (PSU). The Minister further advised that a site has been selected at TCH for construction of a young person's mental health unit and the project has been submitted for cabinet approval.[34]

2.20 The Committee was also interested in the number of consumer carers on mental health committees. In response to a question taken on notice the Committee was advised consumer and carer representatives sit on 11 committees managed by Mental Health ACT and a further 7 policy committees managed by the ACT Health Mental Health Policy Unit.[35]

Corrections health

2.21 Corrections health is delivered through community health services (output 1.3). The Committee was interested in the sort of detection programs that have been undertaken in relation to Hepatitis C and other blood-borne viruses. While this information is not included in the ACT Health Annual Report Ms Tina Bracher, Acting General Manager, Community Health, advised that formal reporting regarding the blood-borne virus and sexually transmitted disease status of people in the Alexander Maconochie Centre (AMC) is conducted through quarterly surveys and reported publically.[36]

2.22 Ms Bracher advised that data used in the surveys came from clinical records based on information obtained through an induction assessment conducted for all detainees on admission. Information regarding the blood-borne virus status of detainees is based on a consent process, as explained by Ms Bracher:

> ... we ask in our assessment process whether they know what their status is, whether they are interested in finding out and, if they consent to that process, we facilitate that over the next couple of days of their stay in the AMC.[37]

2.23 Ms Bracher reported that three new cases of Hepatitis C transmission were confirmed for the quarter ending 30 June 2010. As these people had spent

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[34] Minister for Health, *Transcript of Evidence*, 3 November 2010, p 23

[35] Response to question taken on notice HCSS QTON 10/5

[36] Ms Bracher, *Transcript of Evidence*, 3 November 2010, p 27

[37] Ms Bracher, *Transcript of Evidence*, 3 November 2010, p 27

time outside of the AMC during that quarter Ms Bracher told the Committee 'it was very difficult to clarify where that transmission had actually occurred'.[38] The Committee questioned whether further investigation had been conducted to determine where the infection had been acquired and was advised the quarterly reports only provide a snapshot of whether detainees 'have or have not been in contact'.[39]

2.24 The Committee understands that further investigation into the detainee's history and social experiences may assist in determining where the infection was acquired. As Ms Bracher explained:

> The inmate health survey does drill down into great depth in terms of the social background of the inmates that were surveyed in terms of how many times they have been incarcerated and where that incarceration had been prior to the inmate health survey, including the rates of intergenerational incarceration within families.[40]

2.25 Given the potential life threatening nature of Hepatitis C, the Committee considers that more must be done, through the collection of additional background information such as the inmate health survey and conducting greater investigation, to determine where and how the infection was acquired, and if possible to rule out the infection being acquired while the person was at the AMC.

RECOMMENDATION 2

2.26 **The Committee recommends that any new infection of Hepatitis C confirmed while a person is detained at the Alexander Maconochie Centre be further investigated to determine where the infection was acquired, if possible.**

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[38] Ms Bracher, *Transcript of Evidence*, 3 November 2010, p 28

[39] Ms Bracher, *Transcript of Evidence*, 3 November 2010, p 29

[40] Ms Bracher, *Transcript of Evidence*, 3 November 2010, p 29

GP workforce program

2.27 The Committee noted the $12 million allocated over four years to GP workforce initiative in the 2009–10 Budget and sought an update on the expenditure to date.

2.28 Through a response to a question taken on notice the Committee was advised that the $12 million was allocated over four years as follows: $1.5 million (2009–10); $2.5 million (2010–11); $3.5 million (2011–12); and $4.5 million (2012–13) and that to date $1,191,014 had been expended, with a further $380,000 committed to the GP development fund; the ACT Health and ANU GP Bonded Scholarship program; and the GP Aged Day Service.[41]

2.29 Further to this the Minister provided the following examples of current expenditure:

- two rounds of infrastructure funding of $800,000;
- the teaching incentive payment made to GPs who take a student into their practice; and
- filling the positions for the Prevocational GP Placement Program (PGPPP).[42]

2.30 The Minister told the Committee that to date only one GP scholarship has been awarded. Questioning the reason for this the Minister advised that the eligibility criteria may be too restrictive including taxation issues and the interaction with other scholarship programs. The Minister further advised that the program is being reviewed by the Government and the ANU Medical School.[43]

2.31 Responding to reports that the ACT Division of General Practice (ACT DGP) suggested that the Government was not doing enough to assist GPs the Minister advised that her understanding of the comments related to the reduction of red tape, the responsibility of which primarily rests with the

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[41] Response to question taken on notice HCSS QTON 10/3

[42] Minister for Health, *Transcript of Evidence*, 3 November 2010, p 34

[43] Minister for Health, *Transcript of Evidence*, 3 November 2010, p 35

Australian Government. The Minister also reported that relations between the Government and the ACT DGP were 'very good'.[44]

Walk-in centre

2.32 The Committee sought an update on the walk-in clinic and was advised that of the 5 000 people who attended the clinic 66 per cent were fully treated at the clinic and less than 6 per cent of people were redirected to the emergency department.[45] Ms Brenda Ainsworth, Executive Director, Health Performance Improvement, Innovation and Redesign, advised that the feedback from patients has been positive with patients feeling well supported by the nursing staff and receiving health advice.[46]

2.33 The Committee asked about the effectiveness of the walk-in clinic given the five per cent increase in emergency department presentations.[47]
Ms Ainsworth explained that the increase in emergency department presentations has been in categories four and five, and while these are considered non-urgent they may not be appropriate for the walk-in centre.[48]

2.34 The Minister explained that easing the pressure off the emergency department was not the only reason for opening the walk-in clinic, stating:

> ... there is a role for the government to play in terms of the long-term health needs of this community, as identified in the Chief Health Officer's report, around providing early care, assistance and referral as required.[49]

2.35 The Committee notes the evaluation of the walk-in centre being conducted after 12 months of operation and looks forward to reviewing the results.

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[44] Minister for Health, *Transcript of Evidence*, 3 November 2010, p 36
[45] Ms Ainsworth, *Transcript of Evidence*, 3 November 2010, p 40
[46] Ms Ainsworth, *Transcript of Evidence*, 3 November 2010, p 41
[47] ACT Health, *Annual Report 2009–10*, p 104
[48] Ms Ainsworth, *Transcript of Evidence*, 3 November 2010, p 42
[49] Minister for Health, *Transcript of Evidence*, 3 November 2010, p 43

RECOMMENDATION 3

2.36 **The Committee recommends that the Minister for Health tables in the Assembly, the results of the evaluation of the nurse-led walk-in clinic when completed.**

National Health and Hospital Network

2.37 The Committee sought an update on the national health and hospital network agreement and in particular the structure of the local hospital network (LHN). The Minister advised that the ACT network would be made up of Calvary Public Hospital, The Canberra Hospital, Queen Elizabeth 11 Family Centre and Clare Holland House and released a discussion paper for public consultation on 3 November 2010.[50] The Minister further advised that NSW would not be included in the initial LHN due to the timeframe for agreeing on the model, set at 31 December 2010, and complexities around industrial issues.[51] Dr Brown advised that the NSW had finalised their network that would be commencing on 1 January 2011. [52]

2.38 The Committee notes the Health Amendment Bill 2011, passed in the Legislative Assembly on 29 March 2011, includes amendments to establish the legislative basis for the ACT LHN including setting out the definition of the LHN; its governance arrangements within ACT Health; and the establishment of an ACT LHN Council including the process of appointment and its generic composition.[53]

2.39 The Committee notes as part of the national reforms that the ACT Government has agreed to meet 'National Access Guarantee targets for elective surgery and a four-hour target for all presentations to our emergency departments'.[54]

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[50] ACT Health, *Local Hospital Network,* viewed 30 March 2011, <http://health.act.gov.au/consumer-information/community-consultation/local-hospital-network/>

[51] Minister for Health, *Transcript of Evidence*, 3 November 2010, p 46

[52] Dr Brown, *Transcript of Evidence*, 3 November 2010, p 46

[53] Health Amendment Bill 2011, Explanatory Statement, viewed 30 March 2011, p 3, <http://www.legislation.act.gov.au/b/db_40824/relatedmaterials/explanatory_statement.pdf>

[54] ACT Health, *Annual Report 2009–10*, p 8

2.40 Questioning whether ACT Health was meeting the agreed targets, Dr Brown told the Committee that ACT Health have formed a national access program steering committee and there are two projects currently underway. Dr Brown explained:

> One is in relation to elective surgery and access to elective surgery, and the second one is what we have called care around the clock, which is actually looking at what we need to have in place to provide services 24/7. We need to ensure that we have services available across all hours if we are actually going to meet the four-hour targets in the emergency department as well as meeting the elective surgery.[55]

2.41 The establishment of primary health care organisations, called Medicare Locals are also part of the national health reforms. Mr Ross O'Donoughue, Executive Director, Policy Division ACT Health, advised that in the first tranche, 15 Medicare Locals will be established around the country with the first due to begin on 1 July 2011. He told the Committee it is unclear if the ACT would be included in this initial rollout.[56]

Other issues

2.42 The Committee canvassed a wide range of issues during the public hearing with the Minister for Health and ACT Health officials. The following section provides a summary of the issues discussed.

ACT Health restructure

2.43 The Committee sought an update on the restructure of ACT Health. Dr Brown advised that the restructure designed to position the organisation to meet the challenges of growing demands for service delivery has been informed by a two-stage consultation process. Stage one addressed high level structure and included a discussion paper and 39 forums over a four-week

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[55] Dr Brown, *Transcript of Evidence*, 3 November 2010, p 45

[56] Mr O'Donoughue, *Transcript of Evidence*, 3 November 2010, pp 45–46

period. Stage two focussed on governance and an additional 49 forums were held over five weeks.[57]

Capital asset development program

2.44 The Committee discussed the timeline and funding for the capital asset development program (CAPD) and the project definition plan that sets out the precinct plan for TCH.[58] The Committee also enquired how the CADP worked against the national reforms and was advised that they are aligned.[59]

2.45 The Committee enquired about the impact on service delivery with construction on the TCH site expected to take up to ten years. The Minister advised that the major strategy to minimise disruption to patients is to stage the construction and extend the timeframe. [60] The Minister told the Committee that building:

> ... a greenfields hospital of the size we are looking at—Canberra Hospital—it would take you half the amount of time that we are taking to redevelop a brownfield hospital.[61]

Autism Spectrum Disorder

2.46 The Committee noted that autism spectrum disorder (ASD) is not mentioned in the ACT Health annual report and sought clarification on which department has lead responsibility for people with ASD. The Minister advised that ACT Health does not have a specific autism program but people with ASD access health services as required.[62]

2.47 In response to a question taken on notice, the Committee was advised that the Therapy ACT Autism Unit, part of DHCS, is the lead agency responsible

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[57] Dr Brown, *Transcript of Evidence*, 3 November 2010, p 9

[58] *Transcript of Evidence*, 3 November 2010, pp 12–15

[59] Minister for Health, *Transcript of Evidence*, 3 November 2010, p 9

[60] *Transcript of Evidence*, 3 November 2010 15–16

[61] Minister for Health, *Transcript of Evidence*, 3 November 2010 p 16

[62] Minister for Health, *Transcript of Evidence*, 3 November 2010 , p 17

for autism services in the ACT and that Therapy ACT has a cooperative working relationship with ACT Health services.[63]

Diabetes services

2.48 The Committee questioned the Minister about the operation of diabetes services in the ACT following concerns raised in *the Canberra Time*s.[64] The Minister noted the concerns raised in the article and advised that recruitment of a clinical director was underway to 'drive those discussions to try and reach some resolution'.[65]

Chief Health Officer's report

2.49 The Committee was interested in the health status of people in the ACT compared to other states and was advised that the Chief Health Officer's report provides the most up-to-date data, and shows that indicators for the ACT such as immunisation rates, life expectancy and quality of life are above the national average. While the ACT is above the national average on a range of health indicators the Chief Health Officer's report also highlights areas of concern such as the increase in the level of alcohol related hospital admissions, which has increased significantly over the last 10 to 15 years.[66]

2.50 The Committee also discussed the objective of reducing the incidence of cardiovascular disease in the community through the healthy futures program, as discussed in the report.[67]

Health promotion grants

2.51 The Committee was interested in the recommendations that came out of the external review of the health promotion grants and was advised that while there was some room for improvement there were no major problems

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[63] Response to question taken on notice HCSS QTON 10/2

[64] Noel Towell and Peter Jean, 'Officials Failing our Kids: doctors Fears on ACT diabetes care', *The Canberra Times,* 29 October 2010, p 1

[65] Minister for Health, *Transcript of Evidence*, 3 November 2010, p 26

[66] Minister for Health, *Transcript of Evidence*, 3 November 2010, p 29

[67] Minister for Health, *Transcript of Evidence*, 3 November 2010, P 29

found. Mr John Woollard, Director, Health Protection Service, said it was about 'strengthening rather than going back and reinventing them'.[68]

Clinical services review

2.52 The Committee was interested in the clinical review into obstetrics and in particular the public interest disclosure review currently being conducted. Dr Brown acknowledged the degree of public interest in the findings and told the Committee that advice would be provided once the investigation was completed.

2.53 Questioning the amount of information that would be released and who makes the decision, Dr Brown advised:

> Within the provisions of the Public Interest Disclosure Act, I am the relevant delegate, the decision maker that it comes to. As I say, I am very mindful of the public interest that exists around this particular matter, but I am also mindful of the provisions of the legislation. So I would seek to find a statement that can provide information without disclosing what should be maintained as confidential.[69]

GP Aged Day Service

2.54 The Committee asked about the reasons the recently established GP Aged Day Service was limited to business hours and was advised this was the identified gap in services to the aged, particularly for residents in aged care nursing homes. The Committee was also advised that the Canberra After-hours Locum Medical Service (CALMS) provides out-of-hours care to residents in aged care facilities.[70]

GP super clinic

2.55 The Committee noted the $15 million from the Australian Government for a GP super clinic and was concerned that this could lead to further closures of smaller suburban general practices. Seeking assurance from the Minster that

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[68] Mr Woollard, *Transcript of Evidence*, 3 November 2010, p 31

[69] Dr Brown, *Transcript of Evidence*, 3 November 2010, p 33

[70] *Transcript of Evidence*, 3 November 2010, pp 34–35

this would not happen the Minister replied that 'they are individual business decisions'.[71]

2.56 The Minister explained that she did not necessarily support the super clinic as a stand-alone service but would like to see it linked to education and other health services, stating:

> The health system of the future has got to be integrated and has got to look at more than just your traditional suburban GP practice.[72]

Social determinants of health

2.57 The Committee could find no reference to the social determinants of health in the annual report and questioned whether the concept is being applied to ACT Health policies and programs. Dr Brown advised that the new population health strategic framework, launched in 2010, 'goes very much around social determinants'.[73]

2.58 Dr Andrew Pengilley, Acting Chief Health Officer, advised of a number of programs that deal with the determinants of chronic disease prevention integrated into the national partnership on preventative health including the promotion of healthy children, workplaces and communities.[74]

2.59 Enquiring about targeted programs Dr Pengilley advised that because the use of tobacco and alcohol are prevalent in lower socioeconomic groups, programs targeting the related health issues target the social groups that have those problems. Dr Pengilley also advised of Aboriginal and Torres Strait Islander targeted programs.[75]

Human swine flu influenza

2.60 The Committee sought an update on the human swine flu influenza (H1N1) and was advised that the World Health Organisation has declared that H1N1 is now in the post-pandemic phase. While H1N1 vaccinations were

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[71] Minister for Health, *Transcript of Evidence*, 3 November 2010, p 36

[72] Minister for Health, *Transcript of Evidence*, 3 November 2010, pp 37–38

[73] Dr Brown, *Transcript of Evidence*, 3 November 2010, p 38

[74] Dr Pengilley, *Transcript of Evidence*, 3 November 2010, p 38

[75] Dr Pengilley, *Transcript of Evidence*, 3 November 2010, 39

available in 2009, 2010 saw the trivalent seasonal influenza which incorporated the H1N1 vaccine and two other influenza strains.

2.61 The Minister advised that while there was not a high level of illness in the community, the H1N1 pandemic had informed the national pandemic preparedness plan.[76]

Capital Region Cancer Service

2.62 The Committee enquired about the $27.9 million for the expansion of the Capital Region Cancer Service's new facility. The Minister advised that it is capital funding to construct a new cancer centre. Questioning the response to a senate estimates question suggesting that the new six-storey building would have two vacant floors, Ms Megan Cahill, Executive Director, Government Relations Planning and Development, advised:

> This is stage 1 of what will be a two-stage process to create an integrated cancer care centre. The intention at this point in time is to have two of the levels built but not fitted out, at least in the short term. That will allow us, as we develop the stage 2, to not only create additional capacity in the future but allow us to create a centre that will integrate with the new buildings in the future.[77]

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[76] Minister for Health, *Transcript of Evidence*, 3 November 2010, p 44

[77] Ms Cahill, *Transcript of Evidence*, 3 November 2010, p 49

3 DEPARTMENT OF DISABILITY HOUSING AND COMMUNITY SERVICES

3.1 The Department of Disability Housing and Community Services (DHCS) covers a broad range of human service delivery programs and responsibility is spread across five ministerial portfolios.

3.2 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 includes:

- Output Class 1, Disability and Therapy Services;
- Output Class 3, Community Development and Policy; and
- Housing ACT, Output Class 1, Social Housing Services.[78]

Disability ACT

3.3 The Committee met with the Minister for Disability, Housing and Community Services and departmental officials on 24 November 2010.

3.4 Disability Services and Policy (output 1.1) 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.[79]

Unmet need

3.5 The Committee questioned what was being done to address the $8.3 million of unmet need identified in the Auditor-General's report into the

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

[79] DHCS *Annual Report 2009–10*, vol 1, p 27

management of respite care services.[80] Mr Martin Hehir, Chief Executive, DHCS, told the Committee while this figure represents the known unmet demand, the true extent of unmet need, due to families not seeking support, is much harder to quantify.[81]

3.6 Of the $8.3 million identified as unmet demand, Mr Hehir advised that this is made up of 'people who are not getting a service at all and the proportion of people who are getting a component of the service but not what they need in totality'.[82]

3.7 The Minister for Disability, Housing and Community Services, Ms Joy Burch, explained that there are 'constant challenges in any jurisdiction about managing the need in disability services' and additional research was being conducted around the respite needs of people with a disability.[83]

3.8 The Committee is concerned that not enough is being done to provide daytime care for support of adults with severe or profound disability and would like to see information regarding current studies and research projects in future annual reports.

RECOMMENDATION 4

3.9 **The Committee recommends that the Minister for Disability, Housing and Community Services update the Assembly in the August 2011 sitting period on the work being conducted to address unmet need for people with disability.**

RECOMMENDATION 5

3.10 **The Committee recommends that in future annual reports the Department of Disability, Housing and Community Services include information on studies being conducted in the reporting period. The**

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[80] ACT Auditor-General's Office, Performance Audit Report, *Management of Respite Care Services*, May 2009, p 8

[81] Mr Hehir, *Transcript of Evidence*, 24 November 2010, p 55

[82] Mr Hehir, *Transcript of Evidence*, 24 November 2010, p 56

[83] Minister for Disability, Housing and Community Services, *Transcript of Evidence*, 24 November 2010, p 56

information should include the title, terms of reference and expected completion date.

3.11 Ms Lois Ford, Executive Director, Disability ACT, told the Committee that the *Registration of Interest* allows individuals to identify their own needs and is used by the department to respond to people's needs. As Ms Ford explained:

> The majority of people on that register who are registered for need are getting some level of support.[84]

3.12 Ms Ford explained other areas aimed at meeting people's needs included:

- one-on-one staffing arrangements;
- increased number and access to Individual Support Packages (ISPs);
- quality of life grants;
- small direct grants for post school options; and
- 'environmental technology' aimed at assisting people with daily living activities.[85]

Post school support

3.13 The Committee was particularly concerned about the level of support available to students with a disability on finishing school. The amount of support required will vary depending on individual need, however, for those people requiring a sustained response, adjusting to life after school for themselves and their families can be problematic, as the regular 30 hour per week support provided through the school week is reduced.[86]

3.14 The Committee understands that initially families are offered 12 hours of support through the *House With No Steps* transitional program as well as other support programs. As Ms Ford explained:

> All families who require a sustained response have been offered the equivalent of two days or 12 hours support plus any additional living

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[84] Ms Ford, *Transcript of Evidence*, 24 November 2010, p 57

[85] Ms Ford, *Transcript of Evidence*, 24 November 2010, p 57

[86] *Transcript of Evidence*, 24 November 2010, pp 59–63

skills arrangements, respite arrangements or some direct funding that they may require.[87]

Employment opportunities

3.15 While day-to-day support is important for people with a disability, Ms Ford told the Committee that access to meaningful employment is 'what people with disability want'.[88]

3.16 ACT Social Enterprise Hub, a partnership between Social Ventures Australia, PricewaterhouseCoopers, Disability ACT, ACT Health, the ACT Mental Health Community Coalition and The Snow Foundation aims to foster self-employment opportunities for people with disability in the ACT.[89]

3.17 Ms Ford told the Committee that the department supports the creation of opportunities for people with disability to own their own business and employ others through a social enterprise. Cafe Ink is such an example which employs five or six people with a disability. There are funding opportunities for families with business ideas.[90]

3.18 The Committee supports the creation of employment opportunities for people with disability.

Efficiency dividend

3.19 The Committee was interested in the department's efforts to reach its efficiency dividend. Mr Hehir advised that savings were made through the transfer of four high-cost residential accommodation houses to a community provider, Able Australia.[91]

Other issues

3.20 The Committee was also interested in the following issues:

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[87] Ms Ford, *Transcript of Evidence*, 24 November 2010, p 60
[88] Ms Ford, *Transcript of Evidence*, 24 November 2010, p 64
[89] DHCS, *Annual Report 2009–10*, vol 1, p 32
[90] Ms Ford, *Transcript of Evidence*, 24 November 2010, p 64
[91] Mr Hehir, *Transcript of Evidence*, 24 November 2010, p 68

- funding figures for accommodation support, community support, community access and respite across the previous three years;[92]
- the inclusion of the definition of autism and Aspergers in the national disability agreement;[93] and
- the number of people on the waiting list for supported accommodation.[94]

Therapy ACT

3.21 Therapy ACT is the Government provider of therapy and support services to children, young people and adults with a disability, and children from birth to eight with developmental delays (output 1.2).[95]

3.22 Responsibility for therapy services rests with the Minister for Disability, Housing and Community Services. The Committee met with the Minister and departmental officials on 24 November 2010.

Waiting times

3.23 The Committee noted the decrease in waiting times for therapy services from 29 weeks to 11 weeks. Ms Ros Hayes, Executive Director, Therapy ACT, advised that the reduction was possible due to the introduction of a demand management plan, increases in staffing of eight speech pathologists and four therapists and a process for earlier assessments.[96]

Therapy in schools

3.24 The Committee was interested in the connection between Therapy ACT therapists and ACT schools, particularly in relation to children's specialised equipment. Ms Hayes advised that it is the practice of Therapy ACT therapists to visit schools to assist teachers with therapeutic interventions where possible, including the correct operation of equipment. It was further

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[92] *Transcript of Evidence*, 24 November 2010, pp 54–55, see also question taken on notice HCSS QTON 10/6

[93] *Transcript of Evidence*, 24 November 2010, pp 56–57

[94] *Transcript of Evidence*, 24 November 2010, p 58, question taken on notice HCSS QTON 10/7

[95] DHCS, *Annual Report 2009–10*, vol 1, p 39

[96] Ms Hayes, *Transcript of Evidence*, 24 November 2010, p 65

advised that there has been no increase in delivery of services to ACT schools, due to the high number of public schools, and that any increase would impact on the number of contact hours.[97]

3.25 The Minister told the Committee that the use of therapy assistants was being trialled at the Malkara special school and this was something she was looking at with interest, particularly in terms of how it operates and what benefits it will bring to the school.[98]

3.26 The Committee was interested in the service partnership agreement between Therapy ACT and the Department of Education that resulted from the review of special education, to enhance service delivery. The Committee was told that significant planning has gone into the development of the agreement which includes a professional development calendar for therapists providing services to teachers and arrangements for better links with Individual Leaning Plans (ILPs) and mechanisms for better coordinated services.[99]

Autism Spectrum Disorder

3.27 The Committee was pleased to note services for children with autism spectrum disorder (ASD) had expanded.[100] The Committee also noted that the Australian Government Department of Health has recommended 20 hours per week of early intervention support for children with ASD and questioned whether this level of care was being provided to children with Autism in the ACT.

3.28 Ms Hayes told the Committee that it is a best practice guide and is not imposed on states or territories. Ms Hayes explained:

> We are not able to provide that intensity of early intervention services but we are able to work with other providers, with the playgroups at CASA, with the early intervention units at Education, with our own staff.

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[97] Ms Hayes, *Transcript of Evidence*, 24 November 2010, pp 67–68

[98] Minister for Disability, Housing and Community Services, *Transcript of Evidence*, 24 November 2010, p 68

[99] Ms Hayes, *Transcript of Evidence*, 24 November 2010, p 69

[100] *Transcript of Evidence*, 24 November 2010, p 66

> We try to coordinate with private providers where they are funded under the commonwealth funding for the two years of funding that people get there. So we try to make sure that all of those programs are working in the same direction and that all of those people are getting quite a few hours. But it is not that single, intensive program.[101]

Housing ACT

3.29 Housing ACT administers the ACT Government's social housing services through 'the provision and management of public housing tenancies and properties and provision of support and resources to homelessness services and community housing providers.'[102]

3.30 The Committee was interested in the Australian Government stimulus funding for social housing. Mr Hehir advised that while delivery has been slightly delayed due to the wet weather, 'the delays are within the contractual terms'.[103]

3.31 The Minister advised that 420 properties are being delivered through the stimulus funding and with additional investment from the ACT Government there will be over 500 properties ready by June 2011. This will include 300 older persons units.[104]

Housing for people with a disability

3.32 The Committee was interested in social housing properties dedicated to people with a disability. Ms Maureen Sheehan, Executive Director, Housing and Community Services, advised of a project with St Margaret's Uniting Church responding to the needs of older carers and their adult children. In this instance St Margaret's have provided the land, and through the nation-

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[101] Ms Hayes, *Transcript of Evidence*, 24 November 2010, p 70

[102] DHCS, *Annual Report 2009–10*, vol 1, p 82

[103] Mr Hehir, *Transcript of Evidence*, 24 November 2010, p 73

[104] Minister for Disability, Housing and Community Services, *Transcript of Evidence*, 24 November 2010, p 72

building stimulus Housing ACT has been able to provide the construction of the homes.[105]

3.33 Ms Sheehan also advised that three of the 26 nation-building properties constructed at a site in Gunagerra are earmarked for disability supported accommodation. The Committee was also advised all public housing being built on community facilities land is supportive housing targeted at older people. Mr David Collett, CADP Review Consultant, Government Relations, Planning and Development, told the Committee:

> It is all class C adaptable, without threshold steps and with garages that meet the standards for disabled housing. A number of units in each of the larger sites have been built intentionally as three bedroom units, rather than two-bedroom units, to allow accommodation for a live-in carer because a number of our elderly tenants have carers. In fact, all of the housing that has been done on the community facilities sites is suitable for people, albeit aged, with a disability.[106]

Management of new properties

3.34 The Committee questioned the management of properties, particularly in relation to the new properties being constructed. Mr Collett advised that all Housing ACT properties are managed through the total facilities maintenance contractor as 'part of the contractual arrangement with the role of Spotless and it is part of the ongoing integrated facilities management we [Housing ACT] have in place.'[107]

Homelessness

3.35 The Committee noted the *Road Map*, released by Social Housing and Homelessness Services in 2009 outlining the key priorities in meeting the targets set out in the National Partnership Agreements and National Affordable Housing Agreement.[108] The Committee heard that while it was

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[105] Ms Sheehan, *Transcript of Evidence*, 24 November 2010, p 88

[106] Mr Collett, *Transcript of Evidence*, 24 November 2010, p 88

[107] Mr Collett, *Transcript of Evidence*, 24 November 2010, p 74

[108] DHCS, *Annual Report 2009–10*, vol 1, pp 9–10

appropriate to support people who are homeless, the major aim is to reduce homelessness, and the target set for the ACT and other jurisdictions was to reduce homelessness by 25 per cent. Strategies adopted by Housing ACT include a range of new and enhanced services, such as:

- street to home program being run by St Vincent de Paul;
- the domestic violence stay at home program which supports the victim to stay in the family home and removes the perpetrator;
- the place to call home which puts the person in the house and partners with a community service to provide support;
- a new service for men exiting detention; and
- a new program to assist people to sustain tenancies.[109]

3.36 The Committee was interested in the youth housing program that now enables a 16 year old, down from 18, to enter into a Housing ACT tenancy. This is particularly important for young people with no family support, for young people coming out of care or to support young people coming out of Bimberi. Ms Sheehan told the Committee that 50 per cent of homelessness for young people is most often caused by family breakdown. Public housing is one option for these young people. Another program designed to reduce homelessness in young people is the 'couch surfing program' that assists young people who are temporarily not living with their parents.[110]

3.37 The Minister also advised of a toolkit for working with children in the homelessness sector.[111]

Disruptive behaviour

3.38 The Committee was interested in the number of complaints for disruptive behaviour and was advised the highest number of complaints received in relation to public housing is for disruptive behaviour or neighbourhood disputes, with 1,215 complaints lodged in 2009–10.[112] The Minister told the

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[109] *Transcript of Evidence*, 24 November 2010, pp 75–77

[110] Ms Sheehan, *Transcript of Evidence*, 24 November 2010, pp 86–87

[111] Minister for Disability, Housing and Community Services, *Transcript of Evidence*, 24 November 2010, p 87

[112] DHCS, *Annual Report 2009–10*, vol 1, p 93

Committee that there is between 20 to 30 complaints made about disruptive behaviour per week.[113]

3.39 Questioning the course of action available to the department to address tenants in breach of their agreement, the Committee was advised of strict guidelines governing all aspects of housing tenancies, including the number of tenants per dwelling.[114] The Committee was also advised of the success of performance orders that are used when a tenant breaches their tenancy agreement because of disruptive or antisocial behaviour. As Ms Sheehan noted:

> The reason it is effective is that it is one thing for your housing manager to say, "You had better comply with the terms of your lease," but it is quite another thing for a tribunal to actually issue an order saying that that is what must happen. Importantly, if that order is then breached, that can be grounds for more serious action.[115]

Community housing

3.40 The Committee was interested in the sustainability of government funding for community housing, and in particular the new funding arrangements for the Havelock Housing Association (HHA) to assist them to remain financially viable.[116] A review of the new arrangements for HHA found the model to be effective providing 'the right sorts of incentives for a larger community housing provider to manage its portfolio efficiently'.[117]
Mr David Matthews, Director, Housing ACT advised that the department continues:

> ... to meet with Havelock Housing Association on a quarterly basis to monitor their performance but also their financial viability.[118]

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[113] Minister for Disability, Housing and Community Services, *Transcript of Evidence*, 24 November 2010, p 73

[114] Ms Sheehan, *Transcript of Evidence*, 24 November 2010, p 81

[115] Ms Sheehan, *Transcript of Evidence*, 24 November 2010, p 82

[116] Mr Mathews, *Transcript of Evidence*, 24 November 2010, p 83

[117] Mr Mathews, *Transcript of Evidence*, 24 November 2010, p 83

[118] Mr Mathews, *Transcript of Evidence*, 24 November 2010, p 83

3.41 The Committee questioned the move to 74.9 per cent of market rent and was advised that this model was about trying to meet a gap in the service provision for people above the income eligibility for public housing who are struggling in the private rental market. Mr Hehir explained it is similar to the Australian Government NRAS [National Rental Affordability Scheme] which is 80 per cent of market rent.[119]

3.42 The Committee noted that 74.9 per cent of market rent was still very high for people on the public housing waiting list and was concerned that this model would be applied across community housing providers. Noting the different subsets of community housing providers servicing different client groups the Committee was told 'it is very hard to say one model is going to fit everybody'.[120]

Other issues

3.43 The Committee also questioned:

- the eligibility criteria for accessing Housing ACT;[121]
- working conditions of sub contractors employed by Spotless;[122] and
- the number of tenancy breaches before the ACT Civil and Administrative Tribunal (ACAT) and the cost involved.[123]

Office for Ageing

3.44 The Office for Ageing promotes positive ageing for older Canberrans within the framework of the *ACT Strategic Plan for Positive Ageing 2010–2014: towards an age-friendly city*. The Office also works in partnership with key agencies in the ACT and provides secretariat support to the Ministerial Advisory Council on Ageing (MACA).[124]

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[119] Mr Hehir, *Transcript of Evidence*, p 84

[120] Mr Hehir, *Transcript of Evidence*, p 86

[121] *Transcript of Evidence*, 24 November 2010, pp 71–72

[122] *Transcript of Evidence*, 24 November 2010, pp 77–80, See also HCSS QTON 10/8

[123] *Transcript of Evidence*, 24 November 2010, pp 88–89, See also HCSS QTON 10/9

[124] DHCS, *Annual Report 2009–10*, vol 1, p 54

3.45 The Committee enquired about the current ACT population over the age of 60 and was advised that it was the fastest growing demographic, currently at 15.8 per cent of the population and expected to increase to 24.1 per cent by 2050.[125]

3.46 The Committee was interested in the impact of the ageing population on government services and what policy planning was happening to address this. Mr Hehir advised that while DHCS does not provide a lot of services directly to aged people apart from public housing, the need for accommodation for the aged through the public housing portfolio has been identified as an area of growth. The Committee was also told that an online information portal has been developed to ensure information is available and accessible.[126]

3.47 The Committee also questioned the impact of the ageing population on the Home and Community Care (HACC) program that is jointly funded by the Australian and ACT Governments and was advised that like the Health Budget growth funding is built into the HACC funding.[127]

3.48 The ACT Strategic Plan for Positive Ageing 2010–2014 was launched on 15 December 2009. The Plan includes 58 actions, 21 of which DHCS is responsible for implementing with the MACA.[128] The Committee sought assurance that the actions would result in services on the ground for the ageing population. Ms Meredith Whitten, Senior Director, Governance, Advocacy and Community Policy, Policy and Organisational Services, advised that the plan was developed in consultation with MACA and that members of MACA have been meeting with departments to progress particular actions. Ms Whitten further advised:

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[125] Ms Whitten, *Transcript of Evidence*, 24 November 2010, pp 90

[126] Mr Hehir, *Transcript of Evidence*, 24 November 2010, pp 90

[127] *Transcript of Evidence*, 24 November 2010, pp 91

[128] DHCS, *Annual Report 2009–10*, vol 1, p 250

> ... the implementation plan also has a checklist from the World Health Organisation about age-friendly cities and the intention is to establish a benchmark survey against that particular checklist in the new year.[129]

3.49 The Minister advised that the strategic plan requires an across-government response and expects that departments will be reporting against the action items in the strategy. The Committee is pleased that action items will be reported against but would like to see the requirement formalised in the Chief Minister's Annual Report Directions, currently being reviewed.

RECOMMENDATION 6

3.50 **The Committee recommends that the Chief Minister's Annual Report Directions be amended to require agencies to report on their progress against the relevant strategic directions set out in the ACT Strategic Plan for Positive Ageing 2010–2014.**

Office of Multicultural Affairs

3.51 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.[130]

3.52 The Committee questioned the decrease in funding to the Ethnic Schools Association and was advised that despite a small grant from OMA the majority of funding is from the Department of Education and Training.[131]

3.53 The Committee also questioned the reason for the 18 per cent decrease in the number of multicultural radio grants since 2006–07 and was told that the grant program is widely promoted and that there had been no decrease in dollar terms.[132]

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[129] Ms Whitten, *Transcript of Evidence*, 24 November 2010, pp 92

[130] DHCS, *Annual Report 2009–10*, vol 1, p 54

[131] *Transcript of Evidence*, 24 November 2010, p 95

[132] *Transcript of Evidence*, 24 November 2010, pp 95–96

Multicultural Strategy 2010–2013

3.54 The Committee was interested in the key performance indicator of the ACT Multicultural Strategy 2010–2013 relating to the coordination of a minimum four meetings per year to raise issues for refugee, asylum seekers and humanitarian entrants.[133] The Committee questioned the adequacy of the four meetings to address all issues raised and was told that while the refugee and asylum seeker and humanitarian committee meets four times per year 'there is constant interaction between the members'.[134]

3.55 Mr Nic Manikis, Director, Office of Multicultural Affairs, told the Committee that the group is reactive – in that issues are raised and the department responds. The Committee discussed formalising the work of the group through the development of a policy statement around the issues identified. Mr Manikis considered that a refugee asylum seeker policy was worth exploring in the context of the Multicultural Strategy as it was already a focus area, and advised:

> The ACT government already has a policy that fully supports asylum seekers and refugees in terms of its service delivery. It has the Human Rights Act. There are layers of policy around this.[135]

3.56 The Minister suggested that direct actions and progress of the refugee and asylum seeker and humanitarian committee could be reported in future annual reports.[136] The Committee supports more formalised reporting of the outcomes of the RASH meeting in future annual reports.

RECOMMENDATION 7

3.57 **The Committee recommends that direct actions and outcomes of the refugee, asylum seeker and humanitarian committee be reported in future Department of Disability, Housing and Community Services annual reports.**

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[133] DHCS, *Annual Report 2009–10*, vol 1, p 233

[134] Mr Manikis, *Transcript of Evidence*, 24 November 2010, p 96

[135] Mr Manikis, *Transcript of Evidence*, 24 November 2010, p 97

[136] Minister for Disability, Housing and Community Services, *Transcript of Evidence*, 24 November 2010, p 97

3.58 The Committee was also interested in the key priority areas relating to children and young people in the ACT Multicultural Strategy 2010–2013.[137] Progress in the area of children and young people included:

- the relocation of Multicultural Youth Services to the Theo Notaras Centre providing more space, and in particular a separate space for young women;
- funding for outreach multicultural youth services;
- targeted play groups, picnics and other gatherings to support new communities; and
- a partnership with the the Tuggeranong Branch of the Bendigo Bank and the Tuggeranong Child and Family Centre to work with culturally diverse families.[138]

Multicultural Festival

3.59 Enquiring about the outcomes of the 2010 Multicultural Festival the Committee was advised that a survey of 3000 people found there was 'a high degree of satisfaction by the community, by participants'.[139] Mr Manikis also reported that the festival was delivered to budget; that a new corporate sponsor from HSBC has been confirmed; and income from stalls had doubled.[140]

3.60 The Committee questioned the efficiency dividend and was advised that it would be in the vicinity of $13,000.[141]

3.61 As the use of interpreter services is included in the Multicultural Strategy the Committee was interested in what training was available to ensure people know when to use an interpreter. The Committee was advised that OMA had not received any complaints about interpreter services and no longer provided direct training. Mr Manikis told the committee that ACT

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[137] DHCS, *Annual Report 2009–10*, vol 1, p 231

[138] *Transcript of Evidence*, 24 November 2010, p 98

[139] Mr Manikis, *Transcript of Evidence*, 24 November 2010, p 99

[140] Mr Manikis, *Transcript of Evidence*, 24 November 2010, p 99

[141] *Transcript of Evidence*, 24 November 2010, pp 98–99

Health provides training, and the use of interpreters is included in cross-cultural training across agencies.[142]

RECOMMENDATION 8

3.62 **The Committee recommends that the Office for Multicultural Affairs take a coordinating role in the provision of cross-cultural training and the use of interpreters for all employees and contractors of ACT Government departments and agencies.**

ACT Office for Women

3.63 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 scholarship programs.[143]

3.64 The Committee enquired about progress on finding suitable accommodation for the Women's Legal Centre. Ms Sheehan advised that the centre had been offered accommodation at the Griffin Centre and the department had offered a small grant to provide a drop-in service, but the Centre had declined the offer. The department is continuing to work with the Women's Legal Centre to find suitable accommodation.[144]

3.65 The Committee was interested in the implementation of the ACT Women's Plan and was advised that an implementation group, comprised of senior executives from each department and the chair of the Ministerial Advisory Council on Women had been established to guide the process.

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[142] Mr Manikis, *Transcript of Evidence*, 24 November 2010, p 102

[143] DHCS, *Annual Report 2009–10*, vol 1, p 54

[144] *Transcript of Evidence*, 24 November 2010, pp 104–105

3.66 The Committee also questioned the consultation process for the development of the plan and was advised that a number of targeted consultation activities were undertaken.[145]

3.67 The Committee sought an update on the gender disaggregated data project. Ms Whitten advised that the gender measures pilot was undertaken by ACT Health in conjunction with the Office for Women. The pilot project looked at inequities between men and women in the mental health secure unit.[146]

3.68 The Committee was interested in the micro credit program that provides interest-free loans to ACT women on low incomes 'to assist in the establishment of or further development of a business'.[147] As a relatively new program, launched in March 2010, the Minister advised that is has been well received and 12 loans have been approved. The program is budgeted to provide 10 loans per year.[148]

Office of Aboriginal and Torres Strait Islander Affairs

3.69 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.[149]

3.70 The Committee met with the Minister for Aboriginal and Torres Strait Islander Affairs, Mr Jon Stanhope, on 24 November 2010 and discussed the following issues.

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[145] *Transcript of Evidence*, 24 November 2010, pp 105–106, see HCSS QTON 10/10

[146] Ms Whitten, *Transcript of Evidence*, 24 November 2010, p 106

[147] DHCS, *Annual Report 2009–10*, vol 1, p 55

[148] *Transcript of Evidence*, 24 November 2010, p 107

[149] DHCS, *Annual Report 2009–10*, vol 1, p 54

Literacy and Numeracy Officer Program

3.71 The Committee was concerned that cuts to the ATSI Literacy and Numeracy Officer Program would impact on the Government reaching its target to halve the education gap between ATSI and non-ASTI children in reading, writing and numeracy. [150] Mr Nic Manikis, Director, Office of Aboriginal and Torres Strait Islander Affairs, confirmed the cuts to the program[151] and through the response to a question taken on notice the Minister for Education advised that the funding for the program had been redirected to schools identified as having an ATSI focus and would be used to develop Personal Learning Plans (PLPs) for ATSI students.[152] The Committee notes that the PLPs align with the recommendation of the ATSI Elected Body estimates hearing in 2008-09, 'to improve and maintain literacy and numeracy outcomes through personalised learning strategies'.[153]

ATSI service delivery plan

3.72 The Committee was interested in the timeframe for the development of the ATSI service delivery framework and implementation plan and was advised the framework was approved by government at the beginning of 2010 and the implementation plan is being finalised. Mr Manikis told the Committee the implementation plan involved comprehensive community consultation, assistance from the Aboriginal and Torres Strait Islander Elected Body and also took into account the issues raised by Professor Larissa Behrendt. While the implementation plan is based on the COAG urban and regional development strategy, Mr Manikis advised that the ACT Government framework is based around the five action areas and customised to local needs.[154]

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[150] DHCS, *Annual Report 2009–10*, vol 1, p 237

[151] Mr Manikis, *Transcript of Evidence*, 24 November 2010, p 108

[152] Question taken on notice HCSS QTON 10/15

[153] Question taken on notice HCSS QTON 10/13

[154] Mr Manikis, *Transcript of Evidence*, 24 November 2010, p 111

United Ngunnawal Elders Council

3.73 Mr Stanhope advised that the United Ngunnawal Elders Council (UNEC) was experiencing some problems around reaching majority or consensus views and that this was impacting on their ability to provide advice to Government. Mr Stanhope explained that the problems of reaching agreement at Council meetings were exacerbated by membership of the Council representing:

> … three distinct groups—the Ngunnawal, the Ngarigu and the Ngambri—all claiming exclusively to be traditional owners.[155]

3.74 Mr Stanhope further advised that significant work had gone into assisting the UNEC to build its capacity through supporting the development of agendas, facilitating outcomes and recommendations to government and strategies to recognise the role of the Chair.[156] In the response to a question taken on notice Mr Stanhope advised that the Australian Indigenous Leadership Centre has been engaged to work with UNEC, and to date draft rules have been developed to assist the Council in managing agendas, conduct of meetings and advice to Government.[157]

Genealogy study

3.75 The Committee was interested in the progress of the genealogy study and was advised that part one of the study, establishing family histories through interviews, had begun with the families of the UNEC and is expected to report by mid 2011. The second part of the study will involve native title experts connecting families to land.[158]

3.76 The Minister advised the while there is a view within the community that the genealogy study will resolve the dispute over the traditional owners of the land, he was not convinced it would resolve the problems, stating:

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[155] Mr Stanhope, *Transcript of Evidence*, 24 November 2010, p 114

[156] Mr Stanhope, *Transcript of Evidence*, 24 November 2010, pp 111–113

[157] Response to question taken on notice HCSS QTON 10/14

[158] *Transcript of Evidence*, 24 November 2010, pp 114–116

> ... in relation to many Indigenous people in Australia, that level of record keeping and capacity to validate will not exist. I do hold a concern that, for some people who assert a certain attachment, the genealogy study will not be able to establish that, and people that are now accepted as Ngunnawal, Wiradjuri or Ngarigu and who assert that but who, through a genealogy, cannot have it proven clinically, will now, in the eyes of others, be found to have not been what they always asserted.[159]

3.77 The Committee was advised that the study is being conducted by professional genealogists Ms Joy Murrin and Ms Ardeth Pemberton.[160]

Child protection statistics

3.78 The Committee was concerned that 68.2 out of every 1000 ATSI children in the ACT are on a child protection order compared to 6.2 out of every 1000 non-ATSI children and questioned what could be done to improve this. Mr Hehir agreed that there is a significant overrepresentation of Aboriginal children and young people in out-of-home care and in the care of the Chief Executive and advised that while there has not been a reduction in the overall figure there was a reduction in growth from 10 to 11 per cent to two to three per cent.[161]

3.79 Mr Hehir reported a number of 'classic' factors contributing to the high figures including socioeconomic status of ATSI families; poor parenting skills often the result of not being properly parented themselves, removal from families, the larger than usual size of ATSI families and other intergeneration issues.[162]

3.80 Mr Hehir advised that internal targets were not being used to reduce the number of children in care but two key indicators used to measure good outcomes included stability of placement for the children and for ATSI

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[159] Mr Stanhope, *Transcript of Evidence*, 24 November 2010, pp 114–115

[160] Mr Manikis, *Transcript of Evidence*, 24 November 2010, p 115

[161] Mr Hehir, *Transcript of Evidence*, 24 November 2011, p 117

[162] Mr Hehir, *Transcript of Evidence*, 24 November 2011, p 118

children to be placed in 'accordance with the ATSI placement principles. Again, connecting that child to their culture'.[163]

3.81 Mr Stanhope noted that ATSI young people at Bimberi are 'appallingly over-represented'.[164] Mr Hehir told the Committee:

> On any given day for Bimberi, it is rare for it to be below 30 per cent, and quite commonly to be at 50 per cent. There have been times when it has been over 50 per cent.[165]

3.82 Mr Stanhope told the Committee that on national averages the ACT has the lowest rate of incarcerating non-Indigenous children due to good diversionary practices, stating:

> We have parents who understand systems—that is, non Indigenous parents who are, by and large, prosperous, knowing, understanding, educated.[166]

3.83 However, this is not the case for ATSI young people, and as Mr Stanhope explained this:

> ... creates a situation which does not diminish the challenge if we have that very high level of success with non-Indigenous children in relation to non-custodial sentences...we manage to divert them from custodial sentence, but we are not diverting Indigenous children.[167]

3.84 The Committee is concerned with the overrepresentation of young ATSI people being detained in the ACT and would like to see further information regarding diversion strategies included in future annual reports.

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[163] Mr Hehir, *Transcript of Evidence*, 24 November 2011, p 118

[164] Mr Stanhope, *Transcript of Evidence*, 24 November 2010, p 117

[165] Mr Hehir, *Transcript of Evidence*, 24 November 2011, p 119

[166] Mr Stanhope, *Transcript of Evidence*, 24 November 2010, p 119

[167] Mr Stanhope, *Transcript of Evidence*, 24 November 2010, p 119

RECOMMENDATION 9

3.85 **The Committee recommends that diversion strategies to reduce custodial sentences for Aboriginal and Torres Strait Islander young people be reported in future Department of Disability, Housing and Community Services annual reports.**

ACT Indigenous Elected Body (ACTIEB)

3.86 The Committee sought an update on the government's response to the recommendations made by the Indigenous elected body following its 2009 estimates type inquiry. Mr Stanhope advised that a second round of similar hearings have been held and the elected body is in the process of finalising proceedings and reporting to Government. Mr Stanhope further advised that all the recommendations from the first round are being actioned.[168]

3.87 Details of the government actions against the recommendations are available in the response to a question taken on notice.[169]

[168] Mr Stanhope, *Transcript of Evidence*, 24 November 2010, p 120

[169] Response to question taken on notice HCSS QTON 10/13

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 2009–10 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 agencies during the reporting period.

4.3 The Committee made 9 recommendations in response to its scrutiny of the annual reports, and associated evidence.

4.4 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
20 April 2011

APPENDIX A: Public Hearings

3 November 2010

- Minister for Health, Ms Katy Gallagher
- Dr Peggy Brown, Chief Executive
- Mr Ian Thompson, Deputy Chief Executive
- Ms Tina Bracher, Acting General Manager, Community Health
- Dr Andrew Pengilley, Acting Chief Health Officer
- Mr John Woollard, Director, Health Protection Service
- Ms Brenda Ainsworth, Executive Director, Health Performance Improvement , Innovation and Redesign
- Mr Ross O'Donoghue, Executive Director, Policy
- Mr Grant Carey-Ide, Acting Executive Director, Capital Region Cancer Service
- Ms Megan Cahill, Executive Director, Government Relations, Planning and Development

24 November 2010

- Minister for Disability, Housing and Community Services, Minister for Ageing, Minister for Multicultural Affairs, Minister for Women, Ms Joy Burch
- Minister for Aboriginal and Torres Strait Islander Affairs, Mr Jon Stanhope
- Mr Martin Hehir, Chief Executive
- Mr Ian Hubbard, Director, Finance and Budget
- Ms Lois Ford, Executive Director, Disability ACT
- Ms Ros Hayes, Executive Director, Therapy ACT
- Ms Leanne Power, Director, Disability ACT
- Ms Maureen Sheehan, Executive Director, Housing and Community Services

- Mr Richard Baumgart, Director, National Building
- Mr David Collett, CADP Review Consultant, Government Relations, Planning and Development
- Mr David Matthews, Director, Housing ACT
- Ms Meredith Whitten, Senior Director, Governance, Advocacy and Community Policy
- Ms Bronwen Overton-Clarke, Executive Director, Policy and Organisational Services
- Mr Nic Manikis, Director, Multicultural Affairs

APPENDIX B: Supplementary Questions

No	Subject
ACT Health	
HCSS 10/1	Increase in the number of collection centres for ACT pathology
HCSS 10/2	Elective surgery waiting lists by category
HCSS 10/3	Number of neurologists on active rotation
HCSS 10/4	Number of plastic surgeons on active rotation
HCSS 10/5	Staffing for rehabilitation services
HCSS 10/6	Employee separation rate for ACT Health as a whole
HCSS 10/7	Employee separation rate for ACT Health by department
HCSS 10/8	Highest separation rates for surgical units for TCH and Calvary Public Hospital
HCSS 10/9	Highest vacancy rate for medical specialities at TCH
HCSS 10/10	Surgical Assessment and Planning Unit
HCSS 10/11	Increase in access block for older persons
HCSS 10/12	Commonwealth Government grants 2009–2010
HCSS 10/13	Older Persons Inpatient Mental Health Unit
HCSS 10/14	Duplication and growth in the mental health sector
HCSS 10/15	Impact of staffing constraints on women's health services
HCSS 10/16	Demand for youth mental health services
HCSS 10/17	Measures being taken to ensure new capital investment in mental health will be adequately staffed
HCSS 10/18	Impact of the delay in the seasonal flu vaccinations
HCSS 10/19	Reason for the increase in dissatisfaction with ACT Health services
HCSS 10/20	Policy launches of ACT Health during 2009–2010
HCSS 10/21	Satisfaction survey
HCSS 10/22	Compliments and complaints
HCSS 10/23	Data on client feedback
HCSS 10/24	Sustaining families in a caring role
Multicultural Affairs	
HCSS 10/25	Students studying a language other than English
HCSS 10/26	Concession cards for asylum seekers
HCSS 10/27	Arts in the CALD community
HCSS 10/28	Senior grants for CALD projects
Ageing	
HCSS 10/29	Older people engaged in the arts
HCSS 10/30	Older people’s access and awareness of interpreter services
HCSS 10/31	Improving energy efficiency for older people
Disability	
HCSS 10/32	ISP review conducted by NDS
HCSS 10/33	No wrong doors program
HCSS 10/34	Review of wheelchair accessible taxis

No	Subject
	Housing
HCSS 10/35	Number of Housing ACT clients
HCSS 10/36	Reasons for vacancies in ACT Housing properties
HCSS 10/37	Narrabundah Long Stay Caravan Park
HCSS 10/38	Housing options for people leaving the PSU
HCSS 10/39	Lockers for the homeless
	Women
HCSS 10/40	ACT Prevention of Violence Against Women and Children Strategy
HCSS 10/41	Representation of women on ACT Boards
	Community Affairs
HCSS 10/42	ACT Government submission to Fair Work Australia
HCSS 10/43	Portable long service leave
HCSS 10/44	CSIG grants
HCSS 10/45	Taxi subsidy scheme
HCSS 10/46	Kitchen facilities at Tharwa preschool
HCSS 10/47	Holt, Chifley and Weston community hubs
HCSS 10/48	Preparation for the outcome of the Fair Work Australia case
HCSS 10/49	Emergency Financial and Material Assistance
HCSS 10/50	Community Facilities Asset Management Strategy
HCSS 10/51	Community services satisfaction survey
HCSS 10/52	Carers Advocacy Service
	Aboriginal and Torres Strait Islander Affairs
HCSS 10/53	Aboriginal and Torres Strait Islander arts
HCSS 10/54	Whole of Government Reconciliation Action Plan
HCSS 10/55	ATSI Cultural Centre
HCSS 10/56	Australian Indigenous Minority Supplier Council
HCSS 10/57	ATSI Bush Healing Farm
HCSS 10/58	COAG building blocks
HCSS 10/59	Corporate partnerships aimed at Closing the Gap

APPENDIX C: Questions taken on notice

No	Subject
Minister for Health	
HCSS QTON 10/1	Number of permanent nurses employed by ACT Health
HCSS QTON 10/2	Information about the discussion between DHCS and ACT Health regarding the lead agency role in relation to people with Autism
HCSS QTON 10/3	Further information about the money allocated to GPs that has not yet been spent.
HCSS QTON 10/4	Number of radio therapists
HCSS QTON 10/5	List of mental health committees that consumer and carers are represented on.
Minister for Disability, Housing and Community Services	
HCSS QTON 10/6	Funding figures for accommodation places, community support and respite for last three fiscal years
HCSS QTON 10/7	Number on the waiting list for supported accommodation
HCSS QTON 10/8	Additional premium for Spotless sub contractors working on Saturdays
HCSS QTON 10/9	Breach of tenancy orders before ACAT (number and type)
HCSS QTON 10/10	Number of young women consulted as part of the women's plan
HCSS QTON 10/11	Children under six years of age with Autism
HCSS QTON 10/12	Accommodation for the aged
Minister for Aboriginal and Torres Strait Islander Affairs	
HCSS QTON 10/13	Progress report regrading implementation of the recommendations from the elected body.
HCSS QTON 10/14	United Ngunnawal Elders Council
HCSS QTON 10/15	Methodology used by Department of Education for closing the gap