

# REPORT ON ANNUAL AND FINANCIAL REPORTS 2016-2017

STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY  
SERVICES

FEBRUARY 2018

REPORT 3



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Mrs Vicki Dunne MLA	Member
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## RESOLUTION OF APPOINTMENT

On 13 December 2016 the Legislative Assembly (the Assembly) for the ACT agreed by resolution to establish legislative and general purpose standing committees to inquire into and report on matters referred by the Assembly or matters that are considered by the committee to be of concern to the community, including:

- b) a Standing Committee on Health, Ageing and Community Services to examine matters related to hospitals, community and public health, 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.<sup>1</sup>

## TERMS OF REFERENCE

At its meeting on Tuesday, 26 October 2017, the Assembly passed the following resolution:

1. the annual and financial reports for the financial year 2016-2017 and for the calendar year 2016 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 report of ACT Policing stands referred to the Standing Committee on Justice and Community Safety;
3. notwithstanding standing order 229, only one standing committee may meet for the consideration of the inquiry into the calendar year 2016 and financial year 2016-2017 annual and financial reports at any given time;
4. standing committees are to report to the Assembly on financial year reports by the last sitting day in March 2018, on calendar year reports for 2016 by the last sitting day in March 2018 and on calendar year reports for 2016 by the last sitting day in March 2018;
5. if the Assembly is not sitting when a standing committee has completed its inquiry, a committee may send its report to the Speaker or, in the absence of the Speaker, to the Deputy Speaker, who is authorised to give directions for its printing, publishing and circulation; and
6. the forgoing provisions of this resolution have effect notwithstanding anything contained in the standing orders.<sup>2</sup>

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<sup>1</sup> Legislative Assembly for the ACT, *Hansard*, 13 December 2016, pp. 39-43, at <http://www.hansard.act.gov.au/hansard/2017/pdfs/20161213a.pdf>

<sup>2</sup> Legislative Assembly for the ACT, *Hansard*, 26 October 2017, pp. 4424-4433 at <http://www.hansard.act.gov.au/hansard/2017/pdfs/20171026a.pdf>

## REPORTS REFERRED TO THE COMMITTEE

ANNUAL REPORT	REPORTING AREA	MINISTERIAL PORTFOLIO
Community Services Directorate		Minister for Community Services and Social Inclusion
	Community Participation – Community Reform Sector	Minister for Community Services and Social Inclusion
	Community Participation – Community Recovery	Minister for Community Services and Social Inclusion
	Community Participation – Service Strategy	Minister for Community Services and Social Inclusion
	Community Participation— Aboriginal and Torres Strait Islander Affairs	Minister for Aboriginal and Torres Strait Islander Affairs
	Community Participation — Multicultural Affairs	Minister for Multicultural Affairs
	Community Participation — Women	Minister for Women
	Community Participation — Youth Engagement	Minister for Disability, Children and Youth
	Community Participation — Veterans and Seniors	Minister for Veterans and Seniors
	Disability and Therapy Services	Minister for Disability, Children and Youth
	Social Housing Services	Minister for Housing and Suburban Development
	Early Interventions Services	Minister for Disability, Children and Youth
	Health Directorate	
Mental Health Services, Facilities, Policy and programs		Minister for Mental Health
Justice Health Services, Facilities, Policy and programs		Minister for Corrections

## ACRONYMS AND ABBREVIATIONS

ACT	Australian Capital Territory
AMC	Alexander Maconochie Centre
Assembly	ACT Legislative Assembly
Committee	Standing Committee on Health, Ageing and Community Services
CSD	Community Services Directorate
CT	CAT Scan
Directions	Chief Minister's Annual Report Directions
MLA	Member of the Legislative Assembly for the ACT
MRI	Magnetic Resonance Imaging
NDIS	National Disability Insurance Scheme
VMO	Visiting Medical Officer

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## RECOMMENDATIONS

### RECOMMENDATION 1

**3.12** The Committee recommends that the Health Directorate consider the findings in the Auditor-General's *ACT Government strategic and accountability indicators* report.

### RECOMMENDATION 2

**3.13** The Committee recommends that the Health Directorate include information relating to the contracting of Visiting Medical Officers in Annual Reports annually.

### RECOMMENDATION 3

**3.38** The Committee recommends that the Minister for Mental Health and Minister for Health and Wellbeing ensure that any recommendations that apply to the detention of young people, or people with a mental illness, arising from the Royal Commission into the Protection and Detention of Children in the Northern Territory be considered for application in the ACT.



# 1 INTRODUCTION

- 1.1 On Thursday, 26 October 2017, the 2016-17 annual and financial reports of all ACT Government agencies were referred to the relevant standing committees of the Assembly for inquiry and reporting.<sup>3</sup>
- 1.2 Annual reports referred to the Standing Committee on Health, Ageing and Community Services (the Committee) were the:
  - ACT Health Directorate, including the ACT Local Hospital Network Directorate; and
  - Community Services Directorate (CSD).

## CONDUCT OF THE INQUIRY

- 1.3 The Committee held two public hearings on 15 and 16 November 2017. Details of the hearings are at Appendix A. A full list of witnesses that appeared is at Appendix B.
- 1.4 Transcripts of the hearings can be accessed on the Assembly website at <http://www.hansard.act.gov.au/hansard/2017/comms/default.htm#health>
- 1.5 The Committee did not call for public submissions.
- 1.6 A total of 35 questions were taken on notice during the hearings. A full list of questions taken on notice is available at Appendix C and Appendix D. Appendix E is a list of questions on notice submitted to the Committee. Responses to the questions are available on the Inquiry webpage at <https://www.parliament.act.gov.au/in-committees/standing-committees-current-assembly/standing-committee-on-health,-ageing-and-community-services/inquiry-into-annual-and-financia-report-2016-2017>.

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<sup>3</sup> Legislative Assembly for the ACT, *Hansard*, 26 October 2017, pp. 4424-4433 at <http://www.hansard.act.gov.au/hansard/2017/pdfs/20171026a.pdf>

## PURPOSE AND INTENT OF ANNUAL REPORTING

1.7 Agencies' annual reporting requirements are set out in the *Annual Report (Government Agencies) Notice 2015*<sup>4</sup> made under the *Annual Reports (Government Agencies) Act 2004*.<sup>5</sup> The notifiable instrument also includes the Chief Minister's Annual Report Directions (the Directions).

1.8 The Directions outline the purpose of Annual Reports in the following terms:

Annual Reports are reports from agency heads to their responsible Minister, the Legislative Assembly and the public. The focus should be on information that is relevant to 1) the agency's long term strategic direction and context 2) performance analysis against agency short term budget outputs and 3) financial management of the agency. Government Budget Papers and Statements of Intent establish core government outcomes and strategic priorities, while setting out performance targets and funding appropriations.<sup>6</sup>

1.9 The Directions specify the characteristics of effective annual reporting, the responsibilities of reporting entities and the content requirements for each report. The Directions also detail any agency-specific annual reporting requirements, as well as the requirements for format, publication, access and distribution, territory recordkeeping and processes for corrigenda and receiving feedback.<sup>7</sup>

## TIMING AND PRESENTATION OF ANNUAL REPORTS

1.10 The two Annual Reports examined by the Committee were provided to the Speaker prior to 13 October 2017.

## STRUCTURE OF THE REPORT

1.11 This report is presented in four chapters:

- Chapter 1 – Introduction;
- Chapter 2 – Community Services Directorate;
- Chapter 3 – Health Directorate; and
- Chapter 4 – Conclusion.

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<sup>4</sup> *Annual Reports (Government Agencies) Notice 2015*, Notifiable instrument NI2015–207, available at: <http://www.legislation.act.gov.au/ni/2015-207/default.asp>.

<sup>5</sup> Available at: <http://www.legislation.act.gov.au/a/2004-8/default.asp>.

<sup>6</sup> *Annual Reports (Government Agencies) Notice 2015*, Notifiable instrument NI2015–207, Attachment A, p. 6.

<sup>7</sup> *Annual Reports (Government Agencies) Notice 2015*, Notifiable instrument NI2015–207, Attachment A.

## 2 COMMUNITY SERVICES DIRECTORATE

### INTRODUCTION

- 2.1 The Community Services Directorate (CSD) has responsibility for a broad range of policy and programs delivering essential services. The 2016-17 ACT Budget describes the Directorate's purpose in the following terms:

The Directorate provides social policy advice and program development across a range of service domains. The Directorate's primary domains can be described as access information services, prevention and early intervention services, intensive support and child and young people statutory protection services. The non-government sector is a crucial partner of the Directorate in the delivery of these services.<sup>8</sup>

### COMPLIANCE WITH THE ANNUAL REPORT DIRECTIONS 2015

- 2.2 The Committee considered the Annual Report against the Directions and found that the CSD Annual Report met the requirement to display information in a clear and concise manner. The Committee would like to note how well the Annual Report has been prepared, making it easy to read, follow and understand.
- 2.3 The Committee thanks the Directorate for responding to feedback from the 2015-16 Annual Report and providing a Performance Analysis Overview linking the Output Classes and Strategic Objectives and Indicators;<sup>9</sup> and placing the acronyms and technical definitions pages at the beginning of the Report. These changes have assisted the Committee in considering this Annual Report.
- 2.4 The Committee also notes changes made to the Output classes as a result of the full transition to the National Disability Insurance Scheme (NDIS). Changes are detailed on page 35 of the CSD Annual Report for clarity.<sup>10</sup>

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<sup>8</sup> ACT Government Budget Statement 2016-17, Community Services Directorate, Canberra, p. 1.

<sup>9</sup> Community Services Directorate, *Annual Report 2016-17*, p.29.

<sup>10</sup> Available at <http://www.communityservices.act.gov.au/home/publications/annual-reports/2016-2017>.

## FINDINGS FROM THE HEARING

- 2.5 The Committee heard evidence in relation to all of the Outputs of the CSD on 16 November 2017. 17 questions were taken on notice at the hearing, and 21 were submitted on notice following the hearing. The Committee notes that a significant number of answers were overdue.<sup>11</sup>

### DISABILITY AND THERAPY SERVICES

- 2.6 The Committee asked about the demand for speech pathology.<sup>12</sup> CSD officials confirmed that the increasing trend for speech pathology services has continued. The Directorate is meeting this need by extending drop-in services with extended hours and additional staffing, and ensuring recruitment needs are consistently met.<sup>13</sup>
- 2.7 The Committee also heard that CSD was being proactive by partnering with preschools, childcare centres and working with families in the Aboriginal community.<sup>14</sup>
- 2.8 The Committee asked about waiting times for services and told the Minister that they are aware of some families waiting extended periods of time for a full assessment following a drop-in appointment.<sup>15</sup> The Committee received an answer on notice which provided that:

For the reporting period 1 July 2016-30 June 2017, the longest a child and their family waited from the point of referral (following attendance at a drop-in clinic or parent workshop) to offer of assessment was 15 weeks.<sup>16</sup>

- 2.9 Additionally, the Committee briefly considered the following matters:

- Transitional funding for ILC providers;<sup>17</sup>
- Involve program and website;<sup>18</sup>
- Staff transitions associated with the NDIS;<sup>19</sup>

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<sup>11</sup> 8 of 14 questions taken on notice were provided after the due date, and only 1 of the 38 questions on notice were provided in time.

<sup>12</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 94 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>13</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 94 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>14</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 95 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>15</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 96 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>16</sup> Answer to question taken on notice number 19.

<sup>17</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 99 - 101 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>18</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 102 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>19</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 103 - 105 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

- Child Development Service;<sup>20</sup> and
- School transport in relation to the NDIS.<sup>21</sup>

## STRATEGY, PARTICIPATION AND EARLY INTERVENTION

- 2.10 The Committee asked about the emergency and financial material assistance program.<sup>22</sup> The Committee was pleased to learn that following a review undertaken by the University of New South Wales, a more holistic approach will be engaged alongside the financial support. Part of this will mean that service providers will start reporting on outcomes rather than numbers alone and families are linked to other appropriate ongoing services.<sup>23</sup>
- 2.11 The Committee also discussed youth homelessness and poverty.<sup>24</sup>

## CHILD AND YOUTH PROTECTION SERVICES

- 2.12 The Committee asked about outcomes from the Step up for our Kids program.<sup>25</sup> The Committee heard that despite reform commencing in 2015, programs did not complete transitioning to the new model until June 2016, hence reporting at this stage can only respond to participation not outcomes.<sup>26</sup> Noting this, CSD was pleased to inform the Committee that first quarter data from 2017 shows initial success with 91 per cent of children not entering out of home care for the first 3 months, and 85 per cent not entering out of home care after 12 months.<sup>27</sup>
- 2.13 The Committee also asked about reforms regarding the Public Advocate and abuse in care notifications.<sup>28</sup> The Committee understands that the Public Advocate is now being notified at the commencement of an investigation period, rather than at the conclusion of an

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<sup>20</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 105 - 108 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>21</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 98 - 99 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>22</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 111 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>23</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 111 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>24</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 108 - 112 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>25</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 113 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>26</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 113 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>27</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 114 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>28</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 124 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

investigation which can take up to six months.<sup>29</sup> CSD was careful to explain the role of the Public Advocate in any such process:

The Public Advocate does not insert themselves in that process; rather, they look at our decision-making from that point of view and provide both systemic and specific advice about how we should go forward from there.<sup>30</sup>

2.14 The Committee also discussed:

- Child sexuality and fostering/kinship care considerations;<sup>31</sup>
- Foster care advocacy service;<sup>32</sup>
- Charter of rights for young people;<sup>33</sup>
- Adoption numbers and reforms;<sup>34</sup>
- Recruiting carers;<sup>35</sup> and the
- Working with vulnerable people scheme.<sup>36</sup>

## ABORIGINAL AND TORRES STRAIT ISLANDER AFFAIRS

2.15 The Committee asked about the seed funding grants program.<sup>37</sup> Directorate officials informed the Committee that consultation has been undertaken and that the name of the grants will be changed to New and Emerging Organisations. The goal is for the grants to open in the first quarter of 2018. Grants will be available to not-for-profit organisations and community organisations. There is \$100,000 over 4 years available.<sup>38</sup>

2.16 The Committee discussed the following matters:

- Aboriginal and Torres Strait Islander outcomes framework;<sup>39</sup>

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<sup>29</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 125 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>30</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 126 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>31</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 114 – 115 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>32</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 116 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>33</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 116 – 119 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>34</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 122 – 124 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>35</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 128 – 130 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>36</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 130 – 133 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>37</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 142 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>38</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 142 – 144 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>39</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 136 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.



- COAG and Closing the Gap reporting;<sup>40</sup> and
- Operations of the Elected Body.<sup>41</sup>

## MULTICULTURAL AFFAIRS

2.17 The Committee discussed the following matters:

- Multicultural Advisory Council;<sup>42</sup>
- Multicultural Festival;<sup>43</sup> and
- Multicultural Awards.<sup>44</sup>

## OFFICE FOR WOMEN

2.18 The Committee discussed a range of matters in the limited time available to them including:

- Women feeling safe at night in Woden;<sup>45</sup>
- the Advisory Council on Women;<sup>46</sup>
- the Return to Work program;<sup>47</sup> and the
- ACT Women's Register.<sup>48</sup>

## VETERANS AND SENIORS

2.19 The Committee discussed the following topics related to Veterans and Seniors:

- Directorate budget and staffing for veteran specific matters;<sup>49</sup>
- Participation grants;<sup>50</sup> and the

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<sup>40</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 134 – 136 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>41</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 136 – 139 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>42</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 144 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>43</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 144 – 148 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>44</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 148 – 150 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>45</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 168 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>46</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 169 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>47</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 169 – 170 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>48</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 170 – 171 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>49</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 175 – 176 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>50</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 177 – 178 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

- Elder Abuse Line.<sup>51</sup>

## SOCIAL HOUSING SERVICES

- 2.20 The Committee asked how people are assessed for public housing.<sup>52</sup> A CSD official told the Committee that it is largely the three “A”s; application, assessment and allocation. People apply and then meet with staff at Gateway to go through their application, receive necessary documentation and determine their level of need.<sup>53</sup>
- 2.21 The Minister told the Committee that Housing ACT provides services to people whilst waiting for housing too. This includes being referred to services that can help them maintain an existing tenancy.<sup>54</sup>
- 2.22 The Committee also discussed:
- Rough sleeping;<sup>55</sup>
  - Common Ground;<sup>56</sup>
  - Performance Orders;<sup>57</sup> and the
  - Spotless contract.<sup>58</sup>

## FINDINGS FROM THE REPORT

- 2.23 There were a number of matters of interest included in the Annual Report that were not discussed at the hearing. The Committee notes the following with particular interest.
- 2.24 CSD identified the growth in demand for child protection services as a significant challenge within Output Class 3. The Directorate refers to reforms within the Safer Families Package as one element designed to counter this growth. The second measure undertaken was to undertake a Sustainability Review to reconsider the budgeted funding base for Child and Youth

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<sup>51</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 178 – 179 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>52</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 151 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>53</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 151 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>54</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 152 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>55</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 152 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>56</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 152 – 154 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>57</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 156 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

<sup>58</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 159 – 161; 164 – 165 at <http://www.hansard.act.gov.au/hansard/2017/comms/health06a.pdf>.

Protection Services. As a result of the review, the government has committed an additional \$43.8 million over four years to support the child protection system.<sup>59</sup> This substantial amount is designed to enable timely responses to child concern reports being made. The Committee are eager to understand how the extra investment will be evaluated.

- 2.25 Strategic Indicator 9 relates to seniors' satisfaction with Canberra as an Age-Friendly City. The Committee is concerned that the survey used to inform this data targeted people 18 years old and above.<sup>60</sup> The Committee encourages the Directorate to consider if respondents to the survey should be of a more mature age before representing an opinion used to determine the needs of senior ACT residents.
- 2.26 In relation to Strategic Indicator 3 and re-substantiation rates for reports of abuse the Committee believed there could be more detail provided to explain the fluctuation in numbers.<sup>61</sup> This is a crucial area of public policy and the Committee is unable to determine if it is a result of policy or budget factors.

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<sup>59</sup> Community Services Directorate, *Annual Report 2016-17*, p. 67.

<sup>60</sup> Community Services Directorate, *Annual Report 2016-17*, p. 35.

<sup>61</sup> Community Services Directorate, *Annual Report 2016-17*, p.29.



## 3 HEALTH DIRECTORATE

### INTRODUCTION

3.1 The 2016-17 ACT Government Budget Papers describe ACT Health Directorate's purpose in the following terms:

ACT Health partners with the community and consumers for better health outcomes by:

- delivering patient and family centred care;
- strengthening partnerships;
- promoting good health and wellbeing;
- improving access to appropriate healthcare; and
- having robust safety and quality systems.<sup>62</sup>

### COMPLIANCE WITH THE ANNUAL REPORT DIRECTIONS 2015

3.2 The Committee considered the Annual Report against the Directions and found that whilst the Directorate has met the fundamental elements of compliance, and issued a compliance statement,<sup>63</sup> there are some areas requiring further consideration.

3.3 Last year in the 2015-16 Report,<sup>64</sup> the Committee noted that the Directions state that an effective Annual Report will "provide clear information about the agency's purpose, priorities, outputs and achievements" in addition to "linking costs and results to provide evidence of value for money."<sup>65</sup> This was questioned in relation to information included in part B.2 Performance Analysis.<sup>66</sup> The Committee noted that it was "difficult to ascertain the relationship between Strategic Objectives and Output Classes." The Committee wondered if the different measures are meant to support each other to produce a wholesome view of performance or if they should be considered independently from each other. Further, it was not clear if the measures have different performance benchmarks or if Strategic Objectives feed into the performance of Output Classes. This uncertainty was reinforced as there were no

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<sup>62</sup> ACT Government Budget Statement 2016-17, Health Directorate, Canberra, p. 1.

<sup>63</sup> Health Directorate, *Annual Report 2016-17*, p. 333.

<sup>64</sup> Available at <https://www.parliament.act.gov.au/in-committees/standing-committees-current-assembly/standing-committee-on-health-ageing-and-community-services/inquiry-into-annual-and-financial-reports-2015-16>.

<sup>65</sup> *Annual Reports (Government Agencies) Notice 2015*, Notifiable instrument NI2015-207, Attachment A, p 8.

<sup>66</sup> Health Directorate, *Annual Report 2015-16*, p. 27.

clear performance indicators for Output Classes within part B2. For example, under Output 1.1 Acute Services there was no clear section which contained performance benchmarks.<sup>67</sup> Further, under the heading 'Performance against accountability indicators' there was no description of the applicable accountability indicators.<sup>68</sup>

- 3.4 The Committee also noted that the Financial Management and Reporting chapter did not list accountability indicators in a clear way. The Committee concluded that clear links between Strategic Objectives and relevant Outputs should be included to provide a comprehensive overview of performance.<sup>69</sup>
- 3.5 It is unfortunate that the same issues arise again this year. The Committee cannot see any evidence of an attempt to tie Outputs to Strategic Indicators.<sup>70</sup>
- 3.6 In the previous report, the Committee also encouraged the Directorate to consider the appropriateness of the performance measures for individual Strategic Objectives. For example, Strategic Objective 1: Removals from waiting list for elective surgery, the performance indicator is 'people removed from the ACT elective surgery waiting list for surgery'.<sup>71</sup> The Committee did not consider this adequate as there is no information provided in relation to:
- The percentage of people removed from the waiting list;
  - The number of people still on the waiting list;
  - How long people had been waiting prior to surgery;
  - Breakdown of priority categories and waiting times;
  - If people were waiting longer than clinically recommended; or
  - Theatre utilisation rates.
- 3.7 The Committee considered that similar issues arose in relation to emergency surgery information and the ACT Local Hospital Network with particular reference to Strategic Indicator 3.3: maximising the Quality of Hospital Services considers the 'number of People Admitted to Hospitals per 10,000 Occupied Bed Days who Acquire a Staphylococcus Aureus Bacteraemia Infection (SAB infection) During their Stay.'<sup>72</sup>
- 3.8 The Committee noted that there were no indicators that related to client satisfaction or type 2 diabetes or obesity, both of which have been identified as major pressure points on the health

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<sup>67</sup> Health Directorate, *Annual Report 2015-16*, p 38.

<sup>68</sup> Health Directorate, *Annual Report 2015-16*, p 41.

<sup>69</sup> Health Directorate, *Annual Report 2015-16*, pp 13 - 15.

<sup>70</sup> Health Directorate, *Annual Report 2016-17*, p. 72.

<sup>71</sup> Health Directorate, *Annual Report 2015-16*, p 29.

<sup>72</sup> Health Directorate, *Annual Report 2015-16*, p. 38.

system. The Committee is disappointed to see that no progress has been made in relation to any of these factors.<sup>73</sup>

- 3.9 The Committee also notes that this year's Report doesn't not include all the same information as last year. For example, the 2015-16 Report included a list of Visiting Medical Officers (VMOs) and a comprehensive overview of the services provided under contract. The 2016-17 Report only states that payments made to VMO's rose by \$2.8 million dollars due to changes in gastroenterology.<sup>74</sup> There is no further breakdown provided.
- 3.10 The Committee notes that this decision was made following advice from Shared Services Procurement on whether or not VMO contracts were required to be reported in this section. The advice received was that if the type of agreement the Territory has with VMOs is an employment contract, this would be excluded as it is not considered a notifiable contract captured by the Annual Report Directions on Government Contracting.
- 3.11 The Committee considers the expenditure relating to VMOs significant and should be included routinely.

## Recommendation 1

- 3.12 The Committee recommends that the Health Directorate consider the findings in the Auditor-General's *ACT Government strategic and accountability indicators* report.**

## Recommendation 2

- 3.13 The Committee recommends that the Health Directorate include information relating to the contracting of Visiting Medical Officers in Annual Reports annually.**

## FINDINGS FROM THE REPORT

- 3.14 The Committee was pleased to learn of significant progress made across a range of areas including mental health and Aboriginal and Torres Strait Islander health outcomes, and welcomes discussing the future outlook measures including the expansion of the Hospital in the home program at future hearings. The Committee also notes of the following aspects included in the Annual Report that were not discussed at the hearings.

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<sup>73</sup> See Health Directorate, *Annual Report 2016-17*, p. 83 as an example relating to elective surgery.

<sup>74</sup> Health Directorate, *Annual Report 2016-17*, p. 201.

### RADIATION COUNCIL

- 3.15 The Committee was interested to note that there had been 4 radiation incidents throughout the reporting period, and that one patient who had an incorrect ID tag on, received a head CT scan in a case of mistaken identity.<sup>75</sup> Whilst the incident was deemed insignificant by the Radiation Council,<sup>76</sup> the Committee encourages the Directorate to provide details of what steps have been taken to prevent a matter such as this occurring again.

### OFFICE OF THE CHIEF PSYCHIATRIST

- 3.16 The Committee notes the significant increases in court ordered removals for assessment, within the areas of activity related to the Office of the Chief Psychiatrist. Table 58 shows that in the previous reporting year 78 orders were made, whilst in this reporting period it was 118.<sup>77</sup> That is a significant jump of 50 per cent and there is no detail provided to explain that growth. Further, the Committee notes that emergency detentions increased by 12.5 per cent in the reporting year.<sup>78</sup>
- 3.17 The Committee also notes that the National Weighted Activity Units relating to acute admitted mental health services has activity above average due to a 50 per cent higher patient volume.<sup>79</sup> There is also some concern in relation to the significant variances across a number of indicators including both adult and youth mental health program community service contacts.<sup>80</sup> Whilst the notes explain that the original targets were incorrectly set, and staff vacancies impacted outcomes, the Committee would be interested in understanding what measures the Directorate has put in place to prevent such errors being made in the future.

## FINDINGS FROM THE HEARING

- 3.18 The Committee met with the Minister for Health and the Minister for Mental Health on 15 November 2017 and considered the six outputs included in the Health Annual Report 2016-17:
- Acute Services;
  - Mental Health, Justice Health and Alcohol and Drug Services;
  - Public Health Services;
  - Cancer Services;
  - Rehabilitation, Aged and Community Care; and

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<sup>75</sup> Health Directorate, *Annual Report 2016-17*, p. 362.

<sup>76</sup> Health Directorate, *Annual Report 2016-17*, p. 363.

<sup>77</sup> Health Directorate, *Annual Report 2016-17*, p. 356.

<sup>78</sup> Health Directorate, *Annual Report 2016-17*, pp. 354 and 356.

<sup>79</sup> Health Directorate, *Annual Report 2016-17*, p. 335.

<sup>80</sup> Health Directorate, *Annual Report 2016-17*, pp. 336 - 337.



- Early Intervention and Prevention.

- 3.19 The Committee also considered the ACT Local Hospital Network Directorate.
- 3.20 Eighteen questions were taken on notice at the hearing, and 13 questions were submitted on notice following the hearing. The Committee notes that a number of questions on notice included a significant number of parts and required a co-ordinated response from the Directorate.
- 3.21 The Committee also notes that similar to the previous Annual Report hearings,<sup>81</sup> a significant number of answers were overdue<sup>82</sup> and encourages the Minister and Directorate to proactively manage this for future inquiries.

## ACUTE SERVICES

- 3.22 The Committee asked about the infrastructure risk register, and how it is managed to ensure that it is a living document.<sup>83</sup> The Committee heard that the Directorate has two levels of risk management that update the health infrastructure services risk register. The first is the Health Infrastructure Working Group which is an endorsing group comprising members of the Health Directorate and Treasury. Secondly, the Business Support and Infrastructure Executive Committee is an approving committee in terms of the overall governance structure.<sup>84</sup> The Committee heard that the infrastructure risk register feeds into a larger risk assessment that includes all hospital systems and governance.<sup>85</sup>
- 3.23 The Committee also asked about waiting times for medical imaging. In an answer to a question taken on notice, the Committee understands that there have been significant improvements for outpatients. Since November 2015 to November 2017, the Magnetic Resonance Imaging (MRI) waiting list scan has reduced from more than 1,000 to approximately 300, the CAT Scan (CT) waitlist has reduced from 550 to under 30 and ultrasounds have reduced from more than 1,100 to under 150.<sup>86</sup>

## MENTAL HEALTH

- 3.24 The Committee asked about the availability of mental health services for young people. The Minister agreed that it was an area of concern and that as a result extra resources were being

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<sup>81</sup> In the 2015-16 reporting period, 7 of the 13 questions taken on notice were overdue. 30 of the 36 questions on notice were overdue.

<sup>82</sup> In this reporting period, 8 of the 18 questions taken on notice were overdue and all 13 of the questions on notice were overdue.

<sup>83</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 44 - 47 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

<sup>84</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 45 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

<sup>85</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 46 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

<sup>86</sup> Answer to Question Taken on Notice, number 11.

put into schools.<sup>87</sup> A Directorate official told the Committee that “it is fair to say that our child and adolescent mental health service is stretched... [the] child and adolescent mental health service that has grown over years with government investment, but we still do not have sufficient clinical staff to home visit as significantly as we would like.”<sup>88</sup>

3.25 The Committee notes the opening statement made by the Minister in this regard, and the implementation of the choice in partnership approach intake model in the child and adolescent mental health service unit. The Minister told the Committee that this ensures anyone has the opportunity to speak to a clinician face to face to obtain assistance regardless of the severity of their issues within a short timeframe. This approach reflects a no wrong door philosophy and promotes timely access to services which is particularly important for young people experiencing their first episodes of mental health concern.<sup>89</sup>

3.26 The Committee asked about measures to make the mental health system easier to navigate. The Minister told the Committee:

At a time when people are most vulnerable in their lives, it is the time that it needs to be most simple. That is what we are striving to achieve. Certainly the intent behind the Office of Mental Health is to drive an approach that links everything up. The idea of having the Office of Mental Health is to drive that coordination and have that constant oversight in the system so that that is actually being improved.<sup>90</sup>

## JUSTICE HEALTH

3.27 The Committee discussed three primary topics within the justice health portfolio. They included operations at Dhulwa, implementation of the Moss Review recommendations and the new i-dose methadone system at the Alexander Maconochie Centre (AMC).

3.28 In his opening remarks the Minister confirmed that the new technological system for methadone dispensing called i-dose went live in the AMC at the end of August 2017. He told the Committee:

I-dose is a computerised method to dispense doses of methadone and Suboxone using iris scanning and by electric technology to accurately identify people. We believe it

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<sup>87</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 18 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

<sup>88</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 14-15 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

<sup>89</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 2 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

<sup>90</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 17 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

also delivers significant efficiencies for staff time and helps reduce the chances of human error.<sup>91</sup>

3.29 The Committee asked a number of questions about the new system and officials confirmed that the i-dose trolleys and permanent stations are calibrated prior to use every time dosing is to begin.<sup>92</sup>

3.30 The Committee also enquired in the operations at Dhulwa. The Minister acknowledged the difficult environment for staff and gave an update on operations:

The patients have complex health needs and staff are continually striving to provide the best care with a strong rehabilitation recovery ethos which focuses on helping the whole person and not just simply treating a mental illness. Since the opening of Dhulwa there have been 17 patients admitted and eight of them have now been discharged.<sup>93</sup>

3.31 The Committee understands that all 8 patients were discharged back to the Alexander Maconochie Centre.<sup>94</sup>

3.32 The Committee asked when the facility would be operating at full capacity. The Committee heard that the intention was to commission the additional seven beds in October 2017, however with the psychiatry workforce shortage this will be delayed until April 2018.<sup>95</sup>

3.33 The Minister discussed the national shortage of appropriately trained mental health staff in his opening remarks:

It has been discussed recently and there is a nationwide shortage of psychiatrists, in-public mental health services and in the ACT we are not immune from this issue. This poses a significant challenge that ACT Health has been actively seeking to address with a significant national and international recruitment effort to fill vacant positions. The directorate has also established a medical workforce working group to develop a workforce plan incorporating analysis of current and future need, recruitment and retention strategies.<sup>96</sup>

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<sup>91</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 2 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

<sup>92</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 6 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

<sup>93</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 2 - 3 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

<sup>94</sup> Answer to Question Taken on Notice number 3.

<sup>95</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 20 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

<sup>96</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 2 - 3 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

3.34 The Committee then asked about the response to the Moss Review and Justice Health Services working with Corrections and Winnunga Nimmitjiah Aboriginal Health Service to integrate a model of care into the AMC.<sup>97</sup>

3.35 The Minister told the Committee that details are still being confirmed, however it is anticipated that Winnunga will operate a separate full service unit within the AMC.<sup>98</sup> The Minister also cautioned that “we are unsure how many patients will avail themselves of the service. It will not be a requirement for Indigenous to attend the Winnunga provided service.”<sup>99</sup>

3.36 The Committee asked if staffing would be affected by the new arrangement and the Minister told the Committee:

That is not determined at this stage but I think that the growth in detainee numbers were under such pressure that I do not envisage a situation where we would reduce the number of staff because frankly we need as many as we have got at the moment.<sup>100</sup>

3.37 The Committee notes that the Royal Commission into the Protection and Detention of Children in the Northern Territory released their final report in the week following the public hearing. The Committee notes that there may be learning and recommendations within that report that could be applied to the benefit of the ACT.

### Recommendation 3

**3.38 The Committee recommends that the Minister for Mental Health and Minister for Health and Wellbeing ensure that any recommendations that apply to the detention of young people, or people with a mental illness, arising from the Royal Commission into the Protection and Detention of Children in the Northern Territory be considered for application in the ACT.**

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<sup>97</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 4 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

<sup>98</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 4 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

<sup>99</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 4 - 5 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

<sup>100</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 4 - 5 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

## ALCOHOL AND DRUG SERVICES

- 3.39 The Committee asked about pill testing at music festivals. The Minister told the Committee that the Health Directorate received advice from the Government Solicitor that there was no need to change or suspend any law to allow pill testing at the Split Milk music festival.<sup>101</sup>
- 3.40 The Committee asked about the terms of reference for the Pill Testing Working Group. The Minister has informed the Committee that at the first meeting of the group on 23 May 2017, members were provided with a draft terms of reference. These were for consideration, but were not formally endorsed by the working group. The draft terms of reference identified the role as examining the broader public health, legal and social issues, related to the potential introduction of a third party pill testing trial in the ACT. Its functions included evaluating and considering options for a third party conduct of a pill testing trial.<sup>102</sup>

## PUBLIC HEALTH SERVICES

- 3.41 The Committee asked about the new smoke free areas; including public transport waiting areas and playgrounds.<sup>103</sup> The Committee learnt that the reforms apply to e-cigarettes in addition to traditional tobacco and heard that the introduction was focussed on education rather than enforcement, and the Chief Health Officer told the Committee that the next phase of reforms should be targeted at the 10 per cent of the ACT population still smoking rather than considering potential regulatory reforms.<sup>104</sup>

## CANCER SERVICES

- 3.42 The Committee asked about the new inpatient area at the Cancer Centre in building 3 at the Canberra Hospital.<sup>105</sup>
- 3.43 The Committee heard that there will be more single rooms to account for people with compromised immunity and improved facilities to allow families to be part of their care. A Directorate official clarified that works would be conducted in two stages and improve links between the main hospital and the cancer centre with works commencing in 2019.<sup>106</sup>

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<sup>101</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 79 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

<sup>102</sup> Answer to Question Taken on Notice number 18.

<sup>103</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 71 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

<sup>104</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 72 - 73 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

<sup>105</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 60 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

<sup>106</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 60 -61 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

- 3.44 The Committee also asked about cancer trials<sup>107</sup> and heard that currently the ACT is engaged in 160 clinical trials, 70 of those being related to cancer services.<sup>108</sup>

### REHABILITATION, AGED AND COMMUNITY CARE SERVICES

- 3.45 The Committee asked about progress of the subacute hospital at the University of Canberra. A Directorate official told the Committee:

[The] facility will enable us to bring together our subacute rehab services from across the ACT in the public system. This includes our inpatient units that are based at Canberra Hospital, our community subacute teams that provide a range of services in the community health centres, and a small amount of service that we provide at Village Creek as well. ... We are hopeful that the new facility- not just the facility but actually the way that we will deliver care – and our staff in there will be able to pull people out of the acute units more quickly and, more appropriately, that people will be able to receive their care in a purpose-built facility that has been specifically designed to meet their clinical needs at that point in their journey.<sup>109</sup>

- 3.46 The Committee asked about access and public transport at the new facility, and was informed that:

There is a bus stop that is being specifically designed, placed at the University of Canberra hospital and importantly it is covered, so we have gone right through to not only where the bus stop is but the entrance from the bus stop into the hospital is covered. There are areas that people can sit along the way so that they actually can take a break, so we are mindful that it takes—it is quite a long distance people might have to walk, so we have been very thoughtful of that, how we can break up those walks so people do not get too exhausted as well.<sup>110</sup>

- 3.47 The Committee also asked about geriatric bed availability in the Canberra Hospital. The Committee heard that:

Our geriatric assessment planning unit, which we called GAPU ... take people directly, where possible, from the emergency department, and they stay in that unit probably for 24, 48 hours. From the GAPU unit, they will transfer either to our acute geriatric unit or to our subacute unit. Only a very small number of them may go home from that unit as well.

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<sup>107</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 67 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

<sup>108</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 71 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

<sup>109</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 24 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

<sup>110</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 25 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

3.48 The Committee asked about the transfer of patients to residential care, and heard that the issue about transfer to residential aged care placement continues, with seven patients on the geriatric wards at this point in time waiting for placement.<sup>111</sup>

3.49 The Committee asked if a person has to accept an offer of an aged care bed anywhere in Canberra when offered to free up the hospital bed. A Directorate official confirmed that this is not the case in the ACT.<sup>112</sup>

Our policy asks people to nominate three places that would be suitable. The clinicians talk with the family and the individual and say that, even if you chose or are transferred to the option 3, there is always the ability to actually, once you are in one facility, to transfer.

At this point in time, do not say, "You must take that." We strongly encourage people, and work with them, to find a facility that suits their needs, and that is needs range from their clinical and functional needs to location— where they would like to live and where their family and friends are located.<sup>113</sup>

3.50 The Minister told the Committee that there is also work currently being undertaken with the Capital Health Network "to make sure that as many people as possible are able to stay, either in their own home and their own—if they are currently in a residential aged care facility, to prevent them coming into hospital in the first place, and that is another part of the puzzle."<sup>114</sup>

## EARLY INTERVENTION AND PREVENTION

3.51 A visiting member of the Committee asked about the Ngunnawal Bush Healing Farm, and if day programs have commenced.<sup>115</sup> The Minister confirmed that eight participants have started in the program and that a residential aspect is still planned though reliant upon a service provider engaging with the government.<sup>116</sup>

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<sup>111</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 29 - 30 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

<sup>112</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 30 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

<sup>113</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 30 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

<sup>114</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 30 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

<sup>115</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, p. 86 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.

<sup>116</sup> Transcript of Evidence, Legislative Assembly for the ACT, *Hansard*, 15 November 2017, pp. 87 - 88 at <http://www.hansard.act.gov.au/hansard/2017/comms/health05a.pdf>.





## 4 CONCLUSION

- 4.1 This report presents a summary of the Committee's Inquiry into the work of the Community Services Directorate and the Health Directorate for the financial year 2016-17.
- 4.2 The Committee has made 3 recommendations in response to its scrutiny of the Health and Community Services Directorate Annual Reports.

### ACKNOWLEDGEMENTS

- 4.3 The Committee thanks the relevant ACT Government Ministers and accompanying directorate officials who assisted the Committee during the course of its inquiry by providing their time and expertise as witnesses to the Committee.

**Mr Chris Steel MLA**

Chair

February 2018



## APPENDIX A SCHEDULE OF PUBLIC HEARINGS

Date	Minister	Portfolio
15 November	Meegan Fitzharris MLA	<b>Health Directorate</b> <ul style="list-style-type: none"> <li>• Acute Services</li> <li>• Public Health Services</li> <li>• Cancer Services</li> <li>• Rehabilitation, Aged and Community Care</li> <li>• Early intervention and prevention</li> </ul>
15 November	Shane Rattenbury MLA	<b>Health Directorate</b> <ul style="list-style-type: none"> <li>• Mental Health Services</li> <li>• Justice Health Services</li> </ul>
16 November	Rachel Stephen-Smith MLA	<b>Community Services Directorate</b> <ul style="list-style-type: none"> <li>• Community Sector Reform</li> <li>• Community Recovery</li> <li>• Service Strategy</li> <li>• Aboriginal and Torres Strait Islander Affairs</li> <li>• Multicultural Affairs</li> <li>• Youth Engagement</li> <li>• Disability and Therapy Services</li> <li>• Early Intervention Services</li> <li>• Child and Youth Protection Services</li> </ul>
16 November	Yvette Berry MLA	<b>Community Services Directorate</b> <ul style="list-style-type: none"> <li>• Housing ACT</li> <li>• Women</li> </ul>
16 November	Gordon Ramsay MLA	<b>Community Services Directorate</b> <ul style="list-style-type: none"> <li>• Veterans and Seniors</li> </ul>



## APPENDIX B WITNESSES

The following witnesses appeared before the Committee and gave evidence:

15 NOVEMBER 2017

### HEALTH DIRECTORATE

- Ms Meegan Fitzharris MLA, Minister for Health
- Mr Shane Rattenbury MLA, Minister for Mental Health and Minister for Corrections
- Ms Nicole Feely, Director-General
- Mr Chris Bone, Deputy Director General – Canberra Hospital Health Service
- Ms Jane Murkin, Deputy Director General – Quality Governance and Risk
- Mr Lynton Norris, Deputy Director-General, Performance, Reporting and Data
- Ms Katrina Bracher, Executive Director, Mental Health Justice Health, Alcohol and Drug Services
- Mr Matthew Richter, Executive Director, Policy and Stakeholder Relations
- Mr Trevor Vivien, Chief Finance Officer
- Mr Colm Mooney, Executive Director, Health Infrastructure Services
- Ms Linda Kohlhagen, Executive Director, Rehabilitation, Aged and Community Care
- Ms Vanessa Brady, Executive Director, Health Services Program
- Ms Elizabeth Chatham, Executive Director; Women, Youth and Children
- Ms Mary Wood, Deputy Director General – Innovation
- Ms Denise Lamb, Executive Director, Cancer, Ambulatory Care and Community Health Support
- Ms Rosemary Kennedy, Executive Director, Business Support Services

16 NOVEMBER 2017

COMMUNITY SERVICES DIRECTORATE

- Ms Rachel Stephen-Smith MLA, Minister for Community Services and Social Inclusion  
Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Multicultural Affairs,  
Minister for Disability, Children and Youth
- Ms Yvette Berry MLA, Minister for Housing and Suburban Development, Minister for  
Women
- Mr Gordon Ramsay MLA, Minister for Veterans and Seniors
- Mr Michael De'Ath, Director-General
- Dr Mark Collis – Deputy Director-General
- Ms Jacinta Evans – Executive Director, Inclusion and Participation
- Ms Ellen Dunne – Director, Office for Disability
- Ms Catherina O'Leary – Director, Change Management and Reform
- Ms Helen Pappas – Executive Director, Child, Youth and Families (Child and Youth  
Protection Services)
- Ms Melanie Saballa – Director, Children and Families
- Ms Elise Jordaan – Senior Manager, Child Development Services
- Ms Kate Starick – Executive Director, Strategic Policy (Executive Director, Strategy,  
Participation and Early Intervention)
- Ms Christine Murray – Director, People Management
- Ms Robyn Forester, Director, Office of Aboriginal and Torres Strait Islander Affairs
- Ms Azra Khan – Senior Manager, National Multicultural Festival
- Ms Louise Gilding – Executive Director, Housing ACT (Housing and Community Services)
- Mr Frank Duggan – Senior Director, Housing ACT (Housing and Community Services)
- Mr Ian Hubbard – Senior Director, Corporate Services

## APPENDIX C QUESTIONS TAKEN ON NOTICE – HEALTH

<b>Number</b>	<b>Topic</b>	<b>Date asked</b>	<b>Answer Received</b>
1.	Number of inmates on methadone by age group	15-Nov-17	24-Nov-17
2.	Hepatitis C	15-Nov-17	24-Nov-17
3.	Transfer between facilities – AMC and Dhulwa	15-Nov-17	24-Nov-17
4.	Mental Health Advisory Council	15-Nov-17	24-Nov-17
5.	Interpreters in the hospital	15-Nov-17	15-Nov-17
6.	Number of interpreters available	15-Nov-17	15-Nov-17
7.	Cost of system wide review	15-Nov-17	07-Dec-17
8.	Missing data briefing	15-Nov-17	12-Dec-17
9.	ROGS brief	15-Nov-17	12-Dec-17
10.	Patient navigator role	15-Nov-17	28-Nov-17
11.	Outpatient waitlists	15-Nov-17	28-Nov-17
12.	Cost of final insurance claim	15-Nov-17	28-Nov-17
13.	Infrastructure risk register	15-Nov-17	23-Nov-17
14.	Walk in clinics; redirection information	15-Nov-17	05-Feb-18
15.	Cost of home birth	15-Nov-17	29-Nov-17
16.	Smoke free public transport	15-Nov-17	29-Nov-17
17.	NCA and pill testing	15-Nov-17	02-Feb-18
18.	Pill Testing Advisory Group	15-Nov-17	01-Dec-17





## APPENDIX D QUESTIONS TAKEN ON NOTICE – CSD

<b>Number</b>	<b>Topic</b>	<b>Date asked</b>	<b>Answer Received</b>
19.	Longest wait time speech pathology	16-Nov-17	04-Dec-17
20.	Total number of children in Out of Home Care	16-Nov-17	04-Dec-17
21.	Requirements for adoption in the ACT	16-Nov-17	04-Dec-17
22.	Adoption requirements	16-Nov-17	04-Dec-17
23.	Ngunnawal language in schools	16-Nov-17	30-Nov-17
24.	Kickstart program	16-Nov-17	09-Jan-18
25.	Aboriginal and Torres Strait Islander Cultural Centre	16-Nov-17	07-Dec-17
26.	2018 Multicultural Festival	16-Nov-17	22-Dec-17
27.	2017 Multicultural Festival	16-Nov-17	19-Dec-17
28.	2017 Multicultural Festival – applications and stalls	16-Nov-17	22-Dec-17
29.	Housing property transfer	16-Nov-17	30-Nov-17
30.	Towards a New Housing Strategy	16-Nov-17	30-Nov-17
31.	Onelink	16-Nov-17	06-Dec-17
32.	Locks for breastfeeding doors	16-Nov-17	30-Nov-17
33.	Advisory Council on Women	16-Nov-17	30-Nov-17
34.	Women's grants and scholarships	16-Nov-17	30-Nov-17
35.	Safety survey	16-Nov-17	30-Nov-17



## APPENDIX E QUESTIONS ON NOTICE

<b>Number</b>	<b>Topic</b>	<b>Date asked</b>	<b>Answer Received</b>
36.	Cost and consumption of methadone in the AMC	15-Nov-17	13-Dec-17
37.	Mobile methadone dispensing station	15-Nov-17	13-Dec-17
38.	New detainee health assessments	15-Nov-17	13-Dec-17
39.	Changes to methadone system	15-Nov-17	13-Dec-17
40.	Housing affordability	20-Nov-17	13-Dec-17
41.	Domestic and family violence training	20-Nov-17	13-Dec-17
42.	Seniors card	20-Nov-17	05-Dec-17
43.	Disability Services	20-Nov-17	22-Dec-17
44.	Child and Youth Protection Services	20-Nov-17	19-Dec-17
45.	Elected Body and Kickstart	20-Nov-17	25- Jan -18
46.	Intersex surgery matters	22-Nov-17	13-Dec-17
47.	Age friendly city considerations	23-Nov-17	08-Dec-17
48.	Housing	23-Nov-17	22-Dec-17
49.	Procured and Supplied Social Housing	23-Nov-17	18-Dec-17
50.	Operating costs of social housing	23-Nov-17	13-Dec-17
51.	Strategic Indicators - Housing	23-Nov-17	19-Dec-17
52.	Community Housing Canberra	23-Nov-17	05-Feb-18
53.	Total facilities management tender	23-Nov-17	22-Dec-17
54.	Mental Health data	27-Nov-17	19-Dec-17
55.	Case study - Youth Mental health	27-Nov-17	15-Jan-18
56.	Adult Mental Health Unit	27-Nov-17	13-Dec-17
57.	Health financial statements	27-Nov-17	19-Dec-17

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<b>Number</b>	<b>Topic</b>	<b>Date asked</b>	<b>Answer Received</b>
58.	Brian Hennessy Rehabilitation Centre	27-Nov-17	13-Dec-17
59.	Office of Mental Health	27-Nov-17	21-Dec-17
60.	Health data	27-Nov-17	12-Dec-17
61.	Child Development Service	28-Nov-17	19-Dec-17
62.	Youth Homelessness	28-Nov-17	09-Jan-18
63.	Child Concern reports	28-Nov-17	22-Dec-17
64.	Youth Engagement matters	28-Nov-17	19-Dec-17
65.	Early Intervention Services	28-Nov-17	22-Dec-17
66.	Administrative restructuring – Housing (Part A and B)	28-Nov-17	31-01-18
67.	Multicultural Advisory Council	28-Nov-17	22-Dec-17
68.	Multicultural Health Policy	28-Nov-17	19-Dec-17
69.	Community Participation	28-Nov-17	22-Dec-17