# Report on Annual and Financial Reports 2017-2018

Standing Committee on Health, Ageing and Community Services

March 2019

Report 6

## The Committee

### Committee Membership

* Ms Bec Cody MLA (Chair)
* Mrs Vicki Dunne MLA (Deputy Chair)
* Ms Caroline Le Couteur MLA (Member)

### Secretariat

* Mrs Josephine Moa (Secretary)
* Ms Lydia Chung (Administrative Assistant)

### Contact Information

Telephone 02 6205 0136

Post GPO Box 1020, CANBERRA ACT 2601

Email [LACommitteeHACS@parliament.act.gov.au](mailto:LACommitteeHACS@parliament.act.gov.au)

Website [www.parliament.act.gov.au](http://www.parliament.act.gov.au)

### Resolution of appointment

On 13 December 2016, the Legislative Assembly for the Australian Capital Territory 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:

1. 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.[[1]](#footnote-1)

### Terms of reference

At its meeting on Thursday, 25 October 2018, the Legislative Assembly for the Australian Capital Territory passed the following resolution:

1. the annual and financial reports for the financial year 2017-18 and for the calendar years 2017 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 years 2017 and financial year 2017-18 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 2019, on calendar year reports for 2017 by the last sitting day in March 2019;
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.[[2]](#footnote-2)

## Reports Referred to the Committee

|  |  |  |
| --- | --- | --- |
| **Annual Report** | **Reporting Area** | **Ministerial Portfolio** |
| Community Services Directorate | Disability Services | Minister for Disability |
|  | Implementation of the NDIS | Minister for Disability |
|  | Early Intervention Services | Minister for Children, Youth and Families |
|  | Community Participation | Minister for Community Services and Facilities |
|  | Aboriginal and Torres Strait Islander Affairs | Minister for Aboriginal and Torres Strait Islander Affairs |
|  | Multicultural Affairs | Minister for Multicultural Affairs |
|  | Women | Minister for Women |
|  | Veterans and Seniors | Minister for Seniors and Veterans |
|  | Youth Engagement | Minister for Children, Youth and Families |
|  | Child and Youth Protection Services | Minister for Children, Youth and Families |
|  | Service Design, Policy and Accountability | Minister for Community Services and Facilities |
|  | Child Development Services | Minister for Children, Youth and Families |
|  | Human Services Regulation – matters pertaining to disability | Minister for Disability |
|  | Human Services Regulation – matters pertaining to children, youth and families | Minister for Children, Youth and Families |
|  | Housing ACT | Minister for Housing and Suburban Development |
|  | Family Safety Co-ordinator-General | Minister for the Prevention of Domestic and Family Violence |
| ACT Health Directorate | ACT Care Coordinator | Minister for Health and Wellbeing |
|  | Calvary Health Care Ltd | Minister for Health and Wellbeing |
|  | Chief Psychiatrist | Minister for Mental Health |
|  | Human Research Ethics Committee | Minister for Health and Wellbeing |
|  | Radiation Council | Minister for Health and Wellbeing |
|  | ACT Local Hospital Network | Minister for Health and Wellbeing |
|  | Health | Minister for Health and Wellbeing |
|  | Mental Health | Minister for Mental Health |
|  | Justice Health | Minister for Corrections and Justice Health |

## Acronyms

|  |  |
| --- | --- |
| ACT | Australian Capital Territory |
| ACTCOSS | ACT Council of Social Services |
| ACT Health | ACT Health Directorate (including Canberra Health Services) |
| Assembly | Legislative Assembly for the ACT |
| Annual Report Act | *Annual Reports (Government Agencies) Act 2004* |
| Committee | Standing Committee on Health, Ageing and Community Services |
| COTA | Council of the Ageing |
| Directorate | Community Services Directorate |
| FTE | full time equivalent |
| NSW | New South Wales |
| OPALS | Older Persons ACT Legal Services |
| PBS | Pharmaceutical Benefits Scheme |

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[2.80 The Committee recommends that the Community Services Directorate develop clear and concise data collection processes for homelessness services, which is to be adopted by all support services. The Committee further recommends that this data collection process facilitates the reporting on the beds and support places available so that the Community Services Directorate can provide an amalgamated number in future annual reports.](#_Toc3472384)

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[3.78 The Committee recommends that the ACT Health Directorate take necessary steps to facilitate sexual health testing at festivals held in the ACT and that the process be evaluated.](#_Toc3472408)

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[3.89 The Committee recommends that the ACT Health Directorate ensure that a winter bed strategy be rolled out in all Canberra hospitals.](#_Toc3472410)

## Introduction

* 1. On Thursday, 25 October 2018 the 2017-18 Annual and Financial Reports of all Australian Capital Territory (ACT) Government agencies were referred to the relevant standing committees of the Legislative Assembly for the ACT (Assembly) for inquiry and report.
  2. 2017-18 Annual and Financial Reports referred to the Standing Committee on Health, Ageing and Community Services (Committee) included:
* ACT Health Directorate; and
* Community Services Directorate.

### Conduct of the Inquiry

* 1. The Committee held two public hearings on eight and 13 November 2018. Details of the hearings are available at [Appendix A](#_Appendix_A_-). A full list of witnesses that appeared is available at [Appendix B](#_Appendix_B_–).
  2. Transcript of the hearings can be access on the Assembly website at <http://www.hansard.act.gov.au/hansard/2017/comms/default.htm#health>
  3. The Committee did not call for public submissions.
  4. A total of 47 questions were taken on notice during the hearings. A total of 104 supplementary questions were asked on notice following public hearings. A full list of questions taken on notice and supplementary questions on notice are available at [Appendix C](#_Appendix_C_–). Responses to the questions are available on the Committee’s inquiry webpage at <https://www.parliament.act.gov.au/in-committees/standing-committees-current-assembly/standing-committee-on-health,-ageing-and-community-services>
  5. The Committee notes that at the time of writing, all questions taken on notice and supplementary questions on notice were answered. However, the Committee does note that a number of responses were provided late.

### Purpose and Intent of Annual Reporting

* 1. Government agencies’ annual reporting requirements are set out in the Annual Report (Government Agencies) Notice 2017,[[3]](#footnote-3) which is made under the *Annual Reports (Government Agencies) Act 2004* (Annual Report Act)*.*[[4]](#footnote-4)
  2. Attachment A of the Annual Report (Government Agencies) Notice 2017 is the Annual Report Directions. 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 directorate/public sector body’s long term strategic directions and context;
2. Performance analysis against directorate/public sector body short term budget outputs; and
3. Financial management of the directorate/public sector body.

Government Budget Papers and Statements of Intent establish core government outcomes and strategic priorities, while setting out performance targets and funding appropriations.[[5]](#footnote-5)

* 1. 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 of format, publication, access and distributions, territory recordkeeping and processes for corrigenda and receiving feedback.[[6]](#footnote-6)

### Timing and Presentation of Annual Reports

* 1. Pursuant to section 13 of the Annual Report Act, annual reports are to be presented to the Assembly within 15 weeks after the end of the reporting period.[[7]](#footnote-7)
  2. The Directions stipulate that:

Under section 13 of the Annual Reports Act the responsible Minister must provide an annual report and a copy for each Member of the Legislative Assembly to the Speaker within 15 weeks after the end of the reporting year, in this instance 12 October 2018.[[8]](#footnote-8)

* 1. The two annual reports examined by the Committee were provided to the Speaker on Friday, 12 October 2018.

### Acknowledgements

* 1. The Committee thanks Ms Yvette Berry MLA, in her capacity as Minister for Housing and Suburban Development, Minister for Women and Minister for the Prevention of Domestic and Family Violence. Mr Gordon Ramsay MLA, in his capacity as Minister for Veterans and Seniors. Mr Chris Steel MLA, in his capacity as Minister for Multicultural Affairs and Minister for Community Services and Facilities. Ms Rachel Stephen-Smith MLA, in her capacity as Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Disability and Minister for Children, Youth and Families. The Committee also thanks accompanying Community Services Directorate officials for providing their time and expertise.
  2. The Committee also wishes to thank Ms Meegan Fitzharris MLA, in her capacity as Minister for Health and Wellbeing, as well as Mr Shane Rattenbury MLA, in his capacity as Minister for Mental Health and Minister for Corrections and Justice Health. The Committee also thanks accompanying ACT Health Directorate officials for providing their time and expertise.

### Structure of the Report

* 1. This report is presented in four chapters:
* Chapter 1 – Introduction;
* Chapter 2 – Community Services Directorate;
* Chapter 3 – Health Directorate; and
* Chapter 4 – Conclusion.

## Community Services Directorate

### Introduction

* 1. The Community Services Directorate (Directorate) has responsibility for a broad range of policy and programs delivering essential services. The Directorate’s primary purpose is to empower people to meet their full potential with an inclusive and equitable community by:
* Intervening early to support people to be safe, to ensure basic needs are met to enable active community participations, and to support positive life outcomes;
* Delivering services that are human centred, holistic, tailored and integrated with a focus on ensuring the right supports are provided to those most in need, proactively identifying risks, and enabling people to work towards self-sufficiency as much as possible;
* Building strong communities with a focus on using evidence to inform services and programs, community development approaches that connect people to local communities, and maximising inclusion through targeted community-based programs. This includes alignment of government priorities and legislation to address community identified needs;
* Enabling inclusive participation by supporting Canberrans to participate in decision making, to form community connections, and to live fulfilling lives, fostering cohesion, equity and inclusion for all; and
* Driving collaboration and partnerships within and external to the Directorate, working collaboratively with other government agencies, and building effective relationships with non-government community partners. This includes embedding the cultural change needed to intervene early and improve life trajectories as part of an integrated and holistic services system.[[9]](#footnote-9)
  1. The Directorate provides services through the following output classes:
* Output Class 1: National Disability Insurance Scheme (NDIS) Implementation;
* Output Class 2: Strategy, Participation and Early Intervention; and
* Output Class 3: Child and Youth Protections Services.
  1. Within the Directorate, Housing ACT also provides services through Output Class 1: Social Housing Services.
  2. Ministerial responsibility for the work of the Directorate is divided across four Ministers. On Thursday, 08 November 2018, the Committee met with Ms Yvette Berry MLA, Minister for Housing and Suburban Development, Minister for Women, and Minister for the Prevention of Domestic and Family Violence. The Committee also met with Mr Gordon Ramsay MLA, Minister for Seniors and Veterans; Mr Chris Steel MLA, Minister for Community Services and Facilities, and Multicultural Affairs; and Ms Rachel Stephen-Smith MLA, Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Disability, and Minister for Children, Youth and Families.
  3. On Thursday, 08 November 2018, the Committee Examined the following areas of the Community Services Directorate’s 2017-18 Annual Report:
* Women;
* Seniors and Veterans;
* Multicultural Affairs;
* Aboriginal and Torres Strait Islander Affairs;
* Safer Families;
* Disability;
* Children, Youth and Families;
* Service Design, Policy and Accountability; and
* Social Housing Services.

### Compliance with Annual Report Directions 2017

* 1. The Committee considered the Community Services Directorate Annual Report against the Annual Report Directions stipulated in *Annual Reports (Government Agencies) Notice 2017*. The Committee found that the Community Services Directorate Annual Report met the requirement to display information in a clear and concise manner. The Committee would like to note how well the Community Services Directorate Annual Report has been prepared, making it easy to read, follow and understand.
  2. The Committee also notes that the 2017-18 Community Services Directorate Annual Report is the first report where the Coordinator-General for Family Safety had fully transferred from the Justice and Community Safety Directorate. The Committee appreciates the statement made under the Organisational Structure of the Annual Report highlighting this. Additionally, the Committee acknowledges the usefulness of the page referral which identifies where more information about the Coordinator-General and Family Safety can be located in the Annual Report.

### Women

* 1. Under women-specific community participation services, reported in the Community Services Directorate’s 2017-18 Annual Report, the Committee considered the following matters:
* Return to Work Grants Program;[[10]](#footnote-10)
* Women’s Safety;[[11]](#footnote-11) and
* Sexualisation of women in advertising.[[12]](#footnote-12)

#### Women’s Safety

* 1. The Directorate was asked if there was an update on steps taken to improve the women’s safety perception figure. The Minister for Women advised the Committee that the women’s safety perception figure is a national figure, which is a result of a survey conducted by the police nationally. However, the Minister for Women did advise the Committee of programs which have been implemented locally. Such programs included the promotion of the national program; Our Watch.[[13]](#footnote-13)
  2. With specific reference to night-time targeted programs, the Committee was advised that:

A couple of different approaches are being taken through the women’s action plan around safety specifically. The women’s safety mapping tool was developed through the Women’s Centre for Health Matters. They developed that from a grant they received. That tool has been useful in highlighting safety needs. It has been used in Haig Park, for instance, to look at women’s perceptions of safety in the evenings. The government has made quite a number of changes around Haig Park to make that area feel safer for women and to be, in fact, safer for women. That tool highlights everything from how safe you are riding a bike, for instance, on pathways through to a range of other things about what makes people feel safe. So it is a quite a broad tool.

Also under the women’s action plan, through EPSDD, is a project on place audits. They audited 10 locations in the city; it was not just for women but it picked up on a range of things about women’s activities, women’s movement through the space and the perceptions of safety in those spaces. They produced a methodology and a toolkit that is now being used for similar audits.[[14]](#footnote-14)

* 1. The Directorate took a question on notice in regards to the information provided through the Safety Mapping Tool and the any actions taken as a result of the information provided. In response, the Directorate advised the Committee that over 700 pieces of feedback have been received through the Safety Mapping Tool and over 80 percent of these were submitted by women. [[15]](#footnote-15)
  2. The Directorate’s response to the questions taken on notice also highlighted the ongoing work that will be undertaken to support the use of the data from the Safety Mapping Tool. This included:
* Relevant areas of the ACT Government (particularly Environment, Planning and Sustainable Development Directorate and Transport Canberra and City Services) engaging with the Women’s Centre for Health Matters to obtain existing data when new planning projects arise;
* Relevant areas of the ACT Government advising the Women’s Centre for Health Matters when they need additional data on specific locations so that the Women’s Centre for Health Matters can make a specific request to the public for additional data. The Women’s Centre for Health Matters have found that this approach is effective for obtaining timely data on required areas; and
* Supporting broader awareness of the Safety Mapping Tool across ACT Government (particularly Environment, Planning and Sustainable Development Directorate and Transport Canberra and City Services) to encourage greater use of the data in planning projects.[[16]](#footnote-16)
  1. Another night-time targeted program which was identified by the Directorate was the CBR NightCrew. The Minister for Women informed the Committee that the CBR NightCrew provides a safe place for people to:

Charge their mobile phones, get some water, get some thongs on their feet if they are women wearing outrageously high heels. But also it is a place where people can direct others to if they might be feeling unsafe. The clubs or the nightclubs have a good relationship with the CBR NightCrew; so they will get in touch if they have spotted somebody who might be in trouble. Using the CCTV cameras, the police who are doing observations around the place often refer people there. The NightCrew then get people home in a taxi, rather than in a police car. It gives them a chance to sober up for a few hours if they have had too much to drink—all that kind of support.[[17]](#footnote-17)

* 1. The Directorate was also asked for an update on recommendations provided during the Select Committee on Estimates 2018-19 inquiry. Specifically, the Directorate was asked if there was an update on the recommendation that the Chief Police Officer and the Minister for Women collaborate with the agency that delivers the National Survey on Women’s Safety, to ensure the best methodology for the survey is used.[[18]](#footnote-18)
  2. The Committee was subsequently advised that the Directorate does have access to the survey, however, they are unsure if they will be able to contribute to the survey. Nonetheless, the Directorate will work with the police to see if they can contribute to the survey and to identify potential ways to access information from the community about feeling safe.[[19]](#footnote-19)

##### Committee Comment

* 1. The Committee notes the efforts taken by the Community Services Directorate to implement a number of programs and initiative that aim to improve women’s safety in the ACT. The Committee also notes the recommendations made by the Select Committee on Estimates 2018-19 in regards to the Minister for Women and the Chief Police Officer collaborating to make women safer and feel safer. The Committee hopes that the Minister for Women and the Chief Police Officer continues to update the Assembly on their collaborative progress in ensuring women feel safe.

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| Recommendation 1  The Committee recommends that the Community Services Directorate act on the information provided through the Safety Mapping Tool to improve safety in the ACT. |

### Seniors and Veterans

* 1. Under senior and veteran specific community participation services, reported in the Community Services Directorate’s 2017-18 Annual Report, the Committee considered the following matters:
* Definition of Veteran;[[20]](#footnote-20)
* Veteran Employment Program;[[21]](#footnote-21)
* Older Persons ACT Legal Services;[[22]](#footnote-22) and
* Veteran Card.[[23]](#footnote-23)

#### Older Persons ACT Legal Services

* 1. The Committee noted that the Older Persons ACT Legal Services (OPALS) was to be launched in the weeks following annual report hearings. The Committee inquired into the collection data the Community Services Directorate will utilise to determine whether OPALS is meeting the needs of older people in Canberra. The Committee was advised that:

As the service is just underway, initially we are collecting the common data that we would collect with anybody ringing in to an ACT public service support role. In the previous session, we were talking about safety. The critical thing that we need to collect that we probably were not collecting with the APRIL line was referrals and what then happens for people. One of the things that we will be looking to collect in that data is getting a greater sense, for people who connect with the support line, of what they then receive in terms of that, and some outcomes-based data. The office for seniors and veterans will continue to work with partners at the seniors rights centre to make sure that that data is being collected.[[24]](#footnote-24)

* 1. With regards to the services provided through OPALS, the Committee was informed that OPALS will provide services beyond the legal setting. The Minister for Seniors and Veterans noted that OPALS is being provided through Legal AID, however, there is a broader reference group that has been created. The Council of the Ageing (COTA), as well as a number of other organisation and individuals are part of the reference group. This group will assist in identifying what is coming in and what the appropriate services are or what is the appropriate guidance for the future of that service.[[25]](#footnote-25)
  2. The Committee sought advice on the role of OPALS call-takers in providing help and advice. The Minister for Seniors and Veterans informed the Committee that:

It will depend on the content of the conversation itself. The people who will be answering that line and having that direct conversation will be trained in a number of areas. One of the key things for them to be trained in is to be able to identify what other issues are sitting beyond the surface level of the conversation. Therefore, they will know what sort of support might be needed and what referrals may be appropriate.[[26]](#footnote-26)

* 1. The Committee noted that Conflict Resolution Services was funded $10,000 to develop resources to empower individuals and families to resolve disputes and understand how they can access specialised conflict resolution support services for seniors. The Committee inquired into the interaction between Conflict Resolution Services and OPALS. The Directorate subsequently took this questions on notice.
  2. In response, the Committee was informed that OPALS has made contact with Conflict Resolution Services. Conflict Resolution Services is a point of referral for clients who are in contact with OPALS seeking conflict resolution services (under the Community Development Program contract). OPALS is also a point of referral for Conflict Resolution Services for clients seeking legal assistance.[[27]](#footnote-27)

|  |
| --- |
| Recommendation 2  The Committee recommends that the Community Services Directorate provide an update on the Older Persons ACT Legal Services program in future annual and financial reports. |

### Multicultural Affairs

* 1. Under multicultural specific community participation services, reported in the Community Services Directorate’s 2017-18 Annual Report, the Committee considered the following matters:
* Refugee welcome zone;[[28]](#footnote-28)
* Language schools;[[29]](#footnote-29)
* Community acceptance of multicultural backgrounds;[[30]](#footnote-30)
* 2015-18 ACT Multicultural Action Plan;[[31]](#footnote-31)
* Multicultural Community Participation Grants;[[32]](#footnote-32)
* Location of stalls at the Multicultural Festival;[[33]](#footnote-33)
* Citizenship Ceremonies;[[34]](#footnote-34) and
* Multicultural Summit.[[35]](#footnote-35)

#### Multicultural Community Participation Grants

* 1. During the Committee’s public hearing it was noted that multicultural participation grants have been split into two streams, one for supporting participation in the Multicultural Festival and one for everything else. The Directorate was asked if the total value of the grants have changed due to the split. The Committee was advised that:

It is the same. The way we divided it was based on the kind of demand we had. For the festival, we have allowed 85,000 for festival participation, with the remainder for the other participation grants, to the same total as we previously had. Certainly, the demand continues to grow in that space. In this year’s, we have finished the festival participation grants. The demand was around 430,000 for an offering of only 85,000, so there is much more demand out there than there are grants. That is why we divided it. We wanted to give the community the opportunity to clearly consider what they are participating in. If it is the festival, they can ask for that funding and then come back for the second event, which is sometimes around things like celebrations that they are holding or other cultural events. That is why we divided it.[[36]](#footnote-36)

* 1. With regards to the grants process, the Committee asked if there were processes in place to support multicultural communities applying for grants. The Committee was informed that the ACT Council of Social Services (ACTCOSS) have run grant round training for people to understand how to best apply. Also, the Directorate has had stand-ups where people can drop in and ask questions.[[37]](#footnote-37)
  2. The Minister for Multicultural Affairs also advised the Committee that the Directorate is currently working through streamlining the application process for the Multicultural Festival participation grants.[[38]](#footnote-38)
  3. With specific consideration of the community radio grants, it was noted that some community radio programs that had previously received grants were unsuccessful in recent rounds. The Directorate was subsequently asked if there had be changes to the criteria to receive community radio grants. The Committee was advised that the criteria has not changed. The Minister for Multicultural Affairs added:

The nature of the grants is that they are assessed every year. They have to be assessed every year. There are different applications every year, some with more merit than others. I am sure that there are a lot that are meritorious that cannot be funded. It is a very tricky decision that the directorate has to make about where those grants are allocated. But there is not an ongoing funding agreement with some of those organisations; it is a grants program that is done year to year and assessed year to year.[[39]](#footnote-39)

* 1. The Directorate also advised the Committee that a panel of three to four people consider and approve grants for the community radio program. The Panel includes government officials and community members. The Directorate did note that they aim to include community members that will not have a conflict of interest around what is being promoted. The Directorate also aims to make sure the community members understand the area they are going to be considering the grants in.[[40]](#footnote-40)
  2. With regards to the criteria for panel members to be selected to be on the panel, the Committee was informed that:

We generally have a range of people who have done it in the past. Or we might just put out a call into the community, usually through things like our Multicultural Advisory Council or equivalent bodies, to say, “This is a grant round that is coming up. We would like to make contact with people who might be able to assist us with this.” We can go out to our community leaders. It just depends on what the need is and who is available at the time.

Once the person has said that they are willing to do it, and if they have the time available when we need them, there is some basic training or upskilling for each person around things like conflict of interest, understanding transparency, making appropriate choices and taking into account the guidelines that apply to all grant processes.[[41]](#footnote-41)

##### Committee Comment

* 1. The Committee notes that the demand for multicultural community participation grants has totalled approximately $430,000. The Committee acknowledges that this is significantly higher than the $85,000 amount of grants provided.

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| Recommendation 3  The Committee recommends that the Community Services Directorate increase the funding allocated to the multicultural community participation grants program to better meet demand. |

### Aboriginal and Torres Strait Islander Affairs

* 1. Under Aboriginal and Torres Strait Islander specific community participation services, reported in the Community Services Directorate’s 2017-18 Annual Report, the Committee considered the following matters:
* Reconciliation in the Park;[[42]](#footnote-42)
* Reconciliation Grants Program;[[43]](#footnote-43)
* Older persons housing;[[44]](#footnote-44) and
* ACT Aboriginal and Torres Strait Islander Agreement 2015-18.[[45]](#footnote-45)

#### Reconciliation in the Park

* 1. On 14 September 2017, the *Holidays (Reconciliation Day) Amendment Bill 2017* was passed in the Assembly. This Bill gazetted Reconciliation Day as a public Holiday that is to be held on the last Monday of May each year.
  2. Noting that 2018 was the first year to celebrate Reconciliation Day, the Committee inquired into the first Reconciliation in the Park event, which was held on Reconciliation Day on 28 May 2018. The Committee was advised that:

So with our first Reconciliation Day public holiday we had our Reconciliation in the Park event at Glebe Park. Estimated attendance was about 8,000 people, and the feedback has been very positive about the event. A survey was undertaken on the day where we asked people in attendance to answer a range of questions. We got some very positive feedback in terms of people saying it gave them at least a basic or a deeper understanding of why we acknowledge reconciliation and its relevance as well as it being important to mark Reconciliation Day with such an event. From that feedback as well as some feedback from another survey that was on the your say website, we are looking at all the information to look at how we progress for Reconciliation Day public holiday number two and the event we organise. We will, of course, work with the Reconciliation Day council around looking at how to establish the program for next year.[[46]](#footnote-46)

* 1. The Committee inquired further into the involvement of Reconciliation Day council in shaping the day’s events. The Committee was informed that the co-chairs of the council emceed on the day. Other members of the council participated in and facilitated with various activities. Additionally, the Committee was advised that prior to the day, the council liaised with various community groups and businesses to identify what reconciliation means in the ACT. The Minister for Aboriginal and Torres Strait Islander Affairs also noted that the Reconciliation Day council reviewed the outcomes of Reconciliation in the Park and has made a number of recommendations going forward in terms of Reconciliation Day activities.[[47]](#footnote-47)

##### Committee Comment

* 1. The Committee notes that Reconciliation Day is a new public holiday. The Committee hopes that the Community Services Directorate will be able to provided further updates on the events and activities organised to celebrate Reconciliation Day, in future annual and financial report hearings.

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| Recommendation 4  The Committee recommends that the Community Services Directorate provide further updates on the events and activities organised to celebrate Reconciliation Day, in future annual and financial reports. |

### Family Safety

* 1. Under the prevention of domestic and family violence services, reported in the Community Services Directorate’s 2017-18 Annual Report, the Committee considered the following matters:
* Violence during pregnancy;[[48]](#footnote-48)
* Family Safety Hub;[[49]](#footnote-49)
* Culturally and Linguistically Diverse groups;[[50]](#footnote-50)
* Aboriginal and Torres Strait Islander groups;[[51]](#footnote-51)
* Safer Families levy;[[52]](#footnote-52)
* Accommodation services for women experiencing domestic violence;[[53]](#footnote-53) and
* Domestic Violence Prevention Council recommendations.[[54]](#footnote-54)

#### Violence During Pregnancy

* 1. The Committee inquired into the services available to women experiencing domestic violence who are pregnant, which was not available previously. The Committee was subsequently advised that the Directorate was in the process of piloting a new program for women. This particular pilot program would assist women who would not normally access community supports.[[55]](#footnote-55)
  2. The Directorate confirmed that the pilot program had not started but was very close to being launched. Upon launch, the Directorate advised that the pilot program will look at how the ACT brings together health and legal services and aims to offer someone a more holistic response. [[56]](#footnote-56)
  3. When asked what the timeframe was and number of women participating in the pilot program, the Committee was advised that:

It is a pilot in that it is time limited. It is proposed to be from November, so it is very close to launching, through to the end of the financial year. That gives us an opportunity to collect data and test how it is working. It would be open to all potential eligible clients. We would be looking at connecting with people in Centenary hospital, Calvary, and the Gungahlin Child and Family Centre. So it is not limiting the number of people who may be assisted. Part of the point of piloting is to work out how many people might need to be assisted.[[57]](#footnote-57)

* 1. The Committee asked what the process will be in regards to the continuation of the program at the end of the financial year. The Minister for the Preventions of Domestic and Family Violence informed the Committee that the Directorate will assess the success of the pilot program and determine if and how it might continue, if successful.[[58]](#footnote-58)
  2. In response to a question taken on notice, the Committee was advised that pilot program will be funded through:

The Family Safety Hub will grant up to $240,000 through the Family Safety Hub Innovation Fund to the Women’s Legal Centre and Legal Aid to support the running of the pilot service in the 2018-19 financial year.

The Family Safety Hub has engaged Health Justice Australia—a centre of excellence for health and legal partnerships—to provide expert mentoring and guidance for all partners implementing the pilot. The total engagement is for $21,500 and is funded by the Office of the Coordinator-General for Family Safety, and separate from the Innovation Fund.[[59]](#footnote-59)

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| Recommendation 5  The Committee recommends that the Community Services Directorate provide an update on the domestic violence pilot program in future annual and financial reports. |

### Disability

* 1. Under disability services, reported in the Community Services Directorate’s 2017-18 Annual Report, the Committee considered the following matters:
* Disability justice strategy;[[60]](#footnote-60)
* Auslan interpreters;[[61]](#footnote-61)
* Community Connections Homeshare;[[62]](#footnote-62)
* NDIS planners;[[63]](#footnote-63)
* Disability Inclusion Grants;[[64]](#footnote-64)
* Office for Disability advocacy funding;[[65]](#footnote-65) and
* Disability service providers.[[66]](#footnote-66)

#### Disability Justice Strategy

* 1. The Committee noted that the Office for Disability has been working in partnership with the Justice and Community Safety Directorate to develop the Disability Justice Strategy. The Committee further noted that the Community Services Directorate 2017-18 Annual Report identified that a number of initiatives had been undertaken.
  2. The Committee inquired into the current status of the Disability Justice Strategy. The Directorate advised the Committee that:

The current status of the disability justice strategy is one of its development. We have just completed quite an extensive consultation process. We have consulted very broadly within the sector and we are gathering information from people who have disabilities, people who care for people with disability, and people in organisations, both in the sector as well as in the justice system.

The intent of this first phase of the development of the strategy is to look at the evidence that is available nationally, to look at what has occurred in other jurisdictions. We have done a literature review, gathering information from people who have life experiences and who have stories to tell about their journey.

The consultative process has been far-reaching. It has spanned a significant number of months. We are at the point where we are consolidating now a report which will provide all of that information. It will be published and we will then have another consultative round where we will test some of the information that is provided in that.

In the background we are working on a number of initiatives that we think fall out of that work that we have identified as we go along this journey. We anticipate that we will put to government a proposal that will be a 10-year plan, with evaluation points, and we will try to address the initiatives that are most urgent in the initial phase of the strategy.[[67]](#footnote-67)

* 1. With regards to the consultation phase, the Committee asked what the Directorate had learned from the disability community. The Minister for Disability informed the Committee that the Directorate had come to understand how big the definition of ‘justice’ was.[[68]](#footnote-68)
  2. Additionally, the Committee was advised that the Directorate had learned, through the consultation process, that the current disability justice system is a huge cultural issue within society. It was further noted that people with disability and functional impairment, in order to access justice equally, on the same basis as everyone else, require a degree of support and adjustment to enable that to occur.[[69]](#footnote-69)
  3. Noting that a cultural change is required, the Directorate did mention that the cultural change will most likely be a generational change. The Directorate also highlighted the social and cultural barriers people face as one of the biggest challenges. However, talking to people, making people aware, providing training, providing tools, providing support and the issue of general awareness were all learning mechanisms identified by the Directorate, which they have utilised.[[70]](#footnote-70)

##### Committee Comment

* 1. The Committee notes that a significant cultural shift is required to provide people with disability equal access to justice. The Committee acknowledges that the Office for Disability, in collaboration with the Justice and Community Safety Directorate, have made steps to assist in this cultural change.

### Children, Youth and Families

* 1. Under children, youth and family services, reported in the Community Services Directorate’s 2017-18 Annual Report, the Committee considered the following matters:
* Overrepresentation of Aboriginal and Torres Strait Islander children in out of home care;[[71]](#footnote-71)
* Social infrastructure for young people in Canberra; [[72]](#footnote-72)
* Multidisciplinary Autism services;[[73]](#footnote-73)
* Functional Therapy Pilot Program;[[74]](#footnote-74)
* Early intervention services;[[75]](#footnote-75)
* Family Foundations Program;[[76]](#footnote-76)
* Youth Advisory Council;[[77]](#footnote-77)
* Brimberi Youth Justice Centre;[[78]](#footnote-78) and
* Client Management System.[[79]](#footnote-79)

#### Youth Advisory Council

* 1. The Committee inquired into how the Youth Advisory Council is engaged with the Community Services Directorate and the Minister for Children, Youth and Families, and how they identify their work plan and priorities. The Committee was advised that the Youth Advisory Council is a group of approximately 15 individuals aged from 12-25 years. The Committee was also advised that the Council operates independently but meets with the Minister for Children, Youth and Families on a semi-regular basis every six months. However, the Minister for Children, Youth and Families meets directly with the co-chairs on a regular basis.[[80]](#footnote-80)
  2. The Committee asked how long the term of the council was and whether council members reflected different socio-economic backgrounds and culturally diverse backgrounds. The Committee was informed that the term of the council was a two-year term. The Committee was advised that on the Council there are currently three Aboriginal and Torres Strait Islander young people. Additionally, the Directorate noted that in previous councils members have identified as having a disability and all councils aim to have a gender balance.[[81]](#footnote-81)
  3. With regards to the work of the Youth Advisory Council, the Minister for Children, Youth and Families advised the Committee that the Youth Advisory Council recently held a youth assembly, noting that:

[R]ecently they conducted the youth assembly here in the Legislative Assembly, bringing together more than 100 young people—I am sure that Jacinta has the exact number in front of her—to talk about four topics that they had identified as being important for young people to discuss: civic participation, youth homelessness, equity for Aboriginal and Torres Strait Islander young people, and youth mental health.

They worked in a participatory way in their groups to talk about those issues and then brought their findings and recommendations back to the whole group at the end of the day to present to me and also to Jodie Griffiths-Cook, the Children and Young People Commissioner. We both provided a bit of a response to those recommendations.[[82]](#footnote-82)

* 1. With regards to the recommendations, the Committee asked how the recommendations are responded to. The Minister for Children, Youth and Families advised the Committee that:

I have made a commitment to the assembly members that we will seriously consider them. Obviously if they have financial implications they will need to go through that budget consideration process in terms of how we might give effect to them. A lot of the recommendations were really around driving cultural change rather than necessarily a new program that would require a lot of funding.

There will be a process presumably of sharing those across directorates as well because obviously some of them were on quite specific topics. Others would affect most directorates in terms of that cultural change, particularly for Aboriginal and Torres Strait Islander young people. There will be a mix of internal—we can get this work done—and something we might have to feed in to a bigger piece of work.[[83]](#footnote-83)

* 1. The Committee inquired into the regularity of youth assemblies. In response, the Committee was advised that there was no formal procedures in place, however, a similar youth assembly was held in 2016. Based off this information, the Minister for Children, Youth and Families suggested that every couple of years a youth consultation would be held with young people.[[84]](#footnote-84)
  2. The Directorate also informed the Committee that the youth assembly was formed through a self-nomination process where young people were able to put an application in through a portal. The Directorate also noted that they reached out to public, independent and catholic schools. As a result, 116 applications were received ant 110 youths attended on the day.[[85]](#footnote-85)

##### Committee Comment

* 1. The Committee acknowledges the importance of including youth in the parliamentary process. The Committee notes that this inclusion provides an avenue where young people can gain a greater understanding of parliament and help identify the issues presented and debated in Parliament. The Committee encourages the Community Services Directorate to continue to work with the Youth Advisory Council and endorse future youth assemblies.

### Service Design, Policy and Accountability

* 1. Under service design, policy and accountability services, reported in the Community Services Directorate’s 2017-18 Annual Report, the Committee considered the following matters:
* ACT Carers Strategy;[[86]](#footnote-86)
* Review of 2017 multicultural festival;[[87]](#footnote-87)
* Community participation and services funding;[[88]](#footnote-88)
* Early intervention by design initiative;[[89]](#footnote-89)
* Volunteering action plan;[[90]](#footnote-90)
* Child protection and youth justice data;[[91]](#footnote-91) and
* Diversity register.[[92]](#footnote-92)

#### Community Participation and Services Funding

* 1. The Committee noted that evidence presented highlighted challenges in providing collaborative and innovative solutions for community services and community participation, which are appropriately resourced. In response to this evidence, the Directorate was asked why funding for services within community participation were not keeping pace with funding needs.
  2. The Committee was advised that the Minister for Community Services and Facilities has been working with a number of different community groups, which included discussions about funding needs, as well as demand on services. Additionally, the Minister for Community Services and Facilities informed the Committee of the development of early support by design. It was noted that this particular framework aims to move to a more outcomes-based framework.[[93]](#footnote-93)
  3. Noting that the early support by design framework is still being designed, the Directorate was asked what supports are currently available to vulnerable Canberrans who are unable to access community services due to the demand. In response, the Committee was advised that:

We have in place supports for agencies that are providing services through their relationship managers. They are able to address through them and also through their reporting where they are identifying significant issues with demand or waiting lists and everything else so that we can then get a better picture of what is occurring across the sector.

Part of that is looking at where we need to potentially look at other options to support a way to look at better connection with other services and developing pathways, having a look at what we have and how we can work a bit differently, as well as moving more towards identifying that we will be funding for outcomes rather than outputs. Therefore, the extent of the services that can be provided might look different to what it does now in order to achieve greater and more seamless service delivery across services as well. We can take a number of actions to look at it on a case-by- case basis, as well as when we are moving towards looking at a far more needs-based assessment that considers the whole of the service system and how it connects in the delivery of supports for different cohorts.[[94]](#footnote-94)

* 1. Noting the supports provided to individuals during this time of change, the Committee also inquired into the impact this is likely to have on the non-government sector funding. The Committee was informed that the ACT Government has spent approximately $10 million in the last financial year across 26 organisation delivering community services support programs.[[95]](#footnote-95)
  2. Additionally, the Committee was advised that under the early support by design framework, the Directorate will work with the non-government sector to seek their commitment to progress changes to move to a more strategic commission by outcomes approach.[[96]](#footnote-96)
  3. Specifically, the Committee was advised that the Directorate would work with non‑government organisations to identify what the change means, the tools and resources need to support the change, and then providing those supports as the service system is shifted to focus more on early support, wellbeing and building resilience.[[97]](#footnote-97)
  4. Noting the shift to an early support approach, the Committee inquired into the changes to the funding provided to non-government organisations. The Minister for Community Services and Facilities advised the Committee that:

There have been increased resources to many parts of the community services sector in recent budgets, but part of this is about using a resource that we already provide much better by reducing the need in the future for issues that become a much greater problem down the track, by intervening early and getting that early support. We are hoping to achieve better outcomes with the funding we already have, as well as continuing to look at whether further funding is required. We have been doing that in relation to a range of different organisations over the past few years.[[98]](#footnote-98)

##### Committee Comment

* 1. The Committee acknowledges that implementation of an outcomes based, early intervention approach to community services does take time. The Committee also notes the importance of ensuring that there are adequate support mechanisms available to all parties involved in the transition. Such support mechanisms will ensure that no groups fall between the cracks.

### Social Housing Services

* 1. Under Housing ACT services, reported in the Community Services Directorate’s 2017-18 Annual Report, the Committee considered the following matters:
* Gold liveable standards;[[99]](#footnote-99)
* Community consultation on social housing locations;[[100]](#footnote-100)
* Supported accommodation;[[101]](#footnote-101)
* Red Cross Humanitarian Program;[[102]](#footnote-102)
* Total facilities management contract;[[103]](#footnote-103)
* Housing strategy;[[104]](#footnote-104)
* Commonwealth funding; [[105]](#footnote-105) and
* Study into long term accommodation models and support requirements.[[106]](#footnote-106)

#### Supported Accommodation

* 1. In the 2016-17 Annual Report for the Community Services Directorate, there were 176 supported places at any one time for women. Additionally there were 92 accommodation places at any one time for women, which was domestic violence inclusive.[[107]](#footnote-107) However, the Committee noted that in the 2017-18 Annual Report, there were 174 support places at any one time for women and 84 accommodation places at any one time for women, which was domestic violence inclusive.[[108]](#footnote-108)
  2. The Committee inquired into the organisation which had lost accommodation places for women at any one time and why these places had been reduced. The Committee was advised that during the last financial year, Northside Community Services had 18 single-bedroom properties in Bega Court. However, during the 2017-18 financial year, instead of 18 single‑bedroom properties, Bega Court had 12 two and three-bedroom properties. Due to these changes there are in fact 33 single beds compared to the 18 provided during the last financial year.[[109]](#footnote-109)
  3. The Committee also noted that the number of accommodation places at any one time for women had decreased from 92 in 2016-17 to 84 in 2017-18. In response, the Directorate advised the Committee that:

[I]f I then look at 2018-19 in terms of the program that is coming through, and if we look at the total, what we have got to understand is that we built in flexibility and adaptability in the 2016 contracts, where we separated the ability to provide support from accommodation so that we could move into that early intervention-prevention space to help people keep a roof over their head. If we really want to look at a total within that and how we work with the sector to actually give them the flexibility that they need so that they can be responsive on a daily basis to the folk that need help, and if we look at the sector capacity for 2018-19, we have got 973 support places and 348 accommodation places. That is what we have at the moment. On page 95 we have got 973 this year, compared to 945 last year—a significant increase—and we have got 348 accommodation places compared with 321 last year. The trajectory is up.[[110]](#footnote-110)

* 1. Noting media articles regarding the need for emergency overnight beds for the homeless, the Committee asked why there were statements made by Safe Shelter stating that another 30 beds were needed. The Committee was advised that the Directorate had a limited understanding of the data Safe Shelter share.[[111]](#footnote-111)
  2. Expanding on this, the Committee was informed that:

In looking at the Safe Shelter figures, the first thing is to try to get an understanding about what they count. Sometimes we have heard about 700 bed nights, which is an accumulative figure, and that can include the same people every night. We were trying to understand how they count their data. One of the things that we do in understanding rough sleepers is look at the census data. We also look at our street to home data and our OneLink data. And we do a bit of a triangulation just to see if they are all heading in the same direction.

We do not come up with the same figures as Safe Shelter. When we did an analysis of the census data, we found that there were 50 people, and that was a significant increase from 2011. We then looked at our OneLink data, which showed that at around the same time about 23 people had indicated that they were rough sleeping and seeking support. When we went to our street to home data, we were getting similar figures to the census. So when we were looking at that, we were understanding that there were people who street to home were going out to who were clearly not accessing our OneLink data. That is the kind of way that we use the datasets we have.

We have looked at the Safe Shelter data. Recently I had a look at their last report. I think the number that Richard Griffiths was talking about was around 95. We still were not understanding what that counting methodology was and whether they were distinct clients. That is something that we would like to get a better handle on.[[112]](#footnote-112)

##### Committee Comment

* 1. The Committee notes that data available on specialised homelessness services appears inconsistent. With regards to the specialised homelessness services identified in the Community Services Directorate’s Annual Report, the Committee notes that the information provided does not clearly identify how the support places and accommodation places are identified. The Committee further notes that the shift from single bed dwellings to multiple bed dwellings is not clearly defined.
  2. The Committee acknowledges that providers of homelessness support services may accumulate data differently and that it can be difficult to amalgamate data from multiple sources. However, the Committee believes that a clear and concise data collection process, adopted by all support services, would assist in correctly identifying homelessness support service needs in the ACT.

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| Recommendation 6  The Committee recommends that the Community Services Directorate provide a clear definition of a bed and a support place in terms of their reporting on supported accommodation. |
| Recommendation 7  The Committee recommends that the Community Services Directorate develop clear and concise data collection processes for homelessness services, which is to be adopted by all support services. The Committee further recommends that this data collection process facilitates the reporting on the beds and support places available so that the Community Services Directorate can provide an amalgamated number in future annual reports. | |
| Recommendation 8  The Committee recommends that the Community Services Directorate provide information regarding the number of support places and beds funded in the ACT from all support providers. | |
| Recommendation 9  The Committee recommends that the Community Services Directorate increase the number of beds available to reduce homelessness in the ACT. | |

## ACT Health

### Introduction

* 1. The *2018-2019* *ACT Budget Statement C* states that the ACT Health Directorate (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 and quality systems.[[113]](#footnote-113)
  1. ACT Health provides services through the following output classes:
* Output Class 1: Health and Community Care;
* ACT Local Hospital Network; and
* Annexed and Subsumed Public Authority Reports.
  1. Ministerial responsibility for the work of ACT Health is divided across two Ministers. On Friday, 16 November 2018, the Committee met with Ms Meegan Fitzharris MLA, Minister Health and Wellbeing. The Committee also met with Mr Shane Rattenbury MLA, Minister for Corrections and Justice Health, as well as the Minister for Mental Health.
  2. The Committee notes that on 01 October 2018, the ACT Health Directorate split into ACT Health and Canberra Health Services. All references to the ACT Health Directorate in this report, including recommendations, encompass both ACT Health and Canberra Health Services.
  3. On Friday, 16 November 2018, the Committee considered the following areas of ACT Health’s 2017-18 Annual and Financial Report:
* Mental Health, Justice Health and Drug and Alcohol Services;
* Acute Services;
* Rehabilitation, Aged and Community Care;
* Cancer Services;
* Populations Health; and
* ACT Local Hospital Network.

### Compliance with Annual Report Directions 2017

* 1. The Committee considered the ACT Health Annual Report against the Annual Report Directions stipulated in *Annual Reports (Government Agencies) Notice 2017*. The Committee found that while the ACT Health Annual Report met the fundamental elements of compliance, there were some areas which the Committee had identified during last year’s inquiry which still remain unaddressed.
  2. The Committee notes that this has been a persistent theme in these reports throughout the Ninth Assembly. In its Report on Annual and Financial Reports 2015-2016 at Recommendation 5, the Committee asked the Health Directorate to “review the relationship between Strategic Objectives and Output Classes and ensure there are clear and useful performance indicators for each objective or output, and report back to the Committee on findings of the review within six months.”[[114]](#footnote-114) While the Government agreed to this recommendation, it suggested that the timeframe was too tight. However the reporting back has never happened and it seems that the review did not proceed.
  3. The Committee notes that there is still no clarity regarding the relationship between Strategic Objectives and Output Classes. The Committee is still left wondering 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.
  4. The Committee notes that this year’s Financial Management and Reporting chapter still does not list accountability indicators in a clear way. The Committee still believes that clear links between Strategic Objectives and relevant Outputs should be included to provide a comprehensive overview of performance.
  5. Similar to the Committee’s previous report on ACT Health’s Annual Report, the Committee encourages ACT Health to consider the appropriateness of the performance measures for individual Strategic Objectives. The Committee still believes that additional information should be provided in relations 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; and
* Theatre utilisation rates.

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| Recommendation 10  The Committee recommends that the ACT Health Directorate implement Recommendation 5 of the Standing Committee on Health, Ageing and Community Services, Report on Annual and Financial Reports 2015-2016. |

### Restructure of the ACT Health Directorate

* 1. On 01 October 2018, the ACT Health Directorate announced the split of the Directorate into ACT Health and Canberra Health Services. ACT Health is responsible for the stewardship of the health system in the ACT and oversees governance of Canberra’s health services. Alternatively, Canberra Health Services provides acute, sub-acute, primary and community-based health services to the ACT.[[115]](#footnote-115)
  2. The Committee acknowledges that the split to the ACT Health Directorate was effective after the 2017-18 annual report period. However, during the Committee’s public hearing with the ACT Health Directorate, a number of questions were asked in regards to the new organisational structure and its impact of services identified in the 2017-18 annual report.
  3. With regards to the general reasoning behind the restructure, the Committee was advised that a number of other jurisdictions are managing their health systems in a particularly targeted way, which the ACT Health Directorate has also begun to move towards.[[116]](#footnote-116)
  4. The Committee also sought advice on the impact of the restructure on policy work done in the territory-wide health services review and the work done to establish virtual centres. The Committee asked if this policy work had be delayed or refocused as a result of the restructure. The Committee was advised that:

I think “refocus” is a very good word. A number of pieces of work were underway in various forms and various stages: a digital strategy, a workforce strategy, the territory-wide health services framework and so on. We have had a look at all those pieces of work and stepped back a little bit to ask how they fit into a broader framework. Territory-wide health service planning is part of an overarching framework of how you think about all these things together.

What we have been working on and will be bringing to the minister in the new year is a package of information that sits under a broader framework which has in it things like digital strategy, workforce strategy and health service planning as part of the role of ACT Health as system steward going forward, and our new identity. That should be something that is much more meaningful to the entire community and the health workforce.[[117]](#footnote-117)

* 1. With specific reference to the approach to centres, the Committee was advised that post restructure, ACT Health will not be continuing the centre model. However, it was noted that ACT Health will be keeping speciality service plans. [[118]](#footnote-118)
  2. When examining the justice health and mental health portfolios, the Committee asked if the restructure had changed the reporting lines. The Committee was subsequently advised that:

The split at the highest level was about ACT Health and Canberra Health Services being formed as two separate directorates or organisations. In terms of all the parts of Canberra Health Services, including our mental health services, which includes our justice health provision, those reporting lines have all stayed pretty much exactly the same except for the addition of a chief executive officer role, which is the role that I am currently fulfilling. We have added that to Canberra Health Services to oversee all Canberra Health Services that have been split off from ACT Health. These are the operational delivery of health services in a day, on a daily basis. They have all been put together into Canberra Health Services, so there is no separate division from mental health from that perspective.[[119]](#footnote-119)

* 1. The Committee sought further information with regards to where the Office for Mental Health sits as a result of the restructure. The Committee was advised that the Office for Mental Health sits independently within ACT Health. The Committee was also advised that the Office for Mental Health will be reporting to the Coordinator-General for Mental Health which was to be filled by early December 2018.[[120]](#footnote-120)
  2. Considering the impact on the whole ACT Health Directorate, the Committee asked the Minister for Health and Wellbeing if the restructure had affected the number of full time equivalent (FTE) staff employed in the ACT Health Directorate. In response to this question taken on notice, the Committee was advised that at 30 June 2017, ACT Health had 6476.3 FTE staff. As at 30 June 2018, ACT Health had 6660.2 FTE staff.[[121]](#footnote-121)

### Mental Health, Justice Health and Drug and Alcohol Services

* 1. Under justice health services, reported in the ACT Health Directorate’s 2017-18 Annual Report, the Committee considered the following matters:
* Dhulwa Mental Health Unit;[[122]](#footnote-122)
* Tobacco and smoking at Alexander Maconochie Centre (AMC);[[123]](#footnote-123)
* Methadone at AMC;[[124]](#footnote-124)
* Hepatitis C at AMC and Dhulwa Mental Health Unit;[[125]](#footnote-125)
* Justice Health organisational structure;[[126]](#footnote-126)
* Mental Health organisational structure;[[127]](#footnote-127)
* Reduction of restrictive practices;[[128]](#footnote-128)
* Mental health workforce;[[129]](#footnote-129)
* Assessment of ligature points;[[130]](#footnote-130)
* Pill testing;[[131]](#footnote-131) and
* Drug and alcohol facilities available to Aboriginal and Torres Strait Islanders.[[132]](#footnote-132)

#### Hepatitis C at AMC and Dhulwa Mental Health Unit

* 1. In 2017-18, a new generation of direct-acting antiviral medications became available to Australians living with chronic hepatitis C. ACT Health advised that people in custodial settings are a priority population for this treatment and the Primary Health Services have treated 157 people in 2017-18.[[133]](#footnote-133)
  2. With specific reference to the 157 people treated in 2017-18, the Committee inquired into how many people in AMC and Dhulwa Mental Health Unit currently have hepatitis C. the Committee was advised that in the two and a half years since the Commonwealth made antiviral medications available in the prison, 173 people who are hepatitis C positive were treated. Currently, 12 people are actively being treated at the prison. This is two per cent in comparison to the 20-25 per cent prior to availability of antiviral medication. Directorate officials also noted that there are an additional eight people who are known to have hepatitis C but are not suitable for the particular treatment. [[134]](#footnote-134)
  3. With regards to the Dhulwa Mental Health Unit, the Committee was advised that it is currently hepatitis C free.[[135]](#footnote-135)
  4. The Committee also sought advice on the reinfection rate within the AMC. The Committee was subsequently informed that:

Our reinfection rates are much lower. Partly, that is because the population in the prison has less hepatitis C to share. But from time to time there are people from the community who come in who are hepatitis C positive. We offer every detainee at induction hepatitis C screening. A large proportion of the detainees actually take that up. We know when people come into the prison whether they are hepatitis C positive. Then we move very actively to treat them if they are suitable for treatment.[[136]](#footnote-136)

* 1. In response to a question taken on notice, the Minister for Corrections and Justice Health advised the Committee that the overall timeframe for the treatment of hepatitis C is eight to 12 weeks, followed by a blood test six months later. During the treatment period, a patient at the AMC will see a nurse three to six times and a medical officer one to two times. Additionally, the treatment process for hepatitis C involves taking three tablets per day for eight weeks and one tablet per day for the remaining four weeks.[[137]](#footnote-137)
  2. The Committee was further advised that if a detainee was released prior to the end of their three month treatment, their treatment would continue outside of the AMC at a gastroenterology clinic at the Canberra Hospital.[[138]](#footnote-138)

##### Committee Comment

* 1. The Committee notes with approval the significant decline in hepatitis C present at the AMC. The Committee acknowledges that this decrease has occurred due to a number of reasons. The first reason, the availability of antiviral medications for the past two and a half years. The second reason, the option to be screened for hepatitis C during the induction process. The third reason, the continued treatment outside of the AMC if a detainee were to be released during the three month treatment process.

#### Assessment of Ligature Points

* 1. In April 2017, Silver Thomas Hanley conducted a comprehensive ligature audit of the Adult Mental Health Unit, the Mental Health Short Stay Unit and the Brian Hennessey Rehabilitation Centre. In response, staged works at the Adult Mental Health Unit commenced on 23 April 2018. Stage one was completed on 25 May 2018 and stage two was anticipated to be completed late August 2018. From July to September 2017, remediation works also occurred in all the Adult Mental Health Unit courtyards to reduce the risk of unauthorised leave from these areas.[[139]](#footnote-139)
  2. The Committee asked ACT Health for an update on the progress of the ligature point minimisation. With particular reference to the replacement of doors, the Committee was advised that:

Primarily within the adult mental health unit and the Canberra Hospital we have, as at this point, removed all the ensuite doors in all the bedrooms. We have had an approved prototype room to identify all of the new ligature minimisation fittings that we will be putting in and also have approved the solution for the entrance door into the room.

As of 31 August, what we are describing as stage 2 is complete: ensuite removal of doors and then the prototype room confirmation. We are now going through the final stages of design to actually install the doors in the rooms.[[140]](#footnote-140)

* 1. However, the Committee was further advised that there are some difficulties with stage two as it has been difficult to retrofit these doors in a live environment, especially as the pressure sensors are linked to the duress systems within the building. Due to retrofitting and wiring requirement ACT Health estimated that stage two would begin at the end of 2018 and be completed by mid-2019.[[141]](#footnote-141)
  2. The Committee noted that there were 40 doors to be replaced and was concerned that 40 doors would take more than six months to replace. Noting the time allocated to complete stage two, the Committee inquired into the time taken to retrofit each door individually. The Committee was informed that in the first instance it would take approximately one week, however, as the work progresses the timeframe would be reduced.
  3. In regards to addressing additional ligature points, the Committee was advised that each room will be taken offline and the doors, as well as fittings for the ensuite doors will be addressed in the one session.

##### Committee Comment

* 1. The Committee acknowledges the complexities associated to the minimisation of ligature points at the Adult Mental Health Unit. The Committee also acknowledges the importance of ensuring the continued safety of all individuals at the Adult Mental Health Unit. However, the Committee notes the seriousness of this issue and believes all issues should be addressed in a timely manner.

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| Recommendation 11  The Committee recommends that the ACT Health Directorate finalise, as a matter of urgency, the implementation of work on the removal of ligature points across the Adult Mental Health Unit. |

#### Pill Testing

* 1. On 29 April 2018, the ACT Government assisted with the trial of a pill testing service at the Groovin’ the Moo Festival. Pill testing is identified as a harm reduction intervention that includes the chemical analysis of drugs, the provision of relevant drug information, as well as counselling by qualified personnel.[[142]](#footnote-142)
  2. Noting that the pill testing services provided at the Groovin’ Moo Festival was Australia’s first pill testing trial, the Committee inquired into a breakdown of the pill testing services. The Committee was advised that:

We work through this very carefully with the group that was organising it, STA-SAFE as it was, now called Pill Testing Australia. There is a machine there. People come in. There is a discussion with each person explaining what is going to happen. There are very strong messages around any pill not being safe.

They deposit it in the machine. When we say “pills,” it can be powder; it can be liquid; it can be all sorts of different things that can be tested. So a portion of that is placed in the machine and destroyed by the machine process.

At the end of that time, it is removed and it is discarded. At no time was anyone in there other than the person who had already purchased that substance and who was in possession of that substance. That was an important legal component to go through. The machine does its thing. It takes a while. It gives a chance for the patrons to sit down, to think about what is going on, to read some stuff, to talk to some professionals about it.[[143]](#footnote-143)

* 1. The Committee was further advised that 85 samples were tested during the trial, two of which were identified as dangerous drugs. As a result of the two samples identified as dangerous drugs, it was of ACT Health’s opinion that those two samples were not consumed due to the results.[[144]](#footnote-144)
  2. With regards to future pill testing opportunities at festivals, the Committee was advised that Pill Testing Australia had put a proposal forward to attend the 2018 Spilt Milk Festival. However, as the festival was held on Commonwealth land the Commonwealth were required to support this proposal and subsequently did not. Following the exclusion of pill testing at the festival a second proposal was provided by Pill Testing Australia to hold the testing off-site. Due to time constraints this proposal was also not supported.[[145]](#footnote-145)
  3. Noting the proposal to hold pill testing off-site, the Committee asked the Directorate if there had been any future plans to provide pill testing outside of festivals. With regards to the surveillance of drug taking more broadly, the Directorate informed the Committee that there are a number of processes currently in place. These processes include ACTINOS network that is run out of Calvary emergency department, where there is an arrangement between Calvary and the ACT Government Analytical Laboratory to look at unusual overdoses and to test the pills and/or the human samples. Additionally, drug seizures and pill testing were other drug surveillance process in place. However, providing pill testing outside of the festivals area still requires careful consideration from a legal and health perspective.[[146]](#footnote-146)

##### Committee Comment

* 1. The Committee notes that on 10 December 2018, the *ACT Drug Strategy Action Plan 2018-2021* was released by the ACT Health Directorate. The Committee further notes that within this Action Plan, a number of pill testing actions have been identified including:
* Explore further opportunities to expand on pill testing at events in the ACT;[[147]](#footnote-147) and
* Leverage opportunities to inform the public about the contents of illicit drugs and how they are manufactured, including findings from pill testing and drug seizures.[[148]](#footnote-148)
  1. The Committee also notes that there are considerable legal considerations for pill testing opportunities that is reflected in the proposal to provide services at the Spilt Milk festival, which was held on Commonwealth land and subsequently not supported by the Commonwealth Government.

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| Recommendation 12  The majority of the Committee recommends that the ACT Health Directorate continue to advocate pill testing at festivals held in the ACT.   |  | | --- | | Recommendation 13  The majority of the Committee recommends that the ACT Health Directorate consider expanding pill testing beyond the festival scene.[[149]](#footnote-149) | |

### Acute Services

* 1. Under acute services, reported in the ACT Health Directorate’s 2017-18 Annual Report, the Committee considered the following matters:
* Organisational structure;[[150]](#footnote-150)
* ICT and Digital Health;[[151]](#footnote-151)
* Speciality Services Plans;[[152]](#footnote-152)
* Attraction and Retention Incentives (ARIns);[[153]](#footnote-153)
* Nurse workforce;[[154]](#footnote-154)
* Hospital in the home;[[155]](#footnote-155)
* Home birth program; [[156]](#footnote-156)
* Nurse-led walk-in centres;[[157]](#footnote-157)
* Imaging software systems.[[158]](#footnote-158)
* Stroke services;[[159]](#footnote-159) and
* Cardiac ablation.[[160]](#footnote-160)

#### Cardiac Ablation

* 1. The ACT Health Directorate’s Annual Report 2017-18highlighted that preparation is underway for the phased implementation of cardiac ablation. In the first phase, the service will commence the delivery of pacing and monitoring devices. The second phase will see the introduction of the ablation services.[[161]](#footnote-161)
  2. Noting the phased approach adopted by ACT Health, the Committee inquired into the timeframe for the completion of the implementation of cardiac ablation in the ACT. The Committee was advised that there are three elements that must be achieved to successfully implement cardiac ablation in the ACT. The first element is the infrastructure and instalment of required equipment. ACT Health advised that they expect to have the infrastructure changes identified by early December 2018. The second element is the governance process, which includes documentation outlining availabilities for this service, how the triaging and wait list will be managed, as well as decisions in relation to selection procedures. The Committee was advised that the governance process would be completed and finalised by the end of 2018. The third element is contract negotiation, which ACT Health estimated a three to four month timeframe. Taking into consideration the three elements, the Committee was advised that ACT Health expected ablation services to be available by the second quarter of 2019.[[162]](#footnote-162)

##### Committee Comment

* 1. The Committee notes the importance of ACT residents having access to advance technology such as cardiac ablation. The Committee believes the implementation of cardiac ablation to ACT based hospitals is an essential services, which allows ACT residents to readily access without the need to visit New South Wales (NSW) based hospitals.

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| Recommendation 14  The Committee recommends that the ACT Health Directorate expedite the acquisition of cardiac ablation equipment. |

### Rehabilitation, Aged and Community Care

* 1. Under rehabilitation, aged and community care services, reported in the ACT Health Directorate’s 2017-18 Annual Report, the Committee considered the following matters:
* Discharging homeless patients;[[163]](#footnote-163)
* My health record;[[164]](#footnote-164)
* Mt Stromlo hydrotherapy;[[165]](#footnote-165) and
* Geriatric care.[[166]](#footnote-166)

#### Discharging Homeless Patients

* 1. The Committee sought clarification of Canberra Hospital’s discharging policy. In particular, Committee Members advised ACT Health that they were aware of situations where patients had been discharged into homelessness services including Safe Shelter or simply discharged.
  2. In response to the question taken on notice, the Committee was advised that:

Canberra Health Services endeavours to source suitable accommodation for homeless patients, however each individual decides whether the accommodation suits them.

Canberra Health Services Social Work and Psychology Teams work with clinical teams around discharge planning for vulnerable patients. This includes access and referral plans to support access to community services, and discharge is planned to coincide with the operating hours of those services. Ongoing care outside the hospital setting may be provided by Community Health or Hospital in the Home service.[[167]](#footnote-167)

* 1. The Committee noted the available funding and policy work in place, however, was still concerned that people are able to be discharged when they do not have accommodation. ACT Health clarified that if a patient has ongoing medical needs and those needs required follow-up, ACT Health would always refer the patient to the social work department and the clinical nurse coordinators. This referral ensures that the discharge destination is safe and that the patient could be discharged.[[168]](#footnote-168)
  2. However, ACT Health did note that there are situations where the medical staff would not be aware that the patient does not have suitable accommodation once they are discharged. This includes the patient not providing information that they are homeless, or the patient providing an incorrect address. Additionally, patients can still choose to be discharged or discharge themselves after medical staff have advised otherwise due to a lack of appropriate accommodation. [[169]](#footnote-169)
  3. The Committee inquired further into the processes in place if a patient is homeless. The Committee was advised that the social work department would find options for accommodation post hospital. [[170]](#footnote-170)
  4. The Committee was further advised that ACT Health funds services to support clients with accommodation options such as:
* CatholicCare: STEPS is a residential program run in partnership between CatholicCare and Child and Adolescent Mental Health Services for young people between 13-18 years old experiencing moderate to severe mental health distress. Support is provided 24 hours per day for up to three months;
* GROW ACT: provide a supported residential mental health recovery/rehabilitation program; mental health promotion programs through self and mutual help GROW groups within the ACT; and a GROW ACT information service; and
* Wellways Australia Limited who provide:
* Adult Step Up/Step Down Supported Accommodation - a recovery-focused residential program that aims to prevent relapse and assist people in recovery from an acute episode of mental illness. Support is provided up to three months;
* Youth Mental Health Step Up/Step Down Supported Accommodation - a recovery-focused residential program that aims to prevent relapse and assist people in recovery from an acute episode of mental illness. Support is up to three months; and
* Women's Program – a program of short to medium term accommodation for women over the age of 18 years with a mental illness. Support is provided up to 12 months.[[171]](#footnote-171)

##### Committee Comment

* 1. The Committee notes that ACT Health took a question on notice in regards to the number of patients that may or may not have been discharged to Safe Shelter. The Committee further noted that in the response to this question, ACT Health was unable to quantify the number of patients discharged that present to ACT Safe Shelter.
  2. The Committee believes that it is essential that all patients who attend hospital have accommodation options available to them upon discharge. The Committee also believes that to first identify if there is a problem in discharging patients into homelessness, ACT Health must first have the administrative technology to record such information. Obtaining such technology would allow ACT Health to be aware of the trends.

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| Recommendation 15  The Committee recommends that the ACT Health Directorate work with ACT Safe Shelter and other ACT based homelessness services to identify the number of individuals that have been discharged into homelessness post hospitalisation.   |  | | --- | | Recommendation 16  The Committee recommends that the ACT Health Directorate take all possible measures to ensure patients are not discharged into homelessness. | |

### Cancer Services

* 1. Under cancer services, reported in the ACT Health Directorate’s 2017-18 Annual Report, the Committee considered the following matters:
* Breast screening;[[172]](#footnote-172) and
* Chemotherapy co-payments.[[173]](#footnote-173)

#### Chemotherapy Co-Payments

* 1. The Committee inquired into the number of patients on average that are subject to the chemotherapy co-payment. In response to this question taken on notice, the Minister for Health and Wellbeing advised the Committee that:

Between April 2018 and June 2018, there was an estimated average of 2,140 patient attendances recorded for Canberra Hospital where the patient would be eligible for having their chemotherapy co-payments covered as part of the changes announced by the ACT Government on 4 July 2018.[[174]](#footnote-174)

* 1. Noting that the ACT does not have an agreement with the Commonwealth regarding access to the Pharmaceutical Benefits Scheme (PBS) for chemotherapy drugs, the Committee asked how the co-payment system is managed in the ACT. The Committee was informed that ACT Health is aware that a variety of prescriptions dispensed at the hospital is extremely wide and extremely varied across a whole range of patients. Due to these variations, ACT Health is focusing on cancer patient with chemotherapy co-payments at the hospital. ACT Health further noted there were some slight challenges around oral chemotherapy in the early stages.[[175]](#footnote-175)
  2. The Committee sought further advice regarding the challenges around chemotherapy co‑payments for oral chemotherapy. The Committee was advised that:

It was just administrative in terms of how we do that. It was just a phasing of how we actually do that. Now what we have got in place is that those people who were charged a co-payment, we have written to. We have asked them to call us and tell us how they would like to get reimbursed. They will all be covered. Those letters, I think, were going out this week. But we have stopped it prior to those letters going out. Nobody who gets their chemo orals or injectables or infusibles from the hospital gets charged a co-payment.[[176]](#footnote-176)

* 1. A supplementary question on notice provided to the Committee inquired into the amount the ACT Government has spent of oral chemotherapy co-payments since 04 July 2018 and the projected expending for the next three financial years. The Committee was advised that Canberra Health Services was invoiced $8,008.20 from Slade Pharmacy for the cost of the co‑payments which include both oral and injectable or infusion treatments. The answer to this question did note that the invoiced amount was for the period 06 August to 31 October 2018, as the chemotherapy co-payment did not take effect until 06 August 2018. Additionally, the response advised that ACT Health could not provide the projected expenditure for the next three financial years.[[177]](#footnote-177)
  2. The Minister for Health and Wellbeing also advised the Committee that the Government, at this stage, does not plan to cover all chemotherapy co-payments. Additionally, the Minister for Health and Wellbeing noted that it would be unachievable to manage chemotherapy co-payments through community pharmacies due to the complexities of the PBS Scheme.[[178]](#footnote-178)
  3. In the response to a question on notice, the ACT Health Directorate advised the Committee that since the chemotherapy co-payment scheme came into effect on 6 August 2018, 177 parties were charged co-payments for oral chemotherapy. However, the Committee notes that the total amount paid by patients and the expected repayments by the ACT Government could not be provided.[[179]](#footnote-179)

##### Committee Comment

* 1. The Committee is concerned that the role out of the co-payment scheme announced in July 2018 had not been straight forward and clearly explained to patients.
  2. The Committee also notes that the ACT does not have access to the PBS for chemotherapy drugs.

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| Recommendation 17  The Committee recommends that in its response to this report the ACT Health Directorate report on progress on the roll out of the co-payment scheme and report on the number of patients who are (a) eligible and (b) ineligible for the scheme, as well as the cost of the scheme. |
| Recommendation 18  The Committee recommends that the ACT Health Directorate report on why the ACT does not have access to the PBS for chemotherapy drugs and what steps, if any, it is taking to address this issue. | |

### Population Health

* 1. Under population health services, reported in the ACT Health Directorate’s 2017-18 Annual Report, the Committee considered the following matters:
* Red Cross Health Services Blood Challenge;[[180]](#footnote-180)
* Sexual health testing;[[181]](#footnote-181)
* Sexual health awareness;[[182]](#footnote-182)
* Real-time prescription monitoring;[[183]](#footnote-183) and
* Fruit and vegetable intake.[[184]](#footnote-184)

#### Sexual Health Testing

* 1. During the Committee’s public hearing with the ACT Health Directorate, the Committee was informed that in addition to pill testing at the Groovin’ the Moo festival, a proposal of sexual health testing at the festival was also being considered. The testing specifically focused on the sexually transmitted infection, chlamydia.
  2. The Committee inquired further into the sexual health testing proposal at Grooin’ the Moo festival, and whether it will be going ahead at the next festival in April 2019. The Committee was informed that:

NSW Health worked with Cattleyard, the promoters of Groovin the Moo, and did this as part of a range of different ways of looking at sexual health testing in that particular age group in Maitland last year. I think Maitland is the one that happens about three or four days before the one in the ACT. Anyway, it is in the series. NSW have offered to share with us what they did in some detail, and various collateral that they worked out in terms of pamphlets and so on, and the method. We are just at the moment working through that internally. Then we will approach Groovin the Moo, but they seemed to be fine with that in Maitland at least. Then it is just a question of space.[[185]](#footnote-185)

* 1. The Committee was further informed that if sexual health testing were to be provided at the Groovin’ the Moo festival, ACT Health staff from the sexual health centre and sexual health services would most likely staff the testing site.[[186]](#footnote-186)
  2. In a response to a question taken on notice regarding rapid human immunodeficiency virus (HIV) testing as part of the sexual health services provided at Groovin’ the Moo festival, the Minister for Health and Wellbeing advised the Committee that:

If the program goes ahead, rapid HIV testing will not be offered. This is because the cohort of young adolescents that attend music festivals are not considered a high risk population for HIV. Urine testing for chlamydia will be the only test offered. This is consistent with interstate music festivals that have run similar testing programs.

Other barriers to offering rapid HIV testing are time and clinical considerations. Rapid HIV testing requires a 30 minute consultation (taking patient history, explaining that a reactive result needs confirmation by standard blood testing, doing the test, 20 minutes for the test to process, and providing the result). This is not feasible in a setting such as Groovin’ the Moo. In addition, it would be extremely difficult to provide a reactive result for HIV in this type of setting.[[187]](#footnote-187)

##### Committee Comment

* 1. The Committee notes that over the past 10 years the notification rates of chlamydia and gonorrhoea have increased. With specific reference to chlamydia, the Committee further notes that between 1999 and 2011 the notification rate increased substantially from 74 to 363 infections per 10,000 people. Since 2011, the notification rate has stilled increased with 379 infections per 10,000 people recorded in 2017.[[188]](#footnote-188)
  2. The Committee further notes that significantly higher rates of chlamydia is seen in young females aged between 15-29 years. Additionally, the Committee notes that chlamydia is more prominent in males aged 30 years and older.[[189]](#footnote-189)

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| Recommendation 19  The Committee recommends that the ACT Health Directorate take necessary steps to facilitate sexual health testing at festivals held in the ACT and that the process be evaluated. |

### ACT Local Hospital Network

* 1. Under the ACT Local Hospital Network, the Committee considered the following matters:
* Canberra Hospital occupancy rate;[[190]](#footnote-190)
* Winter Bed Strategy;[[191]](#footnote-191)
* Calvary Bruce Public Hospital occupancy rate;[[192]](#footnote-192)
* Calvary Bruce Public Hospital maternity;[[193]](#footnote-193)
* Elective surgery waiting times;[[194]](#footnote-194)
* Cost of acute admitted patients;[[195]](#footnote-195)
* Radiology training accreditation;[[196]](#footnote-196)
* Operating theatres;[[197]](#footnote-197) and
* Hospital food services[[198]](#footnote-198).

#### Winter Bed Strategy

* 1. In 2017-18, ACT public hospitals achieved mean bed occupancy rate of 86 per cent, which is below the target of 90 per cent.[[199]](#footnote-199)

Table One: Percentage of Overnight Hospital Beds in Use[[200]](#footnote-200)

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| Detail | Period | Value | Target |
| ACT | 2017-18 | 86% | 90% |
| Canberra Hospital | 2017-18 | 94% | 90% |
| Calvary Hospital | 2017-18 | 69% | 90% |

* 1. Noting the overnight hospital bed occupancy rate, the Committee inquired into patient flow strategies in place to improve bed lock. The Committee was advised that a working group has be formed to establish a times care strategy with specific focus on patent flow. Regular patient flow meetings with the emergency department in the morning was also identified as a strategy utilised by the hospitals. Additionally, the Committee was advised that the hospitals continue to monitor emergency department activity and the discharging of patients.[[201]](#footnote-201)
  2. The Committee was also advised that ACT Health had implemented a winter plan, which inserted an additional 84 beds to deal with the winter peak. Additionally, ACT Health is developing the digital patient journey, which aims to enable hospitals to track individual patients as they move through the hospital and health services.[[202]](#footnote-202)
  3. With particular reference to the winter bed strategy, the Committee was advised that, in addition to the 84 extra beds, additional nurses were recruited to staff those 84 beds. Additional doctors and allied health professionals were also recruited for this period.[[203]](#footnote-203)
  4. The Committee inquired into the benefits of the winter bed strategy. The Committee was informed that benefit of the winter bed strategy was that the hospital was able to treat people in a more timely fashion. The Hospital was able to get individuals to inpatient beds more readily. In the paediatric area there were 12 additional beds for the winter, and the hospital would flex them up and down very rapidly because when kids come in, they are acutely unwell, but often they improve very rapidly.[[204]](#footnote-204)
  5. With regards to the 84 beds once the winter period is over, ACT Health advised that the 84 beds are still in operation until the end of November 2018.[[205]](#footnote-205)
  6. With regards to the distribution of beds during the winter period. The Committee was advised that:

We moved the acute surgical unit which is near the ED up into the tower block. We created 16 additional beds in the ED. That was very important in terms of being able to deal with the demand as it came through. We opened a 16-bed medical ward, also up in the tower block, to deal with that acute medicine demand. I have mentioned the 12 beds in paediatrics. The balance of the beds sat between our surgical division, our cancer division and our rehab division, and I have mentioned medicine as a discrete space. Those beds have been functionally open for most of the winter—I note that the paediatric beds open and close—so it is right across the organisation in our various divisions.

* 1. The Committee noted that there were 16 extra beds allocated to the Emergency Department. Following the end of the defined winter period, the Committee asked if the 16 extra beds would remain open. The Committee was informed that the 16 beds would close down to allow the surgical unit to be transferred back with the Emergency Department. It was further noted that having the surgical unit next to the Emergency Department allows patients to move rapidly from the Emergency Department to the acute surgical unit if needed.[[206]](#footnote-206)

##### Committee Comment

* 1. The Committee notes that a contributing factor of the 94 per cent occupancy rate of Canberra Hospital is unforeseen increases to the demand on services. The Committee further notes that increased presentation during winter season can be considered a contributing factor to these unforeseen increases. The Committee acknowledges ACT Health’s efforts to address increased occupancy rates during the winter period, through the winter bed strategy. The Committee believes this essential services should be made available to all Canberra hospitals.

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| Recommendation 20  The Committee recommends that the ACT Health Directorate ensure that a winter bed strategy be rolled out in all Canberra hospitals. |

## Conclusion

* 1. This Report presents a summary of the Committee’s Inquiry into the work of the Community Services Directorate and the ACT Health Directorate for the financial year 2017-18.
  2. The Committee has 20 recommendations in response to its scrutiny of the ACT Health and Community Services Directorate Annual Reports.
  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.

Ms Bec Cody MLA  
Chair

March 2019

## Appendix A – Schedule of Public Hearings

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| --- | --- | --- |
| Date | Minister | Portfolio |
| 08 November | Ms Yvette Berry MLA | **Community Services Directorate**   * Housing ACT * Women * Domestic and Family Safety |
| 08 November | Mr Gordon Ramsay MLA | **Community Services Directorate**   * Veterans and Seniors |
| 08 November | Mr Chris Steel MLA | **Community Services Directorate**   * Community Participation * Service Design, policy and Accountability * Multicultural Affairs |
| 08 November | Ms Rachel Stephen-Smith MLA | **Community Services Directorate**   * Aboriginal and Torres Strait Islander Affairs * Implementation of the NDIS * Disability and Therapy Services * Human Services Regulation * Early Intervention Services * Child Development Services * Youth Engagement * Child and Youth Protections Services |
| 16 November | Mr Shane Rattenbury MLA | **ACT Health Directorate**   * Mental Health Services * Justice Health Services |
| 16 November | Ms Meegan Fitzharris MLA | **ACT Health Directorate**   * Acute Services * Rehabilitation, Aged and Community Care * Alcohol and Drug Services * Population Health * ACT Health Network * Calvary Health Care |

## Appendix B – Witnesses

### Thursday, 08 November 2018

* Ms Yvette Berry MLA, Minister for Housing and Suburban Development, Minister for Women and Minister for the Prevention of Domestic and Family Violence;
* Mr Gordon Ramsay MLA, Minister for Seniors and Veterans;
* Mr Chris Steel MLA, Minister for Community Services and Facilities and Minister for Multicultural Affairs;
* Ms Rachel Stephen-Smith MLA, Minister for Aboriginal and Torres Strait Islander Affairs; Minister for Disability; and Minister for Children, Youth and Families;
* Ms Louise Gilding, Executive Director, Housing ACT, Community Services Directorate;
* Ms Catherine Loft, Director, Infrastructure and Contracts, Housing ACT, Community Services Directorate;
* Ms Kylie-Ann Petroni, Public Housing Relocation Project, Housing ACT, Community Services Directorate;
* Ms Deb Foulcher, Director, Strategy and Viability, Housing ACT, Community Services Directorate;
* Ms Jacinta Evans, Executive Director, Inclusion and Participation, Community Services Directorate;
* Ms Jo Wood, Acting Director-General, Community Services Directorate;
* Ms Anne-Maree Sabellico, Acting Coordinator-General Family Safety, Community Services Directorate;
* Dr Mark Collis, Deputy Director-General, Community Services Directorate;
* Ms Ellen Dunne, Director, Office for Disability, Community Services Directorate;
* Ms Sally Gibson, Director, Quality, Complaints and Regulation, Community Services Directorate;
* Ms Robyn Calder, Senior Director, Corporate Services, Community Services Directorate;
* Ms Melanie Saballa, Director, Children and Families, Community Services Directorate;
* Ms Helen Pappas, Executive Director, Children, Youth and Families, Community Services Directorate; and
* Ms Jodie Robinson, Senior Director, Practice and Performance, Children, Youth and Families, Community Services Directorate.

### Friday, 16 November 2018

* Ms Meegan Fitzharris MLA, Minister for Health and Wellbeing;
* Mr Shane Rattenbury MLA, Minister for Corrections and Justice Health and Minister for Mental Health;
* Ms Katrina Bracher, Executive Director, Mental Health, Justice Health and Alcohol and Drug Services, Canberra Health Services;
* Ms Bernadette McDonald, Chief Executive Office, Canberra Health Services;
* Mr Michael De’Ath, Director-General, ACT Health Directorate;
* Mr Colm Mooney, Executive Director, Infrastructure Management and Maintenance, Canberra Health Services;
* Mr Peter O’Halloran, Chief Information Officer, ACT Health Directorate;
* Ms Carolyn Bartholomew, Acting Executive Director, Health System Planning and Evaluation, ACT Health Directorate;
* Ms Janine Hammat, Executive Director, People and Culture, Canberra Health Services;
* Dr Margaret McLeod, Chief Nursing and Midwifery Officer, ACT Health Directorate;
* Mr Mark Dykgraaf, Chief of Clinical Operations, Canberra Health Services;
* Ms Karen Doran, Deputy Director-General, Corporate Services, ACT Health Directorate;
* Mr Chris Bone, Deputy Director-General, Clinical Services, Canberra Health Services;
* Ms Elizabeth Chatham, Executive Director, Women, Youth and Children, Canberra Health Services;
* Ms Cathie O’Neill, Executive Director, Cancer, Ambulatory & Community Health Support, Canberra Health Services;
* Dr Girish Talaulikar, Executive Director, Medicine, Canberra Health Services;
* Mr Daniel Wood, Executive Director, Surgery and Oral Health, Canberra Health Services; and
* Dr Paul Kelly, Chief Health Officer, Public Health, Protection and Regulation, ACT Health Directorate.

## Appendix C – Questions taken on Notice/ Questions on Notice

Questions taken on 08 November 2018

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| --- | --- | --- | --- | --- | --- |
| No. | 08.11.2018 | Asked by | Directorate/ Portfolio | Subject | Answer date |
| 1 | 08.11.2018 | Cody | Women | Linkages between the APRIL Return to Work Program and CIT Tuggeranong Return to Work Program | 22.11.2018 |
| 2 | 08.11.2018 | Jones | Women | Women’s Mapping Tool | 27.11.2018 |
| 3 | 08.11.2018 | Jones | Women | Women firefighter port-a-loos | 27.11.2018 |
| 4 | 08.11.2018 | Cheyne | Women | Public availability of place audits | 22.11.2018 |
| 5 | 08.11.2018 | Le Couteur | Prevention of Domestic and Family Violence | Budget for the pilot for women who are seeking support if they have experienced or are experiencing violence | 27.11.2018 |
| 6 | 08.11.2018 | Kikkert | Prevention of Domestic and Family Violence | Family Safety Levy | 27.11.2018 |
| 7 | 08.11.2018 | Le Couteur | Community Services and Facilities | Statistics on the age groups who volunteer | 19.11.2018 |
| 8 | 08.11.2018 | Le Couteur | Multicultural Affairs | Language School participation | 19.11.2018 |
| 9 | 08.11.2018 | Milligan | Aboriginal and Torres Strait Islander Affairs | Grants under the Aboriginal and Torres Strait Islander Reconciliation Grants Program | 23.11.2018 |
| 10 | 08.11.2018 | Milligan | Aboriginal and Torres Strait Islander Affairs | Indigenous-led groups participating in Reconciliation Day | 22.11.2018 |
| 11 | 08.11.2018 | Le Couteur | Disability | Advocacy funding through the Office for Disability | 23.11.2018 |
| 12 | 08.11.2018 | Lee | Disability | Non-regulated organisations providing services to NDIS participants in the ACT | 23.11.2018 |
| 13 | 08.11.2018 | Kikkert | Children, Youth and Families | Bimberi staffing | 28.11.2018 |
| 14 | 08.11.2018 | Le Couteur | Seniors and Veterans | Conflict Resolution Service funding | 26.11.2018 |

Questions on Notice 08 November 2018

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| No. | Asked by | Directorate/ Portfolio | Subject | Answer date |
| 15 | Lawder | Seniors and Veterans | Senior and Veteran grants | 27.11.2018 |
| 16 | Lawder | Seniors and Veterans | St John's Ambulance Course Grants | 27.11.2018 |
| 17 | Lawder | Seniors and Veterans | ACT Ministerial Council on Ageing | 27.11.2018 |
| 18 | Lawder | Seniors and Veterans | Care Inc. and Legal Aid ACT Education Sessions | 27.11.2018 |
| 19 | Lawder | Seniors and Veterans | ACT Seniors Week | 22.11.2018 |
| 20 | Lawder | Seniors and Veterans | ACT Seniors Week - Barr Comment | 22.11.2018 |
| 21 | Lawder | Seniors and Veterans | ACT Seniors Week - Funding for COTA | 27.11.2018 |
| 22 | Lawder | Seniors and Veterans | ACT Seniors Week - Seniors Expo | 27.11.2018 |
| 23 | Lawder | Treasury | ACT Seniors Week - Chief Ministers Concert | 03.12.2018 |
| 24 | Lawder | Seniors and Veterans | Active Ageing Framework 2015-18 | 27.11.2018 |
| 25 | Lawder | Seniors and Veterans | Age Friendly City Suburbs | 28.11.2018 |
| 26 | Lawder | Attorney General | ALRC Report into Elder Abuse | 20.12.2018 |
| 27 | Lawder | Seniors and Veterans | Senior Directorate Staffing | 27.11.2018 |
| 28 | Lawder | Seniors and Veterans | Elder Abuse Protection | 28.11.2018 |
| 29 | Lawder | Treasury | General Rates Aged Deferral Scheme | 27.11.2018 |
| 30 | Lawder | Seniors and Veterans | Ministerial Advisory Council on Ageing | 27.11.2018 |
| 31 | Lawder | Canberra Health Services | Older Persons Mental Health Intensive Treatment Services | 27.11.2018 |
| 32 | Lawder | Treasury | Pensioner Duty Concession Scheme | 27.11.2018 |
| 33 | Lawder | Seniors and Veterans | Seniors Card | 27.11.2018 |
| 34 | Lawder | Seniors and Veterans | Bangladeshi Senior's Club | 27.11.2018 |
| 35 | Lawder | Seniors and Veterans | Communities @ Work | 28.11.2018 |
| 36 | Lawder | Seniors and Veterans | Conflict Resolution Services Inc. | 27.11.2018 |
| 37 | Lawder | Seniors and Veterans | COTA Getting Right into Technology Funding | 28.11.2018 |
| 38 | Lawder | Seniors and Veterans | National Seniors Australia North Canberra Branch | 27.11.2018 |
| 39 | Le Couteur | Housing ACT | Homelessness Services to Women Experiencing Domestic Violence | 27.11.2018 |
| 40 | Le Couteur | Housing ACT | Public Housing Capital Delivery Program | 27.11.2018 |
| 41 | Le Couteur | Housing ACT | Definition of 'Support Place' | 27.11.2018 |
| 42 | Le Couteur | Housing ACT | Safer Families Grants | 27.11.2018 |
| 43 | Le Couteur | Housing ACT | Employment Training and Homelessness Support | 28.11.2018 |
| 44 | Le Couteur | Housing ACT | Housing Strategy Implementation Plan | 28.11.2018 |
| 45 | Le Couteur | Women | Audrey Fagan Women's Leadership Workshops | 27.11.2018 |
| 46 | Le Couteur | Women | Diversity Register | 27.11.2018 |
| 47 | Le Couteur | Community Services and Facilities | Community Services Support Programs | 29.11.2018 |
| 48 | Le Couteur | Multicultural Affairs | Interpreters | 29.11.2018 |
| 49 | Lee | Disability | Connect and Participate Expos | 23.11.2018 |
| 50 | Lee | Disability | Disability Care Workforce | 27.11.2018 |
| 51 | Lee | Disability | Directorate Compliance with Accessibility | 27.11.2018 |
| 52 | Parton | Housing ACT | Housing those in Greatest Need | 28.11.2018 |
| 53 | Parton | Housing ACT | Accommodation Outcomes for those in Greatest Need | 28.11.2018 |
| 54 | Parton | Housing ACT | Social and Economic Participation | 28.11.2018 |
| 55 | Parton | Housing ACT | Employment Outcomes | 30.11.2018 |
| 56 | Parton | Housing ACT | Trends for Improved Employment | 28.11.2018 |
| 57 | Parton | Housing ACT | Social Housing Demand and Supply | 27.11.2018 |
| 58 | Parton | Housing ACT | NHHA Funding | 27.11.2018 |
| 59 | Parton | Housing ACT | NHHA Funding Factsheet | 27.11.2018 |
| 60 | Parton | Housing ACT | Gateway Services | 28.11.2018 |
| 61 | Parton | Housing ACT | Complaints and Performance Orders | 27.11.2018 |
| 62 | Parton | Housing ACT | Common Grounds | 27.11.2018 |
| 63 | Parton | Housing ACT | Statement of Changes to Equity | 27.11.2018 |
| 64 | Parton | Housing ACT | Housing under 'the Challenges' Heading | 30.11.2018 |
| 65 | Parton | Housing ACT | Public Housing Maintenance and Total Facilities Management | 30.11.2018 |
| 66 | Parton | Housing ACT | Tenant Responsible Maintenance | 28.11.2018 |
| 67 | Cody | Children, Youth and Families | staffing | 10.12.2018 |
| 68 | Le Couteur | Children, Youth and Families | Therapeutic Assessment Reports in CYPS | 28.11.2018 |
| 69 | Le Couteur | Children, Youth and Families | Therapeutic Care Places | 27.11.2018 |
| 70 | Le Couteur | Children, Youth and Families | Families supported by Red Cross and Uniting's Child and Families | 29.11.2018 |
| 71 | Le Couteur | Community Services and Facilities | CYPS Workforce Development | 29.11.2018 |
| 72 | Le Couteur | Disability | Screening of NDIS workers | 04.12.2018 |
| 73 | Le Couteur | Disability | Number of NDIS Participants | 27.11.2018 |
| 74 | Le Couteur | Aboriginal and Torres Strait Islander Affairs | Business Awareness | 29.11.2018 |
| 75 | Le Couteur | Housing ACT | Older Persons Accommodation | 27.11.2018 |
| 76 | Le Couteur | Housing ACT | Homelessness Services | 27.11.2018 |
| 77 | Le Couteur | Aboriginal and Torres Strait Islander Affairs | Child, Youth and Family Services | 27.11.2018 |
| 78 | Le Couteur | Multicultural Affairs | Theo Notaras Multicultural Centre - Fees | 28.11.2018 |
| 79 | Le Couteur | Community Services and Facilities | Working with Vulnerable People cards | 29.11.2018 |
| 80 | Le Couteur | Children, Youth and Families | Quality, Complaints and Regulation Capacity Building | 27.11.2018 |
| 81 | Kikkert | Children, Youth and Families | Brimberi Youth Justice | 28.11.2018 |
| 82 | Kikkert | Children, Youth and Families | Family Group Conferencing | 17.12.2018 |
| 83 | Kikkert | Community Services and Facilities | Marymead Grandparents Group | 04.12.2018 |
| 84 | Kikkert | Children, Youth and Families | Out of Home Care | 28.11.2018 |
| 85 | Kikkert | Children, Youth and Families | Permanency Outcomes | 28.11.2018 |
| 86 | Kikkert | Children, Youth and Families | Therapeutic Assessment Report | 27.11.2018 |
| 87 | Kikkert | Multicultural Affairs | Overseas Qualification Assessment program | 23.11.2018 |
| 88 | Kikkert | Community Services and Facilities | Community Services Funding | 26.11.2018 |
| 89 | Kikkert | Multicultural Affairs | Multicultural Employment Service | 23.11.2018 |
| 90 | Kikkert | Multicultural Affairs | Multicultural Framework | 26.11.2018 |
| 91 | Kikkert | Multicultural Affairs | National Multicultural Festival | 26.11.2018 |
| 92 | Kikkert | Multicultural Affairs | Community Participation Grants | 26.11.2018 |
| 93 | Kikkert | Children, Youth and Families | Youth Interact Scholarships | 28.11.2018 |
| 94 | Kikkert | Prevention of Domestic and Family Violence | Canberra Multicultural Women’s Forum | 30.11.2018 |
| 95 | Kikkert | Children, Youth and Families | Child and Family Centres | 23.11.2018 |
| 96 | Kikkert | Children, Youth and Families | Universal and Targeted Early Intervention and Prevention | 29.11.2018 |
| 97 | Kikkert | Prevention of Domestic and Family Violence | Family Safety Levy | 27.11.2018 |
| 98 | Kikkert | Prevention of Domestic and Family Violence | Frontline Worker Training | 27.11.2018 |
| 99 | Kikkert | Multicultural Affairs | Canberra Multicultural Women’s Forum Recs | 05.12.2018 |
| 100 | Kikkert | Children, Youth and Families | Glanfield Inquiry Rec | 20.12.2018 |
| 101 | Kikkert | Children, Youth and Families | CYPS Complaints | 28.11.2018 |
| 102 | Kikkert | Community Services and Facilities | Community Services Industry Strategy | 28.11.2018 |
| 103 | Kikkert | Community Services and Facilities | Data Collection | 29.11.2018 |
| 104 | Kikkert | Children, Youth and Families | Early Intervention by Design | 16.12.2018 |

Questions taken on Notice 16 November 2018

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| No. | Hearing date | Asked by | Directorate/ Portfolio | Subject | Answer date |
| 105 | 16.11.2018 | Cody | Justice Health | Hepatitis C treatment | 26.11.2018 |
| 106 | 16.11.2018 | Dunne | Justice Health | Justice Health staffing at the AMC | 26.11.2018 |
| 107 | 16.11.2018 | Le Couteur | Canberra Health Services | Patients being discharged into Safe Shelter | 29.11.2018 |
| 108 | 16.11.2018 | Cheyne | ACT Health | Breakdown of ARIN for men and for women | 18.12.2018 |
| 109 | 16.11.2018 | Cheyne | Canberra Health Services | Red Cross Health Service Blood Challenge | 23.11.2018 |
| 110 | 16.11.2018 | Cheyne | ACT Health | Average annual leave balance for nurses at the Canberra Hospital | 28.11.2018 |
| 111 | 16.11.2018 | Le Couteur | ACT Health | ACT Health staffing | 27.11.2018 |
| 112 | 16.11.2018 | Dunne | Canberra Health Services | ACT Health staff work hour | 29.11.2018 |
| 113 | 16.11.2018 | Dunne | ACT Health | Canberra Hospital targets | 28.11.2018 |
| 114 | 16.11.2018 | Dunne | ACT Health | Calvary Hospital targets | 05.12.2018 |
| 115 | 16.11.2018 | Dunne | ACT Health | IHPA data publication | 27.11.2018 |
| 116 | 16.11.2018 | Le Couteur | Canberra Health Services | Data on the patient outcomes of the Hospital in the Home program | 10.12.2018 |
| 117 | 16.11.2018 | Le Couteur | Canberra Health Services | Data on the cost effectiveness of the Hospital in the Home program | 28.11.2018 |
| 118 | 16.11.2018 | Dunne | Canberra Health Services | Performance measures for Hospital in the Home | 28.11.2018 |
| 119 | 16.11.2018 | Le Couteur | Canberra Health Services | Stroke diagnosis and emergency services | 23.11.2018 |
| 120 | 16.11.2018 | Cheyne | Canberra Health Services | Sexual health at walk-in centres | 23.11.2018 |
| 121 | 16.11.2018 | Dunne | Canberra Health Services | Medical imaging at the hospital and Breast Screen ACT. | 26.11.2018 |
| 122 | 16.11.2018 | Cody | Canberra Health Services | Detection rates for breast cancer | 23.11.2018 |
| 123 | 16.11.2018 | Dunne | Canberra Health Services | Theatre 14 | 23.11.2018 |
| 124 | 16.11.2018 | Dunne | Canberra Health Services | Spindle drawing | 23.11.2018 |
| 125 | 16.11.2018 | Dunne | Canberra Health Services | Chemotherapy co‑payments | 30.11.2018 |
| 126 | 16.11.2018 | Dunne | Canberra Health Services | Hospital pharmacy | 23.11.2018 |
| 127 | 16.11.2018 | Dunne | Canberra Health Services | Medication provided to outpatients through the hospital pharmacy | 29.11.2018 |
| 128 | 16.11.2018 | Cheyne | ACT Health | Rapid HIV testing at Groovin’ the Moo festival | 27.11.2018 |
| 129 | 16.11.2018 | Cheyne | ACT Health | Access to Rapid HIV Testing | 27.11.2018 |
| 130 | 16.11.2018 | Le Couteur | Canberra Health Services | Patients waiting for suitable accommodation following an ACAT assessment | 23.11.2018 |
| 131 | 16.11.2018 | Cheyne | Canberra Health Services | Cost of free condoms | 23.11.2018 |
| 132 | 16.11.2018 | Cheyne | Canberra Health Services | Relationship with condom manufacturers | 23.11.2018 |
| 133 | 16.11.2018 | Cheyne | Canberra Health Services | Access to free condoms | 23.11.2018 |
| 134 | 16.11.2018 | Dunne | Canberra Health Services | Accessing specialist and dietician services for food in the Hospital | 23.11.2018 |
| 135 | 16.11.2018 | Dunne | Canberra Health Services | Food production process for food in public hospitals | 23.11.2018 |
| 136 | 16.11.2018 | Dunne | Canberra Health Services | Appointment of Head Chef at Canberra Hospital | 23.11.2018 |
| 137 | 16.11.2018 | Dunne | ACT Health | FTE staff numbers after the restructure | 27.11.2018 |

Questions on Notice 14 November 2018

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| No. | Asked by | Directorate/ Portfolio | Subject | Answer date |
| 138 | Cody | ACT Health | Staffing | 10.12.2018 |
| 139 | Le Couteur | Justice Health | Vegetarian/Vegan diets at AMC and Brimberi | 18.12.2018 |
| 140 | Le Couteur | Canberra Health Services | Vegetarian/Vegan diets in Hospital | 05.12.2018 |
| 141 | Le Couteur | Canberra Health Services | Discharge from Hospital to Homelessness | 20.12.2018 |
| 142 | Le Couteur | Mental Health | Diets available at Dhulwa Mental Health Unit | 06.12.2018 |
| 143 | Coe | Canberra Health Services | Chemotherapy co-payments administration | 04.01.2019 |
| 144 | Coe | Canberra Health Services | Chemotherapy co-payments reimbursement | 04.02.2019 |
| 145 | Coe | Canberra Health Services | Chemotherapy co-payments Spending | 03.01.2019 |
| 146 | Coe | ACT Health | Health Facilities Parking | 17.12.2018 |
| 147 | Dunne | Canberra Health Services | Nurse-Led Walk-In Centres | 13.12.2018 |
| 148 | Dunne | ACT Health | Cost of Patient Care and Restructure | 19.02.2019 |
| 149 | Dunne | ACT Health | ACT Hospital Network | 19.02.2019 |
| 150 | Dunne | Mental Health, Justice Health and ACT Health | Riskman | 07.02.2019 |
| 151 | Dunne | Mental Health | Mental Health | 18.12.2018 |

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2. Legislative Assembly for the ACT, *Hansard*, 16 February 2017, pp. 555-564 at: <http://www.hansard.act.gov.au/hansard/2017/pdfs/20170216a.pdf>. [↑](#footnote-ref-2)
3. *Annual Report (Government Agencies) Notice 2017,* Notifiable Instrument NI2017-280. [↑](#footnote-ref-3)
4. *Annual Report (Government Agencies) Act 2004.* [↑](#footnote-ref-4)
5. *Annual Report (Government Agencies) Notice 2017,* Part 1(2), Notifiable Instrument NI2017-280 [↑](#footnote-ref-5)
6. *Annual Report (Government Agencies) Notice 2017,* Notifiable Instrument NI2017-280, Attachment A. [↑](#footnote-ref-6)
7. *Annual Report (Government Agencies) Act 2004,* Section 13. [↑](#footnote-ref-7)
8. *Annual Report (Government Agencies) Notice 2017,* Notifiable Instrument NI2017-280, Part 1. [↑](#footnote-ref-8)
9. 2018-2019 ACT Budget, *Budget Statement G, Community Services,* p. 1. [↑](#footnote-ref-9)
10. Community Services Directorate, *Transcript of Evidence,* 08 November 2018, pp. 15-17. [↑](#footnote-ref-10)
11. Community Services Directorate, *Transcript of Evidence,* 08 November 2018, pp. 17-21. [↑](#footnote-ref-11)
12. Community Services Directorate, *Transcript of Evidence,* 08 November 2018, pp. 21-22. [↑](#footnote-ref-12)
13. Ms Yvette Berry MLA, Minister for Women, *Transcript of Evidence,* 08 November 2018, pp. 17-18. [↑](#footnote-ref-13)
14. Ms Jo Wood, Director-General, Community Services Directorate, *Transcript of Evidence,* 08 November 2018, p. 18. [↑](#footnote-ref-14)
15. Community Services Directorate, *Answer to Question Taken on Notice No. 02,* 8 November 2018. [↑](#footnote-ref-15)
16. Community Services Directorate, *Answer to Question Taken on Notice No. 02,* 27 November 2018. [↑](#footnote-ref-16)
17. Ms Yvette Berry MLA, Minister for Women, *Transcript of Evidence,* 08 November 2018, p. 20. [↑](#footnote-ref-17)
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19. Ms Yvette Berry MLA, Minister for Women, *Transcript of Evidence,* 08 November 2018, p. 21. [↑](#footnote-ref-19)
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22. Community Services Directorate, *Transcript of Evidence,* 08 November 2018, pp. 35-37. [↑](#footnote-ref-22)
23. Community Services Directorate, *Transcript of Evidence,* 08 November 2018, pp. 37-38. [↑](#footnote-ref-23)
24. Ms Jacinta Evans, Executive Director, Inclusion and Participation, Community Services Directorate, *Transcript of Evidence,* 08 November 2018, p. 35. [↑](#footnote-ref-24)
25. Mr Gordon Ramsay MLA, Minister for Seniors and Veterans, *Transcript of Evidence,* 08 August 2018, p. 36. [↑](#footnote-ref-25)
26. Mr Gordon Ramsay MLA, Minister for Seniors and Veterans, *Transcript of Evidence,* 08 August 2018, p. 36. [↑](#footnote-ref-26)
27. Community Services Directorate, *Answer to Question Taken on Notice No. 14,* 22 November 2018. [↑](#footnote-ref-27)
28. Community Services Directorate, *Transcript of Evidence,* 08 November 2018, pp. 50-51. [↑](#footnote-ref-28)
29. Community Services Directorate, *Transcript of Evidence,* 08 November 2018, pp. 51-52 [↑](#footnote-ref-29)
30. Community Services Directorate, *Transcript of Evidence,* 08 November 2018, p. 51. [↑](#footnote-ref-30)
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33. Community Services Directorate, *Transcript of Evidence,* 08 November 2018, pp. 56-57. [↑](#footnote-ref-33)
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36. Ms Jacinta Evans, Executive Director, Inclusion and Participation, Community Services Directorate, *Transcript of Evidence,* 08 August 2018, pp. 53-54. [↑](#footnote-ref-36)
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38. Mr Chris Steel MLA, Minister for Multicultural Affairs, *Transcript of Evidence,* 08 August 2018, p. 56. [↑](#footnote-ref-38)
39. Mr Chris Steel MLA, Minister for Multicultural Affairs, *Transcript of Evidence,* 08 August 2018, p. 54. [↑](#footnote-ref-39)
40. Ms Jacinta Evans, Executive Director, Inclusion and Participation, Community Services Directorate, *Transcript of Evidence,* 08 August 2018, p. 55. [↑](#footnote-ref-40)
41. Ms Jacinta Evans, Executive Director, Inclusion and Participation, Community Services Directorate, *Transcript of Evidence,* 08 August 2018, p. 55. [↑](#footnote-ref-41)
42. Community Services Directorate, *Transcript of Evidence,* 08 November 2018, pp. 59-60. [↑](#footnote-ref-42)
43. Community Services Directorate, *Transcript of Evidence,* 08 November 2018, pp. 60-61. [↑](#footnote-ref-43)
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45. Community Services Directorate, *Transcript of Evidence,* 08 November 2018, pp. 61-66. [↑](#footnote-ref-45)
46. Ms Anne-Maree Sabellico, Coordinator-General Family Safety, *Transcript of Evidence,* 08 November 2018, p. 59. [↑](#footnote-ref-46)
47. Ms Rachel Stephen-Smith MLA, Minister for Aboriginal and Torres Strait Islander Affairs, *Transcript of Evidence,* 08 November 2018, pp. 59-60. [↑](#footnote-ref-47)
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52. Community Services Directorate, *Transcript of Evidence,* 08 November 2018, pp. 27-28. [↑](#footnote-ref-52)
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56. Ms Jo Wood, Director-General, Community Services Directorate, *Transcript of Evidence,* 08 November 2018, p. 24. [↑](#footnote-ref-56)
57. Ms Jo Wood, Director-General, Community Services Directorate, *Transcript of Evidence,* 08 November 2018, p. 24. [↑](#footnote-ref-57)
58. Ms Yvette Berry MLA, Minister for the Prevention of Domestic and Family Violence, *Transcript of Evidence,* 08 November 2018, p. 25. [↑](#footnote-ref-58)
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66. Community Services Directorate, *Transcript of Evidence,* 08 November 2018, pp. 74-76. [↑](#footnote-ref-66)
67. Ms Ellen Dunne, Director, Office for Disability, Community Services Directorate, *Transcript of Evidence,* 08 August 2018, p. 66. [↑](#footnote-ref-67)
68. Ms Rachel Stephen-Smith MLA, Minister for Disability, *Transcript of Evidence,* 08 November 2018, p. 66. [↑](#footnote-ref-68)
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