



QUESTION TIME
OF THE
LEGISLATIVE ASSEMBLY
FOR THE
AUSTRALIAN CAPITAL TERRITORY

HANSARD

Edited proof transcript

Tuesday, 2 April 2019

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Questions without notice:

Aboriginals and Torres Strait Islanders—Ngunnawal Bush Healing Farm	1
Building—aluminium cladding	1
Aboriginals and Torres Strait Islanders—Ngunnawal Bush Healing Farm	3
Light rail—commencement of service	5
Canberra Health Services—consent for procedures	6
Canberra Health Services—unauthorised examinations	7
Canberra Health Services—examination procedures	9
Public housing—renewal program	10
Canberra Health Services—unauthorised examinations	12
Canberra Health Services—consent for procedures	12
Aboriginals and Torres Strait Islanders—closing the gap.....	13
Health Directorate—separation of functions	15
National disability insurance scheme—mental health.....	16
Disability services—specialist accommodation	17
Government—Seniors Week	18

Questions without notice

Aboriginals and Torres Strait Islanders—Ngunnawal Bush Healing Farm

MR COE: I have a question for the Minister for Health and Wellbeing. The question is: why has the ACT government disbanded the board for the Ngunnawal Bush Healing Farm?

MS FITZHARRIS: I thank Mr Coe for the question. The government has not disbanded the board. There is an advisory group. I understand that the advisory group is currently determining when it should next meet but, prior to that, there will be quite an extensive working group meeting with some key stakeholders involved in the Ngunnawal Bush Healing Farm which will take place and which I will attend in just a few weeks time.

MR COE: Minister, when will the Ngunnawal Bush Healing Farm hold its next training course and will the bush healing farm be holding any training courses in 2019?

MS FITZHARRIS: There is currently a course underway. It commenced yesterday. It has 11 clients. This course will run from 1 April for 3 months until June.

MR MILLIGAN: Minister, when will you make the Indigenous bush healing farm do what it was originally intended to do?

MS FITZHARRIS: As I indicated in my first answer, there is a very important group to meet in just a few weeks to discuss a variety of issues about making sure that the Ngunnawal Healing Bush Farm can deliver for Aboriginal and Torres Strait Islander people in our community. There is a very clear shared vision that we want the Ngunnawal Bush Healing Farm to be the best that it can be.

That working group will bring together a number of key stakeholders across the ACT in discussing this very matter, including the important healing framework, which will also serve to underpin operations not only at the farm but also in respect of other approaches to Aboriginal health.

Building—aluminium cladding

MS LE COUTEUR: My question is to the Minister for Building Quality Improvement and relates to the government's review of buildings with flammable aluminium cladding. Minister, can you let us know where the review is up to, when it will be completed and whether we have any idea at this stage how many buildings have been affected?

MR RAMSAY: I thank Ms Le Couteur for the question. It is an important area. The ACT government formed the interagency building cladding review group. That process was, as Ms Le Couteur is aware, to determine whether combustible cladding materials have been used in any territory buildings in a way that does not comply with ACT building standards or that poses an unacceptable risk to building occupants. It is important to recognise that all of the buildings that have been identified and any

buildings owned or operated by the government will be looked at. It is important to note that all of the buildings were subject to an initial review and none of those buildings has been deemed to pose an immediate risk to the occupants.

Not only is the review work going on but also work is happening with the Building Ministers Forum at the moment. I am continuing the work that has been led previously by Minister Gentleman—

Mr Wall: I raise a point of order, Madam Speaker, on relevance. Ms Le Couteur's question asked not just specifically about government buildings but also about private buildings. I ask that the minister be directly relevant in his answer.

MADAM SPEAKER: You have time left, Minister. Do you have more to add?

MR RAMSAY: Indeed. The work that we are doing in relation to the Building Ministers Forum is in relation to the broader work as well. I am pleased to note that that work is ongoing with the other jurisdictions. We are in regular contact with other jurisdictions as part of that. No enforcement action has been required to be taken by Access Canberra in relation to any ACT buildings and I am pleased to note that the Building Ministers Forum agreed in principle to a national ban on the unsafe use of ACPs in new construction. The work of the review team is ongoing to make sure that it is done effectively, efficiently and comprehensively.

MS LE COUTEUR: Minister, are you aware of apartment complexes with flammable aluminium cladding that are having difficulty in arranging mandatory insurance? If so, is there anything that the government can do to assist these building owners?

MR RAMSAY: As I say, no enforcement action has been required by Access Canberra. In terms of any of the reviews that are taking place, it is important to note again, as has been previously stated in this chamber by Mr Gentleman, in his role—

Mrs Dunne: A point of order, Madam Speaker.

MADAM SPEAKER: Resume your seat, minister.

Mrs Dunne: The standing orders require the minister to be directly relevant to the question. Ms Le Couteur's question was about insurance cover—

MADAM SPEAKER: Insurance and support for insurance.

Mrs Dunne: The minister immediately went to compliance action, which is not directly relevant to the question. I would ask you to call him to order.

MADAM SPEAKER: The minister has one minute and 20-plus seconds left. Maybe you can satisfy Ms Le Couteur, minister.

MR RAMSAY: Indeed; I always hope to be able to satisfy Ms Le Couteur in responding to her questions. I am aware that there have been some conversations between insurers and owners, or owner organisations of individual sites. That is

primarily a matter for those insurers and those building owners. Here in the ACT, as has been mentioned previously in this place by Minister Gentleman, and by me as well, the use of the cladding is not unsafe. What we are focusing on is the unsafe use of the cladding. We will continue to work on that. I affirm the ongoing work of the Building Ministers Forum in that area as well.

MR WALL: Minister, has Access Canberra identified any residential buildings containing ACPs or aluminium composite panels that are at risk of fire?

MR RAMSAY: Noting that it is not necessarily the role of Access Canberra to be working in the area of identification in relation to fire safety overseen by the ESA, Access Canberra, as I say, has not identified any requirement for enforcement action within its purview, which is my ministerial portfolio responsibility, for the unsafe use of those cladding materials.

Aboriginals and Torres Strait Islanders—Ngunnawal Bush Healing Farm

MR MILLIGAN: My question is to the Minister for Health and Wellbeing. In 2007-08, the Assembly passed the second 2007-08 appropriation bill, which provided for a “culturally appropriate residential drug and alcohol rehabilitation facility in the ACT, servicing the adult Indigenous population”. This facility was to be called the Indigenous bush healing farm, which we now all know as the Ngunnawal Bush Healing Farm. Why is there no culturally appropriate residential drug and alcohol rehabilitation facility in the ACT servicing the adult Indigenous population over 10 years later, despite the expenditure of \$12 million?

MS FITZHARRIS: In response to Mr Milligan’s question, obviously I cannot expressly comment on something that occurred over a decade ago, but I do note that there has been a significant discussion about the role of the Ngunnawal Bush Healing Farm today. The role of the Ngunnawal Bush Healing Farm is very clear in connecting people to country to be able to ensure that they can break the cycle of addiction. I also note that there have been multiple discussions. I am aware that Mr Milligan was briefed by the organisation undertaking a review of the Ngunnawal Bush Healing Farm and I believe that in that briefing he was advised that there would be a meeting in the very near future, which I referred to in my previous answer.

In relation to a residential treatment centre, members will know that when we released the drug strategy action plan late last year we certainly had that as a key action item in that drug strategy action plan.

And, Madam Speaker, if I could just correct an answer related to this that I gave previously, I indicated that there were 11 clients in the current program. If I could correct that, there are currently eight clients who were deemed suitable and about 11 clients who were originally screened for the April program.

MR MILLIGAN: Minister, what actions will you take to ensure that the ACT will have a culturally appropriate residential drug and alcohol facility for Canberra’s Indigenous population?

MS FITZHARRIS: I have already indicated in my previous answer that we have as,

a key action from the drug strategy action plan late last year, a residential rehabilitation program. In addition, Ngunnawal Bush Healing Farm will have programs that are residential. I believe that Mr Milligan has been briefed on this a number of times. There are very clear views, and in some cases quite divergent views, in the community about which services should be provided at which location. Ngunnawal Bush Healing Farm is currently not residential but it is absolutely the government's intention to have residential programs at the Ngunnawal Bush Healing Farm.

It is unlikely to be a residential rehabilitation program, which is a key action item out of the drug strategy action plan. I had understood that Mr Milligan understood the difference between these two roles. I repeat that our absolute intention is for the Ngunnawal Bush Healing Farm to have residential programs and we have a clear action item out of the drug strategy action plan for a residential rehabilitation program.

There are differences. One of the differences may be about the location. Indeed, many members have raised whether or not it would be appropriate for a clinically-based rehabilitation program to be located in a remote setting—

Opposition members interjecting—

MADAM SPEAKER: Members, please!

MS FITZHARRIS: which goes to the point about people's interpretations of exactly what services will be provided at which location.

MRS DUNNE: Minister, what is the current governance structure for the Ngunnawal Bush Healing Farm? Has Aboriginal participation in the governance structure been wound back or diminished in any way under your supervision of the farm?

MS FITZHARRIS: No, it has not, and I have been absolutely clear—

Mrs Dunne: What is the current governance structure?

MS FITZHARRIS: I would refer members to my previous answer, which was that there will be an advisory group meeting. I would note that this is something I believe the opposition has been briefed on. The organisation conducting the review met with the United Ngunnawal Elders Council two weeks ago, and made it very clear—

Mrs Dunne: A point of order.

MADAM SPEAKER: Resume your seat, minister.

Mrs Dunne: The original question was: what is the current governance structure? The minister needs to be directly relevant and answer the question.

Mr Gentleman: On the point of order.

MADAM SPEAKER: Mr Gentleman.

Mr Gentleman: Madam Speaker, if I may, the opposition, during question time over a number of past sittings, has stood to call points of order, only to restate their original question. Under standing order 117, questions are to be brief, and the minister should be allowed the time to answer those questions.

Opposition members interjecting—

MADAM SPEAKER: Mrs Jones and Miss Burch, please. The question was around governance structures. Contained in the answer was a reference to an advisory group. I am sure that the minister, in the 40-odd seconds left, can clarify if that is the governance structure.

MS FITZHARRIS: As I indicated in answer to Mr Coe's question, there is an advisory body. It has not met for some time. It will meet shortly. The workshop that is to be undertaken later this month will determine future governance structures. I have made absolutely clear my expectation, and the government's expectation, that Aboriginal representation is to be continued on the advisory body.

Light rail—commencement of service

MR PETTERSSON: My question is to the Minister for Transport. Minister, how is the government preparing for the commencement of light rail services in Canberra this month?

MS FITZHARRIS: I thank Mr Pettersson for the question. Indeed I was very pleased recently to announce that planning is underway for services for light rail from Gungahlin to the city to begin operations at Easter, with the community launch planned for Saturday, 20 April.

Canberra Metro has advised the ACT government that it expects light rail to be operational by this date. However, precise timing is still dependent on Canberra Metro meeting all third-party rail accreditation requirements including from the Office of the National Rail Safety Regulator, the utilities technical regulator and the independent certifier. For light rail to become operational it must satisfy a number of additional certification and regulatory processes including various safety sign-offs. Ultimately our number one priorities are the safety and quality of the system. So we will need to be flexible if there are issues that change the start date, and we are working on any contingency.

Canberra Metro have advised that they expect to be operational by Easter. That is why we are planning for the first day of operations on 20 April. In preparation for the start of services, Transport Canberra, Canberra Metro, ACT Policing and the ACT Emergency Services Agency have been sharing rail-ready safety and preparedness around light rail messages right across the community and through a range of mediums to ensure community awareness. We are also planning for celebratory events when services commence.

MR PETTERSSON: Minister, what celebratory and launch activities are planned to mark the occasion?

MS FITZHARRIS: The first stage of Canberra's light rail network is a significant milestone for our city, and plans are in place to celebrate this achievement. Canberrans have seen the progress of light rail for many years now, from planning to now seeing light rail vehicles running up and down the route as they complete their final tests. I know that many people are eagerly waiting to get on board.

Large numbers of people are expected to want to try light rail when it starts on 20 April. We are preparing for events in Civic and Gungahlin that will entertain and give people a safe area to wait to board light rail before they can go for their first ride. I am pleased to remind members that there will be no charge to use light rail on the opening weekend, and the Canberra community are all invited. There is also an opportunity for some members of the community to be the first to ride light rail, through the community preview loop on 18 April. There will be 150 double passes for this event, and there is still time to enter the ballot, until tomorrow, at transport.act.gov.au.

MS CODY: Minister, what opportunities are there for the community to be involved in the celebrations?

MS FITZHARRIS: There are lots of ways the community can be involved in this celebration. I really look forward to many members of the community coming along to join us on the first light rail ride on 20 April. At the events the community will find opportunities to get involved in kids activities, enjoy some entertainment and, importantly, support local businesses. Canberrans will be encouraged to leave their car at home or to take advantage of free buses that will run across the network to get people to and from the city and Gungahlin interchanges. Of course the community can also enter the ballot that I mentioned in my previous answer. Many thousands of Canberrans have already registered their interest. We are very much looking forward to welcoming them on light rail, whether that is on the 18th, the 20th or beyond.

Canberra Health Services—consent for procedures

MRS DUNNE: My question is to the Minister for Health and Wellbeing. On 21 March this year, you took a question about whether a vaginal examination had been performed without consent on a woman at the Centenary Hospital for Women and Children. In your answer, you stated that Canberra Health Services had advised that this incident did not occur. On 30 March 2019, you were sent an email from an anonymous source with a copy of a complaint made by a woman on 7 February about having a senior doctor perform a vaginal examination without her consent. Minister, now that you have had an opportunity to read this email, will you correct the record? If not, why not?

MS FITZHARRIS: Yes, I will. I intended to do so at the end of question time but, given that the opportunity has arisen, I will answer Mrs Dunne's question and correct the record. It was the case that I had said that no complaints had been received regarding this feedback. What would have been more accurate at the time would have been to say that initial advice to me was that there had been no consumer complaints but that I had requested CHS to undertake a review.

In addition, I would also like to update the Assembly that CHS also advised me on 13 March that on the evening of 12 March they held a meeting with all maternity staff in relation to a range of issues that had been expressed in media reporting. At that meeting the CEO restated the clear guidelines for obtaining patient consent before conducting an examination. The CEO reminded staff of their professional obligations, including duty of care, to report any concern about the way vaginal examinations are conducted with appropriate consent from patients within the organisation.

The CEO also reminded staff that there are many avenues through which to raise a concern and they should feel safe to use any of those avenues if they have a concern that needs to be followed up. CHS also took the opportunity to urgently remind staff, via an email, of the policies and processes regarding consent for any procedures.

I have asked CHS to review all complaints relating to examinations without consent. As Mrs Dunne indicated, I received an email on Saturday—an anonymous email—relating to a patient complaint to CHS. I understand that Mrs Dunne has also seen that email. She will be aware that it is very difficult to follow up on the content of that email. But I am very assured that CHS has taken appropriate action regarding this very serious matter.

MRS DUNNE: Minister, when did you first find out that the information you gave the Assembly on 21 March—that no such incident occurred—was wrong?

MS FITZHARRIS: I will review my statement of 21 March, but it was when I received the email, upon coming in to the office yesterday.

MR COE: Minister, when did you find out that a meeting took place on 12 March about this incident?

MS FITZHARRIS: I will be clear: I was advised on 13 March that there had been a meeting of maternity staff on 12 March to discuss a range of issues that were raised in media reports and in one submission to the current inquiry into maternity services, an inquiry which, I note, has received a number of submissions but which has not yet had the opportunity to have public hearings. There was cause for concern, which I know that members are aware of, based on a statement from CHS and further commentary from the Health Care Consumers Association on the particular way in which a number of issues were raised in media reporting on the Canberra Day public holiday and subsequent to that.

Canberra Health Services—unauthorised examinations

MRS JONES: My question is also to the Minister for Health and Wellbeing. Minister, on 13 March this year, Canberra Health Services issued a media release in response to claims of medical procedures being performed without the patients' consent. Canberra Health Services said:

The allegations are misleading and unfair and likely to lead to unnecessary concerns in the community about public maternity services in the territory.

Canberra Health Services also criticised the *Canberra Times* for running the story.

You have since received an email that includes the original complaint. Minister, when did you apologise to the midwife who made the submission, who you effectively called a liar, and the *Canberra Times* journalist who reported the story?

MS FITZHARRIS: Mrs Jones refers to a statement from CHS where CHS indicated that the media headlines do not reflect the unsubstantiated nature of the allegations. We take all feedback seriously. The feedback was received by an inquiry of this Assembly. I respect the work that the committees in this Assembly undertake. CHS did make a statement, which they provided publicly on 13 March—

Mrs Jones: Madam Speaker, I raise a point of order on relevance. The question was: did you apologise to either the midwife or the *Canberra Times* journalist? That is the question. There has not been a single part of the answer about that question. Please could you direct the minister to be relevant to the question.

MADAM SPEAKER: Thank you, Mrs Jones. The subtext of the question was about a media release being misleading and unfair, and comments around criticising the *Canberra Times*. The minister has been responding to the media release and the commentary. You can ask the question about apologising. She is now running out of time. I cannot direct the minister how to answer. I believe she was being relevant to the substance of the question.

MS FITZHARRIS: I believe that Mrs Jones has accused me of lying, which—

Opposition members interjecting—

MS FITZHARRIS: The feedback that I received in my office, as those opposite are aware, is unsubstantiated. *(Time expired.)*

Mrs Jones: You're still saying it's unsubstantiated.

MADAM SPEAKER: Is there a supplementary, Mrs Jones?

MRS JONES: Yes, there is; wonderful. Minister, did your office approve the media release being issued or otherwise have any discussions or visual with Canberra Health Services about its content?

MS FITZHARRIS: I was made aware that Canberra Health Services felt very strongly about this matter. These issues were discussed with me on 13 March, they advised that this was the course of action that they would like to take, and I was made aware.

MRS DUNNE: Minister, did you get notice before the release was going out and did you in any way approve the contents of the release?

MS FITZHARRIS: I was certainly made aware that this was a statement that they wished to make and they were very clear to me that they wished to make it. They did provide me with a copy.

Canberra Health Services—examination procedures

MR WALL: My question, too, is to the Minister for Health and Wellbeing. Minister, I refer to an email that a consultant midwife sent in February 2019 to midwives in Canberra Health Services. In the email the consultant stated that “a chaperone should be present for all exams”. She went on to comment that she hoped “this serves as a reminder and support to ensure all interactions are performed only after ensuring informed consent is given”. A copy of this email was sent to you on 30 March 2019. Minister, what prompted the consultant midwife to send an email of this nature to midwives?

MS FITZHARRIS: The email that was received reads:

Dear team

Please see below feedback. Whilst it is hard to know what are the circumstances here with no details, I share as a timely reminder that a chaperone should be present for all exams. As midwives, I know you advocate for women strongly, and hope this serves as a reminder and support to ensure all interactions are performed only after ensuring informed consent is given.

I am advised that the email, which both the opposition and I received, was based on the consumer feedback from an anonymous submitter on Thursday, 7 February. If I could be very clear, the advice to me from CHS is that this does not occur. It is most serious—

Mrs Dunne: Of course it is. It’s assault.

MS FITZHARRIS: If the opposition would like to accuse members of the ACT Health Directorate or Canberra Health Services outside this place of committing assault, I welcome them to do that.

Opposition members interjecting—

MS FITZHARRIS: Mrs Dunne has just accused members of Canberra Health Services of committing assault. I welcome her to make those assertions outside the chamber.

Mr Wall: A point of order, Madam Speaker.

MADAM SPEAKER: Resume your seat please, minister.

Mr Wall: Standing order 118(a) states that an answer to a question “shall be concise and directly relevant to the subject matter of the question”. I ask that you draw the minister to—

MADAM SPEAKER: I believe she is. Minister, you have the call. You have the floor, minister. No more? Mr Wall, a supplementary.

MR WALL: Minister, who in Canberra Health Services was aware of the original complaint?

MS FITZHARRIS: I will take that question on notice but, in addition to my previous answer, my understanding is that when this anonymous complaint was received in February it was provided from a consumer feedback area of Canberra Health Services to members of the maternity unit. As a result of feedback, as the email clearly states, it was a reminder, because there was no other information: no name, no date, no time, no information about when it occurred or who might have been involved. It was a very difficult complaint to follow up on in any way.

In the absence of any information that could be followed up, members of the division of women, youth and children took it upon themselves proactively to be very clear about the correct procedures. This is something they take very seriously.

MRS DUNNE: Minister, what actions have you taken since you received the email that was sent to you on 30 March to ensure that patients' rights are being properly regarded and fully implemented in the women's and children's hospital?

MS FITZHARRIS: I have spoken to the CEO of Canberra Health Services and my office has spoken to the CEO of Canberra Health Services. I will meet with the CEO of Canberra Health Services tomorrow. She takes this matter extremely seriously which is why, on 12 March, she called, at her initiation, a meeting of staff at Centenary hospital.

I have asked for an immediate review of any consumer feedback. I have received some initial advice and I look forward to discussing that further with Canberra Health Services tomorrow. If I have any further information at that time, I will update the Assembly.

Public housing—renewal program

MS CODY: My question is to the Minister for Housing and Suburban Development. Can the minister update the Assembly on the progress of the public housing renewal program?

MS BERRY: I thank Ms Cody for her question. The end of the current public housing renewal program is near. It is replacing 1,288 of our oldest public housing properties with new, accessible, energy efficient homes.

Last week I handed over the thousandth home that has been delivered under this program in a great new complex in Monash. The complex is a great example of where government and the local community have come together, with representatives from the local C3 church and Woden Community Service working with Housing ACT to support tenants and create a welcoming environment for tenants in their neighbourhood. It is always great to see these new homes and witness the beginnings of these new communities take shape.

The renewal program has delivered new public housing in more than 20 suburbs across Canberra, enabling public housing to be spread throughout the city and giving tenants a greater choice in where they live. The new properties better align with the needs of tenants, improving energy efficiency as well as helping reduce energy and

living costs. Over the life of the program, over 1,400 people have moved into their new homes, with tenants receiving additional supports before and after their move.

Housing ACT will continue to work with tenants to identify new homes that best suit their needs and location and housing preferences. Some 1,032 properties have now been completed, with the remaining 256 homes on track to be delivered by the middle of the year.

MS CODY: Minister, how has the delivery of these new homes impacted the lives of public housing tenants?

MS BERRY: Throughout this entire program I have been constantly amazed at the changes that new homes are making to tenants' lives. This program is extending the benefits of modern homes to tenants who have lived in older houses that do not necessarily suit their needs. All the new dwellings are constructed to meet class C adaptable or liveable gold standards, thus increasing the amount of public housing that enables older tenants to age in place as well as being better suited for people who are living with a disability.

Each new home is built to a six-star energy rating, taking advantage of natural sunlight and ventilation, with energy-efficient appliances. These energy-efficient homes will be cheaper to run and easier to maintain and will reduce tenants' energy bills. Many tenants continue to share stories with me of moving into their new homes and it has overwhelmingly been a positive experience.

Many of them have taken advantage of their new surroundings by building new gardens and connections, visiting family and friends in a changing lifestyle that means that their homes and lives are easier to manage. The public housing renewal program has renewed around 11 per cent of public housing over the past five years. These new homes have improved the lives of many public housing tenants across the ACT.

MS ORR: Minister, what other investments is the government making in public housing?

MS BERRY: The ACT government is committed to continuing to improve, renew and grow public housing. While we are at the end of the current program, a new one is just around the corner. A new energy efficient program with public housing, part of the energy efficiency improvement scheme, is investing \$5.713 million to install 2,200 new appliances in homes over the next three years. These efficient units, predominantly reverse-cycle heaters, will lower the cost of living for tenants as well as reduce greenhouse gas emissions.

Last year I announced a \$100 million investment in growing and renewing public housing as part of the new housing strategy. This program will continue to work with the current renewal program but will also grow stock to provide more secure and affordable housing for people on the housing register.

In total the program will build 1,200 new homes with an extra 200 homes added to the public housing supply. This is a significant investment in the ACT's public housing. Over 10 years we will have renewed 20 per cent of our public housing and we will be

one of the few jurisdictions to be increasing public housing.

The ACT government is committed to public housing. I look forward to seeing these investments have a real impact on the lives of so many Canberrans.

Canberra Health Services—unauthorised examinations

MRS KIKKERT: My question is to the Minister for Health and Wellbeing. I refer to comments attributed to your spokeswoman in the media on 2 April 2019 about vaginal examinations in Canberra Health Services being done without patients' consent. Your spokeswoman said:

“As the Minister said when this issue was raised, it is a very serious matter and [Canberra Health Services] have subsequently held meetings with staff to discuss it” ...

Minister, were staff in those meetings asked whether any patients had raised issues about procedures being performed without consent?

MS FITZHARRIS: I believe in some of the meetings yes, but I will take the specifics on notice.

MRS KIKKERT: Minister, have you directed Canberra Health Services to contact the patient at the centre of this incident?

MS FITZHARRIS: As members will know, it is impossible to identify that person, given that they made an anonymous submission.

MRS DUNNE: Minister, have you taken any steps to identify the anonymous complainant and to ensure that this patient has been offered support because of the ordeal she saw fit to complain about?

MS FITZHARRIS: As members opposite will know, there was a name attached to an email that was signed off “anonymous”. I also note that it is not clear that the complainant was a patient, but let me re-read the email.

It is certainly the case that I, the CEO, the relevant executive group manager of the division for women, youth and children, under which the Centenary hospital sits, have been very clear about the absolute unacceptability of this practice and have issued a number of reminders about the appropriate way that these issues should be raised.

The CEO has personally in a number of communications with staff, including in person and in an all-staff email at the time, offered multiple avenues for all staff to raise issues with her and/or appropriate external authorities if they wish to.

Canberra Health Services—consent for procedures

MR HANSON: My question is to the Minister for Health and Wellbeing. Minister, medical procedures performed without the consent of a patient or an authorised representative may constitute an assault. What responsibility do Canberra Health

Services and workers have to refer allegations of unauthorised medical procedures to the police or other relevant authorities?

MS FITZHARRIS: I will take advice on answering that precisely. Certainly, in advice to me, it was made very clear, as I indicated in my first answer relating to this matter today, that all staff have—if they believe that a procedure or a practice without proper consent has taken place—an obligation and a duty of care to raise this matter, and there are multiple avenues through which they can do so.

MR HANSON: Minister, what actions will you take to ensure that all relevant allegations of unauthorised medical procedures are thoroughly investigated by an independent authority?

MS FITZHARRIS: I have taken a number of actions and, as I indicated, I will have further discussions with Canberra Health Services tomorrow.

MRS DUNNE: Minister, what action will you take, as the responsible minister, to ensure that proper procedures are put in place to ensure that Canberra Health Services and other health services respect the human rights of their patients?

MS FITZHARRIS: It is abundantly clear that both I and the leaders of all organisations in the ACT wish to ensure that all health services are delivered with respect for an individual's human rights.

Aboriginals and Torres Strait Islanders—closing the gap

MS ORR: My question is to the Minister for Aboriginal and Torres Strait Islander Affairs. Minister, could you please update the Assembly on last week's Joint Council on Closing the Gap?

MS STEPHEN-SMITH: I thank Ms Orr for her question and acknowledge her interest in closing the gap and achieving equitable outcomes for the ACT's Aboriginal and Torres Strait Islander community.

Last week I represented the ACT government at the inaugural Joint Council on Closing the Gap. The joint council was established under a partnership agreement which brings together commonwealth, state and territory governments, the Local Government Association and the Coalition of Aboriginal and Torres Strait Islander Peak Organisations to fundamentally change how governments work with Aboriginal and Torres Strait Islander peoples in closing the gap. The Chief Minister was the first state or territory leader to sign the partnership agreement on Friday, 22 March.

The Coalition of Aboriginal and Torres Strait Peak Organisations, known as the coalition of peaks, has more than 40 members: a combination of national and state and territory-based, community-controlled or representative organisations. Under the agreement, for the first time, Aboriginal and Torres Strait Islander peoples and organisations, through the coalition of peaks, will be sitting alongside commonwealth, state and territory ministers co-designing the new closing the gap framework and ensuring that it is implemented effectively.

We know that Aboriginal and Torres Strait Islander people have the answers, and the ACT government has expressed concern throughout the closing the gap refresh process that their voices were not being adequately heard. We have welcomed the coalition of peaks' advocacy to turn that around and we are very pleased to have signed the partnership agreement.

I particularly want to acknowledge the leadership and tenacity of Pat Turner, the CEO of the National Aboriginal Community Controlled Health Organisation and now the convenor of the coalition of peaks, in driving this groundbreaking partnership model.

MS ORR: Minister, why is this partnership important to the ACT?

MS STEPHEN-SMITH: I thank Ms Orr for her supplementary question. The joint council is a demonstration of self-determination in action. Here in the ACT we are also absolutely committed to self-determination.

The Aboriginal and Torres Strait Islander Elected Body is a powerful voice for self-determination in our community. It is great to see that this has been recognised nationally through the elected body's membership of the coalition of peaks. Katrina Fanning, chair of the elected body, has also been elected by her peers as one of the 12 representatives of the coalition of peaks on the joint council.

While the most recent closing the gap report showed that the ACT was the only jurisdiction on track to meet three of the seven targets, we know that there is much more to do to address the unacceptable gap in life outcomes between Aboriginal and Torres Strait Islander people and non-Indigenous Australians.

Because of our small numbers, the current closing the gap methodology makes it hard for the ACT to provide reportable data against some targets, such as child mortality. In addition, important factors contributing to life outcomes for Aboriginal and Torres Strait Islander people are not included in the current closing the gap framework. The ACT has consistently supported the inclusion of targets in new areas such as child protection, justice and housing. Work is now underway by officials and the coalition of peaks to develop refreshed closing the gap targets and to update the National Indigenous Reform Agreement.

I look forward to these targets being finalised and to the opportunity to work in a new way with the coalition of peaks to ensure that Aboriginal and Torres Strait Islander people have a genuine say in how the refreshed targets can be achieved at both national and local levels and have a continued seat at the table over the next 10 years as we implement the new National Indigenous Reform Agreement.

MS CHEYNE: Minister, what else is the ACT government doing to ensure that Aboriginal and Torres Strait Islander people and organisations are shaping and implementing policies and services that are important to them?

MS STEPHEN-SMITH: I thank Ms Cheyne for her supplementary. Under the ACT Aboriginal and Torres Strait Islander agreement 2019-28, which was driven by the Aboriginal and Torres Strait Islander Elected Body, the voice of our local

Aboriginal and Torres Strait Islander community, the refreshed closing the gap targets will be part of the agreement reporting framework.

Where proposed new closing the gap refresh themes were known, such as lands and waters, these have already been included in the agreement's action plans. Once the Joint Council on Closing the Gap and COAG leaders agree on the final targets, these too will be incorporated into the agreement action plans and outcomes framework.

As I said when launching the agreement, it is time to move beyond consultation to co-design and co-production with the Aboriginal and Torres Strait Islander community. They are the experts in their own lives. This change in approach is already seen in the Our Booris, Our Way review, which is overseen by a wholly Aboriginal steering committee, and the government's commitment to restore Boomanulla Oval and transition its management to the Aboriginal and Torres Strait Islander community.

We have heard loud and clear that treaty is one of the most important issues to Ngunnawal people. This conversation started last year. As this is a first for all of us, it is important that we learn from experiences in other jurisdictions, such as Victoria, and for the United Ngunnawal Elders Council to determine what is important for them in starting the journey to treaty for the ACT.

A treaty process will be challenging for everyone, but we are up for that challenge. I look forward to these discussions continuing with the traditional custodians of this place.

Health Directorate—separation of functions

MISS C BURCH: My question is to the Minister for Health and Wellbeing. On 30 March 2019, the *Canberra Times* published an article co-authored by former Labor Chief Minister Jon Stanhope. The article refers to the decision to separate the policy and service delivery arms of ACT Health, noting that it mirrors a previous structure which the Labor government subsequently abandoned. The article observes:

It is difficult to see how a return to a failed structure of the past is the way to the future.

Minister, is the quality of the advice you are receiving from the two arms of health giving you more flexibility with continuing your strategy of plausible deniability, a strategy that is clearly not working?

MS FITZHARRIS: No.

MISS C BURCH: Minister, has the separation of ACT Health and Canberra Health Services meant that you were even less aware of what is happening in our public health system than you were before?

MS FITZHARRIS: No.

MRS DUNNE: Minister, if you are as aware as you say, how is it that we did not know, until someone sent an email at the weekend, of this claim of unauthorised vaginal examination?

MS FITZHARRIS: Because, as I indicated in my first response on this matter, in correcting the record from the previous sittings, a further review was underway. I will have received that review and I would have updated the Assembly.

National disability insurance scheme—mental health

MS LEE: My question is to the Minister for Disability. Minister, I refer to a study by the ANU published in *Australasian Psychiatry*, which found that one-third of ACT mental health provider organisations interviewed did not have guaranteed funding beyond the next 12 months and that nine of the 12 mental health services that commented on the impact of the NDIS expressed deep concern with problems with planning and other issues. Minister, why are two-thirds of ACT mental health NDIS providers having trouble with planning for the longer term and with retention of staff?

MS STEPHEN-SMITH: I thank Ms Lee for her question. As she knows, the issues that people with psychosocial disability have had navigating the NDIS have been a source of ongoing concern for the ACT government and ongoing advocacy from the ACT government to both the commonwealth government and the National Disability Insurance Agency. Indeed, the ACT Office for Disability has been leading work nationally on the interface between the NDIS and mainstream health and mental health services and the experience of people with psychosocial disability.

There are many reasons why organisations would potentially face uncertainty in relation to both their own business model and the experience of their clients and consumers around their interface with the NDIS, but the experience of people with psychosocial disabilities is certainly an issue of ongoing concern to the ACT government, as is the flow-on effect that has, particularly to community sector providers of mental health services in our community.

We were, of course, very pleased to see the recent announcement about increased pricing in some aspects, particularly around increased support in areas that involve people with complex needs. We have been advocating for increased pricing as well, recognising the flow-on effects to providers of some of the shortcomings that we have seen in the transitional arrangements for the national disability insurance scheme.

MS LEE: Minister, why do one-third of mental health service providers not have funding certainty beyond the next year?

MS STEPHEN-SMITH: To the extent that the issues that Ms Lee raises relate to funding certainty from the National Disability Insurance Agency, they are indeed the responsibility of the National Disability Insurance Agency, which is a commonwealth government agency. While I cannot speak to the individual matters relating to each of those individual organisations, I can say that we have been advocating very strongly over the past two years for improved outcomes and pathways for people with psychosocial disability in the NDIS. We have consistently raised concerns around the

pathways for people with psychosocial disability in the NDIS, including the lack of specific awareness of NDIS staff and planners around the needs of people with psychosocial disability, around some of the plans that people were seeing that did not support a recovery framework, which is generally more appropriate in the mental health space.

We certainly share the concerns that Ms Lee is raising around the impact of these issues in psychosocial disability, on both participants in the scheme who have a psychosocial disability and the providers that support those people, whether in residential or in community services.

MRS JONES: Minister, do you know why many people in Canberra with mental health issues were being supported under the old model but are not now being supported under the new model?

MS STEPHEN-SMITH: One thing we do know, and I do not have the exact numbers in front of me, is that under the national disability insurance scheme there is a significantly higher number of people with psychosocial disability who are receiving support now than were receiving support prior to the rollout of the national disability insurance scheme. What we have seen, and what we have been advocating about, are two main issues: people with psychosocial disability who have significant complex needs who find it very difficult to engage in the system; and the support that they need to engage with the NDIS to receive the plans that they need to support their complex needs and then the support in the community.

One of the things we saw as we made the transition to the NDIS was funding transition to the NDIS for a range of community-based mental health and psychosocial disability support services and the difficulty that those services had transitioning their model to an individualised funding model.

We have seen some changes in some of the services available. We did, of course, welcome in March the commonwealth government announcement of a \$121.9 million investment in primary health networks to provide an additional 12 months of support for clients of commonwealth community mental health programs, including personal helpers and mentors and partners in recovery, and support for day-to-day living in the community. That is a recognition by the commonwealth that their agency, the National Disability Insurance Agency, has not adequately addressed the shortcomings that we have seen in the support that had been provided for people with psychosocial disability and the difficulty that both participants and providers have had in transitioning to the NDIS model.

As I said, the ACT government and the Office for Disability are leading the national work on the mental health interface. We take this issue very seriously.

Disability services—specialist accommodation

MS LAWDER: My question is to the Minister for Disability. Minister, how many people in the ACT qualify for specialist disability accommodation?

MS STEPHEN-SMITH: I will take that question on notice.

MS LAWDER: Minister, how many specialist disability accommodation places are there in the ACT as at today's date?

MS STEPHEN-SMITH: I will take that question on notice.

MS LEE: Minister, what are you doing as the responsible minister to ensure that the ACT has sufficient specialist disability accommodation to meet current and future demands?

MS STEPHEN-SMITH: This actually refers to a topic that is of great interest to me. Ms Lee may be aware that late last year the Office for Disability hosted the having a home forum. Specifically at my request they put together a full-day forum to ensure that families and people with disability in the ACT and providers and developers could come together with the National Disability Insurance Agency experts around supported disability accommodation, SDA, and talk about how SDA can support the greater provision of appropriate accommodation for people with disability in the ACT market. This is an area where the ACT has been slow to pick up the support for SDA and it is something that I have been concerned about for some time.

So I initiated that having a home forum which was extremely popular with people with disability and their families as well as potential providers of SDA accommodation in the ACT who were able to speak with people from other jurisdictions who delivered accommodation using SDA. We had both video-conferencing and people there at the forum to talk to. At the end of the day we had a world cafe-style arrangement where people could move from table to table to talk about the particular issues that were of interest to them. The Office for Disability has followed that up by trying to stay in touch with the people who came to the forum.

There was indeed another forum on the issue of housing and people with disability that brought some expertise in from Melbourne earlier this year in the Legislative Assembly reception room which was, again, another step towards more innovative housing options for people with disability in the ACT—both supported by SDA and more broadly in the private market—because we know that there are significant issues there as well.

Government—Seniors Week

MS CHEYNE: My question is to the Minister for Seniors and Veterans. Can the minister please outline for the Assembly the highlights of the 2019 Seniors Week?

MR RAMSAY: I thank Ms Cheyne for her question and for struggling through with questionable health today.

Seniors Week is a highlight on the calendar for older Canberrans, and there is so much to see and do. The Chief Minister's concert is obviously a signature event and it kicks off Seniors Week. The band of the Royal Military College, Duntroon is so popular that both concerns again sold out this year ahead of the event. I was disappointed that I was able to see only the beginning of one of the concerts as it was a sitting day and I had responsibilities here in the chamber.

The seniors expo was busier than ever this year, with many stallholders showcasing new ways for our older Canberrans to interact, new hobbies to take up, new groups to join and services that are available to them. Similarly, the Public Trustee and Guardian ran a series of incredibly informative workshops on helping people to ensure that their will and enduring power of attorney are up to date and working in their best interests.

The positive ageing awards were a particular highlight of Seniors Week for me. It is important to stop to take the time to acknowledge those Canberrans who make a real difference in the community. Congratulations go to Emma Zen, Marlene Keltie, George Ahmat, Barrie Smillie and the Seasoned Voices seniors choir on winning awards. I thank them for all that they do in making Canberra a better place for our older citizens.

These were just some of the events on offer during the busy but very high quality program throughout Seniors Week. I place on record my appreciation, and the appreciation of this government, to COTA ACT for organising an amazing week which I know was appreciated by all who attended.

MS CHEYNE: Can the minister outline the benefits of events like the seniors expo and the Chief Minister's concert?

MR RAMSAY: I thank Ms Cheyne for the supplementary question. These sorts of events are excellent opportunities for seniors to remain active and connected members of the community. The Chief Minister's concert is a great opportunity for our seniors to engage with the arts, to sing along and to listen to the very talented Band of the Royal Military College, Duntroon. Like other initiatives such as Music at Midday, which was again on in the Canberra Theatre today, the Chief Minister's concert is particularly popular with those in residential aged care facilities and provides an important opportunity to be out and about and connecting with hundreds of other seniors.

We know that the quality of life of all people in the community, including our seniors, is improved when the person is active and a connected member of the community. The concert is just one of the opportunities that we provide to do this. The seniors expo goes even further, presenting opportunities to meet with new groups and find new activities, to try to open up a whole world of possibilities to remain connected and active in later life. With over 120 exhibitors this year, there was truly something for everyone to try, to see or even to taste.

Madam Speaker, you will often hear me say that I believe that the city is at its best when everyone belongs, when everyone is valued and when everyone has the opportunity to participate. The Chief Minister's concert and the seniors expo provide opportunities for senior Canberrans to do precisely that.

MR PETTERSSON: Can the minister explain why it is important to take the time to recognise seniors during Seniors Week, including in the positive ageing awards?

MR RAMSAY: I thank Mr Pettersson for the supplementary question. While most of

Seniors Week is dedicated to things for our senior Canberrans to see and do, the positive ageing awards are just as important. They give us the time to stop and celebrate the many people in the community who provide services for our seniors.

To those who share their knowledge or language and history, to those who set up intergenerational playgroups so that Canberrans young and old can play together and share experiences, to those who run choirs to create an inclusive space for those who are over 55, to those who create groups to support the social inclusion of women in their region, and to those who get seniors to events to allow them to remain socially connected, I pass on congratulations on winning the awards and thank them for their hard work. To the many who were nominated, we also thank them for everything they do to make Canberra a more age-friendly and inclusive city.

I also want to take a moment to thank those who may not have been nominated but who still work to make Canberra an open and inclusive city and a great place for older Canberrans to live. We have so many people who are working to make Canberra an age-friendly city. The positive ageing awards are just one of the ways that we can show appreciation to them. Congratulations again to Emma, Marlene, George, Barrie and to the Seasoned Voices Choir.

Mr Barr: Madam Speaker, all further questions can be placed on the notice paper.