



QUESTION TIME
OF THE
LEGISLATIVE ASSEMBLY
FOR THE
AUSTRALIAN CAPITAL TERRITORY

HANSARD

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Tuesday, 13 August 2019

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Questions without notice
ACT Health—SPIRE project

MR COE: My question is to the Minister for Health. Minister, how many people were working full time on the SPIRE project in the directorate before it was transferred to the Major Projects team?

MS STEPHEN-SMITH: I thank Mr Coe for the question. I will take that question on notice. I indicated in my earlier comments that five people had transferred from the ACT Health Directorate to Major Projects Canberra to work on the project. I will take the question on notice as to how many of those people were specifically working on the SPIRE project.

I note that Mrs Dunne in her earlier comments talked about one person working full time. I thought that she was talking about Canberra Health Services at the time, and of course the infrastructure project was primarily the responsibility of the Health Directorate prior to the creation of Major Projects Canberra. But I will take the detail of the question on notice.

What I can assure the Assembly is that there is a project director in place at Major Projects Canberra, that those staff have transferred and that the project is well underway and on track.

MR COE: Separate to the actual number of staff, what capability was transferred from the directorate to Major Projects Canberra?

MS STEPHEN-SMITH: I may be able to answer that question if I can find the information. A team of five health planners and clinical liaison officers has transferred into the SPIRE project team under Major Projects Canberra from the Health Directorate. Their expertise, I imagine, is in health planning and clinical liaison, as those are their titles.

MRS DUNNE: Minister, what health planning expertise remains in the Health Directorate?

MS STEPHEN-SMITH: I thank Mrs Dunne for the supplementary question. There is a lot of health planning expertise remaining in the Health Directorate.

Employment—rights

MS LE COUTEUR: My question is to the Chief Minister and relates to employment conditions. Chief Minister, given the recent High Court case where the commonwealth government's right to sack a public servant over anonymous tweets critical of the government was upheld, have you examined the implications for the ACT and can you guarantee that all ACT public servants and contractors have and will continue to have freedom of political expression?

MR BARR: I have not personally examined the matter. I am perhaps not professionally qualified to give a legal opinion on that matter but I will seek advice as

to any implications within the ACT public service of that High Court decision.

MS LE COUTEUR: It has been suggested that this ruling is relevant to private sector employees as well. Will your government act to protect free speech in the ACT? You did not actually answer the first question, about ACT public servants continuing to have freedom of political expression; maybe you could answer that. It is also about the implications for the private sector.

MR BARR: ACT public servants have freedom of political expression subject to the usual public sector management requirements under legislation and, indeed, under codes of practice for those who are employed in the public sector. In relation to the private sector, that would principally be a matter of industrial relations law, which, as I am sure members are aware, is regulated at a federal level in the territory.

MS CHEYNE: Chief Minister, what other measures, such as the secure local jobs code, has the government put in place to improve job security in the ACT?

MR BARR: There is one very good example of the sorts of measures that the ACT government has taken. Undoubtedly, there are—

Opposition members interjecting—

MADAM SPEAKER: Members, please! The Chief Minister has the floor.

MR BARR: There are, of course, a range of differences in relation to public sector employment in the ACT as opposed to the commonwealth as it pertains to workers' rights to organise collectively, to bargain and to undertake a range of activities that will advance the collective interests of employees. It is clear that there is quite a difference in terms of the ACT government's employment practices and approaches to our workforce from what we see at the commonwealth level. This is manifested in many different ways, the secure local jobs code being but one of them.

Health—inter-agency communication

MRS DUNNE: My question is to the Minister for Health. On 6 June 2019, ACT Health was advised that Major Projects would be taking responsibility for the SPIRE project. The head of Canberra Health Services was not aware of this until 18 June, after it was reported in the media. Documents obtained under freedom of information show that there was no communication on the matter between ACT Health and Canberra Health Services during that period. Minister, why was there no communication between ACT Health and Canberra Health Services about the transfer of SPIRE to Major Projects?

MS STEPHEN-SMITH: I thank Mrs Dunne for the question. I have not had a chance to read through every document that has been released under FOI over the past few weeks, as there are many of them, so I take that with a slight grain of salt. Maybe there was no written communication. I cannot say for sure that the opposition's characterisation of the situation is accurate. But I will take the detail of the question on notice and come back to the Assembly if there is further information to add.

MRS DUNNE: Minister, do you have plans to improve the communication between ACT Health and Canberra Health Services?

MS STEPHEN-SMITH: I thank Mrs Dunne for the supplementary. On the basis of not taking the premise of the question as presented, I have been very clear with both the Director-General of the ACT Health Directorate and the CEO of Canberra Health Services that I expect good communication with me and with one another, and that we are all working together as part of a health system to deliver excellent health services to the people of Canberra when and where they are needed. That is what we will continue to do.

MISS C BURCH: Minister, what role do you have in ensuring that senior officials in your portfolio are advised of significant developments?

MS STEPHEN-SMITH: I thank Miss Burch for the question. I see that the minister does have a strong role in ensuring that people are aware of what is going on. I note that I was not the minister at the time, so I am not able to comment on what conversations were or were not had at that time.

Government—services

MS ORR: My question is to the Chief Minister. Chief Minister, how will the government continue to support the Canberra community by guaranteeing public sector jobs as Canberra grows?

MR BARR: I thank Ms Orr for the question. As members are aware, our city is growing very rapidly. We are now home to around 430,000 people and we continue to grow at the rate of around two to three additional average Canberra suburbs worth of people each year. This is occurring because our quality of life and access to high quality public health, education, transport and city services are second to none in this nation and, indeed, according to the OECD, second to none in the world. These services are delivered by a strong public sector workforce of nurses, teachers, bus drivers and city rangers, amongst others, and as Canberra grows we must continue to hire more people to deliver these services to our growing city.

Through the budget we are debating in this sitting fortnight and future budgets the government will continue to invest in high quality public services for the people of Canberra. We will invest more in our public hospitals and public schools, our public transport network, our front-line emergency services and the broader ACT public service.

MS ORR: Chief Minister, can you also guarantee that essential public services will stay in public hands?

MR BARR: Yes.

MS CODY: Chief Minister, what is the biggest risk to the government not being able to deliver high quality services as our city grows?

MR BARR: The biggest risk is the wrong priorities. It is driving down revenue at the

expense of public services. It is pursuing an ideological obsession with reducing the size of government. We know that conservative parties around this nation have form in saying one thing before elections about public services and then cutting those very services when they get into office.

Mr Hanson interjecting—

MR BARR: Few of us would forget the promises of no cuts to health, education, the ABC and the SBS that were made by the Abbott government before the election. Then they went in and started cutting all those services. So we know they have form. We are seeing it now at a state and territory level in South Australia—

Mr Hanson interjecting—

MADAM SPEAKER: Mr Hanson, enough!

MR BARR: We are seeing it at a state level in South Australia where a series of promises was made prior to that state's election, that no public services would be cut. Then, in they go privatising public transport services, selling off TAFE campuses, the sort of thing—

Opposition members interjecting—

MR BARR: You know you have hit a raw nerve, Madam Speaker, when they are all interjecting. You certainly know when you hit a raw nerve. We guarantee to continue the provision and growth of public services in this territory. Those opposite have a narrow, conservative, ideological agenda to drive government out of people's lives, to make it smaller and less effective. That is the agenda of those opposite and we stand against that.

Mental health—disability access

MS LAWDER: My question is to the Minister for Mental Health and is in relation to follow-up of a letter that was sent to you on 9 July this year about psychology services for deaf and deafblind mental health patients in the ACT. Minister, do deaf and deafblind mental health patients in the ACT have access to psychology services from providers with subspecialist expertise in caring for that cohort of patients specifically? If not, why not? If yes, how many providers are there?

MR RATTENBURY: I thank Ms Lawder for the question. A letter came while I was on leave, and I have been looking into that since I returned. The letter was from Mrs Dunne in the first instance. I have a draft on my desk to write back to her. I have been looking into this matter. Mrs Dunne's letter specifically related to a particular specialist and that specialist's role. That specialist no longer works for ACT health services.

What I have been able to ascertain is that any deaf or blind person that presents at health services in the ACT, whether that is Canberra Health Services, mental health, justice health or alcohol and drug services divisions specifically, has access to interpreter services available throughout all services within 24 hours of notice. That

can include onsite Auslan interpreters in the hospitals. So there is support there.

In terms of the specialist question that Ms Lawder is asking about, I will take that part of the question on notice and come back to her.

MS LAWDER: Minister, how can you guarantee access to interpreters for deaf and deafblind people, given the very small number of interpreters in the ACT, let alone their availability at short notice for an emergency in the ED of the Canberra Hospital?

MR RATTENBURY: Canberra Health Services seeks to ensure that that service is available. It is obviously critically important to enable people who come to the hospital to get the best care available and for our medical staff to be able to understand the reason they have come to the hospital. What I can tell you, as I touched on earlier, is that these services are provided. In emergency situations sign language communication is provided by the Deaf Society, a 24-hour emergency interpreter service in the ACT which is called on by Canberra Health Services.

MRS DUNNE: Minister, how is it that a contracted doctor who had expertise suited to servicing the deaf and deafblind mental health community no longer works in the ACT and it appears that there are no other specialist psychiatric services available to this cohort?

MR RATTENBURY: Mrs Dunne, I will be sending you a letter on this exact matter in the next day or two. In terms of the specialist, in around early 2018 there was a discussion between ACT Health and the doctor in question about her contract. ACT Health sought to insert a number of performance indicators and other changes into the contract. The doctor did not wish to continue with ACT Health on that basis and has returned to private practice. That is the advice I have, but I will provide further details to Mrs Dunne in my written response to her.

Health—adult mental health unit

MRS JONES: My question is to the Minister for Mental Health. Minister, in your answer to estimates question E19-250 you said that the adult mental health unit was at 106.2 per cent occupancy during 2018-19. Minister, is it reasonable and what are the implications for healthcare outcomes for patients when the adult mental health unit is operating at or over capacity?

MR RATTENBURY: Those figures are based on the fact that until this current financial year the adult mental health unit at Canberra Hospital has been funded for 37 beds. There are in fact 40 beds in the unit. Due to high levels of demand, all those beds have been utilised. I think people find it odd that you have capacity over 100 per cent. That is the reason, because the formal figure is 37 beds even though all 40 beds have been used on occasion.

This year's budget recognises that pressure that has been placed on the adult mental health unit and provides significant additional resources in the order of \$7 million to provide more nursing staff and more allied health services staff to ensure that the adult mental health unit operates with a full staffing capacity to reflect the number of people who are seeking medical treatment there.

MRS JONES: Minister, how common is it for patients to wait for 24 hours or more in the ED at Canberra Hospital before a bed becomes available at the mental health unit; where are they held during those 24 hours; and, given the longstanding issues with staffing in the AMHU and the pings that have been issued on that place, how is staffing managed when you are over 100 per cent capacity?

MR RATTENBURY: There were a lot of questions in that question. I am sure I will not get to them all in the course of two minutes. What I can say is that there are occasions on which people do wait longer than 24 hours in the emergency department. This is clearly not a situation that we want to have happen very often; it should not be happening at all. We are seeking to put in place measures to deal with that now. Part of it, as I touched on, is the increased funding in this year's budget. Canberra Health Services are also looking at issues of flow. Longer term we have funded in this budget initiatives like PACER which are designed to minimise the number of people who have to be taken to the emergency department and to seek to provide an appropriate mental health response. Not every person in a mental health crisis needs to go to the emergency department. In fact some people would be better off—

Mr Coe: Where do they wait for 24 hours?

MR RATTENBURY: Mr Coe, you might learn something if you actually listened to the answer. I am sure this is not your area of expertise—

Mr Coe: You complain about the question but you have not actually answered any of them.

MADAM SPEAKER: Mr Coe, the minister is answering the question.

MR RATTENBURY: I was asked whether people spend 24 hours or more in the emergency department. I said yes, some do, and I said what we are trying to do to respond to that. I have been very clear that we do not think that that is a situation that should be allowed to continue, so we are seeking to put measures in place. PACER is one of those.

Mr Coe: Don't you think they deserve an answer?

MR RATTENBURY: If you are going to shout at me, I am not going to stand up.

MADAM SPEAKER: Members, please.

MRS DUNNE: Minister, are you advised, or is the health minister advised, when there is a patient in the emergency room for more than 24 hours? What is the standard response if you are?

MR RATTENBURY: That issue is predominantly dealt with by the CEO of Canberra Health Services. There is a daily recording of those sorts of incidents. The CEO deals with that and I am briefed regularly on how we are going in progressing the pressures on the emergency department but also the pressures on the adult mental health unit.

Homelessness—government policy

MS CODY: My question is to the Minister for Housing and Suburban Development. Minister, can you update the Assembly on the government's commitment to strengthening homelessness services in the ACT?

MS BERRY: I thank Ms Cody for the question. Yes, I can update the Assembly. The ACT government is committed to providing more services and support for people in our community who are at risk of or experiencing homelessness. Through the consultations for the housing strategy, support for these emerging cohorts experiencing homelessness was heard loud and clear, and the need to address the gap in services available to them. This feedback was supported by the cohort study which I released earlier this year, outlining the kinds of supports that these groups need.

To address this, the government committed \$6.5 million for more specialist homelessness services in the ACT. I launched the first of these new services, called "next door", with the YWCA last week. Next door will provide one-on-one support for older women at risk of or experiencing homelessness. Women are far too often in these difficult situations, with low or no superannuation or savings. This service will mean that more women will be provided with the support and services that they need to connect them to safe and secure housing.

MS CODY: Minister, how do these new programs fit into the government's overall support for Canberrans experiencing or at risk of homelessness?

MS BERRY: The ACT government provides over \$24 million a year to organisations supporting people who are homeless or at risk of homelessness. These services are tailored to meet the needs of a range of groups of people who are at greater risk of homelessness. Another new service that has been funded by the ACT government and which will be launched soon is a program run by the Migrant and Refugee Settlement Services. This program will assist families from refugee and asylum seeker backgrounds who face additional challenges to secure housing, many with federal government restrictions around their ability to work, meaning that they are unable to sustain housing in the private market.

These new programs join a range of housing services that are available in the ACT. Beryl, Toora and Doris are key housing programs for women escaping family and domestic violence, and they are critical to the success of our whole-of-community approach to family and domestic violence. EveryMan, St Vincent de Paul and CatholicCare all run specialist services for men as well.

Specialist youth homelessness services such as Barnardos Our Place are important to ensure that young people who experience a crisis find themselves with a home and are well supported to thrive and not to fall into the cycle of homelessness. Organisations like Toora and Winnunga provide support for Aboriginal and Torres Strait Islander people in the community, who are consistently over-represented in homelessness statistics nationally.

The government will continue to provide more support for these front-line services

that help Canberrans into safe and affordable housing.

MS LE COUTEUR: Minister, given that neither of the two projects you talked about—the one with MARSS and the one with the YWCA—included actual physical beds, how are those going to be provided?

MS BERRY: I have responded and the directorate has responded to these questions from Ms Le Couteur on a number of occasions during estimates. We will work with the YWCA and with MARSS as well about how these supports can occur for these women. A lot of these women might not actually be in homelessness at the moment but need support so that they do not actually fall into homelessness.

We will work with the YWCA about this program as it rolls out. Unfortunately, older women fall into this situation all too often because of low superannuation and because of the lack of recognition of the time they spend away from work. It means that they will need extra support as they get older.

Hospitals—emergency waiting times

MRS KIKKERT: My question is to the Minister for Health. Minister, why do the ACT's emergency department waiting times continue to be the worst or amongst the worst in the country and continue to deteriorate under this ACT Labor-Greens government?

MS STEPHEN-SMITH: I thank Mrs Kikkert for the question. This has been a topic of conversation in this place many times and I have already said on a number of occasions just in one sitting week that increases in presentation and increases in acute cases have resulted in an increased demand on the emergency department and that has resulted in there not being a significant improvement in waiting times despite some increases in investment such as the expansion of the Calvary ED which we are investing in—\$22 million on expansions across Canberra Health Services and Centenary—but also the timely care strategy which is really focused on reducing demand, diverting patients to the most appropriate service, maximising capacity within Canberra Hospital and improving patient flow processes.

A number of initiatives under the timely care strategy have already been implemented, including daily multidisciplinary staff ward huddles, hospital-wide flow management meetings, strategies to reduce barriers to discharge and identifying and discharging appropriate patients before 9 am. All these things are aimed at reducing bed block, ensuring that we can get patients flowing through the hospital and discharged in an appropriate manner because it is not, of course, appropriate for people to be in hospital longer than they need to be, and we also need to be focused on ensuring that we are using our hospital facility as efficiently as we can be.

MRS KIKKERT: Minister, what have emergency department staff asked for to improve waiting times?

MS STEPHEN-SMITH: Emergency department staff, I am sure, have welcomed the increased investment in emergency staffing—that includes an increase in doctors in the emergency department—and the implementation of the winter strategy, the

opening of an additional 16 winter beds at the Canberra Hospital and the all-care discharge unit, which both commenced from 11 July. An additional 12 beds have been progressively opened at the University of Canberra Hospital since June 2019 to provide additional capacity into the system.

I am sure that those working at the emergency department at the Canberra Hospital have welcomed those initiatives as well as the timely care strategy initiatives that I have previously outlined.

Mr Coe: Point of order.

MADAM SPEAKER: Point of order, Mr Coe.

Mr Coe: On relevance, the question that Mrs Kikkert asked was about what emergency department staff have asked for. The minister has said that she imagines they are happy with additional doctors and additional resources, but if she does not actually know what the emergency department staff want, perhaps she could just say so.

MADAM SPEAKER: I believe that the minister was responding appropriately to the question. Do you have something to add, minister?

MRS DUNNE: Minister, what was the performance of the Canberra Hospital emergency department regarding patients in the urgent category, category 1, for 2018-19?

MADAM SPEAKER: Can you repeat the question?

MRS DUNNE: I am happy to repeat it, Madam Speaker. Minister, what was the performance of the Canberra Hospital emergency department regarding patients in the urgent category, category 1, for 2018-19?

MS STEPHEN-SMITH: I have some numbers in front of me that relate to more current figures. I will have to take on notice the figures in relation to 2018-19. However, I would note that I did raise this question with the CEO of Canberra Health Services in relation to daily dashboard information that I received the other day. It was specifically in relation to category 1 patients, and I was assured that all category 1 patients are seen on time, in accordance with their triage category.

Hospitals—radiation therapy waiting times

MR HANSON: My question is to the Minister for Health. Minister. Recent data from the Australian Institute of Health and Welfare shows that ACT cancer patients face the longest wait for radiation therapy in the nation. Minister, why do ACT cancer patients face the longest wait for radiation therapy in the nation?

MS STEPHEN-SMITH: We have obviously addressed this issue in relation to media queries. I thank Mr Hanson for bringing the question again to the Assembly. I want to assure the Assembly and the Canberra public that 100 per cent of patients requiring

emergency radiation therapy receive their treatment within one day. This is, in fact, the best performance, or the equal best performance, across the country.

One hundred patients a day receive treatment at Canberra Hospital. This is being achieved on three machines, as opposed to the same number being treated on four machines during the same period last year. 1,450 patients received radiation treatment in 2018-19 compared with 1,377 in 2017-18, so the number of treatments is increasing. Canberra Health Services is currently spending \$5.3 million replacing two linear accelerators and the treatment planning system and updating the physical space to ensure that the latest technology and most efficient services are provided.

Part of the reason that those percentage numbers have fallen is as a result of replacing these accelerators. There has been a smaller number available but, as I noted, more patients are still being treated. These patients are triaged to ensure that those who will benefit most from early treatment are treated first. When all four machines are operational by mid-2020, wait times will return to within the national benchmarks.

MR HANSON: Minister, why have waiting times for radiation therapy declined so badly over recent years?

MS STEPHEN-SMITH: Without accepting the premise of that question at all, the performance in radiotherapy wait times has been impacted by an increase in the number of referrals, increasingly complex treatment techniques, treatment delivery time and some workforce shortages. So improvements in treatment capacity have been achieved by extending treatment times to 7 pm, recalling clinicians from indirect roles to providing treatments where appropriate, improving patient scheduling, improving the planning processes, and ensuring limits on maintenance downtime in relation to those machines.

One of the issues around workforce is that radiation therapists are not trained in the ACT, so recruiting staff means having to attract staff from other states. This often adds to delays in recruiting new staff as they need to relocate. But CHS has recruited nine staff, though they still have five vacancies they are actively trying to fill.

MRS DUNNE: Minister, what action is Canberra Health Services taking to meet the growing demand for stereotactic radiosurgery and stereotactic body radiotherapy?

MS STEPHEN-SMITH: I thank Mrs Dunne for the supplementary, and I will take that question on notice.

Budget—health funding

MR PETTERSSON: My question is to the Minister for Health. Minister, how is the government continuing to support our nurses and doctors as they deliver crucial services to the Canberra community through this year's budget?

MS STEPHEN-SMITH: I thank Mr Pettersson for his question and his ongoing interest in the government's support for nurses and doctors, an interest that is shared by everyone on this side of the chamber. Health care is a core pillar of our values, and at the centre of this is the important work done by doctors and nurses in our health

services. As I touched on this morning, this year's budget will commit funding to ensure that people can receive the right health care where and when they need it.

For doctors and nurses in particular, this includes \$4.6 million for more doctors at the Canberra Hospital's emergency department to help reduce waiting times and respond to increasing demand, as per the earlier questions that were asked today; \$40.5 million in Calvary Public Hospital over the next four years, providing funding for 81 new nurses, doctors, administration and other health professionals over two years; and \$106 million over eight years to introduce a new digital health record, ensuring that doctors and nurses have the most up to date information when making decisions in relation to patient care.

Supporting our doctors and nurses also goes to ensuring that they are able to work in a positive environment. That is why the ACT government has committed \$10.5 million in this year's budget to implement the recommendations of the independent review into workplace culture across the ACT public health service over the next three years.

Further to the work being undertaken in relation to the culture review, which I will update the Assembly on in due course as part of the biannual update on progress against the recommendations, is the development of the health sector culture framework, which is work that will be undertaken in partnership with the Australian National University. The framework will consider the key fundamental elements towards creating a positive culture, such as leadership, mentoring and psychological safety, which will be implemented throughout the public health service.

MR PETTERSSON: Minister, what support and training opportunities are available to medical students and junior doctors who are just at the start of their careers?

MS STEPHEN-SMITH: I thank Mr Pettersson for the supplementary. Of course medical students' and junior doctors' support and training opportunities are critical. Canberra Health Services works with the ANU to provide clinical placements for students within the ACT health system across both Canberra Health Services and Calvary Public Hospital, providing students with real-life experience across a vast array of medical specialities, including the emergency department, surgery and the ambulatory services in outpatient clinics.

Canberra Health Services provides many supports for the junior doctors around health and wellbeing, including the blue buddy system—these junior medical officers act as an informal near-to-peer mentor by providing support, advice and information; professional development for junior doctors, including sessions on avoiding burnout and promoting resilience and wellbeing; encouraging junior doctors to take their accrued days off as they accrue, and systems in place to ensure that junior doctors can take their annual and study leave entitlements; orientation programs and documents to highlight access to the employee assistance programs, which include psychological and career counselling; regular feedback is sought about workload, rosters and support that is received from senior staff; and of course mentoring by senior clinicians.

In respect of nurses and midwives, in the 2018-19 financial year financial support was provided for 202 nurses and midwives undertaking postgraduate studies in clinical practice, education, leadership, management and research, and a further eight

scholarships were awarded to nurses and midwives representing the ACT Health Directorate at national and international conferences. The nurse and midwifery office also offers Aboriginal and Torres Strait Islander enrolled nursing scholarships. Six registrations for nurses and midwives and students from the ACT have been sponsored for the congress of Aboriginal and Torres Strait Islander nurses and midwives national conference in September.

MR GUPTA: Minister, what else is the government doing to support our nurses and doctors?

MS STEPHEN-SMITH: I thank Mr Gupta for the supplementary. Another aspect of the government's commitment to ensure that nurses and doctors are supported is ensuring that they form a key part of our decision-making processes.

I recently attended the inaugural clinical leadership forum, a forum made up of clinicians, including doctors and nurses. The forum is responsible for providing independent and expert clinical advice to me and to the Minister for Mental Health, with the aim of contributing to decision-making to ensure continuous improvement of a high-performing health system that keeps people well, provides the best care when required and provides an industry-leading workplace.

The forum will be informed and guided by the recommendations of the Independent Review into the Workplace Culture within ACT Public Health Services, and make recommendations to us where this relates to improving the clinical operations of the ACT's health system.

Significant opportunity exists for strong engagement between the culture review implementation branch and the clinical leadership forum. Work will be undertaken between these two areas to provide the opportunity for early discussion, concept development and proactive stakeholder engagement in the development of proposals to build a positive workplace culture.

One of the key findings of the culture review was the need to better engage clinicians across the board, whether that is in policy, in processes across the health system or indeed in leading cultural change across the system. We know that ensuring that clinicians are a part of decision-making not only provides better support for them in their work but also provides better outcomes for the community, for their colleagues and for patients.

Hospitals—oncology treatment waiting times

MR PARTON: My question is to the Minister for Health. Minister, recent data from the Australian Institute of Health and Welfare is interesting stuff, but the question that I have is not that one. It is this one.

Members interjecting—

MR PARTON: Minister, on 8 August 2019, it was reported in the media that private cancer services provider Icon Cancer Centre Canberra was open to having discussion

with Canberra Health Services about reducing waiting times for patients to access oncology treatment. Minister, what is the status of these negotiations?

MADAM SPEAKER: Minister for Health, are you clear about the question?

MS STEPHEN-SMITH: Thank you, Madam Speaker. I will take the question on notice.

MR PARTON: Minister, what advice have you sought or received regarding those discussions? If none, why?

MS STEPHEN-SMITH: I did have a general conversation with the CEO of Canberra Health Services just the other day about what the opportunities are for non-government providers to support Canberra Health Services in the delivery of timely care across the ACT health system. Those conversations are ongoing.

MRS DUNNE: Minister, how long will it be before cancer sufferers can expect a significant reduction in the wait times for treatment?

MS STEPHEN-SMITH: I thank Mrs Dunne for the question but I do think that it is really important that we do not send the message, as the opposition continues to do, that patients in the ACT are not receiving timely care according to their need. Yes, there are some waiting times in various services that look like they are longer or are not in line with national benchmarks. But patients in the ACT are triaged and supported to ensure that they receive timely care, and they receive care in a health system that is high quality and supports people's needs. It is really important, I think, that members in this place do not continually talk down our public health system.

Mr Hanson: Ask cancer patients about it. See what they say.

MADAM SPEAKER: Mr Hanson, enough.

Aboriginals and Torres Strait Islanders—rehabilitation facility

MR MILLIGAN: My question is to the Minister for Health. Minister, the 2019-20 ACT budget commits \$300,000 for the ACT government and the Aboriginal and Torres Strait Islander community to co-design a residential service that will support drug and alcohol rehabilitation. Minister, Winnunga Nimmityjah worked with ATODA to design a model of care some years ago for implementation at the Ngunnawal Bush Healing Farm. Is it now redundant?

MS STEPHEN-SMITH: I thank Mr Milligan for the question. The answer is no, that work is not redundant. Unfortunately, the model of care that was sought by ACT Health at the time—and Minister Fitzharris apologised and explained this in considerable detail—and the model of care that was sought from Winnunga at the time was not a model of care that was able to be delivered at the Ngunnawal Bush Healing Farm, as a result of the zoning and location of the Ngunnawal Bush Healing Farm.

The \$300,000 that has been allocated in this year's budget will go to Winnunga, for

them to work with an Aboriginal and Torres Strait Islander alcohol and drug provider of their choosing to design the model for residential rehabilitation for the ACT. That will be part of a continuum of care, of which the Ngunnawal Bush Healing Farm will also form an important part. It is really important to acknowledge that the Ngunnawal Bush Healing Farm is about a model of healing that specifically recognises Aboriginal and Torres Strait Islander healing in relation to land, being on country and reconnecting with culture.

MR MILLIGAN: Minister, to what extent will the old model of care be used in the new model of care?

MS STEPHEN-SMITH: I thank Mr Milligan for the supplementary. I probably cannot speak with specific detail, because that is really a matter for Winnunga, but I would be very surprised if the work that Winnunga had done previously was not used to inform this current work.

MRS DUNNE: Minister, will this co-designed residential drug and alcohol rehabilitation service be run at the current Ngunnawal Bush Healing Farm or is there another location in mind?

MS STEPHEN-SMITH: I thank Mrs Dunne for the supplementary. No, it will not be run at the Ngunnawal Bush Healing Farm. I think the reasons why that cannot be the case have been explained in detail previously. No location is specifically identified at this point. That will be part of the work that Winnunga will undertake to identify what the most appropriate location and service type will be.

Budget—emergency services

MR GUPTA: My question is to the Minister for Police and Emergency Services. Minister, how are we helping to put more police on our streets?

MR GENTLEMAN: I thank Mr Gupta for his question and his interest in safety across the ACT. Thanks to the investments this government is making we will see more police on our streets. By working with police, in the coming years we will move towards a more proactive model of policing. This will mean having more police out from behind the desk and on our streets. Because of the prudent economic management of this government, led by the Chief Minister, we have been able to make this investment.

Through careful, thoughtful, nation-leading tax reform, ACT Labor has been able to show that you can grow jobs and grow services in a sustainable manner. The only way to invest almost \$34 million in the hardworking members of ACT Policing is to have a sustainable economy. This is what this government is doing. We are growing services and investing in the things that a growing Canberra needs.

But there is a threat. If you hear the Canberra Liberals talk about more efficiency and removing red tape, this means only one thing: cuts. We have heard these words before. Remember Mr Abbott! He promised no cuts and more efficiency. We know how that went: cuts to healthcare, cuts to education and services. Only this government will invest in our police and other front-line services, helping build our city and keeping it

safe as the city grows.

MR GUPTA: Minister, what resources has the government provided to police?

MR GENTLEMAN: This government is providing almost \$34 million over the coming years. This is in addition to the support we are providing to other emergency services. It is one of the largest investments in ACT Policing and will see a change in how police operate. We are helping ACT police move towards a more proactive model of policing: a model that the police have said they want to do.

This government's investment will mean more ACT Policing members on our streets. It will see more engagement with our community, building relationships. It will also see more than 60 new members join, in a range of roles within ACT Policing. This year's investment builds on investments made in the most recent budget and those before it. In the most recent budget we are providing better tools and technology for police officers, building on our investment, made through recent budgets, in new mobile devices, tasers and body-worn cameras.

Opposition members interjecting—

MR GENTLEMAN: Madam Speaker, we are making investments now and preparing for the future. We are putting more ACT police members on the streets and delivering new technology to help them keep our community safe. Our actions contrast with the negativity of those opposite. You just heard them shouting across the chamber, Madam Speaker. Their vision is cuts; that is the only option under the reckless economic policies adopted by them, policies that favour their mates.

Opposition members interjecting—

MADAM SPEAKER: Members, please! Ms Cheyne, you have the floor.

MS CHEYNE: Minister, what support is being provided to other emergency services?

MR GENTLEMAN: An excellent question from Ms Cheyne, from a member in this place who works hard for their local community; a member who knows that Canberrans want to see services grow as our city grows too. This can be done if you have a strong economy, one that works for everyone in our city.

Opposition members interjecting—

MADAM SPEAKER: Members—Mr Coe, Mr Hanson, others—can we just concentrate on question time.

MR GENTLEMAN: Because of this government's stewardship, we have been able to invest in our emergency services. We are investing in ACT Fire and Rescue and helping grow the ACT Ambulance Service as our city grows. We are delivering more firefighters, more emergency service vehicles and more stations. We have announced \$15.7 million in funding for two new paramedic crews and five new ambulances. Thirty new paramedics will progressively join the ACT Ambulance Service to fill the

new crews.

These investments build on those that we have already made. Earlier this year, I announced that 12 new state-of-the-art ambulances would hit the road shortly. Under our government we have the best ambulance service and the best fire and rescue service in the country. These things only happen if you work with our services and their members and make these investments. We have been able to do this because of our strong economic management.

Opposition members interjecting—

MADAM SPEAKER: I am just wondering whether we will get the same noise when you ask your question, Mr Wall.

Mr Wall: I should be so lucky.

MADAM SPEAKER: Continue.

Aboriginals and Torres Strait Islanders—Ngunnawal Bush Healing Farm

MR WALL: My question is to the Minister for Health. Minister, on 30 May 2019, your predecessor corrected a question without notice about the number of clients who have attended the Ngunnawal Bush Healing Farm.

Members interjecting—

MADAM SPEAKER: Members, can we please put a button—

Ms Cheyne interjecting—

MADAM SPEAKER: Ms Cheyne! They do not need any encouragement so please stop. From the beginning, Mr Wall.

MR WALL: Minister, on 30 May 2019 your predecessor corrected a question without notice about the number of clients who have attended the Ngunnawal Bush Healing Farm. Having originally reported 85 clients, the real figure was in fact 35. Given that the residential model of care was abandoned, minister, since 30 May how many clients have attended programs at the Ngunnawal Bush Healing Farm?

MS STEPHEN-SMITH: The information I have currently is that since its inception approximately 35 clients have participated in the Ngunnawal Bush Healing Farm programs. I note that the program that was due to commence in July 2019 was deferred due to some significant sorry business in the local community, which impacted staff at the farm. The fifth program was due to commence yesterday, with 12 clients participating. I will get back to the Assembly if that was not the case, but my expectation is that that program commenced yesterday.

MR WALL: Minister, why is the number of clients receiving therapy at the Ngunnawal Bush Healing Farm so low, given the government's substantial investment in the facility?

MS STEPHEN-SMITH: I thank Mr Wall for the supplementary. Of course, the 12 clients in the current program that I understand has commenced are receiving significant support through that program. Certainly, the feedback I have had when I have visited the Ngunnawal Bush Healing Farm, as I did for the launch of the eagle sculpture, from participants and from staff is that people are getting great value from the programs that are delivered at the Ngunnawal Bush Healing Farm.

We have currently underway the Ngunnawal Bush Healing Farm review. Mr Russell Taylor, director of the Burbangana group, facilitated a governance workshop on 15 April, with 35 stakeholders in attendance. Work is currently underway with the United Ngunnawal Elders Council and the Healing Foundation to develop the healing framework taking that forward. The United Ngunnawal Elders Council conducted the first knowledge circle on site at the healing farm on 19 May, which was the first step towards creating the healing framework, and other meetings have been held since then.

The Ngunnawal Bush Healing Farm advisory board held its first meeting on 6 August to re-establish the relationships and membership of the advisory board, which will include representation from the United Ngunnawal Elders Council, the Aboriginal and Torres Strait Islander Elected Body and Aboriginal and Torres Strait Islander community organisations, as well as the ACT government. The board will continue to meet every four to six weeks in the near term. We are committed to the finalisation of the healing framework and the review.

MRS DUNNE: Minister, how can you develop a model of care for a residential drug and alcohol service when you do not know where it will be situated and you do not know what its physical structure will be like?

MS STEPHEN-SMITH: I thank Mrs Dunne for the question. I am not entirely convinced that it is a supplementary question to the Ngunnawal Bush Healing Farm questions. Nevertheless, the work that Winnunga will undertake will explore the model of care, and it is work that is in the spirit of self-determination and underpinned by the principle of self-determination that underpins our work with the Aboriginal and Torres Strait Islander community. Actually this work will be led by Winnunga to determine what that model of care will look like, in partnership with an Aboriginal and Torres Strait Islander alcohol and drug service chosen by Winnunga, and depending on what that model of care—

Opposition members interjecting—

MADAM SPEAKER: Members, please!

MS STEPHEN-SMITH: As I have explained in response to a previous question, this work is required because of the previous miscommunications that resulted in a model of care being developed for the Ngunnawal Bush Healing Farm by ACT Health. This is in no way holding Winnunga responsible for this. This is about—

Opposition members interjecting—

MADAM SPEAKER: Will you allow the minister to respond to your question, thank

you.

MS STEPHEN-SMITH: It is an impossible situation, Madam Speaker. You acknowledge that mistakes were made and you get shouted down. You try to do something else and you get shouted down.

What I can assure the Assembly is that we are working with Winnunga in a way that is led by them, underpinned by the principle of self-determination, then working with an Aboriginal and Torres Strait Islander alcohol and drug service of their choosing to develop a model of care and that will inform where this is to be best located.

MADAM SPEAKER: When we have finished with the interjections across the room—

Opposition members interjecting—

MADAM SPEAKER: Members, I have just about run out of patience. The next one who misbehaves will be named, perhaps.

ACT Health—SPIRE project

MISS C BURCH: My question is to the Minister for Health. Minister, how many staff will be transferred from ACT Health and Canberra Health Services to Major Projects in 2019-20 to work on the SPIRE project?

MS STEPHEN-SMITH: I have already indicated that five staff have been transferred from the ACT Health Directorate with health planning and clinical engagement expertise. I would need to confirm whether that includes the project director. My understanding is that it does not, but I will check that. As to whether any further transfers of staff will be made in this financial year, I will take that question on notice.

MISS C BURCH: Minister, what is your plan to ensure that clinicians, hospital facilities staff and other relevant people in Canberra Health Services and ACT Health are engaged in the development of the SPIRE project after it goes to Major Projects?

MS STEPHEN-SMITH: I thank Miss Burch for the supplementary, but I note that I did in fact state very clearly in my earlier remarks in relation to the budget that the engagement of clinicians is something that has been underway, is underway and will continue. I have been very clear with Major Projects Canberra, although I did not need to be, that clinical engagement through this process is absolutely vital, and not only with the clinicians who work at Canberra Hospital Services but also with the ACT Ambulance Service and the ambos, who will be participating in this process as partners with the emergency department that will be located in the new SPIRE project.

MRS DUNNE: A supplementary question, Madam Speaker.

MADAM SPEAKER: Mrs Dunne, I will automatically give you the health supp, perhaps.

MRS DUNNE: No, we need to keep it in the tent. We have demarcation rules on this,

Madam Speaker! Minister, was the transfer of responsibility for SPIRE from ACT Health to Major Projects due to a lack of confidence in the ability of ACT Health to manage the project, a lack of confidence in the ability of the new health minister to supervise the project, or both?

MS STEPHEN-SMITH: Neither.

Municipal services—shopping centre upgrades

MS CHEYNE: My question is to the Minister for Transport and City Services. Minister, what work is the government undertaking to upgrade public spaces around shopping centres in our suburbs?

MR STEEL: I thank Ms Cheyne for her question. Our government is upgrading public spaces around shopping centres across our city to make our suburbs even better places to live.

Works are well underway at Kambah Village, I am very pleased to say, and works have also been completed at Anketell Street in Tuggeranong. As you would be well aware, Madam Speaker, just yesterday I met with multiple business owners along Anketell Street to discuss the upgrades and also the government's future plans for further upgrades along the laneways down to the lake.

The Anketell Street upgrades began in January this year and saw a large set of improvements to the public realm, including a raised pedestrian zone, a low-speed traffic environment, an off-road cycle lane, improvements to paved areas, tree replacement with 27 additional trees, wider pavements for outdoor dining, improved lighting and more furniture along the street.

I am also particularly pleased to have recently announced an extension to the highly popular Woden experiment in the town square at Woden. In the budget we have also committed to building more parking at Cooleman Court and Palmerston shops. The government will also soon begin works on upgrades to Dunlop and Fraser shops to benefit residents in West Belconnen.

MS CHEYNE: Minister, on that, what upgrades will take place at Dunlop and Fraser shops?

MR STEEL: I thank Ms Cheyne for the supplementary. The government has committed to upgrade—

Mr Coe interjecting—

MR STEEL: the public spaces at these two shopping centres in west Belconnen.

Mr Coe interjecting—

MR STEEL: At Dunlop, the community would like to see more shade at the shops—

Mr Coe interjecting—

MR STEEL: and a community noticeboard in particular. This is something—

Mr Coe interjecting—

MADAM SPEAKER: Mr Coe!

MR STEEL: that our government will provide through these upgrade works.

Mr Coe interjecting—

MADAM SPEAKER: Mr Coe, you are warned.

MR STEEL: Following the feasibility study into the upgrades for Fraser shops, a number of improvements have been identified. These include planting more trees to improve canopy and shade; widening footpaths to improve pedestrian accessibility; refreshing and upgrading seats and other amenities; formalising existing pedestrian desire lines to improve the linkages at the shops to Tillyard Drive underpass; upgrading existing stair access from the car park to the front; rejuvenating the garden beds with new shrubs and ground cover; installing new trees and shrubs in the planting bed at the front of the shops courtyard to provide shade and improve amenity and appearance; and installing new lights and replacing fittings to upgrade lighting to improve safety and visibility.

However, we will continue to work with the community over coming months to confirm which of these upgrades are a priority.

MS ORR: Minister, how will the government work with the west Belconnen community to deliver these upgrades?

MR STEEL: I thank Ms Orr for her supplementary. We will be working with both residents and businesses in west Belconnen to ensure that these upgrades around shopping centres reflect the community's priorities. Only a couple of years ago, Fraser received funding for a feasibility study on future upgrades which will strongly inform the basis of these future works.

During work on the feasibility study, local traders, leaseholders and businesses, as well as local residents and community groups, were consulted on priorities as part of upgrades. These consultations revealed that there are three key priority areas for the upgrades to the public realm. The provision of shade was one of the priorities, which will be achieved through the planting of new trees in particular. Improvements to the car park were also identified: improving pedestrian safety; undertaking line marking works; and improving lighting, in particular, around the car parking at the shops. The third priority for the community was improvements and enhancements to the landscaping, such as providing new and updated planters and upgrading communal infrastructure such as benches and other street furniture.

The government will use the feedback that we have already undertaken through the consultation process and will continue to consult with the community and businesses in Dunlop and Fraser to ensure that the upgrades can provide improved spaces for

people around their local shops and make sure that the suburbs are an even better place to live.

Mr Barr: I ask that all further questions be placed on the notice paper.