LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING

(Reference: Review of ACT health programs for children and young people)

Members:

MR J DAVIS (Chair)
MR J MILLIGAN (Deputy Chair)
MR M PETTERSSON

TRANSCRIPT OF EVIDENCE

CANBERRA

TUESDAY, 2 NOVEMBER 2021

Secretary to the committee:
Mr A Snedden (Ph: 620 50199)

By authority of the Legislative Assembly for the Australian Capital Territory

WITNESSES

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Amended 20 May 2013

The committee met at 4.30 pm.

STEPHEN-SMITH, MS RACHEL, Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Families and Community Services and Minister for Health
CROSS, MS REBECCA, Director-General, ACT Health Directorate
CULHANE, MR MICHAEL, Executive Group Manager, Policy Partnerships and Programs, ACT Health Directorate
LIM, ASSOCIATE PROFESSOR BOON, Acting Executive Director, Women, Youth and Children; Canberra Health Services

THE CHAIR: Good afternoon. Today the committee is holding its second public hearing in reference to the ACT Children and Youth Health Services and fetal alcohol spectrum disorder responses here in the ACT. The committee has received and published 10 submissions, all of which are on the committee's website. A reminder that proceedings are public, they are being recorded by Hansard for transcription purposes and are being webstreamed and broadcast live. Before we begin today, on behalf of the committee, I would like to acknowledge that we are meeting on the lands of the Ngunnawal people, the traditional custodians. We respect their continuing culture and the unique contribution they make to life in this city and in this region.

We welcome our witnesses today, the Minister for Health, Rachel Stephen-Smith, and accompanying officials. Can I remind the minister and all officials to make an acknowledgement that you have read and understood the privilege statement on the first occasion that you speak?

Before we proceed to questions, Minister, would you like to commence with a brief opening statement?

Ms Stephen-Smith: No, thank you, it is fine.

THE CHAIR: We will head straight into questions. Minister, I will start with perhaps a predictable one. I would like a little more intel, a little more context, on the ACT's contribution to the National Fetal Alcohol Spectrum Disorder Strategy, which I understand is ongoing until 2028. I would just like a bit more detail on how we are a part of that.

Ms Stephen-Smith: I acknowledge that I have read and understood the privilege statement and I will hand over to Mr Culhane.

Mr Culhane: I acknowledge that I have read and understand the privilege statement. The ACT signed up to the National FASD Strategic Action Plan 2018 to 2028 and we have a number of actions, if you like, under that. As part of it, we provided a Healthy Canberra grant of $181,000 to the Foundation for Alcohol Research and Education for the pregnant. That was for the Be a hero, take zero project. We also launched the Pregnant Pause project in June 2020. The ACT government approved, through the food ministers meeting, mandatory pregnancy warning labelling on alcohol containers in July 2020 as part of an Australia-New Zealand initiative. We released perinatal dataset findings for 2019 and we have committed to continuing to develop responses to FASD, in line with the national FASD plan.

THE CHAIR: Mr Culhane, in relation to the items that you started with in the answer to the question, were these initiatives that the ACT government did as part of its commitment to the national strategy or were these programs and investments that the ACT government made in addition to or to complement commitments we made as part of that strategy?

Mr Culhane: I would need to take that question on notice.

THE CHAIR: As a quick follow-up too, I want to ask specifically about Bimberi Youth Justice Centre and what, if any, screening and management, when identified, of young people who may be suffering from FASD takes place in that facility. Is that part of that strategy or is there work that we do separate to that strategy at that facility?

Ms Stephen-Smith: That would be primarily a matter for Minister Davidson as the Minister responsible for youth justice and also the Minister for Justice Health. As the former minister, I can advise that young people coming into Bimberi do have a health screening on their induction into Bimberi and there has been quite a significant amount of work to ensure that the individual needs of young people in terms of disability are better supported. I think that has been reflected in some of the submissions that some work has been done but that there is probably still more work to do.

Relatively recently, part of the investment in Bimberi has been investment in a principal practitioner position as well, to support the therapeutic responses to young people based on the individual needs. In terms of the detail of that, unless Boon can speak to that from a women, youth and children's perspective at CHS, that would be something to be referred to Minister Davidson, I think.

MR MILLIGAN: Minister, a key feature during the hearings was the lack of paediatric care in the ACT and the reliance on interstate services. I am just wondering if you can quantify the deficit deficiency here of paediatric services in the ACT and what type of delays does that cause people securing appointments.

Ms Stephen-Smith: I will throw to Boon Lim in a moment. I think we have certainly acknowledged, as a government, that paediatric services are an area where we do need more capacity, and part of the challenge that we face at the moment is a recruitment challenge. We also face challenges across both the public and private systems in terms of the availability of paediatric care.

It should be noted as context when you talk about children accessing care interstate, given the size of the ACT, there will be services that cannot be provided safely in the ACT because we just do not have the critical mass that is required to support the safe delivery of services in some specialities in the ACT. But we are also undertaking a child and youth services clinical services plan to consider which additional services we can provide in the ACT and also how we can improve the integration between services that are provided in the ACT and services that would need to continue to be provided interstate.

Canberra Health Services specifically, as the primary public provider of paediatric health care in the ACT, because Calvary really does not operate much in that space, has been doing its own paediatric critical services planning. I might, at that point, throw to Boon Lim to talk about that work.

Prof Lim: I confirm I have also read the parliamentary privilege statement. As the minister has said, there are a number of paediatric services that we have relied principally on, specialist services, to be provided from Sydney. The paediatric services at Canberra Health Services are generally provided not at a tertiary-level basis but in some services they are. Particularly in services like cardiology, neurology, we rely on support from Sydney to be provided.

Clearly COVID has had an impact in terms of the availability of the visiting specialists to be able to come to Canberra. We have been applying for exemptions for them to come to Canberra to continue to provide the services. Clearly that has been limited in terms of the numbers of patients being able to be seen both in Canberra as well as going to Sydney as well. So we continue to work with Sydney.

We are in the process of looking at developing a more resilient system, trying to get heads of agreement signed with Sydney Children's Hospital Network to be able to continue the services and not be dependent on the specialists, individual specialists, to provide the service. Once the heads of agreement has been signed, then we will be able to look at developing service-level agreements for the individual services, going forward.

MR MILLIGAN: Minister, you mentioned that there are some recruitment challenges. I am just wondering what are those challenges and what are you doing to address that to try and attract more paediatric specialists to the ACT.

Ms Stephen-Smith: Boon, are you able to speak to that?

Prof Lim: Yes. We are currently working up the position descriptions for an extra two specialist paediatricians, general paediatricians, and a 0.5 FTE position for a paediatric, oncology and diabetes specialist as well. That will certainly help to bolster the number of specialists available in the ACT.

Our challenge has been trying to recruit a clinical director for paediatrics to provide leadership for the service. We are now in the process of looking at engaging a headhunting agency to try to cast the net wider to try to get a clinical director. We have been able to, until now, appoint specialists. It is really just to appoint a clinical director that has been our challenge.

MR MILLIGAN: A clinical director, obviously, is crucial to providing the services that are needed here. Why is it so challenging to try and find a clinical director for this position in the ACT?

Prof Lim: I think it is more about attracting the right calibre of person. We have had two appointments made but we felt that the first one was not probably of the right calibre. The second one, unfortunately after being made the offer, was also offered a position closer to his wife's family and he cited the reason why he decided to take the

other job was because his wife's elderly parents needed closer attention from them and they decided to go in that direction. It is not that the position is not attractive. I think there are challenges within paediatrics, clearly, and it is a huge job but we would like to get the right person for the job.

MR PETTERSSON: Minister, in the government submission the government has outlined a long list of all of the screening and health assessments that are available in the ACT. I was wondering if the government is potentially aware of any gaps or potential places that these screening or health assessments could be further expanded to.

Ms Stephen-Smith: That is actually quite a large question. Can I just clarify whether you are talking specifically about FASD or whether you are talking more broadly about screening checks?

MR PETTERSSON: More broadly. I was going to come back to FASD in another line of questioning.

Ms Stephen-Smith: As you say, the government's submission outlines a range of screening programs and some of those are very early on, either during pregnancy or very early on in the life of the child. Then you get to the kindergarten health check.

I think potentially there is an area that young people, whose development starts being delayed between that two years old and kindergarten, may not necessarily be picked up if they are not attending childcare, then preschool. That is probably an area where some of the developmental delay that is associated, for example, with FASD might more easily be picked up but slightly later than as a baby.

That is my impression of the system rather than the educated officials' view. I might hand over to Ms Cross or Mr Culhane to see if there is something that has got a bit more rigorous analysis behind it.

Ms Cross: I have read and understood the privilege statement. I would probably just pick up on the same point that the minister was reflecting on. I think since the National Disability Insurance Scheme started in the ACT, there has been possibly a lack of services for people with developmental needs that ought to be delivered by the NDIA, and that has put pressure on the screening that we are able to do through the Child Development Service because there is a lack of services to refer those children to. If we were looking for additional screening, I would really be looking for the NDIA to be doing more for young people and that would then free up our resources to do broader screening.

I think there are waitlists. I think there is data behind that. So it is really linked not to our lack of interest in screening; it is just the lack of appropriate services that we can then refer the children to that the NDIS has not been properly funding in the ACT.

Ms Stephen-Smith: I think we did an excellent thing within the ACT government, before your time or mine, Mr Pettersson, in the transition to the NDIS in funding the Child Development Service. The gap is potentially not so much in the screening and the identification of challenges there when parents take their children to the Child

Development Service; it is then around what next and where the referral points are because of that lack of service support that we were expecting the NDIS to deliver in the ACT.

THE CHAIR: I will take us somewhere completely different, Minister. I am really interested in the dental healthcare of young people. I was wondering if you could talk me through what screening programs, particularly in collaboration with the department of education, we are running to get better dental care for young people.

Ms Stephen-Smith: I do not know if Boon is able to help you in relation to that question.

Prof Lim: I will have to take that on notice as well.

THE CHAIR: I guess, just to clarify to help with taking it on notice—I appreciate that was quite broad—particularly around that early ages preventative dental. Perhaps I am being too anecdotal in my analysis, but I recall a bus that would visit in primary school when I was a kid, which is a long time ago, and I am just wondering how that program is running, how many kids that is treating. I am happy for you to take that on notice.

MR MILLIGAN: Minister, how can the care coordination be effectively improved between local agencies here in the ACT and interstate?

Ms Stephen-Smith: One of the ways that we have invested in this most recent budget is the parents and families navigation and liaison service. It is specifically to address that challenge that parents and families have in negotiating the care between interstate providers and ACT providers and also the coordination and care within the ACT.

One of the things that we know—and this is relevant for parents of very sick children, or children who have significant chronic illness—is that when they need to access care interstate, it is not just health care that they need support with; they also need to have coordination with the school and potentially financial supports, family supports and social work type supports—and Centrelink potentially.

All of that coordination is a really significant burden on families who have very sick children, who obviously also are then under strain from that. In the lead-up to the last election, ACT Labor committed $7 million over the four years of this term of government for a new patient navigation service, starting with its patient and family navigators. In this budget, we have funded that, starting with the patient and family navigator and liaison service.

That came out of the Health Care Consumers Association report on kids getting interstate care. We are currently working to design exactly what that service is going to look like and working with the Health Care Consumers Association to ensure that we get that paediatric or child and family patient navigation liaison service up and running as quickly as possible. Boon might have more to say about that.

Prof Lim: We are just starting to work with the directorate, and we will work with the Health Care Consumers Association as well, to appoint someone to scope what is

needed. Then, going forward, we will appoint the navigators to provide the service.

MR MILLIGAN: As part of the scope and the development of this, you mentioned the directorate. Who are the other stakeholders that will be involved with the development of this?

Ms Stephen-Smith: Primarily, we will be working really closely with the Health Care Consumers Association—but also, potentially, Carers ACT. We will be ensuring that we get a broader consultation across carers, families and patients or consumer cohorts, but also working really closely with primary healthcare providers and community healthcare providers.

General practitioners usually play a really big role in the lives of families who have very sick children. One of the things that is always a concern is the capacity to integrate care between primary care; community-based care, which may include quite a significant amount of allied health support as well; our acute services; and acute services and specialists that are provided out of, particularly, the Sydney children's network.

It is really important that we also engage with the Capital Health Network and with primary healthcare providers in ensuring that this model is going to work right across the system.

MR MILLIGAN: In terms of the stages of this development, when will consultation begin with the people on the front line, the families of carers? When can they expect to be included as part of this development?

Ms Stephen-Smith: We might take that question on notice, just to give you a bit more specific information on that. I did have a conversation with Canberra Health Services about this the other day, but I do not think we have anything in writing so that I would be able to confirm an exact time line around that.

As Boon said, we are in the process of appointing people and working with the Health Care Consumers Association at the moment to finalise the support that we will provide to them to do their part of the process.

MR PETTERSSON: I was hoping that the committee could get an update on the implementation of the National Action Plan for the Health of Children and Young People 2020-2030.

Ms Cross: Again, we might need to take that one on notice, sorry.

MR PETTERSSON: That is quite all right; thank you.

THE CHAIR: This may be another one on notice, but I am interested in, particularly, how children and young people's screening interacts with our walk-in centres. I am interested in knowing what preventative or first-step health screening nurse practitioners in our nurse-led walk-in centres are able to do. And what, if any, policies exist to ensure that young people and their parents or guardians are informed about the possibility of accessing these screenings when they are accessing any kind of

health care in the nurse-led walk-in centre?

Ms Stephen-Smith: I am not sure if Boon can answer that question in relation to the operation of walk-in centres. We probably do not have the right people here in the room to talk about that practice-based operation, the way walk-in centres actually function on a day-to-day basis. Boon is nodding; we might need to take that question on notice.

THE CHAIR: I am happy to do that.

MR PETTERSSON: I have one last question, and I do not know how far down the rabbit hole we go on this. Across the varied screening and health assessments that young people can access in the ACT, do we keep data across all these different services, and do we collate that data?

Ms Stephen-Smith: We keep data across a lot of services, and that is used both at a functional level for the services themselves to consider how busy they are: where they are seeing demand for their services and where they might need to move their resources around, bring in some additional capacity or maybe shift something away if they are not seeing demand—unfortunately, that is not very often the case.

Also, in our national reporting, there is a lot of very detailed data that gets reported through the Australian Institute of Health and Welfare on a wide range of things. I do not know if there is something that we can take on notice around specific datasets that you might be interested in.

MR PETTERSSON: I am not interested in a specific dataset. It is more the idea of whether we have individual datasets and are collating them together to get a holistic picture of what is going on in the ACT.

Ms Stephen-Smith: Yes, I think probably we do. That is exactly what Canberra Health Services has been doing in relation to its paediatric organisational and service planning work that we talked about a little earlier. Also, the Health Directorate brings together the data that we have to look at the child and adolescent health services planning work under the territory-wide health services plan.

Mr Culhane or Rebecca, do you have anything to add on how we use that data and bring it together?

Ms Cross: Not specifically the screening data, but, obviously, with the reports that we produce on the health of Canberrans, we access a lot of data. Some of that would be screening; it comes from a wide range of sources. So we have that population-wide picture of the general health of the ACT community, and we do report on that. I would have to check, but I think that would look at screening data as part of the data that pools together.

Ms Stephen-Smith: In terms of screening data, the kindergarten health check and the new year 7 health check, for example, are key points of data that then feed into the wellbeing indicators framework, our picture of children and young people, and also our projections of service response and requirements.

One of the new elements of the kindergarten health check that was introduced recently is identification of exposure to adverse childhood experiences. That has been really good. I will not go into in detail, given that we have two minutes, but that has been a really interesting addition to understanding the potential trauma impact of that for young children so that we can intervene earlier where children have adverse experiences early in their life.

THE CHAIR: There are a few questions on notice for people to work on for us. On behalf of the committee, I thank you, Minister and officials, for appearing before today's committee hearing.

If you have taken any questions on notice, could you please provide those in writing to the committee secretary within five days of today. I now declare our meeting adjourned.

The committee adjourned at 5 pm.