

Wednesday 24 June 2009 - Estimates Committee A (Giddings) - Part 2

Mr MARTIN - Minister, Adards has been recognised as a world leader in psychogeriatric care. Due to financial difficulties it was forced into a position where it had to be sold, I think about a year ago. Can you explain what the department's role was in that process?

Ms GIDDINGS - The Adards dementia care home provides dementia care to aged-care people and was funded by the Commonwealth Government as an aged-care facility.

Mr MARTIN - Which is a bit unusual.

Ms GIDDINGS - No, there is a history - obviously you have had some discussions with Dr John Tooth who has been through the history of it with me on a couple of occasions. For quite some time it was funded as an aged-care facility. With its 32 beds originally, and they increased it to 37 beds, they were hoping that they would be able to keep it as a sustainable enterprise at that level. As I understand it, there was a feeling that to make it any bigger you start to institutionalise the care, so there was some concern around increasing it to a larger size. Unfortunately the realities are that with any aged-care facility funded now by the Commonwealth you need in excess of 100 beds to be a viable proposition. Adards management were doing their absolute best to maintain the care they were providing but got to a point where it just was not sustainable for them anymore. They approached both levels of government to get some assistance and we agreed that the State Government was not funding Adards.

Mr MARTIN - Can I ask why that was?

Ms GIDDINGS - Because it was an aged-care facility that was funded by the Federal Government. As I said, there was a history that Dr Tooth will tell you, that in 1986 or something there was a decision made to go only to Commonwealth funding.

Mr MARTIN - But the State normally funds psychogeriatric facilities, do they not?

Ms GIDDINGS - I will get Wendy to go into more detail about how it all sits and where Adards sits in the whole framework. This is just the overview in terms of what then happened. We provided some funding with the Commonwealth to have a review. I will hand over to Wendy to go into the detail of exactly what did then eventuate through that process.

Mrs KING - Adards was an aged-care residential facility and funded directly through the Australian Government to provide aged-care residential. We have a psychogeriatric facility in the State which is the Roy Fagan Centre, and that is the one that has State Government funding.

Mr MARTIN - Just to get that straight, are you saying that the State did not recognise Adards as being a psychogeriatric centre?

Mrs KING - Not as a State Government-funded centre. The one that is funded and linked to our Mental Health Services is the Roy Fagan Centre. We have a tiered level of service. Psychogeriatric care provided by the State Government, which is really a hospital-level care, is the Roy Fagan Centre, and that is the right level for the State Government to fund. Then we move to the next level of care which is a specialist aged-care facility which is where Adards fitted into

the mix. So it is still an aged-care residential centre, but with a specialist focus on people with dementia.

Ms GIDDINGS - What I might do for you is also ask Dr John Crawshaw to come to the table because Roy Fagan comes under his responsibility. He can describe to you in a bit more detail the difference between the services that would be provided at Roy Fagan against Adards and the clients that we are working with.

Mr MARTIN - Just before that, can we just finish the story of the history of it as to what the department's role was in, I think, facilitating the sale?

Mrs KING - The transfer across to licences and the use of the name Adards occurred through the course of last year. The State Government, together with the Australian Government, worked in partnership with the Adards board and explored what the possible options were to achieve a viable service on the Adards site, and to maintain the name of Adards and also maintain a facility that has a dementia specialist focus. The State Government role in that was to take part in those negotiations and also to include some components of short-term funding and a couple of components of ongoing service provision linked to the new operators.

Mr MARTIN - Was it part of the agreement that they referred to it as the Adards way treatment model? Was that to be maintained?

Mrs KING - Yes, that was part of it, and you are quite correct that there is an international reputation that goes with the use of the name Adards and the model that goes with it. There was a desire to stay true to the model and to maintain the name.

Mr MARTIN - And 12 months on, has that been done?

Mrs KING - Yes, we believe that it has.

Mr MARTIN - Is there a fear amongst some of the families of patients that to maintain the Adards way might not be sustainable in the long term?.

Mrs KING - I think that was part of the concern. I cannot really speak on behalf of the families, but I do know that we have had two senior clinicians, one from the aged care area of Royal Hobart Hospital and one from the Mental Health area, who have had association with the Adards service as part of the role that the State Government provides to support Adards. Their role pre-existed before the transfer and they have maintained involvement since then. Both of those clinicians are reporting that they believe that the level of care has increased and they remain assured that the model of care is an appropriate one and is staying true to the original model.

Mr MARTIN - So they believe it is staying true to the original model.

Ms GIDDINGS - One issue that I am aware of that you might also refer to is the issue around the kitchens and cooking, which has been raised in letters to the editor and which has also been raised with me. There have been some slight changes around that because of food regulations that mean that the kitchens that were built some years ago now no longer comply with modern standards. There has been recognition that as part of the atmosphere you are trying to build - and it is not treatment so much as just providing a home-like environment for people with dementia - they get the smells of cooking and they feel like they are at home and that mum is in

the kitchen cooking tea. While it is not appropriate to provide the meal cooked for eating in all of those kitchens any longer, in fact it would be against the law to do that, what they are doing is having diversional therapy sessions in the afternoon, for instance, where they will cook scones in the kitchen in the facility the people are living in but they will not necessarily eat those scones. They will have the smells of the scones cooking, they will be able to do some of the hands-on and kneading the dough so that there is that hands-on diversional therapy aspect to the cooking there. The food itself, I understand, is now prepared in one kitchen. Where do they eat it?

Mrs KING - In each unit.

Ms GIDDINGS - It is then taken to the individual units for consumption.

Mr MARTIN - So it is not your belief that there is any intention by the new owners to turn it into a general nursing home?

Ms GIDDINGS - No, not at all. It was very clear in the heads of agreement, I understand, and in the negotiations that that did not happen. That was a key part of what I also wanted to ensure when we were part of the process, that whatever we did as a State government was to really support and protect the Adards way but did not lose that. Having said that, there is, like all areas of Health, there are new ways of doing things. We learn through research and the way we practice it that there are things we can incorporate into models to improve them. I cannot guarantee that the Adards way that was initially put in place by Dr Tooth will continue 100 per cent well into the future because it may well be that through different experiences and new models of care that come out that we need to shift that. Perhaps there is something that John or Wendy might want to comment on.

Mrs KING - There was definitely a desire to not only maintain the Adards model but to build on that in terms of creating a dementia facility and complex that was operating at the specialist end in the aged-care area. In doing that, what we have been able to achieve collectively is an expansion in the number of dementia-specific beds by 48 places, by adding in 10 dementia-specific community packages and transferring a dementia-specific day centre that was on a separate site on to that same site, so we end up with a much larger viable complex that is all focused on dementia care.

Mr MARTIN - How many beds are there at Adards now?

Mrs KING - It will have the 37 original beds plus a new 48. They are licences that have been allocated to the new operators from the Australian Government and they are going through a process of building on the site to expand to provide those.

Ms GIDDINGS - Using the Australian Government's zero interest, although that program is not quite zero interest from what I understand.

Mr MARTIN - I suppose the worry about that would be in creating a larger facility, which you have to do to be sustainable under this unfortunate model of funding that we have in the country at the moment, with all due respect I hope it does not become another Roy Fagan Centre.

Mrs KING - It will not become a new Roy Fagan Centre, and perhaps John could speak about the difference.

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Dr CRAWSHAW - I think that Roy Fagan is at a different level. What we are talking about to date with Adards and the other services is more dementia-appropriate services, whereas what we are providing at Roy Fagan is the high-end services really for people who have significant behavioural problems or other associated psychological issues with their dementia. There has always been this differentiation in any services that I have had association with between those which appropriately fall within the spectrum of dementia services and those which end up in psychiatry of old-age type services, and we are dealing with the more extreme end, if you like, in terms of the dementia, the people who, as a result of their dementia, are posing extreme behavioural challenges or other psychological disturbances.

[2.15 p.m.]

Mr MARTIN - Minister, there is the clause in the contract that would maintain the Adards way and I just wonder how elastic that is?

Ms GIDDINGS - It is monitored principally by the Federal Government through DOHA but I understand that there is a committee that has been established - Wendy, you sit on that from the State Government's perspective - and the Federal Government is at the table. Perhaps you could describe that committee and the process there that is overseeing this because one of the issues they did have to talk about was exactly that food preparation issue, for instance.

Mrs KING - There is a transitional committee that has been in operation since about 12 months ago prior to the transfer in September last year and it comprises the two levels of government as well as senior clinicians in both the aged-care and mental health systems and also the new operators. The role of the transition committee is to regularly review how the new arrangements are progressing and also to check back into the agreements that were reached in the heads of agreement, which is the document that defines what was meant to occur in the transfer between the two operators, to check that that is occurring the way that it was intended. It provides an opportunity for people to question if there is a belief that something is not happening in quite the right way.

Mr MARTIN - How long will the transition committee be existence for?

Mrs KING - It will stay in place until all parties agree that the transfer process has been enacted to everyone's satisfaction.

Mr MARTIN - I do not think I heard you say there was a representative from the old Adards board?

Mrs KING - No. It comprises the new operator and all the parties that are involved in providing the services. The heads of agreement is the legal document between the old board and the new board.

Mr MARTIN - Was any thought given to having a representative of the old board on the committee?

Mrs KING - It would not be appropriate because they are not part of the operation of the new service.

Ms GIDDINGS - The heads of agreement is there to protect the Adards way, so to speak.

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Mr MARTIN - And the State are committed to maintaining that?

Ms GIDDINGS - Absolutely.

Mr MARTIN - The State representative is providing for that.

Ms GIDDINGS - Absolutely, and the agreement for them to take over the control of the land, building and services was that they did maintain that way. That is where I say, for example, there was a shift in the cooking in each individual kitchen and I understand that was an issue that was discussed by the transitional committee that was it appropriate, was it okay to shift that little bit from the heads of agreement in that sense and approval was provided because of the fact, as I understand it, legally they really had no choice. If they were to abide by the food preparation laws they would have to look at how they prepared the food and where.

I personally have been very supportive of Adards and was very careful through that whole process to ensure that the protection was there for the care.

Mr MARTIN - I think the previous minister was, too.

Ms GIDDINGS - I think we all do. We are very proud of what John Tooth has achieved with Adards and very proud of the fact that it was unique and it came out at the end of a dreadful era of institutionalising people with all different illnesses but particularly in this case what John saw was the dementia end of it and bringing some humanity to the care of people with dementia. What is also interesting is the fact that with our ageing population, more dementia is occurring in the community at different levels. That is why we have to ensure that different levels of care are available. A lot of aged care facilities have adopted elements of the Adards way into their facilities. The Lillian Martin Home is one that I am aware of, not far from where the Adards facility is. Many aged care facilities nowadays do have to deal with people with dementia. There is a wider range of dementia services available, there is the Adards way and the psychogeriatric acute care above that at the Roy Fagan.

Mr MARTIN - Does the contract clause that maintains the Adards way have a fixed date or is it open ended?

Mrs KING - It's open ended.

Mr MARTIN - So there is no way that it could just be turned into a general nursing home?

Ms GIDDINGS - They would going against what they signed off on. What are the reversion rights there?

Mrs KING - The other legal requirement pertains to the aged-care places that have been provided through the Australian Government. They specify dementia-specific beds.

Mr MARTIN - So all the 85 will be dementia beds?

Mrs KING - Yes.

Ms GIDDINGS - The other element is that DOHA as the accrediting agency or the monitoring agency will be responsible for all of this too and they have ongoing accreditation of

these facilities. The company themselves, the NGO themselves, cannot just suddenly change, as I would understand it, the models of care without approval from their accrediting body. There are some protections there in the system.

Mr MARTIN - Okay, thank you for that. The future of Adards is very reassuring. Generally speaking, have we a sufficient supply of psychogeriatric beds?

Ms GIDDINGS - From a State perspective John can answer that.

Dr CRAWSHAW - It is a question of where you draw your definitions and boundaries. With an ageing population we are always under increasing pressure and that is one of the things that I am certainly looking at. It is not just simply a matter of beds, it is also about what other sorts of services that you can provide. We have teams in the north, north-west and the south. We are hoping to turn an interest in terms of a psychogeriatrician into a reality for the north and north-west. That is a process that has been occurring for quite some time. We do have a viable interest at the present time but we have to work on converting that into reality.

Ms FORREST - Getting him signed up will do.

Mr MARTIN - Is there a waiting list?

Dr CRAWSHAW - The information that I have is that there is a waiting list but I cannot give you numbers at the moment because we are under pressure.

Mr MARTIN - Could that be tabled?

Ms GIDDINGS - We can take on notice what the waiting list is. Again, it is like all health services; you will never be able to meet demand so there will be a waiting list - psychogeriatric beds at Roy Fagan, basically.

Mr MARTIN - Thank you.

Output group 2 Community Health Services

2.1 Primary Health Services -

Ms FORREST - You might be able to table the occupancy rates for overall hospitals. Do you have those for the last 12 months? While that is being looked for, I am interested in the arrangements with the Rosebery Health Centre, particularly with regard to Oz Minerals' contribution and where the negotiations are with that.

Ms GIDDINGS - There have not been negotiations at this point with Oz Minerals. I did personally have a discussion with, I think, the general manager a few weeks back. At this point we are comfortable with how the arrangement is working right now; we want to see how that continues and then we will be in a space down the track to look at whether or not we want that arrangement to continue in its present form. Certainly it has been indicated to me that there is a view that there should be more than one company in partnership with the Government, and I would certainly be happy to have discussions and say that, yes, it is an issue that other companies benefit from that 24-hour service, and they have a responsibility as much as Oz Minerals in terms

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of the backup that we are providing to the mining industry to help contribute to that 24/7 service that is currently being provided.

Ms FORREST - Can you provide the number of overnight stays for Rosebery? Do they call them overnight stays?

Ms GIDDINGS - We do not have overnight stays now at all.

Ms FORREST - No. The people that are there that are monitored overnight, however they are classified.

Ms GIDDINGS - I think it is about four hours, or something. It is four to six hours that we can monitor someone. Pip can give more detail.

Ms LEEDHAM - If you want the number of people who have accessed the service, then I do not have that information. We would need to take that on notice, we just do not have that handy.

Ms FORREST - What is the arrangement now? They can be monitored for four to six hours overnight?

Ms LEEDHAM - They can be monitored, they can attend the service, they can be triaged by the nurse. The doctor is called in if the doctor needs to be called in. It really depends on the clinical need of the patient as to what action is actually taken, and they can be monitored, they can be transferred out. They could be prescribed some medication and allowed to go home. It really depends on what the clinical need is of the patient.

Ms FORREST - Okay. On Strahan, then, and the health service there provided under contract by Gemini, I have had discussions with you, Minister, about this matter. Have you had any success in contacting Gemini - because I haven't - in regard to any assessment of unmet need in the Strahan Health Centre?

[2.30 p.m.]

Ms LEEDHAM - There have been ongoing discussions with Gemini in relation to provision of services there. They are saying that the workload, the service they were providing as an outreach from Queenstown, was two-and-a-half days a week. They cut it back to two days a week because that fitted with the utilisation of the service and they are saying that that still fits with the actual utilisation of the service.

Ms FORREST - How have they undertaken an assessment of that? Have you asked them that?

Ms LEEDHAM - No.

Ms FORREST - In my mind there is no evidence either way to show that the demand is met or it is not met. There is anecdotal evidence that there is a big unmet demand but there is nothing -

Ms LEEDHAM - Gemini runs all of the general practices across the west coast so patients can ring and make appointments for the practices. If they need an appointment outside of the time they are at Strahan they can travel but, according to all of the data that Gemini has in relation to

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all of the people making appointments, the service that fits at Strahan fits with what is required there.

Ms FORREST - How do they assess that?

Ms LEEDHAM - They would assess that on the appointments people are seeking.

Ms FORREST - They do not keep that data. They do not have any record of people who ring for an appointment and cannot get one for at least two or three weeks. This is the argument; they do not keep the data so it is really hard to ascertain whether there is unmet need or not. There is nothing to look back at.

Ms LEEDHAM - I cannot answer that part of the question. All of the advice we are getting is that it is meeting the needs and what was the demonstrated need for the service. Remember, Gemini is a business and has to provide a service that can cover its costs and that is what they are doing. It is not like the west coast does not have access to general practice because there are general practitioners based at Queenstown and Rosebery but who provide outreach to Strahan and Zeehan.

Ms FORREST - But the point I am trying to make here is that people in Strahan - and I have not heard as much from Zeehan - saying there is unmet need but there is no record keeping at all to enable that data to be determined to be incorrect or otherwise.

Ms LEEDHAM - I cannot tell you whether Gemini keeps that data or not, but that is something we can take on notice.

Ms GIDDINGS - It is also the question of where our responsibility comes into that aspect of it. Our responsibility is to have contracts with GPs to service our hospitals. They are servicing the Queenstown hospital and the Rosebery Community Health Centre, and that is where our involvement with Gemini is. In terms of what they do as GP services outside of that, it is really for them and their business. I am not sure that it is part of our contract with them that they do it. It is their call in that respect as to whether they provide more services in the Strahan township or whether they expect the people of Strahan to, unfortunately, drive that horrible road to Queenstown.

Ms FORREST - Sometimes you cannot drive it because it is shut.

Ms GIDDINGS - Yes. While I can sympathise with your constituents about that, it is not something that we can resolve if there is a problem there.

Ms FORREST - What does the contract state?

Ms LEEDHAM - The contract states that they have to provide a continuous medical service for the provision of patients in the inpatient facilities, that they have a general practice presence on the community and they are available to the community to provide general practice services.

Ms FORREST - Does it mention Zeehan or Strahan?

Ms LEEDHAM - It talks about the Health West area, so the fact that there is a general practice that is available to the west coast.

Ms FORREST - So they could effectively not go to Strahan at all. Is that what you are telling me? Everyone can go from Strahan to Queenstown for their appointment, or Rosebery.

Ms LEEDHAM - The obligation that the State has in relation to access to rural general practice services is for the provision of inpatient services. The provision of general practice services within a community is funded by the Australian Government through Medicare reimbursement. The support for the recruitment and retention of rural general practitioners is funded by the Australian Government.

Ms FORREST - The Australian Government does not have any part to play in Strahan, though.

Ms LEEDHAM - The Australian Government funds MBS payments wherever a GP is, so that is what the role is at Strahan because it was a general practice service at Strahan. It is not a Tasmanian Government inpatient service. What we have is a community health centre, we have rural nurses on call 24/7 and we are looking at that area for a remote area nurse model to complement the general practice services.

Ms FORREST - So should the people of Strahan then go to the Federal Government for their issues? Where do they go?

Ms LEEDHAM.-They need to take it first to Gemini because Gemini is the provider of the service.

Ms FORREST - They have tried that. Gemini are impossible to talk to.

Ms LEEDHAM.-Well, then the other options that they have in relation to complaining about a service is you then suggest that they go first to the practice and then the next option is to go to the Health Complaints Commission. They could use the Health Complaints Commission for the Health Complaints Commission to then look at Gemini.

Ms FORREST - I notice in the progress report that the community nursing occasions of care was significantly underreported last year because of industrial action. However, there is also an anticipated decline in 2006-07 actual figures of 190 321 occasions to a target of 185 000 for this and the next financial year. The Health Plan is aimed at providing more care in the community, so why is this decline anticipated?

Ms LEEDHAM.-If you recall, this was a similar question that was asked last year when we talked about the changes that have occurred in the provision of access to nursing services within the community. Where you have in the past had community nursing services and they were the soul provider, clients can now access those services through practices. The general practices now have a range of practice nurses available and there are also services that are funded through the Australian Government for each package and community aged-care packages. Previously, those clients may well have received care through a community nursing service and are now getting it through a CACP or an EACH package. As a result of those changing roles we are targeting the community nursing service by CAC services but also the chronic disease management. There has been a freeing up of some of the demand on the service for the aged-care components so that we are able to do some stuff around chronic disease with them. We think that the target is reasonable.

Ms FORREST - When did that change come about?

Ms LEEDHAM.-It has been going for quite a while. With all of the changes that the Commonwealth Government have had with respect to MBS payments to GPs, it became financially sustainable for general practitioners to recruit practice nurses. There are a range of things that can be done in general practice with nursing support that previously general practitioners would have referred to community nursing to do for them.

Ms FORREST - That has been going on before 2006-07.

Ms LEEDHAM.-It is the uptake that has occurred within general practice. Once general practice has a level of confidence that this is working for them and that it is not going to be a loss for them you are seeing other general practices recruit practice nurses now.

Ms FORREST - Okay.

2.2 Oral health services -

Ms LEEDHAM.-I am just trying to work out the question in relation to occupancy. That is a sheet of occupancy to 2007-08. It does not have the year-to-date till 31 March this year.

Ms GIDDINGS - It might be better if we hold back and take a rest as I suspect you are interested in 2008. Pip can leave the table, thank you, and Mary Blackwood is responsible for the oral health area.

Mr MARTIN - For reasons I do not quite understand, the senators delayed implementation of the Australian Government Dental Health program despite additional extensions proposed to your department in relation to this program. Can you provide details of Tasmania's obligations under the program and also where it is at? Is it intended to reintroduce it to the Federal Parliament? What is the future of it?

Ms GIDDINGS - We are very concerned about this. Effectively, we are left with a budget risk as a result of it. We did in fact begin implementing the Federal Government program with the Federal Government's approval to recruit dentists into our system. The Senate, however, refused to pass that new Commonwealth Dental Health program and as a result of that the funding that we were expecting to flow has not flowed. For this current 2008-09 year we are facing a \$1.8 million budget risk as a result of that.

We have different political parties with different views up there but it seems that the Greens are wanting not only to have the Commonwealth Dental Health program but to also maintain the previous Liberal Government's pro-chronic disease management dental health program, so they are wanting to have their cake and eat it, too, basically. The Rudd Government have said that they cannot afford to run both and they want to invest in the new program because it will touch many more Australians than the other one did.

As an example, here in Tasmania we have a population that is about 2.38 per cent of Australia's population; less than 0.5 per cent of the total rebates under that chronic disease program were Tasmanians. You would expect that we would have around about the 2.38 per cent if we were reflected in our population but it was less than 0.5 per cent. People were just not using

or able to use it, whereas the funding that we would get through the Commonwealth Dental Health program we anticipate would deliver us over three years an additional 30 000 occasions of dental service, so we would expect to receive about \$10.6 million into the State Government coffers to provide those services. But the chronic disease program does not come through State governments at all, it goes straight through the private dental practitioners themselves.

Mr MARTIN - What is likely to happen?

Ms GIDDINGS - The Greens have said they are opposing it because they want to keep both programs, the Liberals are opposing it because it is not theirs and they do not want their chronic disease program to change and, unfortunately, the couple of independents who are there are also for varying reasons not permitting it to go through either. We are imploring that all political parties see sense in this program and help us to provide the requisite treatment to the lowest-paid people, to the lower socioeconomic groups in Australia.

Mr MARTIN - It is certainly a significant issue in my electorate especially. Has the Federal Government given up?

Ms GIDDINGS - No, they are negotiating right now with the Greens particularly to find a compromise through this, but the Greens alone are not sufficient to pass the legislation. They also need Senator Fielding and Senator Xenophon to agree to it, or if the Liberals shifted, which is what they should do. The evidence is that their chronic disease program has not delivered the results that the publicly funded system is delivering and could deliver.

Mr MARTIN - If the program goes ahead, is there an expected reduction in the waiting lists as compared to if it does not go ahead?

Ms GIDDINGS - I will hand to Mary to talk about some details.

Ms BLACKWOOD - We might not expect a reduction in the lists because the number of people waiting for dental care depends on who turns up at the door. The list can get very long but what we would expect is a reduction in the median waiting times so that people wait for less time. We would expect them to get their dentures more quickly but the raw number of people waiting might not alter. Tasmania has reduced its waiting time very substantially and had success with recruitment of dentists. If we were able to access this Commonwealth program, which is still optimistically shown in the Budget as a half-year effect, then we would indeed improve our service by the order of 10 000 visits per year, which is what we would sign up to.

Mr MARTIN - What is the waiting list at the moment, roughly?

Ms BLACKWOOD - General care would be just short of 7 000 at about 6 913 and the denture waiting list is nearly 2 000.

[2.45 p.m.]

Mr MARTIN - Anecdotally we know that the actual demand for services would be far in excess of those on the waiting list, wouldn't it ?

Ms BLACKWOOD - It probably would but not everybody turns up. People tend to present at the public sector dental services when they are in an emergency or urgent situation because they think that the waiting times are too long for general care.

Mr MARTIN - Does the State have a plan B if the Federal program does not happen?

Ms GIDDINGS - This is where we are asking for everyone to lobby - the Independents, Greens and Liberals in the Senate to assist Nicola in her efforts to try to get it through. The last thing we want to do is to turn around to the dentists we have employed in the understanding that we would get this funding and say to them, 'We're sorry, but we can no longer afford to have you because the money hasn't come in'. We have struggled for so many years to recruit dentists into this State and to then have to say, 'Bye-bye' would be destroying for us. Obviously these are questions that are at the forefront of our mind because at some point we will probably have to make that tough decision. In the global financial climate we are in we cannot pay for dentists we are not meant to pay for.

Mr MARTIN - How many extra do you have?

Ms BLACKWOOD - The current FTE of dentists is 25.4, excluding the clinical director because he is in a more administrative position, and that is significantly more than we have had in the past. I have the regional breakdowns of dentists if you want them. Under the expected Commonwealth dental health program we have recruited about seven new dentists.

Mr MARTIN - That one almost sounds like a dorothy dixer.

Laughter.

Ms GIDDINGS - I had to get a dorothy downstairs on it yesterday and then unfortunately it was a last-minute one. We had five minutes left and I managed to get it in. I do not understand why the media are not seeing this as a real issue for Tasmania. It concerns me. When we struggled to recruit dentists, oral health was one of those issues that every time I went out and fronted the cameras I was grilled, 'What are you doing about dentistry? Why aren't you putting more money into oral health? What's happening to waiting lists?' It was the biggest issue when I first became minister and now, when I need some effort behind this to put pressure on our elected members of the Australian Parliament to see sense and get this important program through, I cannot get the media to listen and to help. We have written to Nicola Roxon three times trying to push the Commonwealth to look at some way that they might be able to provide the funds to us through another program to keep these dentists employed while they try to get the original program through the Senate. We are falling on deaf ears everywhere, unfortunately.

Mr MARTIN - It should not be the case because it is a major issue right throughout Tasmania.

Ms GIDDINGS - It is. But ultimately the power is in the hands of the Greens, the two Independents, or as a whole the Liberal Party. I said to lower House members, 'Come on, talk to Bob Brown, Cassy. Talk to Malcolm Turnbull, Brett. We need you'.

Ms FORREST - This probably depends on the unfolding of events, but the redevelopment of Smithton hospital has seen those dental surgeries put in there. What is the plan for public dental services at Smithton?

Ms BLACKWOOD - I would probably need to find out in more detail for you, but my understanding is that those dental surgeries will be utilised by dental therapists, and currently are being. They have been equipped and opened recently as state of the art.

Ms FORREST - That is right. Dentists are not using them for care of general members of the public, I think it is being used mainly for children.

Ms BLACKWOOD - Yes, it is. They have been set up as clinics for dental therapists because an adult clinic needs a bit of a different set-up with a lot more equipment and so forth. They have been set up as part of the children's service that operates satellite clinics all throughout the State. We have 30 such clinics around the place and that is how we choose to run a very distributed service. Adult services, which are more sophisticated, need more equipment and more staff support. They tend to be concentrated in the four major metropolitan centres, so we have four adult clinics and then a distributed scatter of children's services, of which Smithton is one.

Ms FORREST - So there is no way that you can in an economic sense use one of those rooms for adults?

Ms BLACKWOOD - If the examination of the service need up there indicated that that was the case it could be looked at but I have not heard anyone ask about that.

Ms FORREST - There have been letters sent through to your office, Minister, about this.

Ms BLACKWOOD - About Smithton adult?

Ms FORREST - Yes. I was cc'ed on a copy that went through to the office of one of the members for Braddon.

Ms GIDDINGS - I will have a look at where that is.

Ms FORREST - It was one of the Labor members, not one of the Liberals.

2.3 Population Health Services -

Ms FORREST - How much has the swine flu cost Tasmania for the printing of the posters, the little cards that they hand out at the airport, and all associated costs? Obviously there is a Federal Government component here and the minister indicated that there was a local government aspect as well. Do we have a breakdown of that?

Dr PICKIN - Obviously it is still ongoing and we did not start off with a budget. Some of the figures that I have are rough estimates at this stage. Most of our communications has been very low cost. We have had the web site and a whole range of resources so that businesses, community organisations et cetera can download and just print off. Normally we have sent information letters to parents through schools and stakeholder meetings where we have done that and we have used the media.

I think that the majority has been very low cost. For the actual posters and cards that we produce for public events and public places like the footie, so far we have spent about \$10 000 on that. For the airports and the TT-Line posters and cards et cetera it is about \$15 000. The newspaper ads and the community service announcements together have been about \$60 000.

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The community service announcements were seven weeks of the telly and radio ads and there have been three newspaper ads. So the total is about \$85 000 but that is not all from the health service. That is between the health service and DPAC, and we are still in negotiation about who is exactly paying for what.

Ms FORREST - How will that impact on the Health budget then?

Ms GIDDINGS - We did, as I understand it, put aside about \$1million to assist with the costs around swine flu. There is a lot that we are going to be learning from all of this as well and we are just thankful that we have not had a full-on pandemic with a large number of deaths and the need to use ICU beds and all the rest because I think the effect would have been quite dramatic on the health system.

Elective surgery would close overnight, so forget having that. Hopefully the flu clinics would keep some pressure off the EDs in terms of day-to-day presentations to the hospital but with beds and things there would be big pressures on the health system, and it would take staff out of the day-to-day operational areas to staff the flu clinics. Even though it is not being ramped up to the full extent, there has been some impact on our acute hospitals as I understand it through the fact that we have had to put staff into these areas.

DEPUTY CHAIR (Mr Wilkinson) - Is it fair to say that the actual threat of swine flu is not as great as the Press beefed it up to be a couple of months ago?

Ms GIDDINGS - I will let Chrissie say more. My view is that this has all been handled very well by everybody. There will be things that we could do better and we will learn from those but I think that the Press has been pretty responsible around swine flu and have fallen in behind us well. They have not sensationalised it; only once I think we ended up with a front page that was a bit concerning early on, but generally speaking they have cooperated well and I think reported it fairly straight.

DEPUTY CHAIR - Some might argue that worldwide there are more deaths with normal flu than there have been with swine flu. There is also another point of view that because it has now got a foothold it is going to become worse next year and that is one of the reasons there has been treatment of it this year to cater for what might be an even greater threat next year. Is that right, or is that just pie in the sky?

Dr PICKIN - Yes. It is always difficult to predict how a new virus is going to behave, and by definition we do not know anything about it. The early data that came out of Mexico was very worrying. They were reporting a 25 per cent hospitalisation rate, and a 6 per cent death rate. Obviously, if you are going to have widespread infection, which you do because there is no immunity, no vaccine, then that is a very large number. So that was the first data we were given to start preparing for.

Obviously in Mexico they had not known how long that had got it, so they did not really know what the denominator was. Those figures we knew might be too high, so we had to watch and really wait and see how the virus behaved. You cannot look at it in the test tube and see how it is going to behave. We were then following what was happening in Canada and the US, and that was still reporting in the early days a 2 per cent death rate, again huge if you are talking about widespread infection.

It was only really when it came to Australia and Victoria that we started seeing that maybe this was not as severe as that. Obviously we have had two deaths here now, but that -

DEPUTY CHAIR- Here being Australia?

Dr PICKIN - In Australia - sorry - and about 3 000 cases, so we are nowhere near the early figures of 6 per cent and 2 per cent. Really, our change in approach has been the change in the data and our understanding about how the virus is behaving, but we still have to be cautious in that the virus can change. All pandemics start off milder and the second wave is usually the one that is more severe, so this could, as you say, come back. Particularly if you are in the Northern Hemisphere, you would be very worried because it is seasonal, so we are getting the brunt of it in the Southern Hemisphere now, they would get the brunt of it in the Northern Hemisphere in their winter, by which time we are looking at second waves. So they are worried and preparing for that. What they are holding out for, and of course we are as well, is the vaccine and the hope that in this pandemic there will be a vaccine between that first and second wave.

DEPUTY CHAIR - The ageing population is obviously a significant driver of health demand. What modelling has been undertaken for the impact over the coming decade and decades in relation to the problems concerned with an ageing population and health?

Ms GIDDINGS - There has been a fair bit of work, and it would cross over from Chrissie's area, but also there was a lot of modelling done for Tasmania's Health Plan to allow us to effectively plan what services we would require for the next 20 years. There has also been work that we have been doing, I think I mentioned, with the demographic change council around the ageing population. We recognise that it creates a number of challenges for us; particularly our own work force is also ageing, let alone the demand that will be put onto our services by the community itself. But there is also the issue, not in my portfolio area now, of the impact on housing for Minister Thorp to look at.

We have a number of strategies within the Health Plan to try to help us to deal with the challenges that we know are coming, and one of those is to establish an aged and rehabilitation clinical network to bring all of those specialists, in a sense, those involved in aged care, together to help us address these issues at a statewide level. Our Health Plan is focused on a reshaping of acute and primary health services, again to better manage the anticipated growth in demand. There are a number of strategies we have in place. We have the Geriatric Evaluation and Management Unit to provide support for non-acute patients who have chronic or complex conditions associated with ageing, the Transitional Care program to help older people return to more appropriate care settings after hospital stay, and the Pathways Home program, which accelerated the appropriate placement of old clients who are being treated in acute settings to more appropriate environments.

[3.00 p.m.]

There is more being done but a lot of it, too, is around the packages of care that we are now providing. We are doing packages like aged care in the home, for instance, palliative care in the home, or hospital in the home, so that in effect you are trying to stop the entourage turning up to the front doors of our institutions and providing them with services in their own home environment. One of the areas in which we are doing that, for instance, is in the Central Highlands where we are trialling information technology. That has come out of the changes with the Ouse hospital. We have partnered with Telstra to provide community nurses with mobile phone technology that links into the Internet and they can use their mobile phone cameras in the

homes of patients, no matter where they live in the Central Highlands because their cars become mobile repeater stations so you do not need a tower for it. They use the camera, that is transmitted back to a GP or a doctor specialist who could literally be anywhere in the world, and who can then provide advice to the nurse and tell them to check the vital signs, do blood pressure, do this and do that and then that patient needs to come into town or, no, the patient's ongoing monitoring is fine, stable, we're happy, , just do this, this and this.

We are looking at what you can do for the future. The reality is that with the demographic change as it is, we do not have enough people in the X and Y generations to support the baby boomers. They just do not physically exist therefore we have to find ways of supporting the population as it ages without people physically doing everything.

Mr MARTIN - One of the ways of doing that is to put more money into medical research. The biggest factor we have is the various debilitating diseases and if research can just delay the onset of those diseases by, say, five years, it overcomes a lot of the demographic problems we have.

Ms GIDDINGS - Research is a fundamental part of what occurs at our acute hospitals and at the Royal Hobart Hospital there is a research group that do a lot of fundraising to help support research but as a tertiary teaching referral hospital it has a lot of work going on in research. Our partnerships with the Menzies Centre are critical in all of that as well.

Mr MARTIN - Is there any plan to put more money into these facilities?

Ms GIDDINGS - The State Government has been working with the Federal Government and the Menzies Centre and their philanthropists to help grow the physical infrastructure of the centre to help with expanding their research capabilities. The last Federal Budget has seen a significant boost to that funding and we have been doing what we can too. Within the hospital, of course, we have joint appointments with the University of Tasmania with professor positions, for instance, to help with ensuring that not only the teaching happens with the students going through or the interns going through our hospitals but also that the research is occurring. The nursing level as well is the other part; we want to encourage nurses to see that they, too, can be medical researchers.

DEPUTY CHAIR - Could we put a question on notice on how much of the Health budget expenditure can be linked in one way or another with health issues associated with the problems of obesity and what analysis has been done?

Dr PICKIN - I can let you know that. Access Economics has modelled how much they would expect the cost to be in obesity Australia-wide and therefore what you would expect Tasmania to have to pay. On direct health service cost it would be about \$44 million per annum and the overall direct cost, \$194 million, which includes things like lost productivity and cost of caring for people, but if you add in the cost of the burden of disease, about \$1.4 billion per annum.

DEPUTY CHAIR - Per annum, \$1.4 billion, with the issue of obesity?

Ms GIDDINGS - That is Australia-wide.

Dr PICKIN - No, that is for Tasmania. The direct health service cost is \$44 million per annum.

DEPUTY CHAIR - That is a more-than-significant issue that has to be addressed as a result of what is occurring in Australian society in the recent past.

Ms GIDDINGS - That is why we are working with the Federal Government around their campaigns like the Measure Up campaign and we partner with Eat Well Tasmania to try to get the positive messages into schools around what is appropriate eating. It would be difficult to get a full picture, though, Jim, just from Population Health. Population Health would be able to tell you what we provide in those programs, which will not be that much in terms of spend things, but to actually get a full picture of what we do around obesity, as I think you are trying to get, you would have to include the dieticians that we employ across the agency, and the cost of bariatric surgery. There would be a lot more than what happens in Population Health.

We do see that there is a need to put more resources into the population health area and primary health areas to try to turn the system around. In physical dollars that is not that easy to do.

DEPUTY CHAIR - And when you look at the Budget itself in relation to Health and you look at \$1.4 billion each year, the cost is something you obviously have to sort out the best way you can.

Dr PICKIN - Yes, and the prevention of obesity really does not sit predominantly within the health service, it is a whole-of-government approach. Our urban planning or transport policies and all of those things will impact.

Ms GIDDINGS - Making people walk. We Tasmanians are the worst; if we can't turn up to the front door we are not happy, Jan.

Laughter.

2.4 Mental Health Services -

Ms FORREST - Can you provide an update on the long-overdue review of the Mental Health Act?

Ms GIDDINGS - Perhaps if I can talk to that one as well. I am very happy to provide you with more information around that. It is becoming a very frustrating process I think for all involved because of the complexity of the bill. In fact we are up to our fourteenth draft bill and because it is really bringing in a new approach to the framework we provide for the delivery of services for Mental Health Services it is proving to be a lot more difficult than we thought. I have kept tight screws on the department, the department have tried to do the same on the Office of Parliamentary Counsel and the reality is the task is far bigger than the time line we gave to do the work.

Ms FORREST - One could say I did suggest that last year.

Ms GIDDINGS - Yes, you did. Well, you have been proven right.

Mr WILKINSON - Do not tell her that.

Laughter.

Ms GIDDINGS - No, I have to give this one to Ruth because effectively what I have now had to do is sign off on the department pushing that time line out, which now looks like it will be beyond the next election, that I will not be the minister to deliver the reforms - which I am disappointed about because I have been very committed to mental health and wanted to ensure that we had a modern, up-to-date service. I doubt that I will be the minister who can do that now. It will be another minister who brings the legislation into the House, which means that I will have to bring legislation back to the Parliament to extend the sunset clause on the community treatment orders under the existing legislation, a commitment I made to the Parliament that I would not have to do.

It is very unfortunate and it is because of the commitment that I made to the Parliament that I have really kept the pressure on everybody involved but it has just come to a point where we know that it is just not going to happen.

Ms FORREST - So you are not going to be minister because there is going to be another government or because you want a different portfolio?

Ms GIDDINGS - I could be the future Health minister, I could be back here next year at the table delivering it.

Mr MARTIN - We're trying to catch up with what you said.

Ms GIDDINGS - Who knows who the new Government will be, who knows who the ministers will be? I could be back, it could be me, yet.

Ms FORREST - So at the end of the day we are not going to see it until next year sometime, at the earliest.

Ms GIDDINGS - We are not going to see the mental health bill now in this term of government. We are still trying and we are still crossing fingers and toes that something might happen that helps us to bring this legislation forward but the reality is, to do the consultation we will need to do on the draft bill, we are not going to have that time. The other aspect is that we have actually employed an outside quality assurance organisation to look at the bill and make sure that what we are trying to achieve in this new paradigm is in fact being achieved. The last thing I want to do too is to put the pressure on purely to give myself the pleasure of not going back on a commitment and then end up with a bill that is fragile because it is not robust enough, it did not have the time put into it that it should have had.

Ms FORREST - So is draft 14 not ready to go out for consultation?

Ms GIDDINGS - No.

Ms FORREST - Right.

Ms GIDDINGS - Is there anything else, John, you want to add to that?

Ms FORREST - Are you putting him under pressure?

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Dr CRAWSHAW - I think all of us would have liked to have seen it come sooner but the reality is that if you are going to do it right, it has to take the time necessary.

Ms FORREST - I note in this year's budget papers many health services and statewide specialist services have been merged as a line item. I just want to know what the main driver was for that to merge service delivery and bring about some cost savings. When you add up the line items there is not a lot of difference from the forward Estimates from last year.

Ms GIDDINGS - Unfortunately that is part of the agency restructure and Dave Roberts would have been the most appropriate person to talk about that. John may be able to give you some understanding from his perspective as to why that happened. He was looking after both areas as well but it is part of the agency restructure.

Dr CRAWSHAW - In general terms there are synergies between the two from a clinical point of view as much as from the administrative or management point of view. There is crossover between the several components of my services and one of the things which I have had to do is actually acknowledge the importance of working within the interfaces and so forth, particularly in the area of Co-morbidity, which is the crossover between Alcohol and Drug Services and Mental Health Services, as well as making sure that the individual needs for the respective areas are also honoured and moved forward. Mental Health Services was merged to include Alcohol and Drug Services, Forensics and a Correctional Primary Health and then more recently Health and Wellbeing Services was also added to my portfolio.

I think that part of it is around acknowledging some of the clinical governance and clinical needs moving forward and some of it, obviously, is that I would have to refer to the secretary.

Ms FORREST - I might put that one on notice. Perhaps through the House we could get some more detail on that one at a later time.

Ms GIDDINGS - I am happy to do that. I think that the explanation that John has given you is probably what it is in terms of -

Ms FORREST - Can we get that information through this process though, or would it be through David Roberts?

Ms GIDDINGS - You can. You can put it on notice, and I am happy for you to do that. It might just take a telephone call. We could get Dave to give you a quick call and just talk it through with you rather than go through all the processes, the paperwork required.

Ms FORREST - That is right.

Dr CRAWSHAW - Minister, the other thing which is quite distinctively different about the services I have got is that they are not largely area based in terms of the needs to address some of the clinical issues in terms of maintaining standards and quality and moving through some of the reformed processes.

[3.15 p.m.]

Ms FORREST - Just another quick one. The budget data refers to a decrease in the number of in-patient admissions to mental health facilities and one statistic shows a proportion of people with a mental illness, whose needs are met by the Tasmanian Legal Health Services, decreased

from 40 per cent in 2006-07 to 35 per cent in 2007-08, and this could suggest that there was an increasing number of people falling through the gaps. This was also something I picked up in the progress report of May 2009 as well. I have a couple of questions in relation to that. One is related to the data; how is the data collected and is it reliable? It does concern me if that is the case. Can you explain what additional work is being done to ensure that the proportion of people with mental illness whose needs are met or unmet by the Mental Health Services is met? The figures indicate that there could be a problem here.

Ms GIDDINGS - My understanding is that it indicates the success of the reforms that we are driving. What we are trying to do is keep people well and keep people well in the community. The fewer people we have as inpatients in the system the more successful we are in creating that.

Ms FORREST - We are having fewer occasions of service in the community where the ongoing support keeps them out of those inpatient facilities. That is a concern.

Ms GIDDINGS - John can speak more to it.

Dr CRAWSHAW - One of the things we have been doing over the last 12 months is trying to address the issue of the reliability of the data and what is on the system. Virtually all of our systems have been manual and relying upon individual collection of data and then entering into a somewhat antiquated database for reporting purposes. Over the last 12 months we have gone through an extensive process of trying to improve the quality of the data, the counting of the data and I am still not satisfied that we are recording all of the occasions of service and all of the people being seen. That is part of why, as part of this year's initiatives, we are in the process of introducing a clinical information IT system which will enable us to more accurately collect data.

Ms FORREST - It that from all the NGOs as well? They are making the criticism that they provide a lot of data to the department based on their services and what they are doing and there is not much feedback. There is no publishing of that in an accessible format.

Dr CRAWSHAW - Mental Health Services in terms of a national data collection is probably more published than most other areas. We are providing the data - there are about three reports that we have to provide nationally. The reality still is that we are still in the process of trying to work in the transition between a manual system to a more appropriate electronic system and to try and make sure that they are counting all of the right things at the right time in a consistent way.

It has been an issue for the last 12 months trying to do so. So while I would love to give you more accurate data we have had to go through a process of actually data cleansing and data checking. The process has dropped some people off the list and now we have picked up that some people are not being counted in the lists. The numbers are the best that we can do but there are problems with the quality of the data.

CHAIR - Minister, in table 5.11, under Continuing Projects one is the CCTV project.

Ms GIDDINGS - I will ask for Simon Barnsley, the deputy secretary who oversees our facilities branch, to come to the table.

CHAIR - You don't want to answer that one?

Ms GIDDINGS - No. I did last year but not this year.

CHAIR - I might have to refer that to another member of another committee.

Minister, we will move to table 5.10 which is on page 5.26. We will look at SCIF and the Hospital Equipment Fund and Hospitals Capital Fund. Do any members have any questions on those outputs?

Ms FORREST - I have a couple. Funding of \$18.5 million is allocated over four years from the Infrastructure Tasmania Fund for health information technology. The same statement was made in last year's budget paper and \$5.4 million was allocated last year for this initiative. Can you tell us how much has been spent and what it was spent on?

Ms GIDDINGS - Why it is repeated again is the fact that the funding has not been cut, it is ongoing. It is one of those reform areas that we have seen as quite critical to continue in this year's budget, regardless of any financial pressures.

Mr BARNESLEY - I can respond very briefly, Minister. There are several large projects in there. Firstly, we are implementing a new patient administration system. That is a long-term project and is very large.

Ms FORREST - Is this to do with the UR numbers?

Mr BARNESLEY - It is the precursor to that. It is the administration system that we admit people into, we book all their appointments, do the theatre bookings. It runs the whole patient administration in the hospital.

Ms FORREST - From DEM right through?

Mr BARNESLEY - Yes. We will be implementing that in all rural hospitals and in all three acute hospitals by next May, and that will be right across the State.

Ms FORREST - What is that called?

Mr BARNESLEY - It is produced by a company called iSoft and it is called iPatient Manager. It is the same product we are implementing in Mental Health Services and into the community health services more broadly. The second one we have just tendered for is implementing what is called a RIS/PACS, which is a radiology promotion system that manages all the radiology activity; the PACS is picture archive and communications, which means all the images are captured and stored electronically and can be moved around the State as required.

We have just completed a rollout of a statewide pharmacy system so all of the three hospitals are using a common pharmacy system which controls medication inventory and issue. We are implementing the electronic discharge summary which provides information to GPs when people are discharged. That is not yet finished in rollout. We now have completed a unique patient identifier for the State so that all patients in the State have the same nine-digit number and when the national system comes in we can map and link all the national identifiers to the State identifier.

Ms FORREST - When the national system comes in will private hospital records need to fall in line too?

Mr BARNESLEY - When the national system comes in everybody will be issued with an individual health identifier, the whole population of Australia, and that will be used to identify all of the records. How people put together the electronic health records is yet to be determined. The electronic health record is not going to be a record stored in one place; it is going to be a way of gathering up information that people want gathered up. Often with these national e-health records it is not that you have one vast file on yourself, it is the fact that you can ask for certain records to be provided to other health providers so that they can have access to the information. So it is more a matter of making sure you can identify everybody uniquely and be confident that is the person you are talking about.

Ms FORREST - Under health infrastructure you have a number of projects: Bruny Island Community Health Centre, Clarence GP Super Clinic, the Integrated Care Centre and a number of others. I am pleased to see that King Island is still getting some more funding for ongoing work there. Can you tell us where the Clarence GP Super Clinic is up too, how much has been spent?

Mr BARNESLEY - In terms of how much has been spent, I think that to date, without the actual figure to hand, it would be well under \$1 million because we are in the consultancy and design phase. I expect it will be coming to the Parliamentary Standing Committee on Public Works. I sent the minute to the minister yesterday afternoon, I think, and it will be going to the Governor who will then issue the instructions that will come to the standing committee. I would expect the hearings to occur some time in July. Late July, I hope. We hope to be going to tender for that in November, with a goal to having it completed to stage one by November of next year to open the GP Super Clinic, which is our commitment to the Commonwealth.

Ms FORREST - And a similar process for Launceston Integrated Care Centre?

Mr BARNESLEY - A similar process for Launceston. We are running a little bit later there because it is integrated with the car park and other work on the Launceston site. We are well advanced on the design process, I would expect we would go into the Standing Committee on Public Works with the whole Launceston package of projects in August with a view to getting construction started this year once again.

Ms FORREST - So the work that was mentioned earlier at the LGH with regard to their change to their ICU and CCU, that is not listed. I did have a look and I could not find it.

Mr BARNESLEY - It is not listed because the work in the DEM is in the Budget, the \$12 million. We then got another \$40 million through the Health and Hospitals Fund from the Commonwealth. The agreement was signed a week ago. That was a part of Commonwealth funds, and you will see that reflected. It does come through the Budget, but it came in after the budget papers were completed. That will build two floors above the DEM, but become a surgical services and pays for the AMU which is a re-configuration inside the hospital. That is a block of work at the corner of Charles and Franklin streets. Then the ICC and the car park will be a separate block of work that is going to occur down Franklin Street towards the back of the hospital.

Ms FORREST - What is the time frame for all of these?

Mr BARNESLEY - The DEM-AMU work will go to tender I hope late this year, and I think the completion date on the whole package of works is about 2011. All up, when you add the new

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bunker for a linear accelerator and the Holman Clinic, the ICC, the car park, the DEM, the AMU, I think we are talking between \$90 million and \$100 million.

Ms FORREST - Thank you.

CHAIR - Okay. Is there any more on that? There would be something on Glenorchy from Mr Martin.

Mr MARTIN - Do you reckon I should be courageous enough to raise another Glenorchy issue after yesterday?

CHAIR - Well, you did yesterday.

Ms GIDDINGS - We have some interesting work happening in Glenorchy with the health centre.

Mr MARTIN - That is what I wanted to ask about. I understand it is to be developed as an integrated care centre, not a tier-three facility. I do not know what the difference is, so if that is the case, can you explain it?

Ms GIDDINGS - At the moment it is a tier-three centre that is being developed, but we are looking at what services could go out into Glenorchy, Kingston or where else which could fall into a bracket of an integrated care centre in that sense. The services you would anticipate for that -

Mr MARTIN - Which is better?

Ms GIDDINGS - An integrated care centre is a higher level, it is a bridge between primary health and acute care services. In our hospitals we have gone through an Ernst & Young core business review, which has identified absolutely every service that we provide in our hospitals. We did not know precisely everything that we did, but having gone through this process we do now, and they have helped us to colour code the services to determine which services are absolutely core to an acute care hospital, which services are in that sort of grey area that could be in acute, but might be in a different setting like an integrated care centre, and which ones could be delivered in a different setting whether it is an integrated care centre or a primary health centre of another tier.

In building a new Royal Hobart Hospital, we are looking at what services we could put elsewhere, closer to people in the community. That is where Glenorchy is part of that discussion as to whether or not we would be better to take it up a level into an integrated care centre model, or whether it stays at the tier-three model, which is what we have planned to do at Kingston and Glenorchy at this time.

[3.30 p.m.]

Mr MARTIN - I understand that it was a very good consultant and it was very comprehensive. Is that report finished?

Ms GIDDINGS - Into Glenorchy, as such?

Mr MARTIN - Yes.

Ms GIDDINGS - No, that is not finished yet. We do have someone doing some service planning for us and we expect that towards the end of this month, so it is fairly imminent but not yet.

Mr MARTIN - Will that give you the information to make the decision about an ICC or a tier three?

Mr BARNESLEY - It would be the basis for coming to those conclusions and it would work out what services are best situated there.

Mr MARTIN - I am told that the work that the plan looks like recommending meets all of Glenorchy's service needs identified through the Glenorchy Social Plan and Ageing Strategy, which would be fantastic, but clearly would have significant budget implications so if you lift it to an ICC there will not be more money than \$8 million, will there?

Ms GIDDINGS - Not necessarily. What we do have, which is in the budget papers, is the \$8.5 million to help build the capital side of it. In the recurrent side of it, if we were to shift services out of the Royal, for instance, then the funding that was with that service would go with the service to the new ICC. It would not necessarily be new money although it could be if there are new services being provided. There would have to be new money to pay for those services but it may well be that it is actually taking services away from one area and putting them into a new area.

Mr MARTIN - What is the time frame for that decision?

Ms GIDDINGS - The first bit is the upgrade of the actual centre, which is the \$8.5 million which is enhancing, as I understand it, the health infrastructure out there.

Mr MARTIN - Are we talking about what is now the Glenorchy Health Centre on that site?

Mr BARNESLEY - I was going to remark that there are two studies going on. There is the service plan the minister has spoken to, which says what services should we have and the second one is that we have contributed \$100 000 towards a study of a new city precinct in Glenorchy because there is discussion on physically what buildings we need there and what should be where. That is a separate piece of work that will inform us how we build what we choose to build, because we have various mental health service facilities just down the road at Gavitt House, we have the Pulse Youth Health Centre, the Community Health Centre, and Housing Services. We are asking a serious question about what is the best way to go at building anything before we actually go to the design phase. That is happening now -

Mr MARTIN - That is very strategic. That is good.

Mr BARNESLEY - in parallel with a service plan so we then get a service plan to say what services we need. There is a precinct plan that takes account of other users, and the council itself. I would expect in the next six months that we will be working out exactly how we put all this together. I do not have a time frame for the building because we go through a process where you do the service planning first to work out what you want before you sit down and start drawing plans and once that is mapped we can then identify the cost of building it. If we are doing work

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with other organisations then in effect how we design the building. It is a little early to call the view as to what is the right-sized budget for these projects.

Mr MARTIN - Thank you - very good.

CHAIR - Minister, I do not know whether I am missing something here - the Longford/Westbury Health Centre upgrade. I am not very much aware of the Westbury Health Centre. Why have we rolled them into the one name there? Has that been the case for some time or not?

Ms GIDDINGS - There are two separate capital programs there.

CHAIR - That is what I would have thought.

Ms GIDDINGS - There is the Westbury Health Centre capital program but there is also the Longford one. I do not think there have been final decisions made in relation to exactly how the Longford part of that will progress at this time.

What we originally intended at Longford was to redevelop the Howard Hill site that was vacated by Mental Health Services and that was our initial view. Having had a good look at that building, the view is now coming back that it is not useful; we cannot really use it, it is too old and we would be far better to start again. That may well mean the demolition of the Howard Hill building for that to occur. I have asked the department to go back to the Longford community and discuss with them the future of that site and how it will occur. I think the community might be in the mindset that they would maintain this old building. It is not an attractive building; it is nothing special

CHAIR - I remember I have been in there.

Ms GIDDINGS - You have been there and I think that it will be straightforward to demolish it but I want to ensure we bring the community with us and they do not suddenly say, 'Mental Health Services left last week and we thought we were going to see this building redeveloped. Now it is gone, what are you doing?' So I expect going through that discussion that we will get to a point where we will look at demolishing that building and building a brand-new purpose - built health centre on that site.

You might want to say more, Simon.

Mr BARNESLEY - I observed a small news item in yesterday's *Examiner* where the area health manager had spoken to the community and that it was proposed that it be demolished but it is not yet a final decision by the department. The Toosey board wants the demolition to occur because they get most value by having a clean start and a building well developed right next door to them. That is the proposition and it means that we put Oral Health Services and so forth in that one building.

CHAIR - It was just a bit confusing with them both being on the same line item but separated by an oblique.

Mr BARNESLEY - The Westbury is an extension to a good-quality existing building and that is \$700 000 and \$1.3 million at Longford.

CHAIR - I am aware of that one and money well spent.

Ms GIDDINGS - I think so too. I had someone come to me the other day and suggest that perhaps we should start a brand-new Westbury centre somewhere else. Whaaaaaaaat!

Ms FORREST - Like in Strahan or somewhere.

Laughter.

Ms GIDDINGS - Was it you, Ruth?

CHAIR - No more questions from Ms Forrest today. Thank you, Minister, and to all of your staff.

The committee suspended from 3.38 p.m. to 3.51 p.m.

DIVISION 6

(Department of Justice)

Output group 1 Administration of justice

1.1 Supreme Court services -

Mr WILKINSON - In relation to the pending cases, I note from last year to this year they have reduced by around about 6 per cent. This is the pending cases for matters older than 12 months. What is the reason for that? Did they settle, did they go to actual trial?

Ms KNIGHT - Is this in civil?

Mr WILKINSON - Well, both.

Ms KNIGHT - There could be a number of reasons. It could be that, for example in criminal jurisdiction, the numbers of finalisations by way of other methods also increase. For example, by way of a plea of guilty or a discharge. So there could be a number of reasons for finalisation increases.

Mr WILKINSON - We are told over the last couple of years in relation to criminal matters, in one-fifth of all matters that have come before the Criminal Court there has been a discharge. Was that still the same this year?

Ms KNIGHT - I do not have the figures on that this year. I can take that on notice.

Mr WILKINSON - Could you get the figures for that, please?

In relation to criminal court matters as well - I have mentioned this now on a couple of occasions and it is probably a matter for the minister - the magistrates courts work really well with

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contest mention days where you are aware of what they are. Has the Supreme Court or the Criminal Court thought of initiating the same process as in the Magistrates Court because it reduces the time prior to conclusion of the matter and also gives a defendant an indication of what penalty they would get. Most offenders are happy if they do not go to prison and if they know that at an early stage the matter could be dealt with fairly swiftly as opposed to just being dragged out.

Ms KNIGHT - As far as I know that is not being considered in the Supreme Court but I think if requested, they would consider it.

Mr WILKINSON - It has been raised now for about three years and obviously it is something that has not taken on otherwise it would have been mentioned by now. I just wonder whether you are aware of any conversations had with the judges or alternatively with other practitioners as to whether it would or would not be a good idea.

Ms GIDDINGS - It's contest mention, isn't it that you are interested in there?

Mr WILKINSON - Yes, contest mention in the Supreme Court.

Ms GIDDINGS - I can certainly write to the Chief Justice and ask what their opinion would be around that matter, and send you a copy of that in due course, outside of the budget Estimates process, if you are comfortable with that.

Mr WILKINSON - Very good, thank you. In relation to civil matters, do I take it that civil matters have also decreased in relation to cases pending longer than 12 months? We brought that forward from the last couple of years, is that right? In fact it has gone out - 31.9 per cent to 33.3 per cent.

Ms KNIGHT - It does vary from year to year. The information that I have before me is that the backlog indicator for civil non-appeal cases in the Supreme Court greater than 12 months old of the 30 June 2008 was 23.7 per cent, or 247 matters; pending matters older than 24 months were 9.4 per cent or 98 matters of the total case load. These figures were above the national benchmarks.

Mr WILKINSON - Mediation conciliation often brings about a swifter conclusion to civil matters. That is still proceeding. Is that going to be ramped up at all, and if not, why not?

Ms KNIGHT - The number of mediations depends on the number of cases reaching that point in the court and as they reach that point they are either referred to mediation by the court or by the parties, and we meet the need that arises from time to time, so it depends on the need. The information currently to hand is that the number of mediations is remaining relative stable.

Mr WILKINSON - Have you any statistics as to whether the matters that are referred to mediation by the court solve prior to going to court? I would have thought that would be ammunition to say that mediation is working as opposed to having to wait to fight the matter out in court.

Ms KNIGHT - We do report in the annual report on the number of mediations held and number settled at mediation. It is an overall statistic so it includes the ones that are referred by the court plus the ones that are referred by the parties.

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Mr WILKINSON - And do you know whether the ones that are referred by the court are mainly settled as opposed to going to trial?

Ms KNIGHT - The figures are not broken up into the two different categories, they are not separated into the ones referred by the court and the ones referred by the parties. It is an overall settlement rate.

Mr WILKINSON - But in relation to the overall settlement rate, does it prove to be a worthwhile exercise?

Ms KNIGHT - In the financial year 2007-08, the total conducted was 229 and the total settled was 146 out of that.

Mr WILKINSON - Which, prior to mediation setting in would not have occurred; there probably would have been a few that settled but certainly not that figure, would that be fair?

Ms KNIGHT - I think that generally the trend before mediation was that a lot of those would have gone to court, some of them would have settled as you say, some of them may have settled on the door of the court and others would have gone trial.

Mr WILKINSON - Therefore is there a need for more mediation or do you believe that you have the right mix at the moment?

[4.00 p.m.]

Ms KNIGHT - I think that we are meeting the current need.

Mr WILKINSON - The fee for jurors went up, I think it was from \$80 to \$176, last year. Last year about 20 per cent of the people who were summonsed turned up to work as a juror and therefore there was 80 per cent who did not turn up. What has happened as a result of the increase in moneys given to a juror? They thought at one stage that that may have been one of the reasons why they were not turning up.

Ms KNIGHT - I do not have those percentages for jurors. We will have to take that on notice and get back to you on that.

1.2 Magisterial court services -

Mr WILKINSON - In relation to the number of new matters coming before the Magistrates Court this year as opposed to the last couple of years, are you able to assist with the figures for that, please?

Mr CONNOLLY - There has been the start of a decline in numbers because of the impact of the Monetary Penalties Enforcement Act. Last year we had about 65 000 criminal matters lodged with us statewide, of which about 45 000 were minor traffic and parking matters, which now go to the Monetary Penalties Enforcement Service. So there has been a reduction.

Mr WILKINSON - Are you able to say how many of the matters the Monetary Penalties Enforcement Service deals with now?

Ms GIDDINGS - That is the next line item.

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Mr WILKINSON - Yes, but I just wonder because some go back to the court if they want to defend the matter or ask that they be heard in relation to the matter.

Ms GIDDINGS - I am happy to ask Mark Cocker, who is the Director of the Monetary Penalties Enforcement Service to join us at the table and we can cover both output groups for you.

Mr WILKINSON - In relation to the Monetary Penalties Enforcement Service, what it was going to do was decrease the number of matters coming before the court in the first instant but, if you wish to defend a matter or put forward an explanation as to why an offence occurred, you fill in the necessary documentation and that matter goes back to the court. What I am wondering is how many that originally commence in the Monetary Penalties Enforcement Service go to court?

Mr COCKER - The figures I can present relate to persons who have received an infringement notice who voluntarily elect to take the matter to court - that is, to defend the matter in court. As of 19 June there have been a total of 816 persons who have voluntarily elected to take their infringement notice offence to court. That is from 1 July to 19 June.

Mr WILKINSON - What was that figure?

Mr COCKER - It was 816.

Mr WILKINSON - Out of how many?

Mr COCKER - In terms of notices referred, approximately 140 000 notices.

Mr WILKINSON - That is obviously a huge success story, is it not, so far as matters being taken out of the court system and therefore freeing it up is concerned.

Ms GIDDINGS - It certainly is. The good part is that they are paying up, too, are they not, Mark?

Mr COCKER - Yes, they are.

Ms GIDDINGS - We have had some success there in recouping more fines, which is part of our justice system. When people are fined they are fined for a reason and they must pay up.

Ms FORREST - It could help with the black hole management.

Ms GIDDINGS - It certainly does help us. It is the one area in Justice where we have some rising income, which is nice. But it is not ours, it is Treasury's. They are very quick to snivel it.

Mr WILKINSON - I suppose it might be a fair time when you look at rising income to ask how many positions, because that is what we are talking about, are going to be lost as a result of the decrease in the Budget going to Justice?

Ms GIDDINGS - Sorry, would you repeat that question please, Jim.

Mr WILKINSON - What we are looking at is an FTE has been averaged out at \$66 000 per FTE -

Ms GIDDINGS - So you are going to a budget question now?

Mr WILKINSON - Yes. The situation is as I understand it that the Treasurer has said that there will be x amount of positions no longer needed in Justice and therefore they are reducing the Budget by \$66 000 multiplied by however many positions.

Ms GIDDINGS - We have one senior executive service role going and we have the equivalent of up to 12 middle management positions. But because we are not told to remove x number of people, what we have is this budget ask on you and how you deal with that is up to you. We will be using every other tool possible before we look at voluntary targeted redundancies. Those other tools that are available, vacancy management is one tool that we use and through vacancy control we believe that we will be able to deal with a reasonable amount of the budget ask on us. We will also talk to staff about those who might be prepared to take early retirement or a phased-in retirement - part time work and those with reduced hours - before we end up saying okay we have a voluntary targeted redundancy program, we are now looking for redundancies.

We will see how we do manage it but it is a department without much flexibility and we will no doubt have to do our bit there. If you were linking it back to the monetary penalties enforcement income, is that where your link came in?

Mr WILKINSON - Not this, no.

Ms FORREST - While you are on that can I just ask what that SES position is that is going to be done away with?

Ms GIDDINGS - It has not been identified yet. That is one that we will have to identify. It is across the agency so it may or may not come from my area that I am responsible for in Justice. There are two other ministers so it may come from one of their areas as well.

Mr MARTIN - Minister, that is my question. Are those figures you mentioned just out of yours, or is it across the agency?

Ms GIDDINGS - It is the whole of the agency.

Mr WILKINSON - In relation to the Magistrates Court, it would seem that is under the pump already as far as work is concerned. One could put forward a good argument that if positions were not filled the actual service could not be supplied or alternatively supplied but not to the extent that it is now. What is going to happen within the Magisterial Division?

Ms GIDDINGS - What is appropriate is to give you an overview which affects the Magisterial Division. Lisa and Michael have formed a committee within the department that oversees all jobs and vacancy control across the department. So before any job can be advertised to be filled it must get approval from the two people.

Mr WILKINSON - Only one better committee than two you know, that is one.

Ms GIDDINGS - It is a committee of three, sorry, Robert is on it; three senior staff within the department. All three oversee that. I am aware that there has already been some vacancy

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control in the magisterial courts to help with the current financial year as well as what will happen in the next financial year. If the pressure is growing too much in a certain area then Jim or Elizabeth or whoever can go back to this committee and say, 'Right, we have held that vacancy for so long but now we need some relief. Can you provide us with any relief in the context of the overall budget for the entire department?' Just because there is a vacancy right now does not mean that it will be still vacant in two, three, 10 or 12 months' time; it could well be that that pressure is relieved in that area and applied in another area to help us get our budget in on target.

On my visit to Launceston, for instance, I was very much aware talking to staff there the pressure on some of the administration staff who were having to do the load of people who had not been replaced through vacancy control. I am sure that if it is a management issue it is a day-to-day management issue for Jim and the others.

Mr WILKINSON - Has the amount of work within the Magistrates Division decreased because of the monetary penalties enforcement or, alternatively, stayed the same or increased? If it has increased, why?

Mr CONNOLLY - The total case load has dropped but the actual workload for magistrates has remained constant. What was transferred to the Monetary Penalties Enforcement Service was work that was previously done by honorary bench justices, justices of the peace, usually ex parte proceedings. It was a processing exercise mainly so the resources required were bench justices and some registry resources to list matters and record outcomes in our computer systems and that sort of thing. That part has been removed.

The resources that have been freed up in the registry have been redeployed to fill the gaps made by vacancy control positions that are not filled and our performance indicators show that with that rearrangement we are still keeping up with a reasonable timeliness indicator and our backlog figure is not blowing out so our clearance rates are remaining fairly constant. For the moment, it is being managed.

Mr WILKINSON - Is that in all parts of the State - south, north-west and north - and is one worse off than the others?

Mr CONNOLLY - They are all within tolerance, I would say. There are some registries that vary from time to time but we monitor the performance in each of the registries and where extra resources are required then we might, for example, send magistrates from one part of the State to that registry to help out on a one-off or a regular basis to keep the case load flowing through.

Mr WILKINSON - The case load in Hobart is higher than the case load in the north and the north-west but I am just saying that as a number as opposed to a magistrate. Can you give me some indication as to the type of case load that goes through, first, the south of the State each year?

Mr CONNOLLY - I do not have those figures with me at the moment but it usually boils down to about 50 per cent of the total statewide case load goes through the Hobart Court Registry and the other 50 per cent, probably 25 per cent in Launceston and 12.5 per cent in each of Burnie and Devonport.

Mr WILKINSON - Should there be any reason that anybody should be alarmed as to a backlog of cases in any of the jurisdictions, or should we be satisfied that the timeliness of having

the matter first come before the court by way of summons and getting the matter concluded is within time limits?

Ms GIDDINGS - We have a reasonably good story to tell when it comes to the Magistrates Court where we have a reasonable clearance indicator. In fact, in the latest reporting year, which is 2007-08, for the first time the clearance indicator in the Magistrates Court exceeded 100 per cent. I do not know how you can exceed 100 per cent but apparently you can -

Mr CONNOLLY - It means you are cutting into the backlog.

Ms GIDDINGS - We are cutting into the backlog so you can indeed exceed 100 per cent. They have been doing a terrific job. Those figures are in a time before the GFC so I hasten to say that maybe next year we might see the figures differ a bit if the pressure is such that is reflected in that way.

[4.15 p.m.]

For civil matters in the Magistrates Court in 2007-08, Tasmania reported the second-best performance against national time standards of all States and Territories with 32 per cent pending after six months and only 3.7 per cent pending after 12 months. For coronial matters, Tasmania reported the second-highest clearance rate in the nation at 103 per cent, which indicates that the backlog is reducing, with more cases finalised during the year than were received. Coronial case loads are also well within national standards for timeliness, namely 24.8 per cent older than 12 months, and 6.8 per cent older than 24 months. National averages in comparison are 26.2 per cent and 9.3 per cent respectively. There are of course at times difficult cases that do take longer, and I think you would be aware in recent times we have had some publicity around a particular coronial matter that took longer than expected. But generally speaking, we are performing very well.

Mr WILKINSON - To my knowledge, there is not the same number of cases which are going to take the time that over the previous years cases have taken. There was a fisheries matter that took a significant amount of time in the Magistrates Court, there were a couple of coronial matters as well over recent times. I do not believe - and please tell me if I am wrong - that there are any cases presently there that are going to take up a significant time within the court. Is that right?

Mr CONNOLLY - We have the Myer fire inquest sitting this week for its third sitting week; we have another mining inquest that is due to come here. As far as the criminal cases are concerned, there are not those significantly long committal proceedings we had with those matters that you referred to. There are none of those on the horizon at the moment, but they could pop up.

Mr WILKINSON - The magistrates, too, are leaving or retiring in the north of the State, in Launceston, Mr Szramka, and Chief Magistrate, Mr Shott, I think some time this year. What is going to happen there? Are we going to return with two magistrates, or with this vacancy matter proceed at first with the one magistrate?

Ms GIDDINGS - We will be replacing Magistrate Szramka as well as Chief Magistrate Arnold Shott. As you would be aware, what we did in advertising the position for the Chief Magistrate was to indicate that should a vacancy occur in the south of the State, it is our intention to bring the chief magisterial role back to where the administration hub is, which is in Hobart.

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We felt that it was important to put that into the advertisement so whoever applied was very clear about what the intention of government was in relation to that role.

At the moment we have eight magistrates who are based in Hobart, and we do not believe we would be going over establishment if we immediately recruited to Hobart and recruited a position in Launceston, because that will need to be replaced as well. It would either require the appointment of someone who is currently a magistrate in Hobart into that Chief Magistrate's position, or it would require a new person to be recruited, but into Launceston and that position to revert to Hobart down the track.

Certainly it is not impossible to keep a chief magistrate in the north of the State, it has obviously worked well with Arnold Shott for many years, but it is preferable to have a chief administrator, in that sense, working closely with your administration team. Again, we wanted to be clear, I did not want to appoint someone to Launceston as chief magistrate and then tell them 12 months down the track, 'Oh, by the way, we'd like to uproot you and move you to Hobart'.

The other aspect is that I also have sought the advice of the current Chief Magistrate in relation to magistrates establishment, and we always keep that under review in consultation with the court. I certainly also sought the current Chief Magistrate's views in terms of where a chief magistrate ought to be located.

Mr WILKINSON - Presently in Launceston I think there is, is it a part-time magistrate or a casual magistrate - temporary -

Ms GIDDINGS - Temporary, yes. Magistrate Myers who is there. Perhaps I will go through some of the changes we have had. We have had Magistrate Peter Wilson in Launceston retire, and we had Magistrate Tim Hill relocate from Devonport to Launceston. He effectively in that sense took Magistrate Wilson's vacancy. We then appointed Magistrate Melanie Bartlett to the Devonport Magistrates Court. Since then we have had magistrates Szramka and Shott announce their intention to retire. Magistrate John Myers is essentially there for a two-month period to backfill a vacant position that was caused by long service leave, which would be Chief Magistrate Shott's long service leave. Out of the discussions around the development of the judicial appointment protocol, it was raised with me the perception was that when the Government was putting temporary magistrates in there was an automatic step-up to becoming a permanent magistrate.

Mr WILKINSON - It has happened on three occasions.

Ms GIDDINGS - It has happened, so no wonder there is that perception. For a lawyer working in a private practice they cannot afford to leave their practice for a short time to do a temporary role and then go back to their own practice. What I wanted to do in that appointment was to send a very clear message to the profession that I understood their concerns, that this was a short period and that I would appoint someone who was not going to be part of a permanent appointment process. Magistrate Myers is doing a good job, as I understand, and he is performing the way we had hoped him to perform, but he will not be coming back into a permanent position. He is a retiring magistrate in a sense. He is coming towards the end of his career and we are very grateful that he has been able to help at this time. I expect a new appointment in Launceston to replace Chief Magistrate Shott.

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Mr WILKINSON - What about any other efficiency measures within the court? Is there anything that we should know about at this stage?

Ms GIDDINGS - I think we are always looking at how we can do things better. Interestingly, for instance, one of the problems we have had is people not turning up to court, so there have been some projects that Chief Magistrate Shott has helped to drive, no doubt ideas from his colleagues. The SMS bail project that I was involved in recently was aimed at trying to get more people turning up to court on time so we are not wasting everybody's time and resources.

Mr WILKINSON - How is that going?

Ms GIDDINGS - Anecdotally, when I spoke to the Chief Magistrate earlier on, I think they were positive.

Mr CONNOLLY - Absolutely. The indications are very positive. It is very early days because the SMS bail reminder system only began at the start of March this year. We have noticed that there has been a reduction in the number of defendants failing to appear. That is from the preliminary figures only but in May this year, for example, there was roughly a 6 per cent failure to appear rate. For the same period last year it was 9.2 per cent, so for every one of those defendants who now does appear we can deal with the matter quicker and hopefully finalise it quicker. There are fewer warrants having to be issued and then to be executed by the police and bring the defendant into custody and bring them to court. There are some savings in that way.

Ms GIDDINGS - There are also a number of other initiatives that have been pursued, including the criminal procedure project. This is about the court developing new legislation which will speed up the criminal litigation process by such things as active case management, early prosecution disclosure, earlier entry of pleas, facilitating the summoning of witnesses, and straightforward methods of evidence presentation. There is also the court management information project. The court is developing methods of improving the quality of case management information that is collected by its key information systems. Enhanced interfaces with other stakeholder agencies such as Police, Legal Aid, Youth Justice, Community Corrections and Prison Service have been developed to improve exchange of data that can expedite the finalisation of cases in the criminal justice process.

Recent investigations revealed that some information is not accurately recorded, which adversely affects the courts' statistics and performance reporting. Bail project we have spoken of, and the other one is the preliminary committal proceedings, which is to improve the finalisation rates for preliminary proceedings on serious indictable offences.

New procedures were introduced in February 2008. Experience from the first 16 months shows a reduction in the delay usually experienced in the process of preliminary committal proceedings at the Magistrates Court. Seventy-three per cent of defendants are now committed within 20 weeks of commencement of proceedings after an average of 3.9 appearances in the Magistrates Court. This is compared with 36 per cent previously and an average of 6.6 appearances before the commencement of the new procedures. The new procedures now provide for early disclosure of prosecution evidence and witness statements to defendants by police, earlier involvement of the Office of the DPP with respect to indictable matters, committed to the Supreme Court so that the charges will be settled without delay. Preliminary proceedings for the taking of depositions will only occur by order of a judge of the Supreme Court and will be

conducted by Crown Counsel instead of police prosecutors and increase case management by the Supreme Court.

Mr WILKINSON - The reverse side of the coin was that there was a delay in the Criminal Court because all that happened was the problems that occurred in the Magistrates Court were pushed to the Supreme Court or the Criminal Court and there was some time before the matters could proceed therefore the DPP was crying out, saying their numbers were up in the Criminal Court as a result of this committal proceeding. It had to take time to sort itself out. Do you know how that is sorting itself out?

Ms GIDDINGS - In terms of the Supreme Court? I do have a brief here.

Mr WILKINSON - It would seem to me that there are not as many matters proceeding by way of what we used to know as uncontested committal proceedings. Now it is just seeking depositions.

Ms GIDDINGS - There is a formal assessment that is occurring now of the effectiveness of the process change. We did, as you have rightly recognised yourself, need some time to allow the process to work to see what the effect of it was. My brief does not really answer it. There is a vaguely similar point here about the criminal jurisdiction clearance rate for the Supreme Court. The combined appeal and non-appeal cases were 79.5 per cent, meaning there were more lodgments than the court has finalised. This was anticipated due to the changes in the committal process in 2008 whereby cases may spend more time in the Supreme Court but less in the Magistrates Court with a total time spent in court processes expected to be shorter. Once that review has been completed we will know whether that is in fact the case.

Mr WILKINSON - Thank you. The mental health court was a pilot program and I understand that it is working quite well. It appears to be working well, especially when you consider that 80 per cent of people who come before a court have some type of mental disability. I wonder whether my information is correct, that it is working, and is it going to continue?

Ms GIDDINGS - It is a pilot and it is working. Rather than read out the whole brief for you I am looking for the relevant bit. The steering committee is assisting the Magistrates Court with an evaluation of the Mental Health Diversion List. The Law Foundation of Tasmania provided funding for the appointment of a researcher for six months to assist with the evaluation. An evaluation report on the Mental Health Diversion List and an analysis of the case load and other key issues was delivered in late May 2009. In its first 18 months of operation to February 2009, 118 defendants had been placed on the Mental Health Diversion List. Of that number, 21 people or 18 per cent, were returned to the general list as being ineligible for various reasons. Of the 97 defendants remaining, 58 per cent or 60 per cent have had their cases finalised following a period of judicial supervision of community-based obligations including compliance with mental health treatment services.

[4.30 p.m.]

Defendants on the program have suffered from a range of diagnosed mental illnesses - schizophrenia, some 45 per cent; bipolar disorder, 21 per cent, psychosis not otherwise specified, 7 per cent; post-traumatic stress disorder, 6 per cent; personality disorder, 7 per cent; depression, 8 per cent; obsessive-compulsive disorder, 2 per cent and other of some 3 per cent. Of those defendants many had received treatment from Mental Health Services, 59 per cent; private psychiatrists, 9 per cent; Forensic Mental Health Services, 11 per cent; private psychologists,

5 per cent; general practitioners, 7 per cent; Disability Services, 1 per cent and multiple service providers, 5 per cent.

The average number of court appearances prior to finalisation was 2.9 with 33 of the 58 finalised cases being disposed of in three to five hearings after being referred to the list. Twenty-two cases involved two hearings or less before disposition. The list has the support of Tasmania Police, Legal Aid Commission and Forensic Mental Health Services, all of whom play vital court-based roles and obviously are very supportive of it. We will wait now for the evaluation of that pilot and see what may continue.

Mr WILKINSON - When does the pilot finish?

Ms GIDDINGS - I do not think it has a particular end date in that respect.

Mr WILKINSON - So the court will still continue at this stage and there is no cut-off point at this stage?

Ms GIDDINGS - It is being managed, I take it, within court resources right now. The issue will be, if the global financial crisis continues, in the future when they have to look at these sorts of services that we are providing, if we cannot sustain them in the future. But right now it is being managed through existing resources. We will wait for that final evaluation to come through, but it is reasonably positive.

Mr WILKINSON - Is that also the case with the Drug Diversion court?

Ms GIDDINGS - With the Drug Diversion court the funding has been received now into the Justice budget out of the Health budget so it is now with the Justice department and is continuing. It has been successful. We have been pleased with the evaluation that has been done and pleased that the recurrent funding has now been provided and it was provided under the Commonwealth-State Health Agreement that comes into effect on 1 July 2009 and will form part of the Justice budget.

Mr WILKINSON - That will continue as well at this stage?

Ms GIDDINGS - Yes, it has the current funding.

Ms FORREST - You mentioned a while ago some of the delays in some of the coronial inquiries. There was a case that was reported only this week regarding an elderly lady who died at the Royal Hobart Hospital on 18 March 2007 and the coronial inquest was only completed on 9 June this year. Her son was quoted in the media as saying that whilst he was not overly critical of the circumstances surrounding her death, and it was quite a sad story, he called for the inquest process to be speeded up to ease the strain on the families. As this took over two years you can appreciate that.

Ms GIDDINGS - That was the point I was making when I was discussing the coronial process, that in fact we are well within national standards for timeliness - 24.8 per cent older than 12 months with the national average being 26.2 per cent and for older than 24 months, 6.8 per cent which is lower than the national average of 9.3 per cent. We are doing reasonably well compared to the rest of the nation in that respect but it is certainly true that there have been the one or two cases that have gone beyond that time.

Ms FORREST - Is there any way of dealing with that?

Ms GIDDINGS - Part of the reason, and I think it was that particular case that we looked at because I think it was drawn to our attention before it was finalised as well, was that we had the Beaconsfield Mine inquest, which was quite a complex matter and took up more time than we would have anticipated and that delayed some of the coronial work. Hopefully we are not going to end up with that sort of matter of that size and complexity again.

Ms FORREST - So that would have been perhaps a contributing factor to the delay in that particular case.

Ms GIDDINGS - It was a factor in the delay. To try to help with the pressure there we also use Rod Chandler and Stephen Carey who work on the Workers Compensation Tribunal and we bring them across to help with the coronial inquests as well.

Ms FORREST - Rod Chandler did that one.

Ms GIDDINGS - Yes. It was Chandler who was also doing Beaconsfield. We try our best to manage it and, other than the one that is not in the success story, the figures are very good in comparison.

Mr WILKINSON - Probation officers -

Ms GIDDINGS - That is not me. It is Minister Singh who looks after Corrections. You can always put it on notice for her if you have specific questions.

Mr WILKINSON - In relation to the enforcement of monetary penalties, if you turn to 1.3. I understand that there was an amount of outstanding fines prior to a couple of years ago and as a result the Monetary Penalties Enforcement Act came into being. In order to support the new legislation there was commissioned the technology fine and that was to speed up the enforcement of the fines. Has all the functionality of that equipment been delivered? My understanding is that there is a number of faults or issues within the system which has meant that the department has had a lot of trouble endeavouring to sort those out and they are still not properly sorted out.

Ms GIDDINGS - It has been quite successful in that we have seen a dramatic fall in the number of unpaid fines. In the 12 months to the end of April the net value of receipts collected from the payment of fines and infringement notices had increased to \$18 million, up from \$14 million for the previous full financial year. In that respect it has been successful. It has also resulted in a reduction in unpaid fines of 12 months or older of approximately \$7 million, down from \$37 million to \$30 million. With the sanctions that have been in place, particularly the sanction of putting people's names up on web sites where it is publicly available to everyone has been, I believe, quite successful in getting people to start paying back, if not paying the whole fine at least getting to a payment process with us. That has been quite useful. There are a number of other penalties that we can put in place if needs be. I am told that of the total number of monetary penalties referred to the system in the nine months to the end of March this year, 75 000 were paid in full and 20 000 are now being paid under a repayment plan; 35 000 are subject to enforcement action and 20 000 were not yet due for payment at that time. In terms of the actual setting into the system and any technical details and difficulties we may have encountered I will ask Mark.

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Mr COCKER - The fines and infringement notice database, or FIND as it is commonly referred to, is a relatively new IT system. The functionality that was delivered to support the Monetary Penalties Enforcement Act was delivered in October 2008. That said, as with all IT systems there are some initial teething problems. A lot of those teething problems have been ironed out and as recently as last Friday there has been a whole suite of improved functionality, if I can put it that way, delivered into our production environment of that particular database. A lot of items that perhaps were problematic prior to, say, last week are now being addressed in a more timely manner than what was otherwise the case.

Mr WILKINSON - I understand, and please tell me if I am wrong, that when it first became functional in October of last year there were approximately 2 000 faults to it. Is that correct?

Mr COCKER - There were a number of issues identified.

Mr WILKINSON - Can you give a number to it?

Mr COCKER - I cannot qualify that number no, unfortunately.

Mr WILKINSON - Would 2 000 be approximately correct?

Mr COCKER - Approximately. That figure would relate to issues identified throughout the testing and development of the software as well as issues identified after the software was delivered for a Go Live production environment.

Mr WILKINSON - Did you have to pay moneys for the sorting out of the issues? Did you have to pay people to do that or was that part of the initial contract?

Mr COCKER - I believe the majority of any moneys expended was part of the initial contract and the maintenance agreement that has been entered into with the software developer.

Ms GIDDINGS - I think it is important to get that into some context. The sorts of faults you are talking about when you are saying approximately 2 000 can be as minor as how something is displayed on a screen.

Mr WILKINSON - I understand that. Probably the major one that I am getting to is that up to three weeks ago I understand that \$15 million worth of fines could not be enforced because the system was not capable of enforcing them. Is that correct?

Mr COCKER - That is correct and again, as recently as last Friday. That particular issue has now been addressed. That was essentially caused due to performance issues within the system itself and the progression of various data items within the system to a state where we could actually go off and enforce them.

Mr WILKINSON - Do I take it that that \$15 million will be able to be enforced by fines as a result of the work that has been performed over the last three weeks?

Mr COCKER - That is correct.

Mr WILKINSON - Are any moneys outstanding that cannot be enforced now?

Mr COCKER - Not that I am aware of.

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Mr WILKINSON - I will call them faults - and I understand some call them issues and some them call them faults and some call them both, issues are the minor matters and faults are the more serious - are we able to get an indication as to how many faults or issues are with the system?

Mr COCKER - Again, I do not have that figure with me at the moment. Having said that, a number of the issues to which you have alluded have been reprioritised, if I can put it that way, and a staged implementation or resolution to some of those issues has been identified. It is currently being progressed with the software developer.

Mr WILKINSON - The Government has not been put to any extra cost in relation to remedying those matters?

Mr COCKER - Not that I am aware of, no.

Ms GIDDINGS - Find me a software program that does not have faults. Even Microsoft sends me messages every now and again to say that there was a fault. Can I send an administrator or something?

Ms FORREST - Just to clarify that point and I think it is an important point that Jim raised. When the decision was made to buy that particular software, you made it on an expectation of it delivering certain outcomes. Since they have had quite a significant number of issues with it, well certainly since the implementation of it, the cost that was charged was to provide you with what you expected. So there should be no extra cost imposed on fixing these bugs.

Mr COCKER - Correct.

Ms GIDDINGS - Of course, the success of this investment in the IT, regardless of any teething issues on top of it, is that it has already paid itself back in the fines that we have been able to recover.

Mr WILKINSON - What was the cost?

Ms GIDDINGS - The original cost?

Mr COCKER - I think the entire project cost was approximately \$6.1 million.

Ms GIDDINGS - That was everything - staff and all the rest - and not just the IT package.

Ms FORREST - It is expensive software otherwise, is it not?

Ms GIDDINGS - Yes.

Ms FORREST - How much was the software package?

[4.45 p.m.]

Mr COCKER - I cannot really answer that because I am not across that particular figure.

Ms GIDDINGS - There would have been a tender for it, I suspect.

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Mr WILKINSON - It is pleasing if what I am hearing is correct because it was a concern three weeks ago. I understand all stops were pulled out to get the matter right and now that \$15 million which was previously unenforceable is going to be enforced.

Mr COCKER - Yes.

Mr WILKINSON - And that is already under way.

Mr COCKER - Yes, it is under way as we speak.

Mr HARRISS - Just on the back of that Mr. Chairman I look at the performance information and the targets for recovery. They have been around the actuals in 60 per cent you are pitching next year at 70 per cent recovery. Why can we not pitch for a target higher than 70 percent given that you have ironed the bugs out of the system?

Mr COCKER - Seventy per cent is an overall and conservative collection figure. I think it would be a brave man to suggest that any jurisdiction could collect 100 percent of all monetary penalties imposed. That was an estimated potential collection of 70 per cent and we no doubt will hopefully try to do better than that.

Mr HARRISS - You have been achieving 60 according to the budget papers over the last one-two years. Your target for this current year is 67 and next year 70, so you have been achieving 60.

Mr COCKER - Yes

Mr HARRISS - Where is it tracking for this year? The target was 67. Are you going to hit that target or are you going to exceed that target?

Mr COCKER - Yes, we will. The overall collection rate to the period from 1 July 2008 to 31 May 2009 is 87 per cent.

Mr HARRISS - As you said that is a conservative target for 2009/10 and you are getting close to 90 and you would expect to get up around that level any way -

Mr COCKER - Yes

Mr HARRISS - I suppose it just raises the question of why not set the target more accurately based on the current performance?

Ms GIDDINGS - As we have heard already, three weeks ago we still had a problem on our hands and these budget papers were done about 8 weeks ago in terms of targets and that information presented to Treasury. You have provided information according to that point in time that we had and while it might be a conservative estimate, if we were asked to provide another estimate, with what we know now about the changes in the system that have just really occurred, that target might be slightly higher. In the scheme of things it is not going to have a big impact on the overall State Budget, but it is certainly useful to have those fines coming in. We will not see it, as Lisa said before. It goes straight to Treasury and then we will have to go with our begging

bowl to say please, sir, give us some more. So we will see how your colleague in the upper House treats us when we get there.

Mr HARRISS - Do you call him, sir?

Ms GIDDINGS - I might have to. He has been very good to me in this past week in the Justice area and no doubt we will talk about Crown Law when we get there and some of the issues around funding that the Treasurer has assisted us with.

Ms FORREST - In regard to the naming and shaming on the web site, that has raised some concerns with some people in that it might not be in their best interests for a number of reasons.

Ms GIDDINGS - Pay up. It is as simple as that.

Ms FORREST - Yes, but these people may have the lack of capacity. How well is it publicised, how well are people informed that their name will appear on the naming and shaming lists and what can they do, besides paying up? Of course that is the ultimate goal, but how can they arrange a payment schedule or whatever without actually ending up on the this list?

Ms GIDDINGS - They get a number of warnings from the Monetary Penalties Unit asking them to pay up and if-

Ms FORREST - In terms of going on the list?

Ms GIDDINGS - Amongst other sanctions that are available. If they want to avoid that happening they need to contact the unit who are prepared to talk to them about how they can establish a payment plan that takes into account, I presume, the size of the amount that is owed and also the individual circumstances of the person. I know of people who have been named and shamed on that sight and it really was the fact that they were put on the web site that made them act. Prior to that they thought, 'Oh, nothing will happen. They won't send me to prison for this. I'll be okay. I'll just put it over there because I don't want to know about it. It's a bit scary because I have not looked at it for some years and it has grown in size' - the head in the sand sort of attitude. The minute it was put on the public web site that particular person was, 'Oh no, this is awful. This could damage my business, my relationships' - and they were very quick to ring the unit and ask, 'How can I deal with this? How can I get my name off that web site?' So it has been quite a powerful tool for us to get people to pay up, and they ought to. This is a court-sanctioned fine.

Mr COCKER - The sanctions are not imposed lightly. We use them, generally speaking, as a last resort. All appropriate steps are taken to communicate with any and all enforcement debtor prior to imposing any sanctions. That is through written correspondence and specifically targeted telephone contact. In the year to date the Monetary Penalties Enforcement Service has processed in excess of 63 000 telephone calls dealing with enforcement debtors and making arrangements to pay, encouraging them to pay in full. It is only for those who refuse to pay or avoid paying that we look at enforcement sanctions. The publication of names is one of many. Generally it is the first sanction we use before we go down the track of imposing any of the other sanctions such as licence or registration suspension.

Mr WILKINSON - Before we finish 1.3, I think it is worthwhile mentioning there are other methods of getting payment. That is, if people do not pay their cars can be impounded. Can you assist in relation to those other methods to ensure the payment of fines?

Mr COCKER - So far as the imposition of sanctions is concerned, they are roughly broken into two categories: administrative sanctions or civil. To date the sanctions that have been imposed all fall within the administrative sanction bucket, such as the publication of name, licence suspension, registration suspension and so on. Civil sanctions could involve the redirection of earnings, the garnishee of wages or redirection of any other moneys owed, seizure and sale of assets, or imposing a charge over any land in which an enforcement debtor may hold an interest. To date there has only been one civil sanction imposed and that is the garnishee of wages. The Monetary Penalties Enforcement Service has only been in operation for a little over a year. In the next little time, in the next year, it is anticipated that the number of civil sanctions that are imposed will increase.

Mr WILKINSON - When we look at outputs we say it is worth doing it in order to run the division. You look at that on the one side and on the side you look at how much money you are recovering. Can you give us a balance between the two?

Mr COCKER - No, I cannot, unfortunately. I do not have that information. I have not undertaken that analysis myself.

Mr WILKINSON - It might be too early to make that analysis, do you think, because it has only been up and running since October last year?

Mr COCKER - Quite possibly.

1.4 Support and compensation for victims of crime and others -

Mr WILKINSON - Minister, I note one your team came into the Justice department when the victims of crime compensation levy was discussed the year before and he had the unenviable task of trying to sell the argument. Can I ask how that is going and whether there has been any change of view?

Mr STEVENS - Nothing has changed since those days, so the system continues as it did before.

Mr WILKINSON - These seems to be an increase in the moneys available. It has gone from \$7 million something to \$9 million.

Mr STEVENS - The increase there is the court-mandated diversion money that we talked about before. We got the \$1.2 million - the Health department appears in this output group.

Mr WILKINSON - In relation to the numbers of people that make application, at first not a lot of people knew about it, and then as the history showed there started to be an increase in claims. Are they still increasing and can we have also the average payout?

Ms GIDDINGS - From July 2008 to 29 May 2009 we had received 321 applications. The previous year for the full year we had 468. As a comparison, the year before we had had 510, so there has been a gradual decrease. Of the 321 for this current year, 246 have been finalised at an

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average award of \$11 421. As a comparison, the year before, from the 468, 387 were finalised at an average \$8 210. So there has been an increase in the amount of moneys received by victims.

Mr WILKINSON - Is the decrease in numbers linked with the decrease in offences against the person - offences of assault and grievous bodily harm et cetera?

Ms GIDDINGS - I understand that the changes that I have just talked about there can be attributed to the increase in applications in relation to family violence assaults and sexual assaults. That increase in the number of claims has been noted since the introduction of Safe At Home.

Mr WILKINSON - But the number of applicants has decreased this year?

Ms GIDDINGS - Yes.

Mr WILKINSON - Does that also go hand in hand with the decrease in the number of complaints for those types of offences that you have just mentioned?

Mr STEVENS - We have not done any evaluation.

Ms GIDDINGS - Have we any figures for Safe At Home that might show?

Mr STEVENS - The Safe At Home numbers basically have not changed in the last 12 months and I do not think that the serious assaults have. For whatever reason, there seems to be a slight decrease in numbers. We have not done an evaluation of the statistical relationship between the two.

1.5 Legal Aid -

Ms GIDDINGS - With Legal Aid I will ask that Norman Reaburn join us at the table. Norman is the Director of Legal Aid Commission of Tasmania.

Mr WILKINSON - And a former lecturer in Criminal Law who lectured Rob Glade Wright whom I saw yesterday. I think that he had been to see you as well to sell his family law book.

In relation to Legal Aid it would seem that there is a jump and there is a reason for a jump in the funding of \$5.5 million to \$11.1 million over the next year. Has Legal Aid in any way changed in relation to people who may claim to get legal aid to have solicitors to act on their behalf?

Mr REABURN - You will now from the budget papers that that big jump is a consequence of the Commonwealth now coming through the Tasmanian Budget whereas before it was handled differently.

Mr WILKINSON - So are you saying that there is no difference in moneys that has been budgeted for; it is just occurs in a different way?

[5.00 p.m.]

Mr REABURN - There is a slight increase on both the State funding side and the Commonwealth funding side. There are some increases contained in that total figure. The greater proportion of that difference is the fact that the whole of the Commonwealth money is now

coming through the State Budget. In terms of the clientele before the commission, it is interesting that there has not been a lot of change. Tasmania still, unhappily, contains some of the highest proportion of the population dependent upon benefits. Two of Tasmania's five electorates are the two poorest electorates in the country. The pool of people within the State who are eligible on financial grounds for receiving legal aid is still unhappily the greatest proportion of any jurisdiction across the country.

While the number of criminal offences has been decreasing across the State in the last eight to 10 years the pressure of demand on us for assistance in criminal matters has been increasing. We can only conclude that the impact of some slight demographic changes but also different approaches to policing in those kinds of areas has had the effect of limiting criminal activity almost entirely to people who are entitled to put their hand up for legal aid. That is about the only significant sort of trend.

Mr WILKINSON - It seems to me to be an extremely good news story in relation to the computer system that you have in place with the work that Mr Cross does. His expertise now has been sourced by other States around the country.

Mr REABURN - That is certainly true. We spent some time developing a new computer system to handle applications for aid and the decisions made about granting those because the old one was getting to the stage where we seriously expected it to die any minute and everybody nationally was moving in different directions.

We developed a system based on and off the shelf package. The first thing it did, there is a national performance indicator in Legal Aid which is the ratio of the cost of making legal aid decisions and assigning representation to the ratio of the cost of that to the value of the services provided.

Tasmania was always pretty good at that but the first full year that our new system operated our ratio of cost to value was 3.5 per cent. Our closest competitor anywhere else in Australia is still around the 10 per cent mark and it was the first year that we had ever dropped below 5 per cent. We had always been, for a decade, in the 5-6 per cent, so we made what was already a pretty efficient process even more efficient.

We have had representatives from the ACT, from Western Australian and the Northern Territory come and look at it. We are not quite sure to what extent there is interest in it but we certainly had a number of people come and look at it.

Mr WILKINSON - Does the Legal Aid office have to make efficiency gains such as either looking at voluntary redundancies or endeavouring to tweak the system so that it works more efficiently?

Mr REABURN - We have to operate within the budget we are given but within that overall envelope we have been excused from the efficiency processes that are operating across the rest of the portfolio for which we are, of course, extraordinarily grateful. We like to think that we constantly look for efficiencies. However, the fact that we are not commanded to have certain efficiencies does not stop us from looking for them. We are continuing to further develop that system so that it will cover other aspects of our operations. We do expect efficiencies to come out of that but given that we are operating within a fixed envelope, we will therefore be able to use those efficiencies to divert the cost of services. That is the bar.

Mr WILKINSON - Thank you.

1.6 Mental health review and guardianship board decisions -

Ms FORREST - One of the questions I had may be a bit superfluous now, Minister. I had intended to ask about the proposed performance under the Mental Health Act review. I know that is something that is not set in concrete at this stage but from my understanding, there was to be more points of hearings and that sort of thing. I know there is a bit of an increase in the funding support for this area but is that going to be adequate? I know that it is probably not going to be an issue until any change is made but would you like to make a comment about that?

Ms GIDDINGS - In discussions today I made it fairly clear that the Mental Health Amendment Bill is unlikely to get to Parliament now until the next government. It is unlikely that we can achieve our what some would argue were ambitious time lines in the first place to get that legislation here. Obviously once the new legislation is brought in there will be implications for the various parts of the system that might have financial implications that would then have to be considered by the Government of the day through their budget processes. While I expect that there are pressures within the system, the system here and now will manage to continue as it is.

Mr ROBERTSON - That is correct.

Ms FORREST - Has the workload under the current scheme with both the Mental Health Tribunal and the guardianship board increased?

Mr ROBERTSON - There is an increase in the number of applications. Matters dealt with by Mental Health have increased approximately 120 already on top of last year. That involves applications by patients for the compulsory legislative reviews and there have also been increases in the number of hearings with the guardianship board.

Ms FORREST - Can you provide the numbers for the last couple of years for us?

Mr ROBERTSON - Yes I can, certainly. If I deal first with the Guardianship and Administration Board, so far this year to date we have had 773 applications and we are on our way to expecting 846 for the year ending in June. That compares to a total of 826 applications in 2007-08. There was a considerable increase in that 2007-08 figure.

As regards the Mental Health Tribunal, we have already dealt with 653 matters. That compares with 539 matters in 2007-08. So that is about a 20 per cent increase.

Ms FORREST - You are confident the allocation there is enough to deal with it because if there was increasing activity, which there would be and some may change potentially, for this financial year anyway you will be able to manage?

Mr ROBERTSON - Yes, for this financial year. Some of the increase such as in the guardianship area might be due to the fact that application sheets have been made available on the web site. Originally, there was a process where people had to ring in to get the applications and perhaps a process would go on there of thinning out who needed to go ahead with making an application but now the application sheets are available on the web site.

Ms FORREST - I am not sure whether this one I am asking is under 2.2. I think it was last year or it might have been the year before a commitment was made to review the Guardianship and Administration Act in 2010. Is that still to go ahead?

Ms GIDDINGS - That might be better under 2.2 as part of our legislative priorities.

Ms FORREST - I will leave it to then.

DEPUTY CHAIR - Any other questions on 1.6? There not being any, thank you very much, Mr Robertson, for coming along.

Ms GIDDINGS - I have just been told all our tribunals are very efficient.

Output group 2 Legal Services

2.1 Crown Law -

DEPUTY CHAIR - I think you are about to -

Ms GIDDINGS - Provide you with an update around the funding.

DEPUTY CHAIR - Yes.

Ms GIDDINGS - I am certainly very happy to do that for you.

There has been some ongoing discussions around the issues of Crown Law funding for some weeks in the lead-up to the Budget as well as in the last couple of days and some of it has been trying to work out exactly what has been happening with the Crown Law area. There have been historical decisions made some time ago that have impacted on today what has been happening in Crown Law so I think what we have managed to do in these latest discussions with the Treasurer is draw a line, so to speak, and get the budget sorted for Crown Law which is very well received by the three parts of Crown Law, the DPP, the Solicitor-General and, of course, the Crown Law area itself.

Effectively, the DPP has been quarantined from any of the budget management strategies and for 2009-10 that is worth approximately \$188 000 that would have otherwise have been taken out of the DPP budget. The Treasurer has also indicated that he is willing and comfortable at looking at how we could provide for a separate appropriation for the Office of the DPP as we do for the Ombudsman, the Auditor-General, the Governor and Parliament. I think from the preliminary discussions that the DPP would be quite pleased about that, so I expect that that will happen by next year's Budget.

There was some concern Treasury have undertaken a review of the resourcing of the DPP as part of the 10-point plan that the Premier talked about. In the review Treasury came down with the DPP was concerned that all of the issues had not been adequately addressed so the Treasurer has undertaken to provide for an independent review of future funding of the DPP as well and they are now working with me as well around the terms of reference for that independent review.

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The other element specific to the DPP is that we will be providing capital funding to construct some dedicated interview rooms in the DPP's office space that he has, as we understand there have been problems, particularly with vulnerable witnesses, but where there has been the arrival and departure of witnesses in those offices that could cause some safety and security issues for the DPP.

DEPUTY CHAIR - Because they have to walk past the witness room to get to the DPP's office so if you have two that are at each other's throats, one walks past the other as they go to the DPP's office, as you would know.

[5.15 p.m.]

Ms GIDDINGS - That is right. They were the key elements of the discussions that we had with the DPP himself.

Regarding Crown Law funding as a whole, what happened with the Crown Law funding was that Treasury believed that there was \$700 000 that they were providing to Justice on the basis that Justice and Crown Law then provided legal advice to DPAC and Treasury as a whole-of-government issue, whereas other departments are charged on a case-by-case basis for the advice they provide. There was some concern about that \$700 000 as to exactly where it fitted in the budget of Crown Law and the budget of Justice. The removal of that funding was causing some concern, even though there was an undertaking that that \$700 000 would end up back in their budgets. In effect what would happen is Treasury would be billed for the \$350 000 and DPAC billed for the \$350 000. That caused some concern for Crown Law, even though it is a basic accounting issue in that respect. There has been an undertaking by the Treasurer that that funding, \$350 000 from Crown Law and DPAC, will be provided to Crown Law on 1 July this year, so that they will have that money for that up-front part of that budget that will not be a RAF at the end of the year that might cause them some concern and risk. The other commitment that has been made is that in future years that appropriation will be placed back in their budgets rather than taken out and put into Treasury and DPAC and then paid back to them at the end of the financial year. So that has been resolved as well.

The other aspect on top of that is that there is an understanding that in terms of the budget of the Crown Solicitor particularly there has been a deficit in the Crown Solicitor's budget for 2008-09 of some \$325 000. A RAF will be provided by the Treasurer to cover that deficit so they start the financial year with a balanced budget. On top of that, both DPAC and Treasury estimated that they will pay, on top of the \$700 000 that goes back in, - that will be accepted as being part of their budget - and Treasury and DPAC will start to pay for any advice they ask of the Crown Solicitor or any work they get the Crown Solicitor to do on their behalf. It is estimated that the annual value of that work would be in the vicinity of \$125 000. That is an increase to the Crown Solicitor's budget and Crown Law in that sense of funding that they were not otherwise expecting. Some of it is just realigning things and getting the budget on a sustainable footing and there is that additional funding.

The other aspect to this is also that the Treasurer has reconsidered the application of the budget management strategies to Crown Law as a whole and has determined that it would be appropriate for the entire Crown Law division to be quarantined from those budget management savings. We understand that that amount was in the order of \$54 000 and principally affected the Solicitor-General. There will now be no requirement for that \$54 000 to be found from the Justice department. The other concern was that we might have to quarantine that area but the rest

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of Justice would then have to find \$54 000. My understanding is that Treasury will remove that requirement from the Department of Justice.

The outcomes that have been achieved over a period, but particularly in recent days in ongoing discussions with Crown Law as a whole, including the DPP, have resulted in a very positive outcome.

Mr WILKINSON - When one looks at the forward Estimates in relation to the Crown Law line item we can see it increasing by a fairly marginal amount if we go forward to 2013.

Ms GIDDINGS - What I have just described to you does affect the actual line items that are in the budget papers because those figures do not reflect the amounts of funding that I described to you.

Mr WILKINSON - So the figures we had before are not taking into account the matters that you have just described?

Ms GIDDINGS - That is right, because they have just been resolved in the last 48 hours.

Mr WILKINSON - It seems as though there has been a fair bit of work done in the last couple of weeks.

Ms GIDDINGS - There has been.

Ms GIDDINGS - It has been an unusual year too I think because of the global financial crisis. On every update things were getting worse, which meant that the budget has had to be readjusted more than you would see in a normal year where there is a lot more stability in the world economy, national economy and State economy.

It has not been as easy to have some of these conversations through the budget preparation period. A review was undertaken and there was some concern about the level of information that that review had at its disposal and therefore the conclusions that were reached.

Mr WILKINSON - The work done by the DPP and his office - and I have not got the figures with me but I know two years ago and I think it was last year as well - averaged out. Matters that they proceeded with in the criminal court were over and above the average for all other States in Australia. Are you able to say whether that is still the case?

Ms GIDDINGS - I am not sure that we have those comparison figures. We do not have any national comparison figures with us here but we would expect that this independent review that has been agreed by the Treasurer and the DPP and myself will look at those sorts of issues. You have been provided that information in the past, I take it?

Mr WILKINSON - I do not know whether it was in the DPP's annual report. It could have been but I did see it a couple of years ago.

Ms GIDDINGS - They are not in the usual ROGS process, I am advised, and we are not sure if it would have been in the DPP's annual report or not, being national figures. I am advised that no doubt their workload would have increased because of the changes in the committal hearings process as well.

2.2 Legislation development and review -

Ms FORREST - I posed a question to the minister a while ago about the review of the Guardianship and Administration Act. There was some commitment made either last year or the year before that it would be reviewed in 2010. Is that still the intention and can we have more information about that if that is the case?

Ms GIDDINGS - If I can just say quickly before Len perhaps adds to any comments I make, the advice I am receiving here is that we will not review the Guardian and Administration Board Act until after the Mental Health Act has been bedded down, and that is to ensure that it has actually got through and received royal assent.

Ms FORREST - You will not even commence the review until then, is that what you are saying?

Ms GIDDINGS - I presume it is because of the fact that what happens with the Mental Health Act will impact on the Guardianship and Administration Act so you cannot really do it until you know what is happening with the Mental Health Act. I am quite happy to be contradicted.

Mr ARMSBY -No, I would go with that. One of the things with the legislation program is that we review anything at any time where there is a problem, so if the guardianship board, the Mental Health Tribunal, or any of the others indicate that they have a problem with their current operational method and legislation is an inhibiting factor or needs fixing then the president, chairman, chairperson, registrar - whoever it might be - will come to us or the minister and say they need something done.

We do tinker with those sorts of things on an ongoing basis so we do not allow problems that are really obvious to fester. We fix them. Full-scale reviews are put into a program when we can fit them and obviously with this one, yes, the Mental Health review will impact on Guardianship, Mental Health Tribunal and others and -

Ms FORREST - The ADA?

Mr ARMSBY - Pardon?

Ms FORREST - The ADA as well?

Mr ARMSBY - The ADA is actually being reviewed by Health. It is their act not ours. It was one of the package that was going to be done with the Mental Health Act but I think they have separated it off.

Ms FORREST - Has that started?

Mr ARMSBY - I could not tell you that; I am not involved.

Ms GIDDINGS - The ADA act?

Ms FORREST - Yes.

Ms GIDDINGS - I would have to look into that but I can get back to you on that. I presume it is in a very similar space as the Mental Health Act. They are all intertwined in that respect and we need to get the Mental Health Act done. We have not begun a review on the Alcohol and Drugs Act in Health?

Ms FORREST - It is terribly out of date and it is never used because it is archaic.

Ms GIDDINGS - It does need work.

Ms FORREST - Are there any other major legislative reviews then that you will be undertaking in the year ahead - major reviews like the Mental Health Act?

Mr ARMSBY - Not of that nature. There is some legislative stuff coming through which is major in its own way. We will have some evidence stuff coming through. Some 15 to 20 years ago there was a model evidence act developed which has been adopted by a number of jurisdictions all around Australia and a couple of years back a joint law reform exercise was done by Queensland and a couple of the other Australian law reform institutes and the Law Reform Commission of Victoria looking at an update of that because Victoria was looking at whether it would adopt the model and it needed updating. So we are going through a process at the moment of finalising the bill to update that on a national basis and we will be doing amendments to our Evidence Act to pick that up.

There is also a major report of some 1 400 pages that came out of the Queensland Law Reform Commission for a national purpose, again on the succession. We have done wills component of succession law and we are doing stuff on intestacy very shortly -

Ms FORREST - A bit like the legal profession bill?

Mr ARMSBY - No, unfortunately it is not that big.

One of the things that happens, you will get later this year, for instance, a personal property securities referral of powers piece of legislation which will be basically things like bills of sale being updated by the Commonwealth with the national registry. The personal property securities bill you will see will be five pages or six pages or perhaps 10 pages. The bill we are working on is the national bill, which runs to 300 or 400 pages. So it is the tip of the iceberg in some respects of what you see with these sorts of projects and sometimes it is just a huge amount of work for a minor local bill to facilitate something national.

Consumer Affairs would have gone through a similar process with the transfer of consumer protection powers to the Commonwealth.

Ms FORREST - Have you had anything to do with the review of the national registration?

Mr ARMSBY - The health one?

Ms FORREST - Yes.

Mr ARMSBY - We have peripheral interest in it in that one of the components is the disciplinary end of the exercise in that while the registration will be done on a national sort of

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central type basis even though they are local committees, the disciplinary side of it will be through some local construct, some tribunal, body, court, whatever it might be, on a State-by-State basis.

Ms FORREST - Have you a time frame for that one?

Ms GIDDINGS - The national registration? With the other hat on, it is a bill that is out for consultation right now -

Ms FORREST - In Queensland?

Ms GIDDINGS - Yes, it was released only a couple of weeks ago and I think the consultation comes to the end within a week or something from memory and that will then go through the Queensland Parliament and then what happens after that, as I understand it, a bill C is developed later on for the other States to bring in to their respective State parliaments that help do the final set-up of the national registration system. The time line is something which is of some concern to us because we will not have that process completed by the end of this year and, of course, Tasmania and South Australia are both heading into elections so it is unlikely that either of our States will be able to be at the same stage as the other States in setting up that national registration system.

[5.30 p.m.]

You ask about larger issues that we will be looking at in this area. A number of those issue have been progressed at a national level that Len's area puts a lot of work into and will be bringing through. We are also working on through the sentencing area. The Tasmanian Law Reform Institute did the report for us and there are legislative changes from that on the agenda.

The big one from my perspective as Attorney-General is the 10-point plan and trying to get the legislative changes that we have committed to there. That is where Dale is quite important because he is the one helping develop the freedom of information changes that will change the name to right to know legislation, change the focus that we want to have a push-out-there model of information rather than a pull model, where people say they have to pull information out of government. We want to be a government that is pushing information onto the community in a sense and they can choose to use it or not.

There is a huge task that Dale has been progressing for us on that area as well as on the public interest disclosure legislation, otherwise known as whistleblower legislation, which is on his agenda now. They are two very major pieces of legislation.

Ms FORREST - This year?

Ms GIDDINGS - Our aim is to get them into Parliament in the spring session. We want to provide that reform to the Tasmanian people as a clear indication of this Government's commitment to openness, transparency, integrity and restoring trust back into our parliamentary system and democracy. They are two key pieces.

The other key piece is the Ethics Commission or body. A joint standing committee is looking into that issue as to what they recommend to government. We have said that we will accept the recommendation as to what body should be established in Tasmania.

CHAIR - That could be bold.

Ms GIDDINGS - It is a bold thing. I have said in the lower House that there is a huge responsibility for the members who are part of that committee to ensure that they do not allow politics to play out, that they do in fact look at this as being a very serious issue for the best interests of Tasmania as to what is recommended.

Mr MARTIN - What about funding? There is no funding in the Budget for any of this.

Ms GIDDINGS - No there is no funding in the Budget because we do not know what the model is that will be suggested or recommended by that committee. If it was a full-blown ICAC you are talking multi-million dollars that would be found. If it is an Ethics Commission that has less of a funding requirement you might be talking \$1 million to \$2 million. I do not know until we actually see the model.

Mr WILKINSON - If you are talking about something like New South Wales or Queensland it is in excess of \$50 million.

Ms GIDDINGS - The interesting thing is though we saw the ICAC in New South Wales and from the figures they provided me it would be every three or four years that you would have a case come forward in Tasmania of that magnitude that would require an ICAC to be established.

I understand that these are issue that the Ethics Commission are looking at but I really do implore that out of the great fun that politicians and independents and all the rest have had around this issue over the last 18 months to two years or so this is a critical one and we need to get it right. You do not play politics with establishing an Ombudsman and Auditor-General. Do not play politics on establishing an Ethics Commission.

CHAIR - We are being as good as gold.

Ms GIDDINGS - I am sure that you are Greg. As soon as we get the recommendation from the committee that is then my task to get the legislation drawn up and brought to Parliament. We aim to have that done by the end of this parliamentary year.

They are the core key reforms that we need to get up through the Parliament this year. There are other areas of reform that as Attorney-General I would like to pursue but you have to look at the resources you have available to pursue them. One of those is a charter of rights.

Mr MARTIN - Where is that up to?

Ms GIDDINGS - I am trying to gather information together to look at where we head on the Charter of Rights issue. I have been to Victoria and met with the Victorian Government in relation to this issue. They are undertaking a review in the not-too-distant future, I think in November.

Mr MARTIN - What about the Law Reform Commission's report?

Ms GIDDINGS - The Law Reform Commission report is an excellent report. It is held up around Australia, and I think even internationally, as a really important piece of work that was done around a charter of rights. It is recognised as the Rolls Royce version of a charter of rights.

Mr MARTIN - There is nothing wrong with that, is there?

Ms GIDDINGS - For a small jurisdictions such as ours I think it is a bit like having an ICAC, can we afford it? That is the problem for a small jurisdiction. What we are looking at is what the ACT has been able to achieve, what Victoria has been able to achieve and what the UK has been able to achieve in the area of charter of rights. I used the opportunity when I was on a study tour on health at the end of last year to meet with representatives of the UK Government to talk to them about the effect of their charter of rights. They gave me a copy of their booklet, 'Fact and Fiction', because those who disagree with the charter of rights often try to make out that this will be the end of the world. There was one, I think, about people in prison having the right to look at pornography, for instance, that that was a human right. It was like, 'No, that is not'. The booklet says:

'Serial killer - fiction

Serial killer, Dennis Neilson, 60, received hard-core gay porn in jail thanks to human rights laws.'

That was published in *The Sun* newspaper on 13 May 2006. The fact was that -

'Neilson was denied access to the gay art book he requested by the prison governor. The legal case he brought could not establish that there was any breach of his human rights and the decision of the prison governor stood.'

There are a whole lot of things like that.

I am not sure that on the resources I have available to me that I will be able to achieve that by the end of the year. I have already put a lot onto the shoulders of Len and his group but it is firmly on my agenda and it is something that I would like to be pursuing this year and into a new Parliament should that be the case.

Mr MARTIN - So you would look forward to doing that as Attorney-General?

Ms GIDDINGS - I would. It is a frustrating part about being made Attorney-General 18 months out from an election because law reform takes quite some time. I knew the day I become Attorney-General I would not be able to achieve all I wanted to in that time frame.

The other element that relates to the sentencing is that we are committed to looking at how we can establish some form of sentencing advisory council. Every now and again a case hits the courts, the community is outraged at the sentence that has been handed down and at the moment we have no mechanism to look at those sorts of issues. A sentencing advisory council does not look at an individual case and then determine whether that judge made the right decision or not, but they can look at the broader policy issues that are around sentencing. The Law Reform Institute has done excellent work around sentencing with their report. I have begun preliminary discussions with the Law Reform Institute to see whether or not we could create a sentencing advisory council that is associated with that body that could carry out that work. There is a resource implication to that so it is not something I have been able to do overnight. I have met with the Victorian Sentencing Advisory Council and had a very interesting discussion with them. They have an educative role that they play but it does come at a cost and that is something we have to review in light of the Budget.

Mr MARTIN - Your reason for not proceeding sooner with the Tasmanian charter of rights is nothing to do with what is going on federally? I think your predecessor said that at one stage.

Ms GIDDINGS - The Federal Government is looking at a national charter of human rights and there is a whole process being undertaken right now in relation to that. It is not going to affect State issues in that respect, so in my view a State charter of rights would still be a good vehicle to have. There is work to be done in it. For example, you have a Victorian charter right now around the issue of a statement of compatibility that you put with any legislation that goes through the Parliament to say whether it is compatible with the Human Rights Charter or not. In Victoria right now individual departments make that decision. That is a resource that they need to employ someone that can then review all the legislation from that department and determine whether it is compatible or not. There is an argument that it would be better to have a central agency to coordinate that across government so that you have specialist skills to identify very quickly where human rights are infringed by particular State legislation.

The other issue that we need to consider is, for instance in the UK all the Government has to do is say, 'Is this compatible or is it not compatible?' If it is not compatible then the Government needs to provide reasons to the Parliament why it is okay to infringe human rights in this area.

In Victoria, you actually need to give reasons for both, for it being compatible and not compatible. That puts a huge workload onto government bureaucracies to do that and a cost. It is not so simple to say let us just pluck the Victorian legislation out and translate it to Tasmania. There are issues around that. At the moment there is a lot of work happening in my office around researching it, looking at what we want to do, what I want to take to Cabinet to get Cabinet to approve me to do. Once I have that in line with every other priority that we have already discussed, we may or may not get to it in a legislative way this year.

Mr MARTIN - It is a high priority for you?

Ms GIDDINGS - It is a priority for me. But I am very realistic about what is happening and the other priorities that are there for government, and the 10-point plan is the highest of priorities for us as a government. The Ethics Commission, when it comes forward, will take over any other priorities in that respect so that we get that up this year.

Mr MARTIN - Human Rights was not on the 10-point plan?

Ms GIDDINGS - It was separate to that. It was in another speech provided by the Premier to Parliament that he asked me to look at the issue of the charter of rights. Having said that, there is a lot of debate yet to be had and there are people who strongly oppose a charter of rights, even on the left side of politics. It is not necessarily something that is purely on the right side of politics.

Output group 3 Registration services

3.1 Births, deaths and marriages -

Ms GIDDINGS - We have some very good certificates now for significant relationships, the registration of significant relationships. That is some work that has been done in that area recently. They are on the web site if you want to have a look at them.

**Output group 4
Review services**

4.1 Anti-Discrimination Commission -

Mr MARTIN - To me there is nothing more abhorrent than what is going on nationally, and it has also been an issue here, with racial discrimination against Asian students. Do you know whether there is any action being taken by the Anti-Discrimination Commission to address this?

Ms GIDDINGS - It would require a complaint to the Anti-Discrimination Commission and I am not aware of any complaints having been made.

Ms HUTTON - I am aware that the commission has been in discussions with representatives of students and the university has been very keen to work with the Anti-Discrimination Commission's office on this issue.

Mr MARTIN - In a proactive way, good.

Ms GIDDINGS - I am told a racism questionnaire was developed to capture anecdotal reports of racism abuse and attacks in the Tasmanian community against humanitarian entrants, international students and migrants. That is one of the activities that has been undertaken during this year.

Mr MARTIN - The commissioner has the resources to do proactive stuff as well as just look at complaints?

[5.45 p.m.]

Ms GIDDINGS - She does have the power to do that under the act, yes.

Mr MARTIN - Okay, thank you.

**Output group 5
Electoral services**

5.1 Elections and referendums -

CHAIR - I have one question. Obviously, Minister, next year that jumps up. There is a spike because of the State election, one would presume?

Ms GIDDINGS - Yes, that is right.

CHAIR - I have another question I would like to ask. The Premier previously, I think it was a few months ago, stated that he would like to see compulsory voting in local government elections. Has any work been progressed on that and are you aware of anything happening?

Ms GIDDINGS - It is in the Premier's portfolio area. The only role we would have is if that decision was made we would have to help run those elections. But the decisions are not within my portfolio.

CHAIR - So you are not going to pre-empt to me whether he is going to proceed with that?

Ms GIDDINGS - No, because I think they are having discussions with the the local government council.

Ms FORREST - The Treasurer is busy with them at the moment.

Output group 7
Other services

7.1 Supervision of poppy and hemp crops -

CHAIR - Poppies, as you know, Minister, are a good news story for this coming year in respect of the much larger contracted areas so I am wondering whether or not, given that scenario, there is sufficient fat there in the forward Estimates to be able to take care of that increased supervision that will be needed of that particular crop given it is a third processor in the mix as well with TPI of course.

Ms GIDDINGS - We are certainly very much aware of our international obligations and the importance of the poppy industry to Tasmania and Australia as a whole. We certainly would not want to see anything threatened in the poppy industry area. Of course there are the same budget constraints that we have had around all of our budgets. There is growth in the budget as you can see but it is modest growth. I believe it is a budget that they will be able to continue to work with.

CHAIR - With regard to hemp crops, I did not know that we were licensed to grow hemp. I know the Minister for Primary Industries has always been keen to grow genetically modified hemp.

Ms GIDDINGS - There was a pilot project on hemp that Minister Llewellyn was able to get up some time ago.

Ms FORREST - He was tending the crop was he?

CHAIR - We are being a little bit facetious here.

Ms FORREST - Sorry.

Ms GIDDINGS - I am told it is just the name of the output area. Maybe we are predicting the growth in that crop.

CHAIR - There are obviously people who at times promote the cause of growing hemp and it may well be -

Ms GIDDINGS - The fibre?

CHAIR - Yes, as a fibre for sure.

Ms GIDDINGS - It can be used.

CHAIR - Yes, for sure.

Output group 1
The Office of the Ombudsman

1.1 Decision on complaints referred to the Ombudsman and Health Complaints Commissioner and freedom of information -

Ms GIDDINGS - The Ombudsman was quarantined from any budget efficiencies and budget management strategies and originally under the 10-point plan we reviewed the allocation of funds to the Ombudsman and the Auditor-General and the DPP as part of that 10-point plan. As a result of the global financial crisis and the different position we find ourselves in since that was announced -

Mr WILKINSON - I did not know we were in a global financial crisis.

Ms GIDDINGS - No, I know, it is terrible isn't it?

Both the Ombudsman and the Auditor-General - the Ombudsman, I believe it was - withdrew their ask for additional funding in this year's Budget and the Auditor-General also agreed not to have additional funds from this year's Budget but the Treasurer has, of course, said that there would be ongoing review of the funding to those three bodies but particularly now those two, having had extra.

CHAIR - That is important.

Ms GIDDINGS - One of the things too is that there are additional roles that we are looking at providing or asking the Ombudsman to undertake, and this is with my Health hat on more than the Attorney-General hat, with the Official Visitor Scheme under Mental Health. The Ombudsman is going to take over the administration of that scheme and there will be a need to look at resourcing issues from that perspective.

CHAIR - I think as elected members we often get issues pushed through to us that go to the Ombudsman and by dint of doing that we are aware of the under-resourcing and the issues that he has in that office.

Ms GIDDINGS - The other aspect is that any model that comes forward with the ethics commission could also impact on the Ombudsman.

CHAIR - Indeed.

Mr WILKINSON - There were a lot of questions asked of the Ombudsman last year in relation to the issues that he had and I think to some degree they have been addressed. I think we are still under the pump but they were addressed to some degree last year.

CHAIR - On behalf of the committee might I thank you, Minister, and all your advisers today for the succinct and -

Ms FORREST - Cooperative nature.

CHAIR - cooperative nature, yes indeed, of the discussions.

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Ms GIDDINGS - My pleasure.

CHAIR - I thank you very much.

The committee adjourned at 5.51 p.m.