PARLIAMENT OF TASMANIA

TRANSCRIPT

LEGISLATIVE COUNCIL

ESTIMATES COMMITTEE A

Hon. Jeremy Rockliff MP

Tuesday 7 June 2022

MEMBERS

Hon Nick Duigan MLC;
Hon Ruth Forrest MLC (Chair);
Hon Mike Gaffney MLC (Deputy Chair)
Hon Dean Harriss MLC;
Hon Sarah Lovell MLC;
Hon Meg Webb MLC

IN ATTENDANCE

Hon. Jeremy Rockliff MP, Premier, Minister for Health, Minister for Mental Health, Minister for Tourism, Minister for Trade

Ministerial Office

Vanessa Field	Chief of Staff
Sandy Wittison	Principal Adviser
Tony Mayell	Principal Adviser
Sophie Fitzgerald	Senior Adviser
Lucy Gregg	Senior Adviser
Laura Eaton	Senior Adviser
Andrew Johnson	Adviser
Duncan McKenzie	Clinical Adviser
Megan O'Brien	Adviser
Rosita Gallasch	Adviser

PREMIER

Department of Premier and Cabinet

Jenny Gale	Secretary
Craig Limkin	Deputy Secretary, Policy and Delivery
Noelene Kelly	A/Deputy Secretary, Government Services
Rod Nockles	Deputy Secretary People, Performance and Governance
Rob Williams	Project Director, Department of Communities Transition Project
Jane Hanna	Director, State Service Management Office

Department of Communities

Mel Gray	Deputy Secretary Wellbeing, Strategy and Engagement

HEALTH PORTFOLIO

Department of Health representatives

Kathrine Morgan-Wicks	Secretary and State Health Commander
Tony Lawler	Deputy Secretary Clinical Quality, Regulation and Accreditation/Chief Medical Officer
Mark Veitch	Director of Public Health
Dale Webster	Deputy Secretary Community, Mental Health and Wellbeing, Commander Health Emergency Coordination Centre
Craig Jeffery	Chief Financial Officer
Sonj̃ Hall	Deputy Secretary Policy, Purchasing, Performance and Reform
Shane Gregory	Deputy Secretary Infrastructure
Francine Douce	Chief Nurse and Midwifery Officer
Joe Acker	Chief Executive Ambulance Tasmania
Michelle Searle	Chief People Officer
Lisa Howes	Director Office of the Secretary
Tom Gunner	Assistant Manager, Office of the Secretary

MENTAL HEALTH PORTFOLIO

Department of Health representatives

Kathrine Morgan-Wicks	Secretary and State Health Commander
Dale Webster	Deputy Secretary Community, Mental Health and Wellbeing, Commander Health Emergency Coordination Centre
Craig Jeffery	Chief Financial Officer
Shane Gregory	Deputy Secretary Infrastructure
George Clarke	General Manager, Mental Health, Alcohol and Drug Directorate
Cat Schofield	Director of Services Statewide Mental Health Services
Lisa Howes	Director Office of the Secretary
Tom Gunner	Assistant Manager, Office of the Secretary

TOURISM PORTFOLIO

Tourism Tasmania representatives

John Fitzgerald	Chief Executive Officer
Mark Jones	Chief Opperating Officer
Emma Terry	Chief Marketing Officer
Edwina Morris	Director, Office of the CEO

Department of State Growth representatives

Kim Evans	Secretary
Angela Conway	A/Deputy Secretary Cultural and Tourism Development
Claire Fitzgerald	Director, Tourism and Hospitality Support
Amanda Russell	Deputy Secretary, Business Services
Glen Dean	Director Finance

TRADE PORTFOLIO

Department of State Growth

Kim Evans	Secretary
Mark Bowles	Deputy Secretary Business and Jobs
Lara Hendriks	Executive Director Trade
Louise Osborne	Senior Director Trade and International Relations
Amanda Russell	Deputy Secretary, Business Services
Glen Dean	Director Finance

The Committee met at 9.01 a.m.

CHAIR (Ms Forrest) - Welcome to our Estimates hearing. We have a busy day today, minister. I'll just introduce on that side of the table Dean Harriss, our newest member. Some of your side of the table would know Dean, so we're pleased to have him here as part of our committee. I'll get you to invite members of your team as they come and go from the table, Premier, as well.

Mr ROCKLIFF - Sure.

CHAIR - Because we have a really long day, we've only got until 11 a.m. with Premier and Cabinet, and then we have Health after that, and beyond that we have Tourism and Trade, I would appreciate it if the responses could be short, succinct and to the point with regard to the question - we'll try and do the same on this side - to try to enable us to get through as much as we can.

Mr ROCKLIFF - All right.

CHAIR - I invite you to make an opening statement, but not make it too long.

DIVISION 10
Department of Premier and Cabinet

Mr ROCKLIFF - I'll keep it as short as possible, Chair. Thank you. At the table with me is the Secretary of the Department of Premier and Cabinet, Jenny Gale, and the Deputy Secretary, Policy and Delivery, Craig Limkin. Thank you. It's very pleasing for me to participate in today's session with the legislative council. Our government's vision is for Tasmania to be a place where people are encouraged and supported to be the best they can be.

In terms of a key priority - that is, keeping our children safe - we want safe and inclusive communities, and as I've said on many occasions, communities where children and young people are kept safe. This is one of my personal priorities as Premier. The Government has a role to play in keeping our children and young people safe, which is why we established the Commission of Inquiry to bring past and any current failures of government institutions to protect children to light and to learn from them to ensure we can effectively safeguard our children and young people into the future.

As I've said, we haven't waited for the Commission of Inquiry's recommendations to act, and we have already announced a range of measures which are funded in this state Budget as well as a number of additional actions we'll take before the commission hands down its report. In terms of the DPAC Budget initiatives, our department is the lead or a key support agency for major reforms, projects, and reviews that contemporise our legislation and systems and will best position Tasmania to meet the state's current and future needs.

One of these is putting a whole-of-government lens over literacy, with more funding in this budget for the work of a legislative advisory panel to create a community-wide framework to improve literacy in Tasmania. We've also provided funds to support the department to lead our government's next steps in Pathway to Truth-Telling and Treaty, and the Budget provides funding to support a project team for this work. DPAC will also lead the implementation of

recommendations from the Royal Commission into the national natural disaster arrangements, which will be actioned across government agencies.

The final report of the Independent Review of the Tasmanian State Service undertaken by Dr Ian Watt was completed in July last year. The review identified the changes we can pursue to ensure our Tasmanian State Service is fit for purpose to put Tasmania through transforming current structures, services, and practices to deliver a more efficient and effective public service. Work has already commenced and a dedicated project team will lead the implementation of the recommendations for stage 1 to commence in 2022-23. And the department will also be leading and co-ordinating the implementation of our $100 million child and youth wellbeing strategy, the first comprehensive whole-of-government strategy for children and young people under 25 years of age.

Another piece of work which I'm excited to lead is the development of a wellbeing framework. As I announced yesterday, community consultation will commence in early - sorry, in early July 2022. The consultation will follow the release of a discussion paper currently being prepared with input from the University of Tasmania. There are community round tables to be held across the state, with Tasmanians now able to register their interest via the DPAC website.

Over the last six months, Tasmania has commenced its transition to living with COVID-19, and I would like to acknowledge the sustained efforts since 2020 of our hardworking state servants, those in my department but also those across the whole of the state sector, in our health services, at our borders, our teachers, our education service providers, and first responders. There is ongoing work by DPAC to deliver key COVID-19 recovery initiatives, including the implementation of the PESRAC recommendations and the co-ordination of monitoring and reporting across agencies.

DPAC is accountable under the Emergency Management Act and Tasmanian Emergency Management Arrangement for emergency management policy, public information unit, Public Health hotline and recovery, and of course I'm happy to take COVID-19 questions related to these areas right now. However, all other questions in relation to COVID-19 response will be dealt with in the Department of Health's hearing early this afternoon when the state health commander and the Director of Public Health are present. I hope this is acceptable to members. Thank you.

I cut that opening statement a little shorter, Ruth, so we could move on.

CHAIR - Thank you. I appreciate that. We'll go straight into Output 1.1, Strategic Policy and Advice.

Mr ROCKLIFF - Sure.

Output Group 1 - Support for Executive Decision Making
1.1 Strategic Policy and Advice

CHAIR - I'd just like to open and go to the COVID-19 matter first, if I can. Can you just confirm for the committee the timing of the state of emergency and the state of the Public Health emergency? My questions follow from that. If you could just confirm when those periods both end or ended.

Mr ROCKLIFF - Well, the state of Public Health emergency was detailed by Dr Veitch the other day, which is 30 June.

CHAIR - The state of emergency?

Mr ROCKLIFF - We're no longer in a state of emergency.

CHAIR - So when did that end? I just want to get the date clear.

Ms GALE - Do you mind if we come back to that, Premier? We'll see if we can get the date.

CHAIR - All right. I'm sure Mr Limkin will find it. I can go on with the question, but we need to be sure of the date for some of this to be relevant. So orders made under the COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020 expire according to the act after 60 days after when they were made. Okay? There were recently orders tabled in this House, and then subsequently provided to the Subordinate Legislation Committee, that were intended to last for another 12 months. These relate to local government and the Supreme Court, I think, from memory. It might've been the Magistrates Court as well.

Mr ROCKLIFF - So the local government would've been the meetings, as an example.

CHAIR - Yes. But the point is, I'm just wondering if - you know, 'cause they expire after 60 days. So I'm just wondering what provisions are going to be put in. Because I know some leg is written to - I don't know if it was to you, but it was certainly written to the former Premier about this - and relevant ministers about what - if these are deemed to be appropriate measures to take, like meetings of councils or virtual hearings -

Mr ROCKLIFF - Over Zoom, yes.

CHAIR - and court proceedings. Surely we need to actually put this in place, because these orders may have already expired according to the act. So that's why the date's important.

Ms GALE - We have the date. The date that the state of emergency expired was 26 October 2020. But the provisions about which you're speaking as far as staying in place -

CHAIR - You can take your mask off. That's all right.

Ms GALE - Stay in place until the end of the Public Health emergency. So it's at the end of the Public Health emergency that we have those - I understand it's 120 days.

Mr LIMKIN - So, through you, Premier. Once the Public Health emergency has finished, the Minister for Health has 30 days to accept the Director of Public Health recommendation that the notices are no longer and then there is a period of time after that. I understand it's 90 days after that to get us to there. The Government is currently considering what measures that are ongoing, such as you mentioned local government and planning, and how that will be dealt with in the future. That work is currently happening across government and should the Government require them, we will bring a bill to parliament to seek those matters.

Mr ROCKLIFF - So we're seeking that advice at this present time. I envisage, I call it an all-encompassing legislation, which would include amendments to the Local Government Act, for example, which would allow -

CHAIR - To pick up what these orders have been seeking to do.

Mr ROCKLIFF - Yes, because there's a number of matters that have been required under the health emergency that we feel it would be of benefit to continue with. That's what we're working on now.

CHAIR - So just while we're in this area, minister, we're talking about the relevant acts under which these orders that were made as well as the provisions which enabled them. The Public Accounts Committee recommended a review of the state Emergency Management Act and the Public Health Act particularly to ensure that it is contemporary. Has that work started and where's is it at?

Ms GALE - So through you, Premier. Mr Limkin will be able to accept it.

Mr LIMKIN - Through you, Premier. Yes, that work has started. The Government announced a targeted review of the Emergency Management Act as part of their election commitments. That work is really about what lessons do we need now in the emergency management as we go along. That review has been out for public consultation, people have had an opportunity to input into that that. The project team in DPFEM are currently finalising that work. We have also been subject to a number of Auditor-General reviews that we have, you know, in recovery and also response. We have made sure that those have been fed into that process. The Government has committed to a full review of the Emergency Management Act and also the Tasmanian emergency management arrangements following the completion of the public health emergency.

CHAIR - So the full review hasn't commenced. That will commence later? Yes.

Mr LIMKIN - That is correct, yes. So the Government's commitment was a targeted review to pick up anything that we needed to and then a longer review following the consideration of the interim report.

CHAIR - Sure. Any other questions on COVID? Yes.

Ms WEBB - Yes, I've got a couple if that's okay. The first one relates to your department, Premier, and the Department of DPAC, preparations for gender responsive budgeting. We know that that's an intention, to move towards that. I wondered in terms of DPAC, do you have any such processes in preparation for that including things like measurable performance indicators in play or in development. If you could outline those. Including things, I guess, like gender disaggregated data and those sorts of tangible measures that can be fed into that process.

Mr ROCKLIFF - Thank you. So we delivered our first gender budget statement, which highlighted the work of what the Government's doing to target inequalities experienced not just by women but also men and gender diverse Tasmanians. Introducing a gender budget statement is included as an initiative in the draft women's strategy 2022-27. This is an

important first step and will be built on in coming years. I know our Minister for Women indicated the other day in a discussion around Ms Forrest's motion that it was a first step.

Ms WEBB - Yes, and my question is directed at this department, DPAC's preparations for those next steps which have been outlined, which is more of a move towards the gender responsive budgeting processes.

Ms GALE - So through you, Premier. We do have disaggregated data. We have not yet turned that into measures or outcomes in relation to the gender budget statement that's just been given but we will do that, Ms Webb.

Ms WEBB - Got another one if that's okay.

CHAIR - Another area?

Ms WEBB - Another area. Unless anyone's got a follow-up on that. In relation to the proposal that's come forward recently from you, Premier, around restoring numbers in the House of Assembly and what came to light yesterday around a letter you've written to the Electoral Commission, I wanted to ask a question in relation to that. Can you detail the parameters on which you sought Mr Hawkey, the Electoral Commissioner's advice in regards to restoring those numbers in the House of Assembly? Did you ask the Electoral Commissioner to provide feedback on the logistical nature of that exercise and/or did you ask for advice on the desirability of the alternative models, the five electorate/seven members versus seven electorate/five members? Was it just advice on the logistical possibility of that, or was it about the advisability of either of those models?

Mr ROCKLIFF - I wrote to Mr Hawkey on 3 June with respect to my recent announcement to commit to restoring the House of Assembly from 25 to 35 seats and to ensure the parliament is best positioned to deliver outcomes for Tasmanians. I indicated to Mr Hawkey it is my intention to introduce legislation through parliament to restore the size of the House of Assembly to the pre-1998 levels of 35 seats which would come into effect at the next election which is expected in 2025.

I also outlined some key principles as well. The first principle was that it be 35 seats and the second principle that it'd be the Hare-Clark system. I also said, in addition to restoring the number of seats under the Hare-Clark system, I wish to explore if there is benefit in reforming electoral boundaries pursuant to his functions and powers under sections 9 and 15 of the Electoral Act 2004. I said, 'I would appreciate your advice on the consequences of revising Tasmania's existing electoral boundaries from five electorates to seven electorates including but not limited to the impact on quotas and any related costs of administering such a change'.

I mentioned consideration of the boundaries. I noted the sharp geographic division of the electorate of Franklin and the distance of the vast expanse of electorate of Lyons, and said that 'Some may argue neither electorate appropriately reflects communities of interest and I seek your advice in reconsidering and revising our boundaries to benefit all electorates and their communities taking into account the capacity of individual members to service these electorates'.

Ms WEBB - Premier, did you table that letter yesterday and, if not, could you table it today?

Mr ROCKLIFF - Yes, I can.

Ms WEBB - Thank you. Would you commit to tabling the TEC's, the Electoral Commissioner's response to the letter once it becomes available?

Mr ROCKLIFF - Yes, most certainly. I know there's been some public discussion since my announcement around boundaries and the like, so I thought it best to be informed which is why I -

Ms WEBB - I was interested in that. The public discussion, there was an article I was aware of in the norther newspaper, in *The Examiner*. I'm not sure if there were other public discussions that you were referring to.

Mr ROCKLIFF - I think Dr Julian Amos instigated some discussion.

Ms WEBB - That's the one I'm talking about. One article.

Mr ROCKLIFF - I know there's been some social medial discussion as well around the boundaries.

Ms WEBB - One of the things I wondered also, Premier, on this if I might, is, you are no doubt aware that the Liberal Party's submission to the 1994 Morling inquiry into the size of parliament actually recommended that if numbers were to be cut, it should be to a four electorate/seven MPs modelling in order to secure the integrity of Hare-Clark and the capacity to provide broad representation of diverse community voices. The Morling inquiry itself, in the first instance, recommended not cutting and, in the second instance, if cutting was done, to do the same thing: four electorates of seven. Their focus was on preservation of the integrity of the Hare-Clark representative model.

On that, noting that, can you guarantee that you will be maintaining the integrity of our Hare-Clark representative model as the first priority of any reform you bring in in this space, rather than what I guess -

CHAIR - That's the question, I think.

Ms WEBB - Yes, it was.

Mr ROCKLIFF - As I said, in my letter to Mr Hawkey, I think it's fair enough to explore these matters. This is a significant change back to restoration, which I have long believed is appropriate, I have to say. Many members of parliament, albeit privately, not necessarily publicly, have stated that. I recognise that our decision to restore the House to 35 members is a difficult one for the community to perhaps digest because they would see many other competing priorities. Nonetheless, a functioning democracy and a functioning lower House, and indeed parliament in terms of its committee system, is very important to me. It's probably evident for those who have been around for quite a while that reducing the size of the lower House -

CHAIR - This House was reduced as well.

Mr ROCKLIFF - Yes, but I dare not go -

CHAIR - I don't know that.

Mr ROCKLIFF - into that.

CHAIR - We are part of the parliament, let's remember that.

Mr ROCKLIFF - I have always been a huge believer in the Hare-Clark system.

Ms WEBB - The intent of my question is, in relation to the fact that the interpretation of that original decision to cut has often been seen as very political in maintaining power of parties and setting aside so I'm asking you to make a commitment that any changes to restore numbers won't also be political in nature, in terms of shoring up major parties, in terms of the advisability of the arrangements -

CHAIR - Do you have a question?

Ms WEBB - I'm asking for a commitment. Rather than the integrity, ensuring the integrity of Hare-Clark representation?

Mr ROCKLIFF - The integrity of the Hare-Clark system is very important to me, and that's why I've been seeking advice. Five electorates have seven members, some electorates have five members. It is a clear example of me wanting to maintain the integrity of the Hare-Clark system, which I have always been a huge believer in.

Ms WEBB - Final one on that. In relation to the restoration of the numbers and there's been a lot of public calls from the Aboriginal community, particularly Michael Mansell, about dedicated Aboriginal seats as part of that. Was that also part of what you sought advice from the Electoral Commission in relation to?

Mr ROCKLIFF - No, I didn't seek advice in respect to that.

Ms WEBB - Do you have a position on that or an intention to include consideration of that as part of this?

Mr ROCKLIFF - I know it was part of the report that was done. Were you on that?

Ms WEBB - No, it was another House committee, wasn't it?

Mr ROCKLIFF - We welcome and encourage Tasmanians from all walks of life to stand for parliament, and we live in a democracy. We would want to ensure that everyone who stands for parliament has an equal opportunity, of course, to be elected. Now, we are continuing to deliver on our commitment to not only reset our relationship with Tasmanian Aboriginal communities, but build a stronger one, including through a commitment to Pathway to Truth-Telling. My initial objectives is to restore the House of Assembly to 35 seats, and I need to give greater consideration to any other reforms, parliamentary, that may well be suggested.

Ms WEBB - So, it won't be explored as part of this initial tranche.

Mr ROCKLIFF - No.

Ms WEBB - Thank you.

CHAIR - I want to go back to the COVID-19 questions. But just on that, have you got a timeframe as to - do you intend to have this sorted and in place, the 35 members of the house, by the next election? Assuming it's not really early again?

Mr ROCKLIFF - Yes. Well, of course, our intention is to - well, the next election is due in May 2025. So, I did indicate I expect to have legislation in the parliament towards the end of this year with respect to 35 seats. Also, I await the advice from Mr Hawkey and others' advice, as the letter will say as well. The Premier and Cabinet are meeting with Mr Hawkey later on this week -

CHAIR - This week, next week.

Mr ROCKLIFF - Around this matter.

CHAIR - There will be a period of public consultation there? I know there's commentary on social media. That's not really effective public consultation.

Mr ROCKLIFF - No, I recognise that.

CHAIR - People can express multiple views there.

Mr ROCKLIFF - There will be a bill drafted, and the bill will be out for public consultation.

CHAIR - So, that will be where the public can be involved, sure.

Ms WEBB - There won't be public consultation as to that as a broader consideration of some of those alternative options that you're looking at?

Mr ROCKLIFF - Depending on what the options are, I would want to ensure there is adequate public consultation.

CHAIR - Premier, if we can just go back to regarding COVID-19, I've a couple of questions about that. My question is, with regard to the ongoing management of the COVID-19 response, once the Public Health emergency ends and the period with which you've got time to consider whether you will agree with it or not, after that, assuming you agree, will the response then go back to the Department of Health in managing that? Or will DPAC still play a role?

Mr ROCKLIFF - It will go back to normal. The division of Public Health will manage the public health responses. Yes.

CHAIR - Assuming things like the Public Health Hotline, that will all be taken back and operate through the Department of Health? Through you, Premier.

Mr ROCKLIFF - It's currently operated by -

Mr LIMKIN - Through you, Premier. The state has a COVID SSEM, which is the State Special Emergency Management plan, which outlines the three stages of our response and the transition back to normal. We're currently at a level 3. Heads of agency and McKenna and the State Health Commander are considering a move down to a level 2 following the end of the public health emergency. Then, at level 2, there are some minor changes to our response. At level 1, things move back to their home agencies.

The Public Health Hotline, which was stood up under the TEC arrangements, would go back to the Department of Health and Public Health Services. The policy work would also go back to the Department of Health, and DPAC would retain its national arrangements continuing onwards. The department is actually the recovery agency under the Emergency Management Act. The Commissioner handed that over to the department last year, and my expectation would be there will be ongoing conversations, both at the state level and the national level, on recovery as we go over the next 12 months.

CHAIR - We can still acknowledge that COVID-19 is still a real thing, is still causing illness and death about every day in Tasmania. Illness, certainly, but not death every day, but it's not many days we don't have a death. The information around testing, looking after yourself, accessing services is all really crucial that it is maintained in a way that's accessible. I'm not saying - it's not that people need to know that it may be looking different or in a different place, or if it will just be all transferred across to the Department of Health website effectively and the COVID website, the coronavirus website. I'm just trying to understand how it's going to look into the future.

Mr ROCKLIFF - We'll ensure the presentation of information continues, and how that's best presented, I'm happy to seek advice on that.

Ms GALE - Through you, Premier. We're working on what the future arrangements will be at the moment, Ms Forrest. It's interesting, Premier, to note that members might be interested that in the year 2021-22, there 927 000 calls to the Public Health Hotline, and in the year previous, 324 000. So, there's been an ongoing need, clearly, for that.

CHAIR - Yes, and I'm sure that - I mean, it might not be about COVID; it could be about flu next time; influenza or monkey pox.

Ms WEBB - Can I follow up on that? Direct me on that?

Mr ROCKLIFF - On monkey pox?

Ms WEBB - No, not monkey pox.

Mr ROCKLIFF - On flu?

Ms WEBB - On the questioning around the changes to the arrangements for COVID-19. I had flagged for the next line item. So, the COVID-19 recovery branch, that area of work, that's what you were describing as changing in its configuration shortly?

Mr LIMKIN - Through you, Premier. No, Ms Webb, I was talking about my entire systems. So, both the health response, the hotline, and recovery will continue to flex and change as we move through this emergency.

Ms WEBB - The DPAC part is mostly in relation to the national interactions? Is that what I just heard you describe? Sorry, just trying to clarify.

Ms GALE - Through you, Premier. So yes, to a degree, but DPAC has responsibility for recovery irrespective of the emergencies, so that responsibility will be ongoing. DPAC through our national cabinet coordinates responses to National Cabinet and so on in relation to COVID. So, we will continue to do that work.

Ms WEBB - Are you still operating the COVID-19 call centre? That's still DPAC's responsibility?

Ms GALE - No.

Ms WEBB - Oh, sorry.

Ms GALE - Ms Webb, that was what we were just speaking about.

Ms WEBB - Yeah.

Ms GALE - The Public Health hotline is the -

Ms WEBB - I'm just asking because I know that in the Government Gazette there were still jobs being advertised for the DPAC COVID-19 call centre from 1 July for this year. I was just trying to understand. That's not going to be sitting within DPAC in that sense?

Ms GALE - It will be transferring across to Health in some form or other.

Ms WEBB - Yep, okay.

Ms GALE - We're still working through the arrangements there.

CHAIR - On the national arrangements, Premier. With the change of federal government, what's the situation with the National Cabinet? Is that still going to proceed or are we going to revert to heads of departments?

Ms WEBB - Or COAG?

CHAIR - Or COAG or some other arrangement. I'm interested in what that means for a coordinated approach.

Mr ROCKLIFF - My understanding is initially the National Cabinet is remaining.

Ms GALE - They're meeting next week.

Mr ROCKLIFF - On 17 June.

CHAIR - Oh, so that will continue?

Mr ROCKLIFF - It will be my first National Cabinet meeting, and the new Prime Minister's as well.

CHAIR - So the intention is to keep that going as far as you know?

Mr ROCKLIFF - That's my understanding of the Prime Minister. Not my call.

CHAIR - No, I appreciate that.

Ms GALE - Through you, Premier, we understand that because DPAC was monitoring the federal election commitments across the board, the new Government actually gave an election commitment that it was going to retain National Cabinet.

CHAIR - Right.

Ms WEBB - Can I ask for clarity? Because I had some questions on that too.

CHAIR - Sure.

Ms WEBB - What's the specific role of National Cabinet at this point? Is there a document somewhere you can point to that outlines that for us?

Mr ROCKLIFF - I've not yet attended National Cabinet. I know Ms Gale has. I'm not sure whether the Prime Minister wants to change some of the format to suit the new Government.

Ms WEBB - I'm most interested in now so we could understand what the change would be from.

Mr ROCKLIFF - Yes.

Ms GALE - As the federal government was in caretaker, National Cabinet hasn't met for quite some time. It's our understanding, only anecdotally not officially, that the first National Cabinet meeting will be spent discussing the key issues for the nation with a view to thinking about ways to move forward through National Cabinet.

Ms WEBB - Can I just double-check, we mentioned COAG a minute ago. I had a question in relation to COAG. Does COAG still exist in some iteration, and the functioning of that in any sense? All the things that used to happen under that in terms of national partnerships and ministerial interactions, where does that occur now?

Ms GALE - Through your, Premier, there is still an architecture. It's not the same as what existed under COAG. The national partnership agreements and so on are formed as part of budgetary negotiations between the Commonwealth and the state, so they still exist. Mr Limkin knows the national architecture back to front, so I might, through you, Premier, pass to Mr Limkin, who can describe the reform committees that still exist and are similar to what were in existence under COAG.

Mr ROCKLIFF - Sure. Mr Limkin?

Mr LIMKIN - Thank you, Premier, through you. As part of the reform of COAG in 2020, the Commonwealth engaged Peter Conran to do a Conran Review. National Cabinet considered those recommendations and adopted it. National Cabinet was formed at that stage with six reform committees underneath it focusing on areas such as health, transport and infrastructure, skills, energy, rural and regional, and that's it.

CHAIR - Climate change?

Mr LIMKIN - No, that was a part of rural and regional. There were still ministerial meetings. There were 12 ministerial meetings: climate change and energy, education skills.

Mr ROCKLIFF - Skills, rural and regional infrastructure.

Mr LIMKIN - Yes. They did not report to National Cabinet but they were commissioned by National Cabinet to do pieces of work. National Cabinet also gets expert advisory information from ANZCTC, which is the Australia and New Zealand Counter-Terrorism Committee, AHPPC and the Productivity Commissioner. My understanding, Ms Webb, is that part of the conversation on 17 June will be a redefinition of those committees that form under National Cabinet and tasking of those committees going forward.

Ms WEBB - Where did we arrive at in terms of public visibility and access to documentation around National Cabinet, given I think there was a determination at a federal level that it didn't attract cabinet in confidence? What is that status now?

Mr ROCKLIFF - First ministers remain accountable to the people and through the parliament for the decisions of National Cabinet. All state and territory leaders agreed that National Cabinet has strengthened intergovernmental relationships and affirmed their commitment to maintaining confidentiality of National Cabinet discussions as paramount to its effective operation. I'm advised the Tasmanian Government entered National Cabinet with an understanding that meetings would be conducted according to cabinet confidentiality conventions. The Australian Government has introduced legislation that better reflects confidentiality conventions and ensures they are held across the country.

The Tasmanian Government made an addendum to our Cabinet handbook to set out the secure and confidential handling requirements for documents associated with National Cabinet. The Commonwealth has since updated its Cabinet handbook to include provisions related to National Cabinet and associated documents to guide activity going forward. I'm advised that releasing information shared in confidence between governments has the potential to erode the principles of trust, confidence, and collaboration which underpin National Cabinet. This may cause damage to relations between the Commonwealth, states and territories, which would not be in the public interest. DPAC is reviewing its internal processes around supporting National Cabinet and will consider any further changes to the Cabinet handbook in respect to new governance arrangements.

Ms WEBB - Thank you.

CHAIR - Discussions last year, and I think the pages here talk about an intentional uplift. There's an uplift to improve the RTI capability within DPAC. What work's been done and what does it include in terms of training and other mechanisms to improve that?

Mr ROCKLIFF - I can detail that. We're committed to improving openness and accountability in Government decision-making. This will continue our efforts in that direction. This year we have been steadily improving access to published Government information, increasing transparency of Government activity and continuing to build a culture that reduces red tape.

There are a number of key activities being progressed by Government. This Budget provides investment to build on our record of openness and transparency since coming to Government in 2014. We have $500 000 over two years to support the significant uplift of Right to Information capability and practice in the Tasmanian State Service. This funding will facilitate the provision of centralised training, building skilled RTI practitioners and will reduce key person dependencies and agencies. We will promote supported and consistent practice across the RTI space, which will deliver enhanced processes and systems for Right to Information. There's $900 000 to provide additional oversight, misconduct prevention, and education activity through the Integrity Commission.

CHAIR - So it's for the Integrity Commission to review RTI matters. Is that what that's for?

Mr ROCKLIFF - No, more broadly than the Integrity Commission.

CHAIR - Oh, right.

Mr ROCKLIFF - That's separate to the Integrity Commission. And with respect to the Right to Information data and statistics, the Tasmanian Training Consortium ran RTI foundations training sessions in June last year presented by former Australian Information Commissioner and the Commonwealth Ombudsman John McMillan. There were 76 participants at the three training sessions; 46 from the Tasmanian State Service and 30 from other public authorities such as local government councils.

The TTC also ran a more detailed Right to Information practice training in August by the Ombudsman and Solicitor-General, and 66 participants attended the session, of which 40 were from the Tasmanian State Service and 26 from other public authorities.

CHAIR - Just a bit of context here, minister. Is it possible to tell me how many RTI officers there are across the State Service?

Mr ROCKLIFF - Yes, I think that would be possible.

Ms GALE - We would be able to get that information, Premier, but it would take some time because we'd have to get the information from four agencies.

CHAIR - It would be helpful to have them. I mean, if there's a thousand and there's only a small number have done the training. Anyway, yes, if you're able to get that.

Mr ROCKLIFF - Well, that is on notice. Anything further to add, Ms Gale?

Ms GALE - Bearing in mind, I guess, that RTI officers aren't necessarily just focused on RTI, they do other things. But we can endeavour to get that information.

CHAIR - The point I'm making here is that there was a commitment to improve the RTI processes, and the Premier has been talking about training that's been done. I'm just interested in the percentage of staff who have actually undertaken the training.

Ms GALE - Just by way of indication, in DPAC at the moment we have about three staff who work mostly on RTI and some other executive management functions. So, if you do a multiplier, if that's typical, we'd be expecting probably less than 50, I imagine - but this is also for other public institutions, not just government agencies. But we can get the figures.

CHAIR - The question that flies from there is, have all the staff undertaken some training? Or are there still some staff who are responsible for the RTI request who haven't had the training - and is there an intention to make sure all of them get the training?

Mr ROCKLIFF - Thank you for the question.

Ms GALE - Through you, Premier. There would be an intention. Most of them will have done some training at some time or another. We also have now a - I think the term is community of practice with RTI practitioners across government agencies, and they meet to discuss matters of common interest, if you like, in the RTI space.

We also have an RTI working group that meets fairly regularly, and has been doing so for quite some time - I haven't got the date in my mind. A member from the Ombudsman's office also attends, so they have that interchange.

CHAIR - That's across the whole public service, or just in DPAC?

Ms GALE - That's across all agencies. Yes.

Ms LOVELL - Just a couple of follow-ups on that. Premier, can you confirm whether all RTI officers across the state service would have participated in some training in the last financial year, or not?

Mr ROCKLIFF - I've detailed the number that have, but -

Ms GALE - Through you, Premier. No, I wouldn't be able to confirm that here. We would be able to find that information out.

Ms LOVELL - Thank you. You're happy to take that on notice, Premier?

Mr ROCKLIFF - Yes.

Ms LOVELL - Thank you. You mentioned there were three RTI officers. Is that three across the Department of Premier and Cabinet - that's the total number?

Ms GALE - No, we have more people who can be RTI officers, but we have three who mostly do the work. For example, I am an RTI officer. I'm the principal RTI officer, but mostly the work is done by three officers in the department.

Ms LOVELL - So how many RTI officers do you have in total in the Department of Premier of Cabinet?

Ms GALE - I would have to take on notice how many people have had the training. But we have roughly three who work on it at the moment.

Ms LOVELL - Can you advise the committee how many RTI decisions within your department have not been provided within statutory time frames during the last financial year? Or this financial year, as we're still in it.

Mr ROCKLIFF - I'm advised that the number of applications determined on time - the number of applications altogether is 27; with 23 within the legislated 20 working day period, and four within an agreed extension period - as extensions can be arranged in accordance with the RTI act.

And the number of applications not determined on time, zero.

Ms LOVELL - Thank you. Do you have a comparison for the previous financial year for those three measures?

Mr ROCKLIFF - That data is for the 2020-21 financial year - 1 July 2020 to 30 June 2021.

Ms LOVELL - Have we got figures to date for this year?

Ms GALE - Not yet, because we haven't finished the financial year yet. These are financial year figures.

Mr ROCKLIFF - Do we have any year-to-date figures to March?

Ms GALE - No.

Mr ROCKLIFF - We can probably find that out.

Ms GALE - We always report on the previous financial year, and this financial year hasn't concluded yet, so we haven't concluded our reporting for this year.

Ms LOVELL - Okay. Is it possible to get the year-to-date figure?

Mr ROCKLIFF - That would be possible.

Ms LOVELL - Thank you. I have more questions, but not on this topic.

CHAIR - I have one and then we'll come back, but we'll need to probably move on after that.

Premier, in your opening comments, you talked about a wellbeing framework, and that's part of your overarching approach to government.

Mr ROCKLIFF - Yes, across government, yes.

CHAIR - What measures will you be putting in place to measure wellbeing? We talked about this with the Treasurer yesterday, how there is thinking in other countries of the world around measures of wellbeing, not just economic measures of economic wellbeing, if you like.

Mr ROCKLIFF - Yes.

CHAIR - Can you give the committee some indication about where you would expect to go with that work - and what measures you may be seeking to apply in terms of wellbeing measures?

Mr ROCKLIFF - Sure. As you've alluded to, wellbeing can mean different things to different people, but it includes the economy, health, education, safety, housing, living standards, environment and climate, social inclusion and connection, identity and belonging, good governance and access to services. Having a set of wellbeing indicators will help prioritise where we need to invest more of our time, energy and creativity, indeed, to make a real difference to Tasmanians who currently are not sharing in the benefits of our prosperity in the way they should.

The indicators in the framework will be formed by a series of measures that will use both people's subjective interpretations of quality of life, and data that charts objective progress. Some indicators will draw on measures that are established, with a long history of information and data collection behind them. Others will require further exploration, to effectively allow measurement and reporting due a current lack of information or data, but have been chosen because they have been identified as important by our community.

Measuring those factors that drive the wellbeing of Tasmanians will help us to evaluate policy and programs and guide future policy design and decision-making, and ensure these are being given the best chance of providing outcomes.

Putting wellbeing at the heart of our approach means we can focus on a wider set of measures to create a state that enables Tasmanians to have the opportunity to achieve their goals and succeed. And we have been encouraging people to add their input and to register at www.dpac.tas.gov.au.

CHAIR - Will this be fed into measures of wellbeing in our budget overall? Can I expect to see in our budget paper number one, for example, where we talk about the economy, we'll also see reporting against other wellbeing measures?

Mr ROCKLIFF - This is part of the discussion, of course. I announced yesterday that Tasmania's first wellbeing framework would take another important step with community consultation to commence in July, as I've said this morning. The consultation will -

CHAIR - I'm just asking about how it's going to be reported, Premier? Is your intention to have wellbeing measures reported in the budget papers? And annual reports too, obviously.

Mr ROCKLIFF - There will be some measures. Annual reports potentially, budget, but certainly accessible for public discussion.

Just briefly, the consultation will follow the release of a discussion paper currently being prepared with input from the University of Tasmania, with community roundtables to be held across the state. Tasmanians can register their interest, as I've just said. The framework will provide high-level indicator outcomes for our state. The indicators will be broad enough to encompass the various different facets of wellbeing, but specific enough that we can track progress and make policy or investment decisions, taking into account the insights that we've gained.

Wellbeing indicators will also need to be clear and familiar to the Tasmanian community that will have significant input into their creation. What I'm saying through that is that there will be good public presentation of the indicators. Is there any further information?

Ms GALE - Through you, Premier. I understand that we haven't canvassed the reporting mechanisms yet, but we will be doing that as part of the work.

CHAIR - The measures. To measure it.

MS GALE - Yes. The recording measures, yes. Yes.

Mr ROCKLIFF - And the consultation.

Ms WEBB - Can I compile questions on that first?

MS GALE - Yes.

Ms WEBB - Great. In relation to the consultation is that going to begin, that you've just described, it sounds like it's an opt in consultation process at this point with people able to register as you've said through the website. Knowing that there will be cohorts and communities in this state who may not readily put themselves forward to participate in that, but that a wellbeing framework will be essential in terms of encompassing matters relating to certain cohorts and marginalised communities. How will the consultation proactively seek to engage with those sorts of cohorts of marginalised communities to feed into the development process?

Mr ROCKLIFF - Well, firstly that'll be well publicised. I've indicated we'll have community round tables as an example of that as well, which I would encourage everyone to participate and attend in - attend. And however we can get the message out for people to participate, we will.

Ms WEBB - Yes. So the question I just put to you is about the fact that we know absolutely that there will be certain cohorts in the community who won't put themselves forward just through a broad invitation like that, and may not even necessarily feel safe to come forward into a broad community environment around a consultation table, but who's views we would certainly want to feed into the development of this wellbeing framework. So beyond what you've described, how will you proactively seek to engage with identified cohorts and communities that wouldn't be captured through that broad process?

Mr ROCKLIFF - So by identifying the cohorts and communities and contacting them directly.

Ms WEBB - Will you make a commitment that there'll be a strategic approach to consulting with those -

Mr ROCKLIFF - Yes, absolutely, Ms Webb.

Ms WEBB - Great. Thank you.

Ms GALE - So through you, Premier. We've learnt some really good lessons on consultation with targeted focus groups and so on through the work of the Child and Youth Wellbeing Strategy, acknowledging Mel Ray in the room who has responsibility for that, where we used a variety of methodologies for getting feedback. Likewise for the literacy advisory panel where we engaged with partners such as Neighbourhood Houses and others to run consultation. So we will learn from those, and we will - when we are working through what the consultation plan is we will include those types of methodologies.

Ms WEBB - That's really good to hear. Will that consultation plan be visible and available somewhere once it's developed?

Mr ROCKLIFF - Yes, I imagine. Yes.

CHAIR - On the website, perhaps.

Mr ROCKLIFF - I mean, this is a great thing. Very proud of it.

Ms WEBB - I agree. I'm very supportive of the wellbeing framework being put forward. I'm very pleased to see it. I was sad it didn't get any pickup in the media when you slipped the release out. But so, it's really good.

Mr ROCKLIFF - Well, I didn't slip it out from memory.

Ms WEBB - Sorry.

CHAIR - We'll move on if there's no other questions.

Ms WEBB - Well, there was just -

CHAIR - Dean's got a question. I'll come to Dean.

Mr HARRISS - Premier, you mentioned at four in your intro with regards to Pathway to Truth-Telling and Treaty. Do you have timelines of the Aboriginal Advisory Body? Sorry. Any progress to date on that?

Mr ROCKLIFF - Yes, thank you. It's a good question. We'll be having a gathering very shortly on that which I'm happy to detail for you, and just reaffirm our strong belief. My strong belief is that success in terms of ensuring that all Tasmanian's feel valued, included, encouraged and supported to be the best they can be. Will come by walking with Tasmanian Aboriginal people in partnership on A Pathway to Truth-Telling and Treaty. We're here to

listen and hear from Tasmanian Aboriginal people on this historic journey. We'll listen to the needs, hopes inspired strength and resilience. I'm sure together we will build a better community for current and future generations of Tasmanians. Our government is establishing a new division in department - in our department bringing together colleagues from our Office of Aboriginal Affairs and Aboriginal Heritage Tasmania to help me and my colleagues coordinate and drive the government's Aboriginal affairs agenda. Bringing people together, deliver Aboriginal programs, services, ensure better collaboration and engagement across government, agencies, and with Aboriginal community controlled sector to realise improved outcomes for Tasmanian Aboriginal people.

The new division will start operating in August this year with the creation of a new Aboriginal affairs division in our department demonstrates of course that we're putting Aboriginal affairs at the centre of our government's policy agenda. I recognise there is much our government can learn about in leading and working with our Tasmanian Aboriginal people. Our first lesson will be to meet with Tasmanian Aboriginal representatives to start the conversation on how we form an Aboriginal advisory body together which will take us to the next steps on the Pathway to Truth-Telling and Treaty, a pathway that is Aboriginal led importantly and co-designed.

In addition, funding totalling $500 000 is being provided for one year in the 2022-23 Budget to support and coordinate the implementation of the recommendations put forward in the Pathways report. Invitations. Mr Harris has now been sent out to representatives of all registered Aboriginal community organisations inviting them to come together to provide advice on the establishment of the Aboriginal Advisory Body, it's membership, terms of reference, and how we'll be accountable to Aboriginal people in Tasmania. The historic gathering will take place on 29 July this year in Launceston.

CHAIR - That includes [inaudible], Premier, just to be clear?

Mr ROCKLIFF - Yes. This is our commitment to lead a government where Tasmanian community priorities are our shared priorities to achieve this. It is important that all Tasmanian's, Aboriginal and non-Aboriginal, have the opportunity to share their views on this important topic. We'll only travel - we will only travel far if we travel together, and it is critical that all Tasmanians are brought along on the journey to Pathway to Truth-Telling and Treaty. How we do this will also be a subject of discussion at that important gathering. All Tasmanians must be supported, valued, and included in this very important work. I hope that provides some more detail for you, Mr Harris, on the pathway forward.

CHAIR - Thank you. Maybe it's the last question, we'll move on to the next output groups. We've got a fair bit to get through before 11.

Ms WEBB - So this is also in relation to our collective commitment to reconciling with the Aboriginal people and progress justice. The Aboriginal Land Council of Tasmania, which is the statutory body established under the Act to hold title of returned land on behalf of the Aboriginal community, they - the council formally responded to the invitation that was made in then Premier Gutwein's 2021 state of the state address. The invitation was that the premier was open to receive and consider land return proposals. So but if the Land Council formally proposed a return of the world heritage listed land as a groundbreaking new tenor on Aboriginal owned Kooparoona in the Niara national park. The Land Council, I understand, has written to

- wrote to then previous Premier Gutwein twice, and to you once in relation to that proposal. Why has there been no reply or response to that formal proposal made by that statutory body?

Mr ROCKLIFF - Response by the statutory body or by -

Ms WEBB - From you. From the three pieces of correspondence to the premier's - relevant premier's - previous premier two pieces and you once piece.

Mr ROCKLIFF - Okay. So I can't speak for the previous premier, but of course happy to respond. I know our Minister for Aboriginal Affairs, Mr Jaensch, is working on these matters now. We got anything further to add? We'll follow that up, Ms Webb. My apologies.

Ms WEBB - It's my understand there are two pieces of correspondence to Premier Gutwein and one piece of correspondence to you, which is why I'm putting the question to you in relation to that.

Mr ROCKLIFF - Yes. So, yes. Look. My understanding is the previous premier met with them in person, but I stand to be corrected on that because I can't speak for the previous premiers, that is the advice that I have. But I will endeavour to seek out that correspondence, Ms Webb, and respond.

Ms WEBB - Thank you. In principle, do you support the concept of an Aboriginal owned national park? That's something that other states have established, as a concept for this state?

Mr ROCKLIFF - Well, we're working through those matters now, and land return of course is high on our agenda, and we do want to see more land returned. I can give that commitment to Tasmanian Aboriginal people. Reviewing the model for returning land is also an important part of this process. The review, which aims to identify the barriers to returning land and explore options to improve the land return process, is currently underway. Of course, we will have more to say on the next steps soon.

My understanding is that the Department of Natural Resources and Environment Tasmania is currently developing a range of policy options based off the feedback received in previous consultations that will be used to guide the next steps. Additionally, the government is also having conversations with Tasmania and Aboriginal communities on areas of land that are of interest to them, either for potential land return or joint land management arrangements and is working to progress these options as a matter of priority when the review is finalised to support this work. The 2021-22 Tasmanian budget provided $970 000 over two years to support major Aboriginal policy reform initiatives, including drafting your Aboriginal heritage legislation and finalising the review into the model for returning land and development of a framework that is accepted by Aboriginal communities. The government may take some time to deliver but at the moment it's very important to get this right.

My understanding is, too, the question that you've asked regarding the previous Premier is that the former Premier, rather than responding to the letter, personally met with the TLAC to directly hear the concerns and engage on the matter. But I will also follow up the correspondence that I have.

Ms WEBB - Can you understand, Premier, that it would seem unusual to have formal proposals put forward and then have them go unanswered, which is what I understand -

CHAIR - I think the Premier has committed to following that up. If we can move on.

Mr ROCKLIFF - Yes, I have committed to following it up.

Ms LOVELL - Premier, I know this was canvassed quite thoroughly yesterday but there was just one question that I think you didn't quite have time to answer. Yesterday you recommitted, essentially, to your plan to move the responsibility for child safety services into the Department of Education. You've also committed previously to implementing all of the recommendations of the commission of inquiry and welcomed that.

Mr ROCKLIFF - Correct.

Ms LOVELL - You know that you have my personal support and the opposition's support for that.

Mr ROCKLIFF - I do.

Ms LOVELL - My question is, though, given the subject that we're talking about and given the subject that the commission of inquiry is looking into, what if one of the recommendations is that we maintain a department whose core focus is child safety services, separate to the Department of Education? What if that is one of the recommendations of the commission of inquiry, and instead we're partway through another changed process for this workforce; will you unwind that?

Mr ROCKLIFF - I won't speak about hypotheticals in that sense, Ms Lovell, but there are very good reasons why you would want to create a department focused on the education but also the safety of children and young people, bringing those responsibilities together to reduce the silos, potentially, across the two departments. As I did indicate yesterday, as Education Minister during the period of COVID, the intensity of COVID when, of course, schools remained open or school sites remained open, but we were encouraging our young people to learn from home, essentially.

I was aware of the good work that was then done, between representatives of the Department of Communities and the Department of Education having greater awareness and sight of, particularly, our more vulnerable children in our community. There was good work done but that also highlighted gaps as well, from my memory, which I was very concerned about. So the creation of the new Department of Education, Children and Young People provides us with a good opportunity to increase the sharing of information and building a better and stronger coordinated system to improve outcomes for children and young people. And often the approach that happened in South Australia is provided as an example as why we should not be doing this.

Ms LOVELL - It was a disaster.

Mr ROCKLIFF - I heard less than complimentary comments about it, but they were in a resource-constrained environment. We're not trying to save resources here. We'll maintain resources, clearly, but my understanding of the South Australian experience is there was a

rationalisation of resources which created those challenges. I'm advise that resources were rationalised in South Australia. A decision to transition child safety and youth justice into a newly established agency, the Department of Education, Children and Young People was to build on the success of the work done in the Department of Communities for Tasmania. This is not a move to fix a deficit, it's a move to build a stronger and better coordinated system to improve outcomes for children and young people, and that means the resources will not be rationalised.

Ms LOVELL - Okay. Perhaps I will reframe my question. Are you still committed to implementing all of the recommendations of the commission of inquiry, even if that might require some significant structural change that could have taken place very recently?

Mr ROCKLIFF - We are committed to the outcomes of the inquiry. Of course, we are. We said that in the recommendations. In this context, though, can I say that we have not waited for recommendations to be delivered by the commission of an inquiry. The president of the commission made it very clear in her opening statement, the government should not wait for recommendations and rather should act where gaps have been identified and where improvements can be made now, rather than waiting on the recommendations towards the middle or the end of next year. That is what exactly I have done, and the ministerial statement indicated that in parliament, where we have acted already on a number of areas.

And I mentioned the review of the state service. We also had advice from Ben Watt, suggesting setting that the whole of government or cross-government priorities could and should be coupled with consideration by government of whether its state agencies, departments and other agencies are appropriately organised to best address them. In some cases, they will be. And necessarily, across department agency structures will be used. In others, it may be more appropriate to reorganise departments and agencies to reduce the need for multi-department agency effort.

The benefits of implementing organisational change need to be weighed against the costs involved. For example, potentially in compatible systems and the time required for the reorganisation, and the importance of the whole of government or cross-government priority. In considering the changes, the government would not doubt benefit from the advice from the head of the state service. The exact structure of state agencies is beyond the terms of reference of that particular review. So I think there are many benefits, particularly when it comes to the safety of our children and young people, to break down as many silos as possible. It would make sense to me to have the Department of Education, that is, effectively, responsible for the education provision of our young people, virtually - well, almost from birth, really, right through to at least the end of Year 12, to have greater sight of our children and young people in other areas as well, which are critically important, especially their safety.

CHAIR - There is nothing urgent left for this line -

Ms LOVELL - For this line?

CHAIR - We've got less than an hour and we've got all the rest to go through. I'm just wondering if there's anything urgent?

Ms WEBB - Can we come back to it at the end if we have time? I do have a couple of things for this line.

CHAIR - Is there anything urgent that you really need to cover on this line?

Ms WEBB - No.

CHAIR - We will move on, then. Otherwise, we're not going to get through. We can move to 2.1.

Mr ROCKLIFF - I have some answers, so we will save some time later on in terms of taking questions on notice. We have the past three years' data on RTIs if you would like to hear those.

CHAIR - Sure.

Mr ROCKLIFF - Yes. Would you like to detail, given it's in front of you, Ms Gale? Thank you.

Ms GALE - Through you, Premier. In 2017-18 there were 36 applications received

Mr ROCKLIFF - Yes. Would you like to detail it, given it's in front of you, Ms Gale?

Ms GALE - Thank you.

Mr ROCKLIFF - Thank you.

Ms GALE - Through you, Premier. So in 2017-18, there were 36 applications received. 33 applications were determined. There were 27 of those that took less than our legislated 20 working days to be determined, and six that took more than the 20 days. In 2018-19, there were 22 applications received, 17 determined. There were eight that took less than the statutory 20 working days to be determined, and nine that took longer than the 20 working days. In 2019-20, there were 22 applications received, there were 19 applications determined. 10 of those took less than the 20 working days to be determined, and nine took longer than the 20 working days to be determined. So for 27 in the last financial year, with none of those taking longer than either the statutory 20 days or the extension that was granted, is a vast improvement.

Ms WEBB - Chair, I do have one I would like to put on this line item, please, because it follows on with others.

CHAIR - Then we'll move on.

Ms WEBB - Thank you. So in relation to PESRAC and the visibility of recommendation progress.

Mr ROCKLIFF - Yeah.

Ms WEBB - So the DPAC annual report from 2021 says that PESRAC - that the agency has responsibility for overseeing the 116 recommendations from the two reports and providing regular advice to Government on the status and working with agencies to implement those. There is no visibility publicly for progress on the recommendations in terms of their status, if

they've been completed, if they're in train, and if any assessment has been made or evaluation has been made of their delivery.

So I would like to understand, or have you made a commitment to making that available in the public domain in a way that's accessible? The PESRAC website would be ideal, but there might be another mechanism that you have available to you.

CHAIR - Is that a question?

Ms WEBB - I've just asked for a commitment to have that put in the public domain so we can see progress.

Mr ROCKLIFF - So my understanding is the former Premier advised during last year's estimates hearings it is the expectation that each department will report independently in its annual report against the measures that they have responsibility for when it comes to PESRAC recommendations. Reporting of recommendations will begin this year as part of the annual reports process. Is there anything further you'd like to add to that, Ms Gale?

Ms GALE - No, Premier, except to say that agencies are making arrangements for that to happen in this year's annual reports.

Ms WEBB - Right.

CHAIR - Okay.

Ms WEBB - Thank you.

Output Group 2 - Government Processes and Services (b)
2.1 Management of Executive Government Processes (b)

CHAIR - Good. We'll move to output group 2, 2.1, Management of Executive Government Processes.

Ms LOVELL - Thank you, Chair. Premier, this line item shows a decrease in funding across all estimates. Can you explain that reduction? Is it that support's being cut back or is it an efficiency dividend? What's happening with that funding?

Mr ROCKLIFF - So there's no efficiency dividend, Ms Lovell, I'm advised. The Budget has decreased by 77 000 in 2022-23, $77 000, to 8.118 million from 8.195 million in 2021-22. And the change is attributable to funding provided for improving the Right to Information process commencing in 2022-23, it's $250 000; an increase in the Tasmanian Government exhibit at agricultural events initiative, 2021-22, $6000; and indexation increases for salaries and non-salaries, $152 000.

This is offset by the budget for the TasALERT emergency information service. $485 000 was transferred from output 2.1, Management of Executive Government Processes, to output 5.1, Security and Emergency Management 2021-22. So I detailed increases then decreases, or a decrease in terms of transferring.

Ms LOVELL - That's all I have.

Mr DUIGAN - Yes, thanks, Premier. I just wanted to -

Ms LOVELL - Oh, sorry, I had one for that one.

CHAIR - Nick has one, yes.

Mr DUIGAN - I just wanted to touch on the matter of community Cabinet meetings and whether there are any future plans to hold these across the state.

CHAIR - The first one being Windermere.

Mr DUIGAN - Windermere, it'd be a great spot for a community Cabinet meeting. We would certainly welcome one there.

Mr ROCKLIFF - Yes, sure. I was very keen to re-implement, if that's the right word, community Cabinet meetings when I became Premier. And they are a very important way to ensure our regional communities outside of the major centres have the opportunity to participate in discussions, local issues with members of Cabinet, but also local members as well. I am pleased to advise that we have recommenced our community Cabinet meetings, with our first meeting being held in the beautiful Break O'Day community later this month, in actual fact. There will be approximately six community Cabinet meetings this year around the state, and our office will be working with local government and local members to put these arrangements in place over the coming weeks.

CHAIR - Including members of this place? Can you notify us when it's on?

Mr ROCKLIFF - More than happy to.

CHAIR - Perhaps you should.

Mr ROCKLIFF - We've done that before, have we? Oh, Ruth. Well, local members as well.

CHAIR - Of both houses.

Mr ROCKLIFF - Of both houses.

CHAIR - Would be nice. Nice, pleasant, inclusive change.

Mr ROCKLIFF - We'll organise that.

Mr LIMPKIN - Ruth's taken that as a given, Premier.

Ms WEBB - They've made that mistake before, perhaps.

Mr ROCKLIFF - So we'll look forward to that. We should be involving our local members and legislative council with various matters when we're out and about as well to gain your insights. The community Cabinet meetings include a formal Cabinet meeting, obviously, and a joint Cabinet meeting with the respective local council.

Community Cabinet meetings also include a meet-and-greet function held in the local community with business and community leaders, stakeholders, community organisations, and volunteers who are invited to participate and take the opportunity to discuss local matters with, you know, myself and our ministers and their local members of parliament. And I do believe it is vital that we continue to make ourselves readily accessible to local communities. This has been challenging, of course, in the last couple of years, given COVID-19 and COVID-19 restrictions, et cetera. I look forward to engaging with as many communities as possible. Thank you, Mr Duigan, for the question.

Mr DUIGAN - Thank you.

CHAIR - Meg, you had one?

Ms WEBB - Yes, thank you. This is in relation to the MP's code of conduct, which was developed by the Integrity Commission, as we know, passed in parliament 2018 with the commitment that it would be reviewed in four years, which would make it this year. And when that commitment was made as it came through this place, I believe it was proposed that it would be reviewed by the parliamentary joint house committee on integrity.

What I'm wondering, Premier, is given that there could be community concerns about MPs adjudicating on our own code of conduct and deciding whether it's fit for purpose, I'm wondering whether you'd be open to considering if the Integrity Commission undertake a review of that MP's code of conduct this year instead of the internal parliamentary committee, particularly because the Commission was the one that developed it in the first place. That might be an appropriate location for the review.

Mr ROCKLIFF - So, of course, the code applies to the Premier and each minister. Ministers must observe the code at all times and the consequences of any failure to do so is a matter between, of course, the Premier and the minister concerned, and will depend on the merits of each case.

CHAIR - That's the ministerial code, Premier. I think we're talking about the code for members, aren't you?

Ms WEBB - MP's code of conduct, yes, the MP's.

CHAIR - The member's code of conduct.

Ms WEBB - Yes.

Mr ROCKLIFF - Right.

CHAIR - Which was -

Ms WEBB - It's in your standing orders. It's not in our standing orders, but it does apply to us, too.

CHAIR - Yes. It's a separate process, Premier.

Mr ROCKLIFF - So, I've got some detail here which reflects Ms Webb's question, as I understand it, in terms of the ministerial code adopted in March 2014, updated in 2018, and updated again in 2021. The Government has made changes to a number of the sections of the code, including the section relating to respect for persons, to ensure there's no doubt that the Government will operate in a matter which withstands the closest public scrutiny. We're committed to ensuring and enabling both women and men work in a safe, respectful, and inclusive environment that is free from discrimination, harassment, sexual harassment, and bullying.

CHAIR - With due respect, minister, this is the ministerial code we're talking about.

Ms WEBB - I'm talking about a different code. The MPs code of conduct, developed by the Integrity Commission.

CHAIR - We might have to put that on notice.

Mr ROCKLIFF - I'll put it then on notice, as it's a matter for parliament. I think your question relates to where that should be reviewed, either the Integrity Commission or the -

CHAIR - Integrity Committee. The Joint Standing Committee on Integrity.

Mr ROCKLIFF - The Joint Standing Committee. I'll have to take advice on that, Ms Webb.

Ms WEBB - Okay. I'll put that on notice, thank you. I did have one on the ministerial Code of Conduct, if I may.

CHAIR - Sure, if he hasn't already answered it.

Ms WEBB - Yes. You made reference to the fact that potential breaches of that code are between the minister in question and yourself as Premier. Is there any public recording of any element of breaches, so that breaches have been addressed or made or resolved? Is there any public visibility around that?

Mr ROCKLIFF - Yes. Code of Conduct, as I'm advised, is between myself as Premier and individual ministers. I expect all our ministers to uphold a ministerial Code of Conduct.

Ms WEBB - So that's the answer?

CHAIR - Okay.

Ms WEBB - In relation the ministerial Code of Conduct, page three details the conflict of interest provisions. I wanted you to confirm, if you can, that those are checked and referred to during each Cabinet meeting?

Mr ROCKLIFF - Yes.

Ms WEBB - Without seeking any detail, how many times over the life of this Government - since the May election last year - has there been a declaration of an actual or perceived conflict of interest in a Cabinet situation?

Mr ROCKLIFF - It's a matter for Cabinet. I have to seek advice on that. To protect and uphold the public interest ministers must take responsible steps to avoid, resolve or disclose any material conflict of interests - financial or non-financial - that arises or is likely to arise between their personal interests and their official duties.

All ministers are asked to declare to the Premier where they have any conflicts of interest to any of their proposed portfolio responsibilities. All ministers have completed their declarations of interest. No actual conflicts of interest have been declared. Any potential conflicts of interest that may arise will be managed in accordance with the Code of Conduct for Ministers.

Ms WEBB - The question I asked was for a number of times that there has been a declaration.

CHAIR - He said there was none. In his answer he said there was none.

Ms WEBB - No, I'm not sure. I'm just clarifying, was that the answer?

Mr ROCKLIFF - No, I didn't say none, no.

CHAIR - No declarations?

Mr ROCKLIFF - Perhaps Ms Gale would like to -

Ms GALE - Through you, Premier. I don't have an exact figure, Ms Webb. That's a matter for Cabinet. Anecdotally I could say that possibly over the past year there have probably been at least half a dozen declarations made.

Ms WEBB - Thank you.

CHAIR - Are you right?

Ms WEBB - Yes. I'm not seeking detail of those reports.

CHAIR - That's fine. So we're done with that line?

Ms WEBB - Yes.

2.2 Principal and Subordinate Legislation

CHAIR - Meg, you've got that one.

Ms WEBB - A quick question about the gender-neutral statutes efforts to update some of the language in our statutes and acts. Noting that we do it opportunistically as it arises, as we're updating legislation on other matters we can change the language, but there are still significant instances of non-gender-neutral language in our acts, including our Constitution Act. According to that both our governor and our monarch are 'he'.

Will you seek advice from OPC regarding the most efficient mechanism by which to bring all our statutes into line with current modern practice applying gender-neutral pronouns, so that we know that that's a task we've ticked off and done?

Ms GALE - Through you, Premier, it's my recollection that there were changes made, I think, to one of the overarching acts.

CHAIR - Land one, wasn't it that one?

Ms GALE - No. It's called the Administrative - I just can't think of the name.

CHAIR - Acts Interpretation?

Ms GALE - Acts Interpretation, thank you, which gave for past legislation an interpretation of how that should be read, which took into account gender-inclusive language, with the view of making those changes and ensuring that's reflected in new legislation.

Ms WEBB - Right. So we may not actually have the changes made in the acts themselves, just in how they're to be read through the Acts Interpretation Act?

Ms GALE - That's my understanding.

Ms WEBB - Right. Now I want to ask in relation to TLRI, Premier, regarding the development of legislation. You would agree that the Tasmanian Law Reform Institute has played a key role, the Tasmanian Government is one of three founders and has a current interest in that. Do you support the contributions that TLRI has made over the years to the development of Tasmania's statutes, and do you support its ongoing work in this area?

Mr ROCKLIFF - Yes and yes.

Ms WEBB - Excellent, thank you. In relation to a report from the TLRI in 2006, which they were then asked to revisit in recent years regarding a Tasmanian human rights charter and act, recommending that we, as a state, introduce such legislation, are you open to considering the introduction of a human rights act, should it be recommended by the current TLRI process?

Mr ROCKLIFF - That's a policy matter for our Government. I'll take advice on that matter. I can recall a 2006 discussion, from memory, as a member of parliament, albeit for four years back then. I'll seek advice on those matters. That will be a policy decision the Government would make.

Ms WEBB - Thank you. That's all I had there.

CHAIR - On that line item, are there any vacancies in the office of APC at the moment?

Ms GALE - Through you, Premier, no. Not to my knowledge. We did advertise for a senior drafter last year and that was filled internally. I may need to check to see whether there was back-filling previously. As you may be aware there are great difficulties in attracting drafters.

CHAIR - That was my next question, how hard is it to get them?

Ms GALE - It's very difficult. In that process last year we attracted a couple of drafters from interstate or internationally who seemed to be suitable candidates. In the end one was determined to be a suitable candidate from New Zealand and we were hoping would be able to come to Tasmania to take up a role. Unfortunately she suffered an injury and was not able to come. In the end we re-filled the position internally. It was a difficult job to attract drafters, though. Rare beasts.

CHAIR - Could you confirm whether there are any unfilled vacancies in the office?

Mr ROCKLIFF - Currently we have eight drafters in OPC, two of whom are juniors. They do an enormous amount of work. On average 40 to 100 bills a year, 100 to 200 subordinate instruments for government as well as preparing parliamentary amendments for both Houses.

It's been a challenge to recruit lawyers with experience in legislative drafting. I'm advised that it takes approximately seven years to train drafters to be able to produce legislative instruments of medium difficulty, which is an enormous amount of work.

CHAIR - Any other questions on that line? If not, we'll move to 2.3.

Mr GAFFNEY - A quick one. I'm always surprised that this one keeps going up by $20 000 every year. I would have thought with the Tasmanian Government Courier the idea would be to defunct it, because of IT and emails.

CHAIR - They still don't come to Wynyard, even with that increase.

Mr GAFFNEY - Yes. I know there's been a new performance review and it is client satisfaction, but it just goes up by $20 000 every year. Could someone provide us with what it actually does?

Mr ROCKLIFF - All right. Thanks, Mr Gaffney. The government couriers provide a mail collection and distribution service to government. It includes transportation of all mail and small parcels between government departmental offices, sorting of incoming and outgoing mail, liaison with Australia Post and third-party mail houses, and management of external courier services that provide transport between Hobart, Launceston and the northwest coast regions of Devonport, Ulverstone and Burnie.

The couriers are located in Hobart where there are five permanent staff, and Launceston where there are two permanent staff. The courier service is committed to meeting the evolving needs of clients and speaks to clients on how the service can be best used by each agency. The Department of Premier and Cabinet relies on casual relief to provide assistance when permanent staff take planned or unplanned leave. The service, indeed, focuses on the Hobart and Launceston central business districts and other major government centres located in surrounding areas.

Mr GAFFNEY - Thank you, Premier. If that could be included in next years, I won't have to ask you again, I could just read it. But thank you. There're no questions there?

CHAIR - Sure.

Mr GAFFNEY - No, thank you.

CHAIR - We'll move then to 2.4 Corporate Support for Ministerial and Parliamentary Offices and the Office of the Governor.

2.4 Corporate Support to Ministerial and Parliamentary Offices and the Office of the Governor

Mr DUIGAN - Thank you. Yes, Premier, given the role of the Governor is often out in the community, I'm interested to know what the impact of COVID-19 has been on the Governor's activities and, further to that, how Government House has adapted to a COVID safe environment?

Mr ROCKLIFF - Thanks, Mr Duigan. One of the things I've witnessed which has come out of the COVID-19 has been, of course, the enormous generosity, compassion of people that have been shown to others at time when it's been needed most. A perfect example of that actually has come out of Government House during the lockdown period. Government House delivered 309 floral arrangements and 295 bags of shortbread to 57 aged care facilities around Tasmania. The flowers were arranged by the staff florist using flowers from the estate gardens and the shortbread was baked by the kitchen staff. In addition, during the COVID-19 lockdown, Government House staff prepared approximately 450 kilograms of meals and harvested fresh produce from the gardens for donations to various community organisations. Donations of produce and meals have continued. I do thank all the staff at Government House and, indeed, for their kindness, generosity and compassion which they display every day but particularly through the COVID period. Thank you.

Mr DUIGAN - Nothing further, thank you.

Ms LOVELL - Thank you, Chair. Premier, just noting the former premier's comments when he resigned about the amount of time he had to spend away from home and how that was a difficult set of circumstances. Do you plan to work from the executive office solely in Hobart or are you planning on establishing one in the northwest as well?

Mr ROCKLIFF - No, I hadn't planned on establishing anything other than what I've got now, Ms Lovell. I probably spend three or four days a week in Hobart on average, but also around Tasmania, of course. But the arrangements I have in place now will continue. I've got two staff in my Devonport office, two in Launceston. Yes, and my Hobart team as well.

Ms LOVELL - So I understand the former premier had a ministerial office in Launceston as well. Will you be maintaining that office or what will happen with that one?

Mr ROCKLIFF - Maintaining what is the government offices and we'll be maintaining that although I'll have - I think I've got two staff assigned to myself in Launceston and two in Devonport.

Ms LOVELL - Okay. How many of the former premier's staff left at the premier's office when you became Premier and did any of them receive a payout when they left?

Mr ROCKLIFF - The chief of staff left. We've maintained - in relation to staffing in my office statewide, there are 19 staff in total. Fifteen in Hobart, as I say, two in Devonport and two in Launceston. There is a small increase of four compared to the previous premier but this is reflective of the fact that I have retained the health portfolio along with trade and tourism.

Ms LOVELL - So just the one staff member left when you became Premier, the chief of staff. Was he the only one?

Mr ROCKLIFF - Others were - I'll have to receive that on notice, but certainly the chief of staff, yes.

Ms LOVELL - And did the chief of staff receive a payout when he left?

Mr ROCKLIFF - No.

Ms LOVELL - You'll take on notice were there any others?

Mr ROCKLIFF - Well other staff members may well have been assigned to other offices across our members.

Ms LOVELL - Other offices. But no staff received any payouts, I guess, is the question?

Mr ROCKLIFF - No, no staff received any payouts, to my knowledge. No.

Ms LOVELL - Okay, thank you. Thank you, Chair.

CHAIR - Okay. We'll move on to 3.2(b) Management and Ongoing Development of Service Tasmania.

Output group 3
Electronic Services for Government Agencies and the Community

3.2 Management and Ongoing Development of Service Tasmania -

Mr HARRISS - Thanks, Chair. Premier, are you able to provide details of the new digital portal which has been developed, or MyService Tas.

Mr ROCKLIFF - Perhaps I can invite Noelene, if that's okay, who knows a lot in respect to these matters. Thank you, Noelene.

Ms GALE - Noelene Kelly is the Acting Deputy Secretary Government Services in the Department of Premier and Cabinet.

Mr ROCKLIFF - Welcome, Noelene. I'll just say a few words then hand to Noelene as well. With regards to the future of Service Tasmania, my predecessor released the final report of the independent review of the Tasmanian state service on 6 September last year. The review recognises state service as an asset to the TSS and all Tasmanians whilst advocating renewal of the organisation to keep pace with the contemporary service approaches. We released a response on 11 November last year and of the five recommendations which related directly to Service Tasmania, four were fully supported whilst one was supported in principle.

Four point three million dollars was committed over four years in the 2021-22 budget to begin the development of a digital Service Tasmania portal. This is to provide Tasmanians with a secure and easy to use access point for government services, accessed through a single login. Initial deliverables include a new Service Tasmania website and a life event framework which we hope to be in place by late this year. It will be delivered from mid-2022. Stage 1 of the digital portal itself, MyService Tas, is scheduled for delivery in 2023. Perhaps you would like to add a little more to that, Noelene.

Ms KELLY - There are three main components to the work which we're doing in relation to the digital reform. As the Premier mentioned, we're developing a new website and that's due to go live in mid-July. That's quite a change from what we have at the moment. At the moment Service Tasmania online is really a collection of links to other websites. The new site will contain information pertinent to our customers around how they transact business with government. The information that will go online will actually come from the same system that our staff use to service our customers in shops and so on. The website will be accessible and also, we have had consultancy around plain English. It will be certified to an English level of grade 6 to 9 for most of the content on there.

The second part of the work we're doing is around developing a digital portal. That includes the sort of connectivity around a digital account, digital identity, online forms and so on. This work has gone out to tender which closed at the end of May. So, the tender review committee is commencing work on that at the moment. That's due for delivery in 2023. The third component of the main work that we're doing is around live events. Live events are really about bringing information together for customers, regardless of what government agency provides those services. So, at the moment, services tend to be given very much in the silos of government. Whereas live events deliver that information in a way which doesn't require a knowledge of how government works. The website, when we go live in a month's time, there will be two live events which will be delivered. One will be called 'Moving to Tasmania' and the other is 'What to do when someone dies'.

The other part the Premier mentioned is the Live Events Framework that's in the process of being developed at the moment, and which will really guide us in terms of future live events and how they will operate. Live events can be delivered by bringing content together, if you like, to help guide customers through and the other scale of that is business re-engineering in the way those services are delivered. So, delivering more services online.

Mr ROCKLIFF - Thank you, Ms Gale.

Ms LOVELL - I have a question about capital improvements but that might wait until capital investment or would you like to ask it now?

CHAIR - Do it now while you have the time, perhaps. Yes.

Ms LOVELL - That might be better. Thank you, Chair. Premier, I'm just wondering what the schedule across the next four years is for capital improvements at Service Tasmania shops?

Ms KELLY - We receive $250 000 every year for capital improvements. In previous years, we actually had quite a steady flow of major redevelopments. So, we've just done for

New Norfolk we've redone Hobart, Launceston, Devonport, Glenorchy, Huonville. That is some of the most recent ones we've done. I suppose, we haven't given a lot of attention to some of our other regional sites, that's where the capital works money will be going for the next financial year. Unless we have a major redevelopment come or a major change in one of our service centres, then that is what our focus will be for the next few years because a number of our sites need a little bit of work. Yes, life, I was going to say life.

Ms LOVELL - Expecting that to be - yes. So, you are expecting that's where the plan for this financial year and coming and the next couple after that as well?

Ms KELLY - 2022-23, 2023-24, I expect. Unless there's a major change that we're not expecting, we have a to move a site or something like that.

Ms LOVELL - Thank you.

CHAIR - We move on then to 4.1, State Service Employment and Management.

Output Group 4 - State Service Management
4.1 State Service Employment and Management

Ms LOVELL - Premier, the budget allocates funding to support the implementation of recommendations from the Watt review. One of the initiatives that is set to be progressed this year is building share capability for serious investigations and the budget papers say this funding will review the current decentralised approach with the aim to determine the best method for resourcing and investigating code of conduct breaches in the long term. How long are you expecting this work to take?

Mr ROCKLIFF - So, I will get a timeline for you. So, the state service review recommended the government create that shared capability for the investigation of code of conduct breaches and a number of other changes to simplify the employment direction for our process. The review heard that a significant component of difficulties was previously experienced with the code of conduct investigations as they were led by employees who were well intentioned but not experienced in conducting staff investigation.

A review also heard that investigations took too long to complete and were often challenged in the Industrial Commission due to process-based failures. There is merit in consolidating the capability into a single area of government and this would build on existing experience, provide economies of scale and allow for the development of a more mature capability. We have provided some $240 000 in the budget to progress this work. The Department of Premier and Cabinet and indeed the Department of Justice will work together and will consult with other relevant authorities. Various aspects of this reform, for example, the Integrity Commission and the government prioritised this as a stage 1 implementation with an expected timeframe to be completed by June next year, 2023.

Ms LOVELL - Since it's very problematic that there's not been a whole lot of government approach to oversight of serious investigations?

Mr ROCKLIFF - Yes.

Ms GALE - So, in relation to whole of government oversight, it's very clear in the State Service Act that each head of agency has responsibility for this and if there is to be a shared capability, we will need to investigate changes to legislation to enable that to happen.

Ms LOVELL - Premier, has the Secretary's board met yet?

Mr ROCKLIFF - Yes.

Ms GALE - Through you, Premier. Yes, the Secretary's board has met. I think two or three times, from memory.

Ms LOVELL - And when it is next due to meet?

Ms GALE - It meets monthly. So, yes.

Ms LOVELL - Okay, and there's a dedicated project team. Has that been established yet?

Ms GALE - Through you again, Premier. So, there are three sub-committees who work to the Secretary's board. One is the policy - paraphrasing the names, the policy sub-committee, the other is the corporate and human resource sub-committee and the third is the digital sub-committee and they will take on bodies of work to feed up through the Secretary's board.

Ms LOVELL - Okay, and who is on those committees?

Ms GALE - That will be deputy secretaries, but I don't have the list of names in front of me at the moment.

Ms LOVELL - You will be able to get those names?

Ms GALE - I have no objection to that.

Mr ROCKLIFF - Yes.

Ms LOVELL - How many of the recommendations from the RoG review have been implemented already and which ones?

Ms GALE - So, through you, Premier. I think a number of them have commenced. I don't believe any have been completed yet.

Ms LOVELL - So, a number have been commenced?

Ms GALE - Yes. As the Premier indicated then in response to his last question, the government accepted in principle all of the recommendations and the implementation plan that's been approved is in three stages, through 18-month stages. The first stage will have commenced.

Ms LOVELL - Just on another topic. Premier, how many Aboriginal people are employed across the state and in which agencies are they employed?

Ms GALE - Through you, Premier. We don't collect the demographic data through agencies because we cannot compel people to identify as Aboriginals, but we do collect the information through the Tasmania State Service survey and extrapolate out a course across the government. We don't believe that we can get accurate figures through the demographic data because in the same way that we can't for other diverse groups of people because we can't compel people to provide that information.

Ms LOVELL - Okay, so, the Aboriginal Employment Strategy, does that continue to be supported by a dedicated Aboriginal Project Officer?

Ms GALE - Through you, Premier. Yes, it does.

Ms LOVELL - What resources are contributed by individual agencies towards the implementation of achievement of that Aboriginal Employment Strategy?

Ms GALE - Through you, Premier, again. We don't collect that information and agencies undertake their own strategies in relation to increasing the number of Aboriginal people being employed in their agency. We would be able to quantify, possibly, but we haven't got that information at the moment. The costs in relation to the gatherings and other strategies that we use are funded through the Department of Premier and Cabinet.

We have things such as an Aboriginal employee network which has 100 members across agencies. We have the coordination of a Tasmania State Service for Aboriginal Employment, an e-newsletter, we developed last year the [inaudible] of country guide.

Mr ROCKLIFF - Yes, it was a guide to encourage and support workplaces to include an acknowledgement of Aboriginal people and country, and welcome to country where appropriate across the state service. In the past 12 months also, cultural respect training has been delivered to approximately 270 employees across the state, including targeting sessions for senior managers. There's a number of other areas I could tell you about - I'll let you, Ms Gale.

Ms GALE - Premier, if I might clarify, previously I indicated that we didn't have the number of Aboriginal employees across the state service. We do, however, collect the numbers of people in Aboriginal-identified positions.

Mr ROCKLIFF - As at 30 June 2021, the Tasmanian state service had 112 Aboriginal-identified positions that can only be filled by Aboriginal or Torres Strait Islanders, of which 99 were filled, compared with 78 in September 2019.

Ms LOVELL - Okay. Premier, the strategy includes, I guess, an aspirational target, and the aim of the strategy is to increase the number of Aboriginal employees working in the state service. Do those dedicated Aboriginal positions meet that target alone? How do you know you're meeting the target if you're not collecting the data and even asking people if they would like to identify as Aboriginal?

Ms GALE - Through you, Premier. We do ask employees to identify. We can't guarantee that everybody chooses to do that.

Ms LOVELL - Yes, fair enough.

Ms GALE - As I said previously, we use the Tasmanian state service survey as an indicator, and we extrapolate from the numbers of staff who participate in that survey and identify as being Aboriginal or Torres Strait Islander. We extrapolate that across the service. For example, in 2020, 3.2 per cent of respondents identified as Aboriginal and/or Torres Strait Islander, and the employment target that we've set is 3.5 per cent. We would really use that measure as a quasi-measure, if you like - the best one we have for employment right across agencies.

Ms LOVELL - Was that the 2020-21 financial year, sorry?

Ms GALE - We do the state survey -

Ms LOVELL - That was a point in time, okay. How often is the state survey for that service?

Ms GALE - Generally speaking, it's every two years. Last year we had a year in abeyance, though, because we've had a committee of people, including unions, reviewing the state service survey, and that review is almost complete. We expect the next survey will be held either towards the end of this year or early next year.

Ms LOVELL - Okay, so there hasn't been one since 2020. Do you ask when staff leave the state service? Do you know how many staff who have left the state service in the last 12 months are Aboriginal?

Ms GALE - No, I'm not aware that we have that information.

Ms LOVELL - Okay, so there's no measure or monitoring of making sure that - I mean, the first dot point in the aims of the strategy is to attract, recruit and retain Aboriginal employees.

Ms GALE - The only mechanism we have at the moment are the exit surveys that are conducted by each agency, but we don't collect that information centrally. We will take that on advisement, if you like, in terms of thinking about how we might measure retention.

Ms LOVELL - Okay, yes, because the strategy aims are meaningless if they're not being measured in some way. Thank you.

CHAIR - We have 10 minutes left to do all the others, including Brand Tasmania.

Mr ROCKLIFF - And I have an update on an answer.

CHAIR - Yes.

Mr ROCKLIFF - From memory, Ms Lovell asked me a question on staff in the Premier's office. I can advise the committee and Ms Lovell we have a diary manager who chose not to renew their contract, and therefore was paid a severance as per the entitlements in their contract; I'm happy to get that figure if needed. I just wanted to correct the record, Madam Chair.

Ms GALE - Sorry, through you. Ms Lovell, I should have pointed out that with the Aboriginal-identified positions, we do have the data of retention.

Ms LOVELL - Can you provide that? Have any of those identified positions or people in those positions left?

Ms GALE - At the moment we have 112 identified positions, as the Premier said, and 99 are filled, so that means there are 13 that are vacant.

Ms LOVELL - Do you know the turnover in the last 12 months, or how many people have left those positions in the last financial year?

Ms GALE - No, I just have that figure as at 30 June 2021.

Ms LOVELL - Could we get that figure?

Mr ROCKLIFF - We'll seek that. We can access that, Ms Lovell.

Ms LOVELL - Thank you.

CHAIR - Nick, we still have about six line items to go in five-and-a-half minutes.

Mr DUIGAN - Thank you, Chair. Premier, my question is in relation to the commission of inquiry. I'm interested to know how the Government is supporting state servants who are providing evidence to the commission.

Mr ROCKLIFF - Thank you, good question. I asked this question as well. As I said earlier, we've established the commission of inquiry to bring to light the past failures and current failures of government institutions to protect our children. We established the commission to learn and to ensure we can safeguard children and young people into the future.

To your question, an important part of this is to hear from our state service employees. I reiterate that all state servants have my full support and the full support of heads of agencies in coming forward to the commission.

State servants are strongly encouraged, if they have any concerns, have seen anything, or have something to say in relation to child sexual abuse in government institutions, they should speak up without fear of reprisal. The commission of inquiry presents a unique opportunity for us to ensure that our systems operate to protect our most vulnerable. As I foreshadowed in my recent ministerial statement, we have moved swiftly to put in place leave provisions for those state service employees who have evidence to provide to the commission. Those employees are now authorised to have up to two days where they don't attend work, without loss of pay or deduction of leave. That time can be used to enable the preparation of statements and to appear in the commission.

We have heard that the way in which employees respond to someone who is disclosing current or historical child sexual abuse can have a significant impact on their experience of trauma. It is critical that state service employees can respond effectively to help make victim survivors feel safe, and ensure their trauma is not compounded.

Government employees also need to be able to recognise when a child or young person is demonstrating signs of trauma, as this might lead to that employee raising concerns, which could ultimately lead to ensuring that child's safety.

As I announced in my ministerial statement, we will investigate rolling out trauma-informed training across the state service, starting with those in leadership positions, including heads of agency.

Importantly, the Office of Safeguarding Children is continuing to drive long-term cultural change and continuous improvement right across the Department of Education, and in government schools, libraries and child and family learning centres, so that it can be an exemplary child-safe organisation.

To support the ongoing work of the Office of Safeguarding Children and Young People, the 2022-23 Budget provides some $2.6 million over three years to boost staffing. And I can ensure you our Government will leave no stone unturned to right the wrongs of the past.

CHAIR - Thank you. Premier, we'll move on. I know 5.1, Security and Emergency Management, we had a look of that, so we'll just move on.

Ms LOVELL - You mentioned a couple of things in your overview that covered some matters there, so I don't think we need to urgently go further.

Output Group 90 - COVID-19 Response and Recovery
90.2 Essential Communications

Mr GAFFNEY - Premier, there's $3 million more to continue the Public Health Hotline under obviously a new heading. How much was spent on the Public Health Hotline in the last financial year, 2021-22, and how many staff does the funding for 2022-23 cover?

Mr ROCKLIFF - In March 2020-21, the calls to the Public Health Hotline -

CHAIR - We've had that information. We just want how many staff and how much was spent. That information was provided earlier, Premier. I just want to get through.

Mr ROCKLIFF - It as $5.53 million in 2021. In 2022, Mr Gaffney, it was $9.851 million.

Ms GALE - Through you, Premier. The staffing fluctuates depending on the surge needs and so on. Mr Limkin has advised that at the moment we're down to about 50 staff; previously, though, we had been up at around over 100 staff, so that fluctuates from time to time.

Mr GAFFNEY - Potentially that will go forward into the 2023-24 estimates, depending on the circumstances That's fine, thank you.

90.4 Regionally Based Model for Coordinating the Recovery from COVID-19

CHAIR - With 90.4, I assume that's just going to be wrapped up, isn't it, the regionally based model for managing COVID?

Mr ROCKLIFF - Mr Limkin.

Mr LIMKIN - Through you, Premier. The Government decided to include that into the OSEM line item this year, so it's been built into that. It is scheduled for 12 more months, and then we will take a review about where we are on our recovery journey. The funding for that has been principally wrapped into the OSEM line item.

CHAIR - Okay. So we'll move on. We've done Capital Investment. That was only the Service Tasmania money, which we've done. We'll talk about Brand Tasmania.

AGENCY 13
Brand Tasmania

CHAIR - You might need to bring -

Mr ROCKLIFF - Mr Babiak to the table.

CHAIR - Yes. Nick, if you have a question?

Mr DUIGAN - Sure.

CHAIR - Todd's the CEO of Brand Tasmania.

Mr DUIGAN - Thank you, Chair. Premier, could you explain how Brand Tasmania's project, Little Tasmanian, is helping strengthen our state's future ensuring every young person has that strong sense of pride and opportunity, feeling of belonging?

Mr ROCKLIFF - Little Tasmanian is a key component of the Tasmanian Government's First 1000 Days program, and it's also part of the Child and Youth Wellbeing Strategy to ensure every young Tasmanian begins with pride, confidence and a feeling of security. The project will be delivered by Brand Tasmania in collaboration with partners in CHaPS and Communities Tasmania. In Brand Tasmania's interviews with Tasmanians, they talked about overcoming hardships, isolation, and a feeling of underestimation. Little Tasmanian is a project to help ensure every Tasmanian understands the opportunities that come from being Tasmanian and the 'You can do it too' aspect of this place. This is a program to bring the Tasmanian story into the lives of Tasmanians in their early weeks.

At their first vaccination every Tasmanian baby will receive a Tasmanian bag with a white cotton onesie and an inspiring book called *Little Tasmanian*, a library card and information on the importance of reading to your child of growing up Tasmanian. The message Brand Tasmania is wanting to impart to their fellow Tasmanians is this: someone just like you did it, and you can do it too, whatever it is. Brand Tasmania is not pretending to be an expert in early childhood literacy, but we can all acknowledge how important it is to read to young children. We want Tasmanians to understand the specialness of this place and an opportunity to learn as early as possible in their lives. We want their parents to be proud to be Tasmanian as well, and to transmit that quiet confidence to their babies and toddlers.

Brand Tasmania is working with its partners to launch Little Tasmanian in October this year. The identified outcomes of the project are a passion for reading in Tasmanian households, in concert with other Tasmanian Government literacy efforts, improved early childhood literacy, parents understanding the importance of reading, a vehicle for Tasmanian pride and confidence, an opportunity for CHaPS nurses to tell their story to parents in the wider community, a closer connection between new parents, babies, and children, and Libraries Tasmania, healthy, happy, Tasmanian babies, and local national and international media stories about the program. It is expected that 6000 Little Tasmanian giftbags will be provided each year, including a book, a Tasmanian onesie, and the library cards.

CHAIR - What size onesie?

Mr ROCKLIFF - Well as a former midwife you could -

CHAIR - Make a recommendation.

Mr ROCKLIFF - Is that what we call it now? Seek your advice on size, Chair.

Ms WEBB - It's not one size fits all.

Mr ROCKLIFF - There will be story telling sessions in community settings as well as brand and design assets for the CHaPS nurses, and the First 1000 Days strategies. There will be writing, design and video for littletasmanian.com.au, and ongoing evaluation and improvements, including updated additions to the *Little Tasmanian* book as well as in person sessions designed by Library Tasmania staff. I thank Todd and his team for doing such an incredible job.

CHAIR - It's a personal health record book for your babies, yes.

Mr ROCKLIFF - It's a personal health record book which you would've recognised to imbed a brand that is authentic, meaning it delivers tangible outcomes for Tasmanians. Little Tasmanian is helping to strengthen our state's future by ensuring every young Tasmanian begins their life with a strong sense of pride, opportunity and a sense of belonging.

CHAIR - Premier, before you go to Todd, can I ask, if there's not, were you considering including something about our Aboriginal story in these Little Tasmanian packs?

Mr ROCKLIFF - First Nations, yes.

CHAIR - Yes.

Mr BABIAK - Through you, Premier. The story we wrote we worked on with the community. We're telling the story back to Tasmanians that we heard. It's through the stories of five Tasmanians. The very first Tasmanian story is Vicki Green. We begin with the Tasmanian Aboriginal story through her. We want to make sure that that's reflected.

CHAIR - Did you want to add anything to that?

Mr BABIAK - With the CHaPS nurses, we wrote a first draft and working with them we met with every CHaPS nurse. They gave lots of feedback, we wrote multiple drafts. Shiloh

Longbottom, a local artist has illustrated it, and a Tasmanian publishing company will publish it. Shiloh even used Procreate by Savage Interactive, which is one of our great Tasmanian tech companies. All around it's a lovely story.

CHAIR - Procreate is a very appropriate name for that.

Mr DUIGAN - I have a follow up question.

CHAIR - Sorry? Sure.

Mr DUIGAN - Yes. Premier, can you provide an update on the success of Brand Tasmania at the 2021 City Nation Place Awards and how significant that is.

Mr ROCKLIFF - Certainly. I'll say a few words and ask Mr Babiak to respond as well. The objectives of Brand Tasmania are to develop, maintain, protect, promote the Tasmanian brand that is differentiated and enhances our appeal and competitiveness nationally and internationally; to strengthen Tasmania's image and reputation locally, nationally and internationally; to nurture, enhance, and promote the Tasmanian brand as a shared public asset. This is to help Tasmanian businesses and Tasmanians to understand, feel, own, and use the Tasmanian brand. In recognition of their significant work and a testament to the number of Tasmanian partners that have embraced this work, we're pleased and proud that in November 2021 Tasmania was named place brand of the year at the City Nation Place Awards in London.

The global place brand of the year award recognises the achievements of organisations that demonstrate a committed and strategic approach to place branding and who work to balance the needs of their community, environment, businesses, and visitors. The place brand of the year category is intended to recognise the achievement of place branding teams who bring everything together effectively, who are able to demonstrate a committed approach to building team structures to support a long-term strategic approach to managing and promoting the place brand who have established a clear framework and both short- and long-term objectives and who, over the course of that year, have implemented a project, a strategic endeavour, or demonstrated how strong place brand can provide resilience in a crisis.

The judges look for evidence that the place is factoring in considerations for the sustainability of the place brand strategy, for a destination or a place management strategy that is working to balance the needs of the place environment, of citizens, of business and its visitors. The nominees in 2021 for place brand of the year were Chile, Helsinki, Tasmania, the Nordic region, and Thompson Okanagan.

CHAIR - Minister, we're out of time. Unless Mr Babiak wants to add anything urgent to that?

Mr ROCKLIFF - I commend Todd and his team who have done a terrific job. I'm very proud of the Brand Tasmania team. Todd, would you like to add anything further?

Mr BABIAK - No thank you, Premier. The judge's said the uniqueness was how we involved Tasmanians in this. Rather than do a top-down it was a bottom-up approach. We're happy on behalf of all Tasmanians that they're able to participate in this.

CHAIR - Sure. There are two line items, 1.1 and 1.2. Mark, if you could read your question and we'll take it on notice rather than trying to answer it. Just read the question.

Output Group 1 - Brand Tasmania
1.1 Brand Tasmania

Mr GAFFNEY - There's not a marked difference in the funding, however, I notice about a 10 per cent difference between the support for ministers and certain parliamentary office holders of about $1.7 million between last year's and this year's. That is a significant increase. Why is there an increase of $1.73 million in that?

CHAIR - I'll put that on notice because we do need to wrap up.

Mr GAFFNEY - That's the support for ministers in certain parliamentary office pockets. The other one's not too bad.

CHAIR - Thanks Premier. We'll have a 15-minute break and come back just before 11.25 a.m. and go to Health, and Mental Health and Wellbeing.

Mr ROCKLIFF - Very good, thank you.

CHAIR - Thank you to your team.

The Committee suspended from 11.10 a.m. to 11.26 a.m.

CHAIR - Welcome back as Minister of Health on this occasion, minister. I invite you to introduce members at your table, but I'll first introduce our newest member, Dean Harriss, member for Huon. It's his first time in Estimates and he's excelling himself so far, except I did pinch a couple of his lines off him as we ran out of time yesterday.

Premier, at afternoon tea time we're going to have a visit from Teddy, the therapy dog, so members will have an opportunity to meet Teddy. I asked if he could come back on Thursday afternoon as well, because we'll need it by then. We can talk to the handler then.

Over to you, minister, to introduce your team and to make an opening statement, being aware of time.

Mr ROCKLIFF - Thank you. To my left is the secretary and State Health Commander, Kathryn Morgan-Wicks. Also to my left is Mr Dale Webster, deputy secretary of Community, Mental Health and Wellbeing, Commander Health Emergency Coordination Centre. To my right is Tony Lawler, deputy secretary, Clinical Quality, Regulation and Accreditation/Chief Medical Officer. I have a rather lengthy opening statement which I will endeavour to make shorter if you like.

Our Government continues to prioritise health, and in this Budget we are delivering some $11.2 billion in health funding over the next four years. It now represents 33.6 per cent of the Budget's total operating expenditure, compared to 28 per cent in 2013-14. Every single day we spend some $7.3 million to deliver health services to Tasmanians. We all understand the health portfolio is complex, and as health minister I acknowledge the challenges before us.

While our Government is managing the transition out of the pandemic, we continue to apply significant resources and efforts to ensure that we manage this in a safe and balanced way. However, when we look at the way Tasmania has navigated the pandemic compared to other jurisdictions, both in Australia and overseas, it is clear that our health system has continued to manage well. We know that the efforts of Tasmanians to take up vaccination has been key, and I acknowledge the hard work of our health staff, the diligence of our broader community, and the investment we've made towards our COVID-19 response.

This year we have the added challenge of managing the flu season. We have learnt many valuable lessons through our pandemic response, including the success of our COVID@home program, and we are applying these lessons and continuing to take advice on how best to manage this year's flu season.

As we consider the future of Tasmania's health system, we also know we're responding to an ageing population at higher levels of chronic disease, which are circumstances we share with other jurisdictions. Despite this, our Government has shown leadership in making the right decisions to prioritise investment in Tasmania's public health system. We will invest in initiatives that deliver on our vision of a contemporary, agile health system.

You would have heard my recent announcement of $150 million over the forward Estimates to begin our Improving Patient Care digital strategy, which is a 10-year project. We've indicated this is $475 million investment expected over the next 10 years. It will deliver significant benefits to both health consumers and staff as acknowledged by the Australian Medical Association of Tasmania, which has welcomed our commitments.

Our investment will enable public and private healthcare providers throughout Tasmania to securely access patient records and up-to-date clinical information. Importantly, digital health upgrades will drive improvements in the quality and timeliness of patient care and improve access and equity of access to health services around Tasmania.

Another important change we announced yesterday was to ease the pressure on our emergency departments with our new inter-hospital transfer policy. Under this new policy, clinicians will authorise the transfer of a patient directly to a destination ward, bypassing the ED when it is clinically appropriate to do so. By bypassing the ED, this policy will help reduce pressure on our emergency departments and address broader access and flow challenges.

This year's budget also features a strong investment in a number of other critical health services and infrastructure projects. I mentioned Ambulance Tasmania which is under increasing demand, and we've committed to ongoing funding for 48 new paramedics which were recruited over the last 12 months. In addition to maintaining this increased workforce, we are also providing funding for an additional 11 paramedics to upgrade the Huonville and Sorell double-branch stations to career stations. There is also funding for the new vehicles and equipment which is needed to support the increased paramedic workforce.

I've mentioned on a number of occasions about our new police emergency mental health co-response model called PACER which has been operating as a pilot in southern Tasmania since the start of 2022. It is working extremely well. Through some of the figures here, its success has been exemplified to date in treating people in the community and avoiding unnecessary ED presentations. This success has gained additional ongoing funding to continue the model in the south, and we look forward to a pilot commencing in the north-west in early

2023. Then we will establish the next phase, which will be the state-wide PACER model or state-wide PACER throughout the state.

This budget also includes funding to maintain the beds that were opened early to prepare for the state border changes in 2021, ensuring our hospitals are resourced to meet the demand, particularly during the pandemic response. Arrangements also under our successful public-private partnership model will continue throughout 2022-23, which has enabled the purchase of beds and services from private hospitals across the states. This has assisted us to manage access and patient flow and also delivering elective surgery and endoscopy to public patients to assist with meeting our ambitious four-year plan targets.

To transform the delivery of outpatient services, we're investing $1.8 million per year to permanently establish a clinical support team dedicated to service enhancement, including a new state-wide outpatient hub and digital portal to improve the outpatient experience. Capital works to upgrade and expand our health facilities continue to be a strong focus. The LGH redevelopment's an example of that. The complete stage 1 projects and the continued stage 2 projects are reflected in the Budget to complete a purpose-built anti-natal clinic in the north-west regional hospital and to deliver stage 2 projects under the Royal Hobart Hospital redevelopment.

I'll wrap up by repeating what I've said a number of times. Our greatest asset in our health system is our people, and I do thank them for their very hard work under extraordinarily difficult circumstances throughout the disruption caused by the pandemic.

Output Group 1 - System Management
1.1 System Management - Health

CHAIR - Thanks, minister. I'd just like to start with the Budget in Health. I notice on page 183, budget paper no. 1, the 2021 estimated outcome for health expenses, they only had a fairly relatively small overrun of $187 million. Do you have the estimated outcome for each line item? Could that could be provided to guide our questions further down in our line items.

Mr ROCKLIFF - System Management?

CHAIR - Yes.

Mr ROCKLIFF - Yes.

CHAIR - I'm sure Mr Jeffery will have that information. Not the estimated outcomes the line items. Admitted services, non-admitted services, and the like. We've already got the estimated outcome for the whole Health Department. I'm happy to wait while he gets that.

Mr ROCKLIFF - So thank you. Mr Craig Jeffery, our Chief Financial Officer, has just joined us at the table.

Mr JEFFERY - Thank you, minister. So, Ms Forrest, you're talking about table 81.16 on page 183?

CHAIR - That's it.

Mr JEFFERY - Yes.

CHAIR - That's the estimated outcome for health.

Mr JEFFERY - Yes.

CHAIR - I'm wanting the breakdown for admitted services, non-admitted services, emergency department, community health, mental health, and so on.

Mr JEFFERY - Yes, okay. Through the minister, just if I may indulge the committee, just a couple of things about that. That table is what used to be called the general government sector expenses by classifications for the functions of Government Australia. It used to be called GBC, which was a lot more convenient. There's occasionally a misunderstanding as to what health is in that table and what education is. That's not the Department of Health and that's not the Department of Education. It's the expenses that the ABS classifies as health-related.

So there's other expenses within the general government sector. For instance, school nurses are obviously health rather than education, so they're in the health number. Education is not just Department of Education; TAFE Tasmania are obviously providing education. So that number isn't Department of Health. It's a GFS health category.

CHAIR - Right. I appreciate that explanation, thank you.

Mr JEFFERY - Thank you. You probably knew that, Ms Forrest, but just for *Hansard*, I thought I'd make sure that I explain what the numbers are that I'm about to -

CHAIR - So what you're telling me is this number won't add up to that table.

Mr JEFFERY - Exactly.

CHAIR - That's okay. I absolutely get that.

Mr JEFFERY - That's exactly what I'm doing. Now, through the minister, I'm also familiar with the fact that this committee usually uses the revenue from appropriation output table, so that's the numbers that I'm going to quote, if that's okay. I think you wanted the numbers by output group, Ms Forrest.

CHAIR - Yes.

Mr JEFFERY - Yes. So output group 1, System Management, output 1.1, System Management - Health, 2021-22 Budget was $165 612 million. Estimated outcome is 289 million to $337 million. So there's a variation; this is probably the only number where there's a significant variation, so with the minister's indulgence I'll explain that.

As this committee would be aware, there's a supplementary appropriation that's currently going through parliament. I'm not sure where it's at, though.

CHAIR - It's gone through. Yes, it's gone through.

Mr JEFFERY - There was $125 million appropriated in that which related to COVID-19 expenditure. That's that variation.

CHAIR - Sure.

Mr JEFFERY - Okay. I'll do the outputs in ministerial portfolio order if that's okay for the committee. Through the minister, output 2.1, Admitted Services: budget, $739 118 million; estimated outcome, $741 613 million. Is my speed all right?

CHAIR - No, that's good, yes. I'm keeping up, thank you.

Mr JEFFERY - Output 2.2, Non-Admitted Services: budget, $139 416 million; estimated outcome, $141 063 million. Output 2.3, Emergency Department Services: budget, $118 829; estimated outcome, $118 909. Output 2.4, Community Health Services: budget $141 115; estimated outcome $133 631.

Output 2.6, Ambulance Services: budget $110 074; estimated outcome $111 000 894.

Output 2.7, Public Health Services: budget $24 672; estimated outcome $24 719.

Output group 90, COVID-19 response and recovery. I'll just do the ample [TBC] group, if that's okay. The budget was $22 300; estimated outcome $22 300.

Output 1.2, Management of Mental Health and Wellbeing: budget $40 000 968; estimated outcome $39 667.

Output 2.5, Statewide and Mental Health Services: budget $110 465; estimated outcome $110 658.

CHAIR - Thank you for that. It does show, except for the explanation with 1.1 in relation to the COVID expenditure, that the supplementary appropriation related to the departments have pretty well been on budget. This is probably the first time in a while that we've actually seen it that close, or not?

Mr JEFFERY - Minister, if I may indulge the committee, our aim is always to balance the budget, and with good financial management from the secretary and the minister, our aim this year is to generate a balanced budget for the third year in a row.

CHAIR - Right. We haven't got the figures for the expense summary. I know you go by the appropriation, I understand that, but when we look at the actuals from last year in the annual report, it seems that the actuals - also, there is an increasing amount each year. In the past - and we're talking about more than probably three years ago now - this is why we have to have a big step-up.

Minister, are you confident now that the health budget is in a sustainable position - except for COVID-related unusual measures - to deliver the services that Tasmanians need?

Mr ROCKLIFF - We are recognising the increasing demand, but given the quite considerable increase in investment over the last couple of years - in fact, more than we committed to at the last state election, and elective surgery would be an example of that - and

given how closely we're working with our clinicians. I'll point to an example of a statewide perioperative surgical committee who are instrumental in developing the four-year elective surgery plan, getting it down to that sustainable level of some 5400 on elective surgery waiting lists, from where they probably began at around 12 000 or the high 11 000s, and that investment corresponds with the activity expected.

I believe we are in a sustainable position - bar another variant that causes some distress in terms of COVID and other matters - but outside of the pandemic, I am confident. There will be areas we would perhaps seek further funds and investment for, but our focus is not only increased investment but also, really, how we can improve our systems and take pressure off emergency departments. PACER, and our announcement yesterday, and those types of things. So, the broad answer to your question is yes, I am confident.

CHAIR - We'll come to those particular aspects under the different line items. Just on the high-level funding arrangements, are you able to provide the committee with a per capita spend on health, and the national comparison?

Mr ROCKLIFF - Yes. We will endeavour to get that information for you.

CHAIR - We'll just put that on notice and get it before the end of the day, maybe? That's great, yes.

Again, on a high level rather than delving down into the particular output groups yet, I acknowledge the challenges that accreditation bodies would have had around their review of accreditation specialties, due to travel and other restrictions around COVID. What specialties have had their accreditation assessments in which hospitals - and have any been lost, or any provision or accreditation been granted?

Mr ROCKLIFF - Before I hand to Professor Lawler, Health Services Tasmania are accredited to provide training for a range of medical specialties that fall within the hospitals' role delineation. Medical specialist colleges in Australia set standards for health services to provide safe and comprehensive training for doctors towards their chosen specialty. The accreditation standards developed and used by colleges are fluid and will change according to evidence-based changes in clinical practices.

Accreditation standards may relate to staffing, supervision, work environment, formal teaching, trainee support and other matters. Accreditation visits provide an opportunity for colleges and health services to work together to review services, meet required standards, and improve the training environment. The Tasmanian Health Service works in close association with 15 specialist colleges to ensure safe and supportive experiences for trainees.

CHAIR - How many accreditation visits are undertaken, and have any been declined?

Mr ROCKLIFF - Professor Lawler, who is the deputy secretary of Clinical Quality, Regulation and Accreditation, can provide that answer.

Professor LAWLER - Thank you. Through you, minister. As you have highlighted, COVID has presented significant challenges not only to the health services providing training, but also working with the colleges who undertake the training accreditation, who accredit sites and/or posts for training across Australia and in some instances, New Zealand.

I'm not aware of any instances of accreditation being withheld. I can go through the accreditation visits that have been undertaken. There is a significant list.

CHAIR - Are you able to table the list? Would that be possible?

Professor LAWLER - We can certainly prepare a summary of it.

Mr ROCKLIFF - We can prepare a comprehensive answer and provide that for you.

CHAIR - Yes. If you can provide a list of those that have occurred. but also any where accreditation may have been lost or provision of accreditation granted - and which ones they were, if that was the case. Which locations.

Professor LAWLER - We can certainly do that. We keep a very close eye on the accreditation status. The interaction predominantly is with the hospitals and the training departments. We have a list we keep track of with respect to the accreditation status, rather than the visits as and when they occur. In that summary, we will highlight some of the fairly interesting complexities around accreditation. If a department is accredited, for instance, it's not just a matter of whether it is accredited or not, it's a matter of how long it's accredited for, what nature of training and what period of training is accredited.

For instance, in the North West or Royal Hobart Hospital, it may be accredited to count towards two years of emergency medicine training. It's revisited every three to five years for reaccreditation, and it can count towards the paediatric component of training. There are quite a few intricacies in there which we'll aim to represent.

CHAIR - Has the obstetrics and gynaecology service in the North West Regional Hospital accredited? There was some question about that.

Professor LAWLER - My understanding with respect to the accreditation by RANZCOG in the North West and the Mersey is that a virtual accreditation visit was undertaken on 28 July 2021. We've working with the colleges, and the colleges I think have done quite well in hybrid visits and both face-to-face and virtual visits. All recommendations, I understand, were addressed. The next accreditation is scheduled for April 2023. The RANZCOG benchmark results have highlighted that North West campus has actually exceeded the benchmark for accredited trainees to undertake major gynaecological surgery cases in the state.

That college and employers have reflected in the past that rural settings are very good sites for obstetric and gynaecology trainees to obtain their major gynaecologic surgery caseload.

CHAIR - Mike, you had one in the south and I'll come to you after some others.

Mr GAFFNEY - Yes, thank you. I had an email from Launceston that says, 'We had an appointment three weeks ago with ENT and was told to make an appointment for three weeks' time. I rang up on Tuesday and the specialist has now gone to the mainland. And then I find out there were only two part-time ENTs in Launceston'. I'm not overly familiar with all the

numbers, but it does highlight the fact that there are some specialist areas where there's a shortage.

How does the THS involve itself or assist with private providers to set up in Tasmania? For instance, the Premier would be aware of the Devonport Eye Hospital. It's been operating since 2015 and has 50 to 60 procedures a week in the theatre. That business is now being sold. Presmed, from NSW for those who don't know, have five facilities in NSW. They have access to 150 specialists. Part of that group are ENT specialists. They are wanting to set up in Devonport.

My question, which would help not only the north west coast but the north of the state and also other people, is how does the THS involve itself in trying to attract or confirm that they can get those specialists to come to Devonport and to the north west coast, because they are hard to come by and they have 150 specialists?

CHAIR - The question is?

Mr GAFFNEY - The question is, how does the THS - and are they involved with and do they know about and what are they going to do?

Mr ROCKLIFF - As Sonj Hall, the deputy secretary Policy, Purchasing, Performance and Reform, makes her way to the table, I'll talk about public-private partnerships in general. To ensure that public patients can access care sooner, in last year's budget we established a $20 million fund to enable the purchase of services in private hospitals to take pressure off the public system.

Given the success of the public-private partnerships in delivering elective surgery, particularly a statewide elective surgery four-year plan, we've included $12 million in this year's Budget to enable private hospitals to continue to support our public hospital system to better manage that demand. In addition, and to establish these public-private partnership arrangements, we work with representatives from both the public and private hospital sector to identify strategies to support Tasmanians to get the healthcare they need sooner.

In addition to using private facilities to deliver on our elective surgery schedule, the arrangements also enable us to purchase beds from private hospitals to improve patient flow. These arrangements are flexible, they allow us to manage peaks in demand for public hospital services by purchasing private general medical, surgical, rehabilitation and palliative care wards. It also includes community nursing and home care. I have some other examples to provide, but in the interests of time, Sonj would you like to focus on Mr Gaffney's question on ENT.

Ms HALL - Thank you, and through the minister. We became aware of some of the issues around the ENT -

CHAIR - Come a bit closer to the mic. If you could speak up a little, sorry. Thank you.

Ms HALL - We became aware about six weeks or so ago about the issues with ENT in the northern area. The first thing we did was held a roundtable which consisted of the chief executive, some of the surgeons and anaesthetists from LGH. From that, we came up with whole series of short- , medium-, and long-term strategies. The short-term strategies around

ENT to try to bring the surgery numbers up and to get that flow through the outpatients included potentially having some twilight sessions and some Saturday surgery sessions.

Allowing for the shortage of anaesthetists as well as surgeons in that area, it was obvious that that wasn't going to be enough. So we started discussions with the private sector. Devonport Eye Hospital is one of those. I'm catching up with the national CE of Presmed this week coming when he is here to look at probably some quick wins initially, followed by a more sustainable plan.

We've also investigated other private options across Tasmania, but given the shortage of ENT surgeons in Tasmania, we're also investigating potential options that may go off island as a backup plan.

Ms MORGAN-WICKS - Through the minister, Marcus Skinner, the chair of our Surgical and Perioperative Committee, is also looking at, together with the LGH surgical team, three potential ENT specialists to join. We're negotiating that at the moment.

Mr GAFFNEY - Thank you very much.

CHAIR - While we're on the public-private hospital arrangements here, do you have list or a number of how many public services have been provided under these arrangements? I'm not necessarily asking for a breakdown of all the services, just how many we're talking about that would have otherwise been carried out in the public system.

Mr ROCKLIFF - I'll just access that for you.

CHAIR - While the secretary is looking for that, minister, I'm interested in how much the state has recouped from private health funds for treating private patients who choose to use their private health status in public hospitals.

Mr ROCKLIFF - The number of procedures outsourced to private providers. I've a breakdown in hospital.

CHAIR - That would be good.

Mr ROCKLIFF - These are figures to March 2022, this financial year, presumably 31 March. At the Royal Hobart Hospital, 2275. The previous full financial year was 2219, by way of comparison.

CHAIR - These are services provided by the private sector?

Mr ROCKLIFF - The number of surgical procedures outsourced to private providers. To March this year, 1484 at the LGH. The whole of the last financial year was 1475. The North West Regional Hospital to March this year, 491. The entirety of the last financial year at the North West Regional Hospital, 270. The Mersey Community Hospital, 271 to March this year. Entirety of last year, 370. If I provide those total figures, in the last financial year the number of surgical procedures outsourced to private providers was 4334. This year to March 2022 is 4521. There are an additional 600 endoscopies in the south that we've outsourced to occur before 30 June.

CHAIR - That should be making a bit of a dent, you'd think, in the waiting times. Anyway, we'll come to those a bit later on. Have you got the amount of revenue raised from private patients using our public health system?

Mr ROCKLIFF - I'll call on Mr Jeffery, if that's possible? The revenue from Medicare, the pharmaceutical benefits scheme, 2021 financial year - last year's financial statement, $89.2 million - sorry, $89 205 000.

CHAIR - How do you - $8 250 000, is it? 205. $89 205 000.

Mr ROCKLIFF - Yes.

CHAIR - I'm getting a nod from the finance man behind. Sorry, that was my fault, $89 205 000.

Mr ROCKLIFF - Yes, that's correct. The private patients' scheme was $31 613 000.

CHAIR - Is that up or down on recent years for the private patients?

Mr ROCKLIFF - If we go to the 2020 figures, firstly for the pharmaceutical benefits scheme revenue from Medicare. It was for 2020, $58 205 000. Remembering it was $89million for 2021. The private patients' scheme is virtually on par from 2021. It was actually slightly up, on $31 840 000.

CHAIR - That's pretty consistent. So just with the previous Medicare funded items, that would be some of the chemotherapy drugs and things like that, I assume that relates to, the pharmaceuticals?

Mr ROCKLIFF - I will just make sure we get that right. Including chemotherapy drugs.

CHAIR - Which would be a fair proportion of that, I would imagine. If they're expensive ones, particularly. If I just go to the ICT digital health care transformation, I think this is probably welcomed by many in terms of the potential benefits that has. The question is - and I welcome that investment - do all GPs have access to the relevant appropriate data related to their own patients yet, or is this just starting? Can you just indicate where that's at?

Mr ROCKLIFF - We started the process last year, you might recall, with the $15 million investment, which we have kicked off last year and added to this year. I'm not sure if some of your question relates to Medtasker or -

CHAIR - Yes, that was the other part of the question.

Ms MORGAN-WICKS - Through the minister. Ms Forrest, if that's in relation to the patient viewer that we are developing so that general practice or other primary care providers are actually able to see the information of patients for their stay during hospital, that is part of our digital health strategy and will be one of the items which we will be rolling out. We have launched various viewers in the past, but more for the My Health Record viewing within hospitals. We have connected primary care, though, together with Primary Health Tasmania with the e-referrals roll out, so to try and remove the nasty fax machine surprises that often

occur across our hospital environments to make sure that it is an electronic and faster referral. That has improved the time to triage through the use of e-referral.

CHAIR - And the Medtasker?

Mr ROCKLIFF - I got an example of that in action just the other day when it came to a patient being discharged from the hospital.

Ms MORGAN-WICKS - Through the minister. Medtasker has been successfully rolled out as one of the initiatives of our state-wide access and patient flow program. We first commenced that at the Royal. Emergency department physicians actually tasking out and upwards, it saves all of the calls to the switchboard. In the initial few months of rollout we estimated it had saved some 30 000 calls to a switchboard operator to call, then, a doctor or a nurse or a particular health practitioner to answer the phone and ring. So a significant amount of time and also very grateful switchboard operators, no doubt.

But it also means that in Medtasker you can task. It joins a workflow. People sign into Medtasker when they commence shift. You don't have to know the name of the person that you're actually tasking, you can task the responsible health practitioner, and also send images so they can immediately see diagnostics, etcetera. People have been clamouring to join Medtasker, so we had to actually try to speed up the rollout. It was difficult during COVID-19 but, certainly, it's now rolled out across the LGH and across the northwest.

CHAIR - Both sides of the northwest?

Ms MORGAN-WICKS - Yes. I might get, if it's all right, Tony to speak.

Mr ROCKLIFF - Tony. Professor Lawler, sorry.

Professor LAWLER - Thank you, and through you, minister. There are a number of benefits to Medtasker. It has been characterised as a communications tool and, certainly, the saving of significant time, not only for the communications staff but also waiting on the phone to be answered and waiting for an interaction to occur, so you send out the pager or you send out the message and you wait for it to be responded too.

A number of other benefits of Medtasker is, as the secretary has highlighted, it goes into the workflow, but also it is a task management solution as well. You can actually keep track of the lists that you have. As the secretary has mentioned, it can be linked to role rather than individuals, so it actually, then, gets handed on to the person who is taking over that responsibility. It's not intended to replace Triple 2 calls or Code Blue calls. It's around non-urgent tasks that need to be managed.

It also has the capacity to track how well those tasks are being done in real time, and also manage that. We delivered over 550 000 tasks through Medtasker since it went live in April 2020, and our current daily load is somewhere between 1600 to 2000 tasks state-wide. It is being significantly used. The secretary has highlighted, it was initially a tool for tasking between the emergency department in-patient teams. It has been broadened significantly since then. It has incorporated some Allied Health staff, and also it has -

CHAIR - Pharmacy?

Professor LAWLER - I understand pharmacy is engaged but I would have to check on that. We also need to understand that there are strong relationships, obviously, within the emergency departments, particularly at the Royal, through other linkages with pharmacy, such is the partnered pharmacist medication charting project.

Mr ROCKLIFF - I advise that pharmacy is using Medtasker.

CHAIR - Good. That should help cut down on errors as well. Did you have a question in this, 1.1?

Ms WEBB - Yes, sure. I think it can fit here. It is one that you will recognise I asked in relation to your other department, and that's, in terms of the Health Department's preparation for implementing gender responsive budgeting processes and the board of gender analysis framework. Could I have an update on the work that is being done within this department towards that?

Mr ROCKLIFF - Okay. The development of the new Tasmanian Women's Strategy 2022-27, of course, is being led by the Department of Communities, Tasmania and will provide a new framework for the government and broader Tasmania community to achieve gender equality. Now the Department of Health was consulted in the development of the strategy and supports the anticipated focus on the final strategy, on embedding gender impact assessment in policy and service development. It is important to consider how the design of policies, programs and services will impact different population groups in different ways.

Now, through its healthy Tasmania five-year strategic plan, the government has committed to apply an equity lens across all healthy Tasmania policies and services, with an aim to help ensure the specific needs of priority populations in Tasmania are considered, and make sure that our actions have no adverse impacts. An equity lens considers the needs of different genders, people living on low incomes, Aboriginal people, people from the LGBTIQ+ community, people from culturally and linguistically diverse backgrounds, and people also living with disability.

I have further information around the TLRI report which might be not quite in line with your question, but -

Ms WEBB - No. I'd like to hear more about the equity lens, which is great to hear that that's being applied to the Healthy Tasmania Strategy. Is that work done within the Health Department, then? Is there a structured framework that you're using to undertake that?

Mr ROCKLIFF - Yes. We also had launched last year, I think, the LGBTIQ+ information.

CHAIR - That was something just recently.

Mr ROCKLIFF - That was a different report. This was more information for people in the health system, but -

Ms WEBB - I'm not so much interested in initiatives directed at particular groups. I'm interested in the scaffolding you're putting in place to make the assessments about the decision-making processes around allocating funding and policy.

So the equity lens you applied to the Healthy Tasmania strategy, in the same way that we'd apply a gender lens for gender-responsive budgeting and policy planning, it's that framework that I'm interested to hear about. So is that documented somewhere, that equity lens that was applied?

Mr ROCKLIFF - Thank you for the question. I'll perhaps refer to Mr Webster?

Mr WEBSTER - Through you, Premier. In terms of Healthy Tasmania, it's a fairly documented strategy for about how - well a framework - we allocate the funding. I think importantly the work we're doing in the LGBTIQ+ space is in educating healthcare professionals about the issues faced by the community.

The infrastructure that we've put in place - and we have a co-chaired reference group which the secretary chairs with a member of the community, and that reference group informs the framework. I take mental health as an example, and Rethink. Within Rethink rather than actually have an implementation plan which assumes the community will fit together, Rethink is a stepped approach where, to come up with the strategies or the implementation actions for the LGBTIQ community, we go through a separate process to consult them and create the framework for that particular community.

Similarly, we do it with other communities as well. That's an example of that framework in place, which is around each time you create a program of activity you actually consult, and it's the consumers who are at the centre of that consultation. That work is being led by Dr Ruby Grant from UTAS, that consultation piece, that will then create the actions.

So that is the framework. Is let's consult, let's not assume that as health bureaucrats we know what the actions are. The framework says we consult at each step of the action plans.

Ms WEBB - Excellent. It's very good to hear that and that consultation around implementation is excellent. Gender-responsive budgeting, gender-responsive - even equity-responsive policy planning is the step before that, and when decisions are being made about where to allocate funding and what policy areas to develop, so that's what my understanding is. That that's the area that further work is going to be done in order to move us forward with the gender responsive side of things. The framework around that is what I'm interested to hear about, if there's any particular work being done. It may not be yet, but the intention has been expressed?

Ms MORGAN-WICKS - Through the minister, I'm certainly aware of Treasury's publication of the additional gender statement in the budget papers, and noting that the Department of Health would be very happy to be applying a particular lens over our budget submissions that then go to Treasury, to then have a framework applied to them.

So in similar ways that, for example, we consider climate change as a contributing factor to the formulation of policy and in our budget bid for a particular matter, certainly in our application, for example, of our watch in the department we are committed to implementing the Our Watch workplace equality and respect standards. I would expect that, as secretary, to

also apply across the policies and procedures that we implement across the department of health. At the moment we're not applying it to each budget submission, but I'm happy to consider that.

Ms WEBB - Terrific, thank you. That's really pleasing to hear. That's exactly what I was getting at. That at that stage of things when you're putting your department, the Department of Health, is probably almost best placed because you would have disaggregated data in terms of gender and other sorts of factors more readily available than some other departments would have in terms of bringing that to bear. So it's a good starting point.

CHAIR - Other questions on 1.1? Sarah?

Ms LOVELL - Thank you, Chair. Premier, how many ED5s have commenced this financial year in your department, and have any staff been stood down as part of that process?

Ms MORGAN-WICKS - So through the minister, as at 1 June 2022 there were 53 matters of misconduct being investigated. This includes 15 investigations relating to failure to comply with a public health direction, so in relation to mandatory vaccination. Of these was it in relation to ED5s?

Ms LOVELL - Yes, ED5s, and whether any staff have been stood down.

Ms MORGAN-WICKS - Yes. So of the 38 matters on foot I have 20 that are purely ED5s, and I've got 30 that are ED5s also involving a suspension.

Ms LOVELL - In addition to the 20, or does that include the 20 ED5s? It includes the ones with the suspension?

Ms MORGAN-WICKS - So we have 38 matters that are on foot as at 1 June 2022. Apologies.

Ms LOVELL - That's okay.

Ms MORGAN-WICKS - There's just an error in the table, so I'm just going to get that number clarified.

CHAIR - Yes, just on that, of the staff that were stood down through failure to meet a vaccination requirement, have any been re-employed either through the fact that they've subsequently been vaccinated or some other mechanism, across the whole service?

Ms MORGAN-WICKS - So since 31 October 2021, 122 staff have had their employment terminated for failing to comply with the public health direction. Staff that have been re-employed, we worked through a process prior to termination, and it's quite a lengthy process to encourage them to seek medical advice if it's in relation to particular health conditions, and to encourage them to vaccinate and to comply with the lawful and reasonable direction that has been provided to those employees.

Several did comply and become vaccinated, and their employment was not terminated. I am not aware of any employee who has been re-employed following termination for that reason.

Ms LOVELL - Thank you.

Mr DUIGAN - Premier, I'm interested to know what the Government has been doing in relation to ICT capabilities across the health system. Obviously, investment in digital health in the Budget has been welcomed. Are you able to give us some detail on what this potentially looks like?

CHAIR - Without repeating your answer to me, please, Premier.

Mr ROCKLIFF - Certainly. Thank you for the question. We recognise the role that digital technologies can play in improving patient care, as we've discussed briefly before, providing better data on patient management, and reducing reliance on manual processes - and I mentioned our 10-year digital health strategy.

The Department of Health has a dedicated team of ICT professionals who already provide terrific innovations for our health system. In fact, they're responsible for managing our digital environment, including supporting 50 000 wi-fi devices across the state, security cameras, electronic door locks, infusion pumps, X-ray machines, medication-dispensing, et cetera. Also, our team sustains critical patient administration systems and millions of patient records, including 72.6 million radiology images.

Today I'm pleased to table the health ICT end-of-financial year highlight report 2021-22, produced by our chief information officer Mr Warren Prentice, who does a terrific job. The report details the key deliverables our health ICT team have been working on in the past 12 months, and I'd like to share a few of those with you: provision of remote monitoring of 3400 seasonal workers, repatriated Australians, and Antarctic expeditioners through the hotel quarantine program; the roll-out of the COVID@Home program, which has been utilised by over 16 000 patients, providing support over 43 800 patient care days; implementing the contemporary surgical instrument tracking system at Royal Hobart Hospital; and the development and publishing of a new website for the Department of Health, which focuses on the needs of Tasmanians as well as making health information more relevant - and, dare I say, less confusing.

That gives me the opportunity to thank the hardworking health ICT team for the work they've done over the past 12 months. The report tabled today demonstrates the important work our health ICT team undertakes in supporting a digitally connected health system. Thank you for the question on the reports.

CHAIR - Any other questions on the ICT?

Ms WEBB - A very quick one; it probably belonged in overview, to be honest.

CHAIR - We're in overview still.

Ms WEBB - Excellent. It's been two years since the TLRI recommended banning unnecessary non-consenting medical interventions on intersex children. When would that legislation be brought forward?

Mr ROCKLIFF - Thank you, we'll have some information for you. We're committed to supporting the health and wellbeing of LGBTIQ+ Tasmanians, and our Government believes all Tasmanians have the right to be treated with respect and have access to high-quality health services regardless of where they live or their circumstance. As I also hold the Mental Health and Wellbeing portfolio, I understand the sensitivity of these matters and the deep impact that the history of these issues have on the LGBTIQ+ community.

Our Government values the research and analysis undertaken by the Tasmanian Law Reform Institute, and I thank them for their continued work. Given the complexity of matters addressed in the 2020 report on the legal recognition of sex and gender, at my request the Department of Health is undertaking detailed analysis of the report's recommendations on surgical intervention to alter the sex characteristics of intersex children. I understand the Sex and Gender Report, along with the TLRI's 2022 final report, Sexual Orientation and Gender Identity: Conversion Practices addresses interlinked issues surrounding sex and gender.

I've also asked our department to work collaboratively with the Department of Justice to examine these matters and to provide comprehensive advice back on action required to respond. This work will consider policy perspectives and the legislative framework from a whole-of-government perspective to respond to the recommendations of the Tasmanian Law Reform Institute recent reports.

Ms WEBB - Just to follow up on that, I was asking for a time line on the legislation relating to banning non-consenting medical interventions in intersex children. Is that somehow inextricably linked to the conversion practices matter, which is the report you referred to from this year from the TLRI, and has there been a hold-up on progressing that while we waited for that second report to come through?

Mr ROCKLIFF - We're working through both matters with the Department of Justice.

Ms WEBB - Is there an expected time line, then, on delivering the legislation relating to intersex children?

Mr ROCKLIFF - I would need to confirm a time line with the Attorney-General, who has responsibility for some of these matters. When it comes to the more recent TLRI report on conversion practices, you will recall there are 16 recommendations.

Ms WEBB - I'm not asking about that one, actually, minister.

Mr ROCKLIFF - I just wanted to clarify that I'll be taking the lead on that.

Ms WEBB - Right. This is a health-related one.

CHAIR - The one related to intersex children, will you take the lead on that? And the time line, that's what you're asking.

Ms WEBB - Yes. That's what I'm asking about. I don't understand the connection between the two, but I don't want to get bogged down in that. This seems fairly clearly a medical-related piece of legislation that is about banning particular medical procedures. Are you taking the lead on that, and what is the time line for that?

Mr ROCKLIFF - The Department of Health are working with the Department of Justice at this time. Ms Morgan-Wicks, are we getting an indication of a time line? We don't have one at this stage on the legislative component, but we hope to have something at least for Cabinet to discuss over the course of the next couple of months.

Ms WEBB - Right. You'd understand, having waited two years since the TLRI report and the fact that this could be relevant to children being born today in this state, that this is a matter that people are keen to see progressed promptly.

Mr ROCKLIFF - I understand.

CHAIR - Any other questions on 1.1? If not, we'll move on.

Output Group 2 - Health Services
2.1 Admitted Services

CHAIR - Premier, budget paper one talks about the Mersey money, and the forward Estimates go to 2025-26, obviously. Is this the last year of the Mersey money?

Mr ROCKLIFF - From the federal 10-year agreement?

CHAIR - Yes.

Mr ROCKLIFF - No.

CHAIR - Yes, that's sitting with TASCORP.

Mr ROCKLIFF - It was a 10-year time line. Wasn't it around 2017 that it commenced?

CHAIR - If it's not the last year, I want to know how much is left.

Mr ROCKLIFF - Treasury managed TASCORP. But, as I indicated before, around the 2017 time line, that agreement runs to 2026-27.

CHAIR - Yes, the point is the money has to last that long.

Mr ROCKLIFF - Yes. Mersey is funded through this budget and we've secured the future of the Mersey with $730 million funding from the Australian Government. In the 2017-28 budget we provided $35 million funding to begin significant capital upgrades and expanded this in the 2021-22 budget with an additional $20 million beyond the forward Estimates to deliver $55 million of redevelopment. We know that to deliver modern facilities that will meet the future service -

CHAIR - Minister, if I might, after the 2025 allocation that's in the Budget papers as $102.9 million, how much is left in the TASCORP fund to continue to fund the Mersey?

Mr ROCKLIFF - I would have to refer that question to the Treasurer.

Ms MORGAN-WICKS - Through the minister. The Mersey Community Hospital is funded every year of the forward Estimates. It's our intention from a Health perspective that it's a hospital that is required. Hence the significant capital redevelopment which is underway to produce new operating theatres. In terms of a 10-year fund, that'll be a matter that we continue to discuss with Treasury but from a Health secretary perspective, I am committed to the Mersey Community Hospital and its continued funding.

Mr ROCKLIFF - And from a Health minister perspective, so am I.

CHAIR - Because you live just up the road.

Mr ROCKLIFF - True. Not because of that, but it is a fact.

CHAIR - Minister, can I ask about leave entitlements across this line item, Admitted Services, annual leave and long service leave entitlements?

Mr ROCKLIFF - Yes.

CHAIR - Are they growing? There have been challenges to taking leave.

Mr ROCKLIFF - Specific question?

CHAIR - I'm looking at the leave liabilities rising. What are we doing to address that, in terms of getting people to have leave? Long service or recreational leave.

Mr ROCKLIFF - I have some figures here. Leave taken or leave?

CHAIR - The leave liability, is it growing?

Mr ROCKLIFF - As at 31 March 2022 long service leave as a percentage of paid leave.

CHAIR - I'm looking at the leave liability. How much leave is there that needs to be taken, because so many staff have been unable to take their leave?

Ms MORGAN-WICKS - Through the minister. The minister was referring to a table of leave taken, which has remained pretty static, particularly through the COVID-19 pandemic. We had staff who did not want to take leave particularly with closed borders, unable to travel, and also unable to travel to important training conferences, that usually will be undertaken either domestically on the mainland or internationally. We managed to have quite a stable proportion of leave taken noting that we also had to manage fatigue across the service. Regardless of the fact that people couldn't travel, we still encouraged them to take leave to rest. In terms of the liability, our chief financial officer is just having a look at the liability number.

CHAIR - Sure. While he's finding that, I'll go to my next question. I'm also looking for some information about staff attrition rates. We got the 2019-20 figure last year so is it possible to have a comparison this year to see the attrition rates?

Mr ROCKLIFF - So annual leave 2021 is $135 947 000. Long service leave is $177 902 000. From our financial statements.

CHAIR - Without getting all the figures, is the liability trend increasing?

Mr ROCKLIFF - It has increased. I'll provide the 2020 figure for you. The annual leave figure in 2020 was $121 034 000, for annual leave. And compare that with $135 million. If we go to long service leave, 2020 was $164 021 000. Compare that with the $177 900 000 figure in 2021.

CHAIR - Annual leave is accrued after 12 months. Long service leave takes longer to accrue, for some strange reason. It's not unexpected but is the rise because of people not taking annual leave, or is to because you have a whole heap of new staff who are not yet eligible leave?

Ms MORGAN-WICKS - Through the minister, the actual leave taken for 2021-22 as at 31 March is a total across all awards at 6.81 per cent. In the previous year, which is illustrative of what I was speaking about earlier with the 2020-21 is 6.5 per cent. To take you back to a pre-pandemic year, we had leave percentage running at 7.23 per cent. That's for 2018-19. You can see there has been an impact on the percentage of recreation leave. We are encouraging our staff to continue to take leave, particularly as part of our fatigue management.

Ms LOVELL - As far as those percentages of leave taken, is that all leave, annual leave and long service leave, or is that just annual leave?

Ms MORGAN-WICKS - Through the minister, that was annual leave, recreation leave.

Ms LOVELL - Thank you.

Ms MORGAN-WICKS - We also have long service leave percentages if you would like them?

CHAIR - Yes, that would be good.

Ms MORGAN-WICKS - So for long service leave across all awards for 2021-22 as of 31 March, 1.18 per cent. In 2020-21 it was 1.04 per cent. To take you back to a pre-pandemic year, 2018-19 was 1.38 per cent.

CHAIR - It's something you need to keep an eye on obviously, minister.

Ms MORGAN-WICKS - Through the minister, yes, we do. We receive regular reporting to health executive across all leave types and are directing member of our executive to follow up with their particular divisions and departments.

CHAIR - While we're talking about the importance of looking after our people, regarding workers' compensation claims by each acute hospital, of the four major hospitals, can you give us a breakdown of those claims, the numbers, and the breakdown by physical or psychological injury and whether there's an observable trend over the last five years in those figures?

Mr ROCKLIFF - Workers' compensation claims, I'm advised, increased by 6.7 per cent overall for the Department of Health. That's inclusive of the Tasmanian Health Service and Ambulance Tasmania for the 2021-22 financial year compared to the same period last year.

Now if we go to the figures here for you, we haven't broken it down in hospital, but the total claims for the year, as at 31 March this year, psychological - I'm sorry. Total claims of 493 compared to the previous year, which was a full year, of 642.

If we have psychological claims the year to date - sorry, 31 March - 103 of the 493, and the previous financial year - full year - psychological claims 113.

CHAIR - The first figure you gave was all cases.

Mr ROCKLIFF - Total claims.

CHAIR - Total claims, sorry. So the difference is the physical claims?

Mr ROCKLIFF - Yes. But we do have some COVID-19 claims, in case you're adding those up. For the financial year 2019-20 the COVID-19 claims were 44. For the financial year 2020-21 the COVID-19 claims were 2. No claims so far, this financial year.

CHAIR - So to make a COVID-19 claim, is that to be ill with it and having a long-term health outcome as a result? Is that what the COVID-19 claim is?

Ms MORGAN-WICKS - So through the minister, and I spoke of this at last year's estimates, so the number of 44 in particular related to the northwest outbreak in 2020.

CHAIR - All right. So in terms of worker's compensation in terms of physical and psychological injury are there any observable trends over the last five years? Because I'm just looking to see if there's a particular uptick with COVID-19 or if it's pretty standard, if you like.

Mr ROCKLIFF - Well if we go to the psychological claims as an example to look at a trend, if you look at the financial year 2018-19, there were 99 claims - psychological. Following financial year 2019-20 there were 125. I've mentioned the 2020-21 year of 113, so that would be a decrease on the previous year. To date again, 103 which may or may not be relatively the same.

CHAIR - Is this just related - can I just clarify, because you haven't got them broken down by hospital beds. Is this just admitted services, or is it across the - I'm interested if there's a breakdown of ambulance services separate to hospital services. Can you just clarify what these figures are?

Ms MORGAN-WICKS - So through the minister, that's the entire Department of Health, including the THS. In relation to psychological claims, they're making up around 21 per cent of all claims in 2021-22. We are obviously very concerned about the management of our staff's wellbeing and particularly their mental health.

So psychological claims, we all know from a worker's compensation perspective, although they might just make up 21 per cent, they're 44 per cent of the cost in terms of managing those claims. These claims involve usually long and protracted periods to try and bring our employees back safely into the workplace.

So certainly from our perspective we continue to implement Workplace Health and Safety and Wellbeing initiatives to try and improve mental health and wellbeing and to promote safer workplace practices.

One of the physical examples of that will be seen at 2 o'clock obviously with Teddy, our therapy dog, which has recently been engaged. He's got his own employment contract, I would probably endeavour to say, for our paramedics.

So for Ambulance Tasmania which has been very warmly received. Noting that Ambulance Tasmania have been part of the broader emergency management wellbeing program across police, fire and ambulance for several years. We are now looking right across our health workplace to look at what extra has to be done in terms of wellbeing.

CHAIR - Okay. Is it possible to get a breakdown of admitted services, emergency department and ambulance services? Like, just across our line items of those? Not right now necessarily, if you could provide that a bit later.

Mr ROCKLIFF - We'll see if we can, otherwise we'll take it on notice and see if we can break that down any further.

Ms MORGAN-WICKS - So through the minister, the issue is that we will need to go through every single claim file to determine that, because we don't - we're in the process of implanting our new HRIS information system which will also include our worker's compensation claims, but at the moment it doesn't sit in an easy system to extract. Perhaps if we can look potentially at a sample.

CHAIR - Yes. It would just be helpful. I know there was some particular talents in Ambulance Tas, and maybe Teddy the therapy dog is part of that response and that's good. It'd just be good to see if there was any information which can be provided to the committee on the breakdown of these respective areas.

Ms MORGAN-WICKS - So through the minister I think we could probably provide ambulance as a subsection, but we'll go away and look at that and respond.

CHAIR - Yes, and we'll check with that when we get to that line item. I'll just go to one more that came to me - there's a few more here - but with the master plan for the Northwest Regional Hospital, can you give us an update on that, minister. Where we are at, including the Northwest Maternity Services and the progress on that?

Mr ROCKLIFF - In terms of the maternity services and the report?

CHAIR - Yes. In your actions with the report. I know that the neonatal clinic is probably separate to that, but -

Mr ROCKLIFF - Sure.

CHAIR - The master plan for the whole northwest region.

Mr ROCKLIFF - Okay. To ensure our health infrastructure project design is to meet the future service needs, yes, we've got the master plan for the northwest. It's currently being

developed to set the future vision and direction for the redevelopment of the hospital. The building and infrastructure site investigations are currently underway at the Northwest Regional Hospital. This is to understand the condition of existing buildings and future capacity at the site.

The master planning process is driven by clinical service planning to help us understand what type and volume of clinical services the northwest population will need over time, and this informs critical decisions about what future health infrastructure is required.

Now to support our commitment to build a better health system, the 2022-23 budget allocates just over $654 million for capital investment in health infrastructure, and this includes $44 million for the funding over four years for capital upgrades at the Northwest Regional Hospital. It includes $1.5 million to complete the $5.8 million construction of the maternity service's antenatal clinic to provide a contemporary facility to support mothers and their babies.

The antenatal clinic will collocate maternity services from across the hospital precinct into one location, I'm advised, it is due to be complete by July this year. Of course, as minister for Mental Health and Wellbeing I also look forward to the delivery of the $40 million investment first stage of the new mental health precinct which is due for completion in 2025-26.

CHAIR - We might talk about that later on, minister, under your Health and Wellbeing portfolio if we can.

Mr ROCKLIFF - All right. The 2022-23 budget also provides $2.5 million dollars towards a total funding of $20 million over six years. This is to deliver ward upgrades, to provide additional bed capacity to meet future demand. We can talk about Spencer Clinic as per your request as well.

CHAIR - Yes, we can do that later.

Mr ROCKLIFF - Yes, and -

CHAIR - Maternity services.

Mr ROCKLIFF - Maternity services more broadly in terms of implementing recommendations. Yes, clinical services planning in the form of master planning for North West Maternity, in addition to the antenatal clinic. But are you referring to the report?

CHAIR - Well, it was a pretty compelling report that recommended some serious change.

Mr ROCKLIFF - And you'd like an update on those recommendations?

CHAIR - Yes.

Professor LAWLER - I'm happy to provide them, minister. We discussed last year, as you recall, the significant independent review of quality safety management in the North West Maternity Services undertaken by Dr Jo Burnand. The minister at the time indicated all 15 recommendations were accepted. We've worked to commence immediately on those two priority recommendations. Firstly, the governance changes that would lead to a single

employer and governance structure under the THS for all public maternity services in the north-west of the state, which aligns with the delivery of public maternity services elsewhere in the state, and provides opportunities to move towards a more fully integrated network statewide service. Secondly, the significant body of work that would need to be undertaken on culture within the organisation.

Associate Professor Debra Thoms commenced as the project lead in early November 2021 and has spent significant time on the ground at all relevant sites in the north-west speaking to key stakeholders, including those working inside the service, those working in support areas, and also women accessing the service.

Local consultation has been a key driver for planning for the transition. Drafting of the implementation plan is progressing and we would expect that in the coming weeks. Once that's completed, full costing assessment will be undertaken. It is a complex piece of work requiring careful and sensitive navigation with a very invested community, not only in terms of the region, but also professionally. The implementation plan will incorporate and align with current activities, including service planning, the infrastructure plan we've heard about, and also consideration of significant workforce issues, including industrial discussion and cultural change.

I also highlight that the department has secured Professor Mark Cormack, who is a former deputy secretary for the Australian Department of Health, and a former Director General of Health in the ACT, to the role of independent chair of the contract management committee. Professor Cormack commenced in mid-May and will undertake a review of the current terms of reference in line with recommendation eight of the final report, which goes to contract management. We're currently in the process of finalising a senior professional appointment to lead the project team to work with local maternity service staff to operationalise the implementation plan.

CHAIR - When can we see all the parts of birthing provided in one spot? Antenatal, postnatal, and intrapartum care provided in the same location?

Professor LAWLER - In the north-west, part of the implementation plan is that we will be providing antenatal, intrapartum and postnatal at a number of sites, because the Mersey will be part of that. The planning for transition of the maternity services aligns with the completion of the current contract with North West Private, which is the end of October 2024. One of the things that will be undertaken both with respect to the implementation plan development and the work that's being undertaken by the contract management committee is looking at what opportunities arise during the time of the contract.

Ms WEBB - I'm not sure if this is the right line item, I might've missed the last one actually. I'm looking for an update in relation to the health recruitment, retention and workforce planning unit, which was originally announced back in 2018, to deliver 13 000 new staff over a six-year period. Then last year in 2021 there was a health workforce strategy announced and funded.

That's not specified here. I'm imagining the funding is in here, as it was described in last year's budget, but I'd like that to be explicitly updated so I can understand both how that strategy is being funded and undertaken now in this Budget, and whether that workforce planning unit still exists, and what has been delivered by it since 2018.

Mr ROCKLIFF - Thank you. Our Health Workforce 2040 was released in September last year. It's a long-term strategy aiming to shape a health workforce that meets the needs of Tasmanians now and into the future, look after those who dedicate their careers to looking after others, and provide opportunities to support our health professionals to follow their career ambitions.

Health Workforce 2040 incorporates input from consumers and health professionals and includes up-to-date data sets available at the time of release. Implementation of the strategy action items has commenced. Funding of $15.7 million over four years was provided in the 2021-22 Tasmanian budget to support the implementation of the Health Workforce 2040.

The funding will support workforce development, upskilling, more efficient recruitment, leadership, management training and capacity building, and the development of new and innovative health workforce models.

Funding has been provided to the responsible business units across the Department of Health for specific projects that will progress actions outlined in the strategy. The workforce planning unit will report annually on implementation of the strategy. The first annual report will be prepared for the training, education and workforce sub-committee of the department's clinical executive in September this year. And if I go to also the health recruitment taskforce -

Ms WEBB - Can I get a bit more detail on what you've just provided before you move to the other one. You've just talked about funding the strategy that was allocated in last year's budget as a key deliverable, was the $6.7 million expended? Have we moved onto the $2 million that was allocated for 2022-23 in this Budget? Are we on track with what was outlined there, what I'm asking in terms of the allocations?

Mr ROCKLIFF - In terms of the 2040, or health recruitment taskforce? We're continuing our expenditure under Health Workforce 2040.

Ms WEBB - That's the $15.7 million allocated over four years, as outlined in last year's budget. Are we on track with those as allocated in last year's budget?

Mr ROCKLIFF - That's my understanding, Ms Webb.

Professor LAWLER - I'm also happy to speak a little further on the Health Workforce Planning Unit. I think the question was asked whether the Health Workforce Planning Unit is an ongoing activity.

Ms WEBB - Yes, and what's been delivered so far through that.

Professor LAWLER - I'm pleased to say that it is. It's one of the units that sits within my group. It's led by Dr Ruth Kieran, who has a long history in health workforce planning and strategy. As the minister has highlighted, its remit in part is to oversee the delivery of some of the key strategies within Health Workforce 2040, and will be reporting on an annual basis. In terms of some of the elements that sit within its scope of responsibility, it's working with other groups across the department, including the Chief People Officer and people in culture on developing culture and health leadership to establish a health leadership program for existing

and emerging clinical leaders, and also to establish and manage the Future Health Leaders Forum.

One of the things it has delivered is the Health Workforce 2040 strategy itself. That was an output of the Health Workforce Planning Unit. It's important to note that it's a truly multidisciplinary document that looks across provisions in terms of what our current situation and our ongoing need into the future will be, to establish and fund Aboriginal health worker traineeships to build the Aboriginal health worker workforce. In fact, Dr Kieran is in the north of the state today involved in meetings to establish that.

Also to develop north-west health workforce planning that is responsive to our service demands and aligns with Health Workforce 2040, which specifically highlights that some of the greatest challenges we face are outside metropolitan areas, and also to review the accommodation options working alongside the infrastructure grouped to review the options that support the recruitment or retention of health professionals and students in rural Tasmania.

In addition to delivering the health workforce strategy itself, and the various elements underneath it, there's a strong element of collaboration with professional leads, such as our Chief Nurse Midwife and our Chief Health Adviser on some of the specific challenges facing professional groups working with the operational leads within community, mental health and wellbeing, and also our hospitals and ambulance service on some of the elements that present specific challenges there. Also responding to challenges as they arise and some of the opportunities that we have in front of us, including building our Aboriginal health workforce.

Ms WEBB - Thank you for that. That sounds like a very positive coordinating and planning instrument. One of the things I'm interested in was when it was first put forward in 2018, it did say specifically it would be assisting with the delivery of 1300 new health staff over the next six years. Noting that there are many other functions it's fulfilling, as you've just described, which all sound very positive, on recruitment, how is it tracking?

Mr ROCKLIFF - As at 31 March 2022, paid FTE for the Department of Health was 12 175, representing an increase of 701 FTE since July 2021. We have an increase of 1351.94 FTEs since July 2020.

Ms MORGAN-WICKS - Through the minister, since July 2020 that includes 127 additional salaried medical practitioners and 437.47 nurses and midwives. I would also like to mention allied health professionals because we are often challenged in the provision of allied health professionals. Since July 2020 that includes an additional 97.89 FTE in allied health professionals.

The Health Workforce 2040 team, together with the University of Tasmania, really focus on allied health. In the 2022-23 Budget, to have the additional allied health placements funded is a significant achievement for that team. They are very excited to have those placements lining up with UTAS providing those professionals, particularly in physiotherapy.

CHAIR - Do you have a breakdown of the areas of allied health you could table for us?

Ms MORGAN-WICKS - I don't have which ones but I'm sure we can -

CHAIR - Yes, it will be helpful to have that.

Mr ROCKLIFF - We could access that for you.

Ms WEBB - Thank you for providing those figures. They were mostly referring back to comparing to 2020, I think. Are you able to provide them from 2018 onwards? Could you table that for us so we can see the changes in the figures from the time that commitment was made?

Ms MORGAN-WICKS - We could quickly do it now, if that helps? In 2018-19, the total FTE of 10 314.13 compares to, as of 31 March 2022, 12 175.22. That's a difference of 1861.09 FTE. If I mention the same groups, salaried medical practitioners in 2018-19 there were 991.74. On 31 March 2022, there were 1184.38, which is a difference of 192.64 FTE. In nursing there were 4025.51 in 2018-19 and 4666.55 as at 31 March 2022. That was a difference of 641.04 FTE.

In allied health in 2018-19 there were 1042.03 FTE. On 31 March 2022, 1186.40. That's a difference of 144.37. An amazing amount of work that is undertaken by both the Health Workforce 2040 unit but generally by recruitment in Health. I make a special mention through two years of the pandemic of the continuous recruitment that has been undertaken to try to make sure that we have our services fully staffed.

CHAIR - There is such a shortage of so many allied health professionals in the country, but I'll be happy to have the breakdown. I want to say something really urgent.

Professor LAWLER - I might just add to that, and it's top of the secretary's comment. I understand the question was specifically around the Health Workforce Planning Unit but as has been highlighted, there is a lot of other work that's been done in conjunction. The Ida West scholarships, nursing and midwifery general scholarships, early and mid-career leadership program, transition and return to practice. There's an enormous amount of work and investment that has been undertaken in those professional areas. The Health Workforce Planning Unit assists in recruitment by providing the strategy that underpins a lot of the decisions that need to be made but there's a lot of collaboration across the department on that. Thank you.

CHAIR - We'll break for lunch, and then we will come back at 2 p.m.

The Committee suspended from 1.05 p.m. to 2.02 p.m.

CHAIR - Welcome back, minister. We'll pick up still in the same output group, 2.1, and just move to Nick Duigan.

Mr DUIGAN - Thank you, Chair. Premier, the government is taking a systematic approach, and in fact a quite high-profile very visible approach to increasing elective surgery capacity to reduce the waiting list. I wonder if you could please provide some information on the delivery of elective surgery under the statewide four-year plan. You have touched on it to some extent previously, but perhaps in that answer would you include endoscopy information as well, how that's fitting in.

Mr ROCKLIFF - Sure. Okay, thank you. We've talked about the four-year surgery plan quite a bit, and it's clinician-led, patient-focused, and we've developed the plan with some increased funding as well of some $196.2 million to deliver around 30 000 elective surgeries,

endoscopies, over the four years. I'm pleased to report we are seeing improvement because of that plan, and indeed coupled with the investment. The wait list in April is down to 9628 people, which is a reduction of 18.5 per cent on the previous 12 months to April 21.

I can also confirm then the first 10 months of 2021-22, more elective surgery was performed than in the first 10 months of any financial year since the current record keeping began in 2010-11. These improvements show the government's investment in our patient-focused and clinician-led statewide plan is working, but we know of course, Mr Duigan, there's a lot more to be done. We are focused on sustaining high levels of elective surgery activity over the coming years, three years of the plan, with a particular focus on people who have waited longer than the clinically recommended timeframes.

At the same time, our health system has performed well to manage the impacts of COVID-19 as well, which is pleasing. At the end of April 22, the elective surgery waitlist reduced by more than 2650 people from the peak reached in 21. We continue to deliver as best as we can to reduce the waiting lists. I've also said that I would like to reduce those people waiting, the clinically - over the clinically recommended timeframes, and that's a concern of mine, particularly as those people that waited over the clinically recommended timeframes of course can become sicker and often require more surgery and more attention from our health system, and we have made some progress in that as well.

CHAIR - Can I just follow that up. I know, looking at the removal of people off the list in your dashboard, there are challenges associated with that. One of the reasons people are removed is because they decline surgery, and I'm just trying to understand why - what reaction - what steps you take to understand why they're declining; whether they've had it done somewhere else, the surgery, or whether they've - the problem has resolved or not.

Also, with the long waiting times some people experience, there are problems sometimes with contacting people. That's another identified factor. Particularly with people, a lot of people becoming homeless and experiencing significant housing pressures and having to move home, what efforts are taken to contact those people to make sure that you don't let them slip through the gaps?

Mr ROCKLIFF - So if we refer to the elective surgery waiting list, and of course there is the outpatient waiting list as well, we've made quite a lot of effort in contacting individuals as well. If I go for removals from the waitlist and the reasons why patients are moved from the elective surgery waiting list -

Ms MORGAN-WICKS - Is that relevant to Ms Forrest's question? Are they being treated elsewhere for a waiting procedure?

Mr ROCKLIFF - Yes, so statewide, for example, the 12 months to April 22, they are removed from the waitlist because of being treated elsewhere for a waited procedure; that number was 559 statewide.

CHAIR - What about those you couldn't contact?

Ms MORGAN-WICKS - Through the minister. We certainly do have a high proportion as part of our audit of the outpatients' list in terms of not being able to contact. So as part of the outpatient transformation program, we have hired additional audit resources and they have

been sending first-up letters to known addresses. If there is no response from a letter to a known address, we are contacting also phone numbers, so attempting to ring the patient, attempting their next of kin if known within our patient information system, and also their recorded GP to try and ascertain their whereabouts, and whether the service that they are on the outpatients' list for is still required. I can try and find some numbers on that. I was just in the elective surgeries, so I can go to outpatients.

CHAIR - We'll come to that. Those patients who are on the elective surgery waiting list, is that an issue too in terms of not being able to contact them? Or is that less of a challenge?

Ms MORGAN-WICKS - Through the minister. I haven't been informed that that's a particular challenge. By the time they make it on the elective surgery list, because they have been seen several times in preparedness for surgery, so it's not so much a change of address issue there, but we certainly do see it in our outpatients. I'm sure it probably happens on occasion, but people who know that they are on an elective surgery list usually maintain contact also with the treating practitioner in the hospital.

CHAIR - So did you have one on this?

Ms LOVELL - I did. Is this - well, provided it's the right output group for hospital pharmacies?

CHAIR - Yes.

Ms LOVELL - Is that under Admitted Services? Yes. Thank you, Chair.

CHAIR - The pharmacies in hospitals.

Ms LOVELL - In the hospitals, yes.

CHAIR - That would be the right one. Yes.

Ms LOVELL - Yes. How many vacancies are there across the hospital pharmacies at the moment? By FTE and by head count.

Mr ROCKLIFF - Can we take that on notice, Ms Lovell, please?

Ms LOVELL - Yes.

Mr ROCKLIFF - Under pharmacies.

Ms LOVELL - You might actually take this on notice as well then. If you could get a comparison with previous years? Just an idea of whether there's been any turnover?

Mr ROCKLIFF - Sure.

Ms MORGAN-WICKS - Through the minister. So a turnover rate for pharmacy, because there's obviously a number of vacancies at any point in time. So if we can determine that turnover rate.

Ms LOVELL - Thank you. Thank you, minister.

CHAIR - One other area - and it'd be interesting to see a comparison pre-COVID-19 to now - is the cost of locums across our acute health services and agency nurses by region, if you could provide that.

Mr ROCKLIFF - Yes.

CHAIR - If you can break down the two north-west hospitals, that would be good.

Mr ROCKLIFF - So medical locum costs by service, this is in the millions. Yes, okay. The total cost of medical locum costs to date - well, to 31 March 22 - is $38 133 936. I can go back on a comparison to last year for the entirety of the financial year, it was $42 313 243, and then the previous year to that, $44 171 910 for 2019-20. Do you want it per hospital?

CHAIR - Yes, please.

Mr ROCKLIFF - So the Royal, $2 764 483, but that's through March 22. LGH, $8 137 376. North West Regional Hospital, $7 467 531. And the Mersey Community Hospital, $5 505 044.

CHAIR - I'm still seeing a significant challenge in the north and north-west in attracting specialist staff.

Mr ROCKLIFF - Yes. Those figures in the north, north-west are seen to be relatively consistent across the last two years.

CHAIR - I thought with the recruitment that you've been doing you might've been able to reduce this.

Mr ROCKLIFF - Yes. Making every effort. I say 'every effort'. It is an ongoing effort to reduce locum costs. The department utilises a range of recruitment strategies, including where possible recruiting permanent medical staff to fill vacancies; offering permanent opportunities to long-term locums; recruitment and retention allowance of 25 per cent for north-west salaried medical practitioners; implementation of a 25 per cent market retention allowance for psychiatrists working in the northern and southern regions; and targeted campaigns through specialist recruitment agencies and specialist colleges.

The department has a panel of medical locum providers engaged by a tender process and the contracting of providers, and the use of locum engagement business rules provides a standardised locum engagement process across the state. The locum contract with each of the panel providers has been extended to 30 September 2023.

Now, more pertaining to the north-west, in September 2020 approval was obtained from the head of the State Service for a payment of an out-of-region market allowance to current employees as an incentive for specialist medical staff to work vacant shifts in the north-west region in the speciality areas of obstetrics and gynaecology, intensive care, and emergency medicine. The allowance was trialled for three months with a small uptake. It was extended for a further three months in December 2020.

In 2021, the out-of-region market allowance was expanded to cover all medical specialists who are deployed to regional Tasmania - that's in the north and the north-west - as a result of locums being unavailable due to COVID-19 travel restrictions. Would you like to add to that, Kath?

Ms MORGAN-WICKS - Yes. So through the minister, certainly with border closures in 2020 and into 2021, we had difficulties, obviously, unable to get locums in that they were also going to do a quarantine period prior to their actual placement. So the minister's just detailed the incentive that we offered for our own southern employees to come up where we were having difficulty filling permanently as our first option. If we have to go to locum, can we also use an SMP in the south to do extra hours and incentivise them by paying the same or similar to locum rate?

I should note, though, that the north-west in particular has been quite successful in the last year we actually appointing full-time salaried medical practitioners. We have had an increase in the North West Regional Hospital. In 2020-21, they were at 100.77, and as at 31 March 2022, we're at 110.84. In the EDMS up there they have been really working very hard to attract permanent appointments for SMPs.

CHAIR - We'll start with the north-west and north, perhaps. What specialist vacancies currently exist? Do you have that?

Ms MORGAN-WICKS - Through the minister, I don't have particular vacancy by specialist for the north-west with me. That's something that we could attempt to go away and obtain.

CHAIR - Yes. I'd be interested in just a breakdown of the three regions the positions which are vacant. And I imagine there's more in the north and north-west with a heavy reliance on locums, acknowledging the work that's been done since.

Ms MORGAN-WICKS - Through the minister, noting that at the Mersey Community Hospital we have also increased by five FTE in SMP, so from 45.23 in the previous year to 50.61. Perhaps, minister, Tony might also comment on that workforce development.

Mr ROCKLIFF - Yes. Professor Lawler.

Professor LAWLER - So through you, through the minister, thank you. I would just also add that I note the question around specialist vacancies. In some instances, medical locum costs relate to junior medical staff.

This is particularly the case, for instance, in the south, where locums have been engaged to actually cover establishment increase. Through the resident medical officer campaign in the south to reduce locum costs, we've introduced two-year fixed engagements and also over-offering resident medical office positions at the beginning of the year. There are some times when there is a necessity to employ locum juniors, junior medical staff, so it isn't purely around specialist medical appointments either.

I would also highlight, as the secretary has indicated, that there is an enormous amount of work ongoing in the north and north-west. It's recognised the locum issue is not simply a financial issue; it also goes to the ongoing culture and ownership of the organisation. There's

a lot of work that's been undertaken, which includes the substantive appointment of some clinical director roles. I think it's worth noting that this is a challenge that does take a little time to work through and shift that position. This is a problem that is faced universally by rural and regional centres across the country.

Particularly when overseas-trained specialists or specialist international medical graduates are recruited, sometimes that process can be quite lengthy pursued through AHPRA and the relevant specialist college. As a result, there may be a need for bridging locums.

CHAIR - My last one on this area, minister - we'll come to Nick after me - performance information, we haven't seen that changed even though a number of commitments to look at more outcomes-focused ones. We do have readmission rates for mental health services but not for our other health services. That is one measure of patient outcomes; there are others.

So can I first ask what are the readmission rates into our acute services, acknowledging that people can come back for different reasons, not for the reason they were originally there? I'd like some information around that and any other outcomes-focused measures. We need to know that we're making a difference in the people's lives.

Mr ROCKLIFF - Absolutely. I'll get those readmission rates for you. I believe we've got readmission rates for mental health.

CHAIR - We have. Yes, they're reported.

Ms MORGAN-WICKS - Through the minister, the Public Health dashboard records readmission rate for mental health patients but we don't record a readmission rate for general health conditions.

CHAIR - At all?

Ms MORGAN-WICKS - No, I am informed.

CHAIR - Minister, when are we going to get some outcomes-focused performance information?

Mr ROCKLIFF - I'm advised that we're including new KPIs in the service plan which will be reported annually in the Health department's annual report. With respect to readmission dates, we are able to get some data. It might not be today, but we'll commit to providing the committee with those. Thank you.

CHAIR - In last year's annual report, the performance information is exactly the same as it appears in the Budget papers. So I look forward to seeing that. Nick.

Mr DUIGAN - Thanks, Chair. This follows from an earlier question around the elective surgery four-year plan. I note in the Budget, and you have indicated, that the department will develop a similar four-year plan to address the outpatient wait list. Could you give some further information as to how the development of that plan is progressing?

Mr ROCKLIFF - Yes, thanks, Mr Duigan. I accept that the outpatient waiting list is too high and we need -

CHAIR - Can we go to that under the next line item, Nick? That's under non-admitted services.

Mr DUIGAN - Yes.

CHAIR - The outpatients. Unless anyone else has any other pressing questions, we'll move to that then I'll let you answer it. I want it in the right output group.

Mr DUIGAN - Thank you.

Mr ROCKLIFF - I'll endeavour to answer that question at the right output group. Thanks, Mr Duigan.

2.2 Non-admitted Services

CHAIR - Feel free, we're in that output group now.

Mr DUIGAN - Would you like the question again?

Mr ROCKLIFF - No, that's fine. The outpatient waiting list is too high. We're doing all we can to reduce that. The THS delivers a range of outpatient services to the Tasmanian community, including specialist procedural, surgical, medical, diagnostic, allied health and nursing consultations, and interventions.

To help us better manage the rising demand for outpatient services, we have committed ongoing funding to transform the delivery of outpatient services in Tasmania, with the 2022-23 Budget including funding of $7.2 million over the next four years. As a first step to developing our new four-year outpatient plan to provide a roadmap to transform the delivery of outpatient services across Tasmanian, we knew it was critical to have an accurate picture of demand for outpatient services across the state.

In December, the department began an extensive audit using a range of contact methods to ensure the accuracy of patient contact details and to confirm if an appointment in fact was still clinically required. This has involved a mass letter mailout, followed by mass outbound calls to those who did not respond to the letter. Further, a new digital solution has been developed to send a text message with a link to an electronic form which will become business as usual to ensure the ongoing accuracy of the wait list and our ongoing funding commitment We'll establish a permanent clinical support team to review best practice and contemporary outpatient models and oversee the implementation of innovative service models to enhance Tasmanian outpatient services.

To align with our focus on improving the digital capacity of our health system, we will also establish a state-wide outpatient and administration hub in a digital portal. This will enable us to implement electronic referrals, improve patient communications and ensure essential patient information is available at the first outpatient consultation to increase efficiency. We will also increase the utilisation of telehealth to reduce the need for outpatient travel. All these initiatives will ultimately increase activity, improve access and reduce wait times for patients. The four-year outpatient plan will be released in late July this year. Our expectations are that

it will transform the way our outpatient services are delivered across the Tasmanian community. Thank you for the question.

CHAIR - Minister, I'll go to the same question about performance measures, and maybe the same answer is going to be the one that comes. With regard to the patients on the outpatient waiting list who are actually seen within recommended times and then compare that with those who are well outside or outside the recommended times, do you have any outcomes measures as to how those patients fare? We're talking about whether they end up being admitted earlier as an emergency case or they end up having other health complaints as a result perhaps. Someone may suffer another injury or a fall because of their condition or something. I'm interested in how you keep a track on the outcomes of these patients.

Mr ROCKLIFF - So revisiting the statement I made around the need to see patients within the clinically recommended timeframe so they don't get sicker on our waiting lists, you're asking if there's any data, I suppose, to see how people's health deteriorates, potentially, as a result of being over boundary. Kath, do you want to comment on that?

Ms MORGAN-WICKS - Through the minister, we acknowledge that the technology we currently use across our outpatient clinics is outdated. As part of the outpatient transformation program, we are moving to new digital tools to manage the patients on the waiting list, not only to allow them self-service tools to make sure they turn up for outpatient appointments, because we have thousands who do not attend every year in outpatients, but also to be able to manage and triage through our categories in outpatients. As part of the transformation program, we have included new key indicators into our service plan to track the progress of the transformation program. I'm happy to commit, from a program perspective, to look at what are the key outcomes-based KPIs that could be included to track outpatients performance.

CHAIR - Minister, I've had a look at the outpatient clinic waiting times. If we look at the north west region to start with. At the North West Regional Hospital Steele Street podiatry clinic, urgent case will wait 159 days. We'd all agree that's unacceptable. Non-urgent cases wait 834 days. I imagine that the urgent cases include patients with diabetes. Patients with diabetes who can't get in to see a podiatrist could well lose their foot.

At the Queenstown podiatry clinic, the wait for urgent cases is 448 days. That's over a year for an urgent case. Minister, I'm really concerned about that. I want to take you to another couple. The diabetes clinic in the north, there's a 207 day wait as an urgent patient. There were a couple of others I wanted to draw your attention to.

Again, podiatry services, and some of these patients would be patients with diabetes who are urgent; 266 days. Then I go to the southern region antenatal clinic. Urgent patients - babies at risk we're talking about here - 23 days. When I read through this, minister, I couldn't believe what I was reading. I accept that you have outdated systems, but seriously we have to do better. I'd like you to respond to those horrifying figures.

Mr ROCKLIFF - I recognise we have to do better. We are doing all we can, including increased investment, digital strategy, to ensure we do do better. I can't disagree with you we need to do better, and I'm also concerned with these statistics and the data.

Ms MORGAN-WICKS - So through the minister. That is the reason why we have kicked off the outpatient and transformation programs. What we are seeing is that we have inconsistent practices between hospitals which lead to inefficiency in terms of the outpatient clinics being conducted and we need to also look at innovative models to be able to get through the thousands of patients that are actually on the list. So rather than seeing, for example, patient by patient for diabetes education that we're running, for example, group sessions for those types of outpatients.

So that is what the transformation program - the very first step is to actually measure what is the true demand in the outpatients' list. So it's attempting to say 'right if we can't contact you, if you've moved address six times, we've tried you, we've tried your next of kin and we've tried your GP' that that's a removal from the list. So that has been our priority, to try and bring it down to the true demand level.

Now we need to look clinic-by-clinic and across the hospitals to say what is the most efficient way that we can actually get through the outpatients, noting that during the pandemic outpatients has been one of the first levers to be pulled if we are managing significant demand or, you know, COVID-19 restructuring et cetera.

Outpatients have been impacted particularly over the last two years in COVID-19, but this is what - coming up with a four year plan to get to a realistic level of the actual outpatient services that we provide.

CHAIR - I don't suggest for a moment that there's an easy answer for this, but you're either pregnant or you're not too, with the neonatal clinic, so it's an urgent 23 days.

So in terms of implementing a new, more electronic-focused approach by the digital strategy around this, do you hold any concern, minister, that there might be some digital literacy and digital capacity issues, particularly in our regions, that may make it not work and you've got to look at - you can't just say 'this is going to be the solution' necessarily.

Mr ROCKLIFF - Well we're aware of the digital literacy concerns, absolutely. I became aware of those during COVID-19, in fact, the pandemic in terms of people's health literacy challenges. So we'll be factoring that into our considerations.

Ms MORGAN-WICKS - It was actually surprising to see the uptake in digital literacy. So, as a COVID-19 example, where people traditionally haven't been able to receive an SMS test result from a laboratory conducted, we've sent out now over more than half a million COVID-19 test results by SMS.

We have made provision - probably in a very small handful of instances, to provide a paper copy to someone that was unable to notify either their own mobile phone or a family member's mobile phone to receive that result. But we do note that we always, in any digital transformation strategy, need to provide the paper contingency to make sure that we don't miss out on a segment of the population.

CHAIR - Anything else non-admitted?

Ms WEBB - I'm not sure if this is here, but I did have a question. In relation to cardiology outpatients and whether, as a result of GPs no longer being supported by Medicare to undertake ECG tests, there's been an increase that's been noted in that?

Mr ROCKLIFF - Tony?

Professor LAWLER - That's probably me. Sorry, through you - through my glasses as well, but through you, minister. I'm not aware of there being any increase seen in the impact on cardiology services. Many of the ECGs which are undertaken in general practice settings are actual undertaken by practice nurses. I understand that there will still be an impact of any changes or changes in the onus of Medicare billings. I don't believe that we are seeing a significant increase.

I would say that the predominant source of referral from general practice to cardiology will have been after an ECG or the identification symptomatically. We also have referral to cardiology outpatients on discharge from hospital for cardiological and non-cardiological causes, but also following risk assessment in emergency departments.

It's not clear from the data that I have access to at the moment that there is a significant increase in referrals from GPs particularly for that reason.

Ms WEBB - Thank you.

CHAIR - We'll move to 2.3, which is you, Sarah. Emergency departments.

Ms LOVELL - I'm getting my question on that one, sorry.

CHAIR - So I notice from the dashboard, the presentation rates continue to rise, and the Public Accounts Committee recently reviewed the Auditor General's report looking at the emergency department.

So I'm just interested in how the direct actions taken within Tas Ambulance, like PACER programs, are impacting on the presentation rates. Obviously, there's the presentation, then there's the getting out the other end.

Mr ROCKLIFF - So PACER for example, it's only been going since earlier this year, but over 400 people - I'm not sure why, I have 473 in my mind - that have been attended to by PACER. Around 75 per cent of those have been cared for in the community, and PACER's for people experiencing serious mental health episodes, who have otherwise not had to present to an emergency department.

In the first 17 weeks of operation PACER responded to callouts of 486 people - not 473. The number of conditions ranging from suicidal ideation, psychosis, depression, anxiety, confusion, incoherence and welfare checks were also conducted.

CHAIR - This is the number who were diverted away from the DEM at this stage particularly?

Mr ROCKLIFF - The callouts were 480-486 people, and the majority - so 73 per cent, although I thought might have had a 75 per cent figure yesterday. Anyway, over 70 per cent of those people -

Ms MORGAN-WICKS - I thought it was 74.

Mr ROCKLIFF - were supported to remain in the community as opposed to having to attend the emergency department at the Royal Hobart Hospital. So that would be 73 per cent of 486 people. That's correct?

CHAIR - Craig can work that out for you.

Mr ROCKLIFF - If you look at also, secondary triage which is an area we commenced in February 21, and the 22 May 22, approximately 2140 Triple 0 calls had been successfully diverted from an emergency ambulance response. Of these cases approximately 50 per cent were in the south, and 25 per cent in both in the north and the northwest.

There's some statistics for you there. Our COVID-19 at Home program has had 16 852 people. As of 31 May 2022, have participated in the COVID-19 at Home program with 418 people currently enrolled in the service to that date. Now we've expanded that program to COVID Home+.

CHAIR - Which is now dealing with long COVID-19?

Mr ROCKLIFF - Dealing with the flu.

CHAIR - The flu, right, okay.

Mr ROCKLIFF - With other respiratory concerns, hospital avoidance. It's probably worth noting as well as the Community Rapid Response Services, ComRRS, which you'd be familiar with up in our area.

CHAIR - We'll come to those services. We're interested in the numbers of avoidance of them going to the hospital, to the DEM.

Mr ROCKLIFF - Sure. Well since its inception as a pilot program in the north of the state, the Community Rapid Response Services has managed more than 5800 referrals. In the 2021-22 financial year the service received 375 referrals in the south, 959 in the north, and 655 in the northwest. Of course there's no costs for the service other than the usual GP visit and prescription costs and there's been positive feedback.

CHAIR - How many of those have had to be admitted under the care of ComRRS, or have they all avoided hospital admission.

Mr ROCKLIFF - They've avoided hospital under the program.

CHAIR - Minister, do you also track cases where patients present to the DEM when they can't get into a GP in a timely manner? Do we know how many they are in each region?

Mr ROCKLIFF - Professor Lawler, do you have information on that?

Professor LAWLER - This is a question that's been asked, not by this committee, but across Australia and similarly structured health systems for some years, around the primary care burden on acute hospitals, and it is challenging.

It's challenging from a definitional point of view. There's been a lot of research into it. If you actually take a definition that is low acuity, not subsequently admitted, not already seen by a GP, and not requiring significant intervention, the research has shown that it's about 10 per cent of the case load and it represents about 2-4 per cent of the workload.

But the problem is - and I'm in a position of representing the secretary in a meeting of her peers, of the other state and territory Directors-General - in every jurisdiction there is what's called a deferred care burden. While we might have seen some moderate rise in emergency department presentations during COVID, everywhere is seeing a significant rise in emergency department presentations. Like, everywhere. And it is outstripping what we would have expected on a normal year-to-year basis.

Part of that is simply population and demographic growth. Part of it, we believe, is around immediate access to general practice in a timely fashion. We also know there are significant workforce challenges in general practice. When I graduated some decades ago, about 50 per cent of graduates went into general practice, and now it's about 15 per cent - so there's a significant workforce challenge.

But there is also this deferred care burden, which is representing those who, had they seen their GP at the time, had they been able to see their GP at the time, would have been easily managed. But disease potentially evolves to the point where it requires an acute presentation and an acute admission.

So, we are seeing this increase in presentations across the board in all categories. And it's a real increase, because the admission rate is maintained. It's not a lot of people coming who don't need to be in hospital. The admission rate is being maintained, and that's putting additional pressure -

CHAIR - That's probably because they've not received the care they needed in a timely manner.

Professor LAWLER - That's the deferred care burden. I think that part of the challenge is we're not going to see a decrease in the number of presentations because of all of the innovations that we're undertaking, such as ambulance secondary triage and PACER.

For instance, with ambulance secondary triage - as the minister highlighted - 2140 calls had been diverted from triple 0. We know that if triple 0 is called and an ambulance is diverted, transport is very likely. If you're coming by ambulance, you're going to be seeing an emergency department and admission is highly likely. Being able to actually intervene through other options and using alternative pathways of care before that will reduce the pressure on emergency departments.

We're actually quantifying the success by the volume that are diverted from EDs, rather than any real drop in ED presentation numbers.

CHAIR - Sure. Has the urgent care centre in Launceston started?

Mr ROCKLIFF - Yes.

CHAIR - Yes. I thought it had. How many presentations have been through that centre, and is there expectation there will be others around the state? Because an urgent care centre could be another place of diversion, surely.

Mr ROCKLIFF - Yes. I think the key there is to ensure that the urgent care centres also have pathology and X-ray as well, to avoid them -

CHAIR - Coming back to the hospital.

Mr ROCKLIFF - The ED, yes. That would be the key. The Newstead Medical Group commenced the GP-led after-hour urgent care services on 31 July last year. Between August 2021 and February 2022, there were 1791 attendances at the Newstead Medical urgent care centre. Of these attendances, only 8.1 per cent subsequently presented to the Launceston General Hospital ED, and 4.2 per cent went on to be admitted to hospital. The early results provide an early indication of the success of the Newstead Medical urgent care centre in diverting less urgent patients away from the LGH ED. There are also some federal government commitments in that area as well.

CHAIR - In terms of other expansions?

Mr ROCKLIFF - Or urgent care centres. Looking more broadly at the GP After Hours Support Initiative, there were nine successful applicants in grant round one. Six were pharmacies, and three were GP practices, with a total of $644 719 allocated. Of the six successful applicants in grant round two, four were GP practices, one X-ray facility, and one the Pharmaceutical Society. The total funds allocated for the six applications was $1 408 023. One GP practice was successful in round one and two. There you go. There's also a hospital avoidance co-investment fund. One application was received for that co-investment fund, and one GP practice was successfully granted $153 750.

CHAIR - Is that all federal money, minister, or all state?

Mr ROCKLIFF - All state. A state initiative. Increasingly, as a state, we're stepping into where, frankly, the Commonwealth should be. And I have said that publicly, even before a change of government.

CHAIR - The re-admission rates for the ED, are we able to get that too - when patients come back for the same reason, predominantly, they presented with, or an exacerbation of the condition that they presented with?

Mr ROCKLIFF - The readmission rates?

CHAIR - Or re-presentation, perhaps, sorry, rather than readmission. They're not admitted.

Mr ROCKLIFF - So urgent care centre and then admitted to the -

CHAIR - No, to the DEM, sorry. Re-presentation of patients who may not have waited, but have fronted up once, and then within I think it was four hours, they may return, or two days. I can't remember now. Isn't there a measure around this?

Professor LAWLER - Through you, minister. There are data capture mechanisms for re-presentation to emergency departments. They're frequently fairly blunt in that they don't usually measure someone who did not wait and then comes back. Usually, it will be someone who has attended and then attends again. I think it's 48 hours. I will have to check.

CHAIR - Do we have the figures on that for our hospitals, minister?

Mr ROCKLIFF - Yes, we could look for that data.

CHAIR - Minister, you did mention, I think in your opening comments, about the inter-hospital transfers not needing to go through the EDs of receiving hospitals, where it's clinically indicated. Is that happening right across the board now?

Mr ROCKLIFF - Yes, it is. The inter-hospital transfer policy is an initiative of the department's statewide access and patient flow program, which is also implementing priority projects to improve capacity across our health system. Typically, a patient is transferred to a different hospital due to their need for a higher level of care, or admitted to a health facility closer to their home.

Currently, when a patient is transferred, they are often required to be readmitted to the destination hospital through the ED, which can cause delays. This new policy has been developed with key stakeholders to deliver a consistent statewide pathway for transferring patients, and means patients who arrive from another facility will not be required to be readmitted through the ED.

CHAIR - We found that rather a cumbersome and ineffective process. That's good.

Mr ROCKLIFF - Yes.

Ms MORGAN-WICKS - Through the minister. There have been some suggestions in the media that this is not a new policy. Certainly, this is the first time that we have had a statewide inter-hospital transfer policy that is directing the chief executives of the hospitals to have direct admission for transfers. In trying to formulate the policy - and Professor Lawler was actually instrumental in bringing that together - we did pick up every single and multiple transfer protocols, processes, many of which were inconsistent.

But what we have heard time and time again, every time I go to the Launceston General Hospital ED - from the head of the ED, Dr Lucy Reed; talking to the ED registrars; talking to nurses in the ED; and, importantly, talking to the paramedics who stand or sit on the ramp - is that this is a significant issue, particularly at the Launceston General Hospital. Transfers will sit and ramp - and that is time, either on the ramp, or taking up a bed in the ED, while they're waiting.

This is going to be quite a significant change and we are trying to undo decades of practice to actually do it. It may be a little bit bumpy over the next few weeks, but I just wanted

to reiterate that this is the new state-wide policy, and I don't know if Tony might also add to that.

Professor LAWLER - Thank you, and through you, minister. The easiest thing in the world would be to sit in an office in Hobart in the department and write policies that I think work. What we've done is we've actually gone and spoken with clinicians within the emergency department, clinicians within Ambulance Tasmania, and recognising that we have some systems in place that introduce inefficiency and they introduce potentially a risk.

There has not been a state-wide inter-hospital transfer policy. There has not been a state-wide inter-hospital transfer protocol. We have had some specific elements that relate to issues such as time critical transfer. Patients who need to be getting to Hobart for neurosurgical or vascular surgery, they just go and you sort out the bed later. If you're transferring somebody from the Mersey or the North West Regional to the Launceston General, it's one health system, it's a wall-to-wall transfer where the corridor involves an ambulance trip and is 200 kilometres long. It should be dealt with in the same way. If you're not going to take patients from the surgical ward at the Royal -

CHAIR - You don't need to convince me of this, Tony.

Professor LAWLER - I know, I know. But I think it's important. There has been some commentary that this is the way we've always done it. This is not the way we've always done it, and we hear frequently from clinicians that there are systems in place. That if you wouldn't take a patient from a surgical ward at the Royal to the ED then to medical ward at the Royal, you shouldn't be doing it between hospitals. We're not about introducing additional risk as well. If the patient is coming from the hospital and deteriorates on route, they should be in the Emergency Department. They should be reviewed; they should be receiving stabilising care.

But to have policies and systems in place that mandate you to go to a place where you shouldn't be and put other patients at risk by preventing them accessing the care, that just can't happen. We also recognise that writing a policy and issuing the policy, regardless of how welcome it is, will not fix the problem. It's very difficult to develop and implement protocols and operational responses if the policy expectation isn't clear, and the policy expectation here is that patients should not be going to the ED if there is no clinical reason to.

CHAIR - Couldn't agree more. Meg.

Ms WEBB - Yes, that sounds like an incredibly sensible way to approach a state-wide consistent policy on this and it sounds really positive. The outcome for alleviating things in an ED, which is sort of a secondary thing, I think the purpose of improving the process and removing unnecessary processes is good unto itself. To understand the impact it might have in a positive way on the emergency departments, what percentage of change are we talking about in alleviating traffic there.

Mr ROCKLIFF - In terms of IHT? That program? Yes.

Professor LAWLER - I'm a little bit sad to say that one of the reasons we put this policy in is so that we can effectively measure how often what shouldn't happen happens. So, in working with key clinical leads within hospitals, in working with directors of operation within the hospitals, and establishing consistent protocols - and I should highlight that we're looking

to replace somewhere in the region of 24 to 25 different and potentially contradictory protocols in various regions with a single state-wide protocol. We'll be able to actually understand and more clearly delineate the type of burden of this through the refinements we're doing to our Integrated Operation Centres.

One of the things which is absolutely coming through from our state-wide Access and Flow Program, and you've highlighted it, is the need to actually have data-driven decision making. While there is an anecdotal element to the, I guess, the boarding of patients within the emergency department at Launceston General, we also are going to be using data a lot more effectively, and that's not just essentially to monitor and report, but that's actually empowering and enabling clinical leads and clinicians to make those decisions based on data.

Supporting Ambulance Tasmania in the development and operationalisation of very robust triage and dispatching mechanisms, having better communication between the operation centres across the four large hospitals, and also working with the district hospitals to facilitate better transfers, so when patients require a higher level of care, or indeed require repatriation back to close to their home, we're able to do that on a data-driven and risk management basis.

It also gives us the opportunity, this - I mean, one of the things that we've highlighted is around the transfer of particular types of patients from the North West to Launceston, and the fact that that's not just about patients spending time in a department where they shouldn't be, but it's also about the fact that it ties up ambulance resources, some of which may be required to transfer patients back from Launceston to the North West, freeing up the bed that the patient who is ramped in the ED would go to.

It's recognising that there is a gridlock element, and if we can take one piece out of that, we'd free up the entire system. It also gives, I think, licence and permission to people who identify system or process issues. With patients who are being sent to the ED for review when they could be better seen in outpatients or their general practice. When patients are being brought to the ED preoperatively when really, we should be having an effective pre-admission process to do that.

It's actually around saying, this is the expectation. We might have a little bit of creep now and then to say someone can just sit in the ED for another hour. But if you have 24 patients sitting in the ED for an extra hour, that's a bed for an entire day. Let us give permission to staff in the ED, in the hospital, in AT and in the community to say these process can change and we can make things better.

Ms WEBB - Sure. I did have another question here. It's not on exactly the same thing. Are you still with that topic?

CHAIR - No, no, it's all right. You go.

Ms WEBB - To be honest, it probably tick-tacks back to the previous line item in a sense, just because I was wondering about - in relation to pressure on emergency departments, of course those incoming factors are important that we've just been discussing. You've also got the factors that hold things up when you can't move people into the hospital who need to be moved into hospital. I was wondering about what focus you have at the moment around freeing up beds, say particularly as we would all expect, beds where people may be looking to tick-

tack out into aged care situations, or maybe NDIS situations. Where are the efforts to facilitate that to be occurring more efficiently?

CHAIR - Maybe the minister, whilst he's answering that, could also talk about the criteria led discharge and how that's going?

Mr ROCKLIFF - All right, okay. So, firstly on beds, can I just say that the most recent national statistics released by the Australian Institute of Health and Welfare in August last year show that Tasmania had 1472 available hospital beds in 2019-20, which is 2.75 beds for every 1000 people, and the national average is 2.47 for context. Now, more recent data from the Department 2022 bed census, which is yet to be published, shows that Tasmania's bed numbers have further increased to 1656 in April 22, an increase of 296 or 21.8 per cent since April 2018, and this reflects a continued investment to meet health demand, including progressive rollout of 152 new beds announced last year.

Now, the beds that will be reflected in future bed numbers reported through the AIHW, such as the new Trauma & Acute Surgical Unit and Ward 3A at the Royal Hobart Hospital, and a newly opened Ward 3D at the LGH as well, and it includes other new bed openings such as through partnerships with private hospitals, which we've spoken about before as well. When it comes to Access and Flow Program and other initiatives as well, and you mentioned one - what were we talking about?

CHAIR - The criteria-led discharge, which is not in the ED so much as out in the ward.

Ms WEBB - Freeing up the beds for the ED.

CHAIR - To free up the beds in the wards so that patients can go through.

Mr ROCKLIFF - Yes. If we look at the focus on the Access and Patient Flow Program state-wide, local facilities will continue to implement continuous improvement access and flow activities outside the program with oversight from the program, and the program will focus on the following streams of work. In terms of access and entry flow, the emergency department access and flow, introduce people, process and technology changes and embed the usage of clinical pathways to streamline patient flow through our emergency departments, planned admissions. Develop and implement protocols to enable direct admissions which will reduce ED presentations. We've got a private hospital clinical collaboration. Develop the clinical protocols to support access to on-demand emergency and inpatient capacity within private hospitals and also hospital avoidance strategies, which we've mentioned before.

Ms WEBB - In relation to that program, when did the program start and how are we measuring how well it's doing? What impact is it having in terms of improvement? Noting that the aim is to improve.

Mr ROCKLIFF - Sure. If we go to transition and discharge flow first and we'll get that information further for you. Regarding discharge flow, that introduced people, process and technology changes to improve transition and discharge of patients. There's integrated discharge planning. We're introducing integrated discharge plans at point of admission. We're implementing criteria-led discharge and 24/7 discharge services, THS primary health community care capacity and introduce access and flow improvements with the THS community care settings and also a systemwide flow.

I mentioned some of these, including integrated operations centre, patient flow reporting, data analytics, patient flow decision support systems, demand and capacity planning systems, and service levels and request systems, using statewide systems such as Medtasker and the like. We've already spoken about that today. We have highlights and achievements of improving access and flow across the health system. I'm more than happy to table that without repeating what's in it.

CHAIR - Looks like a very complicated chart. It looks like a spaghetti bowl.

Mr ROCKLIFF - Not quite Noodle Nation, but -

Ms MORGAN-WICKS - Through the minister. Ms Forrest is referring to a chart that is within our statewide Access and Patient Flow Program, which is trying to demonstrate the complexity not just within our hospital system, but also noting that access and patient flow challenges a whole-of-system issue. It's not just within the ED, it's not just within the hospital, it's from primary care through our systems and back out in terms of aged care and NDIS blockages. I note Dale some data to speak of as to the NDIS and aged care challenges.

The statewide Access and Patient Flow Program was established formally in August 2020. It did follow access solutions meetings and programs which had occurred back in July 2019. The program had been delivering each of the items or actions at access solutions. There were so many items on the list which were suggestions directly from clinicians inside, clinicians in the private sector and other key health stakeholders that we established a formal program.

We have said formally, in particular to our Tasmanian emergency care network, which has been established as one of the deliverables of the program which basically brings together all of our ED heads and clinicians and interested stakeholders across the hospital, that we will try these things and if they do not work we will take them off the list. These are things that people have talked about in some cases for a decade. They have been trying to change the process within a particular environment or department in the hospital. Regarding the program, we've probably spoken today about several of the items, but it's already delivered. We've delivered technologies such as making care appropriate for patients, our MCAP system, which is basically a tool to try to review whether a patient is in the right place in terms of the bed and often finding that we have a lot of sub-acute patients in our acute beds in hospitals. We're trying to work through.

We've tried to improve Tasmanian HealthPathways. We've spoken about Medtasker, we've looked at each of our integrated operation centres in each of our hospitals to make sure they're all acting consistently, they have the right technology, they're showing the right dashboards, for example in our EDs so that they know where are the incoming Ambulance Tasmania vehicles, what's the issue, what they can prepare for, which we didn't have consistently across all of the hospitals.

The team is now looking at picking up every single process in both the EDs and across our discharge process map to work out where we can get greater efficiencies. Is it about getting cleaners to the beds faster? Is it about having enough orderlies to move patients around the hospital? Is it above going to our transit lounge and pulling up through our transit lounge

towards and back down again when we found we were just going one way, for example, because our transit lounges weren't large enough.

There are many items that we will pick up, hear the feedback from stakeholders, add to the statewide program and try to get better at measuring what is the impact of each and every change that we're making to process. At the moment, we're not fantastic at but we're trying to improve.

Ms WEBB - Given that the program has been implemented coming up to two years now, and as you said it's challenging to measure every small change that's been tried, how are you gauging overall improvement in the flow?

Ms MORGAN-WICKS - Through the minister, it's also difficult to measure against quite significant increases in non-COVID-19 acute demand, which we are witnessing at our hospitals. Professor Lawler spoke of it being experienced nation-wide. I don't know whether Professor Lawler might have something to add to how we know it's working.

Professor LAWLER - Through you, minister, the secretary has highlighted the deferred care burden and we are pushing against increased demand on the emergency departments and on their inpatient beds. While I would like to say we would be able to demonstrate the benefit by decrease to ED length of stay, decreased ramping and decreased access block, and this is ultimately our goal, we need to be measured on the performance of the system. The success of this program, along with the success of our data capture and reporting, along with the success of the operational reforms that will be undertaken within the hospitals and within Ambulance Tasmania, within the community, will all lead to that.

A lot of what we've talked about is around structural and process change, which, in a way, is some of the easier stuff to do. The hard stuff is the cultural stuff. The Statewide Access and Patient Flow Program is founded on what we regard as the quadruple aim. That is, better experience for patients, better experience for clinicians, more efficient and better-quality outcomes. Those are the kinds of things that we will be looking at in terms of improvement. As we work through the elements of the program in collaboration with the operational elements of the service, we will be looking to see improvements in the kind of metrics that we report on the dashboard and also in our annual report.

Ms WEBB - Thank you. When I began that question, one of the things that I was focused on was the issue of people who don't need to be in hospital, perhaps in an aged care situation or an NDA situation who are not able to be moved out promptly. That's probably one that's easier to measure as in how we're improving that or how we might be doing better. Can you describe to me how we could point to improvement there?

Mr ROCKLIFF - Mr Webster?

Mr WEBSTER - Through you, Premier. Unfortunately, we've gone backwards slightly in this space. At the start of COVID-19, the Commonwealth put in additional resources to assist with navigating people particularly through NDIS but also through aged care packages. Those resources were withdrawn about 12 months ago. The result of that is that we've had an increase in this space. At the moment, across the state, we have 17 people admitted into acute beds who are medically cleared but waiting for a NDIS package before they can leave our hospital.

We have another 19 that are in the NDIS process but are not yet medically cleared, which prevents the NDIS process starting in a lot of ways. NDIS wants certainty of long-term medical diagnosis. While they remain medically unclear, we can't start that process. Those numbers have steadily increased over the last 12 months. Aged care we don't track as well as NDIS. Again, it's a mix of medically cleared but unable to secure a home care package, and also medically cleared but unable yet to transfer because there's no bed in a residential aged care facility in their region. We don't track them closely, but we estimate that at the moment it's around 25 to 30 across our system.

Both of these issues have been on the agenda for the national health minister's meeting, and in fact the then Minister for Disability Services Linda Reynolds, minister Reynolds, on this very point about how do we speed up these processes. This is a cost to the acute system and it's not just in this state.

Ms WEBB - It's a cost to the state system articulating into federally-managed systems.

Mr ROCKLIFF - Yes.

Mr WEBSTER - That's right. It's a massive cost across all states and territories.

CHAIR - It's also a cost to the patient if they're in the wrong spot.

Ms WEBB - So what are the strategies that you're looking at to articulate better into those or advocate with the federal systems to take that pressure off?

Mr ROCKLIFF - Well, certainly state ministers have advocated to the federal government on this matter, and will be taking it up with the Commonwealth.

Mr WEBSTER - Internally we try to get people associated with each of these cases to be advocates with the NDIA particularly. We also have higher-level meetings with the NDIA to try and highlight these cases to them and push through with those, but unfortunately with mixed levels of success, given the state and Commonwealth interaction.

Ms WEBB - Within our hospital system, where does the staffing for doing those interactions - and I guess there's probably lots of phone calls to be made or emails to be done and back-and-forths trying to make these arrangements for patients. Where does that burden fall?

Mr WEBSTER - It falls mainly in our social work departments, but it also falls at our senior levels in that we're constantly in contact. There is a position that sits currently in communities that we will transfer to health, which supports our broad exceptional needs. Their almost entire role is in fact advocating for this client group in terms of moving patients through the system.

Ms WEBB - Would there be situations too where we would have medical staff, nurses or doctors, even, who are doing this sort of administrative communicating, trying to help somebody be discharged into these systems?

Mr WEBSTER - Yes. Through the Premier, yes, there is, and certainly with nurses. In addition to that, it is the constant report writing and re-writing the reports to match the NDIA criteria in particular and match to that.

Ms WEBB - Yes.

Mr WEBSTER - I know of cases where senior medical or specialist medical practitioners have had to prepare two, three, and four reports before we actually get the person through the process.

Ms WEBB - It's quite an unacceptable burden on our state system, isn't it?

Mr WEBSTER - Correct.

CHAIR - Just before we go on to Community Health Services, the TrakCare process that you're using, can you, minister, tell me a bit more about how this is working to address patients with a co-morbidity or poly-morbidity, especially in cases where mental health conditions are part of that morbidity?

Mr ROCKLIFF - Yes, I'll find some information.

Professor LAWLER - So through you, minister, can I just confirm, Chair, are you talking about the Track ED program? That's the patient information system that's used for patients in the ED.

CHAIR - It was referred to last year as an initiative. I'm just wondering how it was going. I'm not sure whether it relates to the tracking. It's called TrakCare.

Professor LAWLER - T-R-A-K?

CHAIR - Yes.

Professor LAWLER - Yes. From memory what we were discussing last year were necessary upgrades that were being undertaken to the track. So we used to have a program called EDIS within the emergency department, which was the Emergency Department Information System, which was basically our patient tracking system, by which I mean it showed where the patient was, you know, what was happening with them, where their diagnosis was, where they were going. Trak is the replacement for that, and the upgrade that was occurring at the time was simply to add additional functionality to manage patients within the department.

CHAIR - Oh, and particularly those with co-morbidities or multi-morbidity?

Professor LAWLER - So through you, minister.

Mr ROCKLIFF - Yes.

Professor LAWLER - It was not so much a clinical management system. It was a clerical and administrative management system -

CHAIR - Right, okay.

Professor LAWLER - It enables you to see the status of a patient's journey, where they're going, and keep track of everybody in the department.

CHAIR - Knew where they were.

Professor LAWLER - Yes.

CHAIR - Okay, right. Thanks very much. We'll move on, then.

2.4 Community Health Services

CHAIR - 2.4, Community Health Services.

Ms WEBB - There are things that I will be particularly interested in to follow up on there, so I'll just start us off with a couple of areas.

CHAIR - Do you want someone else to start, did you say?

Ms WEBB - No, no. I said I'll just start us off with a couple of things I was particularly interested in. One of the things you've already mentioned is the Hospital in the Home program at some point today, perhaps. I'm wondering about the number of patients that are enrolled in that program who are then readmitted to a hospital after perhaps if they've participated in that program. Also, do we have an assessment of the savings that we've achieved or avoided hospital admissions through that program so we can see how it's -

Mr ROCKLIFF - We have a Hospital and the Home program, but mental health and -

Ms WEBB - Okay. If this isn't the right line item for that, I can bring it up in the right line item.

CHAIR - Have you got another you want to ask me while they're looking for that information?

Ms WEBB - In the meantime, sure. One of the particular areas was healthcare for minority groups in the community in Tasmania, in particular the LGBTIQ community. My understanding is at Tas we've got two FTE specialists in sexual health services in the south, and I believe we've got very constrained services in the north in that respect.

We've got a clinic that's now being run by TAS Card, a GP clinic in New Town, which is in the situation of struggling to be viable without having to add additional out-of-pocket expenses to people accessing that GP clinic for that community. What is the Government doing and what funding is the Government investing in to address barriers which might be there for Tasmanians facing difficult access to GP services because of stigma and discrimination and because they're part of the LGBTIQ community, particularly given the surveys and things we've had come out recently around healthcare for that cohort?

Mr ROCKLIFF - Sure.

CHAIR - A couple there for the minister.

Mr ROCKLIFF - So firstly, the Department of Health is progressing key actions to improve health outcomes for the LGBTIQ+ community. Ms Morgan-Wicks mentioned this morning, I believe, the LGBTIQ+ reference group, which includes membership across the department, non-government sector, and community representatives. The Department of Health are progressing reforms started in 2020 in response to the legislative changes to the Justice and Related Legislation (Marriage and Gender Amendments) Act 2019. A dedicated resource within Health ICT is working to modernise our business practices and systems to align with current inclusive present practice.

CHAIR - Minister, if I can take you to the question.

Ms WEBB - Yes.

CHAIR - The question was around -

Ms WEBB - In-the-community-access to GPs for that cohort or for specialist GP care tailored for that community.

CHAIR - Yes.

Mr ROCKLIFF - Okay. So we provide funding to a number of organisations to support the health and wellbeing of LGBTIQ+ Tasmanians. When I say 'we', the Department of Health are working it out. As an example, Tasmanian sexuality and gender support and education service -

CHAIR - Are you providing specific support to access GPs?

Mr ROCKLIFF - TAS Card's been mentioned. We've got LGBTI+ peer navigators.

Ms WEBB - So I mentioned the TAS Card GP clinic, which I believe is still trying to become established and to be viable. Is there support for that as part of the program?

Ms MORGAN-WICKS - So through the minister, and I have to say I've only just become recently aware of the concerns being raised in relation to GP access, I would say as recently as 2.21 when they've emailed me this afternoon. So I haven't really had a chance to digest it. But certainly, the issue has been brought to my attention about the viability of their GP service.

But generally - and I'm happy to have a look at that issue and speak to Cameron - in terms of GP viability, we have various approaches from primary care throughout the year, noting that it's a federal responsibility in relation to primary care, and the minister has mentioned the various steps we're taking to really step into that space.

The minister went through the several rounds of GP Assist grant funding that we've been offering to try to either increase the hours of GP services to operate, or to provide infrastructure, or PPE through COVID, or assist them to run immunisation clinics throughout the last couple of years. Certainly, we receive those approaches, particularly in rural and regional areas;

they're well documented. The media follows them very closely as we try to step in and prop up some GP services.

I know your question relations to a minority group provision, and certainly, that's recently been brought to our attention. We'll have a look at that.

Ms WEBB - In terms of that support that you were just mentioning that, would that extended GP hours program be part of that? Is there support into that space, or is that a different focus?

Ms MORGAN-WICKS - We have used that grant funding to try to assist as many primary care providers that meet the criteria for that grant funding. I know we have assisted some with applications to try to meet the criteria. So we'll have a look at that.

Ms WEBB - Does that continue? Is that an ongoing grant funding available in that space?

Ms MORGAN-WICKS - My awareness is that we do have existing fundings within that grant funding that is not expended as yet. We'll have a look at what additional rounds are still to be played out.

Ms WEBB - My understanding, too, is that there are questions around the lack of availability after hours, say to pathology and radiology services, to go alongside that, and maybe not being as fully helpful as it might otherwise be. Is there attention being given to perhaps marrying up some of those other associated services to fully realise its potential?

Mr ROCKLIFF - That's part of the urgent care centre model, which to work effectively really needs those GP services, and including pathology and radiology, to avoid that ED presentation for one of those services, pathology or radiology.

When it comes to primary healthcare more broadly, and GPs, it's one of the key areas I'll be focusing on again with respect to the new health minister federally. I made my concerns known to the previous health minister, Greg Hunt, as well.

CHAIR - That should be something for the national Cabinet perhaps. It's an Australia-wide crisis, access to general practitioners.

Mr ROCKLIFF - It is. Every premier across the nation - and we recently met online - agrees that health and primary care services is the number one issue.

CHAIR - Do you want to go back to Hospital in the Home? Meg was asking about that earlier.

Ms WEBB - I was interested in how many patients enrolled who were then readmitted to hospital or admitted to hospital later. But also about its success. Do we have an assessment of what savings we've achieved in terms of not having to be admitted to hospital for that program?

Mr ROCKLIFF - Thank you for the question. We've recently done a review of Hospital in the Home. Tony has the report, I understand.

Professor LAWLER - Indeed. We have undertaken a review of the Hospital in the Home model, through to the end of 2020. The review looks at when the Hospital in the Home model was working most effectively, and obviously made the case for continuation, which we see manifest in the optimisation of Hospital in the Home as one of the initiatives of the statewide access and patient flow program.

We saw a significant increase in utilisation of Hospital in the Home between April to December 2020, from two patients per day up to eight patients per day. And we saw active referrals in any given month going up to around 60 to 70 active referrals. When we were looking at the key promoters and utilisers of the service until the end of December 2020, the total new referrals was 493, with an average of 27.4 per month, leading to 2027 occasions of service - which potentially describes multiple attendances for some patients over that care - and an average length of stay in the service for 2.84. At that time, 154 GPs were referring to the service, to ComRRS, which was clearly working very well for us.

At a time when there is significant pressure on beds, both through elective surgery and through emergency department admissions, while there are not significant financial savings through a Hospital in the Home or a ComRRS model, again it goes back again to that aim I was describing: it provides more efficient care. It keeps people out of hospital beds that we can more effectively use.

With time, the scope of conditions that can be treated under a Hospital in the Home model increases. That's partly the comfort of referring GPs, partly the comfort of the services being provided, and it provides a better and more comfortable and more acceptable experience for patients because they're in their home. So, it's a much more effective or more efficient and more acceptable way of treating individuals than consignment to a hospital bed.

Mr ROCKLIFF - We do have some information on Hospital in the Home with respect to mental health, very briefly.

CHAIR - Do you want to do that under your mental health portfolio?

Mr ROCKLIFF - Yes.

Ms LOVELL - Minister, I had some questions about oral health services. The footnote to this line item talks about a decrease reflecting the one-off funding injection from last year's budget for oral health. That was a $5 million commitment. Was that all expended in last year's budget, or has any of that rolled over into this year's Budget?

Mr ROCKLIFF - For the financial year to 31 March 2022, the Tasmanian Health Service provided the following: 3340 general denture repair appointments; 10 544 denture care appointments; 23 292 emergency and urgent dental appointments without patients going on a waiting list; and 36 472 appointments to children and adolescents, with none of these patients going on the waiting list.

The delivery of public dental care through oral health services has been affected by the COVID-19 services restrictions, and recovery challenges have impacted service delivery over the past three financial years.

Despite this, general dental care activity increased last financial year compared to the year before, and is expected to increase again this financial year due to the $6.5 million investment - $5 million in the 2021-22 budget for an 18-month program, and $1.5 million this year to extend that program, which I believe is the $5 million you were referring to - to provide an additional 25 350 appointments through the recruitment of additional dental professionals and contracting of care to the private dental sector.

Ms LOVELL - The one and a half million in this budget, which is the graduate program, the five million in last year's budget, was that the same program, the graduate program.

Mr WEBSTER - Through you, Premier. No, it's an extension of the same program but it'll be a different group of graduates which will come in obviously. We've run it this year and we'll run it again next year.

Ms LOVELL - Was the $5 million the same graduate program but with a different cohort of graduates.?

Mr WEBSTER - Through you, Premier. The $5 million paid for the graduate program but other programs as well. The $1.5million is the graduate program component of that.

Ms LOVELL - Right, okay. Minister there were components of that program last year, the $5million, that are not being continued this year. Is that correct?

Mr WEBSTER - Through you, minister. There is a rollover, you're right. It was 5 million in last year's budget for an 18-month program. So we still have seven months of the $5 million program to run. Elements of that included the graduate program which you've mentioned which we'll now carry forward for the extra year. The second part of that was private vouchering. Allowing private dentists to public patients through vouchering.

One of the innovations that was in that program was in fact an upgrade to equipment in both Hobart and Launceston laboratories which will in fact halve the number of appointments required for someone to get their first set of dentures. Into the future, in fact, it will mean that you don't need an appointment to get a new set if you break them or whatever, which is actually a digitisation of the denture program. It is a one-off investment which will actually have ongoing program delivery results. It will save us about 2000 patient appointments a year and ongoing with the new technology.

Ms LOVELL - Is that where the expected decrease in the dentures waiting list primarily will come from, from that new technology?

Mr WEBSTER - A combination of a catchup resulting from the vouchering, the catchup resulting from the graduate program and, of course, the ongoing effects of the denture program.

Ms LOVELL - Okay. The general adults waiting list is not expected to decrease and, in fact, is expected - well, not until 2022-23. Are we expecting a bit of a slight uptick in this current financial year and then a bit of a downturn next year? That's presumably the graduate program and the continuation of those improvements. What's expected to happen once those programs finish? Will we see another increase in the dental oral health waiting list given that poor oral health has such an enormous impact on people's lives? Why are these programs not being continued further into the future?

Mr WEBSTER - Through you, minister. The program was a catchup from the fact that oral health was particularly heavily impacted by COVID-19 the nature of the appointments. We had to reduce the number of appointments. So it was a catchup. But, importantly, one of the major things was rather than spend the $5 million just on appointments, was to actually - the graduate program which we will be on the second year of and we'll certainly do an evaluation of that. The changes to the denture program we'll keep - you know, into the long term will have impacts onto that waiting list.

The delay in the adult list coming down is two things. Is (a) we needed to set up that graduate program and then start it, and then we get the two-year effect of that. It then comes down. There is a long-term impact of this but we're fairly confident that, as I said before, with a reduction of 2000 appointments just around dentures, it will have an impact ongoing.

Ms LOVELL - Thank you.

Mr ROCKLIFF - There's a national partnership agreement with the Commonwealth that rolls over 12 months at a time. Which we'd like to be longer term.

Ms LOVELL - If you've got the data there, what was the impact on the waiting list of COVID? Is that 1920-21, is that most of it or was there some impact in 1920.

Mr ROCKLIFF - If we look at some of the performance data in the general adults waiting list, for example, to your question, in the 1920 financial year, the general adults wait list was 15 381. The financial year 2020-21 was 17 518. To 31 March 2022, that wait list is 15 328. The dentures waiting list increased during those COVID-19 times as well and looks to be hopefully coming down to date as well.

Ms LOVELL - I'm losing track of years. The impact on services because of COVID-19 was in 1920, is that right?

Ms MORGAN-WICKS - So through the minister. We experienced quite an issue, both in 2020 where we had to only revert to emergency treatments as we were following the national psychologist advice in relation to emergency treatment that was able to be undertaken. Also, in 2021, my understanding was that we had difficulty in running our dental students because the programs were actually closed down by James Cook University. We did not have that additional resource to undertake the work. Thus, we hit a high in terms of general care for adults probably in August 21 off our public dashboard information of 18 213. Now in April 22, that's down to 15 061. So just in having the additional nine dental graduates, you know, that had commenced earlier this year, they are getting through hundreds of appointments, which is very positive.

Ms LOVELL - Still too high but, no, you agree with that.

Mr ROCKLIFF - During the period where our oral health services were only providing emergency services due to the pandemic, there were approximately 12 0000 appointments that needed to be rescheduled at that time.

Ms LOVELL - They did good job of that, I have to say.

Ms MORGAN-WICKS - Accreditation - through the minister - they have received outstanding results.

CHAIR - I'm happy for you to table this data if you can, minister. I would just be interested in getting the occupancy rates for all our rural hospitals, the most current figures. If you could table that. Also, an update on where the safe staffing levels of our rural hospitals is at. Has that been finalised and agreed?

Mr ROCKLIFF - So safe staffing model, Tasmanian Health Service statewide district hospital safe staffing working group was established in February 2018 to research and develop a staffing model for the 13 Tasmanian district hospitals. The model is designed to provide the flexibility required to staff individual Tasmanian district hospital sites to meet their specific mix of inpatient, emergency, outpatient and residential aged care activity.

Last year's budget provided $18.3 million in funding over four years for that model. The model has now been implemented, with a 12-month trial underway and formal evaluation occurring periodically. The model commenced on 27 June last year with the working group continuing to oversight both the implementation and evaluation processes.

A key issue associated with the implementation of the model has been the lack of staff to ensure district hospitals operate in line with the model, reflecting the market challenge of clinical staff recruitment and retention in rural and remote locations. This funded staffing model will improve access to safe and appropriate clinical care and services at rural sites optimising the use of rural inpatient beds. Our occupancy rates of district hospitals and contracted sites - and I think we went through some of these in the rural inquiry committee. Can we go through them hospital by hospital.

CHAIR - Would you be able to table it? Might be easier than trying to read all that, Minister. Particularly with the time we've got.

Mr ROCKLIFF - So why don't we provide a table for you, with the bed numbers and the occupancy rate to April 2022, which is my information here. Thank you.

CHAIR - Thank you. One other question what are the costs given to the Health Department to pay contracted GPs, mostly from Ochre, who provide services to cover our rural hospitals. Like Smithton, like Queenstown, like Scottsdale. Have we got a cost for that?

Mr ROCKLIFF - I'm trying to find some for you. That's a contracted cost for district hospitals, we don't have that information with us at this point in time. I'm trying to find any information that might be of assistance. I don't appear to have that information with us.

CHAIR - Can that be provided, minister?

Mr ROCKLIFF - We can have a look at that, yes.

CHAIR - Are you able to provide that by hospital, or is it a top-down figure?

Ms MORGAN-WICKS - Through the minister, we'd need to have a look at that because some might be in a multi-hospital contract. So we just need to go and work out what we can provide.

CHAIR - Sure, okay. Did anyone else - do you want to ask this one, Meg?

Ms WEBB - Nothing urgent. Perhaps now might be time for there are a few more line items which you want to get to.

CHAIR - I know you're providing for us, minister, the number of allied health staff that - that was in the first line item, I think. When you provided the information are you also able to include information about where these allied health professionals have been engaged? We talk about how many additional ones we've been able to bring on, can you break that down to the professions, but where they've been employed as well?

Mr ROCKLIFF - Certainly by region, is that all right?

CHAIR - Yes, region's fine. Yes, yes. Are there still currently vacancies in allied health across this area?

Mr ROCKLIFF - Vacancies in allied health?

Ms WEBB - That will include social workers, yeah?

CHAIR - That includes social workers, all allied health.

Mr ROCKLIFF - We'll see if we can provide that information for you. We don't have it with us today, I'm informed.

CHAIR - That's all right. We're writing to you about that data anyway.

Mr ROCKLIFF - Yes.

Ms MORGAN-WICKS - Yes. Through the minister, and I will note that in the implementation of a new HRIS system that that will also make it a lot easier. My apologies, we don't have particular very specific data to hand, but we're certainly happy to do what we can with our existing systems, noting that we'll have much easier access through our HRIS once implemented.

CHAIR - We'll move to 2 point - oh, sorry, Nick.

Mr DUIGAN - One just around rural GPs. We hear from our constituents, minister, lots of people having issues accessing primary health, particularly their GPs, particularly in rural and remote areas. There are challenges I guess in recruiting and retaining GPs in these areas. I'd be interested to hear if there's anything we can do as a state.

CHAIR - Yes. He's covered a lot of that already. Is there anything additional to what you haven't already told us?

Mr ROCKLIFF - Well it looks like there is.

Mr DUIGAN - I'm sure there is.

CHAIR - If I could stop you then, minister, please. Of course, the DD, but I thought the DD might have been done earlier.

Mr ROCKLIFF - No, no, it's not that all. No, but thank you for the question, Mr Duigan. We recognise the challenges in primary care. I recognise the efficacy of all state premiers and health ministers, no doubt, to the Commonwealth, and of course to deliver better primary care to our communities we need to think differently about how this is done, and we're committed to exploring ways in which the Tasmanian government can work with the Australian government - GPs, stakeholders and the community - to deliver something truly innovative.

General practice and primary care services in the hard-to-staff areas of Tasmania are run by the State in fact are fully integrated with Tasmania's single public health and hospital system. We will work with the Australian government to explore ways in which a trial can be sustainable, effective and patient- and community-focused.

We expect this primary care reform also to be bold. In Tasmania we want to lead the country in implementing Australia's primary healthcare 10-year plan, and aligning this with our Department of Health Strategic Priorities 2021-2023, which includes reforming the delivery of care in our community.

Tasmania's primary care reform will encourage collaboration, integration of services within the State Health Service and reduction of silos between sectors of health. It will bring multiple clear benefits for patients and our community and giving better access to bulk-billing GPs, better integration between general practitioners, and other medical specialists, streamlined sharing of information and greater benefit from our record investment in digital health.

The model will focus on people, most importantly, ensuring patient outcomes are at the centre of all decisions, and that we care for our healthcare workers and enable them to work at the top of their scope.

This primary care reform, I know, will be ambitious, and we recognise the challenges in primary care, which is a product of what is a fragmented health system, frankly, with the responsibilities and funding across the health system split between the Tasmanian and Australian governments.

Our communities don't necessarily see this, and nor should they. They see a system that, despite the best efforts of our dedicated and hardworking GPs, is characterised by falling bulk-billing rates, and increasing difficulty accessing GP appointments. It's no surprise patients feel that the emergency department becomes their only option. That's why we're committed to exploring ways the Tasmanian government can work with the Australian government, and we're willing to lead the charge in that reform area.

Mr DUIGAN - Thank you, Premier. I look forward to the trial.

Mr ROCKLIFF - Indeed.

Mr DUIGAN - It looks good.

CHAIR - We might move to Ambulance Tasmania. Do you want to invite Mr Acker to join us, minister, for this one?

Mr ROCKLIFF - Indeed, yes. Mr Acker?

CHAIR - He waited patiently in the back row. You might like to introduce him when he arrives for the purposes of Hansard, please minister.

Mr ROCKLIFF - The Chief Executive of Ambulance Tasmania, Mr Joe Acker.

CHAIR - Thank you. Minister, I'll just start off with one question. I understand there was a commitment to put a full-time paramedic on King Island, but that hasn't featured in the budget. What's happened?

Mr ROCKLIFF - From memory we were looking at ways in which that might be possible. I know that Mr Acker and I have had some discussions about a permanent paramedic on King Island, and of course it's entirely supported by volunteers, as you would well know. Which frankly, when I was first elected, I was amazed at even 2 years ago.

CHAIR - Incredible bunch they are.

Mr ROCKLIFF - They are indeed. Mr Acker, would you like to provide an update to that matter?

Mr ACKER - Thank you. Through you, Minister, we are investigating opportunities to advance what we're calling community paramedicine. So a place like King Island - and I was up in Flinders' Island just a couple of weeks ago - would be ideal to have a paramedic that's embedded with the health centre. They work with the health professionals in those communities that have relatively few ambulance calls, but would still be able to respond in an ambulance as needed.

So this is a new model for Ambulance Tasmania, it would require a new skillset for our paramedics, and also requires some innovation in terms of how we would send paramedics to a remote location like that. Whether it's fly-in, fly-out, or something like that where we provide accommodation.

Which would be some new things to include in our award, so it's still an investigation into how we would do that. We're looking at other communities around the state to identify other locations as well.

CHAIR - Can you describe, Minister, what a community paramedic's scope includes, and how they're different from the other paramedic bands or levels within the service?

Mr ROCKLIFF - Thank you. Mr Acker, would you like to give some detail.

Mr ACKER - Thank you, minister. Community paramedic is a relatively new definition for paramedics within Australia. It is a type of paramedic which is very common in the UK and in Canada. This would be an experienced paramedic, generally with five years' experience working in an ambulance, who has advanced training in primary care procedures and may have specialisations in things like palliative care or mental health, so that -

CHAIR - So they're like a paramedic practitioner?

Mr ACKER - Paramedic practitioner is still a term that's evolving but, yes, it would be kind of the type of paramedic that would be working towards what is called, in some locations, a paramedic practitioner.

CHAIR - So in this case, my understanding from my people on King Island was that there was an expectation that they would be having a fulltime paramedic on King Island. So you're telling me, minister, that's not the case. There is this other option, for a community paramedic, who looks a bit like a paramedic practitioner, which is still an evolving position, if you like, and at this stage there is nothing in the pipeline decided. Are we going to continue relying on our volunteers until this decision is made, and how long will that be? I'm just trying to understand because the community, I understand, was led to believe there will be a permanent paramedic funded in this budget. That's what I'm led to believe.

Mr ROCKLIFF - Not from us. I stand to be corrected, of course, committed to do a demand review. It may have been a commitment by others, potentially, but I can't recall the commitment. Certainly, we're willing to explore, which may well have come up in discussions.

CHAIR - So what is the timeframe for this review, then, about the most appropriate model for King Island, and possibly Flinders Island and even other parts of our remote parts of the state?

Mr ACKER - Through you, minister. We have engaged a company called OHR, which is Operational Research and Health, over in the UK, to do a 10-year demand analysis of not only where we should put new ambulance stations infrastructures, but also where we should put different models of care across the state. So we have engaged them already. They're looking back at 5 years of data and also looking at demographic data going forward to identify the best parts of the states to use new resources. We expect the report to be done by November where we will be able to advise the minister and the secretary of our proposed plan over the next 10 years of where we would like new infrastructure ambulance locations.

CHAIR - Are they the ones which also do the reviews as to whether a single branch station should go to double branch? Are they the ones you've been utilising for that purpose?

Mr ACKER - Exactly.

CHAIR - Yes.

Mr ROCKLIFF - I believe, also, there was a paramedic on the island during the pandemic as well for the COVID 19 the outbreak.

Mr ACKER - That's right, yes.

CHAIR - Is this during the period of the outbreak that King Island had?

Mr ROCKLIFF - Yes.

Mr ACKER - Yes, minister. Through you, minister. We had an extended care paramedic, of which we have 19 extended care paramedics in the state. This a post-graduate trained paramedic within an advanced skillset, and that paramedic was based in King Island supporting the local health centre as well as providing coverage because many of our volunteers

had COVID-19 at the time. I'm really happy to say that one of the paramedics in particular played some really incredible roles in supporting the island. In one case, working with a palliative care patient over a number of days to provide a very good end of life experience.

CHAIR - They do a good job, that community. Minister, can I just ask for a breakdown of staffing across the state in Tas Ambulance by category of officer, including, if possible, the numbers in each category in each region.

Mr ROCKLIFF - Yes.

CHAIR - If you have data that reflects pre-COVID-19 numbers to now, that would be helpful too, acknowledging you may not have that around.

Mr ROCKLIFF - Chair, as of 31 March 2022, AT (Tas Ambulance) had 652.15 FTE employers compared to 619.82 FTE in 2020-21, and 559.06 FTE in 2019-20. Throughout the last financial year, AT has recruited to key leadership roles to support the ongoing transformation of the organisation, including a new director. Operations commenced in January 2022, to lead the operations of the organisation with a director.

A new assistant director of operations commenced in April this year to lead southern region. An assistant director has been recruited on a one-year fixed term contract to lead significant transformation of operations to better support employees and strengthen service delivery models across Ambulance Tasmania. An executive medical director has been recruited and will join the organisation in August this year. This senior medical role will lead enhancement in clinical governance, innovation and quality improvement in clinical care. Managers have been appointed to the critically important portfolios of integrative care, education, professional development. The manager integrative care is leading the important strategic reforms in service delivery, including secondary triage, PACER, of course, as well.

When it comes to some figures, the total fulltime equivalent for Ambulance Tasmania, I'm going to say 652.15, and that's up from 487.55 in June 2019. In terms of the award breakdown, for example, ambulance is 576.56 FTE; Health and Human Services administrative, 33.94 FTE; Health and Human Services health support officers, 22.31; nurses, 10.1; salary, medical practitioner, 7.35; and one senior executive service role is the pay period ending 19 March this year.

CHAIR - Do you have, like, they call it extended care paramedic still, I think?

Mr ROCKLIFF - Yes.

CHAIR - Paramedics and any other category that you've got.

Ms MORGAN-WICKS - Perhaps, through the minister, while the minister is finding that information, could I just add in the workers compensation claims for AT which was asked for previously. Workers compensation claims for AT, for the year ending - sorry, as at 31 March 2022, new claims, 59, with open claims, 26. As a breakdown, we have 39 physical claims and 20 psychological claims. I don't know if you asked for turnover rate as well.

CHAIR - I was going to ask that. I don't know if I did ask that last time, but, yes, the attrition rate or turnover.

Ms MORGAN-WICKS - Through the minister, turnover rate, as at 31 March, is 3.9 per cent, which is probably the lowest in the last three years. So previously, 2018-19 at 5.2.

CHAIR - One thing I interrupted you, minister, I think, before, were you able to give a regional breakdown of where the staff are by award? You gave us the total numbers. Did you have a regional breakdown?

Mr ROCKLIFF - I did by award. I don't have a regional breakdown in front of me.

Mr ACKER - I don't have the number of intensive care paramedics versus paramedics. We're working on that right now, but we do have 19 ECPs out of all of our full complement of staff. I'm sorry. So we have 19 ECPs across the workforce, and I will work on getting the number of ICPs versus the number of paramedics.

CHAIR - Okay. Is it possible to get them broken down by region?

Mr ACKER - We might have to take that on notice, through the minister, but we can work on that.

CHAIR - Sure. The additional roles you were mentioning, minister, in the leadership, I would like a gender breakdown of those positions, as well as an overall gender breakdown of the staff employed with Ambulance Tasmania.

Mr ROCKLIFF - Yes, sure. I have them here. Overall, headcount by gender. We've got 741 headcount by 31 March this year, of which we have 346 female from 316 the full year before. 394 male, up from the 377 the full year before, and totalling 694 that year before.

CHAIR - I appreciate this made an increase in number. Just at the senior levels, those new senior positions, have you got a gender breakdown of those? Mr Acker probably knows more personally.

Mr ROCKLIFF - Mr Acker, would you like to -

Mr ACKER - Our senior leadership team in operations has seven women and nine men, which is far much improved over the last 24 months.

CHAIR - It is. Well done.

Mr GAFFNEY - Just a further question there. With the recruiting of ambulance or paramedics, what numbers of male and female do you have which are applying to go through the program and - the selection program. Do you see what I mean? So I'd be interested to know the number of people who actually applied for whatever role there is, and what the breakdown might be. Say in just the last intake, maybe, just for an example.

Mr ROCKLIFF - So applications are normally pretty strong, aren't they? We'll have to provide Mr Gaffney some information in numbers of people who apply? Numbers who apply?

Mr ACKER - Through the minister. We recently did a posting. We had over 600 applicants. Most of the applicants, the larger majority, are female. About 60 to 70 per cent of

university graduates are female across the country, and that's represented by the gender spread in our applications. So we're rapidly feminising the workforce, which is very good. Traditionally, certainly when I started, paramedicine was a masculine workforce, and as the Secretary reported, now we're almost at 50/50, which is terrific.

Mr GAFFNEY - Thank you.

CHAIR - So, minister, this may be something you will need to consider later on, just initial feedback from you. We've heard from paramedics who perhaps have had - suffered psychological injury in the workplace particularly who may find it difficult to return to work. But they're limited as a paramedic in the state working with Ambulance Tasmania because of the nature of the Act. Will you consider looking at other opportunities for those people perhaps to support our other rural health services? They are trained to work in the community, after all.

Mr ROCKLIFF - Thank you for seeking advice on that matter. So I'm advised that we're developing a community paramedic program.

CHAIR - Which is what Mr Acker was talking about with relation to King Island. Yes.

Mr ROCKLIFF - If you'd like expand on that, Mr Acker.

Mr ACKER - We've got funding for nine community paramedics, three in each region, which will of course be looking at the more remote places where we can embed them in communities. These are great opportunities for paramedics to work in different roles that aren't necessarily frontline emergency response, but can - lower acuity or primary care. We've also got paramedic opportunities working in our secondary triage space, which is in our communications centre, doing clinical consults with patients working shoulder to shoulder with nurses in that environment as well.

Recently, we were working with legal services to change the Act so that the Ambulance Services Act will not require the definition of a paramedic to be isolated to only those that are employed by Ambulance Tasmania. So this is something we're really passionate about, because we believe paramedics are a healthy workforce that the state can use in different ways which aren't just specific to ambulances.

One thing that I'm very excited about, and it was actually the Secretary who showed leadership in this initiative, is to work through a pilot project to see how paramedics can supplement hospital staff in Launceston General Hospital. This is where there are a number of vacancies to hire paramedics outside of the ambulance service by the THS to work on a pilot basis to see what services they could provide in a hospital to fill some gaps.

CHAIR - I'm really heartened to hear that, minister. Really heartened, I must say. Is there a timeframe on - I know Mr Acker just referred to looking at the Act and the provisions within the Act that make it - prevent paramedics from working outside AT. What's the timeframe for review and change of legislation?

Mr ROCKLIFF - Kathrine will speak to that.

Ms MORGAN-WICKS - Through the minister. I was just going to reflect; so in terms of paramedics actually being employed by THS, for example, we are looking at that as a pilot for the Launceston General Hospital, noting just continuous recruitment efforts to try and attract nurses to the ED. We can place paramedics, for example, into the ED to try and assist and offload, but it would require the model being carefully worked up in their scope of practice. In speaking to a couple of paramedics, for example, at Latrobe, they were quite excited about the potential for that to occur. Minister, do you have a further update?

Mr ROCKLIFF - I have, but I was going to also suggest that some of our paramedics who are on workers' compensation have also been utilised as paramedic immunisers as well in our vaccination program.

Mr WEBSTER - Through you, Premier. In fact, the miscellaneous amendment, health miscellaneous amendment bill tabled in the Lower House includes the change to the Ambulance Act that we're referring to.

CHAIR - We don't look at anything down there until it comes up here.

Mr ROCKLIFF - Yes, and we'll -

CHAIR - Sometimes it never does come up, you see.

Mr ROCKLIFF - We'll provide you a briefing.

CHAIR - That would be great.

Mr ROCKLIFF - In respect to those matters. Yes, I have some information regarding unplanned, unexpected readmissions, within 28 days were selected procedures.

CHAIR - This is under 1.1 - 2.1, Admitted Service.

Mr ROCKLIFF - Is it best to table this? Just table it.

CHAIR - Okay. Thanks, minister.

Mr ROCKLIFF - Thank you.

CHAIR - The potential for community paramedics: does that also mean a change to the legislation, which I know we'll get a briefing on. I appreciate that. Will it enable them perhaps to work in conjunction with a GP practice or in other community settings? You're talking about the LGH and for helping out in the ED, but what about other community settings? They've trained to work in the community, paramedics are.

Mr ROCKLIFF - So we are certainly committed to looking at potential extended scope of practice for paramedics and all professionals.

CHAIR - Good. Just one other thing, I am sure you share my admiration and value of the volunteers which provide so much of our ambulance service in our rural areas. I know COVID-19 had an impact on them. Can you give us an update on the numbers and the training that's going on, and whether we're getting back up to perhaps pre-COVID-19 levels?

Mr ROCKLIFF - Sure. There are around 450 volunteers for our Ambulance Tasmania, and voluntary officers who are of course integral, as you say, to the provision of emergency medical responses in rural and remote communities. At the last election, in fact, we committed $50 000 to the Volunteer Ambulance Officers Association of Tasmania, and this funding has supported Ambulance Tasmania and the Volunteer Ambulance Officers Association to undertake a significant reform project to better support the recruitment, retention, and training of volunteers.

This project is being led by a coordinator, volunteer training and development who is working with a group with representatives from Volunteers Association of Tasmania, and volunteers across the state, and of course the recent announcement of the Sorell and Huonville stations converting to career paramedic only stations has created an opportunity to conceive new models of volunteering within these communities. AT is working directly with those volunteers and the Volunteer Ambulance Officers Association of Tasmania to explore options for the future. I think as you highlighted, a high number of volunteer ambulance officers were identified as vulnerable to COVID-19 due to their age and health status, and have not been able to work in rural and remote communities.

CHAIR - Thanks, minister. We might wind up this line item. I know we're due to conclude at 4.15. We haven't done Public Health, and that's obviously a very important line item.

We will come back after the break, if your staff are happy to do that. It will impinge slightly on your Mental Health time, perhaps. We did try to avoid this in another forum, but I think Teddy's here to see us anyway.

Mr ROCKLIFF - Just before we break, Madam Chair, I remind the committee that we have Teddy with us here today.

Teddy is a therapy dog who visits Ambulance Tasmania staff twice weekly across the southern region, including the communication centre, state headquarters and clinical services. We are looking at expansion of this service - I'm sure we'll have other Teddys across the state, to the north and the north-west regions.

Teddy is a six-year-old Brittany. He began therapy dog training when he was seven months old, and it's taken two years following the Canine Good Citizen training principles. In his spare time, he enjoys tracking, scent-work, eating, watching birds, and long walks on the beach.

Teddy's handler is Lisa. Her family is from Western Australia and have been in Tasmania for eight years, and Lisa is a retired registered nurse who has always had a passion for dogs. Six to seven years ago, she combined her passion for dogs and caring for people and started her therapy dog journey, which is absolutely fabulous.

Once we break, Lisa and Teddy will be in the foyer, if any members would like to meet them.

CHAIR - Thank you very much, minister. We'll take a break and go and meet Teddy and will come back at 4.25 p.m.

The Committee suspended from 4.12 p.m. to 4.31 p.m.

Mr ROCKLIFF - To my left is Kathryn Morgan-Wicks, the secretary to the State Health Commander. To Kat's left is Dr Mark Veitch, Director of Public Health, and to my right is Dale Webster, the deputy secretary of Community Mental Health and Wellbeing, Commander Health Emergency Coordination Centre. I understand that we were going to go and discuss public health matters at this point in time.

CHAIR - Yes, we'll start into public health, we said, very shortly. It fits under mental health more, but we can start with mental health and wellbeing as an output and do public health first.

Mr ROCKLIFF - Sure. We do have some information to table. Emergency department patients that didn't wait to be seen.

CHAIR - Yes.

Mr ROCKLIFF - We table that, and Ms Morgan-Wicks has some data as well.

MR ACKER - Through the minister, in relation to a previous question on conduct matters - and my apologies because the previous numbers had included ED6 in ability matters. Apologies for that, so the numbers are as at 7 June, so today, we have 49 matters of misconduct which are being investigated.

This includes 15 investigations relating to failure to comply with a public health direction or lawful and reasonable direction. And of the 34 remaining matters, 20 are ED5s without suspension, and 14 are ED5s with suspension.

CHAIR - Thank you.

Mr ROCKLIFF - I have an opening statement for mental health.

CHAIR - All right.

Mr ROCKLIFF - I can do that -

CHAIR - Do that, and then we'll go into the public health outside of that.

Mr ROCKLIFF - Okay.

CHAIR - It might be the easiest thing.

Mr ROCKLIFF - So I'll keep this as short as possible, as well. Notwithstanding the importance of mental health and wellbeing, and it's also, again, been a focus of ours this year. Highlights include the $20.5 million ongoing funding on the 2022-23 to continue implementation of the recommendations of the Roy Fagan Centre and Older Persons Mental Health Services Review.

Additional funding of $1.5 million is committed over three years for implementation and evaluation of Rethink, 2020-25. Tasmania's new overarching mental health plan that focuses on new areas including suicide prevention.

Our $45.2 million child and adolescent mental health services reforms continue to progress well. I'm pleased to be able to say that from yesterday, child and adolescent mental health services at the Royal Hobart Hospital has expanded its capacity to respond to child and adolescent mental health presentations and inpatient needs by extending staff hours until 10 p.m., seven days per week, which I know will be very, very welcome to many.

Today I'm pleased to announce that a new mental health phone line is set up to improve access to mental health services and support for Tasmanians wherever they are across the state to access mental health. This became fully operational last month, replacing the longstanding mental services helpline. It provides a single point of telephone contact for Tasmanians to access the right mental health services or support for their needs. The phone line uses advanced communications software to direct callers to the most appropriate contact point, including mental health teams within the community, a referral and triage service for new clients, and a Tasmanian Life Line.

As part of the new referral and triage service, specialist triage teams have been established in each region, including in the north and northwest for the first time to support Tasmanians needing advice and referral into the mental health system. Additionally, callers seeking psychosocial and emotional support can be referred directly through to a Tasmanian lifeline, which was initially established by the government in response to the COVID-19 pandemic.

New and existing mental health consumers as well as their family, friends and carers can access the phone line by calling 1800 332 388 between 9 a.m. and 10 p.m., seven days a week. Overnight callers are provided with the alternative options, including contacting emergency services, contacting Lifeline Australia, and leaving a message for follow-up as required the next day.

The single-point telephone contact for referral into public mental health services is a key initiative of our Tasmanian mental health reform program. Additional funding is provided into 2022-23 and 2023-24 to support the reform agenda for the alcohol and other drugs sector in Tasmania. This funding builds on existing government investment into alcohol and other drugs services to enable harm reduction.

Funding is also provided over four years to support the whole of government Tasmanian drug strategy, 2021-27, and the Drug Education Network. The department will also commit funding over two years from existing resources for grants programs to allow organisations in the alcohol and other drugs sector to employ peer workers, enhancing delivery through the sharing of lived experience.

Since coming to government we've invested $370million in mental health and alcohol and other drugs services. We've continued to allocate record levels of funding across public mental health and alcohol and other drugs services, and the broader sector, and I'm very proud of the team which work in all those very, very important sectors across the state.

CHAIR - As pointed out by our colleague here, our schedule goes to 2.7, which is public health services, before we do the content related to 90.6 and 90.7, capital investment programs.

We may need to circle back to those after we do public health and we have Dr Veitch at the tabled to proceed with this. Yes, so apologies for that.

Minister, I know in my budget reply I asked about the potential for the government to consider free influenza vaccines. I know that you a day or two later, maybe even later that day, made an announcement regarding that, so it was very welcome.

I'm just interested in terms of this vaccination program around influenza, what the cost per dose administered is through the fund assistance with the government. Can you compare it with the costs to provide some funding to, say, pharmacies to deliver it or support GPs to deliver it? I know, back to the federal government funding responsibility and all that.

But I'm just interested in accessibility, that the public health vaccination centres aren't on the west coast, I don't think, or will they be? Could we have a bit more detail about the costs per vaccination delivered and how that might compare with other models?

Mr ROCKLIFF - Sure. In our regional areas we're also working with the RFDS to explore opportunities there for our COVID-19 vaccination program as well. But would you like to drawn down on some of this cost per dose, et cetera?

Mr WEBSTER - Through you, Premier. It is difficult to calculate that given we are actually doing our flu vax at the same time as doing a range of COVID-19 vaccinations.

It is true to say though, that where a lot of the vaccinations we have delivered have been a higher cost than you would get through GPS and pharmacies, and the reason for that is that we've actually pursued to go to areas where there are pharmacies or GPs not involved or in fact there are no pharmacies or GPs. It means that we've got the initial travel costs and things like that.

To give a comparison of that from the COVID-19 period, for instance to deliver a dose of COVID-19 vaccine in Hobart worked out at about $15 or $16 per dose, but to deliver it on Flinders Island was $174 per dose, because we've had to fly nurses over there and then you've got the low numbers. And in fact, they stayed extra days because the weather changed and all those sorts of things.

CHAIR - The plane broke down.

Mr WEBSTER - Yes, all those things. With flu vaccine, the state program hasn't actually been delivering large numbers. It's been targeted, as the minister said, particularly in rural areas, and we've been doing what we call loops. A common 'loop' in a rural area would be two or three hours to Dunalley, jump in the cars and move down to Murdunna, do an hour there, jump in the cars, go to Nubeena and do a couple of hours.

Again, our model isn't as cheap as you would find by having one centre, as a GP would. But it means that we're getting coverage in areas that traditionally wouldn't get coverage. The program that we've just announced is based on a fee to pharmacies and GPs of $21.50. The pharmacy's covers all costs, but for GPs it covers the cost of the vaccine and also some administrative costs on top of that - and then, of course, they may or may not charge through the Medicare system.

This is a long way of saying it's hard to calculate it. I can tell you, for instance, with the flu volumes we did at PW1 - which at that point were aimed at hospitality and disability - the cost was quite low, about $10 or $11 per head. But the cost at Nubeena was probably around $40 or $50 per head. So our processes are targeted rather than cost-effective, if you like.

CHAIR - As I understand it, minister, and I'm happy to be corrected, state legislation prevents a pharmacist who is properly set up to do immunisation. They've been immunising people for COVID. They can immunise a child aged six years and over for COVID, but they can't immunise a child under 12 for flu. In one instance a pharmacist told me about, he had a family come in for flu vaccines, and he could vaccinate everyone except for the child who was under 12, and so they then had to try to get a GP appointment, which is problematic at best in some areas.

Mr ROCKLIFF - I'm not sure it's legislation that prevents this, necessarily, but I stand to be corrected on that. Would you like to explain?

Mr WEBSTER - Thank you, Premier. In our Public Health Act, we need approval of a program to immunise in Tasmania and we approve the programs based on the particular vaccine.

CHAIR - 'We' being the state?

Mr WEBSTER - That's right, the state Government. The COVID program for pharmacies was initially for 16-plus. After ensuring additional steps were taken by pharmacies, the program was then extended to 12-plus. And then more recently, provided that the pharmacies met certain steps - which includes that they've done paediatric life support and those sorts of things - we've extended that to 5-plus for COVID.

On the flu side, the program initially was in fact 65-plus. The next step was to take it to 10-plus, which is where we're currently at. That's based on a risk assessment, and with the minister's indulgence, I will throw to Dr Veitch, who is the program approver.

So, the ministry has gone through those steps, but we then submit the information for approval from Dr Veitch.

CHAIR - Just on that, if I might direct this to Dr Veitch through you, minister. If a pharmacy has done paediatric resuscitation and life support to deal with the unlikely event of a reaction to a COVID vaccine, what other barriers would there be to enabling, say, a six-year-old to have an influenza vaccine?

Dr VEITCH - Thank you. We've discussed this question with pharmacy through the year. I've always taken a very cautious approach with approving the delivery of new cohorts of people, or providers, or new vaccines, and enabling that in the programs.

As we've just heard, it's very important that people who are vaccinating young children have the appropriate paediatric resuscitation skills, and recognise that vaccinate a six-year-old is not just a smaller 16-year-old or a 60-year-old. They're a completely different class of people to manage in a setting such as vaccination.

In the case of COVID, there was an absolute need to increase the access and bump up the COVID vaccination coverage in young children, so I agreed we should enable pharmacists to do that, providing they'd done the programs. After a few weeks, around 10 pharmacists in the state had taken up the offer of providing to children under the age of 10. My take from that was that there wasn't enormous enthusiasm in the profession to undertake it.

Furthermore, at that time, as a much more important public health need, we were prioritising coverage of vaccination with the booster doses, and then the winter doses of people aged 16 years and up. So, I took the view that it was much more important for pharmacists, if they're going to be delivering vaccines, to concentrate on the COVID vaccine and COVID booster vaccines. They're the expanded cohort of adults who are able to vaccinate with the flu vaccine this year, giving the NIP vaccine to people between five and 64, and 65 and up. So, there was a huge cohort with many tens of thousands of people who were a higher priority, in a sense, than children aged 5-10 years with flu vaccine.

In recent forums with pharmacists, I undertook to review how it's all gone this year and consider next year whether it's appropriate to extend pharmacists' provision of flu to young children.

The principal reasons for not extending it this year were the evident lack of demand within the pharmacy profession to actually vaccinate that group, based on our experience with COVID. But my mind's not closed to it. I think we should review things at the end of this year and then consider it next year.

CHAIR - Whether they do get that approval or not, let's say I take my 10-year-old to the state clinic and get the child vaccinated, that's free. If I take the child to the pharmacy, it won't be free, or will it be free?

Dr VEITCH - A 10-year-old will be free at the pharmacy.

CHAIR - It will be free at the pharmacy?

Mr ROCKLIFF - Yes.

CHAIR - Okay. What about people under the age of 65?

Mr ROCKLIFF - Yes, free.

CHAIR - Currently?

Mr ROCKLIFF - Yes. Are you talking COVID or flu, sorry?

CHAIR - Flu.

Mr ROCKLIFF - Yes, that's right. We just made that change. Those over 65, and vulnerable aged 6 to 65 years, were free and still are free under the National Immunisation Program. State clinics have always been free. We've made that decision as part of our winter flu strategy, if my memory serves me correctly. And the recent announcement provided flu vaccinations free for all.

CHAIR - I had mine too early, then.

Mr ROCKLIFF - Yep, commenced just yesterday.

CHAIR - Meg, did you have some questions here?

Ms WEBB - Minister, a quick question about yesterday's announcement on the commitment to funding a navigation and referral service specialising in long COVID.

You noted that, for the vast majority of Tasmanians who have had the Omicron variant, long COVID will not be an issue. Maybe I've misconstrued that, but you can correct me. In the title of a media release in relation to this, the word 'clinic' was used, and I just wondered - can you advise if this long COVID clinic is a physical presence in the state or is it to operate in a non-physical sense and perhaps explain the model a bit more fully? Pardon?

CHAIR - Virtually, you mean?

Ms WEBB - Yes.

Mr ROCKLIFF - We've announced a $400 000 commitment to establish the statewide navigational referral service specializing in long COVID. Now, evidence suggests that for the vast majority of Tasmanians who have had the Omicron variant, that long COVID does not become an issue, but our knowledge of this issue continues to evolve. However, for those who are impacted, it is important to know that treatment for those who need it will be available. Long COVID is a syndrome that may affect a variety of body systems to varying degrees and treatment is largely supportive care.

A practitioner most suitable and central to managing such syndromes is a GP and it is still expected that most patients with long COVID will be wholly managed by their GP. That is why the most important first step is with the establishment of a primary care pathway across general practice and the public hospitals.

A new service has been established in response to feedback from the community and our medical colleagues. The new service compliments the existing pathway by providing a single point of referral for GPs across the state. All patients will be managed by their GP in the first instance. There are important reasons for this. Firstly, it's critical that other illnesses are not missed at the point of referral and secondly, GPs can determine if their patients require referral to the new service where input may be sourced from specialists in fields including infectious disease, respiratory medicine, psychology, and neurology. Getting the health response to match the individual needs of the person is critical to managing long COVID.

The service will be available statewide and will be fully developed and launched in September this year. The timing will allow us to recruit clinicians, educate GPs on how to engage with the service and more details will become available closer to that date. We also know that fully vaccinated people suffer less from the effects of COVID-19 both in the short and longer term. So, once again, I use that opportunity to encourage Tasmanians to stay up to date with their vaccinations.

Mr WEBSTER - Through you, Premier. The idea of the navigational referral centre is obviously with the symptoms of long COVID being so broad, it's possible that someone might

need two or three referrals to actually work out where they need to go. So, rather than have the GP needing to manage that at that primary care level, they would refer into the navigational referral service who will then manage the appointments across the THS. You're right, it will operate very much as a virtual clinic or a virtual service to make sure it can operate statewide but also to operate statewide to make sure that if they do need a referral and they're North West based and the specialist is in Hobart, then that referral pathway is mapped out as well.

As the Premier said, the critical first step was to agree the pathway with the GPs. So, we've got a primary care pathway that we've agreed. Now, we need to make sure that once it gets to the THS, it's an easy route through the actual services that we deliver.

Ms WEBB - Do we have up to date data about the variants that are currently present in the Tasmanian community of the COVID-19 virus. What percentage of cases are assumed to be, for example, Omicron?

Mr ROCKLIFF - Yes, Dr Veitch.

Dr VEITCH - We have a surveillance system which involves testing around a hundred viruses a week from people who have had PCR tests. It's a sample of what is going on. That's been going on since earlier this year. Those viruses are subjected to sequencing their genetic code and then it characterises one or another strain of the SARS-CoV-2 virus. At the moment, just about all of the virus that we're seeing is Omicron. We did see a little bit of Delta variant earlier on back in January. We saw a little bit of the BA.1 strain of Omicron during February and early March. But through most of April and all of May, the strains that we've been seeing have been almost all the Omicron BA.2 strain and that's a phenomenon that's occurred all around Australia, all around the world. Because the BA.2 has a slight edge in terms of its transmissibility and escape from immunity.

What we're also looking out for is strains other than the BA.2 strain. To date, amongst that sampling, we have seen four of Omicron BA.4 and one of Omicron BA.5 and two of the strain that was a combination of BA.1 and BA.2, some sort of a hybrid. They've been scattered over the last few weeks. The BA.2, the BA.4, and BA.5 more recently. So, we're seeing they're a fraction of a per cent of all the cases at the moment but it's very important that we keep monitoring those to see if the numbers increase. To date, the evidence is that the strains that we have seen, other than the predominant BA.2 strain, are not more clinically severe than the strains that we've seen recently.

Ms WEBB - Are they more infectious?

Dr VEITCH - BA.4, one of BA.4 or BA.5 may have a slight infectious edge on BA.2 but it is too early to know how it's going to fare in our population because how these viruses fare depends a lot on the level of immunity in the population, the timing and the particular experience of the population with other strains. So, it's pretty unpredictable how it will evolve in our population, but we've got good surveillance to monitor it.

CHAIR - Though the minister, if a person has had BA.1 or 2, if they are exposed to 4 or 5, - I don't know what happened to 3 but anyway, probably sitting around somewhere - are you likely to have a degree of immunity because there's a similar thing or if you get BA.1, you are just as likely to run up to BA.4 and get it anyway?

Dr VEITCH - A feature of these strains is that they are known to have a degree of immune escape. Which means that they can evade, to some extent, the immunity that you previously had on vaccination or experience with a previous strain. It probably depends a bit on how recently you had your infection with the other strain. Once you're sort of six months down the track, you're probably more prone to get infection with one of these other strains or even reinfected with the strain that you had before, if it's still around.

CHAIR - Can I just ask another one about immunisation?

Ms WEBB - Yes, please.

CHAIR - Just in the performance information, we talk about childhood immunisation, which is still high, which is very encouraging. Is it worth, in our performance information, Premier, recording the vaccination rates for COVID-19 and influenza to keep it at the forefront of people's mind. For if we see immunization rates dropping away, then it gives you, perhaps, a reason to act?

Mr ROCKLIFF - Thank you for the suggestion. Obviously, I will take advice on that at face value. It seems like a good suggestion, if it's of value.

Ms MORGAN-WICKS - We do publicly report on vaccination rates for COVID-19 and have done so on a daily basis. There is also Commonwealth information in relation to vaccination rates under the new plan. I'm sure that Dr Veitch would also say that there are other equally as important childhood vaccines which we closely also monitor the percentage for.

CHAIR - In the performance information here around childhood vaccinations, it just says age five. Does include the ones before age five, obviously? So, I'm a bit out of date, sorry. I haven't had a child that age for a while. Which of the vaccines are not captured in this, minister? Diphtheria, tetanus, whooping cough, polio and a range of others now. We have grandchildren who have a vaccination every time you turn around.

Dr VEITCH - Through you, minister, I would always refer to the chart for vaccination, either the Commonwealth chart or the state chart on the national immunisation schedule. There hasn't been a major change to the inclusions in the schedule recently. I think the most recent change was meningococcal ACWY vaccine, which was about four or five years ago, and the inclusion of meningococcal B vaccine for some categories of Aboriginal children to get.

CHAIR - The performance indicator on page 112 of Budget Paper no. 2 talks about vaccination coverage of children aged five years. What vaccinations doesn't this pick up? When's the meningococcal ones given?

Dr VEITCH - They're given either at 12 or 18 months, I'd have to check.

CHAIR - So it will capture those ones?

Dr VEITCH - Yes. That's captured in the one- and two-year-old landmarks. And at age five children should be up to date with essentially every vaccine that they're going to get before the adolescent program kicks in at 11 or 12 with HPV vaccine and meningococcal if they need a catch-up.

CHAIR - Sure. So, minister, in terms of the data that's collected around vaccination rates, do you break them down by gender and also Aboriginal and Torres Strait Islander members of the community, who are certainly more at risk with a lot of these infectious diseases?

Mr ROCKLIFF - Dr Veitch?

Dr VEITCH - Through the minister, there are benchmarks that we're required to meet. One of those benchmarks includes the coverage for Aboriginal and Torres Strait Islander children. I can't remember the specific details, but it was one of the early childhood vaccines.

The breakdown of data by gender, I'm not sure if it is publicly available, but it is certainly publicly available for HPV vaccine that's given in adolescence. Historically there's been a slightly higher coverage of vaccination among females than males in that age group.

CHAIR - Are you able to provide the committee with a breakdown of that data, with relation to the Aboriginal population and by gender?

Mr ROCKLIFF - I will seek to find that data for you and provide that for the committee if that's -

CHAIR - Across our COVID-19 vaccine as well as influenza as well as the childhood vaccines.

Dr VEITCH - Yes. Through the minister, I think the COVID-19 vaccination report that we generate includes a breakdown by gender.

CHAIR - Yes, but Aboriginal people?

Dr VEITCH - It's also broken down by Aboriginal Tasmanians, yes.

CHAIR - If you could provide that to the committee, minister, that would be good.

Mr ROCKLIFF - I'll seek to get that information for you. Sorry, Mr Webster?

Mr WEBSTER - Through you, Premier. So the breakdown for Aboriginal and Torres Strait Islander Tasmanians and Australians is actually published daily by the Commonwealth on health.gov.au.

CHAIR - By state?

Mr WEBSTER - Yes, by state as well. We do have the breakdown of flu for Aboriginal and Torres Strait Islanders as well as COVID-19.

CHAIR - It would be good if you could provide a summary document to the committee on that.

Mr ROCKLIFF - All right. We'll endeavour to get that information for you.

Ms WEBB - If you want to move on they're not urgent questions, so we might have left time for the next areas.

CHAIR - We talked about the whole-of-staff attrition rates, but I wondered if we had staff attrition rates in Public Health. It's been a particularly stressful time for the team working in Public Health, I imagine. Has there been a higher than average turnover? The worker's comp claims that we got earlier included Public Health staff, did they?

Ms MORGAN-WICKS - Through the minister, yes, they did. Through the minister, I don't believe I have turnover rates by particular division. I will note, however, with Public Health we have had a rapidly expanding and contracting Public Health emergency operation centre. Regarding contracted nurses to support contact tracing, significant resources were brought in, for example, prior to the 15 December border re-opening, and then changes in the way in which our [inaudible] management has occurred, and the contact tracing falling away and transitioning through to a more outbreak management approach necessitates changes in resources as well.

It's probably an unusual time to look at a turnover rate or the flexing up and down of the Public Health emergency operations centre.

CHAIR - Yes. Regarding Public Health training in tracking and tracing, I know we've taken a different approach with COVID-19 now, but we don't know what's around the corner. New South Wales used a model with a very robust and consistent training program. Is the state using a similar sort of program that's consistent to upskill and rapidly prepare additional staff to operate in that space of contact tracing and the other measures that Public Health is required to take?

Ms MORGAN-WICKS - So through the minister, and I believe Dr Veitch would probably like to comment in relation to the fantastic work that the PHEOC have been doing. So at various points through the pandemic we have had training resources and even mass training products to train people on the skill of contact tracing.

Not just within the Public Health emergency operation environment, we've completed that training across our hospitals. When there is an outbreak in a particular hospital or ward or health service, the THS conducts its own outbreak management and will contact trace around that.

Mark will speak much better than I would about this, but for instance the recent meningococcal case involves contact tracing to determine what needs to be done to manage those contacts, whether there is a particular treatment or antibiotic that needs to be offered, or an isolation or quarantine period to be applied. Perhaps through the minister, Dr Veitch?

Mr ROCKLIFF - Yes, Dr Veitch?

Dr VEITCH - Yes, thank you. The secretary has pretty much explained it. We started off with a small nucleus of very capable people to do contact tracing, but like every jurisdiction we very quickly found that to be ready for what we thought we were going to face, and did face, we needed to build up a team.

We had a structure to our team which involved the core team, expanding pods of people who could be deployed for a larger contact tracing exercise under appropriate senior and skilled leadership. They were trained largely on the job by the experienced people, but there were also extensive materials developed. There was a course being developed in collaboration with UTAS that was also provided in week-long blocks for people to give them the basics of Public Health operational contact tracing and the communicable disease management. There were a number of strategies that we had in place to make sure that people were trained.

As Kath said, when case numbers became large very quickly - I think they became larger quicker than we had anticipated because of the higher transmissibility of the Omicron strain - we switched to a situation where we sought to identify high-risk settings and outbreaks and focused the management on those settings to minimise the transmission, particularly to vulnerable people and vulnerable industries and the like.

CHAIR - Minister, is there an element of mandatory training or CPD that's required of these staff to keep their skills? It might be a while before we have to use that again, it might not.

Dr VEITCH - Through the minister, I think that's a good point, Ms Forrester. There's a bit of a gap in the professional domain of Public Health officer or practitioner doing particularly operational stuff. There are good MPH courses, but there is a bit of a gap in ongoing training and CPD and accreditation in that setting.

There are a couple of places around Australia - particularly in the Hunter-New England - which have sought to begin to get that kind of professional support mechanism up and going. It's been a struggle for many years. For at least a decade or so I can remember this being discussed. I would hope that this is the impetus for consolidating that as form of professional support and development.

CHAIR - That being the case, would you expect, minister, that would be part of the performance measures. I don't know whether we call it mandatory training still, do we? But obviously you have to do your CPR, you have to do your - yes, there's mandatory training still, that's what it's called?

Dr VEITCH - Yes.

CHAIR - Yes. So is that something that will be included in the mandatory training for public health officials?

Dr VEITCH - I think we'll have to see what it looks like, whether it will be mandated or whether it will be highly recommended. But I think that people practicing in that domain would be very likely to voluntarily want to do it.

Some of them will have other reasons for doing CPD in their profession - those that are doctors and nurses so on may have additional CPD requirements. That would be a useful bolt-on for someone who is working in public health.

Mr ROCKLIFF - So I believe we have an online course which is an initiative between the University of Tasmania, public health and THS, providing education to help professionals in contact tracing, to create a surge-ready workforce in the event of another COVID-19

outbreak or cluster in Tasmania. That's contact tracing and active monitoring course of which you can sign up to do.

I have just a bit of information for you on Aboriginal and Torres Strait Islander vaccination, notwithstanding the commitment we gave in terms of the table, which was a broader ask. In Tasmania we have 86.2 per cent of Aboriginal and Torres Strait Islander peoples who have had their individual Dose 2. So that's 86.2 per cent.

The national average is 81.4 per cent. This is data of 31 May, and there is a footnote, I'll call it, in terms of identifying as Aboriginal and Torres Strait Islander is optional, and the estimated population may be underreported. So I thought I'd provide that information for you. Thank you.

CHAIR - Thank you. Nothing else on public health? So, minister, we will just cycle back slightly to 90.6, community healthcare. Sarah, you had something there?

Ms LOVELL - Yes, thanks, Chair. Minister, the $2.3 million on this outcome is to fund community healthcare in response to COVID-19. Was all of that funding directed to external organisations, or was any of the funding used to boost community health funding provided by the State?

Mr ROCKLIFF - Okay. So my apologies, which output group are we in?

Ms LOVELL - 90.6.

Mr ROCKLIFF - Sorry, my apologies.

CHAIR - It's the COVID-19 one down the bottom.

Mr ROCKLIFF - 90.6, $2.3 million. I'll just ask Mr Jeffrey.

Ms LOVELL - Thank you. Perhaps while he is looking my second question was could provide a list of organisations that were supported through this additional funding?

Mr ROCKLIFF - If not now then certainly afterwards.

Ms LOVELL - I am happy for that to be taken on notice if preferred at any time.

Mr ROCKLIFF - A list of organisations?

Ms LOVELL - Yes.

CHAIR - The only other question I'd follow that with is can it be rolled over and used till the allocation is utilised?

Mr ROCKLIFF - All right, we'll take that on notice. Yes, we haven't got a list but we'll seek to find more information for you on that. Ms Forrest asked if it was underutilised.

CHAIR - Can that be rolled over and used in this financial year?

Ms MORGAN-WICKS - So through the minister, yes. If there is unutilised funding within the $2.3 million we would be rolling that over into the next financial year. Given that it's a 2021-22 item we didn't bring that list.

CHAIR - With elective surgery, $9.7 million, which again was a COVID-19 related boost, Nick do you want to ask the DD on that one?

Mr DUIGAN - I think, Chair, in the interests of time we might get things rolling along.

CHAIR - There is no extra money this year. I assume that was all expended?

Mr ROCKLIFF - That's very presumptuous to say he's going to ask a DD.

CHAIR - He's been already what by the previous premier what would happen if he asked a non-DD.

Mr ROCKLIFF - Yes. It's already been expended as part of our four year elective surgery plan.

CHAIR - End of story, okay. We'll move to capital investment.

Mr ROCKLIFF - That you, Dr Veitch, very much. I'll ask Shane Gregory, who's our deputy secretary of infrastructure to come to the table, please.

CHAIR - Minister, you made a brief mention in your opening statement about the new North West Mental Health Precinct and the North West Regional Hospital upgrade. How this is going to progress. I can see the forward estimates are going to be spent, but I would like to know the step phases and when we'll know where it will be built and what will happen with the much needed refurb of Spencer Clinic.

Mr ROCKLIFF - Of Spencer? So we can detail that for you. Of course the new mental health precinct we expect to completed in the 2025-26 year. The 2022-23 budget provides total funding of $40 million for stage one of the new mental health precinct adjacent to the new Northwest Regional Hospital to replace the ageing Spencer Clinic.

It is expected that stage one for the new mental healthy facility will be completed by the 2025 or perhaps earlier 2026 with space for future expansion, and clinical services planning has begun for both new mental health precincts. I'm talking of course about the replacement of the Anna Byrne Centre and the Launceston General Hospital Mental Health Precinct which will guide the functional requirements in the model of care for how those services will be delivered.

When it comes to the existing Spencer Clinic and - Shane, would you like to speak about that briefly in terms of what's planned there in regard to upgrades of wards, et cetera?

Mr GREGORY - Yes. Through you, minister, the planning work around the new mental health facility and what will happen with the Spencer Clinic will occur concurrently. The clinic services planning the minister mentioned is underway through the health planning unit. in parallel to that, while we're waiting for that key input into the functional design brief and then flows onto the concept designs, and the key designs of both of those facilities. We

are undertaking an assessment of the existing buildings, their functionality, and looking at the broader site in regard to where the development opportunities are on that site.

Once we understand what we're doing in the Spencer Clinic - that's a critically important piece, what will go in there will drive the design. We will run the design processes for the new mental health clinic and the Spencer Ward refurbishment in parallel even though the Spencer Ward cannot be refurbished until the mental health facility is built. We'll be starting on both of those processes concurrently. We'll be working through the detailed design of both of those starting early in 2023.

CHAIR - So we don't have a location for the new mental health precinct yet?

Mr GREGORY - No, not definitively. It's part of the work we're doing now in parallel with the health service planning to really understand the site and what the constraints are on the site. A key part of that work was also looking at what's happening with the parking and understanding the parking, and understanding the parking demand.

CHAIR - The landslip issues?

Mr GREGORY - Yes, there are a whole range of issues on the site. There are some landslip issues. There is a significant area of the site, though, that can be redeveloped, but taken into account the constraint of views from neighbouring properties. So we have quite a large parcel of land to work with, it's just about how we now layout the various components, block out, if you like, the various development opportunities on the site.

CHAIR - Dig into the hill?

Mr GREGORY - Yes, probably. We'll probably dig it into the hill.

CHAIR - They're all my constituents along the back there, just so you know. Yeah, the ambulance station will be up there too.

Mr GREGORY - Yes.

CHAIR - So does this plan consider new public birthing suites and areas like labour wards, birthing suites, and postnatal wards?

Mr GREGORY - Through you, minister, yes, the clinical services planning will take into account the needs and demands for health services across the north-west, not just the North West Regional Hospital. We'll also consider Parkside and the Mersey Community Hospital and other services that might also be off-campus services, outpatient services. All of that will be factored in.

CHAIR - It's all being done concurrently, is that right?

Mr GREGORY - Yes, all happening concurrently. That will allow us to then allocate blocks of development opportunity and expansion, and have an understanding of what we might need to allow for on the site, bearing in mind that the delivery of health services is quite dynamic. We're planning infrastructure for 30, 40, 50 years, and the delivery of health services can change quite dramatically in that time. So we'll be looking at the site in terms of

development sites and, as I say, blocks, opportunities to build facilities that are flexible in terms of what they do in the next 10, 20 years, and perhaps how they can be repurposed at 30 or 40 years.

CHAIR - Minister, I assume this would also include digital infrastructure and capacity for linkages with our rural hospitals for proper telehealth, with proper cameras and set-ups over beds - like in Queenstown Hospital in their emergency department and so on.

Mr ROCKLIFF - I would expect it'll be highly advanced technology.

CHAIR - So it's digital as well as?

Mr ROCKLIFF - Yes, digital health transformation program.

CHAIR - That'll work together, though, surely. That won't be done separately? Okay. Any other questions on capital?

Ms WEBB - Minister, what's the time frame for the development of stage 2 of the Kingston Health Centre, and is there funding allocated for it in this year's Budget?

Mr ROCKLIFF - I'll just find some information for you. You've got that, Shane?

Mr GREGORY - The Kingston project is currently in the same process we're working through with the North West Regional Hospital. We already have our land, so we know what the envelope is to expand into. It's a matter of what services go into that site.

That's the work that's being done now through the Health Planning Unit to understand what services might go in there. Could it be a satellite for various services like renal, for example? Those things are being considered at the moment. That will feed into our process, so we would be anticipating a tender in the latter part of 2024, and construction starting in 2025.

Ms WEBB - So nothing in this Budget - only the continuation of that planning stage?

Mr ROCKLIFF - Yes. The 2023-24, $2 million; $8 million in 2024-25; and $10 million in 2025-26 is scheduled across the forward Estimates, but none in this Budget.

CHAIR - With the new ambulance vehicles and equipment, how many new vehicles are we talking about here?

Mr ROCKLIFF - We're cleared to 30 new vehicles. It was a $9 million investment. From memory, 24 have been delivered, and we expect the extra six by the end of this financial year.

CHAIR - Most have been fitted out in Penguin?

Mr ROCKLIFF - Yes, I believe so.

Mr DUIGAN - Premier, the Government has committed significant funding to future health infrastructure. Could you discuss the work that the Department of Health's infrastructure

services division has undertaken through the course of this year? The work that's happening now.

Mr ROCKLIFF - Yes, we have some more end-of-year highlights outlining the progress made by the infrastructure services group, which I'm happy to table, and provide some context for.

We're implementing a new best-practice asset management policy and strategic asset management plan, which provides strategic guidance to:

- ensure effective management of our significant health infrastructure portfolio
- undertake medical equipment audits to classify equipment by replacement priority level, with a focus on supporting increased surgical activity under our statewide elective surgery four-year plan
- manage leases, licence agreements and property purchases for the department and develop an office accommodation plan, and
- develop master plans to define the future vision for our major hospitals in line with clinical service planning, to ensure our facilities meet future health service needs.

The highlights document also outlines the department's progress to deliver significant capital works in 2021-22:

- the Royal Hobart Hospital redevelopment stage 2 projects
- the LGH redevelopment stage 1 projects
- construction of new facilities at both North West Regional Hospital and Mersey Community Hospital, and
- Ambulance Tasmania capital projects.

We are looking forward to rolling out our plan over the next 10 years of $1.5 billion into contemporary health infrastructure, which is very exciting indeed - including our new digital health strategy, estimated at some $475 million over the next 10 years, with $150 million over the next four years.

CHAIR - Premier, where is the Queenstown ambulance station going to be? I don't see green grass like that in Queenstown.

Mr ROCKLIFF - That's, you know, a vision. The wonders of modern landscaping.

CHAIR - Going to cost a lot to keep that green. Mike.

Mr GAFFNEY - Premier, I was very impressed - and so were many other north-west coasters -with your strong stance about the AMA's call in the federal election for one hospital for the north-west coast. I think the amount of money and funding that's been put into the Mersey Hospital has proven to people that it's an integral part of the current system and will be

into the future. I think you've put to lie that same old thing that comes up year after year from different groups, so I'm very appreciative and so are the people of the Mersey area of your continued support for the North West Hospital.

Have you read the report from the AMA about the one hospital?

Mr ROCKLIFF - I have spoken to the AMA about their single-hospital commitment. It comes up quite a lot in those discussions. That debate should've probably been had in the late 1980s, early 1990s., but that opportunity did not present itself then. But look, with the investments we make in the North West Regional Hospital, the Mersey Community Hospital, and with the population growth as well towards the eastern end of the coast, no more single-hospital talk as far as I'm concerned.

CHAIR - Can one of us tell Mr Wilkie?

Mr ROCKLIFF - The Mersey Hospital is secure, the North West Regional Hospital is secure. There's massive capital investment moving forward, and that debate, as far as I'm concerned, is completely and utterly done and dusted.

Mr GAFFNEY - Thank you.

Ms LOVELL - Premier, just a question about the air-conditioning upgrades, specifically at the LGH. When is that going to be completed?

Mr ROCKLIFF - We can get that time line for you.

Ms LOVELL - Thank you. Would you like me to send that through on notice?

Mr ROCKLIFF - Yes. Then we won't forget that.

Ms LOVELL - Thank you.

Mr ROCKLIFF - It's my understanding that Mr Jeffery has the information to output group 90, if you would like to go back to that question.

90.6 Community Health Care
90.7 Elective Surgery

Mr JEFFERY - In output group 90, there were two outputs: $2.3 million for Output 90.6 Community Health Care and $20 million for Output 90.7 Elective Surgery. Elective surgery is part of the Government's commitment in last year's Budget for a total of $160 million in additional funding over the Budget and forward Estimates for elective surgery activity. That's already been talked about pretty well today. The community health care component is funding over four years for Cancer Council Tasmania, Epilepsy Tasmania, palliative care clinical nurse educators, GP Assist, Hobart District Nurses, Stroke Foundation, Scarlet Alliance, Health Consumers Tasmania and better patient transport on [TBC 05.30.48].

CHAIR - If that funding is not in the Budget for next year, what happens to that funding? Was there additional top-up funding for those organisations?

Mr JEFFERY - It's funded within different outputs in this year's Budget.

CHAIR - Right, but all those organisations are funded to the same level they were?

Mr JEFFERY - Yes, indeed.

CHAIR - Okay. Okay with that?

Ms LOVELL - Thank you.

CHAIR - Strike that one off. Was there any money left over? Was it all spent this year? Mind you, the year's not quite over, I accept that.

Mr JEFFERY - Yes, indeed. I think when I talked about estimated outcomes this morning, I indicated the estimated outcome for that output group was $22 300. So fully expended.

Output Group 1 - System Management
1.2 System Management - Mental Health and Wellbeing

Output Group 2 - Health Services
2.5 Statewide and Mental Health Services

CHAIR - So 1.2 is System Management - Mental Health and Wellbeing. Has the five-year strategic plan that sits under this area been adopted? How is progressing if it has?

Mr ROCKLIFF - Are you talking Rethink?

CHAIR - That's Rethink.

Mr ROCKLIFF - Yes. Still exists.

CHAIR - Okay, I wasn't sure if there was something else in addition to Rethink.

Mr ROCKLIFF - Unless you were talking about the integration work.

CHAIR - Through the work with Mental Health Services have you done demand modelling around the regions? I know you've been doing this in other areas, but with regard to the need for mental health care, what plan modelling has been done?

Mr ROCKLIFF - Quite a bit. Mr Webster will talk about some of the clinical services planning work that we're doing.

Mr WEBSTER - Through you, Premier. Initial work on this was done as part of the reform package for the south, as well as for the look at the Roy Fagan Centre. We're expanding that into a statewide clinical services profile, so we can look at demand over the long term. We need to better inform ourselves as to what should be in the mental health precincts north west and north and what it is that we need to develop further across the state. We would expect that

the outcomes of that, which will align with the master planning and the planning for the north west particularly, need to be fully in place by February next year.

Ms WEBB - I have follow-ups on Rethink. Is that okay?

CHAIR - Yes, sure.

Ms WEBB - Has the Government fully costed the Rethink 2020-25 implementation plan? It's positive to see the investment that's being made in that area but I believe a number of reform directions are yet to be resourced. That would include things such as reform direction three: reducing stigma, and reform direction nine: supporting and development our workforce. How will those priorities be resourced and what time frame can we expect to see in terms of investing in those priorities?

Mr ROCKLIFF - Some of the new focus areas will include suicide prevention, improving the coordination of services for people with severe and complex mental illness, improving the physical health of people with mental illness and in providing mental illness health services across a continuum of care. In this Budget there is additional three years' of funding that's been secured for the implementation and evaluation for Rethink, including $200 000 for the initial implementation of a new Tasmanian suicide prevention strategy in 2022-23; $50 000 to upgrade the consumer experience of service system; $375 000 for connecting with people for suicide prevention training; $375 000 for the employment of LGBTIQ+ peer worker navigators; and $500 000 to improve access by increasing community awareness of mental health services and support.

Ms WEBB - I note that those are all good things and good to see the investment made in them.

Mr ROCKLIFF - Thank you. Noted.

Ms WEBB - The question was has the Government costed the full implementation of that plan, including all the reform directions that aren't covered in this year's and in what you've just described? Like the ones I mentioned earlier, number 3 and number 9 for example.

Mr ROCKLIFF - This is Rethink as opposed to integration?

Ms WEBB - Yes.

Mr ROCKLIFF - And CAMHS?

Ms WEBB - Yes. I believe so. So have we fully costed it and when will that be delivered?

Mr WEBSTER - Through you, Premier, Rethink is an overarching strategy and has an annual implementation plan. The focus in this Budget is for the next 12 months. I think workforce development was one of your areas.

Ms WEBB - It was one and reducing stigma was another.

Mr WEBSTER - If I focus on workforce development, the work there is underway and is separate to the Budget because it's in two forms. One is the statewide mental health services workforce needs, but secondly, the primary care needs. We're working with Primary Health Tasmania on what that workforce strategy looks like, but the Government also funded Mental Health Council of Tasmania as part of its COVID-19 funding to have a look at the workforce challenges for coming out of COVID-19 and further.

From that, the strong recommendations were for the integrated workforce planning to support recruitment. We're starting off with Primary Health Tasmania as the main funder of the community sector from the Commonwealth Government. Prevention and early intervention measures to address the increased demand. That's factored into our reforms but also into the Commonwealth Government's reforms through Primary Health Tasmania.

Upskilling and diversifying the mental health workforce. Traditionally we've been a nurse-led workforce. It's actually growing that workforce to include peer workers, et cetera. Parts of that are funded already in programs. Fostering and supporting the wellbeing of the staff. We're working together with Primary Health Tasmania and Mental Health Council on that one. Equipping the mental health services to respond to ongoing COVID-19 impacts. Some of that is digital health strategy. Parts of that are growing our central intake and referrals service and things like that which allow us to do things more centrally but also respond if we get outbreaks and we can't deliver services face-to-face.

The last one is data collection and monitoring to inform effective response. We're working with the Mental Health Council on how the community sector can gather that information. Central intake is part of that. We have a common data set on intake which then informs our data.

On the workforce development, while it's not a funded item in the state Budget, all of those elements are funded. In relation to the removal of stigma, a number of different programs are budgeted across our services. In particular, we're working with the LGBTIQ+ community on a specific implementation plan that sits under Rethink that looks at the needs for them. You'll note in the Budget there was funding for peer navigators. That's specifically to help people from that community get through our processes. In that space, the Premier launched - I can't remember if it was early this year or late last year - the specific training on LGBTIQ+ issues with health services aimed at our health professionals. That is part of our ongoing training within Health.

Mr ROCKLIFF - Very interactive program.

Mr WEBSTER - Yes.

Ms WEBB - A couple of things to follow up from that. With the $375 000 investment that's being made in the LGBTQI+ peer navigators being funded under Rethink, what further funding could we expect for other priority populations named under that reform, direction 7, in Rethink? For example, Aboriginal and migrant population groups.

Mr WEBSTER - We expect they're going to be reflected in the next set of implementation plans.

Ms WEBB - The next annual set?

Mr WEBSTER - Yes, which is actually due September, so it would be reflected in next year's state budget. But critically important in our process with Rethink is that we go through the consultation before we create the actions. Hence, we've been going through a fairly extensive consultation with the LGBTIQ+ community to create the actions. The navigator is actually an early outcome of those consultations and will be reflected in the action plan when it's released in September.

Ms WEBB - In the LGBTQI+ area - and I keep track of these things, as you'd understand from my background in the community sector - in recent years Working It Out has put in three budget bids, I think, looking for funding for particular programs, and I don't believe their core funding has increased to deliver those sorts of services since they were first funded. They're essentially sitting on core funding that's exactly the same. It's a very important organisation for supporting Tasmanians in the queer community, particularly young people. Where is our focus in that space reflected through support of such a key organisation?

Mr ROCKLIFF - We do support Working It Out. I remember as minister for education having a lot of interactions with Working It Out, which started actually on the north-west coast, under the leadership of Mary Binks, the then-mayor of Devonport. I recall Education providing a number of supports at the time for Working It Out, particularly working in our schools with students in who required their support, and indeed their families as well.

I mentioned support for Working It Out in the health outputs as well. Working It Out will deliver the LGBIQ+ peer navigators in this Budget, with new funding to Working It Out via the Child and Youth Wellbeing strategy as well, I'm advised. So, there's cross-agency support and funding for Working It Out. I can't speak for the Department of Education at this time, but I'm sure that support continues and is much needed.

Ms WEBB - It is much needed, that's true. I hope that the budget bids they put in are also well looked at in coming years, given that they're clearly connected to their community, and what they're putting forward is informed by that.

On another workforce-related matter we were speaking about just a moment ago, there are quite significant investments committed into the community-managed mental health space - and yet I believe there are workforce shortages in that area. Particularly things like the bilateral mental health and suicide prevention agreement generate activity in that space, I think, and yet we have workforce shortages.

I'm wondering how we anticipate administering those sorts of investments and having them play out without a sufficient workforce strategy. You did mention working with the Mental Health Council. Could you expand on that, please?

Mr ROCKLIFF - Yes. We have worked with the Mental Health Council of Tasmania with funding to monitor and collect data on the impacts of COVID-19 in the community mental health sector workforce in the last 18 months. The Mental Health Council of Tasmania released the COVID-19 Impacts on Community Mental Health Workforce report.

Ms WEBB - Separate to COVID-19, though, I think is what I'm getting at.

Mr ROCKLIFF - Well, the impacts of COVID, but looking at workforce development, which is informing our Government's ongoing planning in response to supporting the mental health and wellbeing of Tasmanians more broadly. The report demonstrates that the pandemic has exacerbated many pre-existing challenges facing the community mental health workforce in Tasmania, but there will be a focus on addressing the key priorities and immediate actions required from the report, including:

- integrated workforce planning support, recruitment and retention
- prevention and early intervention measures to address increased service demand
- upskilling and diversifying the mental health workforce
- fostering and supporting the wellbeing of staff
- equipping mental health services to respond to ongoing COVID-19 impacts, and
- data collection and monitoring to inform an effective response.

These actions have been mapped against our Rethink 2020 implementation plan to ensure they are a priority and a shared approach with the community sector, the public health system, and primary care as well. Anything further to add there, Dale?

Mr WEBSTER - You're right in naming the bilateral as adding to the workforce need over the next few years. We're actually starting to put together an approach with Primary Health Tasmania, which will involve the council. If you like, the first step is to actually get us together in the room now that the bilateral has been announced. The state Budget's out to map that.

Just as a quick and dirty, in talks between myself and Phil Edmondson at Primary Health, we think there is a need for about 350 additional workers over the next couple of years. Between us, we don't want to compete for the same workforce, where we employ them one week and they get a better offer in the community sector, et cetera.

Ms WEBB - Or the other way around.

Mr WEBSTER - That integration of our approach is vital. I believe that meeting with both the council and Primary Health Tasmania to start the work on our integrated workforce plan is actually in my diary.

Ms WEBB - So, that integrated workforce planning is funded to occur and planned to occur to come into play alongside the investments in service?

Mr WEBSTER - That's right, yes.

Ms WEBB - Thank you.

CHAIR - Minister, I may have mentioned this in my reply to the Budget. I have some information here from the Alcohol, Tobacco and Other Drugs Council, and this was also provided through their overarching body, TasCOSS.

Minister, can you provide a reason why the Tasmanian Government chose not to support the establishment of a shared data system for the alcohol and other drugs sector, given it is a key action in your reform agenda, and work that was delivered collaboratively with the peak body, Primary Health Tasmania, and the department?

It's the sector's understanding that financial investment work undertaken over the past 12 months to identify a preferred approach is now likely to be abandoned, because it wasn't supported in the Budget. Is this correct, or do we have other information on that?

Mr ROCKLIFF - We can provide some other information.

Mr WEBSTER - Through you, Premier. That work isn't just lost. It actually defines a set of data. But as I mentioned in response to an earlier question on mental health, we're looking at the centralised referral intake, which will expand into this sector as well - and that creates that centralised data repository, if you like.

It would be investing in a product that meets this need, when we've already got a product coming online for the 95 per cent of the sector.

We believed it was a better investment to actually expand the 95 per cent to cover 100 per cent, rather than reinvest in the 5 per cent, so that's the reason we haven't taken that forward.

The work isn't lost, because it defines a data set, but we've looked at it and we believe that data set can be captured through the tool that we're developing jointly with Primary Health Tasmania and the Mental Health Council of Tasmania as central intake.

CHAIR - When do you expect that to be bedded down?

Mr WEBSTER - Within six months.

Ms WEBB - Can I follow up on that and ask if are you involved in that, the peak body the Alcohol, Tobacco and Other Drugs -

Mr WEBSTER - They will be now that we've had their report and we've done the analysis. We have communicated it to them that we believe this is the right tool. Now we'll start working with them to bring them into that.

CHAIR - Minister, are you able to provide further information on the commentary in the budget regarding funding for peer workers in the alcohol and other drug sector? You made some comments in your opening statement too, and how it was decided to fund these vital workforce roles through a short-term grant program as opposed to imbedding them into service agreements given the workers - that's already occurred in this sector, that has peer workers trained and organisations ready to commence immediately.

Mr ROCKLIFF - Okay. In regard to terms of the peer workers, would you like to add to that? Speak to the peer worker matters?

Mr WEBSTER - Yes. Through you, minister. So this is a new initiative in this particular sector, to develop peer workers. It is funded as a grants program initially, almost as a trial. Yes, we accept that we put money into training them, but actually bringing them into the sector and trialling it. It will be funded through our existing reform dollars. With the state Budget announced two weeks ago we're now starting to work with the sector about how that'll work over the next 12 months to 18 months. If the trial's successful then we'll come back and apply for budget funding ongoing for that type of activity.

CHAIR - So the organisations won't have to continue to apply for grants to see this if the trials successful?

Mr WEBSTER - Then we will look to imbed them ongoing as we've done with other parts of the sector - other sectors.

CHAIR - Would you be able to respond to concerns regarding lack of progress against your Tasmania Reform Agenda for Alcohol and Harder Drugs? The comments made by the sector peak body indicate frustration at the slow progress, lack of an implementation plan, and a willingness to invest in reform initiatives presented by the community managed sector.

Mr ROCKLIFF - Unfortunately there's been a delay due to the ongoing impact of COVID-19 on our health system resources such as staff and establishing programs. However, work is progressing now, and I speak of the reform agenda. We will do all we can this year and in the coming years to catch up on what has been quite an unprecedented impact by COVID-19. ATDC play a very important role in Tasmania as the peak body representing the alcohol and other drugs, and community sector, and I thank them for the work that they do in the sector for every single day. We have in fact injected record funding into the sector, as well as meeting regularly with the ATDC and their various members.

Tasmanians seeking help for alcohol and other drugs matters, and the whole sector, including ATDC, will certainly benefit from announcements made in this year's Budget, including our continuing commitment to the reform agenda for the alcohol and other drug sector in Tasmania with a further seven and a half million dollars over two years. The whole of government Tasmanian drug strategy will see an investment $1.27 million over four years. The Community Service Organisation, the Drug Education Network will receive $900 000 over four years to continue the important work and the broader community workplaces, and our school system. Our government has committed funding over two years from existing resources for a grass roots program to allow the OD's Community Sector Organisations to employ peer workers as Dale has outlined. We are absolutely committed to the reform agenda, and I can certainly reiterate that today.

CHAIR - So we expect to see real progress on it? Yes.

Mr ROCKLIFF - Yes.

MS WEBB - When will there be an implementation plan for example?

Mr ROCKLIFF - Dale.

Mr WEBSTER - So, Premier, the implementation plan will come through the Steering Committee of which the ATTC is a member. There are particular challenges in this sector through COVID-19. We prioritise those over some of those program areas. However we've now committed to moving these strategies forward, with the first of them being Detox in the Home starting in July this year. So there is work happening.

The implementation plan, I'd expect that'd be submitted to the next Steering Committee of which the ATTC is a member. I will outline our investment in the community sector program. From 2016-17 through to last - current financial year, the actual increase in the

Community sector funding for the alcohol and other drugs sector is a 97.26 per cent increase in the funding for the sector. The focus of the early reforms is in the government sector, but that's because there was earlier investment in the community sector.

CHAIR - So just following up. We talked about the Detox at Home, but one final question from me on this matter. Minister, would you be able to explain the government's approach to providing adequate access to medically supervised withdrawal beds in Tasmania noting the ongoing advocacy of the community managed sector to have withdrawal services available in the community given that there are only eight beds available in the public system to support over a hundred residential rehabilitation beds operating in the community sector?

Mr ROCKLIFF - Dale, would you like to while I seek some information?

CHAIR - We do acknowledge that Detox at Home provides part of the solution, but it's not going to meet the demand. It can't meet the demand.

Mr WEBSTER - Through you Premier. Expansion of medically supervised withdrawal programs is really important. It's actually been curtailed, if you like, by COVID-19 because of the nature of the facilities we had we've actually had to reduce the number of beds that we have. We are as at last week I think back almost to full operation, which as - you said eight beds. That unit is a nine-bed unit. We hope to get there in the coming weeks back to that level. But Detox in the Home is another form of medically supervised withdrawal. So it's not a community sector supervised - it is still medically supervised.

We believe that's the important next step because that gives us the ability to expand without expanding infrastructure and finding infrastructure. The third part of it is the clinical services planning that we're doing state-wide and mental health services does include the ADS, and will better inform us of what facilities we need across the state. There are a number of steps to it, but importantly Detox in the Home is the first step in expanding medically supervised drug withdrawal.

CHAIR - Okay. Meg.

Ms WEBB - It's a different area, but yes. Minister, I wanted to talk with you about this portfolio area, mental health and wellbeing includes preventive health, alcohol and drug services, mental health services. We've spoken before and I've shared my view that I think there's a natural synergy in this portfolio area for gambling support programs, and the efforts we have in that space in this state given that gambling support - given that gambling addiction is recognised as a diagnosable mental health condition and that gambling support - and indeed our gambling support framework itself identifies as being a public health response model. We're now in the process of dismantling the Department of Communities Tasmania where gambling support programs currently sit. What consideration was given to once that department disappears to continue this program and service area into a portfolio area where the natural synergies exist for it?

Mr ROCKLIFF - So into the public health - community health area?

Ms WEBB - Yes, within the portfolio of mental health and wellbeing and into, yes, where it may sit well alongside some of those other similarly focused support services and program services for other sorts of addictions.

Mr ROCKLIFF - Okay. I'll the take the question on notice. I am willing to listen to your ideas about where that best suits. We will ensure that those gambling supports will be maintained, but we'll have to think where best they may sit across all of government where they best, of course, sit in many respects.

Ms WEBB - What consideration has been given thus far to locating that within this portfolio area?

Mr ROCKLIFF - Well I've have to take that on notice. I'm happy to consider those matters.

Ms WEBB - Has a final decision hasn't been made at this point about the location of those services?

Mr ROCKLIFF - There hasn't been any discussions with Health with respect to those transitional arrangements of where gambling supports would sit. I will take the question on notice.

Ms WEBB - It's something I would be very happy to discuss further with you at another time.

Mr ROCKLIFF - All right, no worries.

Ms WEBB - Thank you.

CHAIR - Minister, I'm sure you're aware of the recent media article around involuntary treatment that's provided under the Mental Health Act. I know that Advocacy Tasmania was raising concerns about not being able to contact people to offer them help who are subject to the provisions of The Mental Health Act, especially where they have been detained and have medical treatment forced upon them, I guess, is how it is loosely described.

Ms WEBB - Put under orders.

CHAIR - Yes, involuntary treatment. I think the last time we reviewed that was 2013. I'm not sure about a full review since then, we did have a committee inquiry. I think that was 2013, but that's testing my memory.

Is there a concern around The Mental Health Act and has this been raised more broadly with you, minister, and will you look at the provisions in that act to ensure they are contemporary? It's been a while since there's been a significant review.

Mr ROCKLIFF - Well I know we've reviewed The Mental Health Act more recently. As I recall this was raised also in the public hearing with respect to the Roy Fagan Centre as well.

If I could find some information for you here, in terms of the correspondence I've received from Your Say, Advocacy Tasmania requesting that the government consider legislative reform to enable the provision of personal information including names and contact details of certain mental health consumers to be given to Advocacy Tasmania.

It is acknowledged Your Say Advocacy Tasmania provide a valuable service to support mental health consumers in navigating TASCAT and formerly the Mental Health Tribunal. However, I'm advised that the previous practice of providing this information to Advocacy Tasmania was not supported by the Mental Health Act 2013, and was contrary to the Personal Information Protection Act 2004. There is a concern regarding the provision of patient information to Advocacy Tasmania without informed consent, as this may create the impression that the consumers must choose that organisation for their representation at hearings.

Information is currently provided to the mental health consumers and/or their representative by TASCAT and on the TASCAT website regarding the service Advocacy Tasmania provide, and consumers can contact the service voluntarily. In the event a consumer is unrepresented and TASCAT considers representation is appropriate, they may stay a proceeding to allow for the appointment of representation.

Now I have asked the Department of Health to consider, together with the Department of Justice, to provide advice to me in the first instance as to whether the Victorian model under development referred to by Advocacy Tasmania would be feasible -

Ms WEBB - The opt-out model.

Mr ROCKLIFF - in the Tasmanian context, and whether legislative reform would be required. I look forward to having that advice and having and informed Your Say Advocacy Tasmania with respect to this matter. Can we provide any further information on that? I'm not sure, I'm waiting for that advice.

CHAIR - I think it's fair to say that these are very vulnerable people and, yes, their privacy should be protected, but they need to be supported in such a potentially threatening environment where you're having your rights and liberties removed, or already being removed and treatment imposed upon them.

I'd be interested to get feedback once you've undertaken that review and taken advice as to whether this actually does need to change. When we did that review some years ago it was a big step forward even from where it was, which was a big step forward back then. I appreciate the fact that you're actually getting advice on it, but it does need to be really carefully look at.

Mr WEBSTER - Through you, Premier?

Mr ROCKLIFF - Yes.

Mr WEBSTER - In relation, through the Premier, it is important the current - the 2013 - sets up The Official Visitors Scheme, who do have the right of entry to the closed wards and are able to actually then take on board the representations of involuntary clients and they do, quite often, put people in touch with advocacy services.

Not just Your Say Advocacy Tas, but others, or indeed put families in touch with Mental Health Family and Friends, consumers in touch with Flourish. So, you know, our closed wards are regularly visited by that scheme, which is separately administered through the Office of the

Ombudsman. It is important to empathise, that the 2013 Act can strengthen that Official Visitors Scheme.

CHAIR - Was that impacted during COVID-19? Were there limited visits from the official visitors during that period for vulnerable patients and involuntary patients?

Mr WEBSTER - Through you, Premier. At no time did we limit their access. However, because some of the official visitors were in vulnerable groups and they themselves felt unable to visit - there was a drop down in the number of visits. So we worked with the Ombudsman's office to make sure there was an ongoing service which was being delivered.

CHAIR - Sure. Thank you, Meg.

Ms WEBB - So just to follow up on that, and notwithstanding of course that through the official visitors that e-links can be made and connections made to those supports. Since the change in practice with sharing information with Advocacy Tasmania, what has been the data of people appearing before the Tribunal with support or representation and with or without support and representation, compared to before when that process was in place?

Mr WEBSTER - Through you, Premier. It's not data that we collect, because the Tribunal is obviously a part of TASCAT which is actually in the Justice portfolio.

Ms WEBB - But we can see that data from TASCAT, then?

Mr ROCKLIFF - Yes, it sits under the Attorney General.

Ms WEBB - I just want to understand the impact of the effect of the representation that's there in that process, now that we've withdrawn that support that's been there. I understand the privacy reasons behind that, granted, but it obviously needs to be addressed.

If what we've seen is a drop away of support and representation in that process, I think - as the Chair said - it's concerning given the vulnerability of that client group.

CHAIR - Okay. Any other questions on this point? We'll move to state-wide mental health? Are we good?

Ms WEBB - Can I revisit the question I asked just a short while ago in relation to trying to raise the gambling support and asked about consideration given. Just to clarify, too, for my understanding, has interaction been occurring with the service providers in that program area to talk with them about where they think it could land after the dismantlement of Communities Tasmania.

Mr ROCKLIFF - I'm not aware. I'd have to get that on notice.

Ms WEBB - Right.

Mr ROCKLIFF - More information that we have within Health.

Ms WEBB - Well perhaps I could seek that information separately.

CHAIR - Yes. We'll move onto 2.5, the state-wide mental health services. Nick?

Mr DUIGAN - Thank you, Chair. Thank you, Premier. I am seeking some information on the significant investment made in Child and Adolescent Mental Health Services and the current priorities for the roll out of new services.

Mr ROCKLIFF - Yes, certainly. Thanks, Mr Duigan. We have welcomed - as I've said before - and accepted all the recommendations of the CAMHS review, and the government's response is a turning point in the delivery of integrated Child and Adolescent Mental Health Services in our state for children, adolescents, their families and carers to better navigate the mental health system.

We have committed some $45.2 million in total to fully fund our responses to phase 1 and phase 2 of the CAMHS review report and its recommendations. The reforms to be delivered are extensive, including changes to the CAMHS structure, practice, and culture, and will address current service gaps with a particular focus on our most vulnerable young people with severe, complex mental health needs.

To date, the following progress against the CAMHS review report recommendations has occurred. We've established a new state-wide CAMHS executive group and project team led by a state-wide specialty director and a state-wide group director. We're scoping work with business cases, completed to deliver three specialist services: a youth mental health service; an intensive mental health service for children in out-of-home care; and youth forensic mental health service as well.

Consultation has commenced with a wide range of stakeholders across government and the community sector including consumer peak bodies to inform service development. Negotiating an MOU between CAMHS and the University of Tasmania to create a centre for mental health service innovation to drive continuous service improvement, professional development research, and program evaluation. Several child and adolescent psychiatrist positions have been established and are being recruited to. CAMS marketing documentation has been developed, identifying the variety of positions available in the service and opportunities for professional growth.

We've got targeted recruitment strategies which are being developed, focusing on child and adolescent mental health professionals from a range of disciplines. International recruitment efforts are yielding positive results as well, with an international CAMHS nurse recently arriving in Tasmania and several other CAMHS nursing and allied health visas have been granted. I'm also pleased to say from this week, the capacity of CAMHS at the Royal Hobart Hospital, as I believe I mentioned earlier, will be expanded with the extension of staffed hours until 10 p.m. seven days per week to respond to child and adolescent mental health presentations and inpatient needs. Under previous arrangements, CAMHS were available at the hospital Monday to Friday between 8.30 a.m. and 5 p.m., so that's very welcome.

The expanded capacity will support the emergency department paediatric areas, with clinical liaison and assessment in hours with CAMHS not previously available. It's anticipated that the extended service will contribute to reduce wait times in the ED for young people in the evenings and on weekends and potentially reduce the length of admission as well. The CAMHS team will also, where appropriate, provide a seven-day follow-up to child and

adolescent mental health patients after discharge, and the expansion is an important step in building a more responsive and accessible service. Thank you for the question.

Mr DUIGAN - Thank you.

CHAIR - I just want to follow up on that particular point. Just have you got the staffing numbers in CAMHS for the last four, five years so we can see the numbers? And I know you've still got recruitment to do, obviously. But if we could have the staffing numbers in CAMHS.

Mr ROCKLIFF - I've got the information for you. You're talking staff, sorry?

CHAIR - Staff, yes.

Mr ROCKLIFF - Yes.

CHAIR - Nursing staff and medical staff.

Mr ROCKLIFF - We have the occupancy and vacancy data table. This information is at 7 February 2022. CAMHS in the north-west, 8.5 FTE; CAMHS in the north, 12.38 FTE; CAMHS in the south, including Royal Hobart Hospital team and perinatal, is 37.95 FTE, bringing a total of 58.83 full-time equivalents.

CHAIR - That's nursing staff and medical staff did you say?

Mr ROCKLIFF - That's CAMHS, yes.

CHAIR - Yes. You don't have a breakdown of - no. Vacancies? Are there many unfilled vacancies that you're actively recruiting to now?

Mr ROCKLIFF - So we have 11.9 FTE vacancies, permanent vacancies.

CHAIR - Are they across both nursing and medical?

Mr ROCKLIFF - Yes, they do, yes.

CHAIR - Not an easy task.

Mr ROCKLIFF - Allied Health, rather.

CHAIR - Allied Health?

Mr ROCKLIFF - Yes.

CHAIR - Okay.

Mr ROCKLIFF - Yes.

CHAIR - Sorry, Nick.

Ms WEBB - Can I follow up on that one as well?

CHAIR - Oh, sorry, yes.

Ms WEBB - This is still on CAMHS? Are you moving?

CHAIR - Are you still on CAMHS, Nick?

Mr DUIGAN - No, take it on CAMHS.

Ms WEBB - Okay. Can I just ask a question around the program that's being funded for the out-of-home care sector? I think that was one of the ones you listed. The focus of that funded program, will it include addressing trauma issues for kids in that sector?

Mr ROCKLIFF - Yes.

Ms WEBB - Because I know it's always been a bit of an issue about CAMHS not being able to capture trauma as a mental health condition.

Mr ROCKLIFF - Dale.

Mr WEBSTER - Through you, Premier. One of the important aspects of the reforms of CAMHS is to change the model of care to better suit the needs of our community circa 2022 and beyond. One of the key recommendations was the need for a trauma-informed service for out-of-home care at-risk children. So yes is the short answer. It will be trauma-informed.

Ms WEBB - So trauma-informed, yes, good.

Mr WEBSTER - Yes.

Ms WEBB - But addressing trauma in kids?

Mr WEBSTER - Yes.

Ms WEBB - They don't have to present with an extra mental health presentation alongside trauma to receive service and support?

Mr WEBSTER - Through you, Premier. No, they don't.

Ms WEBB - Okay, good. Thank you. I just wanted to confirm.

CHAIR - Nick, back to you.

Mr DUIGAN - Thanks, Chair. Premier, the Budget contains $9 million for the continuation or the expansion of PACER, which I think has been discussed to some extent. I'm interested to know, the results that it's having and particularly outcomes for patients. If you could provide some detail around that. What other measures is the Government taking to reduce the number of mental health-related presentations to our emergency departments?

Mr ROCKLIFF - Sure.

Ms WEBB - We covered some of that earlier, didn't we?

Mr DUIGAN - Well, I understand there was some of that earlier.

Mr ROCKLIFF - We did. I've touched on PACER once or twice.

CHAIR - I said we'd come back and get some more on PACER, though, so - yes.

Mr ROCKLIFF -Last year's budget, we committed some $5.1 million over two years to pilot the innovative mental health co-response model in southern Tasmania. It commenced operations in January this year. It is comprised of police officers, paramedics, mental health clinicians, providing that rapid response to mental health crises in the community.

The objective is to ensure that people in mental health crisis have access to timely and appropriate mental health care, a dignified and respectful. To receive a less restrictive and compassionate response which enables them, where possible, to remain in the home, in the community, and avoid preventable mental health presentations to the ED, and links them to community-based mental health supports where appropriate; increased service capacity via training and education in relevant specialist skills.

I'll just repeat the figures. In the 17 weeks of operation, that's responded to callouts of 486 people with a number of conditions - I mentioned them today - suicidal ideation, psychosis, depression, anxiety, and confusion, incoherence. Welfare checks were also conducted. The PACER team also handled a number of phone consultations with family members and other police or ambulance units as well, and the majority, around 75 per cent of these people, were supported to remain in the community as opposed to having had attended the Royal Hobart Hospital.

You mentioned the $9 million allocated in your question. That's to ensure a permanent service will be in southern Tasmania, which is very welcome. We're expanding the model for mental health emergency response that suits the needs of the north-west community, and that'll be developed and piloted from January next year as we progress to a more state-wide service model.

It operates between 8 a.m. and 10 p.m. seven days a week across two shifts for your interest, responding to mental health-related jobs from Sorell to Norfolk and Kingston as well. And it receives their work from Triple 0 calls, and when Triple 0 is called, Ambulance Tasmania conducts a secondary triage process to determine if the job is appropriate for a PACER response. Once dispatched, the Tasmanian police radio dispatch assumes oversight of PACER, and the establishment of our new PACER team follows what has been a successful pilot in the ACT, with 90 per cent of people who were seen by the PACER team able to stay in the community. The numbers have increased in recent times, creeping up above that 70 per cent and more. We would to see the 90 per cent that was in ACT here in Tasmania. A question?

CHAIR - Did you want to ask some more on PACER?

Ms WEBB - Yes, I would like to follow up. Are we describing the north west extension of this as a pilot because it's limited in its scope so far? That's giving the impression that we may not proceed with a more permanent expansion statewide?

Mr ROCKLIFF - My expectation is there will be a permanent expansion statewide, like there's been in other areas that were piloted, including Community and Rapid Response Service, ComRRS, which was trialled and then it was in the north-west and south. It's now statewide. A similar model will take place, beginning in the south this time with PACER, then north-west, and then my expectation is statewide following.

Ms WEBB - I think it's a great program. I said so in my Budget response and commented here as well in a couple of different contexts. Will you be measuring, as part of evaluating these early pilot iterations, the impact and what I'm imaging is the benefit to the staff who are engaged in those teams? I imagine its quite a satisfying team to work in for the three different services that are involved, and that their level of engagement with their work in that context would've been really improved upon compared to maybe just the broader services that they come from. Are we monitoring and capturing positive outcomes for the people involved and the staff?

Mr ROCKLIFF - Yes, we are. Having met with some of the initial recruits into PACER they are enormously enthusiastic and quite excited.

Ms WEBB - That's my observation.

Mr ROCKLIFF - Not only about the model and how effective they anticipated at that time the model would be based on evaluation in the ACT and elsewhere, but also working across agencies and our police and paramedics and mental health connections working together in what they know is very new and innovative work. I got the feeling they were very excited about being part of that team. Is that your reflection, Dale?

Mr WEBSTER - Through you, Premier. Yes, it is. We decided not to do a formal evaluation because the number of staff makes it very hard to identify. Part of the ongoing governance is that check-in process with the staff through a reference group process. That then feeds into the departmental committee that oversees it.

Ms WEBB - I guess once there's a larger program statewide it will be interesting to continue to monitor outcomes for staff in that way, even just really rudimentary measures in terms of sick days and staff trauma and things like that.

CHAIR - Nick, do you have another one?

Mr ROCKLIFF - Yes. Could I just firstly respond to Ms Webb's question on gambling and information regarding that. It sits in Community and Disability Services. I think we spoke about this when I had that hat this time last year. Going to DPAC I know our Minister for Community Services and Development would be more than happy to take that question.

Ms WEBB - The question about consideration given for where it would then be located post Communities Tasmania?

Mr ROCKLIFF - Yes.

Mr DUIGAN - Premier, funding for the Tasmanian Drug Strategy 2022-27 in the Budget Papers is $1.27 million over the forward Estimates. Could you tell the committee more about the strategy, its purpose and what the Government hopes to achieve with this strategy?

CHAIR - I think we covered this didn't we, minister?

Mr ROCKLIFF - I have more detail which might be helpful to the committee. It's a whole-of-government strategic framework to guide collaborative action and activities across agencies and organisations to reduce harms from alcohol, tobacco, and other drugs. We're providing the TDS with $310 000 this year and next, increasing to $320 000 the following year, and then $330 000 in 2025-26. The aim of the TDS is to prevent and reduce the health, economic, and social costs and harmful effects of alcohol, tobacco, and other drug use in our state. The strategy ensures we are consistent with the harm-minimisation approach of the National Drug Strategy, which is 2017-2027.

The Interagency Drug Policy Committee, which includes representatives from the Department of Health, Communities Tasmania, Police, Fire, and Emergency Management, Justice, Education, as well as the peak alcohol and other drug community sector organisation, the Alcohol, Tobacco and Other Drugs Council, ATDC, is collectively responsible for the implementation. The first phase of the consultation with stakeholders on a TDS summary paper was completed in 2020. This feedback led to amendments to the draft TDS. The proposed action areas include prevention, alcohol and tobacco, pharmaceutical drugs, illicit drugs, intervention and treatment and evidence base. The second phase of the consultation with the public is now underway and closes on Sunday 3 July. This will help inform and redraft the TDS ready for its launch later this year. September this year is my expectation.

CHAIR - Minister, with the recent COVID-19 outbreak at the Spencer Clinic and Northside, how was care provided for patients with mental health conditions who contracted COVID-19?

Mr ROCKLIFF - The Spencer Clinic at the North West Regional Hospital is not currently accepting new admissions due to the COVID-19 outbreak, but continues to operate and provide high quality care to patients. Northside at the LGH has reopened after being closed for admissions due to COVID-19 positive test results. The measures implemented to manage positive COVID-19 cases at Northside and at the Spencer Clinic are in line with the Department of Health's established protocols implemented at times of surge demand or operational pressures. Hospitals within our statewide health system worked together in an integrated way to support other parts of the system experiencing pressure, which may involve patients being transferred between regions.

The outbreak management team at the Spencer Clinic will continue to monitor the situation there and reopen to new admissions when safe and appropriate to do so. I want to assure members and the Tasmanian community that clients requiring clinical intervention will continue to receive a service. With COVID 19 still circulating in the community we will continue to see outbreaks in health settings. We will respond appropriately to keep patients and staff safe. Is there any further update to that?

CHAIR - Do you have an expected time? Unless all the patients and staff have had it, it's a bit hard to give a time, but do you have an indication of when it's likely to open to new admissions?

Mr WEBSTER - Through you, Premier. We continue to do PCR sweeps across the ward every 48 hours or so. We would want to see sweeps not adding any new cases before a reopen, which is what's occurred at Northside. This has resulted in the reopening today. So the next PCR sweep is due tomorrow, so we need to wait for that before we have a time line.

CHAIR - Do we have the number of medical locums that are used across mental health services? I know there's a real issue for the north and north west.

Mr ROCKLIFF - I believe we do.

CHAIR - While the secretary is looking I might have it.

Mr ROCKLIFF - So mental health, I don't have the number but I have the -

CHAIR - The cost there.

Mr ROCKLIFF - The cost. As of 31 March this year it is $14 246 071.

CHAIR - In total?

Mr ROCKLIFF - That's mental health. That's in total, to date, 31 March.

CHAIR - You don't have a breakdown across the regions, as I was more interested in the north and north-west.

Mr ROCKLIFF - No, we don't. This is Mental Health Services - sorry, Mental Health Services North year to date, end of March, $2 689 988; Mental Health Services North West, $2 890 265; Southern Mental Health and Statewide Services, $6 769 260; Forensic Mental Health Services, $4 406 056; and Alcohol and Drugs, $668 024. That adds up to $17 423 592. That's an up-to-date figure of what -

CHAIR - So it's clearly an issue across the whole state. It has often been a bigger problem on the north and north-west. Have you got a question on that? Yes. On this?

Ms WEBB - In this area. Sorry, not the same topic.

Ms MORGAN-WICKS - Sorry, through the minister. Could I just add in relation to that? We do need to be careful with the interpretation of locum costs particularly where we're also expanding services. It's hard to do a year upon year comparison. While we attempt to permanently recruit, if we are needing an urgent expansion of service, we will go to agency or locums whilst we are recruiting to permanent filling of positions.

CHAIR - Okay.

Ms WEBB - So I'm just looking for a clarification of that. What is anticipated in regard to the mental health integration and reform that's mentioned in the Budget papers here, two years of funding provided from 2022-23 to address priority areas in mental health reform agenda identified in the 2020-21 budget, continuation of funding to allow the rollout of adult acute care, continuing care models of service in north and northwest. What I'm looking for is,

what is the expected expenditure on each of those elements and what - I think it's 6 480 000 over the two years, else that might be allocated to if there's leftover monies apart from the things mentioned there in the Budget papers?

Mr ROCKLIFF - Right. Dale, do you have the information there?

Mr WEBSTER - So through you, Premier. So if there is any left over from that, that is actually a funding of the -

Ms WEBB - So the things mentioned are the things that take up the whole of that funding.

Mr WEBSTER - Yes, that's right. Yes.

Ms WEBB - Do we have the breakdown for those parts which are mentioned?

Mr WEBSTER - Through you, Premier. No, we don't have a breakdown as such. What we're doing is restructuring our adult services, as we've done in the south, into acute care, which is that immediate need and you get them to a particular level, and then continuing care which is those that need a longer-term intervention. We've done that in the south quite successfully and it will be fully operational in the next few months. The intent is to rollout that same model. Now when we look at the staffing profile across the state, that will probably - you know, it'll be a restructure in one or two FTE in the northwest. In Launceston, it will be additional FTE because we've worked out how the model works and, of course, in the south, it has actually required additional FTE.

Ms WEBB - Right. Thanks for clarifying that.

CHAIR - Okay. We might move just onto Capital investment - time - but if there's any urgent or pressing questions.

Capital investment

Ms WEBB - We covered it already, I think, largely.

CHAIR - Yes. I just wanted to note the commitment and funding to support the St John's Park Eating Disorders treatment. I think it's very welcome. As you know, we've got constituents in our area, minister, who desperately need such a service. So a great initiative and look forward to it being built.

Mr ROCKLIFF - So do I and I can even provide some information for you given it's important. Very briefly if you like. The overall $10 million, with the Australian government providing $10 million to establish the new eating disorders treatment centre. Of the overall 10 million, seven-and-a-half will be used for the construction of the physical infrastructure to deliver the residential treatment at St John's Park, Newtown. The remaining two-and-a-half million has been allocated to the community-based treatment sites in the north and the north-west.

The recruitment process, the Tasmanian Eating Disorder Service manager is currently underway with strong interest, I'm advised, which is good. Appropriate governance

arrangements for this new service are currently being determined to ensure alignment in coordination with existing mental health services. The Department of Health Mental Health Alcohol & Drug Directorate has developed the model of care for TEDS, which is publicly available on the website. The model of care incorporates advice and feedback from a range of stakeholders including health professionals who are currently providing treatment, the Butterfly Foundation, National Eating Disorders Collaboration, Primary Health Tasmania, and people with lived experience of an eating disorder, either their own or of a loved one, as well.

TEDS will also provide education and training for families and friends of people with an eating disorder, health professionals of a range of relevant disciplines, and other sectors including those most likely to be first identifiers such as in sport and education. Another function that TEDS will fulfill is consultation liaison and this will mean that health professionals who do not specialise in eating disorder treatment can call TEDS and get specialist advice to help support their patient. This will increase capacity of existing medical professionals and service providers to effectively support people with an eating disorder and their treating clinicians.

CHAIR - Patients from the north and north-west will be treated to the level they can be in the communities in southern Tasmania but it is a state-wide facility for those who need that higher intensity care.

Mr ROCKLIFF - Correct, yes.

CHAIR - Yes.

Mr ROCKLIFF - Absolutely.

CHAIR - Right. Any other questions? Otherwise, thank you very much, minister, and your team. It's been a long day. Thanks for bringing Teddy in during the day. It was a very helpful diversion. Thank you. We'll just have a short turnover break so those who are drinking lots of water might like to go and deal with that. We'll stop the broadcast and have a five/six-minute break, whatever it takes to change the guard.

The Committee suspended from 6.37 p.m. to 6.43 p.m.

DIVISION 12
Department of State Growth
Minister for Tourism

Output Group 5 - Cultural and Tourism Development
5.5 Visitor Economy Support

CHAIR - Welcome back, Premier, and minister for just about everything else. Tourism now.

Mr ROCKLIFF - Thank you, Madam Chair. To my left is Kim Evans, Secretary for the Department of State Growth, Angela Conway, Acting Deputy Secretary for Cultural and Tourism Development, and to my right is Edwina Morris, Director of the Office of the CEO of Tourism Tasmania.

CHAIR - And to my left is our newest member, Mr Dean Harriss, member for Huon.

Mr ROCKLIFF - Thank you Madam Chair, and I have an opening statement.

Tourism employs more Tasmanians per capita than any other state or territory, equating to about 14.9 per cent of the Tasmanian workforce. It contributes directly and indirectly some $3 billion per annum, or 9 per cent of the gross state product, which is the highest contribution by tourism than in any other state or territory - so, it is hugely significant to our state. The key motivators for travel remain our natural landscapes and wildlife, with our world-class food and beverage products becoming increasingly powerful.

More immediate threats to our industry and economy in general are the challenges we face, along with the rest of the nation, in recruiting a suitably skilled workforce that is obviously required to deliver the product that visitors travel here to experience.

This issue is being considered as an absolute priority by the T21 Committee and the Premier's Visitor Economy Advisory Council, which I chair. The reality is that this will require a concerted effort and strategy in partnership with the Australian government, and those conversations will be had.

Underpinning our already strong strategic and brand position will be our ongoing commitment to the values that have worked for us, to get us where we are today, but also a determination to make sure we do not compromise those values from a policy perspective. We will remain in lockstep with our industry through mechanisms like the highly regarded T21 framework. The focus will remain firmly on yield, and not numbers or volume of visitors - and there plenty of others that play in that space.

The priority now must be twofold: providing opportunity to those tourism businesses that have adapted effectively through the course of the incredibly challenging last two years, and identifying new experiences and products that can bring a focus and another dimension to our already incredible offerings. These include a genuine focus on bringing our state's Aboriginal history and story to the fore, and to taking our unique convict heritage story to another level. It's also very much about acknowledging the critical importance of finding the balance between tourism and our environment, which is obviously a primary motivator, with both being intrinsically linked on many levels.

Our events have become world renowned, and we will continue to invest in those as well - particularly those that drive visitation to the state in what were traditionally quiet periods of the year. This is another reason for us to invest in world-class infrastructure in order to host and stage these events, as well as elite sports fixtures, which contribute massively towards our visitor economy - all of which provides us with the resources to invest more in the critical areas that support our community.

Our joint commitment with industry for it to become carbon neutral by 2025 is an enormously exciting opportunity, and I can advise that a pathway has been identified and that industry has responded with great enthusiasm. This will add even further to the very positive brand that our industry and destination already enjoys.

Now the future looks incredibly positive, despite some challenging times, but we must continue to work together with industry and make every effort to be top of mind in what is a very highly competitive marketplace.

I welcome questions from the committee.

Ms LOVELL - Thank you. We're going straight to 5.5. Minister, the line item shows a significant decrease in funding, and cessation, I propose, of funding. The footnote notes that the decrease in visitor economy support reflects the completion of existing budget initiatives, and the 2021 election commitments. Is the Government intending to cease support for strategic advice and industry development programs for the tourism industry?

Mr ROCKLIFF - Of course, this Budget has committed further funding for our tourism industry. I announced our $10 million investment the other day. Tourism Tasmania, you speak of?

CHAIR - What line are we on?

Ms LOVELL - We're looking at 5.5, Minister for Tourism. Cultural and Tourism Development.

Mr ROCKLIFF - We're looking at the State Growth part of the budget.

CHAIR - Yes, that's right. We can come to Tourism Tasmania later. In terms of further output.

Mr ROCKLIFF - Okay.

Mr EVANS - Yes. We haven't funded any new initiatives in this particular Budget, except in a different part of our Budget funding to support the underwrite for direct flights from New Zealand. There is $2 million in the infrastructure budget for that.

Having said there's no new funding, I think that's misleading in that, in last year's budget, there were a number of decisions, including significant funding for election commitments - a number of which have flow-ons into this next financial year.

We were funded $8 million for an innovation and development grants program last financial year. You will recall the budget wasn't till late, so we're only just working our way through that process. Most of those funds will roll forward into next financial this is an example of embedded funds which are not new. That arose out of election commitments from 2021-22 and explicit budget decisions in last year's budget.

In regard to election commitments we've been funding for Tasmanian Aboriginal Heritage Support, for example, there's funding in the budget which has been moved from output 5.4 for the Transformer Dark Lab Project, funding for business events attraction fund, which are ongoing. They're ongoing for the next three financial years through this year, so they're funded through to 2024-25. That's $300 000 a year additional to attract big business events opportunities particularly when we are coming out of COVID-19. They're just some examples of embedded funds in our budgets which we provided for in the last budget, which continue into next financial year.

Ms LOVELL - So the funding decrease in this line item -

CHAIR - In the out years.

Ms LOVELL - what programs or projects will no longer been delivered, or has all of that funding been moved to other output lines, other parts of the budget?

Mr EVANS - So in my agency we have base funding of $1.1 million per year to support the function of the Tourism and Hospitality Supply Group. Then all of our other funds are project specific.

So we were funded project specific funds in 2021-22, which flow into 2022-23, and of course in future budget years we would, through the normal budget process, apply for additional funds. Now that's relevant in that this year, coming out of COVID-19, we've been operating under a two year recovery program. We're currently working with Tourism Tasmania, ourselves and key industry partners like the TACT to develop a new 2030 tourism visitor economy. We'll get that plan before we then decide what we would seek funding for through future budgets.

Ms LOVELL - Okay. So it's possible that in next year's budget we might see an increase in that year's, as part of that plan and budgeting process.

Mr ROCKLIFF - It's possible.

Mr EVANS - That would be the normal process, that we would get the plan and then we would fund it through the budget process and that remains a decision of the government.

Ms LOVELL - Would it be possible, minister, to get a list of projects that are funded under this line item and whether or not they continue or will cease at the end of this funding?

Mr EVANS - Yes, we could do a reconciliation along those lines.

Mr ROCKLIFF - You're asking the question, Ms Lovell?

Mr EVANS - I can go through them now, but -

Ms LOVELL - I mean, if there's time.

Mr EVANS - I've given you some examples, but there are others.

Ms LOVELL - I don't know how many others, so I don't know if that's a thing that will take more time.

Mr EVANS - We are rolling forward, for example, funding for the carbon neutral destination, the carbon audits into next financial year. We're rolling forward funding for boosting hire car supply. We're rolling forward funding for the Maritime Wooden Boat Centre. Just as some examples, but we could give you a reconciliation of funds.

Ms LOVELL - Thank you. Okay, I'm happy to put that on notice.

CHAIR - So could I just follow up one of those questions around the funding, and I haven't got the numbers written down, sorry, minister. The secretary was talking about a certain amount of money which was provided under election commitments, and acknowledging that the budget was late last year and he's only just getting into that money now so is it going to roll forwards.

So the appropriation number we've got here is this year in, just finishing, the $17.316 million, and then this current year we're looking at going into, 2022-23, is $12.089 million. Does that $12.089 million include the rollover funds, or is it that there'll be more than that available to spend?

Mr ROCKLIFF - Kim?

Mr EVANS - So through you, Premier. They will include rollovers at a certain point in time, but not relating to the end of the financial year. So we are working through an end of year budget position at the moment and working with treasury to seek approval for rollovers which won't be in the budget at this point.

CHAIR - So the reconciliation will show us - okay, that's fine.

Ms LOVELL - Yes, I have a question about visitor information centres. Is that for the app? Last year we saw the Swansea and Bicheno information centres close after the Council ceased funding them. Your government provided $50 000 for the development of an app for visitors to use to help replace those visitor information centres. I was just wondering if you had any data for the take-up for that app?

Mr ROCKLIFF - Okay. So I've got some information, there was funding assistance of $340 000 provided to assist the operation of visitor information centres in the last budget. This was administered through an annual grants deed by Tourism Tasmania with three separate entities.

$70 000 was provided to the visitor information network for the coordination of the accredited Yellow Eye network, of 11 independently operated visitor information centres. In support of Tasmania's two main gateway visitor centres, $150 000 was provided to the City of Hobart to assist the operation to the Tasmanian Travel and Information Centre, and $120 000 was provided to the City of Launceston, support for the Launceston visitor information centre.

During a period when travel continued to be impacted by the COVID-19 pandemic, TYEN accredited visitor information centres continued to provide face-to-face telephone and online information and booking services, including assisting travellers with cancellations and re-booking caused by border restrictions.

The COVID-19 pandemic has accelerated the take-up of digital channels by consumers in many aspects of life, and this is no different for travel. Tourism Tasmania has a significant digital transformation program well under way to leverage these changes in consumer behaviour and provide contemporary digital tools to assist visitors to plan their trips and lead referrals to industry. Changing travel behaviour and new digital tools are also changing the environment for visitor centres as well.

Okay. The Department of State Growth is working in close partnership as well with Tourism Tasmania to deliver the Visitor Information Services Project, and this project involves developing a visitor centric information services model and delivery roadmap to support the Tasmanian tourism industry. The estimated contract value is $100 000, and a local specialist agency is being selected to undertake the project from June to September in 2022. Is any further information on that?

Ms MORRIS - Well the app for the east coast has been developed through the East Coast Regional Tourism Organisation. I believe it has been delivered. I think the funding was through State Growth, though. I'm not sure of the take-up of the app specifically, but we do have a major digital transformation project underway, and a new website which will be launched in the next few weeks.

Ms LOVELL - So there's no data on the take-up of that app?

Ms MORRIS - Yes, I don't know whether that's something that State Growth has.

Mr ROCKLIFF - We'll seek that information for you, Ms Lovell.

Ms LOVELL - Yes, thank you. I'm probably crossing over a little bit into Tourism Tasmania there, but from what you were just reading out to us, Premier, is there a push towards more of this type of app-based visitor information and away from bricks-and-mortar face-to-face visitor information centres? Is that something we're likely to see around more parts of the state?

Ms CONWAY - Yes. Through you, minister, the visitor information project that we have underway is going to look at the right kind of delivery model. We recognise that there is an appetite for more digital technology. A lot more people access their information about destinations that way. There is also an important role for still having interpersonal contact. There's certainly a cohort of visitors to our state who value that. We're taking all of that into account with the work that's underway or shortly will become underway.

Ms LOVELL - Okay.

Mr ROCKLIFF - As Ange has said, in recent years there has been a significant shift in the way people and in particular travellers source information on travel destinations they may be considering. This is equally true whether these travellers are doing their own research prior to committing to travel to a destination or once they are in the destination.

Being very aware of this, Tourism Tasmania has embarked on a significant digital transformation program. This is being done in collaboration with the four regional tourist associations, with the objective of providing contemporary online tools. This will involve the building of a new Discover Tasmania website, which I believe will be launched in the middle of this month. Other existing sites such as Tassie Trade and the Tourism Tasmania Corporate and T21 will also be migrated to this new platform.

Tourism Tasmania will expend over $2 million in 2021-22, which includes $500 000 from the 2021-22 state budget as part of the additional $1 million in extra funding to support the improvement of visitor information technology. The program is integral to the work being done on assessing the broader issue of how we service visitors once they are in the state, in

particular the effectiveness and sustainability of traditional models such as the physical visitor information centres. It is important that we equip Tourism Tasmania with the resources to enable it to be competitive through being able to provide quality information to motivate visitors to commit to travel to and experience what Tasmania has to offer. This information must be presented and accessible in a way that is contemporary but also compelling. Anything further, Edwina?

Ms MORRIS - I'll just add that as part of our digital transformation, we are developing an app that will cover the whole state. It's sort of phase two but should be delivered by the end of the year. It will encompass the information that's part of the current east cost app but with a lot more itinerary planning and leads to industry, as well as an opportunity to gather information offline because obviously some areas of the state still have -

CHAIR - When they bring their Optus phones.

Ms LOVELL - Yes, thank you.

CHAIR - Are you right?

Ms LOVELL - Yeah, I'm right on that one.

CHAIR - Should we move on to 5.5?

Ms WEBB - Yes. This might not necessarily fit here but it relates to infrastructure support for tourism. It's been raised with me that the increase in electric vehicles for rent by tourists leads to concerns that there might be opportunities to have better facilities in tourism hotspots for charging electric vehicles. Bruny Island's been provided as an example. Is there some intersection here between this visitor support area and the sort of planning we do around charging stations for electric vehicles?

Mr ROCKLIFF - There's a broader infrastructure piece when it comes to tourism that I'm very interested in progressing. Electric vehicles are an example of that, as well as upgrades to our parks infrastructure. We've had discussions about what might be possible there in the future.

In terms of your question, anecdotally there is a market for tourists coming to Tasmania and, if you like, leaving the place better than they found it, if I can put it that way. People are very attuned to Tasmania as a place to visit for its environment and the like. There is work to be done on electric vehicle charging stations, and even electric vehicles themselves, and more broadly the difficulty of finding hire cars at this present time continues. The price of hire cars in Tasmania is extraordinary compared to mainland states. We need to look at that.

Ms WEBB - There's an interesting prospect that people would come and travel around our state in an electric vehicle and have a zero-carbon holiday because of our electricity being generated through hydro. That's quite a selling point.

Mr ROCKLIFF - I believe that is a huge selling point for the future.

CHAIR - As long as they don't run out of energy on the west coast.

Ms WEBB - Well, this is where the charging stations come into it.

CHAIR - That's right. We might move on. We'll come back to Tourism Tasmania, but we are getting short of time here.

Output Group 90 - COVID-19 Response and Recovery
Make Yourself at Home Travel Vouchers

Mr GAFFNEY - Regarding the travel voucher program, there have been various iterations over the years, each with some successes and some negativity or lessons. We go back to the demand overload, people missing out or doubling up. Last year there was the COVID-19 outbreak. The voucher program was supposed to close on 31 October but it was extended to 7 November. It would be really handy to have a flow chart that showed how much was put into it, how many tickets were sold, the return to Government. Some sort of overview.

With the AFL, we look for our returns for dollars invested and the flow-on effect. Is it possible to get a breakdown of the voucher program that's happened over the last three years so it's all in one place? You would probably have that anyway, because you'd have to evaluate your voucher program.

There's nothing for future years. You might come back and say, 'Well, last year was worth $20 million to our state to invest in the program, maybe we should be doing that again and maybe we should target certain sections of the state'. For example, the north west and west coast, if they were struggling with their tourism it could be a regional voucher for that area. I'm wondering -

CHAIR - Get to your question.

Mr GAFFNEY - Yes. The question is, do you have any of that combined that you can provide to the committee over the past three years?

CHAIR - And also, how much wasn't taken up, people who got them and didn't spend them?

Mr GAFFNEY - Yes. That would obviously be in the table of information that would be given to us.

Mr ROCKLIFF - So I can speak of the travel vouchers. Tasmania released a third round of what has been a successful program. Vouchers in round three had a total face value of $300 each; $200 could be claimed for eligible accommodation and $100 could be claimed for eligible expenses.

There were 25 000 vouchers randomly allocated following a ballot in August. During the redemption period, approximately 19 000 vouchers were processed, and more than 28 000 individual vouchers claims were received. During this round, more than an estimated $16.3 million was injected into the Tasmanian economy based on voucher holders' estimated spend. This is in addition to the over $20 million voucher holders told us they spent during round one and round two. The top destinations based on expenditure were Hobart, Meander Valley, West Tamar, Morgan Spring Bay, and Break O'Day local government areas.

CHAIR - No-one wanted to come to our area, Premier. That's a bit sad.

Mr ROCKLIFF - Well, I said top destinations. I'm sure many didn't realise the best destination is the north west coast.

CHAIR - I'm sure some did. They don't know what they missed.

Mr GAFFNEY - Premier, my question would be is it possible to get a breakdown of rounds one, two, and three, how much was spent, how many tickets there were, what was the value, the return to the Government and the community, so we can see which of the programs was most beneficial?

Mr ROCKLIFF - Sure. With rounds 1 and 2 we launched the first travel voucher redemption program. Round 1 opened on 7 September, round 2 on 30 September 2020. Around 40 000 registrations were received across both rounds. A total of $12.5 million was allocated to rounds 1 and 2. The scheme officially closed on 31 December that year, with 26 858 vouchers or $7.344 million worth of redemptions submitted for payment. For Tasmanians to redeem their vouchers in rounds 1 and 2, there was an estimated a total spend across Tasmania of over $20 million. I provided the information on round 3 for you, which I don't need to necessarily repeat.

CHAIR - Yes.

Mr ROCKLIFF - Approximately 19 800 vouchers processed, equating to over $5.3 million. And due to the higher-than-expected number of redemptions, reflecting the community's enthusiasm to support our tourism industry, the department allocated a further $164 000 to the third round, with eligibility between 2 August and 24 September.

If you want further information in terms of a greater breakdown, I'm sure we could find that for you, Mr Gaffney.

Mr GAFFNEY - Well the question is, what learnings have we had from the three voucher programs? Which is the best? Would you use it again? Are there certain regions in the state? I suppose an evaluation of the voucher program would be very helpful. It may not be able to be given by next week, but I'm sure that's something the department would do, because they may want to do it again at a different date.

CHAIR - Can I please reframe the question for you, Michael? Is that something you would consider reporting in your annual report? Like an evaluation of the program, and reporting in your annual report?

Mr EVANS - Of course. It's probably something we would do separately, rather than through the annual report, because the annual report is summarised information. I think what I'm hearing is for some more detailed analysis about the success and learnings from the voucher programs that might inform future decisions, particularly during periods when you're seeking regional dispersal. I think it's a very good idea.

Mr GAFFNEY - Yes, I'm not expecting next week, but I think it's work that needs to be done so you can evaluate -

CHAIR - You might even follow it up with a question on notice in six months' time, mightn't you?

Mr GAFFNEY - No.

Mr ROCKLIFF - It's a good idea. I'll seek some information for you, Mr Gaffney, including the evaluation. I think it's important to do an evaluation so we can ascertain value for the funds we spent, and the round 1, 2 or 3 comparisons for the future. Yes, we'll do that.

Mr GAFFNEY - Thank you, Premier.

DIVISION 13
Tourism Tasmania

Output Group 1 - Tourism
1.1 Tourism

CHAIR - We'll move to 1.1 in Tourism Tasmania, volume two. I know we have covered some of this, but I think Nick might have a very informed question.

Mr DUIGAN - Thank you, Madam Chair. My question is around marketing, understanding that markets around the country or around the world have essentially been closed for two years and it is now a very busy, congested, noisy space. In the tourism marketing space, what has Tourism Tasmania done differently to keep Tasmania in its place as a compelling place to visit?

Mr ROCKLIFF - Thank you, Mr Duigan. Obviously Tourism Tasmania is the leader of the Government's commitment to the sector, and also to the broader industry players that make up the visitor economy in our state.

What we have seen in recent years is that our success as a highly sought-after destination can be attributed to the strategy Tourism Tasmania has adopted and implemented in both its domestic and - prior to the pandemic - international marketing efforts. This has been centered around a strategy that identifies and communicates to a specific cohort of potential visitors. The importance of targeted and effective marketing cannot be overstated in what is a highly competitive environment, both from a competing destination perspective, but also in a climate that has seen travellers and consumers behaving quite differently to what was experienced prior to the pandemic.

This is particularly true for Tasmania, a smaller state that requires every effort to create awareness and overcome barriers to travel. In marketing parlance, Tasmania is a challenger brand that requires its destination marketing to break through all the competing noise and clutter in the marketplace, particularly in the sea of sameness that is apparent in the travel category.

Tourism Tasmania and its industry partners have successfully broken through in recent years. You're aware of the highly successful campaigns, such as Come Down for Air, and the current Off Season campaign as well. It also delivered the highly successful Make Yourself at Home campaign, which motivated Tasmanians to explore their own backyard through the travel vouchers initiative.

In 2021-22, Tourism Tasmania will spend some $26.85 million on its marketing activity, through activities intrastate, interstate and in New Zealand. This equates to 70 per cent of the total Tourism Tasmania budget appropriation.

The bulk of the spend was on domestic campaigns, reflecting that this is where the bulk of our visitors are sourced. We do punch well above our weight, and in order to continue doing so we must remain nimble, innovative, clever in our messaging and our communication as well, as I'm sure you would appreciate, with an informed understanding and knowledge about the audience that we are targeting.

That's why we committed a further $10 million, which I just alluded to at the commencement of the hearing, across the forward Estimates to the marketing resources and capacity of Tourism Tasmania, equipping it to continue to deliver the great marketing work it has done on behalf of our visitor economy.

Through the T21 partnership between government and the industry, focus is now shifting back into compilation of the 2030 plan that Mr Evans was talking about, and will be the blueprint that will guide our visitor economy into the future.

Thank you.

CHAIR - Unless there's anything pressing we'll move to Trade, because we have to stop at 7.30 p.m. For lots of reasons.

Mr ROCKLIFF - We're stopping at 7.30 p.m?

CHAIR - Yes, that's our nine hours, minister. I know you'd like to keep going all night.

DIVISION 12
Department of State Growth

Minister for Trade

CHAIR - Minister, we couldn't find the line item for one, so we're scratching our heads as to where the money comes from. But we'll get to that.

Mr ROCKLIFF - Certainly. I have an opening statement. I'm conscious of time so I'll keep it very short.

In addition to Kim Evans, the Secretary of the Department of State Growth to my left, we have Lara Hendriks, the Executive Director of Trade, and the Deputy Secretary of Business and Jobs, Mark Bowles, to my right.

Can I just say, it's great to be a minister for Trade. It's full of exciting opportunities and I've come into the role virtually on the back of some terrific record-breaking trade levels, with ABS data confirming that Tasmania has experienced month-on-month annual growth, reaching a goods export value of $4.67 billion annually as of April.

We also have our outcomes report in our latest Tasmanian Trade Score Card as well, which again shows that our state's goods exports managed 5.2 per cent growth across the year. Of course, much of this is due to our vital minerals industry and high commodity prices.

Notably, the report card showed our combined goods and services exports reached $5 billion during 2020-21, keeping us well on track to achieve our ambitious target of $15 billion in export trade by 2050.

A consistent theme in our trade response and actions is to continue to encourage good business practice, include risk reduction through market product and service diversification, with a focus on developing opportunities for new jobs, investment, and growth for Tasmania. I speak of our response and the impacts of the pandemic that it's had with respect to trade. And of course, as my role as Premier, trade will continue to be one of my highest priorities. We have just under $1.8 million to be invested this year in terms of our trade - oh, sorry, our trade opportunities as well in terms of trade missions and the like. I'm happy to take questions.

CHAIR - Thanks, Premier. I'll hand over to our new member, for those who haven't met him, Dean Harriss, Member for Huon, and he's got the lead on this item.

Mr HARRISS - Thanks, Chair.

Mr ROCKLIFF - Thank you, Mr Harriss.

Mr HARRISS - Minister, firstly, given that China is one of our most valuable export markets in a range of commodities, particularly agricultural products, are we experiencing any impact with the cooling relationship with China?

Mr ROCKLIFF - That's a good question. Why it's a good question is that it remains Tasmania's largest export partner. However, Australian-China bilateral relations pose a significant risk to that. We continue to support businesses exporting to China whilst in parallel encouraging business to deepening opportunities to access other markets as well.

As a government, we have maintained a positive economic and people-to-people relations with China with close, ongoing engagement with the Department of Foreign Affairs and Trade, while deferring on broader international relations and foreign policy issues to the Australian government. To date, Tasmanian business and government delegations have received a positive reception in China. We have a long history, of course. We have a valued 40-year sister state province relationship with Fujian Province, which was marked by a joint celebration between Tasmania and Fujian on 15 December last year. This relationship is recognised positively, not just in the province but more broadly across China. It is considered that Tasmania's ongoing engagement and maintenance of the sister relationship, while not directly related to trade outcomes in province, but benefits Tasmania trade with China indirectly.

The responsibility of commercial trade arrangements remains solely with the individual business entities, and we do not interfere with those commercial decisions. But we do, however, play a key role through our commitment to the Tasmanian Trade Strategy 2019-25 in assisting businesses to identify and access other viable growing markets, with a view to safeguarding the future sustainability of our business in Tasmanian and continue to grow it in a global marketplace. That diversification outside of China will include our investments in

trade advocates in Singapore, Japan, and the US, which have been recent additions, if I can put it that way, to our trade strategy. We have someone in Beijing.

Mr WEBSTER - Shanghai.

Mr ROCKLIFF - Is that right?

Mr WEBSTER - Shanghai.

Mr ROCKLIFF - Shanghai as well. Shanghai, my mistake.

Mr HARRISS - My only other one was in relation to the trade investment mission plan and what that seeks to accomplish.

Mr ROCKLIFF - Sure. Well, as you'd appreciate, it's a very highly competitive marketplace in terms of our trade, and other states are very, very competitive in the marketplace. We really have to be very, very proactive in this space. As our global borders reopen, it is time to take Tasmanian businesses and products to the world again, and we're going to help them do just that in regard to our businesses as well.

I've mentioned $1.8 million before. It's a two-year trade and investment mission plan. It was announced in the Budget and will help Tasmanian businesses get back into markets that dropped off due to COVID-19 restrictions, as well as establish a foothold in new and potentially lucrative ones as well. Now, with economies around the world starting to recover and looking to trade, we are making sure Tasmania remains front and centre with our premium products and services by taking them to key markets through our six trade missions.

In 2022-23 and 2023-24, our plan is to promote Tasmania's extensive capabilities and connect businesses directly to international buyers, distributers, and government business leaders in New Zealand, in Singapore, Vietnam, Indonesia, Japan, South Korea, and United States of America and the United Kingdom and to Europe as well. We're already making significant progress with the first trade mission to New Zealand, with the expression of interest closing last week. I understand there's been considerable interest from Tasmanian exporters wishing to participate in the mission, with the successful businesses to be finalised in coming weeks.

Applications for businesses to join the Tasmanian stand at Food and Hotel Asia, Singapore from 5 to 8 September 2022 are now open. Is it October or September?

Ms HENDRIKS - Through you, Premier. The Food and Hotel Asia is in September. The mission is in October.

Mr ROCKLIFF - There you go. Exposition is the largest food and beverage showcase event in the ASEAN region and is where and our Tasmania rock lobster industry will officially launch their new value-add frozen product to Asia. This will be followed by our trade mission to Singapore, Malaysia, and Vietnam in October, ensuring we maintain the momentum in establishing the growing trade within the ASEAN region. Expressions of interest to participate in the mission will be open this Thursday 9 June.

Businesses joining our trade missions receive tailored support and advice on taking their products into target market, and in return act as key brand ambassadors for industry and more broadly Tasmania. This new two-year trade and investment mission plan, which is set to be publicly released in July - and the plan is focused on delivering support to business in Tasmania's key priority trade markets and has been developed in consultation, of course, with sector specialists, the international trade advocates which I mentioned before, and of course, very importantly, industry itself.

Ms WEBB - I might follow up on that. Good question, Dean. So following up on that question, in relation to that two-year trade mission plan which is currently being developed, to what extent do Tasmanian trade advocates and missions currently seek to leverage our state's carbon-neutral status beyond just the potential source of clean energy with respect of it? How much is that allure that's presented in attracting businesses and interactions in that way?

Mr ROCKLIFF - Well, there is a lot that we can leverage in regard to our environment, our carbon-neutral status. I know our trade advocates will certainly be promoting that. That's our key differentiation, if you like, with other states, and indeed in many other places around the world. More succinctly, though, in regard to the trade advocates, potentially, and what they're engaged in -

Ms HENDRIKS - Thank you, Premier. It's actually a critical piece. It's obviously what gives us our unique brand positioning in some markets. So if we take, for example, New Zealand, which is the first mission on 31 July, one of the key partnership pieces we're working with is they've have a carbon-neutral tourism strategy in the Nelson Tasman region. The Premier is meeting with a group from Nelson Tasman to walk through the learnings that they've achieved through that strategy and how it's applying and where we might be able to benefit from a mutual trade and tourism and visitor economy piece.

If you look to the US, for example, on a larger scale, so if you look on the western seaboard of the US and you look at Washington state, they're deemed the green state of the US. They see that there's some brand alliance and some unique industry alliance between our state and themselves, and so it feeds into a much larger agenda about where we position our manufacturing in advance, our future green hydrogen. It is a critical piece where our trade advocates are in market right now leveraging off that but also looking for the partnerships and the uniqueness where we might be able to collaborate with Japan, for example, in technology in this domain. And hopefully we will achieve a better agenda around carbon neutral. Thank you.

Mr DUIGAN - Thank you. Premier, we understand there are supply chain issues all over the place. I wonder if you could provide information on some of the activities that have bene undertaken to assist Tasmanian exporters in the logistics and freight space.

Mr ROCKLIFF - Yes, thank you for the question. We recognise that the global trading market will remain volatile for some time to come, and we are working to ensure our policy settings are responding and indeed agile to those and these changes.

Our priority in supporting trade is to look at future market expansion, leverage the existing and new free trade agreements and support diversification to manage export risks.

Over 99 per cent of Tasmania's freight by volume is moved by sea. Bass Strait freight-shipping services are a direct or indirect part of nearly all Tasmanian supply chains. The pandemic demonstrated that supply chain vulnerability can have extensive impacts on service reliability, capacity and cost on a global scale.

As an island state, Tasmania has a strong trade focus on interstate and international markets and is highly vulnerable, should there be disruptions in transport logistics. As a government, we recognised additional pressures of being an island state during the pandemic, and instigated a range of activities to assist Tasmanian exporters.

The transport systems and planning policy division, with Business and Trade Tasmania, continue to engage in regular dialogue with the freight and logistics sector to remain ahead of the constantly changing environment, and are ready to quickly respond to opportunities to support exporters as they arise.

The trade unit is engaged with key stakeholders and has delivered freight and logistics webinars to inform exporters about the current state of Tasmanian freight and logistics. The trade unit also launched a freight and logistics 101 toolkit.

We have also recently launched the Tasmanian Export Freight Logistics Advisory Service - a service dedicated to supporting businesses to optimise and realign their freight distribution channels. Workshops have been held across the state. The service provider continues to receive multiple business inquiries, and the Tasmanian Government has appointed a company to deliver the Tasmanian Export Freight Logistics Advisory Service.

CHAIR - In a couple minutes, we have the break and changeover. I just have a question, minister, about the export of services. I know COVID would have had an impact on that. Where are we at in the export of services now?

Mr ROCKLIFF - I can speak of global education. Back in 2017, the Government launched the Tasmanian Global Education Growth Strategy. In 2019-20, the Department of Education, Skills and Employment estimated that international students contributed some $673 million to the Tasmanian economy. Study Tasmania, within the Department of State Growth, implements the strategy, and key achievements in the last financial year include:

- hosting and participating in a range of virtual events to continue to maintain and build Tasmania's profile in key markets
- activities to enhance brand reach and engagement through digital marketing and online platforms, including launching virtual tours of Launceston and Hobart
- hosting familiarisation trips for education agents to showcase Tasmania as a study destination
- partnering with Tasmanian Government schools and independent schools to deliver holiday programs for secondary school students unable to return home due to border closures, and
- connecting students and community through the Enhanced Student Experience Grants program, which provides grants of up to $5000 to deliver activities that enhance student experience and help connect students with the Tasmanian economy as well.

Is there anything I can add to that information? We have a trade scorecard in terms of services exports. That's good.

And just reflecting on the pandemic and the challenges in terms of trade and international service exports, in 2019-20, services exports contributed over $1 billion to Tasmania's goods and services total. In 2020-21, the value dropped by 39 per cent to $646 million.

While Tasmania remained largely free of lockdowns throughout this period, international borders were nonetheless closed, impeding the ability of both students or tourists to visit Tasmania from abroad. So, we took a hit.

We've spoken about international education, and I've spoken about tourism as well.

CHAIR - Thanks for your time, Premier. We do need to wrap it up. Thank you for staying here all day, even though you've had a few people come and go. We appreciate that. We will be back tomorrow.

Mr ROCKLIFF - Good luck for the rest of the week. Thanks for your questions.

The Committee adjourned at 7.36 p.m.